

DESCRIPTION OF CODING RESULTS¹ – 216 CARE ORDER JUDGMENTS CONCERNING NEWBORN CHILDREN

Centre for Research on Discretion and Paternalism



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Preface

Presented here are the results of the descriptive coding of care order judgments concerning newborn children collected for the research projects [Acceptability of Child Protection Interventions: A Cross-Country Analysis](#) (funded by the Research Council of Norway, grant no. 262773) and [Discretion and the Child's Best Interests in Child Protection](#) (funded by the European Research Council, grant no. 724460).²

The care order cases are from eight European countries: Austria, England, Estonia, Finland, Germany, Ireland, Norway, and Spain. The data material is unique because all judgments from one or several years are collected, either from an entire country, from a large city/region within a country, or all publicly available judgments. The base year is 2016, but earlier or later judgments were included when necessary. A detailed overview of the number of judgments and years can be found [here](#).

The care order judgments about newborns were selected if the case was about a child that *had been removed from their families for child protection reasons within 30 days of birth*. This may also include cases where a child did not move home from the hospital after birth but only stayed with their parents at a parent-child facility with close monitoring by staff and was removed from their parent's care after more than 30 days after birth. The care order proceedings may take place when the child is older, and on average the child was 8.8 months at the time of the care order. Typically, it is courts or court-like decision making bodies that have the authority to make a care order decision, but the proceedings vary across countries (see Burns, Pösö, and Skivenes 2017).³

There are also between-country differences in [how the judgments are written](#). Not all courts are obligated to provide reasons for the decision. Moreover, the level of detail varies with respect to whether the judgement must display decisive facts and evidence, assess relevant legal claims by involved parties, present the legal norms underpinning the decision, and assess facts in context of legal norms. Additionally, [the decision-making bodies](#) and their mandates or tasks may differ across countries. In some cases, information relevant to the case may not be included in the judgement if it is not within the court's mandate to perform an assessment. The decision-makers also have access to case files with significantly more information on the case not available to the researchers.

The cases were subject to several rounds of rigorous coding and reliability testing by several coders. Code labels were chosen for descriptive and pragmatic purposes and do not reflect any normative value judgments. The information presented in this report is **information as it is available and presented** in the care order judgments.

The data collection process followed strict [ethical procedures](#) for acquiring data access permissions and collecting judgments. The projects underwent rigorous data protection and ethics assessments to ensure compliance with national and international regulations. All actions in relation to the projects are carried out in compliance with ethical principles (including the highest standards of research integrity) and applicable international, EU and national law. The Data Protection Officer at the University of Bergen confirms that the projects' processing of personal data is in accordance with these principles and regulations.

Permissions to access documentation from each individual country were granted upon application and request. Each request included supplementary documentation such as a) a copy of the project description, b) approval letters from the Norwegian Data Protection official, and c) a specification of the requested material. Approval documentation has been received from all research countries.

² Publications from the project reflects only the authors' views and the funding agency is not responsible for any use that may be made of the information contained therein.

³ Burns, K. Pösö, T. & Skivenes, M. (eds.) (2017). *Child Welfare Removals by the State: A Cross-Country Analysis of Decision-Making Systems*. New York, NY: Oxford University Press.

Information received has been [handled as confidential material and been stored in SAFE](#); the University of Bergen's secure solution for storage of sensitive material, in accordance with individual access and user agreements for each jurisdiction. All electronic correspondence containing de-identified information has been deleted, and all paper versions are kept in a locked safe in a secure office facility.

Most of the cases have been [translated](#) to English, we have used professional translators. Reliability tests were conducted by research team members to ensure the accuracy of translations.

The report is based on information systematically coded and reliability tested by a group of research assistants, and PhD student Barbara Ruiken⁴ has, with supervision by Prof. Skivenes, put together the report.⁵ We are grateful for feedback and comments from Prof. Katrin Kriz, Dr. Jenny Krutzinna and Prof. Tarja Pösö. Research coordinator Espen Stokke has assisted with proofs and layout.

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⁵ [Professor Marit Skivenes](#) is Director of Centre for Research on Discretion and Paternalism, University of Bergen.

Dissemination based on the data material

Kriz, K., Krutzinna, J., Pösö, T. & Skivenes, M. (forthcoming). "The Invisible Child: A Comparative Study of Newborn Removal Judgments from a Child Equality Perspective (CEP)." *The International Journal of Children's Rights*.

Luhamaa, K., McEwan-Strand, A., Ruiken, B., Skivenes, M. & Wingers, F. (2021). "[Services and support for mothers and newborn babies in vulnerable situations: A study of eight European jurisdictions.](#)" *Children and Youth Services Review* 120(105762): 1-10.

Krutzinna, J. & Skivenes, M. (2021). "[Judging parental competence: A cross-country analysis of judicial decision makers' written assessment of mothers' parenting capacities in newborn removal cases.](#)" *Child and Family Social Work* 26(1): 50-60.

Skivenes, M. (2021) "Can More Be Done?" *Discretion Blog*. Centre for Research on Discretion and Paternalism. April 30. <https://discretion.uib.no/can-more-be-done/>.

Skivenes, M. (2021) "Vi bør gjøre mer for sårbare familier." *Stat & Individ. Forskning*.no. May 6. <https://blogg.forskning.no/blogg-stat-og-individ/vi-bor-gjore-mer-for-sarbare-familier/1856228>.

Ruiken (2021) "Støtte til mødre og nyfødte i sårbare situasjoner." *Barnevernfrokost (webinar)*. Centre for Research on Discretion and Paternalism. February 17. <https://discretion.uib.no/support-for-mothers-and-newborns-in-vulnerable-situations/>

Related publications

Juhasz, I. (forthcoming). "Asserting the right to care – Birth parents' arguments in newborn care orders." *Journal of Social Work*.

Magruder, J. & Berrick, J. D. (2022) "[A longitudinal investigation of infants and out-of-home care.](#)" *Journal of Public Child Welfare*. Ahead-of-print, 1-18.

Juhasz, Ida B. (2020) "[Child welfare and future assessments – An analysis of discretionary decision-making in newborn removals in Norway.](#)" *Children and Youth Services Review* 116(105137): 1-10.

Hestbæk, Höjer, Pösö & Skivenes. (2020). "[Child Welfare Removal of infants: Exploring policies and principles for decision-making in Nordic countries.](#)" *Children and Youth Service Review* 108(104572): 1-8.

Berrick, J., Dickens, J., Pösö, T. and Skivenes, M. (2018). "[Care order templates as institutional scripts in child protection: a cross-system analysis.](#)" *Children and Youth Services Review* 84: 40-47.

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Description of coding results – 216 care order judgments concerning newborn children

The children

There are 220 newborn children in the 216 care order cases in the sample, which means that there are four pairs of twins among the newborns. For 16% of the children in the care orders, the gender has not been disclosed in the judgments (see Figure 1). Forty-five percent of the children are boys, and 39% are girls. It varies how much the children are described in the judgement – but overall, it is more common that a child is described not at all or very little (with only one or two sentences containing limited or very general information), see figure 2.⁶ Norway, Ireland, and Austria are the countries providing the most comprehensive descriptions of the child, often including several paragraphs, while judgments in Germany, Spain, and England provide only limited descriptions.

Figure 1 - Gender of the child (N=220)

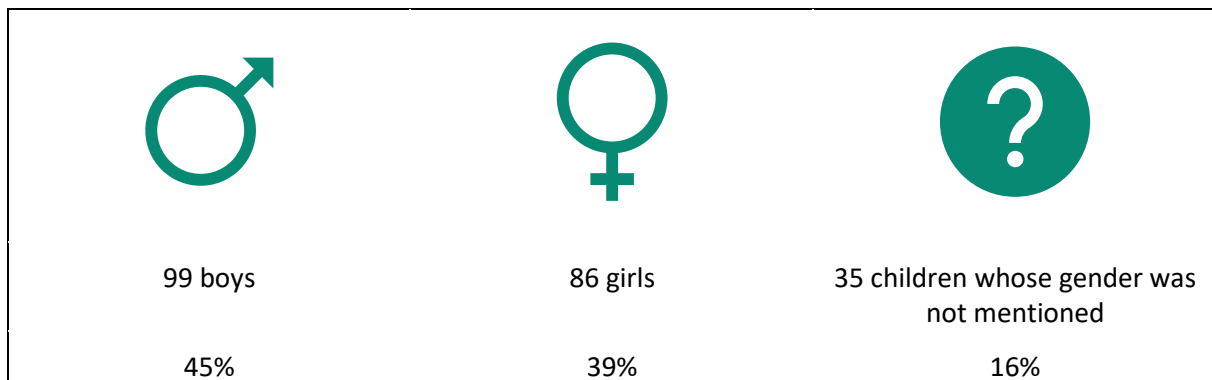
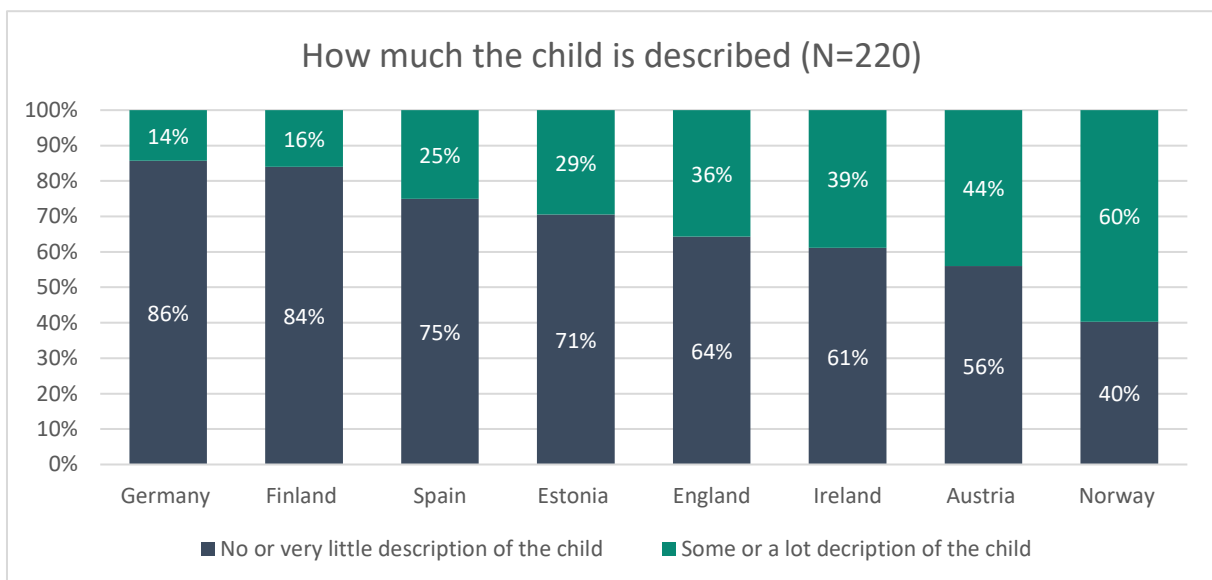


Figure 2 - How much the child is described in the judgement (N=220)

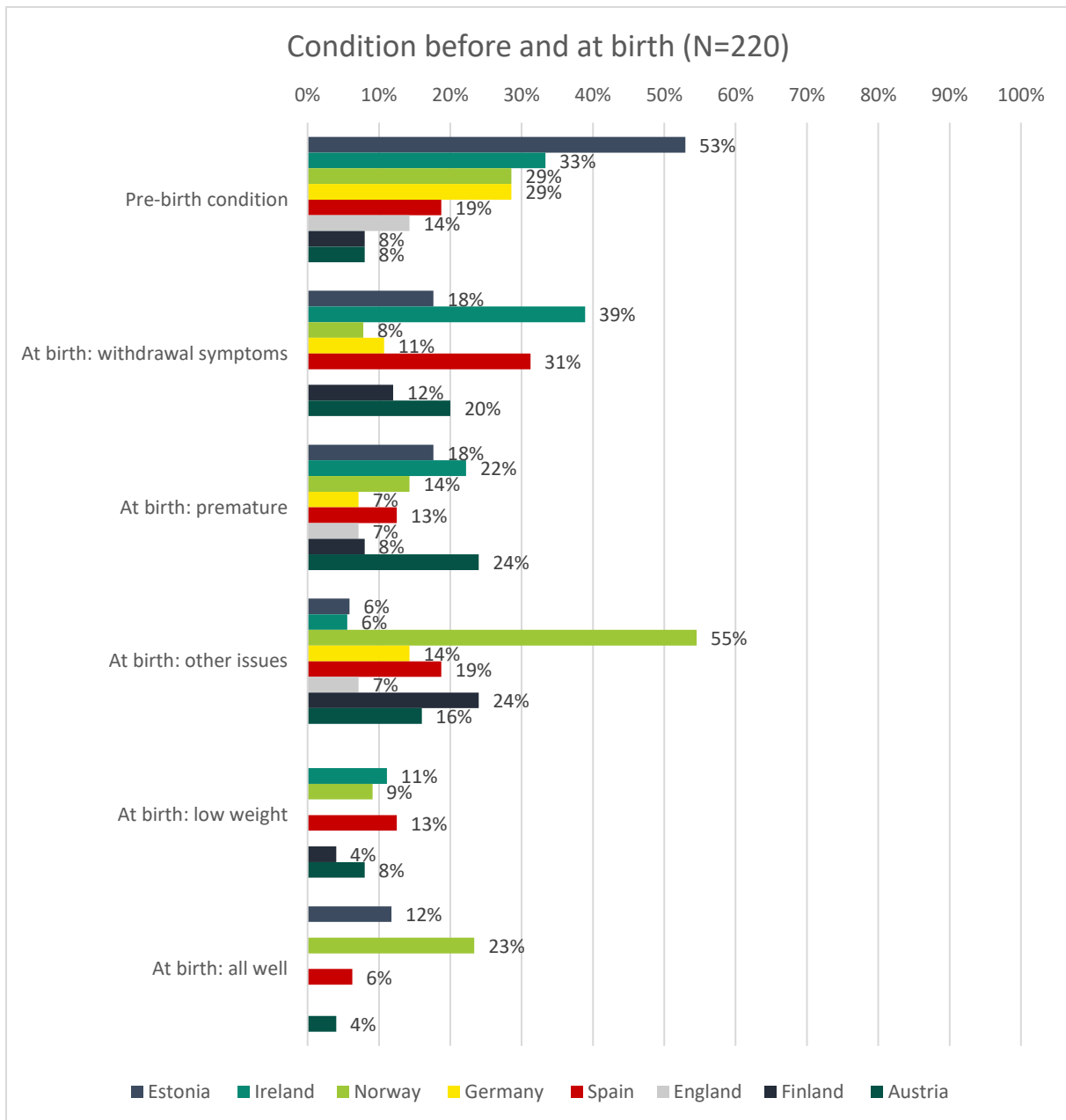


Children can have experiences already in utero that may influence them later in life. In just under a quarter of the judgments, courts provide information regarding pre-birth risks (such as drugs, smoking, medicine, etc.) but also if the pregnancy is described as being normal, or if there have been any issues during pregnancy that are likely to have influenced the fetus (see figure 3). This information is given in

⁶ Code description: “This code covers how much the child is described. Descriptions do not have to be firsthand; they can rely on reports or statements from institutions/foster parents to describe the child” (Code 48: Description of the child).

over half of the judgments from Estonia, less than a third of the Irish, Norwegian and German judgments and rarely in the Austrian, English, Finnish, and Spanish judgments.

Figure 3 - Conditions before and at birth (N=220)



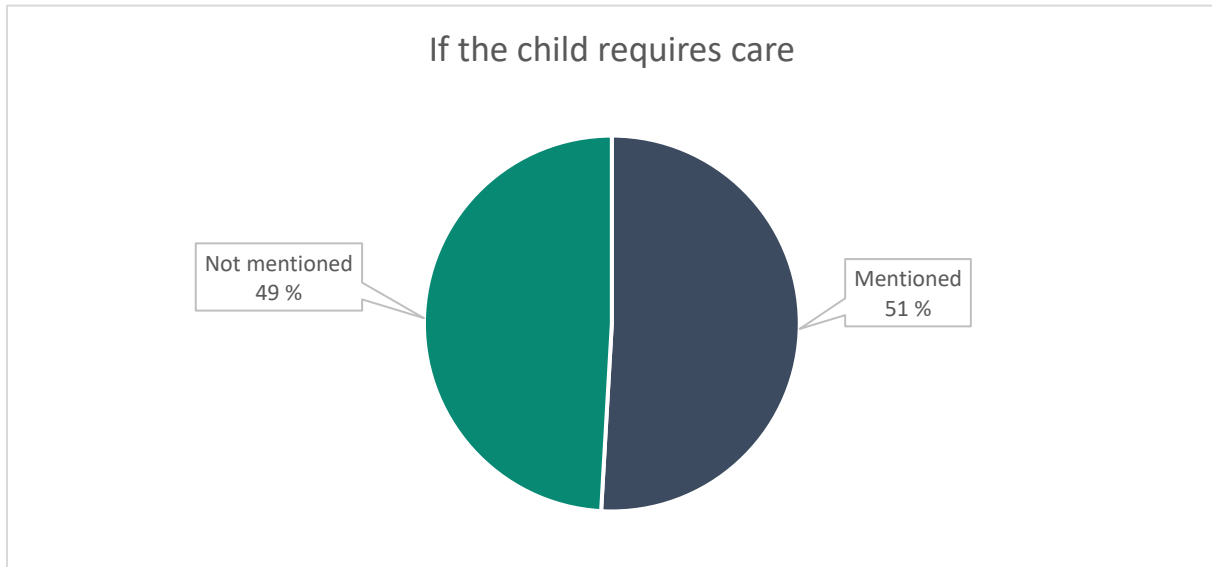
In one out of ten cases, the court mentions that all is well with the child at birth, and in over half of the judgments, there is no mention of the child’s condition at birth. In the remaining cases there are issues with prematurity, weight, withdrawal symptoms or other issues that negatively affect the child. There may be several issues concerning one child. The distribution of these issues varies substantially across the countries, see figure 3.

Future of the child

The care order cases mark a crossroad in the life of the child, heavily influencing their future.⁷ The judgments discuss and assess the future of the child and factors that affect this to a varying degree.

One such factor is care needs: seen as one, the judgments are split down the middle regarding if the decision-makers point out that the child has care needs (see figure 4).⁸ There are differences between the countries – Austria and Norway mention care needs of the child in 60% of judgments or more, while England, Germany, Ireland and Spain are at around 40% and Estonia and Finland are at below 30%.

Figure 4 - If the child requires care (N=220)

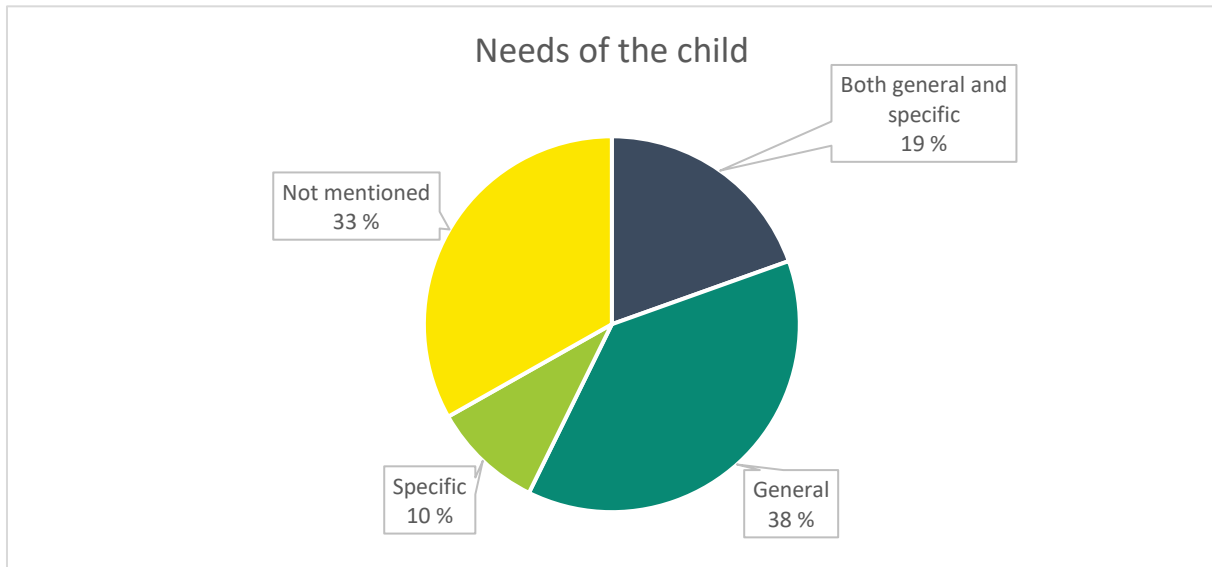


The child can be described with general needs that any newborn child has (38% of judgments), with specific needs that go beyond the needs that every child has (10%), both of these (19%) or no mention of needs at all (33%) (see figure 5). There are significant variations between the countries here.

⁷ Code description: "Text snippets that include mentioning of the future of the child, including factors concerning the future of the child and/or a long-term perspective for the child, including mentioning the situation of the child as an adult. It can be mentioning of providing support that are designed to prepare the child or young person for an independent adult life; and or it can be mention of preparation for transition to adulthood and independence, in accordance with the child's personal capacities and circumstances" (Code 53: Future described/assessed).

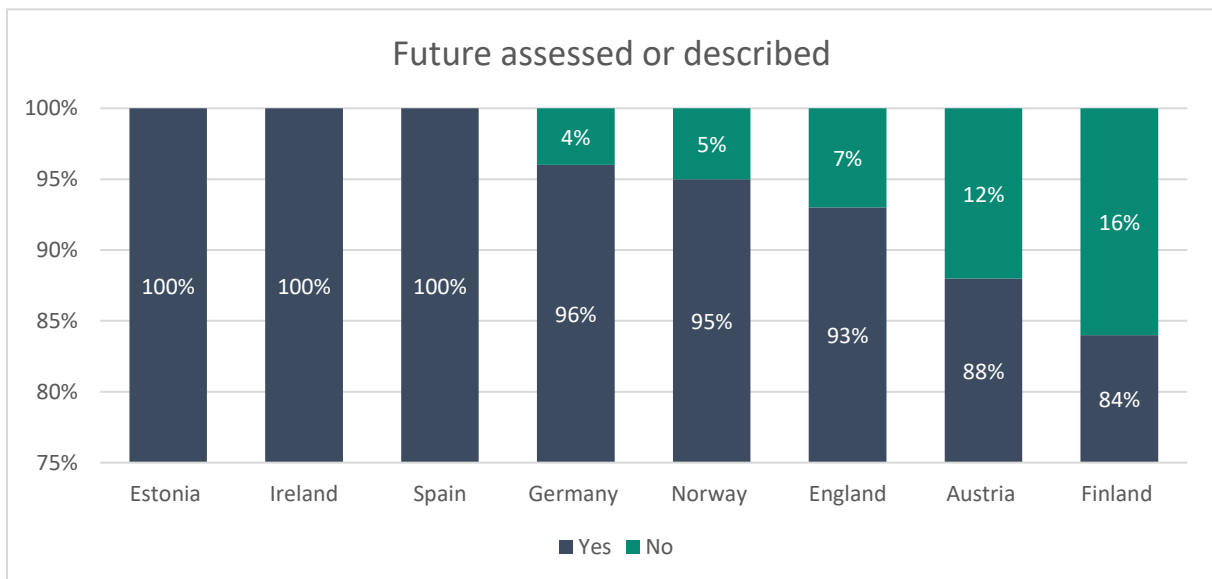
⁸ Code description: "Is it general descriptions of babies and, for example, their needs or is it specific descriptions of the concerned baby in the case" (Code 54: General/specific description of needs).

Figure 5 - Needs of the child (N=220)



Most judgments contain some form of reference to the child's future. The Estonian, Irish and Spanish judgments always contain a reference to or an assessment of the child's future. Germany, Norway, and England do so in around 95% of their judgments. Austria and Finland are just below 90%.

Figure 6 - Future assessed or described (N=220)

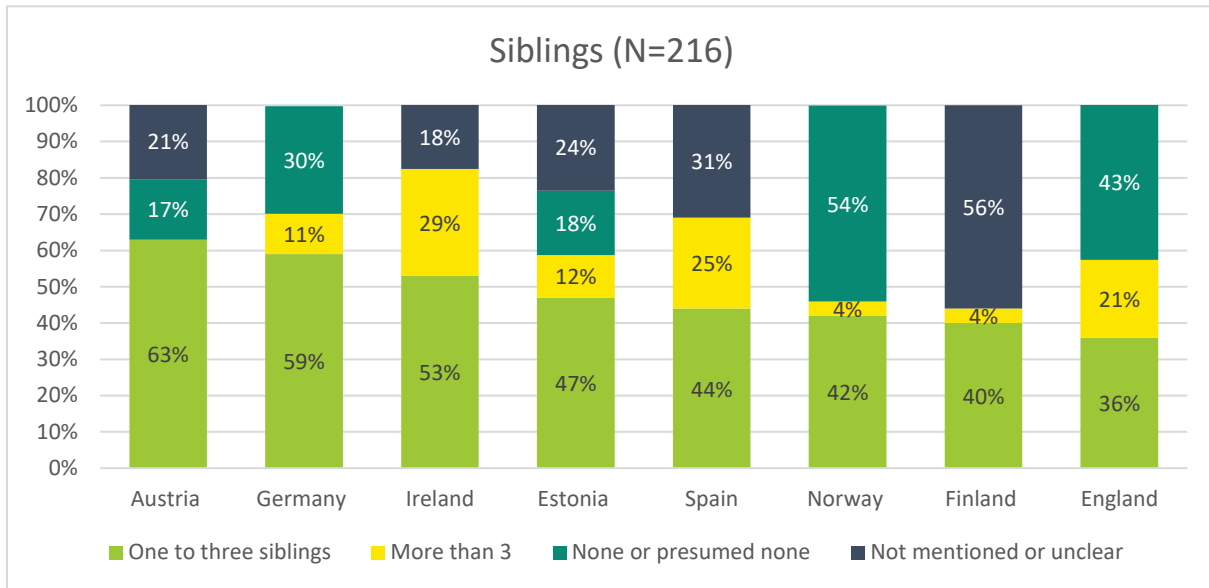


Family situations and parents

Family relations

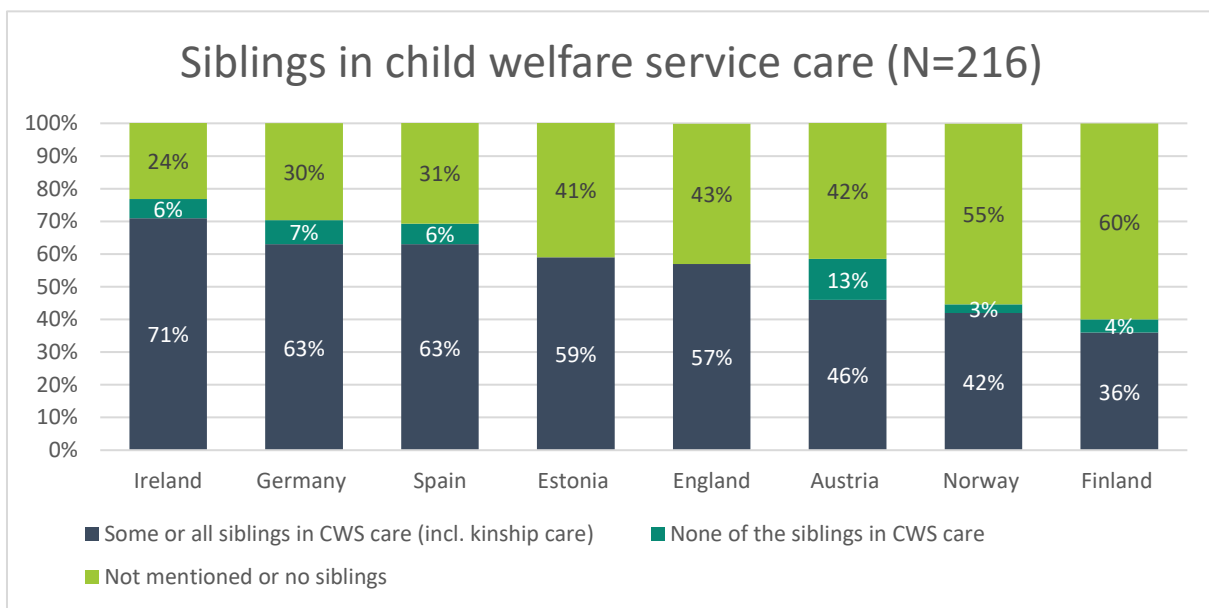
Siblings of the newborn children in the judgments are relevant as they provide the opportunity to evaluate previous care experiences and history of the parents. Most of the newborns in the data have one or more siblings. The pattern is similar across all eight countries, although there is some variation (see figure 7). Finland stands out, including only little or unclear information regarding siblings of the newborn in more than half of all recorded judgments. Sometimes these siblings are part of the same care order proceedings. Other times they have been part of earlier proceedings.

Figure 7 – Siblings (N=216)



The siblings of the child are more often than not in public care, either kinship placements or foster care (a few in institutions), see figure 8. In a few cases, siblings of the newborn have remained in the care of their biological parents. The pattern is similar across the eight countries.

Figure 8 - Siblings in child welfare service care (N=216)



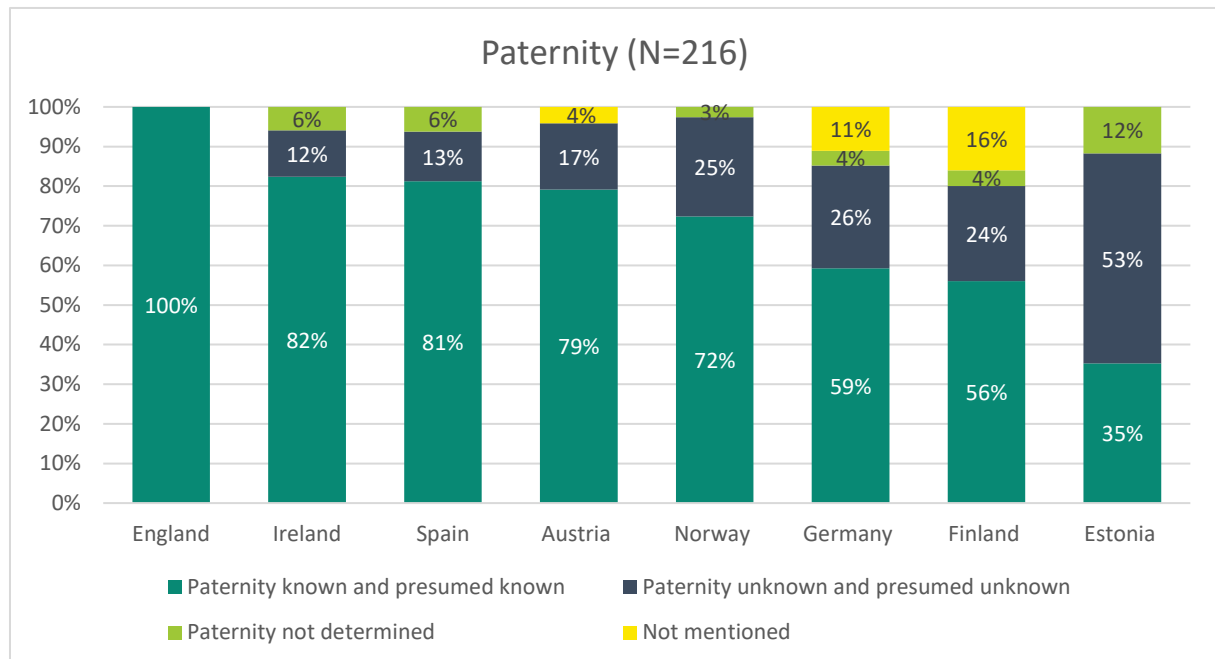
Age and background of parents

The paternity of the child is known in most cases, but there is also a substantial number of cases where the paternity is unknown, undetermined, or not mentioned (see figure 9).⁹ Especially in Estonia, there are many children whose fathers are unknown, while there is no question regarding paternity in the English cases. In Finland, Germany, and Norway, paternity is unknown or undisclosed by the mother in about a quarter of cases. This is also the case for some of the Austrian, Irish, and Spanish cases.

⁹ Code description: “Whether the father is known and mentioned in the judgment. If the father is known and not disputed, it is a “yes” even if he is not registered in the birth certificate. “Not determined” is where there is mention of a father or several fathers, but it is unclear or undetermined/disputed who the birth father is” (Code 13: Paternity unknown).

The average age of mothers in the cases is 25 years. The average age of fathers is 31.5 years. There are many cases in which the age of the parents is not mentioned.

Figure 9 – Paternity (N=216)



Overview over parental risks

The judgments report more risks for mothers than for fathers. This is because there are more mothers than fathers in the sample; a portion of fathers is unknown, and many fathers have shown very little engagement with the case, so there is little information given on their background and behavior.

The largest risk is “deficiencies in ability to care” (see figure 10). This is a broad category and encompasses four areas of concern, which are described in more detail below.¹⁰ The second largest risk for mothers is mental health issues – over half of all mothers are described with these challenges.¹¹ These are cases where the parent exhibits mental health issues such as self-harm and suicidality, or where the parent has mental illnesses such as anxiety, depression, schizophrenia, and personality disorders. Some diagnoses are temporary while others reflect permanent issues. More than one in ten fathers have been described as having mental health issues.

Almost half of the mothers have subjected their child to risks (often physical) or been unable to protect the child from risks posed by outsiders to the family. The same applies to fathers in 22% of all judgments.¹² Four out of ten mothers have had previous children in public care, as have 14% of fathers. Substance misuse is next in line in prevalence of risks, for almost four in ten mothers and over two in ten fathers.

¹⁰ Code subcategories: “Parenting insufficiencies, chaotic lifestyle, housing issues, and financial issues” (Code 39: Deficiencies in ability to care).

¹¹ Code description: “Cases where father/mother have a clear defined mental health issue. Psychiatric disorders like, anxiety, depression, schizophrenia and other personality disorders. Includes also self-harm and suicidality. Some diagnoses are more temporary and other more permanent. The key is that mental health problems are included as a risk factor in Nemnds assessment. This means also that Court/Board express concern regarding mother/father mental health” (Code 36: Mental health).

¹² Code description: “Can include risks posed by others outside the family, sexual risks, etc. that the parent fails to protect the child from” (Code 41: Risk of harm/failure to protect)

Almost every third mother has been in public care herself or had substantial child protection involvement in her own childhood. Almost 30% of mothers have been described as having a learning difficulty or other cognitive issues, ranging from severe learning difficulties to reduced cognitive function.¹³ One in ten fathers have been described with the same.

A smaller portion of mothers and fathers have been described in the judgments as exhibiting aggressive behavior¹⁴ towards their partner and family, or others like social workers, teachers, health care professionals, a lack of interest in the child¹⁵, or displaying domestic violence.¹⁶ Some are described as unable to cope with the additional needs of a vulnerable child,¹⁷ committing crimes or getting/being convicted or incarcerated,¹⁸ having physical challenges¹⁹ (chronic illnesses or physical disabilities) or having uncertainties regarding their residence status in the country.²⁰

¹³ Code description: "Cases where mother/father has clear cognitive limitations. This can range from severe learning difficulties to reduced cognitive function. It is often referred to WAIS tests, other IQ and ability tests when these limitations are to be investigated, and the score is below normal range" (Code 37: Cognitive issues).

¹⁴ Code description: "Parental aggression (in the absence of established violence). Often also towards social workers, teachers, health care professionals, etc. and seen as a risk factor also for the child" (Code 45: Parental aggressive behavior)

¹⁵ Code description: "Parent, often a father, who has not shown any interest in the child, e.g. no contact or visitation despite the possibility to do so, or explicitly stated that he is not interested" (Code 40: Lack of interest in child).

¹⁶ Code description: "Domestic violence towards the child, siblings or other parent. Suspicious injuries to other children in the home, sexual abuse allegations" (Code 44: Violence)

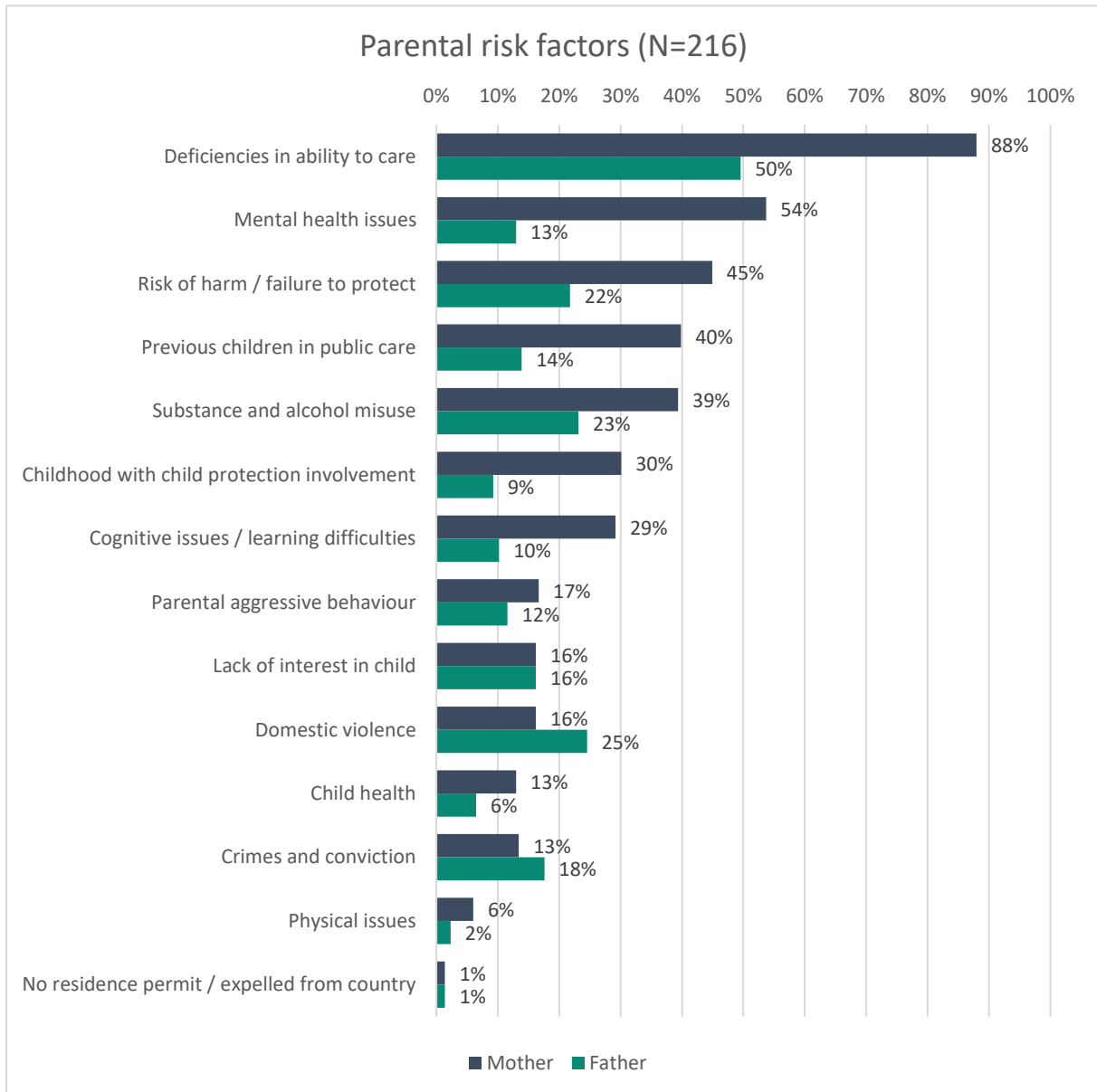
¹⁷ Code description: "This code covers arguments when it is stated that parents are unable to provide the special care that the newborn requires due to the child's vulnerability from congenital conditions, withdrawal symptoms etc." (Code 43: Child health)

¹⁸ Code description: "Risk factors relating to criminal background. Criminal convictions and/or activity" (Code 47: Criminal)

¹⁹ Code description: "Cases where mother/father are physically disabled. Often cognitive and physical issues are closely related, but there are a few cases where that is not the case" (Code 38: Physical issues)

²⁰ Code description: "In a few cases the father or mother is expelled from the country or has no permit to stay in the country and therefore the child loses her caring provider which is seen as a risk. Uncertain residence status / high risk of departure from country" (Code 46: No resident permit/expelled from country).

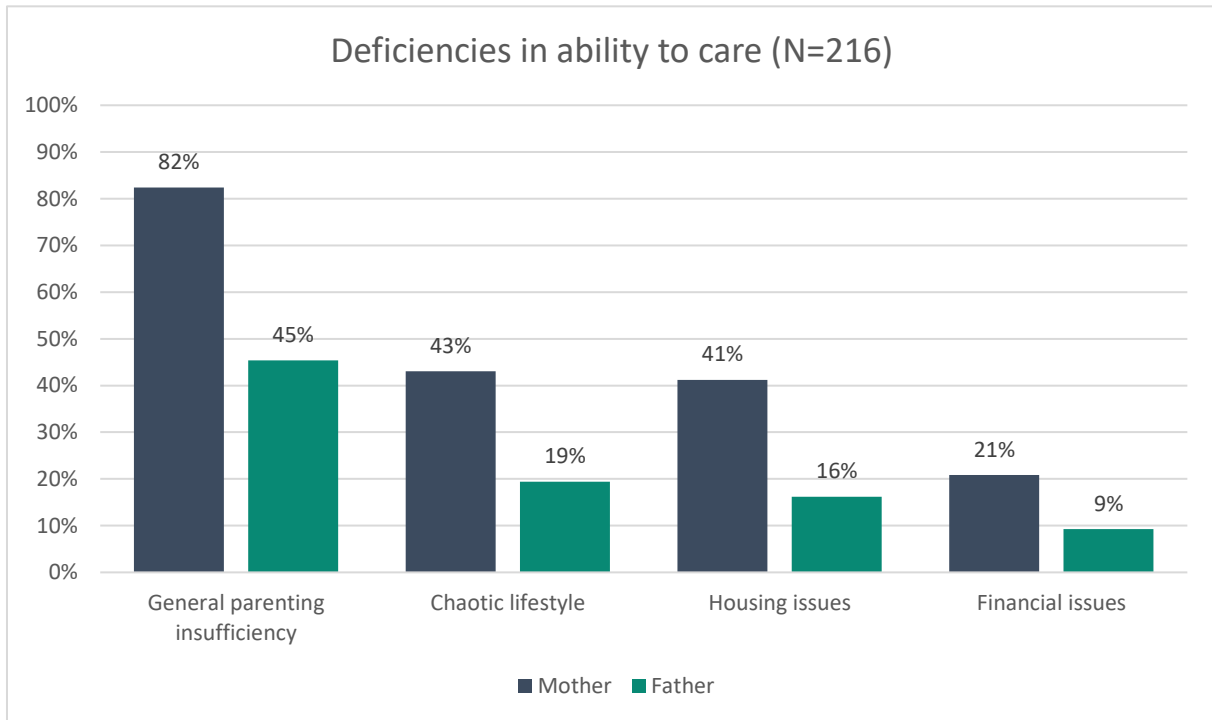
Figure 10 – Parental risk factors (N=216)



Deficiencies in ability to care for the child: in more detail

The largest risk factor is “deficiencies in ability to care.” This is a broad category and encompasses four areas of concern (see figure 11). The largest here is a general parenting insufficiency, which includes a lack of capacity to interpret situations, poor interaction with the child, poor daily functions in general, poor emotional connection with the child, immaturity, anxiety and conflict with others, lack of willingness to change, lacking the ability to see the child’s needs, lacking the ability to shield the child from adult issues, irrational decision making, destructive personality traits etc. Chaotic lifestyle is the second most prevalent risk and can be seen if the household lacks stability, mother has frequently changing partners, parent(s) cannot hold a job, unstable relationship between parents, struggles with bureaucratic tasks or ensure regular school attendance/doctor’s appointments for their children. Third is housing issues, which describes overcrowded housing, homelessness, housing that is unsuitable for children or messy. The last risk is financial issues, interpreted through descriptions of poverty and financial hardship situations.

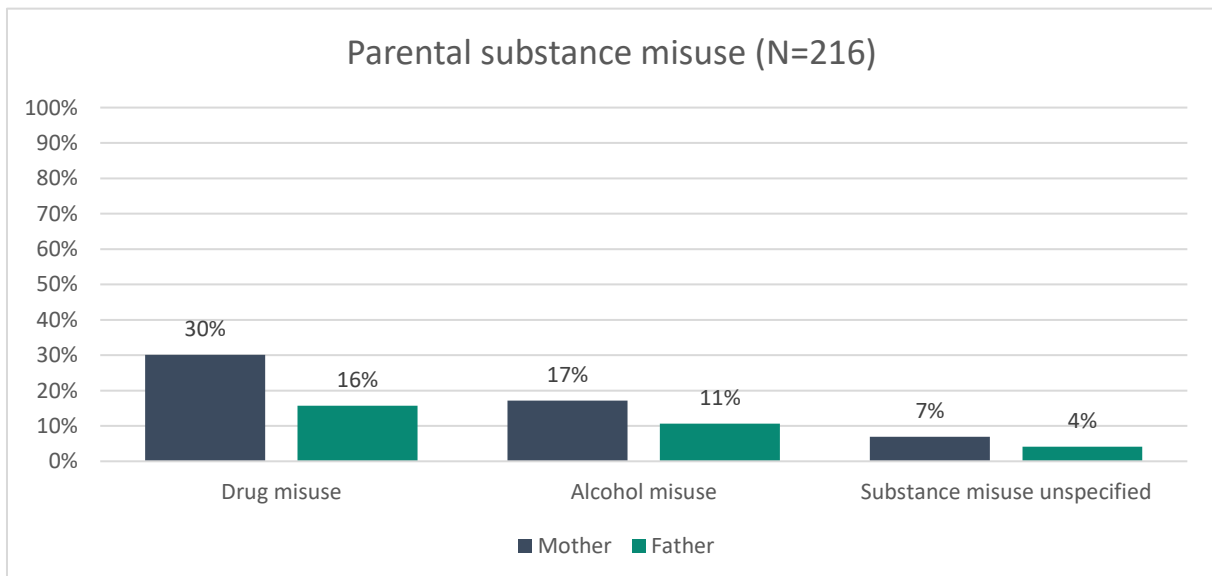
Figure 11 – Deficiencies in ability to care (N=216)



Substance misuse: in more detail

There are a variety of substances that the parents may misuse. The most common in the sample is drug abuse, followed by alcohol misuse, with a small portion of unspecified substance misuse²¹ (see figure 12). The proportions are similar for mothers and fathers alike (one parent can be recorded with several types of substance misuse in the same case, for example misuse of both drugs and alcohol).

Figure 12 – Parental substance misuse (N=216)



²¹ Code subcategory: “Prolonged substance addiction and abuse. This includes opiates, cannabis, alcohol, prescription drugs. Often, treatment has not been successful. In some cases, mother uses substances while pregnant” (Code 35: Substance and alcohol abuse)

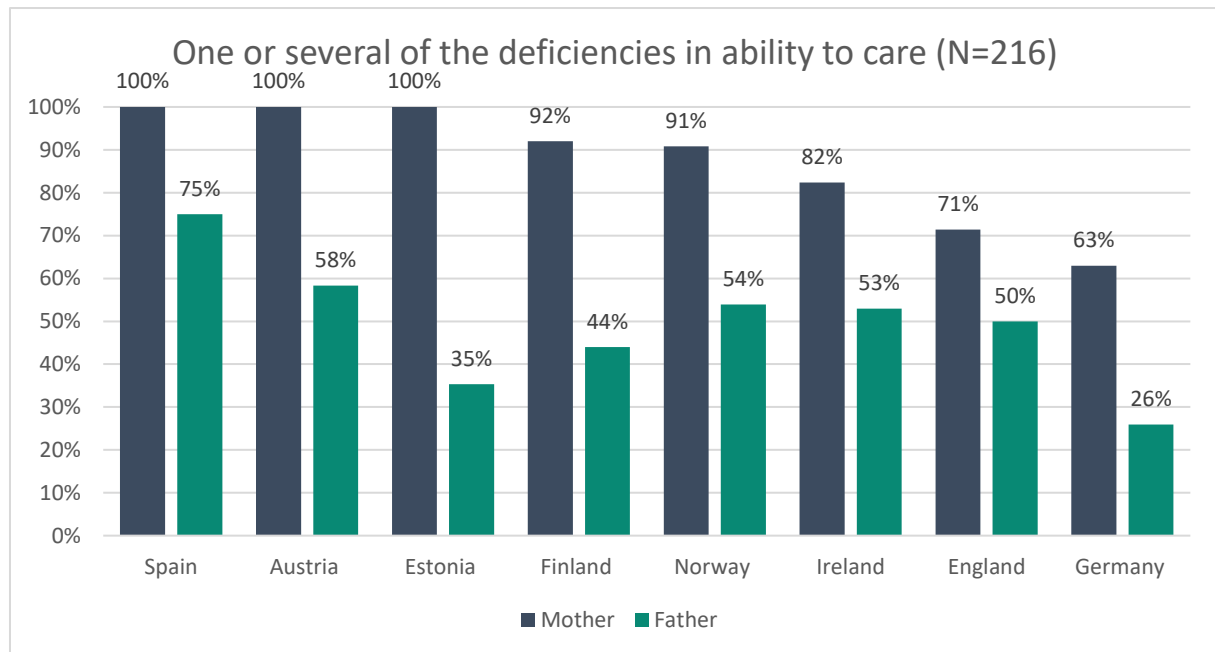
The largest risk factors for parents by country

In the following section, the most prevalent risk factors (prevalent for more than 1/3 of mothers in the total sample) are described by country. This facilitates an illustrative cross-country comparison.

Deficiencies in ability to care for the child

Austria, Estonia, and Spain have all noted deficiencies in mother's ability to care for the child in all their judgments (see figure 13). As described above, this large category consists of four components: (1) general parenting insufficiencies, (2) chaotic lifestyle, (3) housing issues and (4) financial issues. Each mother can exhibit several or all these four risks. Finland and Norway note this for over 90% of mothers, while Ireland, England, and Germany do so a little less often.

Figure 13 – One or several of the deficiencies in ability to care (N=216)



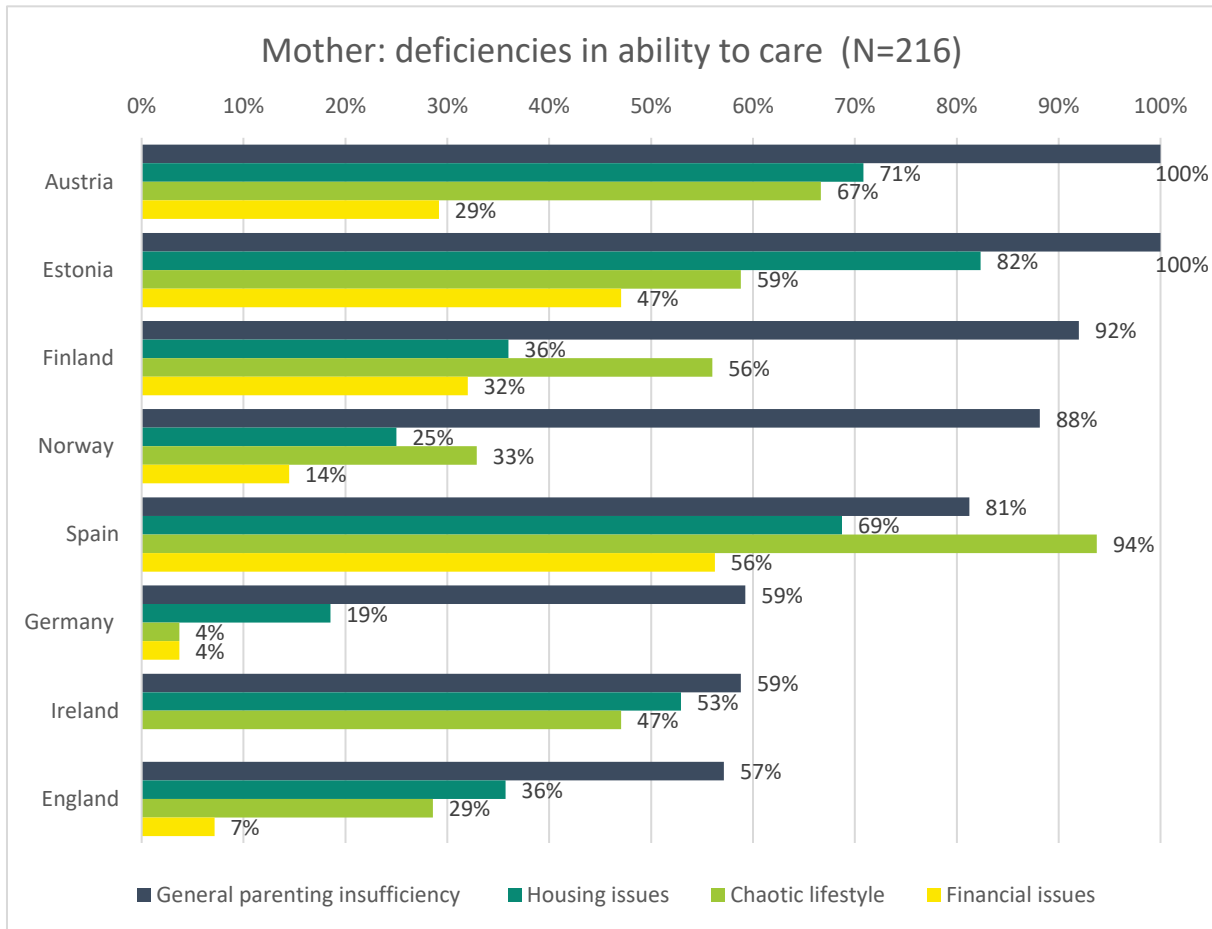
General parenting insufficiencies includes the lack of capacity to interpret situations, poor interaction with the child, poor daily functions in general, poor emotional connection to the child, immaturity, anxiety and conflict with others, lack of willingness to change, lack of the ability to see the child's needs, lacking the ability to shield the child from adult issues, irrational decision making, destructive personality traits etc. This is especially often discussed in relation to the mother in Austria, Estonia, and Finland, in more than 90% of judgments (see figure 14).

The second component, housing issues, contains overcrowded housing, homelessness, messy housing, and housing unsuitable for children. This is in focus for mothers in well over 60% of judgments from Austria, Estonia and Spain (see figure 14).

The next component, chaotic lifestyle, can be seen if the household lacks stability, mother has frequently changing partners, parent(s) cannot hold down a job, unstable relationship between parents, struggles with bureaucratic tasks or ensure regular school attendance / doctor's appointments of children. Spain clearly leads the pack here, mentioning this in over 90% of judgments, while it is seldomly a focus in Germany (see figure 14).

The least frequent risk related to deficiencies in the mother's ability to care for the child is financial issues. The only country where this is mentioned in more of half of the judgments in our sample is Spain. Irish judgments never mention financial issues (see figure 14).

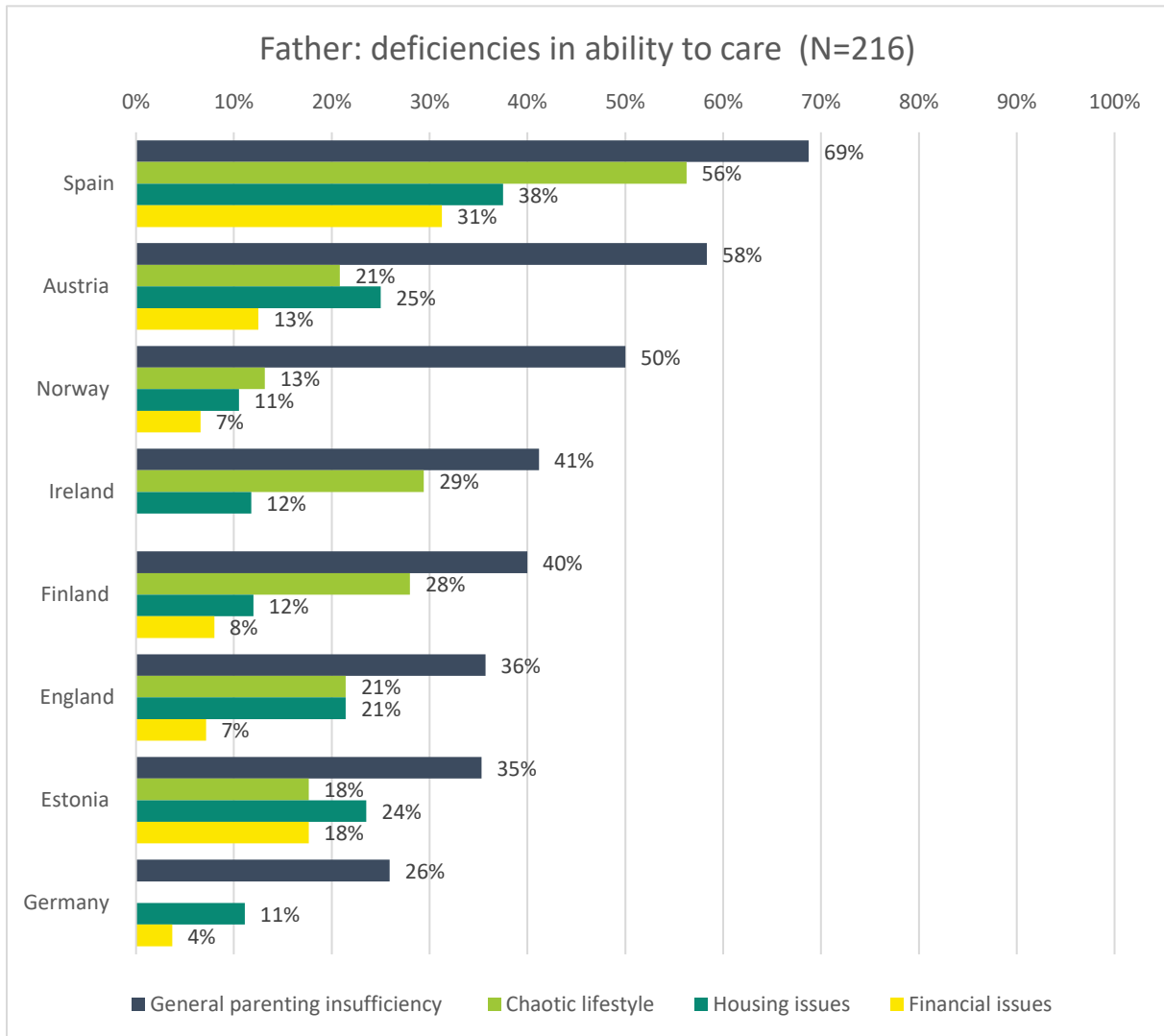
Figure 14 – Mother: deficiencies in ability to care (N=216)



The father’s deficiencies in the ability to care for the child are noted most often in Spain and Austria, see figure 15. This applies to half of the Norwegian fathers as well, and Estonia and Ireland have the least descriptions of deficiencies in father’s ability to provide care for the newborn child.

As with the mothers, the most common component for this risk is a general parenting skill insufficiency. Chaotic lifestyle is relatively frequent all judgments across countries, except for Germany, where it is completely absent. Financial issues are described for some fathers, but none in Ireland.

Figure 15 – Father: deficiencies in ability to care (N=216)

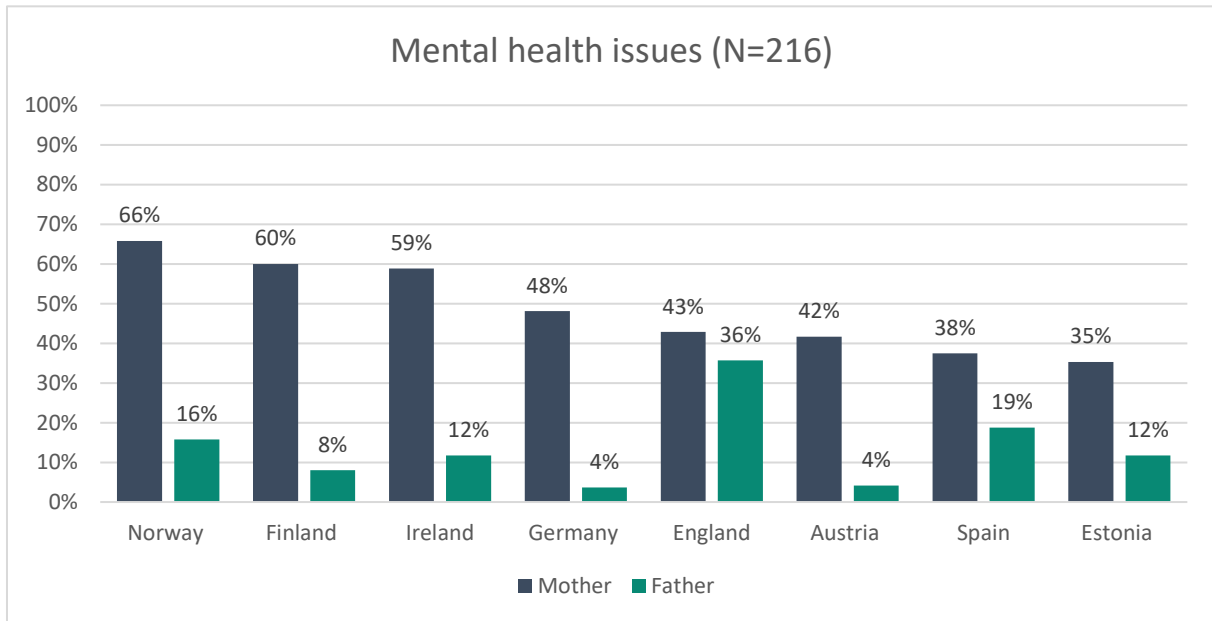


Mental health issues

Mental illness or vulnerabilities²² (diagnosed illnesses, strong symptoms or behaviors like suicidality and self-harm) are described for more than half of mothers in Norway, Finland and Ireland, around 40% for Germany, England and Austria, and for more than a third of Spanish and Estonian mothers (see figure 16). Some of the fathers exhibit this risk as well, more than a third of English and almost one in five Spanish fathers.

²² Code description: “Psychiatric disorders like, anxiety, depression, schizophrenia and other personality disorders. Includes also self-harm and suicidality. Some diagnoses are more temporary and other more permanent. The key is that mental health problems are included as a risk factor in the Nemnd’s assessment. This means also that Court/Board express concern regarding mother/father mental health” (Code 36: Mental health)

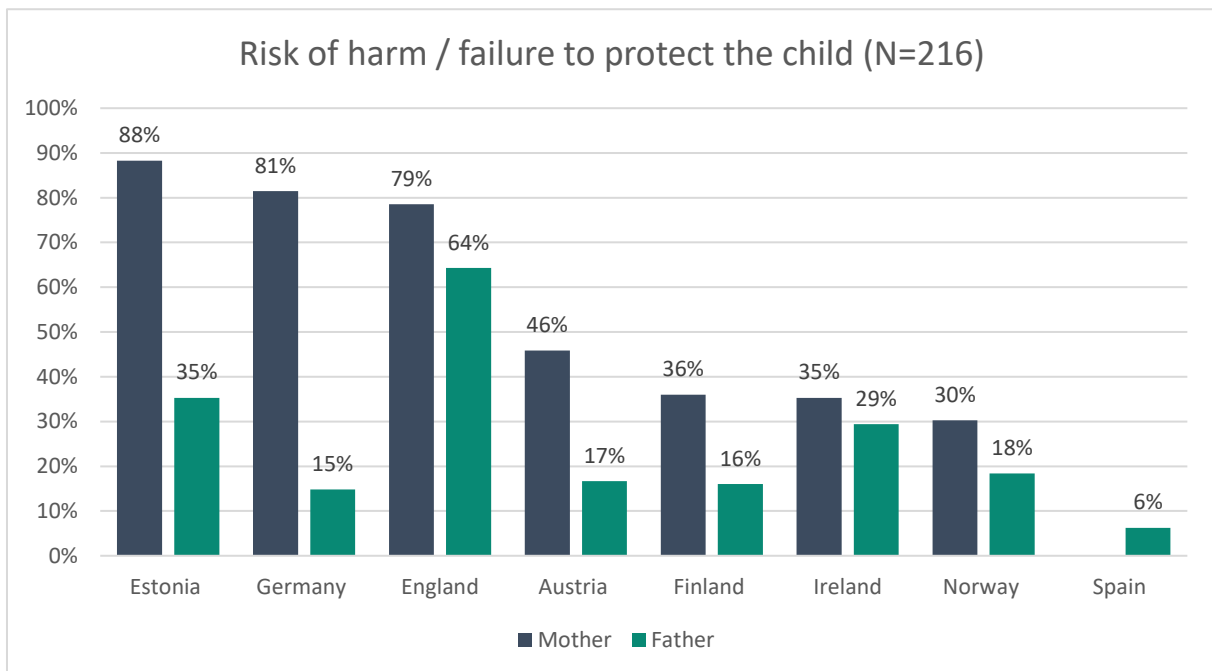
Figure 16 - Ill mental health (N=216)



Risk of harm/failure to protect the child

The Estonian, German and English judgments mention that the mother in the case has exposed her child to risk or been unable to protect it from risk of harm in over three quarters of judgments (see figure 17).²³ At the lower end is Spain, where this has never been discussed for the mothers in the sample. The English judgments stand out in that the father in over 60% of judgments has been noted to expose the child to risk or demonstrated an inability to protect them. The other countries mention this less frequently.

Figure 17 - Risk of harm/failure to protect the child (N=216)

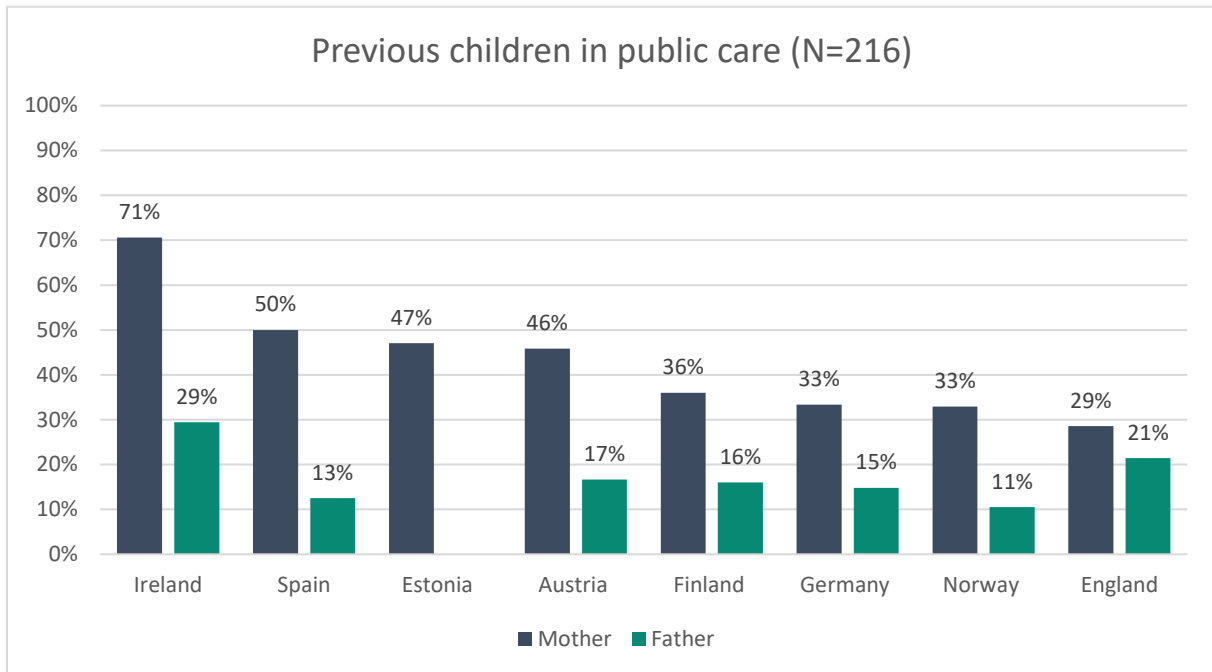


²³ Code description: “Can include risks posed by others outside the family, sexual risks, etc. that the parent fails to protect the child from” (Code 41: Risk of harm/failure to protect).

Previous children in public care

It has been noted for over 70% of mothers in the Irish judgments that one or several of their older children have been taken into public care (see figure 18). This is also the case for around half of the mothers in the Spanish, Estonian, and Austrian judgments, and around one in three mothers in Finland, Germany, Norway, and England. The corresponding frequency for fathers is between 11% and 29%. Some of the fathers are first-timers, but it is important to remember that the paternity for a substantial portion of the children is unknown or disputed.

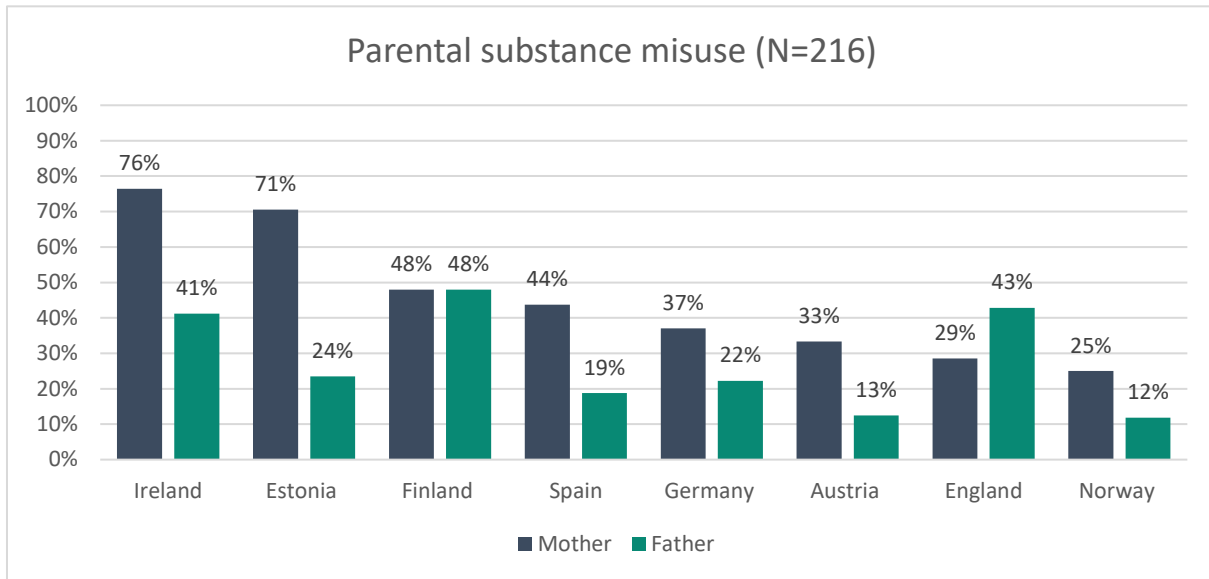
Figure 18 - Previous children in public care (N=216)



Substance and alcohol misuse

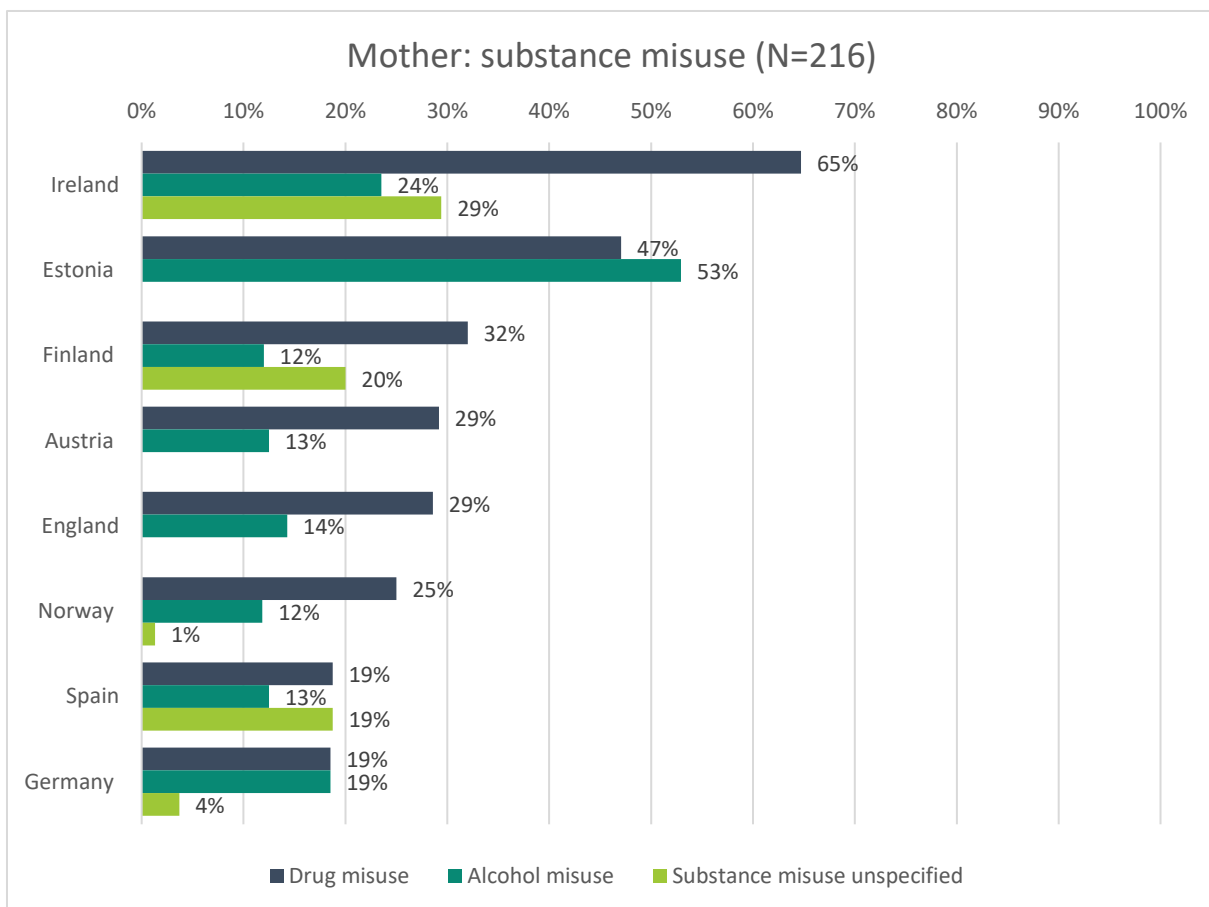
The countries where substance misuse among mothers was referenced most are Ireland and Estonia (see figure 19). The smallest portion of mothers where this is the case is found in Norway, for a quarter of mothers. More than 40% of fathers in Ireland, Finland, and England have been noted to show substance misuse problems. It is the least frequent in Norway and Austria.

Figure 19 - Parental substance misuse, any kind (N=216)



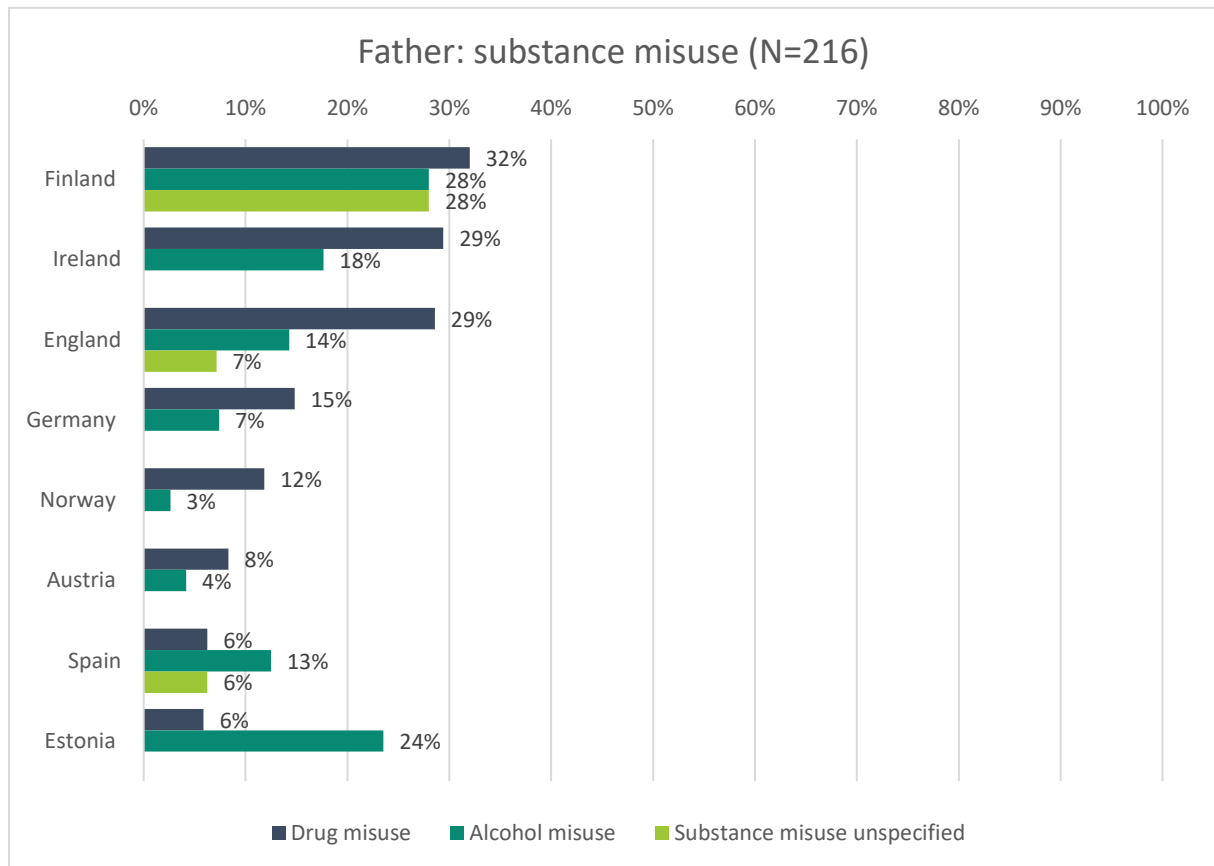
The data records if parents are reported to misuse drugs, alcohol, or other/unspecified substances. The most common is drug abuse, which includes illegal drugs and misuse of prescription drugs. In Ireland, drug misuse is reported for 65% of mothers in the judgments (see figure 20), most of the other countries mention drug abuse for about 20%-30% of mothers. Estonia sticks out in that alcohol misuse is more common than drug abuse, for the other countries, this is noted for 12-24% of mothers.

Figure 20 – Mother: substance misuse (N=216)



Drug abuse is the most commonly noted substance misuse for fathers in the sample as well, around 30% for Finnish, Irish, and English fathers (see figure 21). Alcohol misuse is again second in frequency, and more common in Estonia than in the other countries.

Figure 21 – Paternal substance misuse (N=216)



Parental risks – by country

In the following section, the same parental risks as presented above, will be presented by country. These are the same results, just portrayed differently, to facilitate a deeper understanding of the judgments from each country.

Austria

The most commonly noted risk noted for parents in the Austrian judgments is deficiencies in the ability to care for the child, noted for all of the mothers and over half of fathers (see figure 22). It is important to note that there is less information in the judgments on fathers, as some are unknown or uninvolved in the proceedings.

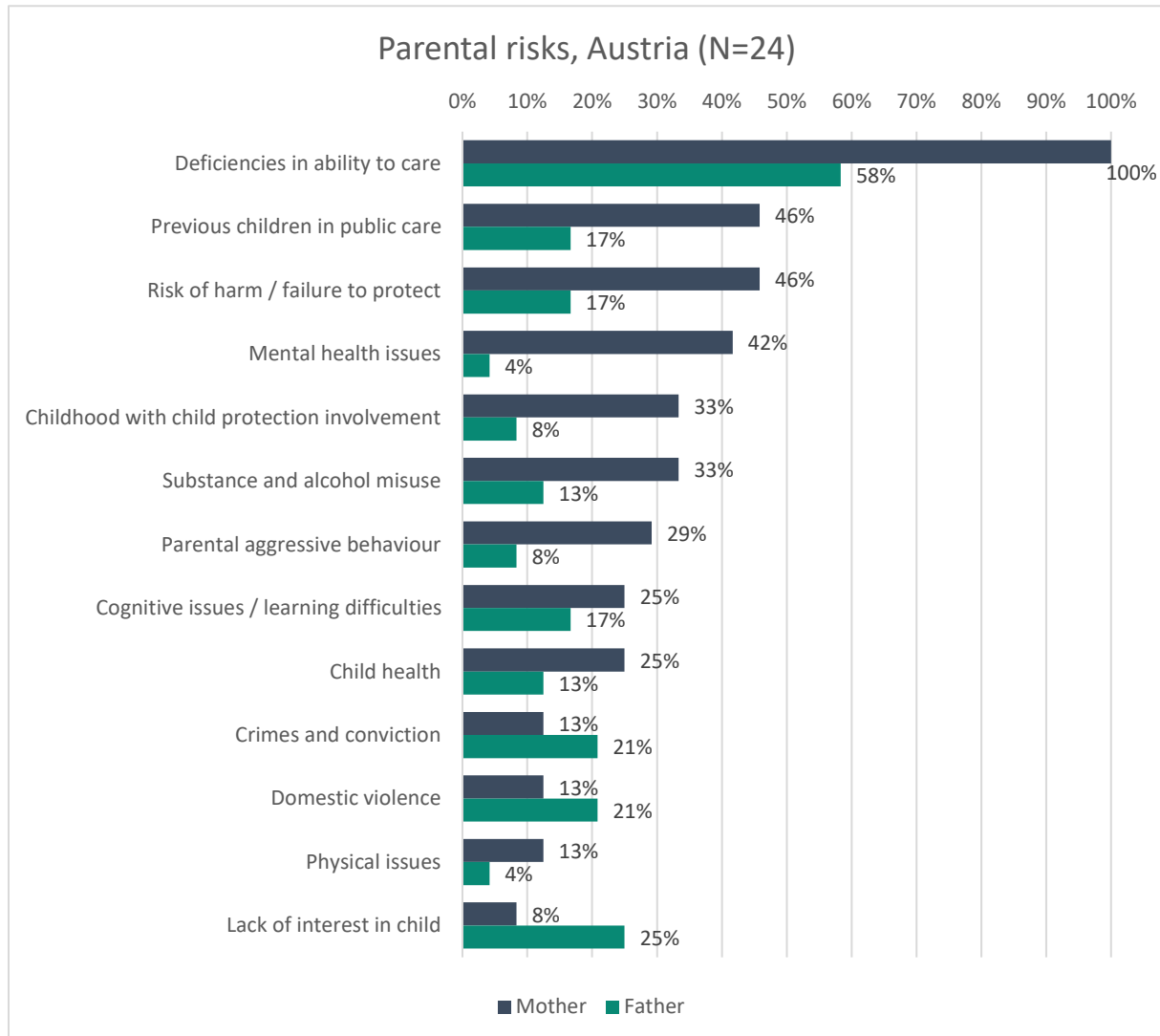
Almost half of the mothers in the Austrian judgments have had previous children removed from their care, the same applies to 17% of the fathers. The same proportions of mothers and fathers have failed to protect the newborn child from harm or exposed it to risks. 42% of mothers and 4% of fathers have mental health issues. A third of mothers and a few fathers are described to have been involved with the child protection system during their childhood, and a third of mothers have a substance misuse problem. 13% of fathers are noted to misuse substances as well.

Almost one in three mothers and 8% of fathers are noted to have displayed aggressive behavior. A quarter of mothers are described as having cognitive issues or learning difficulties, and the same proportion is described as unable to cope with the health problems of the child. 17% of fathers are

described with cognitive issues or learning difficulties, and 13% unable to cope with the health problems of the child.

One in five fathers are described as having committed or being convicted for crimes. The same applies to 13% of mothers. The same proportion of parents are noted as committing domestic violence. A quarter of fathers have expressed a lack of interest in the child, and a few of the parents as having physical issues.

Figure 22 - Parental risks, Austria (N=24)



England

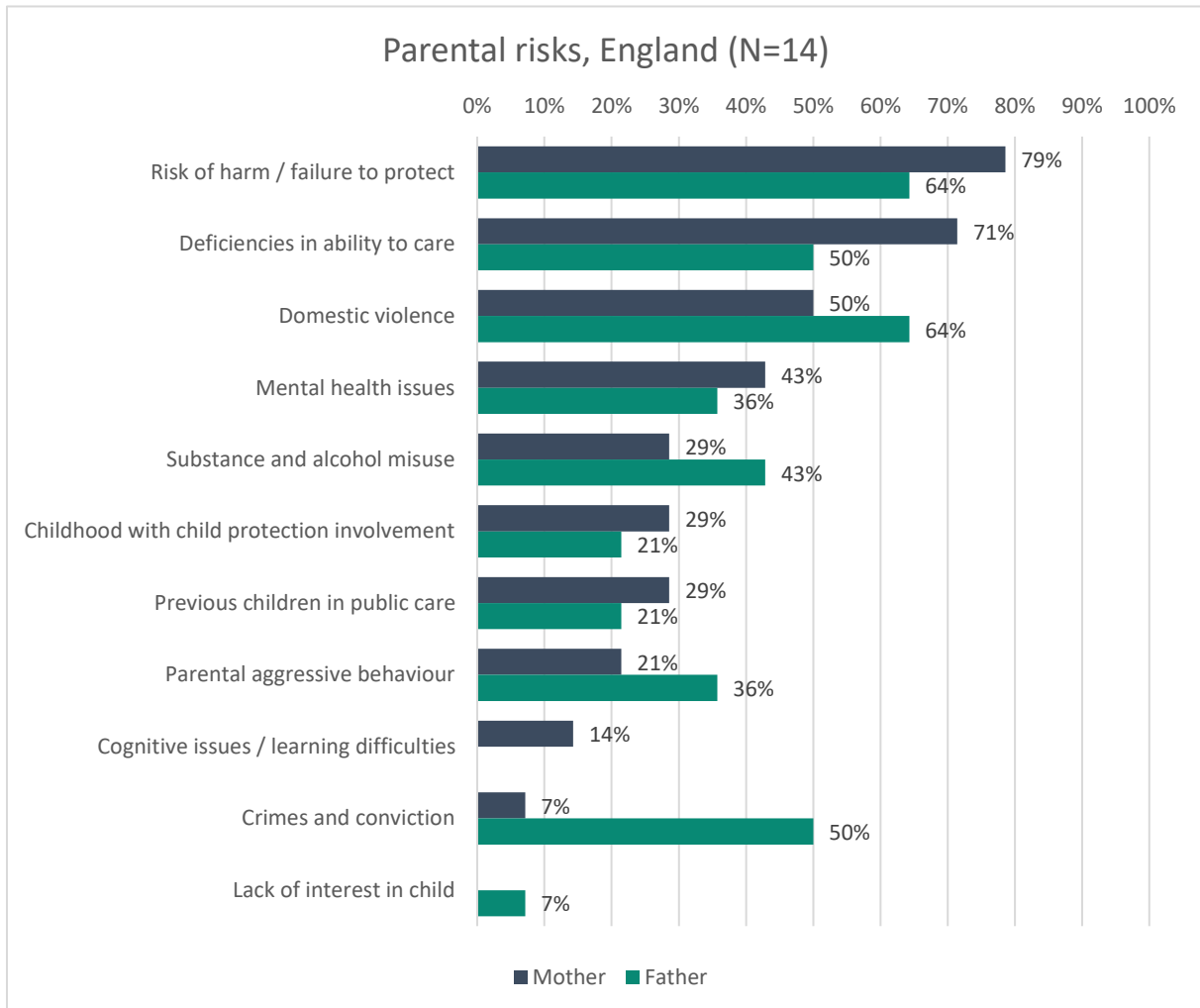
The most commonly noted risks for parents in the English judgments is the failure to protect the newborn child or exposing them to risk of harm, noted for almost four in five mothers and three of five fathers (see figure 23). Over 70% of mothers and half of fathers are described as showing deficiencies in the ability to care for the child. Half of the mothers and over 60% of fathers are noted to display domestic violence.

Mental health issues are noted for 43% of mothers and over a third of fathers. 43% of fathers are described as misusing substances, the same applies to 29% of mothers. Just under a third of mothers have been involved with the child protection system during their childhood, and the same amount have lost previous children to state care. The same applies to one in five fathers for both risks. Over a

third of fathers have been reported in the judgments to display aggressive behavior, the same goes for one in five mothers.

Cognitive issues or learning difficulties are noted for 14% of mothers. Half of the fathers are described as having committed or been convicted of crimes, the same applies to 7% of mothers. 7% of fathers have not shown sufficient interest in the child.

Figure 23 - Parental risks, England (N=14)



Estonia

In the Estonian judgments, all mothers and over a third of fathers are described to display deficiencies in the ability to care for their child (see Figure 24). Almost nine out of ten mothers also expose newborns to risk of harm, and so do over one third of fathers. The data also reveals that 82% of mothers and 24% of fathers are described as lacking interest in the child. Furthermore, a little over 70% of mothers and about a quarter of fathers are described as having challenges with substance and alcohol misuse.

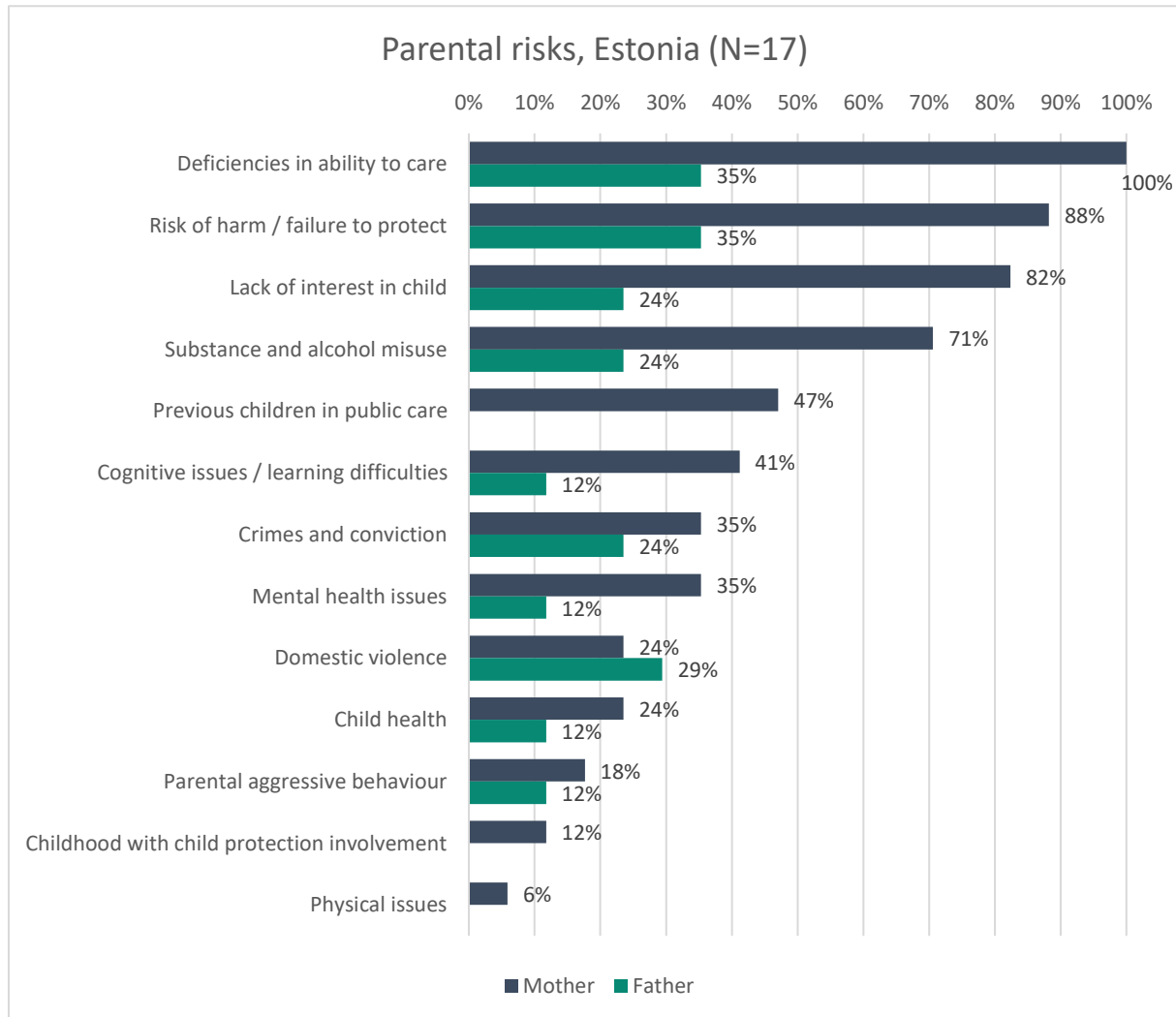
In almost half of the cases mothers have previously had children in public care. None of the cases reflect fathers with this experience. 41% of mothers in the registered cases have cognitive issues or learning difficulties and 35% described as having mental health issues. For fathers, cognitive and mental health issues are reflected in 12% of the cases.

Alleged crimes or conviction of a crime is also registered in the Estonian judgments. Over one third of mothers and one fourth of fathers in the cases have previously committed or been convicted of a

crime. Moreover, both domestic violence and parental aggressive behavior are described in these cases, 24% and 18% for the mothers and 29% and 12% for the fathers respectively.

Approximately one fourth of mothers are unable to cope with the health of the child. A little more than one tenth of fathers have the same challenges. Lastly, only mothers in the sample have had personal experience with child protection (12%) and have physical deficiencies posing a risk to the newborn (6%).

Figure 24 - Parental risks, Estonia (N=17)



Finland

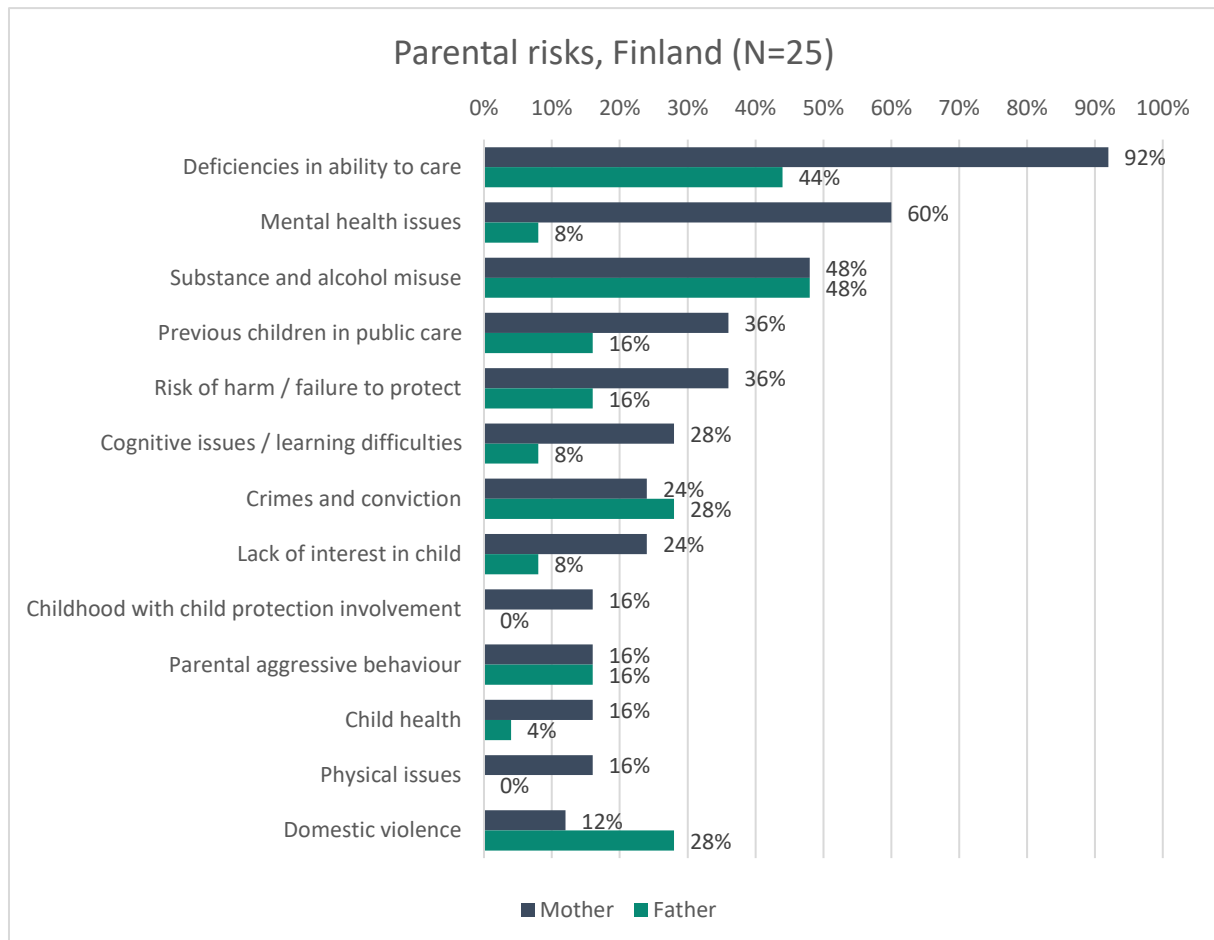
Deficiencies in the ability to care for the newborn is the most frequently cited risk in the Finnish judgments (see Figure 25), noted for more than nine out of ten mothers and almost half of fathers in the sample. In the Finnish cases, mental health issues were mentioned, but significantly more on the side of the mother compared to the father. 60% of mothers were described with having mental issues compared to only 8% of fathers. Also, cognitive issues are more prevalently reported among the mothers (28%) in the sample compared to fathers (8%), it has to be noted that in all countries there is more information regarding the mothers than the fathers.

Substance and alcohol misuse among both parents is a parental risk in approximately half of all cases. A third of mothers and close to one fifth of fathers have had other children in state care and are described to expose the children for harm or fail to offer sufficient protection. About a quarter of both mothers and fathers have allegedly committed crimes or been convicted of crimes according to the

judgments. While only 12% of mothers have engaged in domestic violence, 28% of fathers have done so. The sample also reveals that 16% of both parents generally display aggressive behavior.

16% of mothers and none of the fathers have themselves been involved with child protection or have physical issues presenting risks to the newborn. 16% of mothers and 4% of fathers are unable to sufficiently deal with the child's health. Lastly, the Finnish cases show that almost one quarter of mothers have a lack of interest for their child compared to 8% of fathers.

Figure 25 Parental risks, Finland (N=25)



Germany

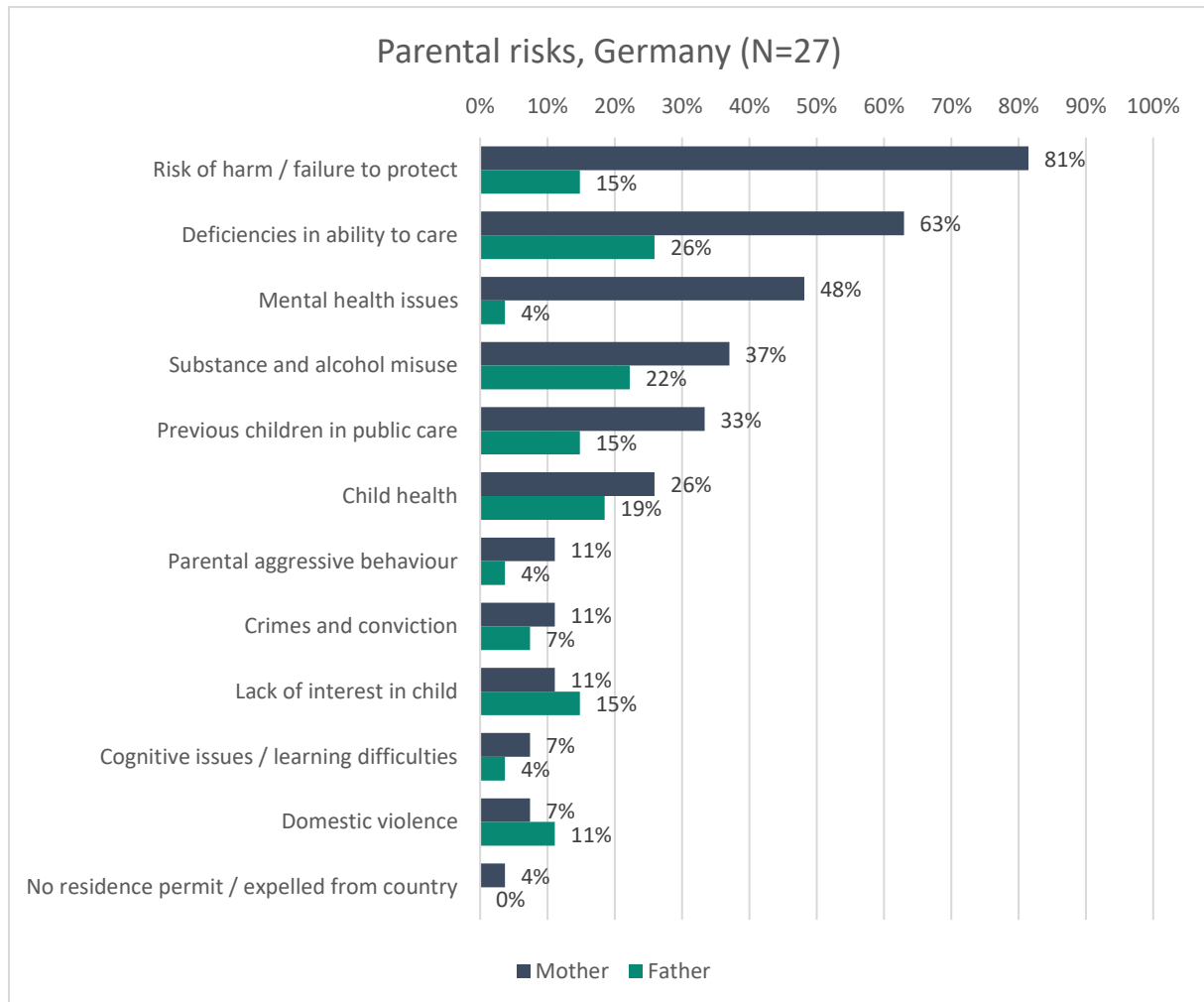
In the German sample of judgments, risk of harm or failure to protect the child is cited as the most common parental risk (see Figure 26). This risk is significantly higher for mothers, with eight out of ten, compared to 15% of fathers in the case files. 63% of mothers and 26% of fathers are also described as displaying deficiencies in their ability to care for their child.

In half of the cases, the mother is cited to have mental health issues compared to only 4% of fathers. Substance and alcohol misuse occurred in 37% of the cases for mothers and 22% of fathers. A third of mothers have also previously had a child taken into public care. Only 15% of fathers in the sample have the same experience.

Problems dealing with the child's health issues are recorded in one fourth of the cases for mothers and one fifth for fathers. Relatedly, 15% of fathers display a lack of interest in their child compared to 11% of mothers.

Less frequently in these judgments are references to parental aggressive behavior, alleged crimes and conviction of crimes, cognitive or learning difficulties, domestic violence and the lack of residence permit. About one tenth of mothers in the German cases are characterized as having aggressive behavior or have allegedly committed or are convicted of a crime. Fathers are only in very few cases regarded as aggressive or have crimes on their record, 4% and 7% respectively. While still only described in a few cases, fathers show higher risk of domestic violence (11%) compared to mothers (7%).

Figure 26 Parental risks, Germany (N=27)



Ireland

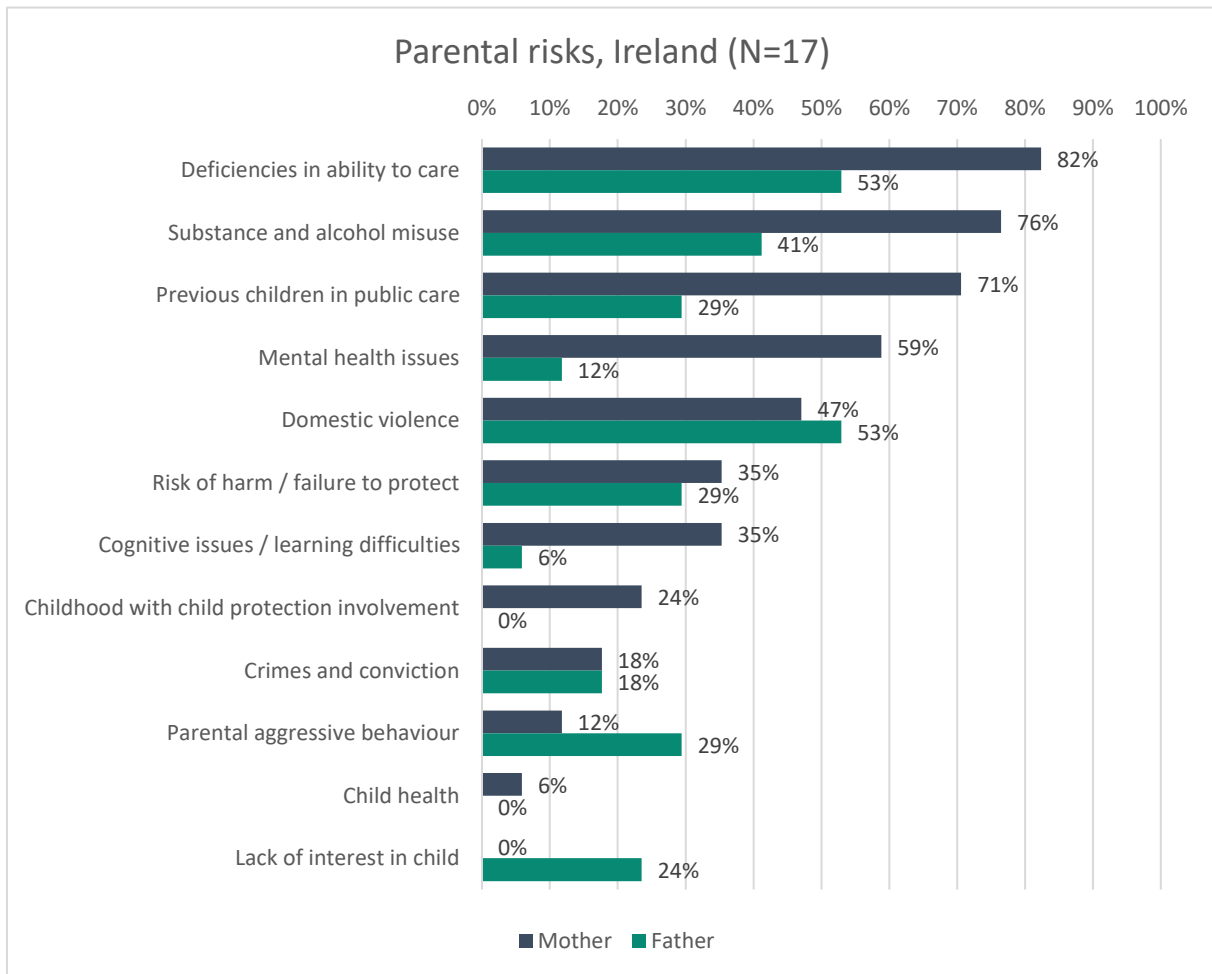
The Irish judgments most frequently cite deficiencies in ability to care as a parental risk to the newborn child (see Figure 27). Eight out of ten mothers and approximately half of fathers are unable or unwilling to care for the child according to the data. Furthermore, substance and alcohol misuse is relatively often described as an issue. Three quarters of mothers and a little less than half of fathers have substance or alcohol misuse problems. The cases also reveal that almost three quarters of the mothers in the sample have previously had other children in state custody. About a third of fathers have also had previous children in public care.

Mental health is a commonly described issue – especially for mothers. More than half of all mothers in these judgments have mental health issues compared to only one of ten fathers. The same trend is visible in terms of cognitive issues or learning difficulties; mothers being described as having these challenges in a third of the cases, whereas only 6% of fathers are cited with these disabilities.

The Irish judgments reflect that domestic violence from both parents pose significant risks for the newborn child. A little above half of fathers and a little below half of mothers are described as conducting domestic violence in the sample. Furthermore, about a third of both parents in the judgments risk harming or failing to protect their own child. Relatedly, 12% of mothers and 29% of fathers have been described as displaying aggressive behavior and 18% of both parents have previously been convicted of or have allegedly committed a crime.

One fourth of mothers have themselves experienced child protection involvement in their own childhood and one mother have been described as being unable to cope with their child's health. Lastly, one fourth of fathers are noted as generally lacking an interest in their own child.

Figure 27 Parental risks, Ireland (N=17)



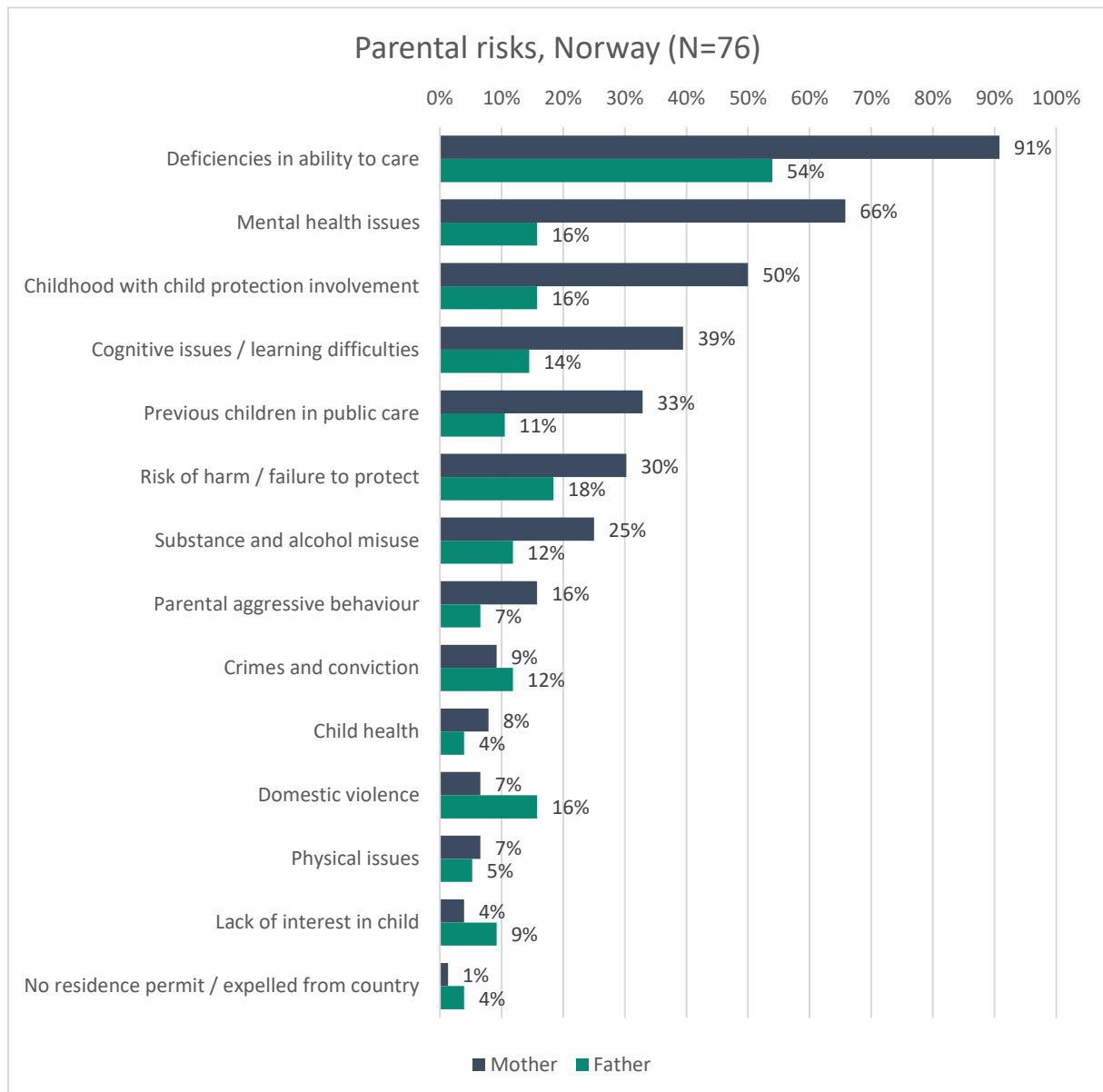
Norway

The largest risk factor for Norwegian parents is deficiencies in the ability to care for the child, which is mentioned for nine out of ten mothers and over half of the fathers, see Figure 28 (note that a portion of fathers is unknown or absent, so less information is provided for fathers). Two out of three mothers have been described as having mental health issues, as are 16% of fathers. The same portion of fathers also has a childhood with substantial involvement from the child protection services, while this is the case for half of the mothers in the sample. Almost 40% of mothers and 14% of fathers in the Norwegian judgments in the sample have a learning difficulty or other cognitive issues.

Every third mother has been described as having lost previous children to public care or mistreating them, this is also the case for 11% of fathers. Newborn children are completely dependent on their caregivers for protection, and 30% of mothers and 18% of fathers in the Norwegian sample have been noted to fail to protect the newborn child or expose them to harm. A quarter of mothers and one in eight fathers is described as having a substance misuse problem, which can include illicit drugs or misuse of prescription medication, alcohol or unspecified misuse of substances.

For smaller proportions of parents in the 76 Norwegian judgments, there are descriptions of aggressive behavior, domestic violence, crimes and convictions, challenges with caring for the impaired health of the newborn, physical challenges like disabilities or chronic illnesses, a lack of interest in the child, or challenges related to residence permits or legal residence in Norway (see towards the lower end of Figure 28).

Figure 28 - Parental risk factors, Norway (N=76)



Spain

In all of the Spanish judgments, mothers show deficiencies in their ability to care for their child (see Figure 29). Fathers pose the same risk in three out of four cases. Half of the mothers have also had

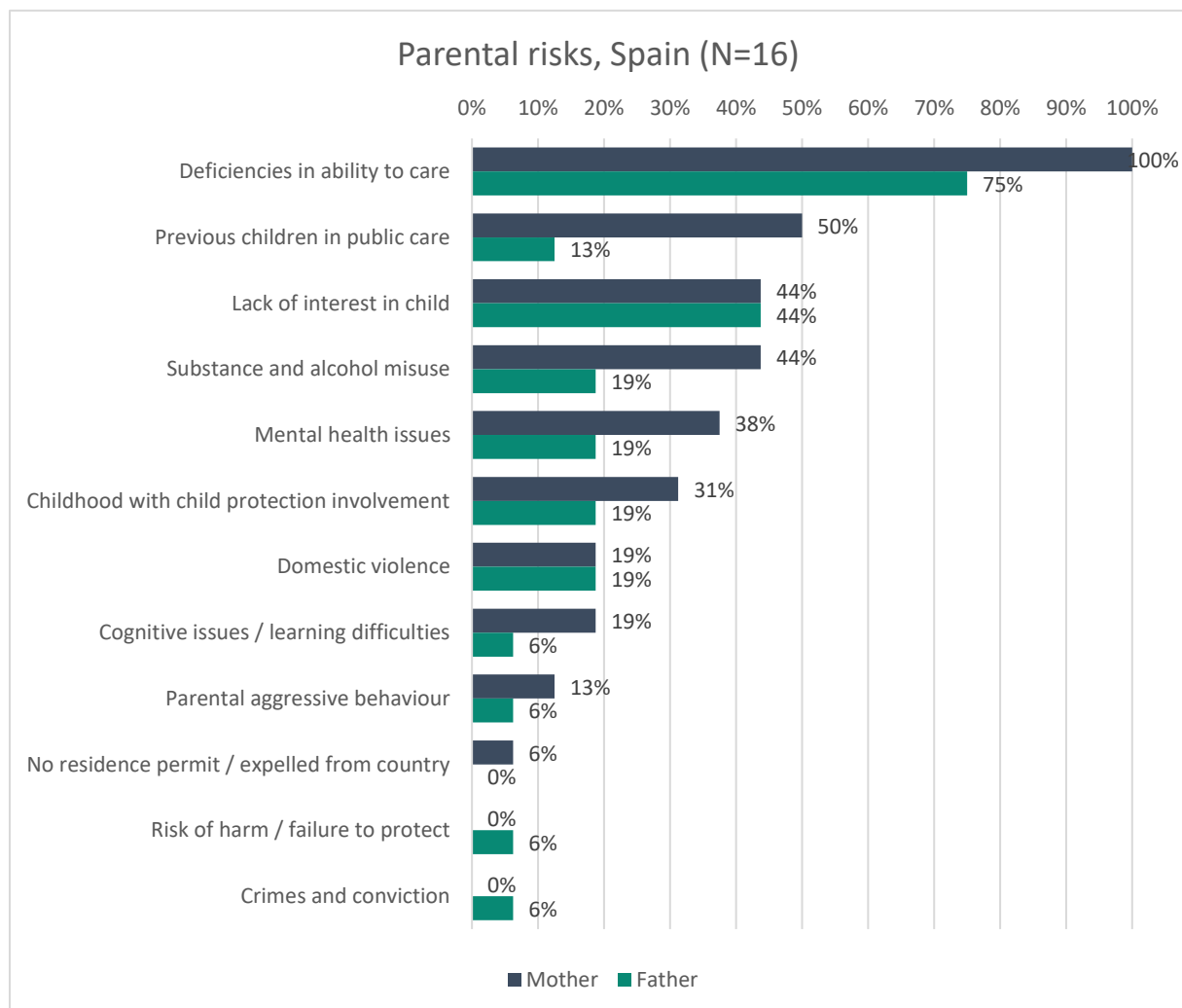
previous children in public care, whereas only 13% of fathers have the same previous experience in the sample. Almost half of the cases show that both parents lack an interest in their own child. About a third of mothers and one fifth of fathers have personally been involved with child protection agencies during their own childhood.

Substance and alcohol misuse are also frequently cited in the judgments. Almost half of the mothers have these challenges compared to about one fifth of fathers.

In about a third of the judgments, mothers have mental health issues. About one fifth are also cited as having cognitive issues or learning difficulties. The fathers on the other hand are less frequently described with such issues. One fifth of fathers have mental health issues and only 6% have cognitive issues or learning difficulties.

Almost one fifth of both parents in the Spanish judgments are described as having committed domestic violence, but very few have allegedly committed crimes or been convicted of such. 13% of mothers are characterized with parental aggressive behavior compared to 6% of fathers. Lastly, only 6% of fathers and no mothers pose risk of harm or failure to protect the child in these cases.

Figure 29 Parental risks, Spain (N=16)



The care order process

The judgments

The 216 care order cases in the sample have varying length and content. Nine out of ten cases end in care orders. Most of them concern one child only. Most cases contain a description of the history and present situation, a description of risks present (mainly concerning the parents and their situation) and how these influence the child. The cases include reviews of legal obligations and stipulations, and these are applied to the specific case at hand.

There are differences between the countries regarding the length, structure and content of the judgments. The coding results will to some degree reflect these differences.

Table 1 - Cases, children, and care orders

Cases, children and care orders	Austria	England	Estonia	Finland	Germany	Ireland	Norway	Spain	Total
Years	2016-17	2015-17	2015-17	2016	2015-17	2012-18	2016	2016-17	
Cases	24	14	17	25	27	17	76	16	216
Newborns	25	14	17	25	28	18	77	16	220
Care orders	24	12	15	24	18	15	71	15	194
	100,0 %	85,7 %	88,2 %	96,0 %	66,7 %	88,2 %	93,4 %	93,8 %	89,8 %

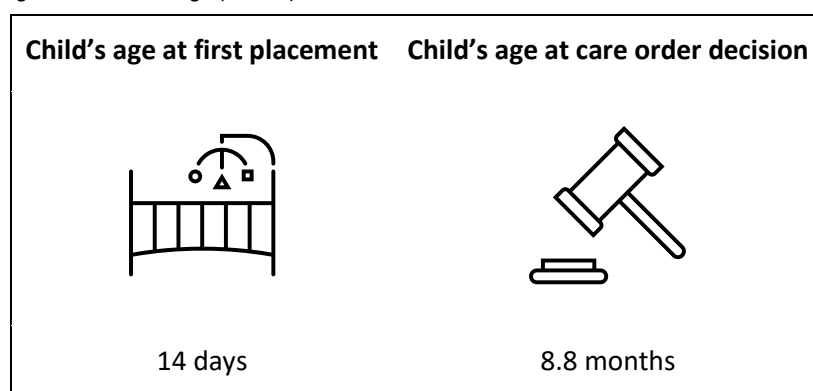
Up until the care order proceedings

The care order proceedings take place some weeks or months after the birth of the child, although involvement of the child welfare services often starts before that.

The child is on average two weeks old when it is placed out of home for the first time (see figure 30). In Germany, Ireland and Spain, the children are only about a week old, while the Norwegian children are almost four weeks old.

The average age of the child when the care order is decided is 8.8 months (see figure 30). The Irish children are typically older than this (18.2 months), and the Norwegian are younger (4.4 months).

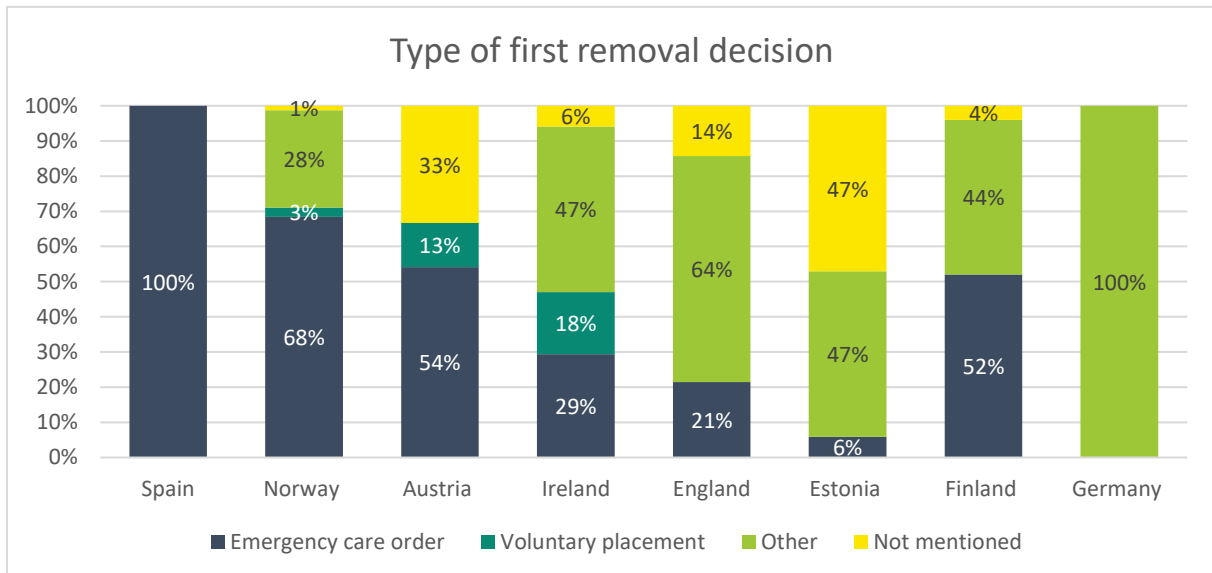
Figure 30 - Child's age (N=220)



Placements and orders before the care order decision

The kind of decision made for the first removal of the child can depend on the type of judicial system. In Spain, all removals are emergency care orders. This is also the case for almost 70% of Norwegian and over half of Austrian and Finnish cases (see figure 31). Estonia and Austria are different in that there are quite a lot of cases where the type of first removal is not mentioned. Ireland has the most voluntary placements – almost one in five first removals in this sample are voluntary.

Figure 31 - Type of first removal decision (N=216)



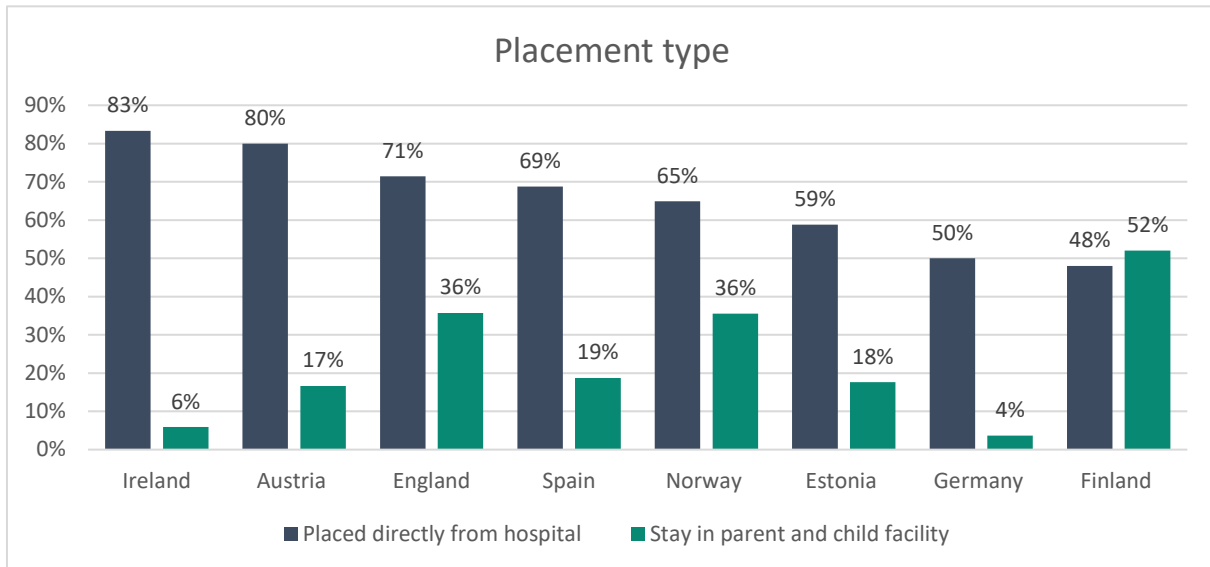
Ireland and Austria both place the most children directly into public care from the hospital (four out of five), against about 60-70% in England, Spain, Norway, and Estonia. In Germany and Finland, around half of the cases involve direct placement into public care from the hospital (see figure 32).

Finland, who places the fewest children directly from the hospital and, also uses parent-child facilities the most.²⁴ After Finland, stays in parent-child facilities are the most used in England and Norway. Austria, Spain, and Estonia also use them regularly, while it is very rare in Ireland and Germany.²⁵ The average stay in a parent-child facility lasts for 70 days.

²⁴ In Finland, a stay in a parent-child facility is a placement by the Finnish Child Welfare Act.

²⁵ The first removal decisions in Germany are all temporary.

Figure 32 – Placement before care order decision (N=216)

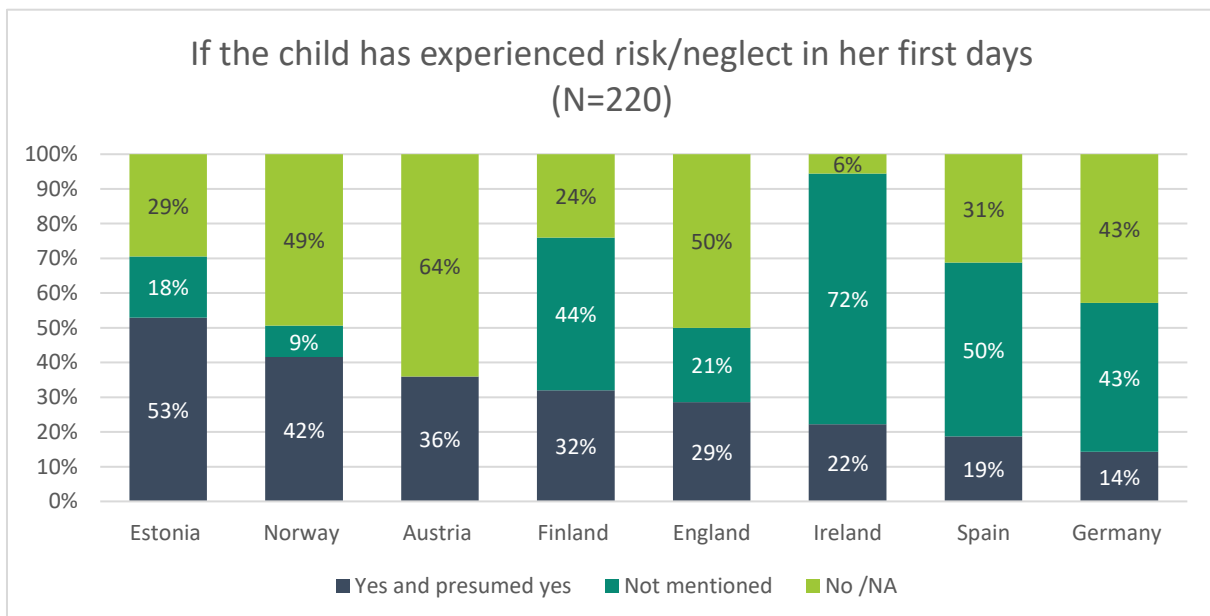


Experiences in the first days

The newborn child can experience a lack of parenting skills and capacity, including risk or neglect, in the time between birth and first placement, by the hand of her parents. This includes instances where others (such as health care workers or staff at parent-child center) intervened to prevent harm to the child. It also includes instances where the parents were unable to prevent risk to the child posed by someone else.

The eight countries vary in how often the child has experienced risk or neglect in her first days, the highest prevalence is in Estonia and the lowest in Germany (see figure 33). There are many cases where this kind of information is missing, where the first days of the child have not been mentioned or described (presented in the figure as “No/NA”).

Figure 33 – If the child has experienced risk/neglect in her first days (N=220)

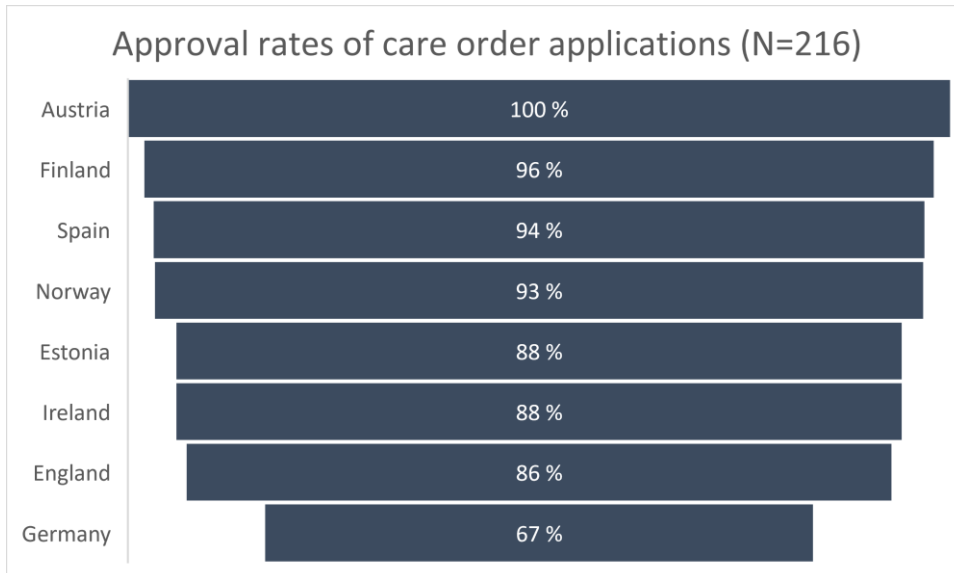


The care order proceedings

There are 245 children in total concerned in the 216 care order cases. 220 of these are the newborn children, and the remaining 25 children are older siblings of the newborns. 90% of judgments concern only one child, and it is rare that a case is about more than two children.

Most of the care order applications are approved. In Austria and Finland, this is the case for all or almost all cases, while the fewest are approved in Germany.²⁶

Figure 34 – Approval rate of care order applications (N=216)

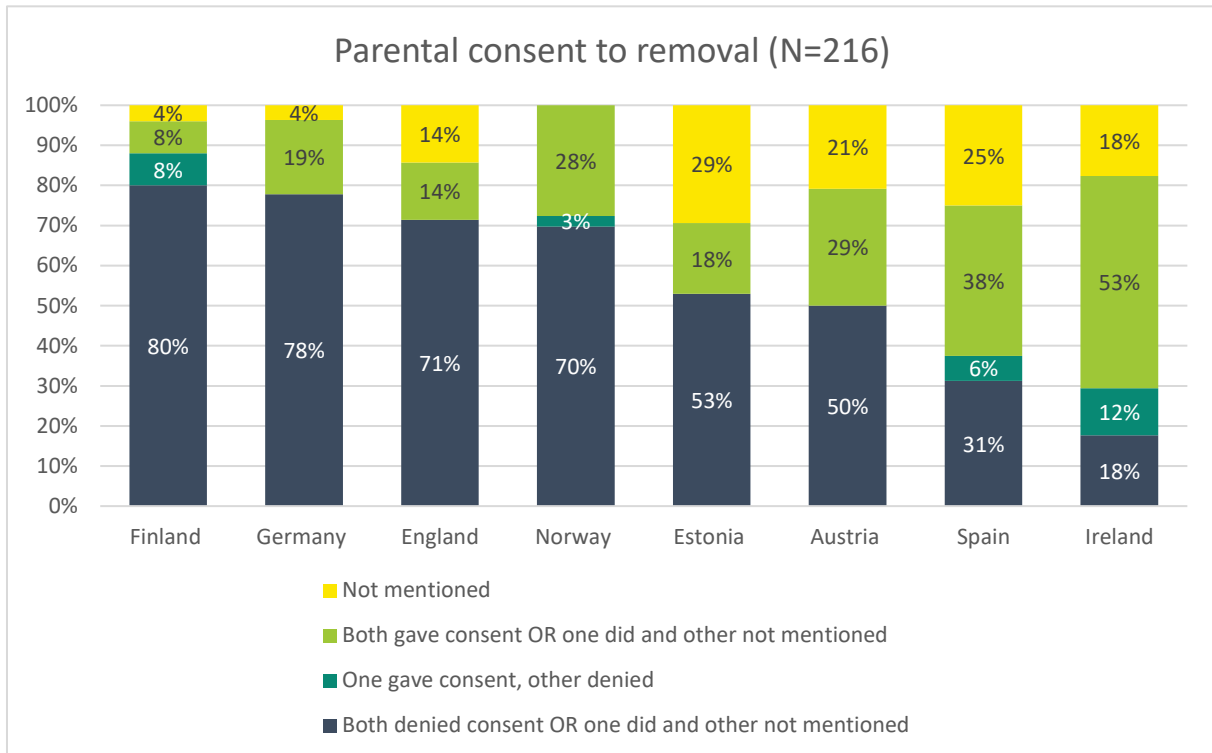


Norway and Finland are the only countries in this sample that have the opportunity to make decisions where some of the decision-makers dissent. This has not happened in any of the Finnish cases in this sample, while 5.3% of the Norwegian cases were decided with dissent.

In most of the care order cases, the parents did not consent to the child being taken into public care. In Finland and Germany, there was no consent from one or both of the parents in around 80% of cases (see figure 35). England and Norway have no parental consent in around 70% of cases. For Estonia and Austria, this amounts to around half of the cases (but they also have a large portion of judgments where this is not mentioned). Ireland has the least non-consensual child removals and over half of their cases are with parental consent.

²⁶ Among the German judgments in the data material, some are decided as interim care orders, and for some cases the final decision is missing. These cases are not recorded as care order – approved.

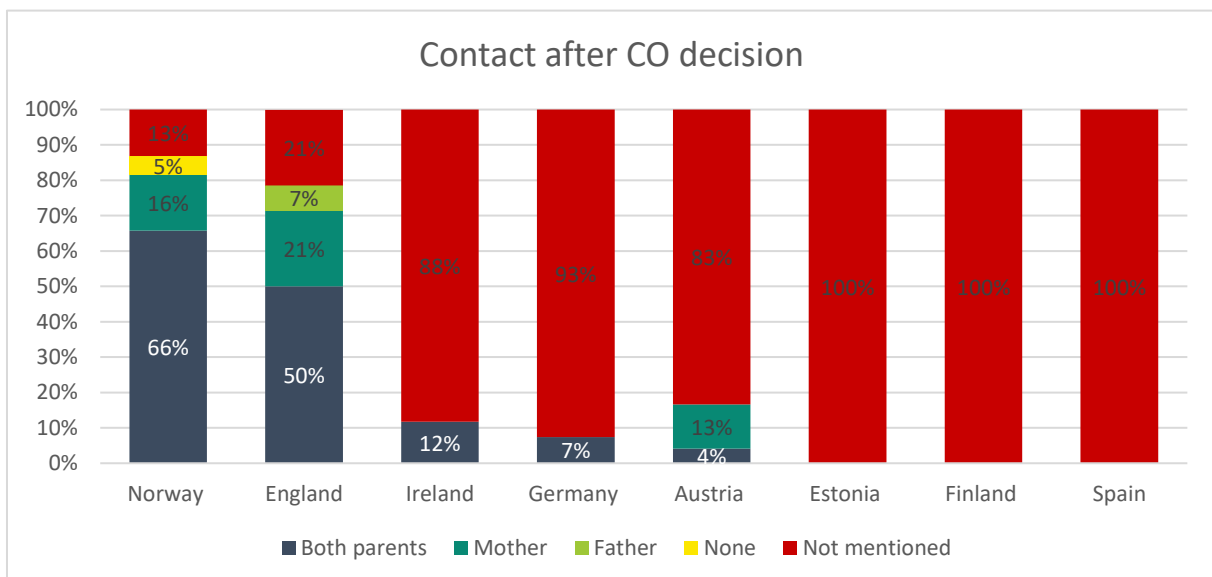
Figure 35 - Parental consent to child removal (N=216)



After the care order proceeding

Most of the judgments do not talk about the parent’s contact abilities/rights once the child has been moved to foster care. Exceptions are Norway and England, who do grant contact in the care order decision itself (see figure 36). These numbers may show differences in the judicial system, as the question of contact in some countries is treated in different proceedings separate from the care order proceedings.

Figure 36 - Contact after care order decision (N=216)



Over 70% of the Austrian children are placed with family in a kinship placement. This is far more than in the other countries – in England and Estonia, this happens a few times, in Finland, Germany and Ireland seldomly and never in Norway and Spain.

Figure 37 - Kinship placement (N=216)

