

## A different approach to collaboration with a girl in childcare – consequences for the practice of supervision

I will be presenting to you a very special case of supervision – it concerns one child, a girl we have called Ida.

Ida's story and the supervision of the services she received has been the focus of considerable national attention in Norway. Handling the case from the point of view of the girl herself, understanding her and understanding how she was met by the various services has taken effort and cost resources. Our approach led to a different set of facts, a different understanding of the chain of events and consequently a different conclusion.

We have used this case to revise our understanding of and perspective on supervision. The child's or the patient's opinion is now given more attention and more weight. As supervisory authority, we have changed our understanding, our approach and our procedures. I myself need continuous correction to avoid relapsing to former habits. We need to change our attitudes and our behavior and this is, to be honest, quite painful. We do however, show children and patients more respect than we used to.

Ida's story and the way we handled it has had national impact.

Our two ministers; the minister for and health and care and the minister for children and equality have frequently referred to our report. They have utilized our findings and our method in their efforts to strengthen the position of the child in childcare and child psychiatric health care as well as that of the patient in health care in general.

I will start by giving a brief summary of Ida's story.

I first became aware of this story in an article in the Norwegian newspaper Stavanger Aftenblad on January 31<sup>st</sup> 2016. Journalist Thomas Ergo wrote the article.

Never before (or since) has the story about one child and the care she was given by the child welfare services (barnevern) been described in such detail. 66 newspaper pages. I spent two days reading and digesting her story:

Ida had been subject to serious neglect, this neglect was known to the municipal child welfare services, since she was aged 2 to 3 years old. The child welfare services had received repeated and serious notes of concerns for her up until the age of 11. Short-term efforts were made to improve the situation for the child, but Ida remained living under conditions of serious neglect.

When she was 11 her mother took her to Africa where they lived for three years. While there, she was subject to serious violence and sexual abuse. When she got back to Karmøy in January 2014 she moved, at her own wish, to a foster home.

The foster home lasted a few weeks; she left and this was the beginning of a series of moving from place to place. In the course of six months, she was moved seven times, from her hometown in Karmøy to Stavanger, from Stavanger to Bergen, from Bergen to the interior of

Troms County. She was moved from the southern part of the country to the west and finally to the far north.

For the last two years, from the age of 16 to 18, up until the summer of 2016 she lived as the only youth in an institution created for her (enetiltak). Her only companions were adults; there were no friends, no work and no school. She had a large television and a computer.

Ida did many stupid things in this two-year period. She was threatening, she used an axe and shears of glass to threaten the adults who were looking after her, and she set fire to and burned down one of the institutions she lived in.

She was sentenced to prison and has now finished serving her time in a youth penitentiary.

Before the newspaper article about her was published, offices of county governors in three different counties had received more than one hundred notifications (tvangsprotokoller) about the use of coercion towards Ida. Ida had also lodged several complaints on the use of coercion.

We had also been notified that a girl had set fire to the institution she lived in. This incident had also been reported in the media.

None of us reacted. Not one of us questioned what was going on with this child – except to review each individual notification or protocol on the use of coercion and assess its legality the way we usually did.

When I read the story in the paper and saw the whole picture, I understood that we (also) had not done our job properly.

## 1. So what did we do?

The three offices of county governors and the Norwegian Board of Health Supervision discussed how to approach what we had learned. We agreed that we must cooperate on a supervisory activity, and that this time it must be done thoroughly and include all services the girl had received.

I was in charge; I chose to be in charge because I recognized that this was a case that could be more than just another case. I saw that the consequences of Ida's experiences could change both child welfare services and health care. We would need an untraditional approach, and we would need to assess both child welfare services and health care. I have considerable experience in supervision, I am secure in the role of supervision and I know both child welfare services and health care.

It is also important to me, as a manager and leader, to have hands on experience in supervision so as to participate in and facilitate the development of methods and skills.

It follows that I must take an active hand in a certain number of cases.

- It was clear to me that we would need to do a thorough job

- It was clear to me that we needed to think and act different to what we usually do – and that we would need to take on Ida’s perspective
- I told the supervision team something at the beginning that I normally would not say; **We must reach a different conclusion this time from our former conclusions in this case.**

It can not be right that a child should experience more than one hundred episodes of coercion over a period of two years. No Norwegian child should live like this.

The question was how this could have taken place.

We put together an interdisciplinary supervision team and gave notice of supervision to 14 different services. These were two municipal child welfare services, residential care institutions in three counties, psychiatric clinics for children and youth at four different hospitals in three counties. To ensure a comprehensive understanding the same supervision team assessed both child welfare services and health care as part of a coordinated supervision process.

We requested and received all records on Ida from all the involved services. We also requested and received brief statements from each of the services. Based on our review of these documents we conducted structured interviews with 24 managers/leaders and employees in five of the 14 services.

In addition, of course we talked with Ida.

We requested an assessment by a specialist psychologist to complement our assessments.

We also asked for, and got, help from Forandringsfabrikken (The Change Factory). Forandringsfabrikken are children and youth who have been, or are currently, in child welfare or receiving psychiatric services. They have established a constructive organization and use their experiences to provide advice to services on how we need to change, on how we can revise our thinking to understand children and adolescents.

We decided early in the process that we would make our report with our findings public. Ida’s story was already well known and there was considerable public interest. Some facts and professional assessments that were not already made public were attached to the report as confidential.

We decided that there were two particular aspects of the case where we could not fail – these guided all choices of action through the supervision process:

1. Ida’s participation – we had to see the last two years from her perspective
2. The use of coercion – we had to understand why there was so much use of coercion

We fumbled initially on how to begin. Contacting Forandringsfabrikken for their advice gave us the decisive starting point.

They were eager to assist and provided us with four Idas; girls with similar experiences to Ida who already had told their story in various settings and felt comfortable in the role of advising professionals. These girls were pleased to help and gave us three important pieces of advice:

- Ask Ida about what you should ask the services
- Befriend Ida on Facebook
- Bring one of us to your meetings with Ida

At the time this felt strange and uncomfortable, but we decided to follow their advice. Several of my staff thought I had gone crazy when I accepted to follow this advice. In hindsight we know that doing this was what made it possible for us to take Ida's perspective in this supervision and to make the assessments and reach the conclusions we did.

The contact with Ida on Facebook had two objectives:

We could prepare her and create confidence before our first meeting. We could sort out practicalities and get her suggestions on questions for the various services.

When we went to Troms for our first meeting we realized that how we met her would decide what she would tell us. Because of the contact with Forandringsfabrikken, she was prepared for our arrival and for our questions. This first meeting with Ida was important. And she tested us when she asked:

- Why are you here now? You have received notifications of coercion and my complaints over a period of two years?  
I answered – yes you are right, we are not proud to have done so little. We are here because we want to understand and make a new and improved assessment. That is why we are here.
- What can you do for me now?  
I told her that the municipal child welfare service could give her the best assistance. We can put pressure, create attention and try to influence. The most important result of what we are doing now is probably for other younger children in similar situations to you.

She accepted these answers. I think the honesty was decisive. I also got the impression that she is a generous girl.

We realized that having a boy from Forandringsfabrikken on the team helped us in understanding and in the dialogue and atmosphere of trust when we talked with Ida.

By asking, listening and letting her give us her reflections and thoughts we achieved her participation. She provided us with information we would otherwise not have got, information that was not in the records and other documents we had received, we got different facts and we understood more. This led to different assessments and different conclusions.

Let me tell you some of the things Ida told us:

- She said that no one had asked her what troubled her, what caused her such pain. This may not be factual – but this was her perception.
- She said that she realized that she had behaved stupidly when she described some of her actions and how they would limit her future

- **The most important thing she told us was that she had one wish – to live in the Karmøy area. She had not wanted to be moved from there and when she eventually would be moved from Troms she wished to go back there.** She had said this from the start, this is recorded in all the documents we reviewed, but **no one dug deeper, no one really understood the importance to her.** *She told us that her idea was that if she was difficult enough nobody would want her and she would be sent back home to Karmøy.*
- **When childcare remove children from their families they must intervene before the child is 15 years old, when the child is that old they may as well drop it.**

What she told us was the people whose job it was to help her did not understand the language she used.

She probably shares this experience with many other children. She had spoken clearly but she was not heard. Not all children are able to speak as clearly as Ida, they do however try to express themselves in the best way they know. As they experience that they are not heard some children use other “language” or forms of expression. They express themselves through withdrawal or in the unacceptable ways Ida used.

It follows that the services, or we as public authorities, must understand and learn how we can understand (interpret) the “language” these children express themselves in. In Ida’s case neither the services nor we as supervisor authority had understood. We did not question why what had taken place over the previous two year period.

We have learned to be more curious, to listen and to develop our competence and skills. We have also learned to make sure we have time when we meet children. We have learned that this is not only about our theoretical knowledge, it is as much about our own values and the respect we show children.

## 2. The extensive use of coercion

Norwegian childcare can use coercion in certain circumstances. Coercion must have a specific reason and prevention must have been attempted. After the use of coercion, this must be documented and notification sent to the office of the county governor (that is to us) for review. Our job is to control that the use of coercion was legal in the situation described.

**In this case we had received notification of 104 incidents of coercion** from child welfare institutions and of coercion and the use of belts to restrain her in psychiatric clinics.

How were we to understand this extensive use of coercion?

We started by reviewing all the protocols once more. We looked for descriptions of what had initiated, and which reasons were given for, the use of coercion. We also checked to see if enough had been done to prevent the use of coercion.

We read and studied each case carefully and found that in general the formalities were in order.

We found that, in the situations when Ida was confined to the institutions without access to her cellphone or her computer, these were reasonable limitations. We also found that when she was forcibly held or put to the ground or in other ways subject to physical force, it was in situations that considered in isolation this was acceptable. The situations immediately before the use of force were often very serious. So what could this be? And why the frequent use of police?

I insisted that not all this use of force could be right, we had to find a different approach, and again we fumbled – a little.

It was only when we attempted to understand the use of coercion and force as part of the total care that we saw a pattern. We reviewed the story and the information once more and asked ourselves if the care she had received was designed to meet her particular needs. The answer to this question became increasingly clear – **no**, she had received the **available** care that the adults thought would be best for her.

When we chose this approach and regarded the situation from her perspective, we saw that

- The municipal child welfare services had not investigated the situation adequately when she was little and had not followed up adequately when she was placed in residential institutions
- The state child authorities (Bufetat – the Norwegian Directorate for Children, Youth and Family Affairs) did not see that the institutional care they provided was wrong for her. They did not see that the information they had was not comprehensive and that **this** was the reason they didn't find a care **adapted to her needs**. They did not see that she needed psychiatric treatment as well as child welfare service.
- None of the services saw how all the breaking up of relationships were damaging to her

But, and there is an important BUT here: all the professionals and the services thought they had done what was good for her. And they all wanted the best for her. The care she was given was not good enough – in Norwegian legal terms it was not *forsvarlig* – that is not of *sound professional standard and considerate care* – (there is no adequate English word – this is our (Geir Sverres) translation).

The choices of care and institutions were made without consideration to the importance of the child's perspective. We also had not understood this - until now. We had all slipped into a certain way of understanding and working. We had a way of understanding and working, which did not give the necessary attention to respect, and to understanding the importance of listening to the wishes and needs of the individual child. Although the professionals considered the care given to Ida was good, it was not. She protested in her own way, by totally unacceptable behavior which resulted in the use of coercion and physical force. Not even this behavior led to a rethinking of whether the care she was receiving was helpful.

Our most important lesson is recognizing the **importance** of cooperation with the child. We need to be able to adopt their perspectives through listening and by choosing the right person to talk with them. We need to create an atmosphere of trust, for the child to be able to explain what is troubling her so that we can understand better than we used to. I am not saying that the child should always have it her way, but we must consider their wishes and weigh them against other factors. If the services conclude that other factors must be given more weight than the wishes of the child this must be explained in a way the child can understand.

Respect is the issue,  
and power.

And acknowledging that we as professionals and experts do not always know what is in the best interest of the other – whether they are children and adults.

We must understand that every move from one service or professional to another, from one institution to another, is a break up of personal relationships. Such breaks are a heavy burden on the children and may have seriously damaging results. Ida was moved seven times in two years, each time she had to establish new personal relationships to caregivers, therapists, teachers and other surroundings.

It is also necessary to listen to how Ida and other children experience the coercion we – the public carers – subject them to. Sometimes the use of coercion or force is necessary. We must however regard the coercion as an integral part of the care we give, not as an isolated incident. When we did just that we saw the difference, we understood Ida better and could base our conclusions on a different fact.

We – the three offices of county governors – understood Ida in a totally new way after this supervision.

We – the three offices of county governors arrived at a new set of facts and to a totally different conclusion because we chose Ida's perspective.

**Our conclusion is that Ida did not get the care Norwegian society has decided that children should have. Several services had given her a quality of care that did not comply with Norwegian law.**

This is thoroughly described in our report of September 19<sup>th</sup> 2016. We found non-compliance in child welfare services as well as in specialized health care – and in the cooperation between these services.

### **3. The importance of this case for the quality of supervision in general**

For us, for my organization, the County Governor of Hordaland County, this case represents a major change in how we supervise child welfare services and health care. On a national level the case has influenced how supervision of childcare, and of cases that involve both healthcare and childcare are handled.

This case has changed me as a leader and as a professional and it has changed me personally. I have pushed through some of my own limits, I have been in contact with my own weaknesses, I have felt insecurity and humility and felt that I have moved into unknown territory uncertain about where we would end up.

Would our conclusions be up to professional standards?

Would the conclusions influence other similar cases?

Although our report has been well received and has been used by government ministers, we still face resistance. Learning from supervision should be obvious, but it is difficult.

We recognize that we previously have not been conscious of the importance of listening to children and take their concerns seriously – we have not really heard them. We have not listened to their needs about what is important in their lives. The same applies to adults when they need health care.

As professionals, we tend to know best – not only in our own lives, also in the lives of others.

As supervisory authority, we have not asked whether services listen to children and we have not in the way we have handled complaints shown that this is a requirement. We can not know what is in the best interest of the child if we don't speak with them. We often assume that we know, but we will often be mistaken. Ida was not heard. She is not the only one. As a consequence Ida received a care that damaged – not helped – her.

I am convinced that with a more real respect for children, by active listening, understanding and giving care and trust we will find better solutions for many children. It will lead to less use of coercion. And it will save us money.

This may sound simple, it isn't.

It will place great demands on us. There is no quick fix.

We need a change of attitudes. This implies a change in relative power. We, as professionals, in services and in supervisory authorities must relinquish power. Both we and the services must be flexible, we must sometimes improvise. This is much more demanding than following established routines.

It means using less power. We don't consider ourselves as abusers of power. None of us like to admit that we have not considered the needs of children.

Unless we are able to trust children and speak with them, we cannot know and we cannot understand. We will not give enough consideration to their needs. We will disrespect them and we will abuse power.

Childhood is short and cannot be repeated. The choices we make on behalf of children are important.

In a very few cases it may be right to move a child far away from the surroundings they know, but it comes with a price. For such a move to be a success it is necessary to hear the child let her participate in the decision.

On the whole, when children participate and are respected all care will be more successful. The child will not need to protest and maybe do things that will harm them for life like Ida did. In addition, I am convinced it will cost less.

As a leader this case has made me work on my own attitudes and perceptions. I have been embarrassed to acknowledge that we have slipped unknowingly and unnoticeably into some routines:

We have decide cases without speaking with children ant not ensuring that the services have spoken with them. We have in reality meant that adults know best what is good for children and consequently what is best for this particular child – we don't.

My own and other professionals attitudes reinforce each other. Our understanding of what we do and why we do it has not been good enough.

This is a tough acknowledgement and one that is difficult to accept.

We must remind ourselves that we have had the best intentions. But also that when we understand we must make changes.

In my office, we are changing and we will continue to change.

We have used staff retreats to improve our understanding and Forandringsfabrikken have assisted us.

We work on attitudes, we change how we act and we see that changing the way we act influences our attitudes.

I have traveled this road together with my staff – with all my staff whether they work with social care, with health care or with child welfare. These are general principles of care and consequently principles of good quality supervision.

We have changed how we supervise, most radically how we supervise child welfare, but also how we supervise health care.

Other forces work in the same direction; the proposal for a new child welfare act as well as political and professional interest.

Among your staff the brave and secure will lead the way. Identify them and use them as change agents in your own organization. The others will follow - they will have to.

**When children are secure and trust adults, adults will also be secure and trust children.**

