



Family and Child Welfare in Norway: An Analysis of the Welfare State's Programs and Services

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Norway: Overview of Country Statistics and Demographics

Family policy encompasses a broad range of topics and services. For the sake of this chapter, the authors focus on issues that pertain specifically to families including children's welfare. Of interest is how the Norwegian government is educating and generating programs for immigrants, a group that will need these government services. Located at the northern tip of Europe, the Kingdom of Norway is one of the three Scandinavian countries along with Denmark and Sweden. Norway is a small country with a very long coastline. The country covers a total of 304,280 sq. km (slightly larger than New Mexico) and spans 1581 miles in length making it the longest country in Europe (Nations Encyclopedia, n.d.). The total population is 5.26 million and is forecasted to reach 5.3 million in 2018 (Ieconomics, 2017). While the population numbers continue to grow, the growth is considered low.

The population by age shows that in 2017 the age groups 20–39 years old and 40–59 years old (both 1.41 million) are the largest groups among Norwegian inhabitants. Children and youth, from 0 to 19 years old, make up 1.26 million of total

population. The smallest group 60 and older was 1.17 million (Statista, 2017). These group distributions have been highly consistent for decades. Over the last two decades, Norway has received many immigrants while the total number of ethnic Norwegian is in decline. While a small country, Norway is experiencing the fastest population growth in Europe, and the country's population is becoming more diverse (Andreassen, Dzamarija, & Slaastad, 2013). In 2017, immigrants consist of 16.8% of the total population (SSB, 2017a) with the majority immigrating from Europe including Turkey. The highest relative growth in 2016 was among immigrants from Syria (SSB, 2017a).

Unemployment in Norway remains low at 4.3% (SSB, 2017b). This figure has remained low for more than 30 years: 1–2% during the 1970s and 2–3% during the 1980s. In the 1990s, unemployment reached a high of 5–6% and then fell to around 3%. Norway is close to full employment and at present imports more labor from EU, from the new member states, than other Nordic countries. Norway also has the highest employment rates in older age cohorts of any European country except Iceland (Solem & Overbye, 2004). The retirement age is 67.

Even though the labor force participation rate for women remains high at 67.7% (SSB, 2017c) and most households consist of two family providers, family life has become increasingly turbulent since the 1960s. The estimated percentage of marriages projected to end in divorce increased

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from 13% of all marriages in 1970 to 48% of all marriages in 2001. Following the rate from 1996, it is estimated that 44% of today's marriages will end in divorce (Noack, 2012).

With a GDP of \$74,734.56 per capita, Norway is the eighth richest country in the world due to its oil and gas commodities (Worldatlas, 2017). A strong economy, coupled with a focus on equitable income distribution and generous welfare, benefits Norway nationwide as poverty levels are relatively low at 4.5% (Wright, 2015). However, a recent study shows that 8.3% of the population in the capital city of Oslo lives in poverty (Wright, 2015). The population at risk in this urban environment includes immigrants and refugees, the elderly living on minimum pensions, single parents and families with young children, and others receiving social welfare benefits. The same 2015 study noted that child poverty is on the rise as 3.4% of all Norwegian children are now living in a state of "relative poverty," with immigrant children showing a much higher risk than children with Norwegian heritage (Wright, 2015). In 2016, 36% of all immigrant children, or nearly four in ten, lived in poverty, compared to just 5% of children with Norwegian parents (NTB, 2016). The reason may be that immigrants often have larger families or may only live on one income or on welfare as they may not be able to find employment.

Health and Well-Being

Norway, like other Nordic countries, consistently ranks high on many measures of health and well-being (Tancau & Sandelson, 2010). Norway has ranked number 1 on the Human Development Index (HDI) out of 148 countries every year since 2001, except for 2007 and 2008 when Iceland held the top position (Quora, 2012). The HDI "is a summary measure of average achievement in key dimensions of human development achievements: a long and healthy life, being knowledgeable and have a decent standard of living" (United Nations Development Programme, 2016, p. 1). Similarly, there is reason to believe that the HDI numbers are strongly linked to the World

Happiness Report, which ranks 155 countries on the general state of their population's level of happiness. The Nordic nations are the most content, according to the World Happiness Report, 2017 produced by the Sustainable Development Solutions Network (SDSN), a global initiative launched by the United Nations in 2012.

Since first published in 2012, Norway has consistently been in the top ranking and moved to first place in 2017 ranking high on factors which support happiness (World Happiness Report, 2017). Sachs, the director of the SDSN, noted that the aim of the report "is to provide another tool for governments, business and civil society to help their countries find a better way to wellbeing" (Reaney, 2017, p. 1). The rankings are based on six factors—per capita gross domestic product, healthy life expectancy, freedom, generosity, social support, and absence of corruption in the government or business (World Happiness Report, 2017).

A Generous Welfare State

Profits from the oil and gas sectors afford Norway to provide numerous public services paid for by the state. There is also a private sector offering health services; however, it remains small as all Norwegians are covered by free public health insurance and state-funded services for families and children. The country is considered a model welfare country with its long tradition of providing welfare services for families and is typically defined as a social democratic state (Esping-Andersen, 1990). This tradition entails the state providing a wide range of family services including the public school system (a 10-year compulsory primary school education, in addition to public secondary schools and universities), health and medical services, and childcare services. The social security system in Norway also provides a broad range of family allowances to support families with children, for example, benefits to single parents. Families receive a monthly universal flat-rate child benefit for children aged 0–18, and single parents get benefits for one more child than they have.

New parents can apply for parental benefits and must choose between 100% (49 weeks of coverage) and 80% (59 weeks). The maternal and paternal quotas are 10 weeks each. The rest of the weeks, 26 or 36 weeks, depending on the coverage chosen can be shared between the parents (NAV, 2017). The number of fathers taking advantage of the paternal leave is on the rise. In 2015, 37% of all new fathers used more than the allotted 10 weeks, 33% used the 10 weeks, 6% used less, and 24% did not use any paternal leave (Samfunnsspeilet, 2017).

Many of the allowances are universal and independent of parental income. Families receive cash-for-care benefits for children between the ages of 1 and 2 years if the child does not attend a government-subsidized kindergarten. For adopted children, the care could be up to age 6 (Nordic Social Insurance, n.d.). Other "welfare" activities are partly subsidized such as kindergarten/day care, after-school programs, and a variety of leisure activities for children (music, arts, sports, etc.).

While family policies in Norway include numerous programs aimed at assisting families, this chapter will focus on two major areas of family services, namely, child welfare and family counselling services along with family life education initiatives. In addition, the authors will discuss various initiatives available to immigrants that fall under family services. The Ministry of Children, Equality, and Social Inclusion oversees family services in Norway (Bufetat, 2017). An underlying agency, the Norwegian Directorate for Children, Youth, and Family Affairs (Bufdir 2016a; 2017a), oversees services pertaining to families and children and is responsible for services relating to child welfare, family counseling, adoption, violence in close relationships, equality, and nondiscrimination. In addition to its role as a competence center for child welfare and family counseling, Bufdir is also responsible for the management and operation of state-funded child welfare and family counseling services, including adoption, and operates care centers for unaccompanied asylum seekers under the age of 15. Their main task is to provide children, young people, and families in need of help and support

with appropriate, high-quality assistance on a nationwide basis with an orientation toward support, prevention, and early intervention (Bufdir, 2016b).

Child Welfare Services

The Nordic countries provide direct income transfers to families with children at a level that exceeds other Western European countries. The Nordic countries are unique in their wide-ranging social service direct income transfer to families with children (Ministry of Social Affairs and Health, Finland, 2009). According to Reedtz, Martinussen, Jørgensen, Handegård, and Mørch (2011), the Scandinavian universal welfare programs and policies including universal health care have assisted families with children in offering supportive and preventative measures to aid in children's development.

These approaches have proven to be very successful in Norway. Overbye, Vabo, and Wedde (2006) reflect:

Characterized as relatively speaking a welfare service state, in contrast to the welfare transfer states dominating the rest of continental Europe (the South European countries). That is, the provision of public welfare services (such as kindergartens and old age care) is more prominent relative to cash benefits (pensions and the like) in Norway than, say, in Italy. (pp. 12–13)

After World War II, the Norwegian Welfare state began its rise and the first Child Welfare Act (CWA) of 1953 was enacted. The purpose was to move away from just providing citations to parents and instead focus on prevention, advice, and guidance. Preventative measures became incorporated into the CWA (Befring, 2010). The second CWA of 1992 established the Norwegian Child Welfare Services where the repurposed aim became to incorporate attention to the child's needs, rights, and interests as well as preventative initiatives (NOU, 2009, p. 8). The purpose is "to ensure that children and youth who live in conditions that may be detrimental to their health and development receive the necessary assistance and care at the right time," and "to help ensure

children and youth grow up in a secure environment” (Wikipedia, 2017, p. 2). The CWA applies to all children between the ages of 0 and 18 years; however, services can be given to children up to 23 years if the child agrees. This is especially important for children who age out of the foster care system. Both the Child Welfare Services and the Norwegian Employment Agency (Arbeids og Velferdsdirektoratet) can provide assistance to former foster care youth ages 18–23 depending on their needs easing the transition into adult life. In 2003, the UN Convention on the Rights of the Child was incorporated into the CWA formally emphasizing the right of children’s participation on matters that concern their welfare (Sandberg, 2008).

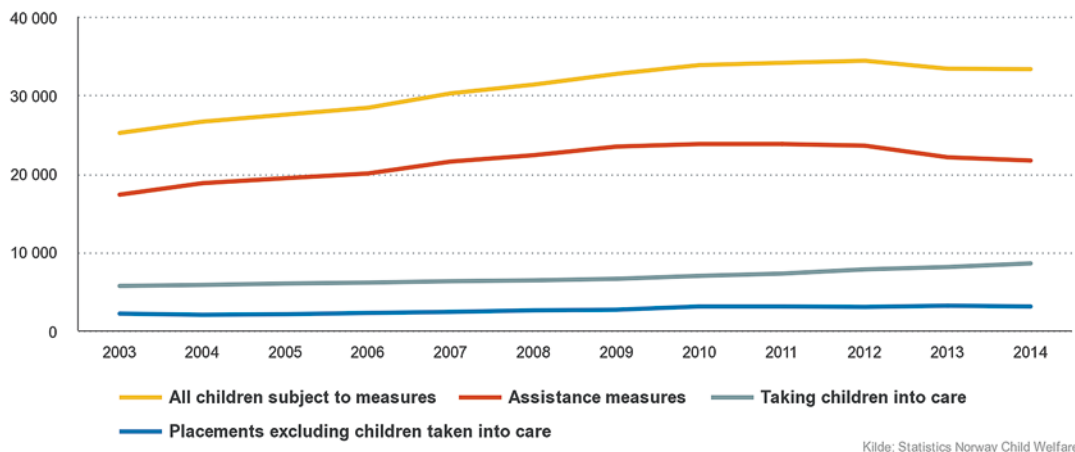
Child Welfare Services are present in every municipality in Norway deeply embedded within the core values of the Welfare state. The overall commitment to children and youth’s health, development, and learning are steadfast in Norway. A total of 54,620 children received services from the Child Welfare Services during 2016, an increase of 2% over the previous year (Dyrhaug & Grebstad, 2017). However, the increase in measures is small compared to the increase in notifications and investigations during 2016. Only 18% of the notifications were dismissed during 2016, compared to 20% in 2015. Compared to 2015, 10% more investigations

were initiated in 2016 due to the rise in the number of notifications and the drop in dismissed notifications. In 2016, the Child Welfare Services initiated 47,900 investigations on 44,900 children.

Table 1 shows that there has been an escalation in the number of services provided since the millennium. While the number of youth aged 0–17 years of age has increased during this time, services provided have indeed gone up. In 1993, there were 20 services provided per 1000 children and youth. In 2010, there were 30 services provided per 1000 children and youth (Kojan, 2011). The authors make an interesting argument in that the increase could also be in relation to the renewed attention and focus on prevention and early intervention measures. Similarly, the standard of living in Norway has increased overall providing the government with more resources to spend on additional public services including Child Welfare Services (Kojan, 2011).

The Norwegian Directorate for Children, Youth, and Family Affairs (Norwegian *Barne-, ungdoms- og familiedirektoratet*), (*Budfir*) is a governmental body responsible for children’s welfare services. The Child Welfare Services (*Barnevernet*) provides help and support to children, youth, and parents who are experiencing challenges or difficulties within the family. The Child Welfare Services may also get involved if a

Table 1 Children aged 0–17 years old subject to Child Welfare Services measures inside or outside of the home. At the end of the year



Kilde: Statistics Norway Child Welfare

Source: SSB (2016). Child Welfare Services for children with a minority background. Reprinted with permission

child needs help for other reasons, such as behavioral issues connected to drugs or alcohol (Bufdir, 2017b). The Child Welfare Services is responsible for implementing measures for children and their families in situations where there are special needs in relation to the home environment. Assistance may be provided as counseling, advisory services, and aid measures, including external support contacts, relief measures in the home, and access to day care. When parents are unable to provide care for their children, the Child Welfare Services is mandated to provide whatever help is necessary to ensure that children and youth receive the care they need. The child's best interest is always primary and may sometimes conflict with the parents' interests. At times, services may include relocating a child or children from their families into temporary care or longer-term care. Each municipality is responsible for providing various services for families and children and the County Social Welfare Board (*Norwegian Fylkesnemnda for barnevern og sosiale saker*) functions as tribunals that must approve of any compulsory measures and care orders (i.e., decisions that parents lose custody of their child).

The Child Welfare Process: Help Within the Home

The process for reaching out for information or services from Bufdir is expedient. A note of concern will often be submitted either by phone or letter to the Child Welfare Services, which prompts an investigation. Obligated by law, the Child Welfare Services will decide if there is cause for further investigation, and a call may or may not be placed to the originator for additional information. The parents are then contacted, and a meeting is scheduled either at the home or at the Child Welfare Services' offices where the concern is shared with the parents. If additional information is needed, other stakeholders who know the family well may be contacted such as health-care workers, teachers, and day care providers to assist. The Child Welfare Services then makes a decision "as to whether further work in

the case is necessary" (Bufdir, 2017b, n.d.-a, n.d.-b, p. 3). The majority of those who receive help and support from the Child Welfare Services receive help within the home, so that the child/children and parents can continue to live together. Initiatives may include the following:

- Guidance and advice for the family
- Parent groups
- A support contacts
- Financial support for kindergarten
- Financial support for day care facilities for schoolchildren arrangement
- Financial support for leisure time activities or other arrangements
- Relief at weekends/visiting homes (Bufdir, n.d.-a, n.d.-b, p. 4)

It is important to note that ultimately the Child Welfare Services makes the final decision as to what services will be provided. Under the guidelines of the Norwegian Child Welfare Services, children are entitled to participate in decisions involving their personal welfare and have the right to state their views in accordance with their age and level of maturity. This applies especially in cases where there are administrative and legal proceedings that will strongly affect the children's day-to-day lives (Bufdir, 2017b).

Another option is to schedule a family group conference involving the extended family such as aunts, uncles, grandparents, and others who may know the child well. Families can also request this service. The aim is to generate a plan to assist the family keeping the child living at home. "Family group conferences lead to more children and young people receiving help in the family and from their social network instead of being moved to a foster home or residential child care institution" (Bufdir, 2017b, para. 8). Bufdir provides several educational videos in numerous languages to assist families with information pertaining to family group conferences.

Schjelderup, Omre, and Martinsen (2005) note that there has been an increase in the development of home-based services as initiatives around early prevention have been at the forefront. Today, the Child Welfare Services aims to

assist families' needs at an early onset of seeking services to hopefully prevent further escalation of conflict. Parents and children are provided tools that can help with conflict resolution.

Help Outside the Home

The Child Welfare Services are required to act if measures implemented in the home environment are not sufficient to safeguard the child's needs. In such cases, the Child Welfare Service, in consultation with the parents, may place children under foster care, in a child welfare institution, or introduce specific parent-child measures. If the parents do not agree to the child being taken from the home, they are entitled to legal aid. The case must then be settled by an independent body (the County Social Welfare Board). A child may be placed in a temporary foster care home either at the request of the parents, in conjunction with the Child Welfare Services, or solely on the decision of the Child Welfare Services for children under the age of 12 if the child's health and welfare are endangered. Norwegian law states that the Child Welfare Services can act if they suspect that a child is suffering at home. The Foster Care Service is responsible for recruiting and allocating foster homes and for providing foster parents with the necessary training and general guidance. The Foster Care Service assists the local authority Child Welfare Services with respect to placement, follow-up, and conclusion of foster care. For youth aged 12–18, youth care homes provide short-term or long-term placement, which may be private or public in nature (Bufdir, 2017c).

Removing a child from the home without parental consent is a measure of last resort in cases of (justifiable suspicion of) serious neglect, maltreatment, violence, abuse, trafficking, etc. This requires a decision from the County Social Welfare Board based on a recommendation submitted by the municipal authorities. In urgent cases (i.e., imminent danger for the physical or mental health of the child), the municipal Child Welfare Services are entitled (and obliged) to issue a provisional care order. Provisional care orders expire after 6 weeks unless the County

Social Welfare Board confirms them. Decisions taken by the County Social Welfare Board may only be overturned by courts. The municipal Child Welfare Services is charged with monitoring the development of children who have been placed in care outside their homes as well as their parents (Wikipedia, 2017).

Parents' Rights in the Event of Forced Adoption

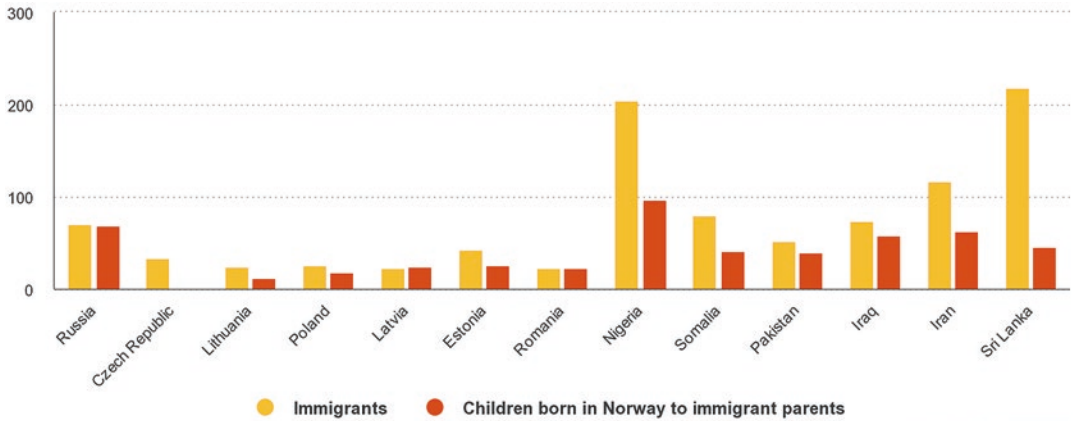
Family counseling services provide free guidance to parents who have lost custody of their children, either temporarily or permanently. Forced adoption is sometimes used as a child welfare measure, and the trend has increased in recent years. "In 2015, there were 64 adoptions under § 4-20 of the CWA, while the corresponding figure in 2008 was 14" (Bufdir, 2016c, p. 1). Parents have legal rights in their dealings with the County Social Welfare Board. A lawyer of their choosing will be appointed, and the Norwegian state covers all expenses. They have the right to be heard and may call witnesses before the County Social Welfare Board (Bufdir, 2016c).

Parents may bring the case before the court system if they disagree with the County Social Welfare Board's decision. After a case order is implemented, the parents are entitled, once a year, to request that the County Social Welfare Board consider whether they should regain custody of their children. If the parents' caregiving abilities have changed significantly, the County Social Welfare Board can also reverse the decision at an earlier date.

Immigrant Families and Children

Norway has seen a large influx in the number of immigrants over the last two decades. Since 1990, a total of 883,751 people, or 16.8% of total population, has settled in the country (SSB, 2017d). Today, 4.1% of the total population has a refugee background (SSB, 2017e). Many immigrants are unaccompanied minors, and in 2015 alone, a total of 5480 young people under the age

Table 2 Number of children and young people subject to child welfare measures per 1000 0–22-year-olds, by country of origin. During 2014



Kilde: SSB Barnevernstatistikk

Source: SSB (2016). Child Welfare Services for children with a minority background. Reprinted with permission

of 18 entered the country alone. In 2016, 1221 children arrived alone. The Child Welfare Services provides care for these minors (see Table 2). During the fall of 2015, a significant number of unaccompanied minors arrived which caused the numbers of children staying in the care centers to increase from 112 in 2014 to 744 in 2015. Immigrant families and children tend to receive a higher percentage of services from Bufdir. While 2.2% of all children with Norwegian parents received measures, the corresponding figures were 3.2% for children born in Norway by immigrant parents and 4.9% for immigrant children. The latter group includes minor arriving without parents.

Additional Public Welfare Services and Resources for Children and Youth

About 5% of all Norwegian children and youth experience behavior challenges (Bufdir, n.d.-a, n.d.-b), and thus providing help to this population and their families is of great importance. Government agencies such as the Norwegian Directorate for Children, Youth, and Family Affairs; the Ministry of Children, Equality, and Social Inclusion; the Norwegian Directorate of Health; and the Norwegian Directorate for

Primary and Secondary Education have shown an increased focus on providing evidence-based programs including structural and supportive measures to families struggling with children exhibiting behavioral challenges (Mørkrød & Christensen, 2007). These structural programs are offered to families free of charge at either the municipal or state levels.

At the state level, renowned remedial programs developed in the United States such as the Parent Management Training Oregon, Multisystemic Therapy (MST), and Functional Family Therapy (FFT), which are research-based programs, are offered when the child has behavioral difficulties. The aim of these measures is to provide a positive change in the child or the family. Each municipality can apply for these services from the government, and they pay a deductible for them. The Norwegian Center for Child Behavioral Development (NUBU) at the University of Oslo is responsible for the education and certification of therapists skilled in these methods. The first Norwegian PMTO therapists were educated in 2001 while MST and FFT were first introduced in Norway in 2000 and 2007, respectively (Oslo Economics, 2017, p. 55).

Parent Management Training Oregon (PMTO) is a treatment program for families with children aged 3–12 who show serious behavioral challenges and often find themselves in conflict with

others. The programs aim to rebuild or build a positive developmental relationship between the child and the parents breaking down negative relations by focusing on increasing the child's self-confidence by taking responsibility for his own actions and behaviors. A PMTO therapist is an active supporter for the family and meets with them weekly for about 6–9 months focusing on developing shared goals (Bufdir, 2016b). Most municipalities employ their own PMTO-licensed therapists and often do not require state assistance when seeking to offer this program (Barne-, likestillings- og inkluderingsdepartementet, 2015). Research shows that the treatment reduces the child's behavioral challenges both at home and at school (Ogden & Amlund Hagen, 2008).

Multisystemic Therapy (MST) is a treatment program for youth aged 12–18 and their families with serious behavioral challenges. This is an alternative to placement outside the home and seeks to focus on building positive relations between the child's peers, school, and family. The program is highly intensive in nature and may require that the therapist meet several times a week with the parents and youth seeking to address specific measurable short-term goals. Parents have the right to contact the therapist 24 h a day, 7 days a week (Bufdir, 2015a).

Functional Family Therapy (FFT) is an evidence-based treatment program for youth aged 12–18 providing training to families over a period of 3–6 months. A FFT-trained therapist trained at the Norwegian Center for Child Behavioral Development (NUBU) provides 10–30 h of training aimed at assisting the family to resolve problems identifying challenges and to rebuild positive relations within the family (Nubu, 2017).

In addition, there are other structural initiatives offered at the municipal level such as *Early Prevention for Children at Risk (TIBIR)*, *the Incredible Years (DUÅ)*, advice, and guidance. One short-term program aimed at prevention and treatment is *Early Prevention for Children at Risk (TIBIR)* for children aged 3–12. The program is based on the *Parent Management Training Oregon* and *Stop Now and Plan (SNAP)*,

which is a cognitive behavioral therapeutic method developed at the Child Developmental Institute in Toronto. Parental support and consultation along with social behavioral training for the child in conjunction with the child's school aim to change behavior challenges at an early stage. The program consists of six modules, which are targeted to the individual needs of each family. Employees of each municipality receive training in this intervention program (Bufdir, 2015b).

The Incredible Years (DUÅ) is a research-based program based on modern developmental psychology, affiliation theory, modern behavioral analysis, and group intervention processes aimed at assisting children showing behavioral and social challenges and their families. The program is “a series of interlocking, evidence-based programs for parents, children, and teachers, supported by over 30 years of research. The goal is to prevent and treat young children's behavior problems and promote their social, emotional, and academic competence” (The Incredible Years, 2013, p. 1). The programs are used worldwide in schools and mental health centers and have been shown to work across cultures and socioeconomic groups (The Incredible Years). Modules provide preventative measures and treatment measures for children aged 0–12 and their parents and other support personnel in day care centers and schools with the goals of strengthening caretakers' competencies in the prevention and treatment of the child's behavioral challenges. The aim is to reduce the child's behavioral challenges and help develop appropriate social and emotional skills. There are sets of treatments, which take place in groups: child groups, school and day care programs, and parental programs (Bufdir, 2017d). These programs are offered for free. Group leaders must have a minimum of a bachelor degree in social work and pedagogical, psychological, or medical programs. The training for group leaders is free, and they also receive a materials package when an organization wants to offer the program.

Less structural programs include training for parents either one-on-one or as part of a group

setting to discuss experiences or challenges as parents. Providers of these services are often family therapists or environmental therapists who meet with the family or the group regularly. Parents receive parental training as well as support so that they can reflect on their own behavior as well as understanding their child's needs and reaction patterns. The aim is to provide lasting positive change. The *International Child Development Programme* (ICDP) is offered to parents with children up to 18 years of age. The groups are led by instructors trained in the ICDP program and is often offered in multiple language meeting the needs of the participants (Bufdir, 2017e).

In addition to structured measures which provide tools to families in terms of developing long-lasting behavioral change, supportive measures seek to supplement the families' unmet needs for the duration of the programs. These needs may be financial in nature, or the family may need someone coming in to take care of the child to give parents a break. Examples of supportive measures are the following:

- Economic aid (to purchase supplies or to pay for activities for the child)
- Support person who meets with the child on a regular basis to expose the child to different activities
- Weekend home where the child can stay with a family for weekends or vacations
- Rent assistance for own apartment even if the child is over 18 (Oslo Economics, 2017)

Youth themselves can also find services pertaining directly to them and their circumstances. Bufdir (n.d.-a, n.d.-b) publishes a web resource service called *Ung.no* or *Young.no*, which is a public information provider for young Norwegians offering a comprehensive list of rights, opportunities, and responsibilities. In addition to detailed information about child and youth welfare services, the website covers topics such as education, economy, employment, and general information addressing various needs that are of interest to young adults.

Additional Family Services and Resources

In addition to providing state-funded Child Welfare Services, the office for Children, Youth, and Family Affairs (Bufetat, n.d.-a, n.d.-b) is also responsible for services pertaining to family counseling and adoption assistance offering help to families in need. This section will provide an overview of Family Counseling Offices Services, including couples therapy offered on a nationwide basis through the agency's five regions. These regions are also responsible for handling adoption cases within their individual region as well as operating care centers for unaccompanied minor asylum-seekers and refugees. In addition, a description of various family life education programs will be presented. There are approximately 48 family counseling offices in the country and additional church-affiliated providers as well (Bufdir, 2017f). Their main tasks are traditional family or marriage work including mediation with the main goal of aiding couples to find a functional way for parental cooperation and visitation when relationships fall apart (Jensen, 2013). Psychologists, social workers and other specialists in family therapy under the duty of client confidentiality staff the family counseling offices. Norwegian family therapists belong to the Norwegian Organization for Family Therapists.

Family Counseling Offices

As noted earlier, families can seek assistance through two paths, through the Norwegian church or through the publicly funded state welfare program. Family therapy has a long history in Norway. Its introduction is credited to Albert Assev, a Norwegian clergyman who upon his return from having studied family counseling in the United States opened the first church-sponsored family therapy office in 1957. Soon after, "Members of the labor movement had begun to understand the need for a new approach to the treatment of different socio-medical prob-

lems—not least for women—in the context of the patient’s family situation. With an initiative from the then present Minister for Public Health, Karl Evang, the first public Family Counseling Office was established some years later” (as cited in Hårtveit & Jensen, 2004; Jensen, 2013, p. 288).

Today, family counseling is available to anyone struggling to cope with family or relationship issues. The service is open to individuals, couples, and families, while couples with young children and teenagers are given priority. Clients make an appointment with the family counseling office where they live. The service is free of charge, and no doctoral referral is necessary. Interpreters are available to non-Norwegian-speaking clients. Services offered are couples therapy, family therapy, mediation in connection with legal separation or the breakdown of relationships, parental cooperation and visitation, and various courses on how to cope with changes within the family.

Couples Therapy

Couples therapy is open to married and cohabiting couples, as well as couples in a romantic relationship but not living together. The service is available to both heterosexual and homosexual couples. Counseling may be sought because of problems within the relationship or about a breakup. Before a separation or divorce can be granted by the county governor, cohabitating parents, married or not, who are responsible for children under the age of 16 must seek mandatory mediation services. This is established as a help to parents to secure good access to agreements between them and to take care of the children’s best interests. Recently, a major goal is to include children in the family therapy and mediation processes, and several methods for involving children have been developed (Ask & Kjeldsen, 2015). A mediation certificate is required before the higher rate of child benefit will be granted. In addition, parents who wish to petition the court for parental responsibility, permanent custody, or visitation rights must obtain a mediation certificate. The objective of mediation is for the parents

to arrive at an agreement on parental responsibility, permanent custody, and visitation rights. The primary purpose of all agreements relating to children shall be to safeguard the child’s best interests.

Various Family Life Education Programs

Family counseling offices within Norway are designed to help establish a better “climate of cooperation” if there are breakdowns with marriages or within family relationships (Bufdir, 2015c) by keeping the children’s best interest at the forefront. In addition, Bufdir has several family life education programs available to couples and families. They can enroll in these free courses, which are generally offered in a small group setting to learn how to cope with family issues. These programs include courses and group meetings relating to family and relationship issues, such as relationship-building courses, first-time parents, new fathers, parents of children with disabilities, and adoption. One such course is geared toward assisting first-time parents in their new roles and provides tools to help overcome the changes and challenges to their relationship. The course consists of four parts:

- The Great Transformation: Moving from Couple to Family
- Communication: How to Stay in Touch
- Arguments and Conflict: How to Manage?
- The ABC of Love: Sense and Feelings (Bufdir, 2017g)

What About Us? is a free course which assists with the parenting of children with special needs such as physical impediments, learning challenges, or chronic illness. Parents are provided with tools to help them cope with the stressors they encounter caring for a special needs child. The course provides information on how to improve communication, how to avoid arguments, how to relate to siblings, and how to take care of each other’s needs as partners among other topics. The course is offered on weekends,

from Friday to Sunday, in a small group setting (Bufdir, 2017h). Similarly, a course entitled, *What About Me?* provides the same content to a single parent of a special needs child (Bufdir, 2017h).

For those seeking to adopt a child from another country, a mandatory course is required as part of a pre-approval process spanning over two weekends. Instructors share their personal experiences with the adoption process as parents of an adopted child or as an adopted child themselves (Bufdir, 2017i).

The Education of Family Life Educators, Family Therapists, and Child Protection Workers

There is not a formal education program that provides the title family life educator in Norway. Instead, the overall competency of employees within Child Welfare Services and family services is to hold a bachelor degree in social work or child welfare education. Those working directly with families have family therapy competencies. They have deep understanding and expertise in child development, parental resource-oriented development, care-based needs, case proceedings, environmental care, and relations and communication competencies. In addition, the offices are staffed with lawyers and psychologists (Helsedirektoratet, n.d.).

There has been an extensive increase in the professional development and competence among child welfare workers in Norway over the last 20 years. In 1993, child welfare therapists and social workers comprised of 64% of total man-hours, while in 2010 this number increased to 80%. Not only is the work within the Welfare Services conducted by employees with relevant education, the number of man-hours has also increased from 2200 in 1993 to more than 3500 in 2010 (Samfunnsspeilet, 2011).

Over the last two decades, there has been a shift toward a systems theory approach and an orientation toward the family perspective within the child protection with many child protection workers now being educated in family therapy

education (Jensen, 2013). Child protection services now:

Offer programs like MultiSystemic Therapy (MST), Parent Management Training Oregon (PMTO), Functional Family Therapy (FFT), as well as other evidence-based programs. These programs are aimed to help families take care of their children and adolescents who struggle with behavioral and social issues. Many of the professionals in these programs have had education in family therapy. (Jensen, 2013, p. 292)

Conclusion

The Norwegian government's family policies surrounding programs and services that provide care and assistance for children and families in need appear to be comprehensive and easily accessible for clients. These services are free of charge to inhabitants in this leading welfare state. There are also a variety of family life education programs available. While the numbers of children, youth, and families accessing services have increased over the last 20 years, there has been a parallel trend to focus on prevention and early intervention. Since the early 1990s, Norway has seen a sizeable number of immigrants, including unattended minors, arriving in the country. This is a group that will continue to need family and Child Welfare Services. There are no signs that the public sector will reduce spending on these programs and services, and the country continues to place at the top of the World Happiness Report. As discussed earlier, this report ranks countries on six factors: per capita gross domestic product, healthy life expectancy, freedom, generosity, social support, and absence of corruption in government or business (World Happiness Report, 2017). In addition, the educational levels among the service providers of family and Child Welfare Services have increased over the last 20 years, and the majority has obtained educational credentials in family therapy and social work. The number of providers continues to increase as well. Norway continues to be a leading example that when families, children, and youth thrive under stability of their overall health and wellness, society benefits.

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