

The generalist social worker for children and families

Lessons learned from the Norwegian social worker and system at local level

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Abstract

Aim: *The primary aim of this study was to provide inspiration and recommendations for the Dutch generalist social worker and child care system from 2015. Norwegian social workers and the Norwegian child care system at local level were studied to provide recommendations based on the Norwegian child care system.*

Methods: *Interviews in two Norwegian municipalities were held with social workers (n=10), a psychologist (n=1), their section leaders (n=4) and the management (n=2), which resulted in a sample size of seventeen.*

Results: *The results show that the Norwegian child care system is supported by a clearly defined law, money and resources are close to children and families and the system has a clear access point to care. The Norwegian social worker is positioned at the frontline of the system and takes care of the examination period, meetings, writing and documentation. The size of municipalities as well as differences in definitions influence the extent to which Norwegian social workers are defined as specialists or generalists.*

Conclusion: *Based on the findings of this study I recommend that the Dutch generalist social worker should work in a visible system with a clear access point, in the framework of an explicit law. He will be positioned at strengthened frontline services that work closely together with universal services. The Dutch generalist social worker will coordinate the process around the family and will decide on care that he will bring into the family. He has to be an experienced social worker that will make the cooperation concerning families effective and efficient, based on the principle of 'one family, one plan, one coordinator'.*

Keywords: generalist, specialist, child care system

Samenvatting

Doel: *Het doel van dit onderzoek was het inspireren en het geven van aanbevelingen voor de Nederlandse generalist en het jeugdzorgsysteem vanaf 2015. Om vanuit het Noorse systeem aanbevelingen te doen, is het Noorse jeugdzorgsysteem op lokaal niveau en de rol van de maatschappelijk werker daarbinnen bestudeerd.*

Methode: *In twee Noorse gemeenten zijn interviews gehouden met zeventien personen: maatschappelijk werkers (n=10), een psycholoog (n=1), hun afdelingshoofden (n=4) en het management (n=2).*

Resultaten: *Uit de resultaten komt naar voren dat het Noorse systeem ondersteund is door een duidelijke wet, geld en middelen zijn dichtbij kinderen en ouders en het systeem heeft een duidelijk toegangspunt. De Noorse maatschappelijk werker werkt op de eerstelijns van het systeem en is verantwoordelijk voor het onderzoek, overleggen, schrijven en documenteren. De grootte van gemeenten en verschillen in definitie beïnvloeden de mate waarin Noorse maatschappelijk werkers gedefinieerd worden als specialist of generalist.*

Conclusie: *Vanuit de onderzoeksresultaten doe ik de aanbeveling dat de Nederlandse generalist werkzaam moet zijn in een zichtbaar systeem met een duidelijk toegang in het kader van een duidelijke wet. Hij zal gepositioneerd zijn op de versterkte eerstelijns voorzieningen, die nauw samenwerken met universele voorzieningen. De Nederlandse generalist zal het proces rondom de familie coördineren en zal beslissen over hulp die hij in de familie brengt. Hij moet een ervaren maatschappelijk werker zijn die de samenwerking rondom families effectief en efficiënt maakt, gebaseerd op het principe van 'één gezin, één plan en één coördinator'.*

Trefwoorden: generalist, specialist, jeugdzorgsysteem

Introduction

The Dutch child care system will change radically between 2013 and 2015. All responsibilities for child care services will be decentralised to the municipalities, which is reflected by the concept of transition. According to this transition, frontline services should be strengthened in the aim of reducing pressure on specialised services (Ministerie van VWS & Ministerie van VenJ, 2012). The aim of this study is to provide inspiration and recommendations for the future Dutch generalist social worker and child care system by studying Norway. I will provide empirical information on the tasks and position of the Norwegian social worker for children and families at local level, based on interviews held with social workers, section leaders and the management of two Norwegian municipalities. On top of these interviews provide empirical information on the organisational structure, procedure in a child welfare case and strengths and weaknesses of the Norwegian child care system at local level. As an introduction to this study I will describe the Dutch and Norwegian child care system based on a review of literature.

The transition of the Dutch child care system is needed due to shortcomings of the current system. These shortcomings include unnecessary medicalization of deviant behaviour, increased use of specialised care and fragmentation of the system concerning children and families, which all lead to high expenses. The transition should make the system more coherent, transparent, efficient and less expensive. Effective and efficient cooperation concerning families is needed, based on the principle of ‘one family, one plan, one coordinator’ (Ministerie van VWS & Ministerie van VenJ, 2012). Besides the decentralisation of responsibilities, the focus of the system will change. The system will focus on prevention, support at an earlier stage and using childrens’ and parents’ own strengths instead of weaknesses. This is reflected by the concept of transformation. In line with the transition and transformation, frontline services will be strengthened (Ministerie van VWS & Ministerie van VenJ, 2012). These services require generalist social workers that can be defined as *‘Someone that connects the world of citizens with the institutional world and between professionals mutually, with a strong emphasis on empowerment. Someone that is jack of all trades, that does not have specialised knowledge, yet a wide range of knowledge to be able to offer the first help’* (Scholte, Sprinkhuizen & Zuithof, 2012, p. 16). Many Dutch municipalities are exploring and experimenting with strengthening their frontline services and generalist social

workers (Nederlands Jeugdinstituut, 2013). However the tasks and position of the generalist social worker are not clearly defined yet. A look at the Norwegian social worker for children and families at local level could provide inspiration. Their tasks and position will therefore be compared by the ones prescribed for the future generalist social worker in the Netherlands (Nederlands Jeugdinstituut, 2013; Raad voor Maatschappelijke Ontwikkeling, 2012; Vlaar, Kluft and Liefhebber, 2013).

In the aim of putting the Dutch and Norwegian social workers in perspective, the framework in which they work will be described. Firstly, the Netherlands and Norway will be compared on models of social policy. Secondly, the Netherlands and Norway will be compared on areas of child care services and their organizational structure. Thirdly, the educational background, position, target group, competences, tasks, methods and practice characteristics of the Dutch generalist social worker will be examined. At last, literature will be reviewed on the on-going debate about the specialist versus the generalist social worker. Appendix 1 shows a list of Norwegian words and meanings in English and Dutch that will be used in this study.

Models of social policy

Countries can be compared with regard to the practice of social work based on models of social policy. Several models can be distinguished for this purpose. These models will be reviewed with the focus on Norway and the Netherlands and are summarised in table 1.

The welfare state typology described by Esping-Andersen (1990) distinguished three types of welfare regimes: the social democratic, the conservative-corporative and the liberal state. Following this typology Norway can be defined as a social democratic state. Welfare is the primary provision of the state itself, which shows off in the state providing for a wide range of family services (Kojan, 2011). According to Esping-Andersen (1990) the Netherlands can be defined as a conservative or corporative state, in which welfare provision is allocated to churches and NGO's.

Gilbert (1997) on the other hand, differentiated how welfare systems respond to concerns about child abuse. He characterised systems by a 'child protection' or a 'family service' orientation. The 'child protection' orientation focuses on the rights of the parents, the balance between the need to protect a child and the parents' rights and an important role of the court. This approach characterised abuse as harmful behaviour of the parents, which called for public measures to control this behaviour. The 'family service' orientation focuses on early prevention and intervention, family support and a continuum of care. This approach

characterised abuse as a manifestation of family dysfunction that could be solved by therapeutic interventions. Following this differentiation Norway has a ‘family service’ orientation with mandatory reporting in suspicion of child abuse, while the Netherlands has a ‘family service’ orientation without mandatory reporting.

Gilbert, Parton and Skivenes (2011) defined a third approach next to the ‘family service’ and ‘child protection’ orientation. This approach was named ‘child-focused’ orientation and focuses on the development and well-being of the child as individual. Children are seen as a social investment and as individuals that have rights. This approach can be seen both in Norway and the Netherlands. They both promote the well-being of children and have incorporated the UN convention of Children’s Rights in national legislation.

Gilbert et al. (2011) emphasize that the countries all contain some mix of the ‘family service’, ‘child protection’ and ‘child-focused’ orientation. In 2012 Gilbert stated *‘Changes in policies and practices since the mid-1990s suggest the possibility of functional convergence among these systems with moderate versions of the child protection and family service orientations incorporated within the more comprehensive approach of child development (p. 532)’*. These three models should therefore be seen on a continuum instead of as discrete models.

Moreover, Katz & Hetherington (2006) identified two main groups of welfare regimes: the holistic and dualistic. Holistic systems are family support focused and promote early intervention and preventive work. Dualistic systems are child focused and act from the need to prevent abuse and rescue children from abuse. The labels holistic and dualistic correspond to Gilbert’s (1997) ‘family service’ and ‘child protection’ orientation. Based on this, both Norway and the Netherlands can be defined ‘holistic’. Katz & Hetherington (2006) however state that the approaches of the countries to their tasks differ. Scandinavian countries on the one hand have a more statist approach, which means that the government controls social policy. Local authorities therefore deliver services and few voluntary organisations are involved. West-European countries on the other hand have a more subsidiarity based approach in which support and services should be provided by resources that are as close as possible to the person, like voluntary organisations or churches.

Finally, Deloitte (2013) differentiated between universal and residual welfare models. Norway could be defined as a universal welfare model with relatively high taxation, a high extent of redistribution and universally allocated social services. The Netherlands could be defined as a universal welfare model as well, although the Dutch model has a more insurance-based principle.

Table 1. Norway and the Netherlands compared on models of social policy

| Literature | Dimensions | Norway | The Netherlands |
|--|---|---|---|
| Esping-Andersen (1990) | - Social democratic state - Conservative-corporative state - Liberal state | Social democratic state | Conservative-corporative state |
| Gilbert (1997) | - Family service orientation - Child protection orientation | Family service orientation with mandatory reporting | Family service orientation without mandatory reporting |
| Gilbert, Parton & Skivenes (2011) | - Family service orientation - Child protection orientation - Child-focused orientation | Child-focused aspects | Child-focused aspects |
| Katz & Hetherington (2006) | - Holistic system - Dualistic system | Holistic system | Holistic system |
| Deloitte (2013) | - Universal welfare model - Residual welfare model | Universal welfare model | Universal welfare model with a more insurance-based principle |

Child care system

The Netherlands

The Netherlands cover an area of 41.526 km² with a population of 16,7 million people (Centraal bureau voor de Statistiek, 2013). A percentage of 20,8% of the Dutch population consisted of children aged 0 to 18 years old in 2012 (Jeugdmonitor, 2012) . The main part of this population lives in urban areas, according to SCP (2006) this is about 60%.

Child care services in the Netherlands after 2015

The central legislation for child care services from 2015 on will be the Child and Youth Act. The purpose of this law is to ensure that children can grow up healthily and safely, that they develop their talents and participate in society (Ministerie van VWS & Ministerie van VenJ, 2012). Following this law parents should be encouraged and supported in taking the responsibility for the upbringing of their children.

Child care services will mainly focus on prevention (Steketee & Boutellier, 2010) and support at an early stage. Moreover they will focus on effective and efficient cooperation concerning families and the capacities of children, parents and their social network (Ministerie van VWS & Ministerie van VenJ, 2012).

The organisation of the Dutch child care system after 2015

According to the Child and Youth Act the Ministry of Health, Welfare and Sports and the Ministry of Security and Justice will be responsible for the child care system at system level. The Ministry of Health, Welfare and Sports will be responsible for services provided on a voluntary base and the Ministry of Security and Justice for services provided on a mandatory base. These ministries will be responsible for the societal results of the system (Ministerie van VWS & Ministerie van VenJ, 2012).

In the new system all financial and administrative responsibilities related to child care will be decentralised from the national and regional level to the municipalities. It will be the local governments' duty to help children by being responsible for all child care, executing child protection measures and juvenile rehabilitation of youth. Municipalities will shape and execute child policy based on local issues (Ministerie van VWS & Ministerie van VenJ, 2012).

Each municipality must have a low threshold place for advice and help, like a municipal Child and Family Centre, which will act as front office for the municipal child care services (Bosscher, 2012). In the situation from 2015 it is unclear where the Dutch generalist social worker will be working. He might work in a Child and Family Centre or an equivalent of this (Nederlands Jeugdinstituut, 2013). The generalist social worker will most likely not be employed by municipalities.

Norway

Norway covers an area of 385,199 km² with a population of five million people. A percentage of 21,9% of the population consists of children aged 0 to 18 years old in 2012 (Statistics Norway, 2013). The main part of this population lives in urban areas, following Statistics Norway (2013) this is about 80%.

Child care services in Norway

The central legislation for child care services is *barnevernloven*, the Child Welfare Act of 1992. The purpose of this act is to ensure that children and families in need receive the necessary assistance and care at the right time. Moreover this act aims to ensure that children grow up in a secure and safe environment. The act describes the responsibilities of local authorities in this purpose (Vink & Berg, 2009).

Following this act, children should grow up with their biological parents, the so called *biological principle*. Care should therefore be provided at home, with out-of-home placement

as the last option (Kojan & Lonne, 2012). Child care services are mainly focused on preventive measures, early intervention and family support (Forsberg & Kröger 2010).

The organisation of the Norwegian child care system

At national level the Ministry of Children, Equality and Social inclusion is responsible for the execution and supervision of the Child Welfare Act. This Ministry has the overall responsibility for coordinating the government's work related to children (Youth partnership, 2010). Child protection and child welfare receive the Ministry's largest budgetary items (Barne-, Likestilling, og inkluderingsdepartementet, 2013).

The Norwegian Directorate for Children, Youth and Family affairs, named *Bufdir*, is responsible for the welfare and protection of children and families (Youth partnership, 2010). *Bufdir* has five regional offices, named *Bufetat*, that are responsible for more intensive care for children and the provision of foster care and institutions (Kojan, 2011).

Norway's 431 municipalities have a high degree of autonomy in child practice and policy (Youth partnership, 2010). Municipalities are organisers and providers of social services (Meeuwisse, 2009). They are obliged to have a child care administration that carries out daily activities pursuant to the Child Welfare Act. They are also obliged to have a municipal child and family care centre, named *barneverntjenesten*. This centre offers preventive activities, care and support for families and intervenes if needed, eventually against the will of the parents (Berg-le Clercq, Bosscher, & Vink, 2012). Following Kojan (2011) these centres receive referrals and other concerns about children, investigate referrals, make decisions about interventions, provide guidance, give advice and implement and follow up cases. The Norwegian social worker operates in these *barneverntjenesten* and is employed by the municipality.

Comparison Norway and the Netherlands

Based on these findings the following can be concluded. Firstly, the number of municipalities in Norway and the Netherlands are almost similar, though the amount of inhabitants in Norwegian municipalities is smaller. Secondly, the Norwegian child services are located in the *barneverntjenesten* while it is unclear yet where the Dutch child services will be located. Thirdly, while the Norwegian social worker is employed by municipalities, the Dutch social worker will most likely not be. Finally, contrary to Norway there is no such thing as an obligatory child care administration in the Netherlands. The results of this comparison are summarised in table 2.

Table 2. Comparing the social worker's framework on child care services and organisation

| | Norway | The Netherlands from 2015 |
|---|--------------------------|----------------------------|
| Number of municipalities | 431 | 408 |
| Legislation | Child Welfare Act (1992) | Child and Youth Act (2015) |
| Location child services | Barneverntjenesten | Unsure |
| Social worker employed by municipality | Yes | Most likely not |
| Obligatory child care administration | Yes | No |

Social worker for children and families

The Dutch generalist social worker

The Dutch generalist social worker can be defined as *'Someone who works within the family, who can bridge the gap between the social network of the family and to frontline professionals and specialised care'* (Raad voor Maatschappelijke Ontwikkeling, 2012). This generalist social worker can take care of an integral approach for families that focuses on strengthening their social networks (Ministerie van VWS & Ministerie van VenJ, 2012). The profile for this generalist social worker for children and families will be discussed in the following paragraph.

Educational background: The generalist social worker should be educated at high vocational level and needs broad knowledge of the child sector to fulfil his tasks (Nederlands Jeugdinstituut, 2013).

Position: The generalist social worker is above all situated at the frontline services and therefore at the preventive level of the child care system, between the universal and specialised level (Nederlands Jeugdinstituut, 2013). At this level services are focused on detecting problems, intervening at an early stage and at referring children and families to specialised care if needed (Bosscher, 2012).

Target group: Following the RMO (2012) the generalist social worker will work with vulnerable families that experience problems in the daily practice of parenting. Families can be defined vulnerable if four or more risk factors, like low socioeconomic status, poverty and unemployment, are present. According to NJI (2013) the generalist social worker will work with different target groups and problems that differ in severity. The generalist social worker

will work on all life domains involved. Based on the NJI (2013) and the RMO (2012) the target group as well as the severity of problems they face are not clearly defined yet.

Tasks: According to the RMO (2012) four tasks can be defined for the generalist social worker. Firstly he needs to build trust and enter into conversation with the family. He will be responsible for the assessment. Secondly he needs to activate and reinforce a family's personal strength and social environment. Thirdly he needs to solve (parenting) problems within the family, if necessary in cooperation with professionals for practical support and/ or specialised care. The generalist social worker will decide on care and will provide access to care for the family in this purpose. At last he refers the family to specialised care if necessary.

According to the NJI (2013) another task of the generalist social worker is to strengthen professionals on universal services like school, child day care and sports.

Characteristics of methods: The NJI (2013) describes four characteristics of the methods that could be used by the generalist social worker. The first characteristic is 'integral', the generalist social worker is involved in assistance from the start until the end. The second characteristic is 'cross-domain', the generalist social worker works on all life domains involved. The third characteristic is 'connecting', the generalist social worker takes care of monitoring and the cooperation between family, involved professionals and organisations. The last characteristic is 'close to the family', the generalist social worker knows the family closely and can therefore provide assistance that suits the family's needs.

Competences: The generalist social worker needs several competences to perform his tasks. Following Vlaar et al. (2013) he needs to have the following competences: clarify questions and needs, improve the clients own strengths and self-agency, stimulate responsible behaviour, is visible and approaches people himself, stimulate involvement and participation, strengthen the clients network, connect the common and individual approach, work in different life domains, anticipate on change, is enterprising and make use of professional space.

Social workers' practice characteristics: Bromfield and Holzer (2008) defined a risk management approach and a therapeutic approach based on the social workers' practice characteristics. The risk management approach focuses on risks, symptoms, short term, deficit, adversarial, crisis response, documentation and case management. The therapeutic

approach focuses on needs, causes, long term, strengths, empowerment, preventative response, engagement and case work. Based on the fact that the Dutch child care system after 2015 will focus on prevention, empowerment and strengths, the therapeutic approach seem to suit the practice characteristics of Dutch generalist social worker better than the risk management approach.

Generalist versus specialist social workers

Following Bergmark and Lundström (2007) it is a trend within social work to divide social services in specialised functions and units. However in the Dutch child care system generalist social workers are required at frontline services. Several studies support the use of generalists in social work practice.

Firstly, Scholte al. (2012) advocate for a generalist social worker based on the fact that he should be jack of all trades in the context of the transition. They define the differences between the specialist and generalist, which are summarised in table 3.

Table 3. Differences between the specialist and the generalist

| Specialist | Generalist |
|---|---|
| Specific expertise | Broad expertise |
| Makes no integral considerations | Makes integral considerations |
| Focuses on one domain | Can act between domains |
| Does not monitor the family after support is provided | Monitors the family, also after support is provided |

Secondly, Blom (2004) defines generalist practice as ‘*individual social workers in integrated organisations that work with all sort of problems and types of social work cases* (p. 27)’. He defines both pros and cons of specialization in his study, in which experienced social workers and their immediate superiors were interviewed. Blom (2004) concluded that on the one hand specialization increases the social workers competence and implies clear roles for the social workers. On the other hand specialisation is inadequate for complex problems (Blom, 2004). He advocates for generalist practice since problems are often many-sided and connected to each other. Moreover he states that our language is insufficient for communicating between a number of specialised social workers.

Finally, Perlinski, Blom, Morén and Lundgren (2011) studied specialization regarding problem and function. They stated that specialist social workers face the risk of dissociating

themselves from their clients. Generalist social workers on the other hand are successful in achieving a holistic view of the client's situation and offering coherent help.

Although these statements provide support in favour of the generalist, it is important to mention that the Dutch generalist social worker for children and families seems to be a specialist social worker for children and families in Norway. Meeuwisse, Scarmuzzino and Swärd (2011) studied the social workers attitude to their working conditions and social-political trends. In this study the conditions for social work were studied by distributing questionnaires to a representative sample of Danish, Swedish, Norwegian and Finnish municipal social workers (N = 3018). In the Netherlands a social worker working with children and families could be a domain-specific generalist. In Norway however 24% of municipal social workers defined themselves as non-specialised and 41,8% of municipal social workers defined themselves as specialised on children, adolescents and families.

The present study

With the present study I will provide empirical information on the Norwegian child care system at local level and the Norwegian social worker for children and families working in it. The four questions that are central in this study are the following. Two questions concerning the child care system are: 1) What is the procedure in a child welfare case and what is the organisational structure of the Norwegian child care system at local level? 2) What are the strengths and weaknesses of the Norwegian child care system at local level? Two questions concerning the Norwegian social worker are: 3) What are the educational background, target group, tasks, methods, position, competences and practice characteristics of the Norwegian social worker at local level? 4) To what extent are Norwegian social workers generalists or specialists?

Methods

Participants and procedure

In this study interviews were held in two Norwegian municipalities. Sandnes kommune is a relatively large municipality with 67.814 inhabitants and has a *barneverntjenesten* with 70 employees. In this *barneverntjenesten* seven social workers, the psychologist, the four leaders of the sections and the manager were interviewed (Appendix 2a). Time kommune is a relatively small municipality with 16.769 inhabitants and has a *barneverntjenesten* with 18 employees. In this centre three social workers and the deputy

manager of the *barneverntjenesten* were interviewed (Appendix 2b). This resulted in a sample size of seventeen participants. The Norwegian social workers were interviewed to clarify their tasks and position in the system. The Norwegian section leaders and the management were interviewed to gain a broader view of the Norwegian child care system at local level.

Participants were recruited in consultation with me by a section leader from Sandnes kommune. Interviews from 60 to 90 minutes were held with them.

Measures and analyses

The semi-structured interviews held with the social workers consisted of questions concerning their target group, educational background, tasks and position (Appendix 3). The semi-structured interviews held with the section leaders and management consisted of questions concerning their educational background, tasks, the Norwegian child care system and the competences and function of the social worker (Appendix 4 and 5). All respondents were informed by a letter that the interview would focus on these topics. All interviews were fully transcribed and analysed in the qualitative analysis program NVIVO.

Moreover all participants filled in a form on the social workers' practice characteristics based on Bromfield and Holzer's (2008) risk management and therapeutic approach (Appendix 6). The variable 'practice characteristics' was computed as the mean of 8 items all measured on a ten points scale. Lower scores on this variable indicate a risk management approach while higher scores on this variable indicate a therapeutic approach. With the use of the Mann-Whitney procedure, differences were analysed between Sandnes and Time kommune on their social workers' practice characteristics. At last all participants filled in continuum on a ten points scale, indicating if the social workers could be defined as specialists or generalists (Appendix 6) . Lower scores on this variable indicate the social worker being a specialist while higher scores indicate the social worker being a generalist.

Results

In this paragraph I will discuss the results of this study. I will discuss the procedure in a Norwegian child welfare case and the organisational structure of the system at local level. I will also discuss the strengths and weaknesses of the Norwegian child care system at local level. In addition, I will describe the educational background, target group, tasks, methods, position, competences and practice characteristics of the Norwegian social worker at local

level. Finally, I will discuss to what extent Norwegian social workers are generalists or specialists.

Child care system

Procedure in a Norwegian child welfare case

The procedure in a child welfare case is clearly described in the Norwegian law. This procedure starts with reports received by the *barneverntjenesten*. These reports are sent to the *barneverntjenesten* by professionals or other people around the child that are concerned of a child. Following section 4.2 of the *barnevernloven* the *barneverntjenesten* has one week to examine these reports and assess whether the reports should be followed up by an investigation (Child Welfare Act, 1992): *'The child welfare service shall at the earliest opportunity, and within one week at the latest, examine reports it receives and assess whether the individual report shall be followed up by investigations pursuant to section.'* This investigation based on section 4.3 of the *barnevernloven* takes place during the examination period. This examination period should be carried out by a social worker within three months based on section 6-9 of the *barnevernloven* (Child Welfare Act, 1992): *'An investigation pursuant to section 4-3 shall be carried out as soon as possible and within three months at the latest. In special cases the time limit may be six months.'* After the examination period the social worker will make a plan with goals for measures and interventions that should be accepted by parents before help can be offered.

Most of the care by the *barneverntjenesten* is provided on a voluntary base. However in some cases mandatory care is needed. In Norway mandatory care is used in cases of neglect, when parents don't want to change or if parents are not capable enough to take care of their children. The situation has to be seriously harmful for the child, moving children out of the house is seen as the last option.

The manager of the *barneverntjenesten* will decide if a case will go to court or not. This court, named *fylkesnemnda*, will decide if the child can stay at home. The *fylkesnemnda* consists of a judge, a psychologist and a common member. According to a social worker from Time kommune the following takes place at the *fylkesnemnda*:

'They decide ehm... what is the best for this child and eh.. the family comes and eh.. present their version and barneverntjenesten come and present our version and then they decide what will be the best for the child.'

The *fylkesnemnda* will listen to the *barneverntjenesten* and the family of the child, and after that the *fylkesnemnda* will decide if the child has to be placed out of home.

Comparison of Time and Sandnes kommune

Some differences and similarities can be distinguished between Time and Sandnes kommune on their organisational structure and their dependency of *Bufetat* and private professionals. The organisational structure of both municipalities at first is shown in Appendix 2a and Appendix 2b. Sandnes kommune has three sections in which case workers work: one for children aged 0 to 13 years old which is divided in two teams for children aged 0 to 5 years old and 6 to 12 years old, one for youth aged 13 to 18 years old and one for foster- and institutional care (Appendix 2a). Moreover Sandnes kommune has a section *tiltak* in which guidance is provided after the examination period, for example by a psychologist or family therapist. Time kommune has four sections: a section with case workers, a section for family guidance section in which family therapists work, a section for foster- and institutional care and one secretary section (Appendix 2b). A similarity in the organisational structure of both municipalities is the section for foster- and institutional care that both municipalities have. A difference between both municipalities is the division in age groups and the guidance section that Sandnes kommune has and Time kommune does not have.

Sandnes kommune has created section *tiltak* to provide for guidance that would otherwise be bought from *Bufetat* or private professionals. The manager of the municipality describes this development:

‘It’s alternative is that we have to go outside our building and buy those services from others, like *Bufetat* or more private.. because there are private guidances as well. [...] we saw that the money we used by these kind of *tiltak* from private persons or *Bufetat* we could invest in our own persons here to do the same thing.’

By creating this section Sandnes kommune is not depending on *Bufetat* anymore for more intensive care. Instead of buying intensive care from *Bufetat* or private professionals, Sandnes kommune invested in their own employees to take care of it. Time kommune has family therapists itself but has to buy more intensive care from *Bufetat* or private professionals and therefore does depend on them.

Strengths and weaknesses of the Norwegian child care system at local level

Strengths of the child care system at local level

One of the strengths of the Norwegian child care system at local level is the closeness of the *barneverntjenesten* to the child, family and the community. For that reason it is easy to cooperate with the people around the child. On top of that the *barneverntjenesten* is willing to go out to the community and to show itself, as described by the section leader of section *tiltak*:

‘You need to have a *barneverntjenesten* eh.. in a municipality that are willing to go out to the community [...] because we are depending on getting people to let us know [...] I think it is important to go out to school, inform, show around an open *barneverntjenesten*, not hide ourselves, we all go to the papers and talk about ourselves [...] we can show ourselves, it is good.’

The *barneverntjenesten* depends on reports that come from people that are close to the child and therefore needs to be visible to be able to find those children that need guidance.

At second the *barneverntjenesten* focuses more and more on early intervention to detect problems and risks at an early stage, as described by the section leader of the section for foster and institutional care:

‘We try to work with going in early, try to find the smallest children that we don’t get them when they are thirteen and have big problems. Start earlier, if we are going to move them, move them earlier, if it is not okay try to help them at home [...] I think we are trying to be better on that, to decide instead of trying and trying and trying’

The *barneverntjenesten* tries to intervene early, at an early age and to be more decisive.

At third the social workers working in the *barneverntjenesten* are positive about their work environment, as described by a social worker working with youth:

‘I think we have a good eh work environment, we do a lot of things on eh.. after work, maybe go to a movie [...] get to know each other on private base, not just on a work base [...] I don’t think I heard anyone who is that satisfied with the work environment as here and it is interesting because it is a lot of stress here, so it is a risk that we could have like a bad work environment because of the stress, but I think it influences on everyone that we try to lift each other up instead of complaining and complaining and complaining, because that could drag you down. And also we help each other [...] that is a big strength.’

Therefore even though social workers have a lot of stress, they have a good work environment. They help each other, lift each other up and get to know each other on a private base as well.

The last strength of the local system concerns a strength described by the employees of Sandnes kommune. They see their manager in their municipality as a strength in their *barneverntjenesten*:

‘Other municipalities in Norway are talking about the way he is leading and do new things, so I think we are known for being a child care who is, who dares to do new things yes and to talk about it and to share it.’

The leader of Sandnes kommune dares to do new things like creating section *tiltak* and he shares these developments with other *barneverntjenesten*. Moreover other municipalities take Sandnes kommune as an example for their *barneverntjenesten*.

Weaknesses of the child care system at local level

The first weakness concerns the differences between small and large municipalities. It is difficult to run the *barneverntjenesten* in small municipalities because there are too few people that want to work there. Distances are long and the teams in these *barneverntjenesten* are small, as described by the section leader of foster and institutional care:

‘In smaller *kommune*, if you talk about the system, they have less people and also it is difficult to get people to work there because it is perhaps a longer drive.’

As described before small municipalities rely more on *Bufetat*, the care provided is therefore less close to children and families than the care provided in a large municipality. Following the section leader of section *tiltak*, there are strong recommendations that the *barneverntjenesten* should not be allowed to be too small and should have at least five employees:

‘There are suggestions that it should not be allowed to be small, and that those that are small should be put together with their neighbour municipality. There have to be a minimum service from about five.’

The second weakness of the local system lies in the cooperation with *Bufetat*. *Bufetat* is a bureaucratic part of the system that has a lot of knowledge. Moreover *Bufetat* has a lot of money and resources, however is not as close to the client as the social workers are, as described by a social worker from Time kommune:

‘That is kind of.. we have talked to the clients, we have been there and have seen them.. and they are on a higher level and not so much ehm contact with the client and close to the client.. and ehm they know what is best, when they have not seen the child or talked to the child?’

The third weakness of the local system is the high workload and the lack of money and resources the *barneverntjenesten* has. Social workers feel like they are behind and that they might have to close cases too early. They have a high caseload, balancing between 20 to 40 cases. A social worker working with children describes her experience with this high workload:

‘You know you could have done more, if you have fewer cases...and you could have focused more.. instead of just putting out fires, you could have actually done some really good work and actually help these children more’

This social worker wished for less cases to be able to help the children better instead of just intervening in crisis situations.

The fourth weakness of the local system is the high turnover of social workers in the *barneverntjenesten*. The job of a social worker is a stressful and tough job that places high demands on the social worker. Most of them start in a *barneverntjenesten* immediately after they have finished school and they are quite young. They have to face a lot of problems as described by the deputy manager of Time kommune:

‘Because they are very young, maybe 23.. and they come in .. they have no experience [...] from their own life.. they don’t have children.. they are not married [...] they come in with the idea of helping... they have a lot to give. But when they work here, in a short while they would see that it is just problems, we are working with problems all the time.’

Due to their young age, lack of experience on work and life domain and the fact that they work with problems all the time, social workers may quit their job quickly. Because of this, competences get lost and the change of social worker has negative effects on the client.

The last weakness of the local system are issues concerning foster and institutional care. The government aims at placing more children in foster care than in institutions. However there are too few foster homes in the municipality to take care of the children that are placed out of their homes, especially for older children since families prefer to take care of the young children. In addition, different groups of the *fylkesnemnda* might take different decisions concerning the same case, as described by the section leader from the child section:

‘In the fylkesnemnda we have maybe six judges and then we have two other people beside the judges that one is a normal person and the other one is ehm.. psychologists or barnevernspedagog or something but they make a decision and this group of people might make a different decision than another group would do.’

The last issue concerning foster care and institutional care is the fact that children are moved too often, as described by the section leader of foster and institutional care:

‘And then I think it is not good that we sometimes move these children because first they say: ‘Okay we have to try foster home, I think it is better’, and after a while the foster parents say: ‘No’, we have to move them and they move perhaps very quick because the foster home says: ‘Oh no it is enough today’ [...] I can’t handle this and some of the children are really moving several times.’

In Norway most children should grow up in a foster family when they are placed out of home, based on the principle that it's the best for the children to grow up in a family. However some children can't grow up in a foster family and will be moved several times between foster families. These children are too difficult for foster families and have to be moved quickly by the *barneverntjenesten*. The section leader of foster and institutional care is concerned about these children and feels frustrated since some children just can't live in a foster home, however the *barneverntjenesten* has to try to place them there.

Social worker for children and families

Educational background: Social workers in Norway are educated either as *barnevernspedagog* (pedagogue) or as a *sosionom* (social worker). Their studies are both three-year Bachelors at a university level, therefore all social workers are academically educated. The difference between both studies is defined by a social worker working with youth:

'Sosionom is pointed out towards the entire society, and the individual meeting society. Whereas *barnevernspedagog* they work ehm... mainly with children and education is formed by that.'

Therefore *sosionom* is more focused on the entire society, while a *barnevernspedagog* is more focused on children and families.

Target group: In Time kommune social workers work with children aged 0 to 23 years old or children living in a foster family or institution. In the bigger municipality social workers work with children aged 0 to 5, 6 to 12, youth aged 12 to 18 or children living in a foster family or institution.

Social workers mainly meet families that have a low socioeconomic status and are low on resources, as described by a social worker working in Time kommune:

'Some come from resource.. ehm.. from families who is like good family resource.. ehm.. like high socio economic status.. but most of them come from families with low socio economic status.'

Another social worker working with youth describes that people with a higher socioeconomic status are nowadays coming to the *barneverntjenesten* as well:

'I think that before I saw that most of the families that we work with are low status because they had low income and they were struggling with their economics, but now we can also work with ehm.. people that are .. have a decent income and so but they ehm.. they don't place their children's needs on front of themselves and they have good careers, but they can't see what their children are struggling

with.. so you can just see both.. low status and low income but also ehm.. the more resourceful or yeah.. parents.’

Norwegian social workers work with both Norwegian families and families with an other ethnic background. Some social workers mainly work with Norwegian families as described by a social worker working with youth:

‘I have of course families that have, they are from other countries ehm.. some of them are from Iraq, some of them from Turkey, some of them from ehm.. yeah from the Middle East kind, but most of the families, they are Norwegian.’

Other social workers mainly work with families with an ethnic background, as described by a social worker working with youth:

‘It is not a very homogenic group and ehm.. you can’t sort of make general groups out of it, but they will always be those who don’t fit in. Mainly it is ethnic Norwegian children, or they have ehm.. you have with those with different ethnic backgrounds.’

The target groups face many different kind of problems, which is described by a social worker from Time kommune:

‘It is behavioural problems, it is problems with their parents, psychological problems, drugs problems, ehm.... diagnoses, problems at schools.’

Social workers working with children placed in foster families or institutions face children with attachment issues, that don’t trust adults because of neglect or that had parents with drugs and psychological issues. Social workers working with youth, face youth with behavioural problems, problems in the family dynamics and problems with drugs or alcohol. Often these problems go hand in hand as described by a social worker working with youth:

‘So that is combined eh we often see that, it is rarely that you see a child or a youth who has behavioural problems and then you can see there is nothing wrong at home.’

Therefore if there are behavioural problems, most of the times there are also problems at home.

Tasks: The tasks of the social worker are part of the procedure in a child welfare case which was described before. The Norwegian social worker is responsible for all tasks concerning the examination period, for meetings, documentation and writing. These tasks will be described in the following paragraph.

Tasks concerning the examination period: During the examination the social worker will find out what the problem is, what is needed and what interventions should be used in the case.

This period is described by a social worker working with youth:

‘So these three months we are supposed to find out as much as we can, so that we can put in the perfect and help them, after these three months. And we are not supposed to use three months if we can do it faster, because it is a long time for a family to wait. But in the same time you should not hurry too much either because you can lose important information.’

During this period the social worker will talk to the child itself and everybody who knows the child, like the parents, school, kindergarten, nurseries, doctors and the police. Moreover the social worker observes the child at home to see the interaction between the parent and the child, which is described by a social worker working with children from 0 to 18 years old:

‘We want to see them together so we can see their relationship. You know. The connection and ehm.. the interaction between the parents and the child.’

At last the social worker will go to the kindergarten or school to see how the child interacts with other children:

‘And see them together with other children, how is they with other children, how is their behaviour. And so on. So that is something we do in almost all the examination.’

After the examination period the social worker will write a report in which he concludes on what the problem is and what is needed in this case. The social worker will make a plan with goals for measures and interventions. This plan should be accepted by the parents before help can be offered. The social worker will decide on care in cooperation with their team, however the section leader or deputy of the manager needs to formally give permission based on the *barnevernlovern*:

‘So the decision is formally given to my leader, but it is team work.’

When the examination period is finished the social worker will be the one that coordinates and organises the entire process around the family. The social worker will hook up the family with the person that can provide the care they need. In Sandnes kommune care could be provided for by someone of section *tiltak*, which is the section that provides for guidance. In Time kommune care could be provided for by a family therapist or could be bought from *Bufetat* or a private professional. The social worker will stay in touch with the family during the process and is the contact person for the parents. The social worker is also responsible for evaluating the process around the family every three months. During this evaluation the social worker will examine with the family and the ones that provide care to them if the goals are

reached or if they need to be adjusted. In the end the social worker will decide if the case will be dismissed, as described by a family guidance:

‘Then the social worker in every case decides if they want to dismiss this case and say: ‘Okay I think we can’t do anything more, it is okay’, or they can say: ‘No you have not changed anything and none of this goals is eh have a solution’, so then they have to see if there is something other they can do, to do the job better or we have to go to court and take the kids.’

The social worker will dismiss the case if the *barneverntjenesten* can’t help the family anymore since the goals are reached. If the family has not changed the social worker will try to find another solution for the problems or the case will go to court.

Tasks concerning meetings: The social worker has a lot of meetings as well both inside and outside of the *barneverntjenesten*. Inside of the building the social worker has weekly meetings with his team in which cases are presented and discussed. In Sandnes kommune section leaders also have individual meetings with their social workers every third week. In these meetings they can get help with their cases or talk about personal stuff as described by the section leader of section *tiltak*:

‘Individual talks, and they can just then run through their cases [...] so they can use it to whatever they want, so personal issues that affect their job.. but also if they have a case that they need a little help to’

Outside of the building the social worker has to meet the people that know the child during the examination period. Moreover social workers go to schools to advice teachers and anonymously discuss cases at these schools.

Tasks concerning writing and documentation: Finally, the social worker has to do a lot of writing and documentation:

‘When I have been on a visit or have a conversation or observation I have to write everything down, to document what have I done and what I have observed and evaluated,.. so it is documenting a lot.’

The social worker has to document everything because it is essential for communication, for example when another social worker has to take over the case. The social worker will document the information concerning a child in the computer system that is accessible for all employees of the *barneverntjenesten*.

Tasks social workers working with foster and institutional care: Social workers that work with children in foster families and institutions share some of these tasks though they have some different responsibilities. Like the other social workers they have to do a lot of writing

and reporting. In addition they have meetings with schools, their team and the biological parents of the child. However they also have meetings with foster parents and need to give them counselling if they need it. Social workers that work with children in foster families and institutions will not have a responsibility for the examination period, since this examination was done before the children were taken away from their parents. If children are taken away from their parents in Norway, the *barneverntjenesten* will have the custody of the child. This means that the social worker has to follow up these children till they are eighteen years old. He has to visit the foster homes or institutions four times a year per child to see how the child is doing.

Methods: Social workers in Norway use methods from their education, like how to talk to parents and children and how to approach people. They also use methods to bring in the voice of the child, like talking to the child with pictures and questions.

Methods mostly used in the municipality during the intervention period by the one that provides care for the family are methods from Marte Meo, Øyvind Kvello and the Circle of security. Marte Meo is used to encourage people to use their own strengths to stimulate and advance developmental processes (Marte Meo International, 2013). The Circle of security is based on Bowlby's attachment theory. The methods of Kvello focus on early intervention, factors of risk and protection and on writing the reports, as described by a social worker working with youth:

'So if I am to point out like three areas that Kvello main focus it is early intervention [...] and we work with factors of risk and factors of protection, identifying this.. and Kvello has developed methods of how we write our reports after an investigation, how we gather information instead of doing a summary'

Position: The social workers from *barneverntjenesten* work on the frontline of the child care system, as described by a social worker from Time kommune:

'First you have to remember that this is in the municipality, it is not a special services like the hospitals and the clinics with psychiatric problems. We do not do that kind of work, we do not examine eh.. the health of people or we do not eh.. put diagnoses into people.'

Therefore the *barneverntjenesten* is not responsible for psychological or psychiatric problems and for children with a diagnosis.

However most of the social workers position their work on the specialised part of the child care system and position other services in the community on the preventive part. This is described by a social worker working with youth:

'I think my job is more specialised, because I have a certain age group and it is special kind of cases and ehm we come in when it is kind of a crisis, so it's hard to prevent.'

Because of the fact that this social worker focuses on a specific age group and intervenes in case of crisis, she positions herself on the specialised part of the child care system.

Competences: According to the social workers, the section leaders and the management the main competences that the social workers need are the following. The social workers need to have certain knowledge from the education as *sosionom* or *barnevernspedagog*, knowledge of the system and the law. They also need to be able to cooperate internally as well as externally. Moreover they need to have empathy and interest for other people. Furthermore they need to communicate clearly; to be good at talking and understanding people. On top of that they need to like writing and reporting because that is an important part of the job. At last they need to show respect for the people they work with.

In table 4 the profiles of the Dutch generalist and Norwegian social worker for children and families are given. In this table the results of the comparison between the social worker are given on the domains of educational background, target group, tasks, methods, position and competences.

Social workers' practice characteristics

Bromfield and Holzer (2008) defined the risk management approach and the therapeutic approach based on the social workers' practice characteristics. Based on the answers of social workers, section leaders and the management, I found the following results. Both Sandnes and Time kommune have an average of 6.2 on a ten-points scale on the social workers' practice characteristics, indicating that Norwegian social workers have slightly more focus on the therapeutic approach than on the risk management approach. With the use of the Mann-Whitney procedure the differences between Time and Sandnes kommune were tested. No significant differences on practice characteristics were found between Time and Sandnes kommune.

Table 4. Profile of the Dutch generalist and Norwegian social worker for children and families

| | Dutch generalist social worker for children and families from 2015 | Norwegian social worker for children and families |
|-------------------------------|---|---|
| Educational background | High vocational level | Three-year Bachelor at university level to become a <i>barnevernspedagog</i> or <i>sosionom</i> |
| Target group | Vulnerable families Different target groups and problems that differ in severity | Mostly families with low SES and resources. From Norwegian and other ethnic background Different age groups and different kind of problems |
| Tasks | Build trust and enter into conversation with the family Activate and reinforce a family's personal strength and social environment Solve (parenting) problems within the family Refers the family to specialised care if necessary Strengthen professionals on universal services | Examination period: find out what the problem is, what is needed and what interventions should be used, observation Meetings: with the child itself and everybody who knows the child, with colleagues, with the section leader Documentation and writing Coordination |
| Methods | Integral Cross-domain Connecting Close to the family | From their studies |
| Position | Frontline and preventive level of the child care system | Frontline level of the child care system |
| Competences | Clarify questions and needs Improve the clients own strengths and self-agency Stimulate responsible behaviour Is visible and approaches people himself Stimulate involvement and participation Strengthen the clients network Connect the common and individual approach Work in different life domains Anticipate on change Is enterprising Make use of professional space | Knowledge of the system and the law and have the right education Cooperate internally and externally Empathy and interest for others Communicate clearly Like writing and reporting Show respect |

Specialists versus generalists

Specialists: The majority of the social workers in Sandnes kommune are defined as specialists with an average score of 5 on a ten points scale, with scores varying between 1 and 10. They are defined as specialists because they work with specific age groups and their problems, this is described by the section leader of the youth section:

‘They are specialist in youth... I am thinking more about they are working with youth, they know more about drugs, use and behaviours, abnormal behaviours, more than, it is easy for me to compare to the child section because they are eh.. for example if they have a youth with ehm.. behavioural problems.. and they can think: ‘Oh this is a big problem’ and when the case come over to us, we can think: ‘Oh this is not a big thing, this is.. oh I don’t know if we should be in this case, maybe this should just go away from the child care’.. and if we have a small child we can think: ‘Oh.. we don’t know how to deal with this, oh is this good or is this not good’ .. then they are the specialists.’

This section leader describes the fact that social workers are specialised on a specific age group and their problems. They might therefore underestimate or overestimate the problems of other age groups.

Social workers from Sandnes kommune describe themselves as specialists because they focus on a specific group and have specific knowledge on this group. A social worker working with youth describes this by the fact that working in another section would be like another job for her:

‘This is pretty specialised, so the other sections here, I know what they are doing ehm but not to the specifics.. if I start in another section, it would be kind of like another job for me.’

Therefore social workers are defined specialist because they work with specific groups and their problems.

Generalists: Contrary to Sandnes kommune, the majority of the social workers in Time kommune are defined as generalists. They have an average score of 7.75 on a ten points scale, with scores varying between 4 and 9.

These social workers are defined as generalists because they try to see the problem and the causes in a broader perspective, as described by a social worker from Time kommune:

‘Generalist because I think a problem [...] I don’t think it is eh.. behaviour for example, it is not one thing who can be the cause .. I think it is kind of be a lot of things who could be the cause.. I try to see it in a broader perspective.’

Some social workers of Sandnes kommune were described as generalist because they meet a broad group of people and work with very different cases, as described by a social worker working with children:

‘I don’t feel I work with specific specialist themes, you know, because we meet a broad group of people here.. so we meet the whole.. so meet both the rich and the poor and the sick and healthy, I just don’t.. I don’t work specially towards any groups and that’s fine, so I haven’t developed any .. ehm.. special knowledge on certain things.. I might after a while, but now where I am at, right now I haven’t.’

Therefore social worker are defined generalist because they see the problems and causes in a broader perspective and they meet a broad group of people with different cases.

The Norwegian social worker cannot be defined as either a generalist or a specialist. Social workers in Sandnes seem to be defined more often as specialist, while social workers in Time kommune seem to be defined more often as generalist. These differences could be explained by the division in age groups and the problems that Sandnes kommune has. However some social workers in Sandnes kommune were defined as generalist and some social workers in Time kommune were defined as specialist as well. Differences might be explained by different interpretations of the terminology and by different approaches concerning the social workers. On top of that large differences between the scores were found in both municipalities, which strengthens the results that Norwegian social workers are neither generalists nor specialists.

Discussion

The aim of this study was to provide inspiration and recommendations for the Dutch generalist social worker and child care system by studying Norway. I provided for empirical information on the tasks and position of the Norwegian social worker for children and families at local level, based on interviews held with social workers, section leaders and the management of two Norwegian municipalities. On top of that I studied the organisational structure, procedure in a child welfare case and strengths and weaknesses of the Norwegian child care system at local level. Based on the results of this study, my conclusions are the following.

Child care system

The Norwegian child care system is supported by a law in which terms and tasks for each partner in the system are clearly defined. Moreover differences in the Norwegian child care system occur between small and large municipalities. The *barneverntjenesten* in small municipalities have less differentiation in age groups within their organisational structure and depend more on *Bufetat*. Large municipalities on the other hand organize more intensive care inside of their *barneverntjenesten* and therefore only rely on *Bufetat* for foster and institutional care. In addition, the money and resources from *barneverntjenesten* are close to the children and families. For that reason it is easy to cooperate with the people around the child. Finally, the mix of the ‘family service’, ‘child protection’ and ‘child focused’ orientation as defined by Gilbert et al. (2011) was found in the Norwegian child care system. Based on the study of Kojan and Lonne (2012) in which the Norwegian system was described as family-oriented, the Norwegian child care system has aspects of a ‘family service orientation’. Moreover based on the fact that a court can decide to place children out of their home if the parent’s behaviour to their children is seriously harmful, the Norwegian child care system has aspects of a ‘child-protection’ orientation. At last based on the fact that the voice of the child needs to be heard during the examination period the Norwegian child care system has aspects of a ‘child focused’ orientation.

Recommendations for the Dutch the child care system from 2015

Based on the Norwegian system at local level, social workers as well as money and resources should be close to the child, family and community. I recommend that a decentralisation should indeed bring resources closer to the ones in need of them. Municipalities should not rely too much on bureaucratic parts of the system, like *Bufetat*, for these resources. Moreover the child care system needs to be visible, the generalist social worker needs to go outside and show in what way the system could help children and families. In addition I recommended that the Dutch Child and Youth act should have clearly defined terms and tasks for each partner in the child care system, like the Norwegian *barnevernloven* has. An act like this would clarify responsibilities in the child care system as well as clarify the position of the clients. At last I would recommend each Dutch municipality to have clear access point to the child care services, like the Norwegian *barneverntjenesten*.

Social worker for children and families

Tasks

Some similarities can be distinguished between the tasks of the Dutch generalist social worker and the Norwegian social worker. Both the Dutch generalist social worker and Norwegian social worker take care of the assessment, which is described as examination by the Norwegian social workers. Moreover they both solve problems of the child and the family, however while the Dutch social worker takes care of this himself the Norwegian social worker will hook the family up with the assistance they need. Thirdly, they both cooperate with the professionals involved with the child and family. Fourthly, following their practice characteristics them both seem to work from a therapeutic approach, based on Bromfield and Holzer's (2008) categorization. At last, they both decide on care and provide access to care.

A difference between the Dutch generalist social worker and the Norwegian social worker is that the former focuses more on empowerment and the child's and families' own strengths, than the latter.

If we divide the child care system in universal, preventive and specialised services, both the Dutch generalist and Norwegian social worker for children and families work in preventive services which positions them at the frontline of the child care system. The Dutch generalist social worker however seems to work at an earlier stage in the child care system than the Norwegian social worker. The Norwegian social worker on the one hand intervenes in crisis situations and works with cases that can't be helped earlier in the system. The Dutch generalist social worker on the other hand detects problems at an early stage and works with children and families before problems get severe and crises intervention is needed. This positions the Dutch generalist social worker closer to universal services while the Norwegian social worker is positioned closer to specialised services.

Generalist versus specialist

The Norwegian social worker cannot be defined as either a generalist or a specialist. Social workers working in Time kommune seem to be described more often as generalist, while social workers in Sandnes kommune seem to be described more often as specialist. These differences could be explained by the fact that social workers in Sandnes kommune work with specific age groups and problems while the social workers in Time kommune do not. The size of the municipality influences the extent to which social workers are generalists or specialist.

According to the Dutch profile and definition of the generalist social worker,

Norwegian social workers from both municipalities could be defined as generalists, since they have generalist aspects in their way of working. Firstly, they all work integral; they are involved in the processes concerning the child and family from the start until the end. They take care of the examination, decide when a case is dismissed and are the contact person for the family. Secondly, they monitor the cooperation between the family, involved professionals and organisations. They will hook up the family with the assistance they need and have the coordinative role that the Dutch generalist social worker should have. At last, like the Dutch generalist social worker they will be the one that decides on care and provides access to care. In conclusion according to the Dutch definition, Norwegian social workers could be defined as generalists.

In addition according to the Dutch profile and definition a social worker in the Netherlands could be a generalist on the domain of children and families, while based on Meeuwisse et al. (2011) a Norwegian social worker specialises himself on working with children and families.

Recommendations concerning the generalist social worker

Recommendations for the future Dutch generalist social worker can be done based on the tasks and position of the Norwegian social worker at local level. Firstly, I recommend that the generalist social worker is not the one that provides care himself though is the professional that gets in the help the family needs, like the Norwegian social worker does. This will make the generalist social worker a coordinator who does not need the expertise to provide for all care the family needs. He can monitor the family from the start till the end of the process, is the contact person for the family and takes care of connecting the institutional world and the world of the family. Secondly, I recommend that the Dutch generalist social worker should be positioned closer to universal than to specialised services. He should not intervene in crisis, like the Norwegian social worker does, though he needs to detect problems at an early stage and should intervene before crisis intervention is needed. It is therefore important that the generalist social worker cooperates closely with universal services and that he strengthens professionals on these services as described by Nederlands Jeugdinstituut (2013). Lastly, being a social worker is a demanding job. Social workers have a high workload and a high turnover of employees takes place in the *barneverntjenesten*. A positive work environment and experience in the field may help the social worker to manage. Therefore I recommend the generalist to be a more experienced social worker who brings in experience from the field.

Limitations and strengths

The findings in this study should be interpreted in light of the following limitations. Firstly, the amount of participants and municipalities visited in Norway is limited. Secondly, the municipalities visited were located in one part of Norway. These facts might limit the extent of legitimate generalisation to the child care system in Norway. For further research a larger group of participants from different regions is needed.

A strength of this study is the fact that the Norwegian child care system at local level was thoroughly studied at different levels by the use of interviews. These interviews had a clear topic list and therefore all topics I was interested in were discussed. At last this study provides for clear recommendations to support the transition and transformation of the Dutch child care system.

Recommendations for further research

Based on the findings in this study, the recommendations I would like to give for further research are the following. The recommendations done concerning the Dutch the child care system from 2015 and the generalist social worker, should be tested after the transition and transformation have taken place. Moreover the interviews held in Norway could be used in the Netherlands in the future, to test the prescribed profile for the generalist social worker from 2013 with the profile the generalist social worker will have after 2015.

Lessons learned

The Dutch generalist social worker should work in a visible child care system in the framework of an act that clearly defines the tasks and terms of the partners involved in this system. Moreover a clear access point to the child care system should enable families and professionals to get into contact with the generalist social worker. This generalist should be a person who coordinates the entire process around the family from the start until the end, who brings in experience from the field and decides on care that he brings into the family. He should be positioned on strengthened frontline services that work closely together with universal services. He should be an experienced social worker whose practice characteristics come from a therapeutic approach. Finally, the Dutch generalist social worker will have an important role in the transition and transformation in making cooperation concerning families effective and efficient. He will be the coordinator needed, based on the principle of ‘one family, one plan, one coordinator’.

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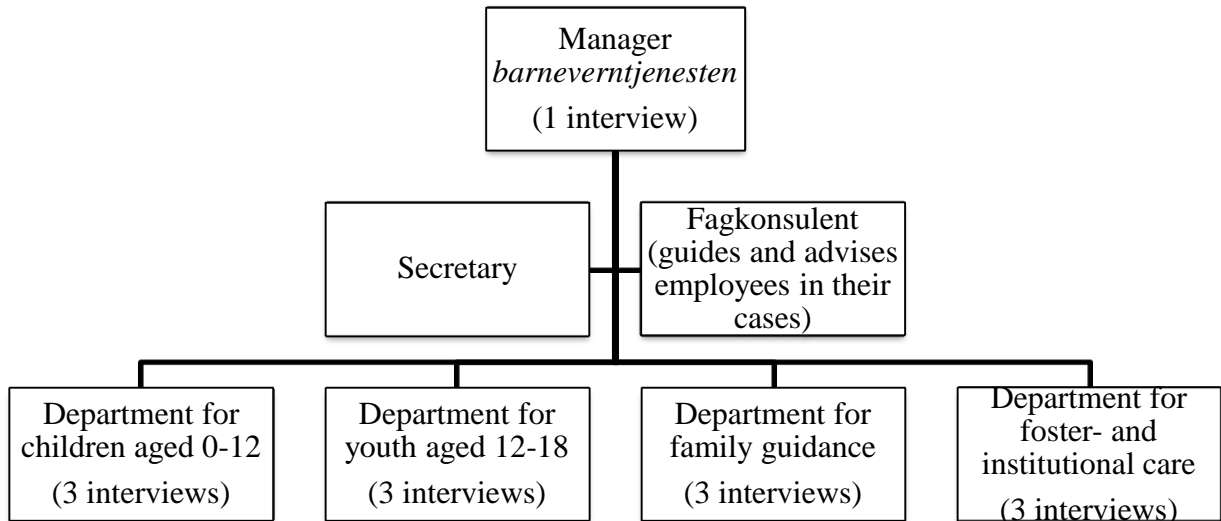
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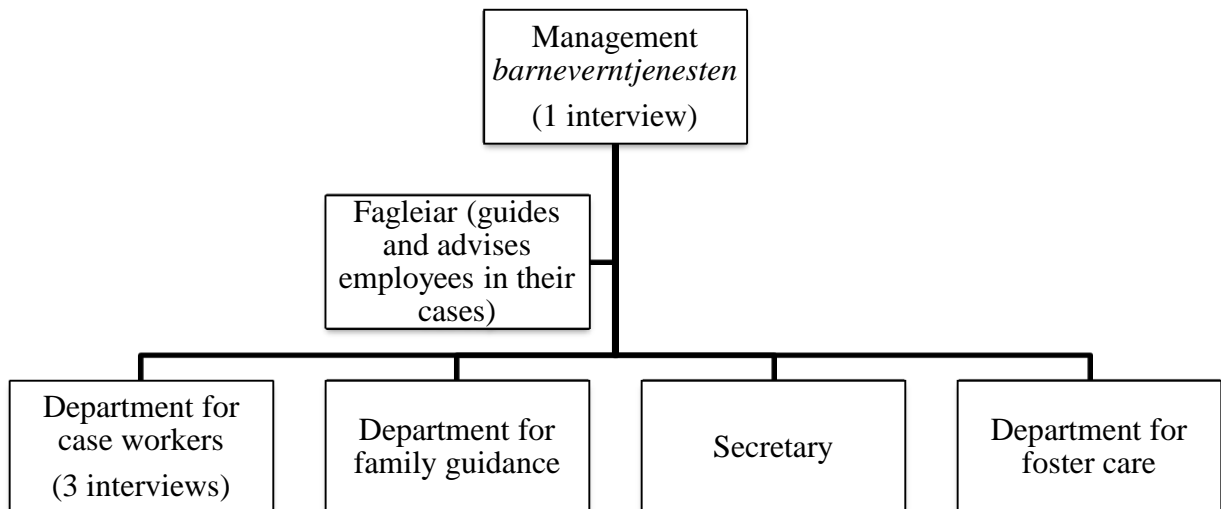
Appendix 1: List of Norwegian words and meanings in English and Dutch

| Norwegian | English | Dutch |
|---------------------------|--|---|
| <i>Barnevernlovern</i> | Child Welfare Act | Jeugdwelzijnswet |
| <i>Barnevernspedagog</i> | Pedagogue | Pedagoog |
| <i>Barneverntjenesten</i> | Child and family care centre | Centrum voor kind en familie |
| <i>Bufdir</i> | Norwegian Directorate for Children, Youth and Family affairs | Noors directoraat voor kind-, jeugd- en familie zaken |
| <i>Bufetat</i> | Regional offices from Bufdir, responsible for more intensive care for children and youth and provision of foster care and institutions | Regiokantoren van Bufdir, verantwoordelijk voor intensieve zorg voor kinderen en jongeren en het verschaffen van pleeg- en institutionele zorg |
| <i>Fylkesnemnda</i> | Court | Rechtbank |
| <i>Kommune</i> | Municipality | Gemeente |
| <i>Sosionom</i> | Social worker | Maatschappelijk werker |
| <i>Tiltak</i> | Guidance | Begeleiding |

Appendix 2a. Organisational structure *barneverntjenesten* Sandnes kommune



Appendix 2b: Organisational structure *barneverntjenesten* Time kommune



Appendix 3: Topic list interview social workers

Introduction

Profession

Target group (age, life domains, SES, background)

Educational background

Position

Universal, preventive, specialised

Focus work on children, families or community

Tasks

Assessment

Deciding on care

Support

Coordination

Cooperation

Contact target group

Methods

Social worker describes

Average workday

Opinion on the system

Pros and cons local system

Pros and cons national system

Opinion on position & tasks

Specialist versus generalist

Competences needed

Duty to report

Appendix 4: Topic list interview section leaders

Introduction

Profession

Educational background

Tasks

Cooperation

Related to social worker

System

Pros and cons local system

Pros and cons national system

Section leader describes the social worker

Specialist versus generalist

Competences needed

Appendix 5: Topic list interview managers

Introduction

Profession

Educational background

Tasks

Cooperation

Related to social worker

System

Responsibilities municipality in the system

Pros and cons local system

Pros and cons national system

Manager describes the social worker

Specialist versus generalist

Competences needed

Appendix 6: Bromfield and Holzer's (2008) risk management and therapeutic approach

| | | | | | | | | | | | |
|-------------------|---|---|---|---|---|---|---|---|---|----|-----------------------|
| Focus on risks | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Focus on needs |
| Focus on symptoms | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Focus on causes |
| Short term | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Long term |
| Deficit focus | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Strengths focus |
| Adversarial | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Empowerment |
| Crisis response | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Preventative response |
| Documentation | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Engagement |
| Case management | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Case work |
| Specialist | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Generalist |