

Room for improvement in coordination and management of services for vulnerable children

Norwegian municipalities must assess and improve their management and coordination of child welfare services, and health and social services for vulnerable children and adolescents. Organization and coordination of child welfare services are inadequate when it comes to identifying children who may suffer injury, and assessing and following up individual children. This also applies to young people who will need help or support from child welfare or social services after the age of 18.

There were few municipalities – only 11 of 114 – where there was no reason for the supervision authorities to give notification of necessary changes or follow-up of cooperation – neither breaches of the legislation, nonconformities, nor areas identified as having potential for improvement.

Cooperation between different administrative areas and service sectors presents great challenges. However, these challenges are seldom recognized and followed up by those who have responsibility for several services. The municipalities have freedom to organize, adapt and follow up cooperation between service sectors. The management model that the municipality has chosen determines which leaders have responsibility for coordination of services. Clients are dependent on sectors cooperating when necessary.

The Offices of the County Governors and the Norwegian Board of Health Supervision in the Counties investigated municipalities of different sizes, with different demographic and geographic characteristics, and with different management models. They interviewed municipal leaders at different levels and employees in different service sectors. They also looked at management documents, patient records and client documentation.

Factors that indicate adequate cooperation

In order to assess how cooperation functioned, we looked at different factors related to how cooperation was planned, carried out and followed up. Each factor is not necessarily a legislative requirement. When several factors are lacking, and the municipalities do not ensure by other means that cooperation takes place, there is reason to conclude that the municipality does not ensure that adequate cooperation takes place in the best interests of children and adolescents.

A prerequisite for cooperation between services is that the employees have adequate information about other municipal services. We therefore investigated whether the municipalities ensured that employees had adequate knowledge about services that

In 2008, the Ministry of Children and Equality and the Norwegian Board of Health Supervision cooperated with countrywide supervision, to investigate whether the municipalities ensure that services for vulnerable children and adolescents are coordinated. Supervision was carried out by the Offices of the County Governors and the Norwegian Board of Health Supervision in the Counties as system audits in 114 municipalities. Supervision involved investigating whether child welfare services and health and social services cooperate in providing services for children and adolescents who need coordinated services, because they are withdrawn, have aggressive behaviour, misuse alcohol or drugs, or because they have other types of behaviour that indicate a need for coordinate services. Supervision included services for children of school age who live at home, and for adolescents who have received child welfare services and are in the age group 18-23 years, or nearly in this age group. Supervision did not include cooperation with other municipal services for vulnerable children (school, educational-psychological service) or cooperation between municipal services and child and adolescent psychiatry services.

In order for services for children and adolescents to be adequate, children must be identified, and they must receive services at the right time that are adapted to their needs. Children cannot wait because people who have contact with them, and see that problems are developing, do not know who to contact and how they can initiate cooperation between the different services that are required.

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children and adolescents may need, and about the legislation related to the duty of confidentiality, the obligation to inform the child welfare service, and the requirement to obtain informed consent.

Another prerequisite for cooperation is that people who work in different services have the opportunity to meet each other to discuss cooperation within the framework of the legislation. We investigated whether arenas for this to take place have been established, who participates, and how the municipal leaders follow up cooperation. We also investigated whether services for adults with mental disorders or social problems are organized in such a way that clients who have children who are in need of special help are identified.

In order for assessment and follow-up of children and adolescents to be adequate, the right services must be involved, and appropriate measures must be carried out, followed up and evaluated. We therefore investigated whether relevant services are involved in assessment and follow-up of individual children, for example, whether the regular general practitioner is involved when this is necessary for the child. We also investigated whether treatment plans are made, and whether individual plans are developed when appropriate.

Young people who have been under the care of the child welfare service or who have received help, shall be offered further appropriate help when they are 18-23 years old. The supervision teams therefore assessed whether child welfare services, social services and the Norwegian Labour and Welfare Organisation together give young people the possibility to choose which services they wish to receive when they have reached the age of consent.

Organization to ensure adequate cooperation?

When supervision is carried out as system audits, is it possible to examine whether inadequacies in specific services and in cooperation occur by chance, or whether they are the result of inadequate management and leadership? Leaders of specific services manage their own services, and are governed by requirements for providing them. Additional requirements are therefore needed to ensure that different services cooperate. We see that in some places, no attention is paid to organizing services in such a way as to ensure that cooperation takes place. There are neither arenas for cooperation nor training about cooperation. In other places, plans have been made and frameworks for cooperation have been established, but there is no follow-up to see whether cooperation actually takes place. In

many municipalities, the leaders do not check whether the services actually follow the plans, or whether goals for interdisciplinary cooperation are met when this is necessary for providing coordinated services for children and adolescents.

Another example that municipalities do not follow up cooperation is that they do not check whether public services report to the child welfare service when there is concern about a child or adolescent. For example, available statistics about reports to the child welfare service are not used for discussions between the services. What do the statistics tell us? Is the number of reports at the right level?

“From interviews we found that the child welfare service had an overview of who had sent reports, but this information was not reported to the municipal leadership, or was not used actively to improve the services”.

The result may be that cases of children who suffer injury are not reported, or are reported too late. This was observed in several municipalities.

“From interviews and from examination of documents, we found that reports from specific services to the child welfare service are sent too late. Many of these reports are about adolescents”.

Employees in the Norwegian Labour and Welfare Organisation and in mental health services are not always followed up by their leaders to check whether they participate in arenas for cooperation, or whether they systematically assess whether clients' children need help:

“The municipalities have no overview of whether there are children in families with mentally ill parents who receive municipal services. Attempts have been made to obtain such an overview, but these attempts have been unsuccessful. So the situation for these children has not been assessed to see whether they need help”.

Municipal management of municipal services provided by the Norwegian Labour and Welfare Organisation has been found to be variable. In some municipalities the result has been that social services do not identify children who need special attention, who have parents who have alcohol or drug problems or who receive social benefits.

In order for a municipality to ensure that children receive adequate services, it is not enough to plan and follow up regular cooperation. It is also necessary to assess whether children in need are identified and followed up at the right time and in the right way. Management and practice must be evaluated to ensure that services are appropriate and effective. Some municipalities actively assess whether cooperation is adequate, others do not.