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Comparison of Systems and Outcomes for Safeguarding Children in Australia and Norway: A Decade of Rapid Change

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ABSTRACT

Using aggregated national data, this paper re-examines the outcomes of the Australian and Norwegian protective systems during the past decade and compares it to the trends and issues identified in our earlier 2012 study. We outline the context of increased service demand affecting both countries with rapid expansion and reform of their policies and approaches. A convergence has been occurring regarding their focus upon risk and its relationship with family support. However, in Australia, there was an increasing attempt to provide greater support and reduce its rate of investigation of notifications, but there was increasing rates of children in state care, particularly for Indigenous children. In Norway, there is less appetite for risk and consequently far higher rates of investigation, but their propensity for providing a diverse array of family support has been decreasing yet remains far greater than in Australia. Nonetheless, Norway's rate of children in state care is increasing, but not for children under 5 years, whereas Australia is removing far more infant children and having them in care longer, while Norway has far more adolescents in care, particularly in residential care. Within stretched systems, both countries are needing to develop workforce planning and development strategies.

1 | Introduction

In 2012, we examined the outcomes of the child protection (CP) and child welfare systems in Australia and Norway (Kojan and Lonne 2012), and we re-visit their national data. We explore how the past decade has shaped rapid development of policies and programmes that have resulted in some major changes, albeit not always in the ways anticipated nor desired. For example, substantial growth occurred in the numbers of children and young people (CYP) who were notified (reports) to Australian CP departments and subsequently placed in out-of-home care (OOHC), particularly those who are Indigenous Australians, from Aboriginal and Torres Strait Islander communities. Norway saw substantial growth in the national system resources and the number of notifications that occurred, yet the rate of

CYP receiving supportive measures decreased while the rates of CYP in OOHC increased.

In 2012, we identified and compared important similarities and differences; while both countries had experienced significant growth in their protective systems over the previous two decades, support services were delivered quite differently and for different age groups, and proportionately many more Norwegian families had received assistance than Australian ones. There were also major differences regarding who reported suspected maltreatment, with Australia's notifications dominated by mandated reporters whereas Norway had far larger numbers of self-referrals by parents and CYP, and their reasons for intervention mirrored the multifunctional responses of their child welfare services (CWS). In comparison,

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in Australia, the reasons for intervention were centred around specific types of maltreatment. Growth in the numbers of CYP in OOHC had increased significantly for both countries, but despite overall percentages of care being similar, Australia had far more younger children placed whereas Norway had many teenagers and young adults receiving care services. These differences reflected the Norwegian CWS's emphasis upon providing a range of supports and services to young families to prevent child removals. We conjectured that in their 'eagerness to avoid family breakdowns, the Norwegian CWS are perhaps giving parents too many chances and providing supportive rather than protective services' (Kojan and Lonne 2012, 104).

Our analysis identified key ideological differences between the two countries, with Australian CP agencies opting for a forensic-investigation-risk focused approach whereas Norway CWS emphasised that the provision of supportive services within an overall welfare system was critical. While both countries embraced the 'best interests' principle and their systems generally protected CYP well, 'the Norwegian system also addressed the needs of many more socioeconomically marginalised families than did Australia' (Kojan and Lonne 2012, 104). We concluded that the CP and CWS systems reflected their own societal ideologies, traditions and social/institutional structures (Berrick, Gilbert, and Skivenes 2023; Connolly and Katz 2019; Gilbert, Parton, and Skivenes 2011) with Australia emphasising children's rights within an overall individualised approach, a central idea from neoliberal policies, whereas 'the Norwegian CWS responds to problems related to psychological and social issues for children and their parents, indicating their strong family orientation' (Kojan and Lonne 2012, 105).

A convergence among national systems towards broader social policy frameworks focusing upon overall well-being and development rather than just safety and risk and increased promotion of public health approaches to prevent child maltreatment has been identified in cross-national studies (Gilbert, Parton, and Skivenes 2011; Higgins et al. 2021; Lonne et al. 2021; Parton 2017; Pösö, Skivenes, and Hestbæk 2014; SPERU 2016). We sought to examine if this was the case for Australia and Norway. Our aim in this article was to identify whether the earlier issues and trends were similar or changed and whether there was convergence of the respective systems, despite their different ideological and institutional approaches.

2 | Australia

Australia is a prosperous developed country with high income (World Bank 2021) and an internationally competitive economy (OECD 2021). Most (72%) of its 26 million residents live in its major cities, and its population has grown around 1.4% per annum since 1990 due to large net overseas migration; this growth is higher than most developed countries (AIHW 2021a). Around 29% of its residents was born overseas, with a further 22% having a parent born overseas (ABS 2022). While 22.1% of its population is aged less than 18 years, overall, it has an ageing population (ABS 2020).

Around 3.2% of the population is Indigenous Australians, yet 5.4% of children aged less than 15 years is Indigenous. The

younger age structure when compared to the non-Indigenous population 'is reflective of higher fertility rates as well as higher mortality rates than the Non-Indigenous population' (ABS 2018). Despite over a decade of the 'Closing the Gap' initiatives that entail numerous national strategies to improve the health and well-being of Indigenous Australians, they remain significantly disadvantaged across a broad range of outcomes (AIHW 2021b; Productivity Commission 2021); they are profoundly disadvantaged with respect to their life expectancy, health and mental health, housing, employment, incomes, higher education and rates of involvement with the justice and CP systems (Davis 2019; Flemington et al. 2022).

Australia's national government deals with national programmes, with six state and two territory governments responsible for the bulk of service delivery in health, education and welfare, and local governments providing local community services such as roads and rubbish. Neoliberal policy frameworks and market-based systems have increasingly been used at all government levels since the 1990s (Kojan and Lonne 2012). Whereas the national government funds numerous family support programmes, these are delivered by the statutory CP agencies that are operated by the state and territory governments under their own legislation and by an array of non-government (NGOs) and for-profit agencies. Increasingly, the OOHC systems for CYP in state care are dominated by NGOs and for-profit agencies who provide the accommodation and recruitment, training and approval of carers such as residential care workers and foster and kinship carers.

3 | Norway

Norway is a high-income country with a low degree of inequality in the general population (OECD 2022; World Data 2023). Its sovereign wealth fund's oil-derived investments are a substantial proportion of public wealth (Chancel et al. 2022). Norway is often classified as a social democratic welfare regime (Esping-Andersen 1999; Greve 2020) based on the principle of equalisation of citizen's life outcomes through redistribution of income. Most Norwegians report having good living conditions (Statistics Norway 2023); it is typically considered a good country to raise children (Fløtten 2017; Seim and Larsen 2011). However, 11.3% of the child population in Norway in 2021 had lived in families with low income for more than 3 years (Bufdir 2023).

The Norwegian welfare state provides a broad provision of welfare services that are universally based (Abela et al. 2021). Child and family services play a vital role in the Norwegian welfare state (Skivenes 2011) and are also based on the principle of equality. Its universal welfare services directed at children and families include benefits for children, parental leave, early childhood education and care, cash for care as an alternative for kindergarten, tax reduction for families and low-threshold family counselling service. However, equality as an underpinning value of welfare services is challenged by shifts from universal-based services to more target-specific services and from equal outcomes to equal opportunities (Alseth et al., 2021). The CWS plays an important role in the Norwegian child and welfare policies and provides a broad range of

in-home and out-of-home measures aimed at both CYP and parents (Skivenes 2011).

4 | CP in Australia

The past decade has seen the implementation of a 10-year plan *The National Framework for Protecting Australia's Children* (NFPAC) with the aim to strengthen and broaden the family support responses, enhance public health prevention strategies to families and reduce the growth of CYP in the CPS (COAG 2009). In 2010, the government-based statutory system dominated, with NGOs providing family support and treatment services (Kojan and Lonne 2012). The delivery of NFPAC has driven an increase in support and treatment services increasing from 207 in 2011 to 461 in 2020 and doubling the number of CYP accessing family support services in that period with a corresponding increase in the range of services (Productivity Commission 2022; Russ et al. 2022). These increased resources provided additional support options targeting families at high risk of entry to CPS. Despite this, growing demand for statutory services has continued apace. The initial NFPAC preventative focus has been reduced in the subsequent plan (Department of Social Services 2021), which prioritises targeted responses to high-risk CYP and families. Aside from NFPAC, there is no national policy or funding frame with each state/territory managing a separate CPS under unique policy, legislation, funding arrangements and NGO arrangements, yet there are also significant systemic similarities.

The delivery of NFPAC has seen a significant growth in OOHC, family support and treatment services provided by NGOs. In Australia, NGOs have traditionally been dominated by charitable religious organisations (Senate Community Affairs References Committee 2004; Swain 2014), yet there has been growth in organisations without religious affiliations with large for-profit providers emerging (Besser 2016; Tune 2016) in both OOHC and family support services. With significant and ongoing disproportionality for Indigenous CYP in the statutory system (Productivity Commission 2019, 2020), there has been an increased focus on, and funding for, Indigenous-specific supports including increased community-controlled services. Despite the development of targeted and community-controlled responses alongside other health and welfare responses aimed at 'Closing the Gap' of Indigenous disadvantage (Productivity Commission 2021), the CPS continues to increasingly impact Indigenous CYP and families disproportionately. Pursuing child safety through a focus on reporting, identification of risk of significant harm and forensic responses remains the primary approach. Alongside growth in demand for family support, in most jurisdictions, there has been a corresponding narrowing in statutory focus towards the investigation, assessment, court processes and case management of children on orders. Mandatory reporting has expanded. Many providers of services to CYP see their responsibility in keeping CYP safe as reporting to statutory services or referring to specialist services rather than providing direct support to CYP and families to prevent the escalation of impacting stressors.

Similar to many countries, Australian CPS continue to be highly procedural with actuarial investigation, risk

assessment, case review and planning tools dominating (Lonne et al. 2021). In response to numerous formal inquiries over the decade, policy, procedural and practice reforms continue to occur across the various institutions. For example, since 2015, movement towards more strengths-based and inclusive practice in working with CYP and families has occurred. While influencing practice approaches, these have been integrated with the existing actuarial models of investigation and risk assessment, yet with no decreased demand evident. A further shift has been the introduction of supplementary 'gateways' seeking to redirect vulnerable and at-risk families to targeted support services thereby reducing their capture in the CPS. Support services are variously operated by government and NGOs dependent on the jurisdiction. While this provides an alternative pathway to support for some families and CYP, the numbers of CPS in statutory systems continue to grow. Consistent with this has been substantial growth in the workforce, although concern regarding recruitment, retention and high turnover continues with rates of up to 50% being reported (Russ et al. 2022). This is exacerbated by shortages of social work and cognate disciplines with high demand continuing across human services, yet unmatched by growth in higher education graduates (Russ et al. 2022).

5 | CWS in Norway

Since 2012, the Norwegian CWS have been in 'stormy weather' (Hennum 2017), with years of strong criticism of it (NOU 2017, 12; Statens helsetilsyn 2019), including from the European Court of Human Rights (Søvig and Vindenes 2020). It is unsurprising that the CWS are now involved in reforms enacted in January 2022, with the overall goal being earlier, more coordinated and improved measures for vulnerable CYP and families (Bufdir 2022). Simultaneously, a number of child welfare strategies from BLD and Bufdir were realised, including a new digital, professional knowledge system (DigiBarnevern) that is one of the largest investments and aims to provide 'faster, better and more timely decisions' through 'better IT solutions' (KS 2022). The 'Competency Strategy' stipulates that 80% of frontline CWS employees must have a master's degree from 2031 (BLD 2017). A new model for supportive measures is already being tested in some municipalities, with the goal of scaling up to increasing numbers of municipalities until 2024 (Bufdir 2021).

While the welfare orientation towards protecting and supporting is less developed in most Anglophone CP systems (Kojan and Lonne 2012), it has been central to Norwegian CWS, but the new Child Protection Act in 2023 has a decreased focus on it (Prop. L 133). The mandate formulated in the former CW Act (1991) of improving CYP's and families' living conditions was removed. Some see a strong tendency over the last 5 years towards less welfare-oriented supportive measures (such as economic support) and greater use of interventions aimed at improving parenting practices (Fævelen et al. 2023; Kojan and Storhaug 2021). For example, the measure of 'different forms of economic support' (including coverage of expenses for childcare) has decreased 23% from 2013 to 2019 (Statistics Norway 2021). This is consistent with central guidelines (BLD 2016; Prop 133 L 2020–2021) that place the responsibility for supporting families economically with the labour and

welfare services (NAV). Nonetheless, compared to most CP systems internationally, the Norwegian CWS, with its focus on preventive and voluntary measures in the home, can still be characterised as family-service oriented (Falch-Eriksen and Skivenes 2019). Norway's CWS shares some features with more liberal CP systems, although similar to other Western systems, the Norwegian CWS has been significantly influenced by the same knowledge paradigms (Lorentzen 2019; Røkkum, Parton, and Kojan 2022; Wastell and White 2017), with a focus on assessing and dealing with risk (Haug 2018).

6 | Methods

We used the same approach to collection of publicly accessible data and comparison of the two nations here as we did in 2012. The Australian Institute of Health and Welfare (AIHW) has been responsible since 1993 for collating the states/territories' CPS administrative data and analysing the trends and issues, such as notifications, investigations, substantiations and CYP on care or OOH orders, including breakdowns for Indigenous CYP. National CP data are also published annually by the Productivity Commission report on government services. We have used both sources. Statistics Norway (SSB) has been responsible since 1987 for Norwegian CWS administrative data collected by all municipalities, including the number of CYP receiving services, staffing levels and financial costs. When possible, we have used the same or similar years for trend comparisons. Where there have been alterations to definitions of key data, we have indicated so.

Difficulties arise when using administrative data for system research and cross-national comparisons, including definitional and methodological issues, broader social and economic factors and variations in system structures, professional ideologies and cultures (Lonne et al. 2022; Scott 2006; Stafford et al. 2012). Australian data vary due to legislative and definitional differences among jurisdictions (Bromfield and Higgins 2004), yet overall, the models of intervention are quite similar (Bromfield and Higgins 2005). All Norwegian municipalities share superior social policies and national reporting of CWS data. Where possible, we have used national population data to indicate data rates per 1000 children. Australian and Norwegian data are not always directly comparable, and we have attempted to use higher level perspectives when this is the case in order to discern the 'bigger picture' and to aid trend comparison. Despite these limitations, significant learning can result from identifying how broad policy, programme frameworks and approaches result in different outcomes, and this can allow increased understanding of the whole picture. Cross-national comparisons can enable evaluative and explanatory conclusions and 'help define more clearly what is on the policy agenda in any one country by reference to quite similar or quite different formulations elsewhere' (Stafford et al. 2012, 59).

7 | Data Comparisons

7.1 | Number of Notifications

Notifications are a key indicator of service demand as they illustrate who has contacted authorities concerning CYP and families and the nature of their concerns. Australia reports the number of notifications that can include multiple CYP, and the number notified. We were able to use the 2013–2021 period for both countries in Table 1. Norway's rates per 1000 CYP in 2013 were substantially higher than were Australia's notifications and investigations. However, Australia experienced large increases in rates during the 2013–2021 period in both the notifications and investigations whereas Norway had relatively minor increases; overall Australian 2021 notification rates were 10.2% higher than Norway's. The gap narrowed with respect to those matters investigated, with Australia remaining 42.3% lower than Norway's 2021 rate. In 2013, approximately half (46%) of Australia's notifications received was investigated, and in 2021, this decreased to 41.2%, illustrating decreased organisational appetite for requiring investigation at the notification assessment stage. In 2013, approximately 4 in 5 Norwegian notifications were investigated (79.6%), illustrating a high propensity for investigations and small organisational appetite for risk. This was almost unchanged in 2021.

Variations over time in the numbers of Australian notifications and investigations are depicted in Figure 1. Australia had a large and steady increase in notifications for the period and a large increase in investigations during 2013–2017, followed by a substantial decrease in 2018 whereupon the trend plateaued.

In Norway, nearly all cases that are notified are investigated unless the matter is dropped (usually around 10%). Norway experienced a parallel steady increase from 2013 to 2016 for notifications whereupon the numbers plateaued until 2020 and then dropped up to 2021 (see Figure 2). A similar pattern was evident for investigations although there was a steady increase up to 2016 followed by a decrease from 2020.

7.2 | Source of Notification

Mandatory reporting has been in place for decades for specific Australian professional groups (e.g., medical practitioners), with these significantly expanded over time. While those mandated to report varied across jurisdictions, those commonly included are health workers, police, educators and child care workers, welfare workers and providers of child welfare or care services. Mandatory reporting requirements have seen a significant growth in reporting by NGOs and substantial growth by schools and early childhood services over the past decade (Table 2) and also for CPS staff. This was alongside

TABLE 1 | Notifications and investigations to the CP Australia and CWS Norway (by conclusion and year, per 1000 children, and proportionate increase percentage).

	2013 Australia	2021 Australia	2013 Norway	2021 Norway
Number of notifications	35.4	51.9 (↑ 46.6%)	45.5	47.1 (↑ 3.5%)
For investigation	16.4	21.4 (↑ 30.5%)	36.2	37.1 (↑ 2.5%)

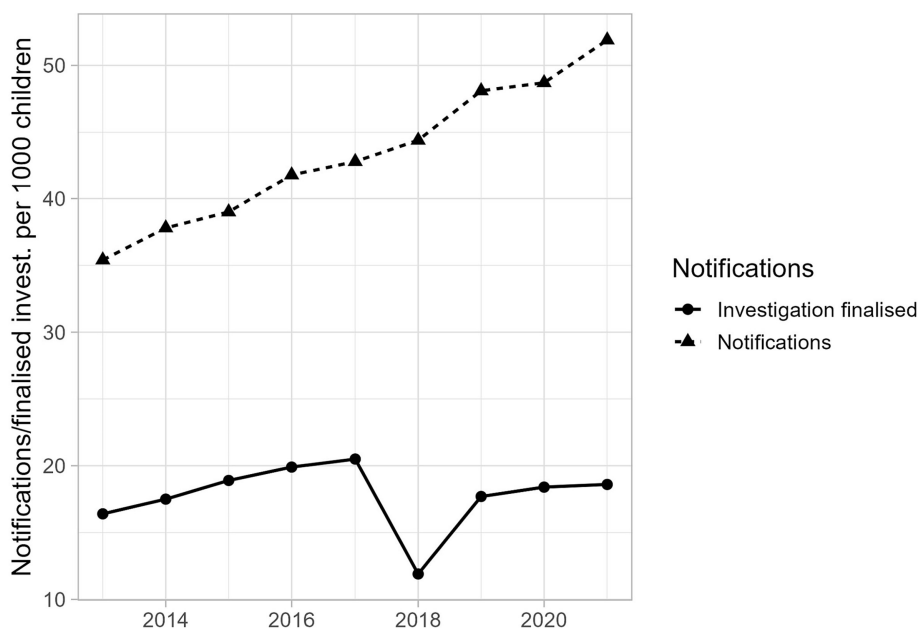


FIGURE 1 | Trendlines for Australia's notifications and investigations 2013–2021 per 1000 children.

noticeable proportional declines in notifications by the police, health/medical personnel and others and significantly decreased proportions from parent/family members, friend/neighbours and CYP. However, these lower proportions need to be understood against the overall substantially increased notification numbers (Table 1).

Since 1992, Norway's mandatory reporters have included all public employees and some professionals, such as psychologists and general practitioners, required to alert the CWS when CYP and families require a formal intervention (Skivenes 2011). The notifier categories that increased were the CWS, the Emergency CWS, police and the Doctors/Hospital categories. As shown in Table 3, the health categories decreased. The combined familial categories decreased 6.4%, and the community-based health/mental health reports decreased by 14.4%, along with large decreases from schools. Increases in Norway often appeared to be from those notifier categories that decreased in Australia in the corresponding period. Familial sources decreased in both countries.

It is evident in the 2021 data that there were higher reports in Australia from the police, school and NGOs, the Norwegian figures being between 20% and 40% lower. Norwegian CWS and health agencies showed higher proportions of notifications; Australia was one-quarter of the Norwegian CWS proportion and three-quarters of the health agencies. Norway's notifications by parents/family members and CYP were similar, overall being 11.1% (in contrast to Australia's 8.9%), and three times larger than Australia's 0.2% for CYP's notifications. There is an identifiable trend in Norway for notifications from key investigatory authorities to be increasing, but overall, the major sources of notifications there come from health and helping services, whereas the notifier categories increasing in Australia were the NGOs, which witnessed a doubling of their reports during the period.

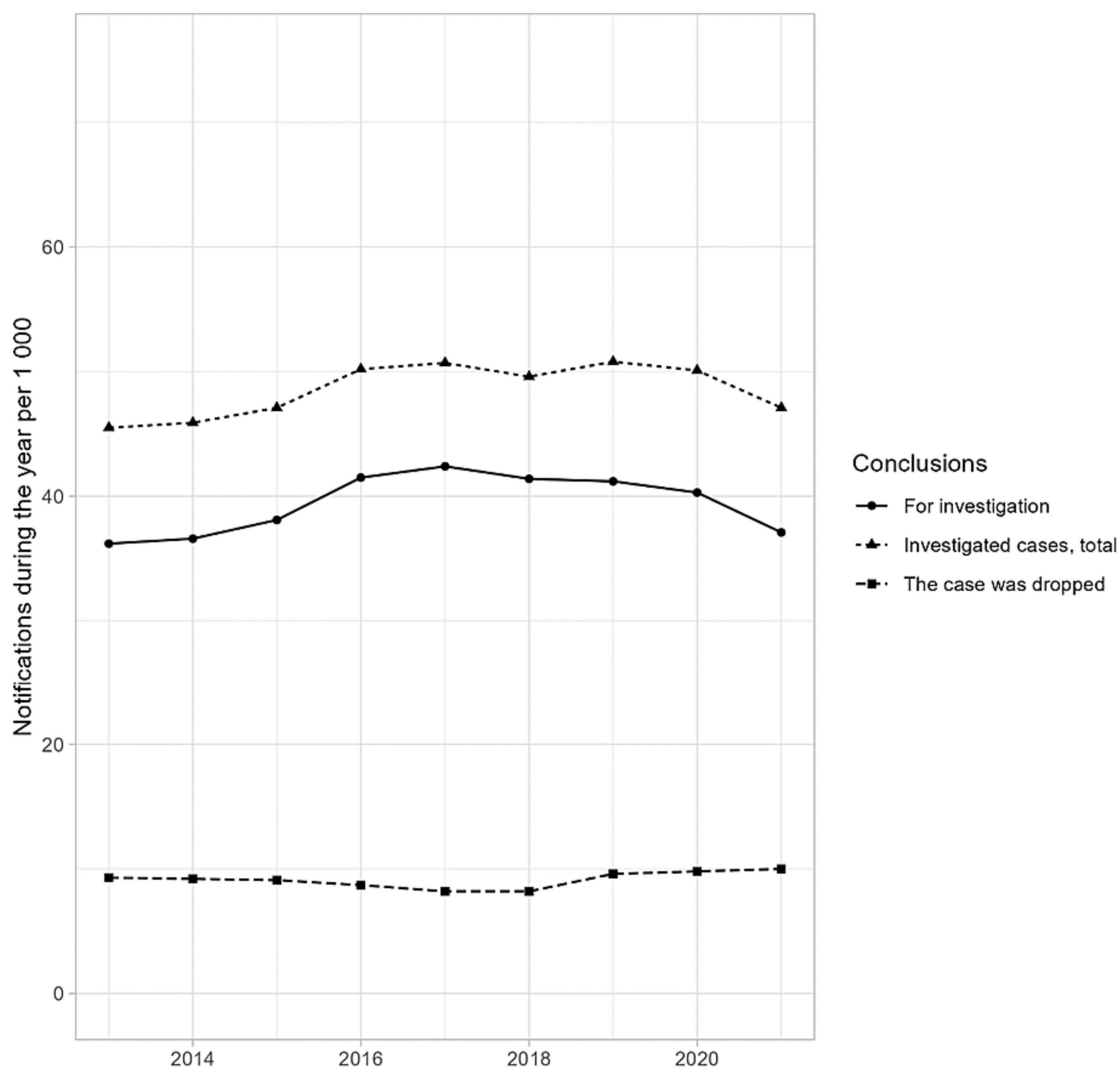
7.3 | Investigation and Intervention Outcomes

There is a pyramid-type arrangement of involvement following notifications, with these being followed by decreasing proportions of CYP who are investigated, provided with assistance, and who are removed (Lonne et al. 2009, 34). There were significant increases during the period in Australian notification numbers, and Table 4 shows notable increases of these that were resolved without investigation; these matters were referred to other agencies for social support, or deemed to be below the statutory threshold warranting an investigation. While the proportion of investigations commenced also decreased, there were moderate decreases in the percentage of investigations that were unsubstantiated and larger decreases for those that were finalised.

Given the trend data in Figure 1, it appears that Australia has been attempting to use its risk assessments at the 'front door' of the intake process to assess the threshold requirement for investigations and where prudent to refer families on to other agencies for assistance (Lonne et al. 2021), a practice in accordance with the NFPAC's push for public health prevention approaches. This has occurred parallel to significant increases in notifications, so it can be viewed as a way to 'manage' increased demand that has also resulted in a declining proportion of matters where maltreatment was substantiated. Overall, it suggests a general Australian move towards rendering greater assistance to vulnerable families, although across the various jurisdictions, there was a range in the proportions of investigations undertaken.

Norway's data showed some similarities to Australia. Commenced Norwegian investigations increased modestly, with notifications not investigated being similar (Table 5). The proportion of Norway's cases that were substantiated decreased as was found in Australia.

Australian data on substantiated investigations during the 2013–2021 period identified significant changes concerning the



Data: SSB table 10673

FIGURE 2 | Trendlines for Norway's notifications and investigations 2013–2021.

TABLE 2 | Australian proportions of investigations by source of notifications.

Source of notifications	2012–2013 (%)	2020–2021 (%)	Actual percentage increase/decline (proportionate increase/decline percentage)
Police	24.5	21.3	−3.2 (↓ 13.1%)
School/early childhood	18.2	22.1	+3.9 (↑ 21.4%)
Health/medical personnel	12.6	12.1	−0.5 (↓ 4.0%)
Social Worker	8.9	8.8	−0.1 (↓ 1.1%)
Departmental Officer	3.6	5.6	+2.0 (↑ 55.6%)
NGO	5.7	11.1	+5.4 (↑ 94.7%)
Parent/Family	11.3	8.9	−2.4 (↓ 21.2%)
CYP	0.3	0.2	−0.1 (↓ 30.0%)
Friend/neighbour	4.6	2.3	−2.3 (↓ 50.0%)
Other	10.3	7.6	−2.7 (↓ 26.2%)
Total	100	100	

Data source (AIHW Child Protection Australia reports 2010–11 and 2020–21).

TABLE 3 | Norway percentage proportion of investigations by source of notifications.

Notifier category	2013 (%)	2021 (%)	Actual percentage increase/decline and (proportionate increase/decline percentage)
Child welfare service	16.0	17.0	+1.0 (↑ 6.3%)
Emergency child welfare service	5.8	6.5	+0.7 (↑ 12.1%)
School	14.1	11.9	-2.2 (↓ 15.6%)
Kindergarten	6.0	5.4	-0.6 (↓ 10.0%)
Police	10.9	12.5	+1.6 (↑ 14.7%)
Doctor/hospital/dentist	6.1	7.2	+1.1 (↑ 18.0%)
Children's clinic/school health service	5.5	5.2	-0.3 (↓ 5.5%)
Mental health care for children and youths and adults	5.6	4.3	-1.3 (↓ 23.2%)
NAV, local authorities and central government	3.0	1.6	-1.4 (↓ 46.7%)
Other public bodies, NGOs and voluntary organisations	6.8	6.5	-0.3 (↓ 4.4%)
Mother/father/guardian	9.3	9.0	-0.3 (↓ 3.2%)
Other family	2.5	2.1	-0.4 (↓ 16.0%)
The child	0.7	0.6	-0.1 (↓ 14.3%)
Anonymous	6.0	5.1	-0.9 (↓ 15.0%)
Others and unknown	5.1	6.8	+1.7 (↑ 33.3%)
Total ^a	103.4	101.7	

Data from: SSB 10667 (ssb.no/en/statbank).

^aThe sum of percentages is higher than 100. This is due to the fact that one investigation may have several notifications/sources.

TABLE 4 | Commenced Australian investigations by percentage proportion of conclusion.

	2013 (%) Australia	2021 (%) Australia
Notification not investigated	55.1	63.4 (↑ 15.1%)
Notifications where investigations were commenced	44.9	36.1 (↓ 19.6%)
Investigation finalised	41.5	28.5 (↓ 31.3%)
Investigations where abuse/neglect was unsubstantiated or otherwise dropped	56.2	29.8 (↓ 47.0%)
Proportion of finalised investigations where abuse or neglect substantiated	43.8	37.9 (↓ 13.5%)

Source: AIHW Child Protection Australia reports, 2012–13, and 2020–21.

TABLE 5 | Commenced Norwegian investigations by percentage proportion of conclusion.

	2013 (%) Norway	2021 (%) Norway
Investigations commenced (per 1000)	36.2	37.1 (↑ 2.5%)
Notification not investigated (per 1000)	9.3	10.0 (↑ 7.5%)
The case was unsubstantiated or otherwise dropped (percent of cases investigated)	56.9	62.7 (↑ 10.2%)
Decision on measures (percent of cases investigated)	43.1	36.3 (↓ 15.8%)

Source: Tables SSB 10782 [Child welfare \(ssb.no\)](https://ssb.no).

identified primary abuse types (Figure 3). Of particular note is the approximately 50% increase in the rate of emotional abuse, which changed to include exposure of CYP to domestic violence, the reason for the significant increase in its proportion. The other abuse types gradually decreased their respective proportions over time, with neglect being the second largest category of substantiated maltreatment.

Domestic violence in Norway was the primary reason for finalised notifications/investigations (Table 6) and by comparison, while mental (and emotional) abuse, neglect and sexual abuse also increased, they were significantly smaller as proportions of the total substantiated child maltreatment.

Figure 4 shows these Norwegian investigation outcome trends over the 2013–2021 period were similar to Australia

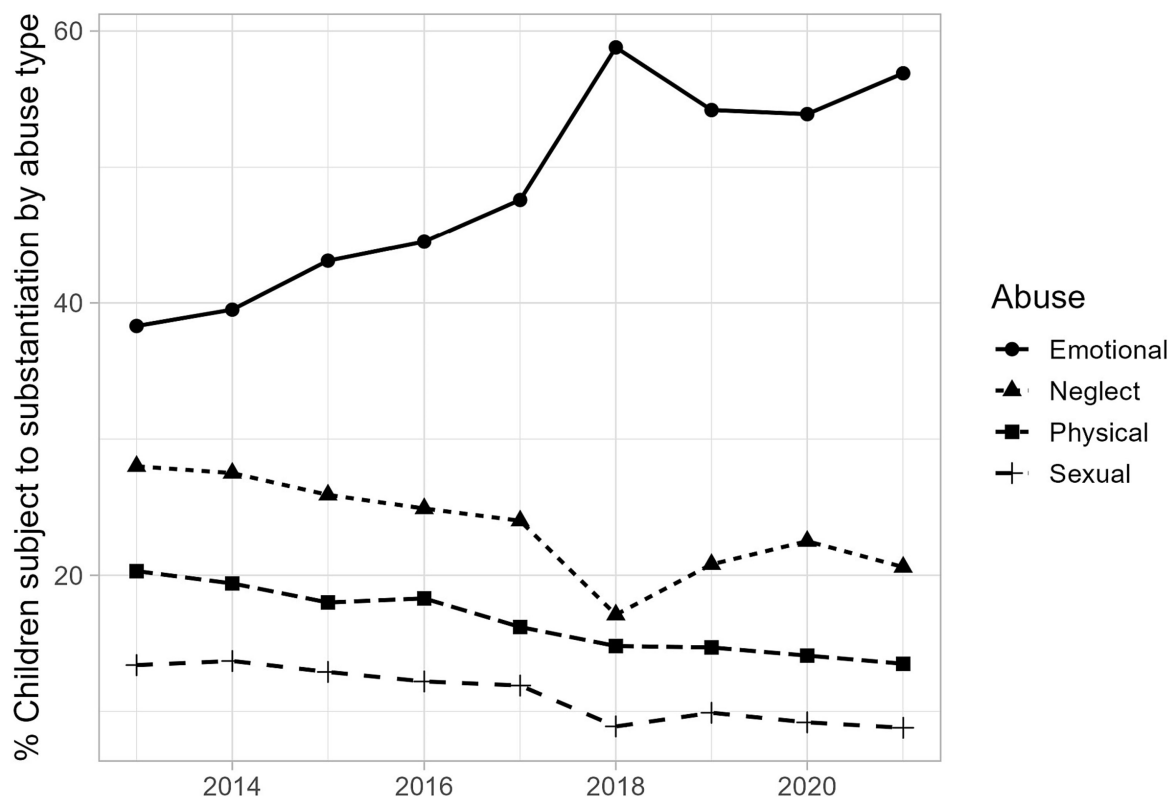


FIGURE 3 | Trendlines for Australian substantiated abuse type.

TABLE 6 | Reasons for concluding notifications with measures, Norway.

Reason	2013 (%) Norway	2021 (%) Norway
Domestic violence	12.9	15.6 (↑ 20.9%)
Mental abuse	2.6	4.3 (↑ 65.4%)
Physical abuse	4.4	6.9 (↑ 56.8%)
Neglect	1.4	3.0 (↑ 114.3%)
Sexual abuse	0.8	1.2 (↑ 50.0%)

Source: Tables SSB 10782 [Child welfare \(ssb.no\)](#).

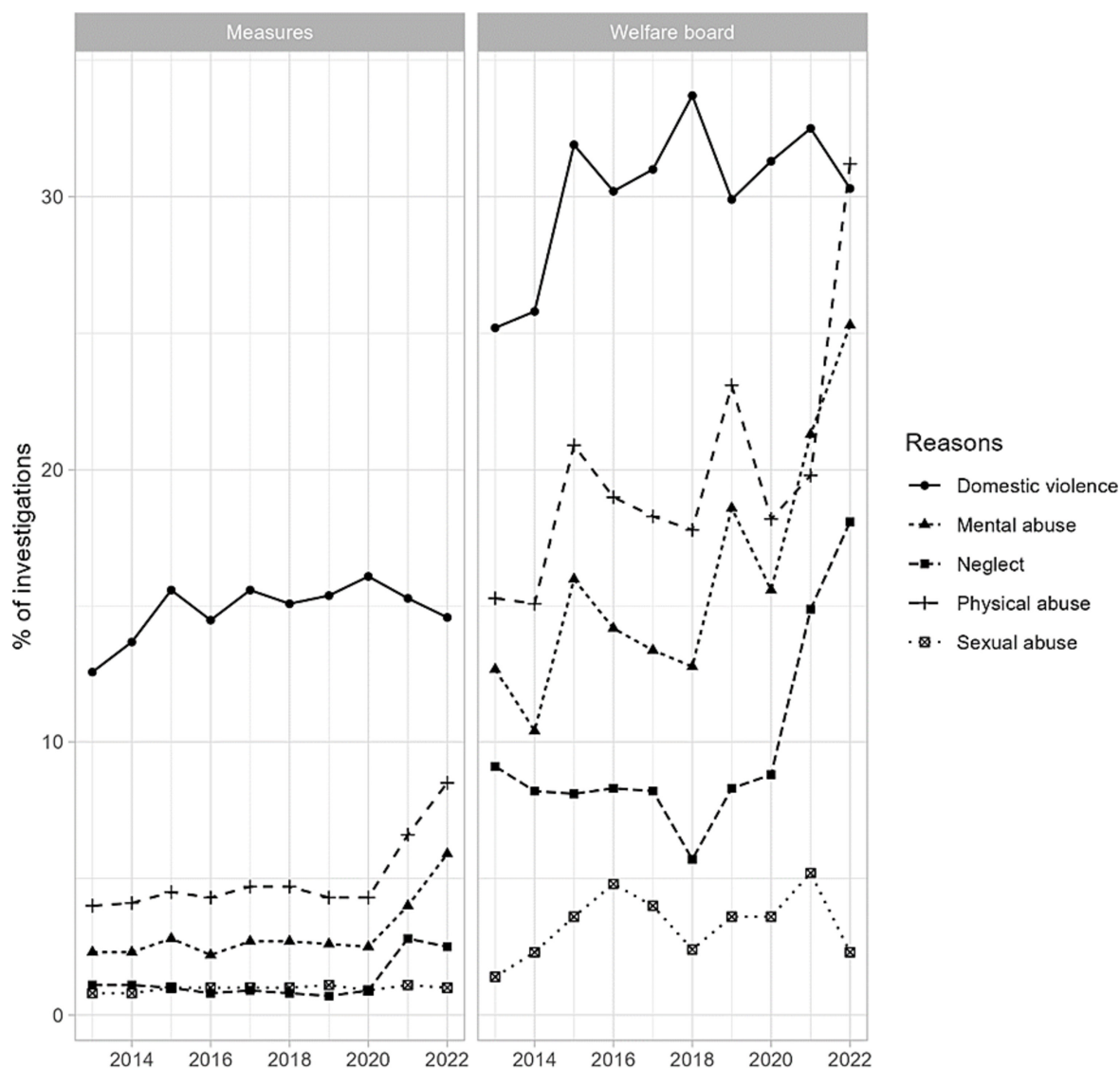
concerning domestic violence, and the other maltreatment types were much lower. However, there were large increases in all abuse types during the period. While there was a narrowing of the differences between domestic violence and other types of maltreatment when measures were deemed necessary and applications were made to the County Welfare Board, it remained clear that domestic violence remained as the primary cause of concern requiring interventions. There was an increasing propensity over the period for applications to the County Welfare Boards to be initiated, although the average proportion of measures provided to families remained static.

7.4 | Indigenous CYP and Those From Migrant or Refugee Families

Australian data on the number and proportion of CYP from Indigenous families are routinely recorded, but not so migrant/refugee families despite 30% of the Australian resident population

being born outside of Australia (ABS 2021). In 2021, notification reports on Australian Indigenous CYP were 6% of all CYP up from 5% in 2010 (↑ 20%).¹ The numbers of Indigenous CYP subject to substantiated reports similarly increased from 35/1000 in 2010 to 43/1000 in 2021 (↑ 22.9%). The level of Indigenous CYP admitted to protective orders saw the level of overrepresentation grow from 48/1000 in 2010 to 75/1000 in 2021—a staggering 56.3% increase over the decade and a rate 11.5 times that of non-Indigenous CYP. Overall, the rate of Indigenous CYP receiving CP services was 172/1000 compared to 31/1000 for all CYP. Although there have been numerous national and state/territory initiatives to reduce this disproportionality for CP and broader social determinants of health (AIHW 2011; Productivity Commission 2021), this gross disproportionality suggests systemic discrimination.

Statistics Norway data do not report either the Indigenous Sami CYP or those from migrant/refugee backgrounds in the CWS data, making comparisons impossible.



Data: SSB table 10782

FIGURE 4 | Trendlines for Norwegian identified maltreatment types and measures taken.

TABLE 7 | Measures (services) for CYP (0–17 years) assisted by protective authorities (number per 1000 children) including those in OOHC.

	2010 Australia	2021 Australia	2010 Norway	2021 Norway ^a
All measures	26.5	31.6 (↑ 19.2%)	30.4	26.4 (↓ 13.2%)
Children with assistance in home	2.2	6.4 (↑ 190.9%)	24.1	19.5 (↓ 19.1%)
Children on child protection orders	7.4	10.9 (↑ 47.3%)	X	X = Data unavailable
Children in OOHC	7.0	8.1 (↑ 15.7%)	6.3	6.9 (↑ 9.5%)

Sources: 09050 [Child welfare \(ssb.no\)](https://www.ssb.no) and AIHW Child Protection Australia reports 2009–10 and 2020–21.

^aDuring the year.

7.5 | Children/Families Receiving Services and OOHC

CYP on protection orders have increased rapidly from 7.4 per 1000 in 2010 to 10.9 per 1000 in 2021 (Table 7). A smaller, moderate increase for CYP in OOHC occurred during this period. In Norway, there were significant decreases in the number of

children with supportive measures as depicted and a moderate increase in children in OOHC—a potentially worrying disparity in measures.

Australian families have not traditionally been provided with support when notifications were determined to not require an investigation or following unsubstantiated investigations.

Over the past decade, changed policies and practices have led to concerted efforts via funding and development of family support systems, often directed at reducing reports and reducing risk for vulnerable families through the referral and broader support services. Nationally, funding levels rose from \$322m in 2010–2011 to \$531m in 2020–2021 (Productivity Commission 2022), increasing service numbers and geographic spread. The number of CYP accessing services more than tripled from 11 334 in 2010–2011 to 40 159 in 2020–2021. However, the expenditure per child receiving support decreased from \$12 653 in 2010–2011 to \$8804 in 2020–2021 (↓ 25%) (AIHW 2022). Actual average services received have become more limited, potentially reducing intervention effectiveness.

For Australian CYP placed in OOHC, two factors appear to be contributing to the steady upward trend: first, a tendency for them to remain in care longer. Second, the rate of Indigenous CYP in care continued to escalate from 40/1000 in 2010 to 57.6/1000 in 2021 (↑ 44%), whereas the rate for non-Indigenous children remained relatively stable at approximately 5/1000 over the period (AIHW 2011, 2022). Rates of CYP in OOHC vary markedly across the Australian jurisdictions. For example, the rate of CYP in care per 1000 children in 2021 ranged from 6.4/1000 in Victoria to 15.7/1000 in the Northern Territory (AIHW 2022, table S5.5). A Victorian inquiry (Yoorrook 2023, 148) found that Indigenous CYP were 5.7 times more likely than non-Indigenous CYP to be reported to the CPS and were 21.7 times more likely to be in OOHC. The trendlines for Australian CYP receiving services and on orders or in OOHC (Figure 5) are somewhat misleading, as the bulk of CYP receiving CP services are already on Children's Court protective orders, or those CYP are at high risk of being put on an order.

Figure 6 shows the trend with Norway's number of CYP receiving supportive measures, which peaked in 2010–2011, followed by an overall downwards trend, despite a 2016–2017 blip. Considering the increases in CYP in OOHC, the increasing use

of CP practices becomes evident. The nearly 20% decrease in home-based support suggests that changes in policy and practice are having impacts on outcomes.

Examining the age distribution of CYP in OOHC in both countries (Table 8) demonstrates some important ongoing differences in the focus and outcomes of the Australian and Norwegian protective system outcomes similar to the 2012 article. Whereas rates for Australian children <5 years are more than triple those of Norway, Norwegian rates significantly decreased in the period while the Australian rates increased significantly, particularly for infants <1 year, suggesting that the removal of babies, especially Indigenous ones, at birth is continuing apace (O'Donnell et al. 2019). Also, the rates for CYP >5 years in OOHC were accelerating in both countries but far more so for Australian CYP aged 15–17 years, although the rates are far higher in Norway than Australia. These data strongly suggest that the established trend for CYP to stay longer in care has continued in both countries, but less so for Norway. Over the decade, Australia's CYP OOHC rate rose by 15.7%, whereas Norway's was 10.6%; both are sizable increases. Considerable stress besets already stretched OOHC systems. Some Australian states are devoting huge resources to house CYP in hotels and motels, sometimes called 'alternate care placements' (Hales 2022; McKenna 2023; Schultz 2023).

The proportion of types of OOHC in both countries showed that Norway continued to have far higher rates of CYP in residential care and living independently than did Australia, although these were dropping in Norway (Table 9). Conversely, Australia had far more CYP placed in home-based care than was found in Norway.

Detailed staffing data are not included in Australian CPS reporting, but a recent study of child welfare workforce trends (Russ et al. 2022, 52) identified approximately 18 000 CPS staff in 2019, almost double the 10 000 staff in 2010. Given the increases in Norwegian work demands, it was unsurprising it also increased its staff, but the trends were for very rapid, large increases (Figure 7).

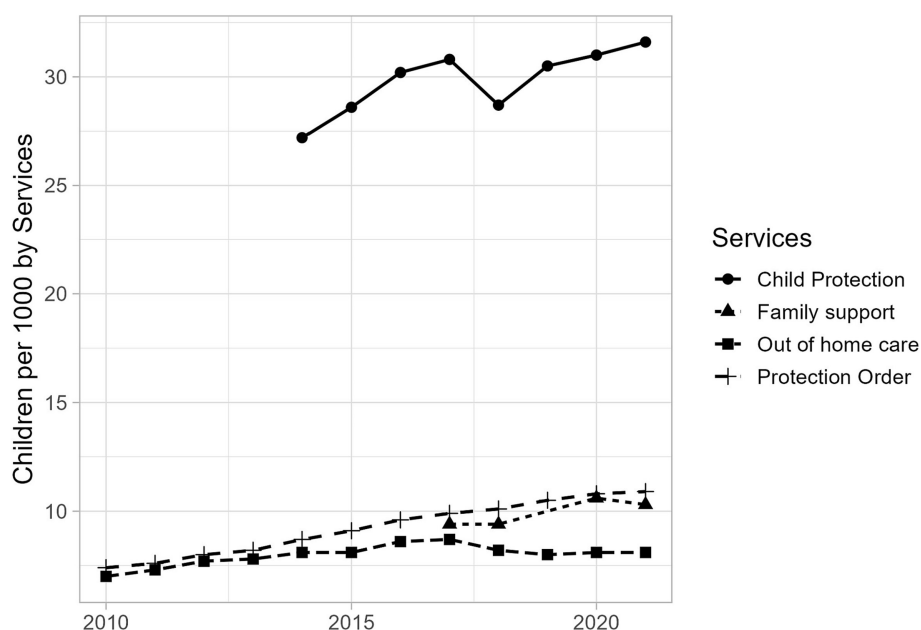
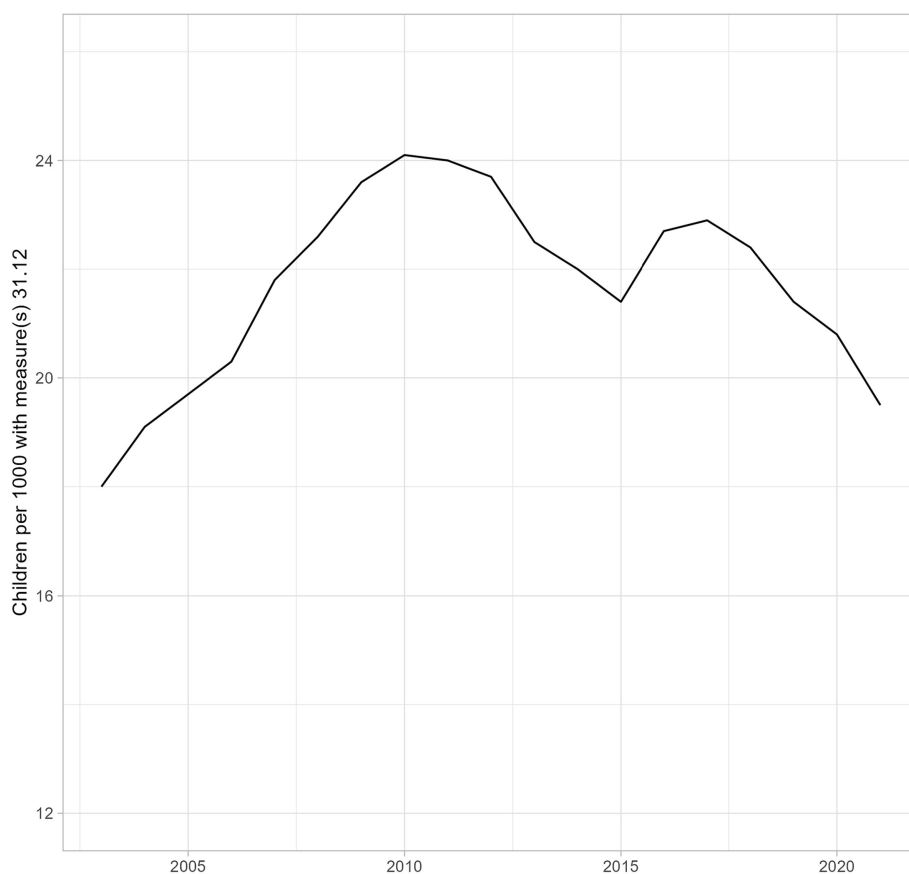


FIGURE 5 | Australian trends for receiving services or being on orders/OOHC.



Data: SSB table 09050

FIGURE 6 | Children with supportive measures in Norway per 31 December per 1000 children.**TABLE 8** | Changes in rates of CYP in OOHC/1000×age.

	Australia 2010	Australia 2021	Norway 2010 ^a	Norway 2021 ^a
<1	3.6	4.7 (↑ 30.6%)	1.2	0.5 (↓ 58.3%)
1–4	6.7	7.1 (↑ 6.0%)	2.9	2.3 (↓ 20.7%)
5–9	8.0	8.4 (↑ 5.0%)	5.4	5.7 (↑ 5.0%)
10–14	7.7	9.1 (↑ 18.2%)	8.3	9.4 (↑ 13.3%)
15–17	6.0	8.5 (↑ 41.7%)	10.3	11.7 (↑ 13.6%)
Total	7.0	8.1 (↑ 15.7%)	6.6	7.3 (↑ 10.6%)

SSB: 09050.

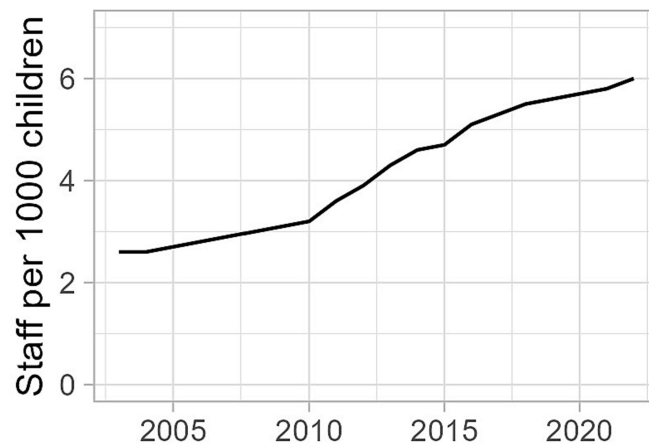
^aMeasured 12.31 each year.**TABLE 9** | Type of OOHC—percent of children in OOHC by care type.

	Australia 2010	Australia 2021	Norway 2013	Norway 2021
Family care	NA	7.8%	18.8%	26.5%
Home-based care (foster/kinship care)	94.6%	66.8	58.8%	57.8%
Residential care—including family group homes	5.4%	5.5%	11%	8.4%
Independent living	NA	0.4%	5.9%	1.8%
Other	NA	19.4%	5.5%	5.5%

8 | Sources and Limitations of Data

Our data were drawn from both country's national data sets. International comparisons are difficult as the priorities and systems differ, reflected in their data reports. As indicated earlier,

the two national data sets differ in relation to the amount, type and focus across the two countries. In response, definitions have been considered to ensure best fit for similarity of data across jurisdictions. Definitions have been included where required.



Data: SSB table 09086

FIGURE 7 | Norway CWS staff-years (based on full time position) by year, per 1000 inhabitants 0–17 years.

Similarly, in the tables, some categories have been combined to reflect aligned data where the breakdown of data differed. The Norwegian data collection system changed in 2013 for some data sets, particularly notification and investigation data. While seeking to review data across a 10-year period, this change meant continuity was not possible for all data sets as the measures differed pre- and post-2013. Where relevant, the analytical time-period was adjusted to accommodate this. Furthermore, there may be local variations in each country that are not able to be reflected through a national comparison.

9 | Discussion

Since our original article, there has been significant and ongoing policy shifts and practice changes in both countries. Both protective systems grew substantially during the decade. Notifications of suspected maltreatment were initially much higher in Norway than Australia but by 2021 Australian rates were 10% higher. However, a significant difference existed in the proportion of notifications that resulted in investigations, with Norway nearly double the Australian rate (approx. 80% to 40%). Furthermore, both countries saw large increases of reports from mandated reporters particularly from CP/welfare workers, and for Norway increases in police and hospital staff, and in Australia with NGO staff rising substantially. Rates of notifications from CYP, family and kin decreased in both countries.

Importantly, Australia saw large decreases in the rates of notifications that were not investigated, presumably accompanied by referrals of these matters to community-based support programmes by NGOs, a sign that the NFPAC policy framework was influencing greater public health prevention and support approaches. Norway was similar but had significantly more CYP and families who received these supports. Both countries witnessed large rises in notifications and cases where domestic and family violence were catalysts for reports and substantiated outcomes. In Australia, this was classified under ‘emotional abuse’ whereas in Norway, it was a separate classification of maltreatment, but it meant that while all other types of substantiated

harm increased, their respective proportions of the overall maltreatment decreased.

Australia’s long-term trend for grossly disproportionate involvement of Indigenous CYP in the CP system continued apace. This is a major systemic injustice and is a significant contributor to the overall long-term increases in CYP under protective orders and in OOHC. The other driver of these increases was that CYP were coming into care at younger ages and staying longer in OOHC. However, Australia also saw large increases in the resources devoted to assistance measures including preventative support. Norway, on the other hand, saw assistance measures to CYP decrease, particularly for those who remained with their family, but the rates of assistance were still far greater than in Australia.

There was no change overall to the OOHC characteristics we found in our 2012 publication with respect to the following:

- Rates of CYP aged <5 years was significantly higher in Australia with Norway’s rate being one-third of this;
- Norway’s rate of CYP aged 15–17 in OOHC remained much larger than Australia’s;
- Norway had far higher proportions of CYP in residential care and in care but placed with their family than did Australia.

Both countries had increased rates of CYP in OOHC over the decade, and in Australia, there were increased numbers of them in ‘alternate care placements’, with evidence that the OOHC system was stretched and stressed. Taken overall, both countries had nearly doubled the size of their workforces in the last decade.

Both countries had undergone system transformations during this period amidst trends of increasing service demands. Australian jurisdictions, in line with the NFPAC, had increased mandatory reports but decreased the proportion of notifications that were investigated; it appeared to be referring more matters for family support (guidance rather than financial) provided by community-based NGOs. A policy question here was the shifting of risk and responsibility for those lower-level risk matters. The policy rationale was to reduce demand on the statutory

system including OOHC. However, despite increased resources, there was less money spent on average providing preventative support for each family. These trends beg the question about the need to substantially increase expenditure and services in family support to provide meaningful assistance for families. Simultaneously, there were ongoing increases in the disproportionate involvement of Indigenous CYP in OOHC, and despite movements towards having more CYP placed in kinship care, the foster system became increasingly challenged to place CYP, the result being greater system costs. As the Norwegians say, 'the bottle neck has become tighter'. Overall, despite policy directions for more family support, the Australian protective systems remain dominated by CP approaches, with a focus on risk assessment rather than need assessment (Lonne et al. 2021). A report from the Australian Child Rights Taskforce–UNICEF (2018, 15–16) critiqued these risk-focused policy frameworks, the resultant rates of removal of Indigenous CYP and the lack of focus on prevention and intensive support services.

Norway's trends were somewhat similar and also different. While they also had significant increases in work demands, their system employed far higher rates of investigations of notifications, but there was a notable decline in the rates of substantiated harm. This occurred alongside a downward trend in the level of assistance measures provided to families, particularly for CYP who were at home. In this regard, Norway's 'front door' processes remain quite different in substance to Australia regarding the level of needs assessment. These trends show system transition towards more risk-focused CP approaches rather than prevention and support, but it must be acknowledged that Norway's levels of support were far greater than those provided in Australia, and the measures provided included a diverse range of guidance and financial assistance. Like Australia, the numbers and rates of CYP in OOHC increased substantially over the decade, but not for CYP < 5 years that declined, whereas CYP > 10 years rose fastest. The type of Norwegian OOHC that increased the most was for CYP placed with family, and this may suggest a practice change to focus more on managing risk around the child (Melinder, van der Hagen, and Sandberg 2021).

10 | Conclusion

Both country's overall system transformation led to greater resource allocations and moves towards marketisation of the OOHC systems through contract-based service providers, arguably driven by underlying neoliberal ideologies in government post the global financial crisis (GFC). We found evidence to support the 2011 predictions by Gilbert and colleagues that both CP and family support-oriented systems would move closer to each other, that there would be rapid organisational, policy and legislative change, and expansion of protective systems. For both countries, there has also been growth in formal procedures and 'evidence-based' initiatives (Lonne et al. 2021) and increased challenges posed by inequality, race and ethnicity (Gilbert, Parton, and Skivenes 2011; Kojan and Storhaug 2021). These sat alongside, sometimes awkwardly, approaches that focus on risk and prevention strategies. Moreover, both countries saw the tightening of eligibility for other welfare assistance and benefits. Both countries have ongoing issues with workforce development, including their preparation in undergraduate and postgraduate

programmes, although Norway has started to address this area. Given projections for ongoing system growth and the inequities faced by many children and families in the current CWS, system reframing, workforce planning and development, in our view, should be a priority.

Conflicts of Interest

The authors declare no conflicts of interest. All co-authors have seen and agree with the contents of the manuscript and there is no financial interest to report. We certify that the submission is original work and is not under review at any other publication.

Endnote

¹ All data sourced from AIHW *Child Protection Australia reports 2009–10 and 2020–21 CtG Annual report*.

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