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Child welfare removal of infants: Exploring policies and principles for decision-making in Nordic countries



Anne-Dorthe Hestbæk^{a,*}, Ingrid Höjer^b, Tarja Pösö^c, Marit Skivenes^d

^a VIVE – The Danish Center for Social Science Research, Copenhagen, Herluf Trolles Gade 11, DK-1052 Copenhagen C., Denmark

^b University of Gothenburg, Department of Social Work, Box 720, SE 405 30 Göteborg, Sweden

^c University of Tampere, Faculty of Social Sciences, 33 014 Tampere University, Finland

^d University of Bergen, Centre for Research on Discretion and Paternalism, Department of Administration and Organization Theory, University of Bergen, P.O. Box 7800, 5020 Bergen, Norway

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ABSTRACT

This descriptive policy analysis examines the position of infants' rights in the family service orientated child welfare systems of Denmark, Finland, Norway and Sweden when being placed in out-of-home care. Its focus is on the contexts of, and legal procedures for, removing babies from home into public care. Children under the age of one year are taken into public care mainly through voluntary and emergency measures. Analysis of the development over a decade displays big intra-country differences in the prevalence of infant removal, varying from 2 per 1000 to 8 per 1000. The scant prevalence of public policy, practice guidelines and research indicates that infant removal is in some ways an anomaly, an unspoken leaf in the Nordic child welfare systems, whereas the Nordic welfare states otherwise extensively support families with young children through universal interventions. The findings invite to a re-examination of the rights of infants and their specific needs in the welfare states in order to establish responsive and efficient child protection systems.

1. Introduction and background

Each Nordic country subscribes to a family service-oriented system of child protection. Such systems provide family services and are based on a therapeutic view of rehabilitation, in which it is possible for people to revise and improve their lifestyles and behaviors (Gilbert et al., 2011). A basic child protection principle is that it is part of a broader child welfare system, providing services that prevent harm and, consequently, prevent out-of-home placements. Thus, the sentiment has been that children placed out-of-home in the Nordic systems are predominantly adolescents and only rarely infants or young children (Pösö, Skivenes, & Hestbæk, 2014). In contrast, risk-oriented systems, such as those in the UK and America, have a higher intervention threshold and focus on mitigating serious health and safety risks (Gilbert et al., 2011). The goal of risk-oriented systems is not to provide services to prevent possible harm but rather to intervene in circumstances of serious risk of harm, with a goal of providing services leading to possible reunification. One consequence of this approach is that, compared with the Nordic systems, there are more infants and young children placed out-of-home in the American and the British system (Burns et al., 2017; Gilbert et al., 2011).

However, without detailed information about child protection systems' legislative basis and forms of removal, conclusions based on removal rates comparisons may be misleading (Thoburn, 2007). If we focus on the removal of infants specifically, and then look at all forms of removal, we realize that these rates are not especially low in all Nordic countries. In fact, infants—not just teenagers—are removed from parental care at rates that appear to contest the principles of the family service-oriented child protection systems and Nordic welfare state which, in principle, provide extensive parental services and benefits as to make removal unnecessary. Placement of an infant (age 0–11 months) in out-of-home care is especially challenging because infants are a particularly vulnerable group (Larrieu, Heller, Smyke, & Zeanah, 2008); attachment research shows that infants need stable caregiver relationships to thrive. Therefore, it is important to examine critically the policies and procedures governing the removal of infants into out-of-home care.

Herein, we examine the policies, legislation, research and expert reports from four Nordic countries—Denmark, Finland, Norway and Sweden—to shed light on their infant removal institution and rates. Our descriptive policy analysis focuses on the contexts and procedures for removing infants from their homes into public care. The focus of these

* Corresponding author.

E-mail addresses: adh@vive.dk (A.-D. Hestbæk), Ingrid.Hojer@socwork.gu.se (I. Höjer), tarja.poso@tuni.fi (T. Pösö), Marit.Skivenes@aorg.uib.no (M. Skivenes).

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analyses is to inform on the fundamental principles of these child welfare systems, their positions on infants' rights and how frontline child welfare workers and public officials are instructed regarding handling and meeting the needs of vulnerable families with infants.

First, we will detail the child protection and childcare contexts within these four countries. Then, we will examine the trends in rates of infant removal during a 10-year period. Next, we will describe legislation and guidelines for the public's responsibility for at-risk infants. Finally, in the discussion and concluding sections, we summarize the different tendencies within these child welfare systems and highlight their emerging differences regarding infant removal.

2. The Nordic welfare state and family service child protection systems

The philosophy behind the social-democratic welfare state and service-oriented child protection system provides a unique context in which to examine infant removal, a neglected research topic. For several decades, the universal Nordic childcare policy has supported parents in taking proper care of their young children (Eydal & Rostgaard, 2011). Systematic, no-cost pre- and postnatal health care is accompanied by paid parental leave schemes, child benefits and subsidized daycare, including for infants. The overall success of these Nordic policies is reflected by frequent international comparisons. The Nordic countries also have relatively low infant mortality; measured per 1000 newborns, these rates are 1.7 in Finland, 2.1 in Norway, 2.3 in Sweden and 3.2 in Denmark (IndexMundi; UNICEF Office of Research). The Nordic countries have scored well in international child well-being and child deprivation indices and on the KidsRight Index and UNICEF Innocenti report cards (Deding & Forsen, 2013; UNICEF Office of Research, 2016, 2017).

Most child welfare systems are based on the fundamental principle that removing a child from their birth parents is an intervention of last resort. In family service-oriented systems, such as in the Nordic countries, children are removed from their parents only when in-home services are determined to be insufficient to meet the child's needs (Cameron & Freymond, 2006; Gilbert et al., 2011). Whether providing long-term in-home services before more intrusive intervention may preferentially favor the parents and their rights over those of the children has been a matter of some debate (e.g., Pösö et al., 2014). These concerns are especially relevant for infants. Postponing a decision to remove a child from adverse family and living conditions may be detrimental to both their short- and long-term well-being (Ward, Munro, & Dearden, 2006). Developmentally, young children require constant and immediate attention as well as secure attachment to permanent caregivers (Bowlby, 2010; Broberg, Granqvist, Ivarsson, & Risholm Mothander, 2006; Howe, 2005; Ward et al., 2006). Delaying infant removal may thus be more detrimental when viewed on the infants' timescales, yet short-term information may be incomplete and rely heavily on predictions about the parents (Ward et al., 2006).

The United Nations Convention on the Rights of the Child is ostensibly embedded in the child protection legislation of all four countries examined herein; however, they express this differently (Hestbæk, 2011; Pösö, 2011; Skivenes, 2011; Svensson & Höjer, 2017). Children's rights should form the point of departure for all decisions directly concerning children, including all forms of removing them from their homes. While Norway and Finland have specific child protection legislation (Child Welfare Act 1992 and Act, 2007, respectively), Denmark and Sweden have more general social services acts (Consolidation Act of Social Services and Social Services Act, respectively), which cover children, the elderly, the disabled and other groups needing public support. While the acts in Denmark, Finland and Norway cover all child protection decision types, Sweden has a specific act covering decisions without consent (Care of Young People Act) (Höjer & Pösö, in press).

3. Main removal types

In all four countries, the following criteria must be fulfilled in deciding on a care order:

- There must be a need for an intervention.
- There must be an obvious risk that the health and development of the child will suffer major harm.
- The necessary care cannot be provided with in-home services.
- The care order is in the best interest of the child.

Across the four countries, there are three main removal types:

- *Voluntary placements*, in which the parents (and, in some cases the child) consent to removal and can, at any stage, withdraw their consent and require that the child be returned to the home within a specific time frame.
- *Emergency placements*, of limited duration, are performed when the child is in immediate danger.
- *Care orders*, placements in which the parents' rights are, to varying degrees, restricted; often characterized as "placement without consent."

An infant is typically placed in a foster home, sometimes following a voluntary or involuntary stay with the birth parents in a specialized residential home for observing and supporting the parent-child relationship. All placements are initially meant to be temporary and have a family reunification aim, though permanent placements are possible in Denmark and Sweden under certain conditions (Höjer & Pösö, in press; Karmsteen, Frederiksen, Mørch, & Hestbæk, 2018). However, placement practice data from all four countries reveals that many children spend years or even their entire childhood in out-of-home care (e.g., in Finland: Tilastoraportti 9, 2018; in Denmark: Local Government Denmark, 2018).

3.1. Legal decision-making bodies

The need for an authority qualified to assess children's removal needs and make related decisions means that certain public authorities and bodies have been delegated the rights and duties to protect children and restrict parental rights (Dingwall, Eekelaar, & Murray, 2014). Removal proceedings differ somewhat across the four countries in terms of decision-making authority and involved professionals. However, they are all organized so that care orders without consent are prepared by the local child protection agency and then ruled on by a non-administrative tribunal or court (Hultman, Forkby, & Höjer, 2018). Care orders and other removal proposals are initiated by social workers, suggesting that the impetus for removal legislation and policy derives from the social workers who are in close contact with these families.

Differences across the Nordic decision-making systems define a spectrum. On one end, Finland's system rests solely on professionals (e.g., judges, social workers, other experts); on the other end, Sweden delegates decision-making authority to laypeople. Denmark and Norway have systems that lie between these extremes (Hultman et al., 2018).

4. Trends in the use of out-of-home care of infants

In 2015, there were 9.5 children per 1000 aged 0–17 years in Denmark who resided in any type of out-of-home placement. In Finland, this number was 13.9 per 1000 children, in Norway 13.2 per 1000 children and in Sweden 9.9 per 1000 children (Nordic Statistics Database (2019) (2019), 2019). These figures reveal differences among the countries, with Denmark and Sweden having the lowest out-of-home care overall. When focusing explicitly on infants (see Fig. 1), these rates are significantly smaller (from 3.5 to 7.7 per 1000 infants).

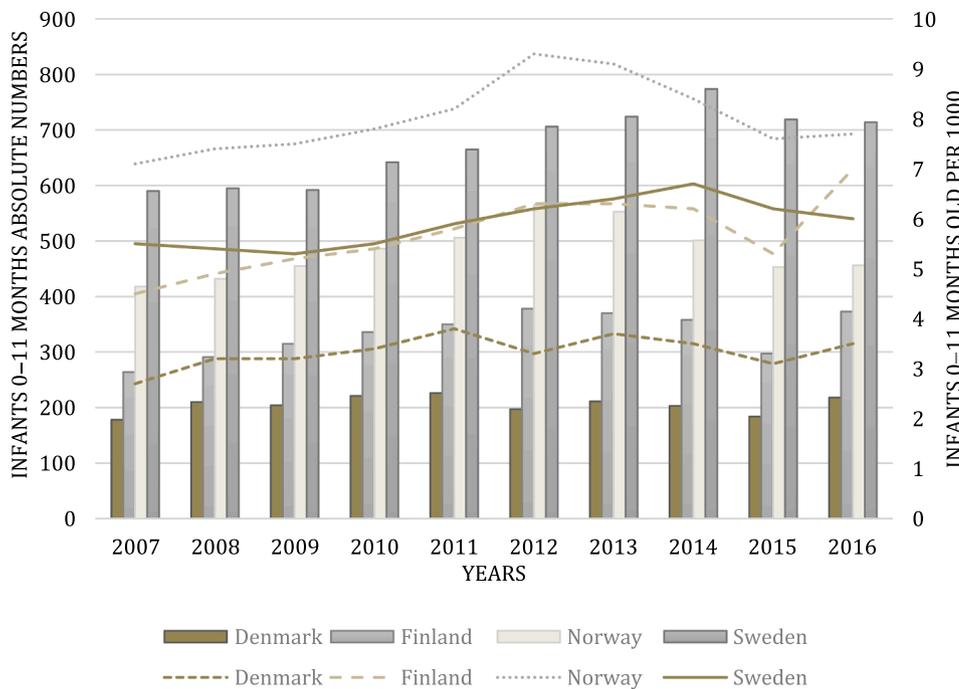


Fig. 1. Prevalence of any type of placement (voluntary, emergency and care order) of infants 0–11 months during the years 2007–2016 (bar chart, left axis). Infants 0–11 months old per 1000 in any type of care (horizontal graphs, right axis). Note: None of these countries’ national statistics include the age category 0–11 months; rather, these data were requested from the national register agencies. We use the rate per thousand children within each reporting year. Danish registry data from Statistics Denmark were kindly analyzed by senior researcher Mette Lausten, VIVE. Data from Finland were provided by the child welfare register keeper THL, by request on November 7, 2018. Norwegian statistics were provided by the Directorate, National Statistics and Oslo municipality. Data from Sweden were provided by the child welfare register at the National Board of Health and Welfare, by request in November 2017.

Note that Fig. 1 reflects “any type of out-of-home placement” (including all three placement types described in Section 3) and reflects the annual prevalence. Note too that within these data, an individual child may be placed in out-of-home care more than once during the same year (e.g., starting with voluntary or emergency placement, returning home, then removal by a care order), thereby counting more than once in Figs. 1 and 2.

The rates of infants in any out-of-home care type vary among the four countries throughout the measurement period. Fig. 1 shows that Norway has the highest prevalence (7.7 per 1000 in 2016), while Finland and Sweden are midrange with 6.0 and 7.0 per 1000, respectively, and Denmark has the lowest prevalence at 3.5 per 1000—half or less compared with the other countries. Throughout this 10-year period, the internal ranking between the countries remains relatively static, as illustrated by the line graphs, with Norway consistently highest and Denmark consistently lowest. Further, we note the trend of slowly increasing removal of infants during this period in all countries.

4.1. Care order removal

Regardless of country, care order removal of infants, in which parental rights are distinctly restricted, is a low-frequency phenomenon (see Fig. 2). Finland displays the lowest level of removal via care order (0.6 per 1000 infants in 2016) and in Norway, the rate is significantly higher with 2.3 per 1000 infants (see line charts). During the 10-year span shown in Fig. 2, the removal trend was quite stable in Finland, starting with a rate of 0.7 per 1000 and ending at 0.6 per 1000. Sweden faced a decreasing trend during the final years, reaching 0.9 per 1000 in 2016. In reverse, Denmark went through an increasing trend, doubling the rate of infant removal in 10 years to also reach 0.9 per 1000 in 2016. The rates fluctuated in Norway and were generally considerably higher compared with the other three countries.

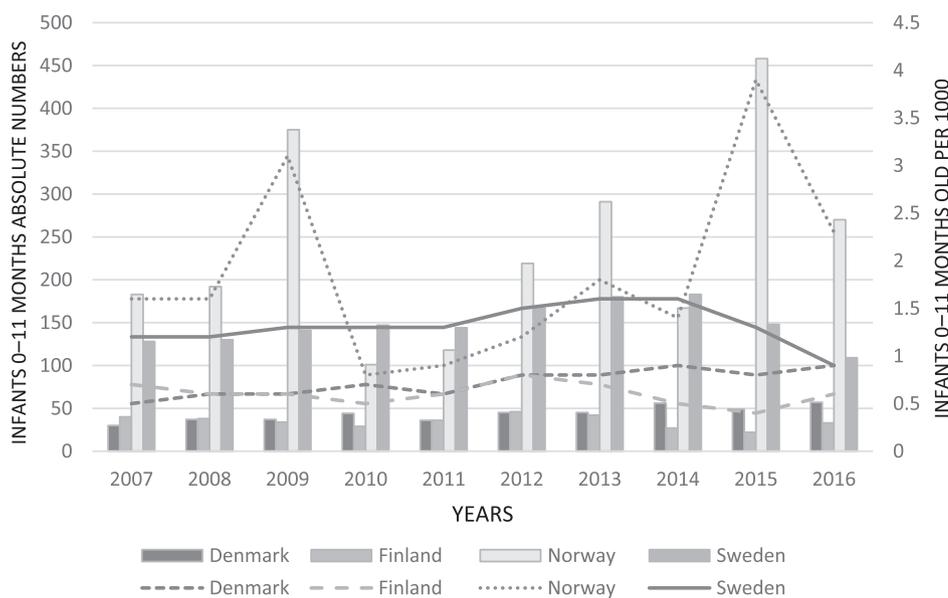


Fig. 2. Prevalence of infants 0–11 months removed by care order decision during the years 2007–2016 (bar chart, left axis). Infants 0–11 months old per 1000 removed by care order decision (horizontal graphs, right axis). Despite the intracountry differences, Figure 2 also reveals an essential feature regarding infant removal profiles in the Nordic countries: a relatively scarce proportion of care order removals. Most infants are admitted to care through voluntary or emergency placement.

5. Infant removal legislation, policy and research

To examine the policy trends addressing this vulnerable population in the four Nordic countries, we systematically reviewed documents on the child protection systems' responsibility for infants during the past 10 years. We included existing legislation, relevant background papers, new and proposed legislation, policy reports and programs, expert committees addressing child protection removal and national guidelines for social workers and decision-makers on removal decisions. Because our research team includes representatives from each of the four countries, these materials were examined in their original languages.

5.1. Legislation on infant removal

In child protection legislation regarding child removal, infants are not an explicit category in Denmark, Finland or Sweden. This means that children under one year of age are considered indistinct from other children in these child protection systems. None of these three countries have any specific criteria within their child protection laws governing when to remove an infant into care. In contrast, Norway's Child Welfare Act of 1992 has specific provisions related to newborns. Sections 4–8 provides for protection intervention of a newborn within the maternity clinic. The legal threshold for removing a newborn is a high probability that they will experience a harmful situation, as defined by the criteria for a care order in §4–12 if they are sent home with their parents (cf Sandberg, 2005). The lack of an infant-specific care order criterion in all four countries is also true for voluntary and emergency removals.

Responsibility of the child protection systems begins in these countries only at birth. However, in both Norway and Denmark, recent policy discussions have raised the issue of giving the child protection system responsibility for the fetus (Prop. No. 745 [2015–2016]; Prop. 73 L [2016–2017]; Avisen.dk 2018), for example, in the form of taking measures to provide prenatal care without maternal consent. Currently, in Denmark, pregnant women with substance abuse problems can agree to a voluntary home separation to protect the unborn child. However, the woman can quit the contract at will and the method has scarcely been used. Since 1996, Norway has provided legal grounds for involuntary treatment of pregnant women experiencing substance abuse (Act on municipal health and care services, etc. [Health and Care Services Act] § 10–3; see Søvig, 2004; Lundeberg, Mjåland, & Søvig, 2014). Further, all Norwegian health personnel shall, on their own initiative, report concerns that an unborn child may be hurt (health personnel law § 32). The Finnish Child Welfare Act (Section 25) addresses the unborn infants indirectly in its definition of “anticipatory notification.” This paragraph, introduced in 2010, expands mandatory reporting to cover unborn children. Child welfare notification should be given “if there are reasonable grounds to suspect that the child will need supportive child welfare measures immediately after birth.” The paragraph emphasizes supportive services for pregnant women but does not mention any form of removal. The current Social Welfare Act in Finland, introduced in 2014, obliges the municipalities to provide services to pregnant women with substance abuse problems. Pregnant women also have the right to request and receive services for substance abuse.

5.2. Guidelines and policies regarding infant removal

We were unable to find national guidelines in any of these countries instructing social workers or other decision-makers specifically on infant removal. One exception, in Denmark, is [The National Social Appeals Board](#), which in 2015 published a decision of principle (15–17) specifying the criteria for removing a newborn without their parents' consent. However, there may be regional or local instructions in all countries, describing their agency- and municipality-based procedures, which we have not included here. Self-evidently, the general instructions and guidelines, regardless of child age, include infants.

However, we did discover a variety of instructions on how to support parents and/or early parent–infant interactions. This emphasis on supporting families with infants is widely present in recent family and child policy programs, rather than those for child protection, in all four countries. Recent policy development in Norway, for example, shows an increased focus on situations for young children, particularly those considered vulnerable. Specific approaches such as early home visitation after leaving the hospital (i.e., within days 1–3, instead of 7–10) are suggested for at-risk families (NOU, 2017:12, p. 121). Other aspects of the policy development include improved knowledge and information about young children's developmental needs, living conditions and risk factors. Finally, Norway's proposal for a new child welfare act discusses regulations for newborns and infants in relation to the thresholds for violating Human Rights Article 8, regarding the right to protection of family life and recent decisions by the European Court of Human Rights. The proposed law thus underscores the importance of due process and professional expertise regarding newborns and their needs (NOU 2016:16).

In Finland, there is a specific “infant family work” concept (*vauvaperhetyö*) in child welfare. This country offers multiprofessional assistance to families with infants in certain risk situations, introduced in 2007 as a key theme of the national development program of child protection (Bardy & Öhman, 2007). This concept was based on research addressing infant development and families' risks from poverty and other social factors. It aims to provide early support to families with infants, with a focus on in-home services. Other policy and practice initiatives have similarly drawn attention to therapeutic assessment and support of the parent–infant relationship (e.g., Kalland & Sinkkonen, 2005) and supporting parents and expecting parents to cope with substance abuse problems (e.g., Holmila, Bardy, & Kouvonen, 2008). Typical among both these practices and the Government Key Reform Program for Family and Child Services in Finland (2016–2018) is an emphasis on early and preventive services to support families. As such, infant removal is hardly ever mentioned.

Consistent with Finland, the Swedish Social Service Act focuses on prevention, emphasizing consent and voluntariness. Social workers are provided evidence-based instructions and guidelines for working with children and young people at risk; however, age-specific information is scarce. Assessing infants, who have little capacity to participate or communicate, is not specifically mentioned. In a recent report (2018), the Swedish Research Council for Working Life and Welfare (FORTE) states that because infant attachment is closely connected to parents' caregiving competence, which is not easily measured, it is vital that adequate methods to support parents are in place. They conclude that such methods need to be evaluated in a local context, to create a base for social and health care services recommendations (Swedish Research Council for Working Life and Welfare (FORTE), 2018).

In 2009, new legislation on continuity came into force in Denmark, targeted at providing children placed in out-of-home care more stable lives with fewer changes in the caregiving environment. One of these changes specifically concerned infants. Cf § 62.5 in the Danish Consolidation Act of Social Services, The Children and Young Person's committee may, in exceptional cases, stipulate that “[...] placement of a child who has not reached the age of one shall apply for three years if it is deemed highly probable that the conditions on which the decision of placement is based will prevail for this period of time.” However, six years after coming into force, only half of the 98 municipalities have applied this measure at least once in the case of an infant removed from home (Karmsteen et al., 2018). For years, Denmark has worked with so-called *parallel placements*, in which parents and their child are placed together for observation. These parallel placements are either in specialized residential units, staffed with a range of child and family welfare specialists (e.g., psychologists and social workers) who assess the parental competencies of highly vulnerable parents of newborns or in specialized foster families certified for parallel placement. However, parallel placements are extremely expensive (i.e., in the short-term) and

there are relatively few available.

Distinct from the policies on social work with children and families that emphasize early support in Finland and Sweden, a Norwegian expert committee suggested in 2012 that adoption should be used more as a protective measure for young children (NOU, 2012:5, p. 16). The committee proposed that for infants aged 0–18 months, adoption should be considered no later than one year after placement and that for children aged 18 months to four years adoption should be considered no later than two years after foster care placement (NOU, 2012:5, p. 16).

Danish adoption policy is attempting to increase local governments' use of adoption, including a recent change to adoption law allowing more children born into highly vulnerable families, with very low parental capabilities, to be eligible for early adoption. After decades of a single adoption case without consent per year, these cases are now slowly, yet steadily, increasing. Of the 16 adoption decisions without consent made in the first two and a half years after the law passed, nine began the processes at birth.

In Finland and Sweden, adoption without parental consent occurs only in exceptional circumstances (Höjer & Pösö, in press). No specific government policy exists to enhance the number of domestic adoptions in Sweden or Finland, though professional communities are discussing the strengths and weaknesses of adoption as a form of child removal. The Swedish National Board of Health and Welfare, for example, has conducted a survey of its municipalities concerning the adoption of children placed in out-of-home care (Board, 2014; similar reports in Finland: Laine, Pösö, & Ujula, 2018; Heinonen, 2018). That survey found that very few adoptions take place (14 cases during 2012) and that this is in accord with the absence of legislation or national advice on the issue. Examples given for reasons not to consider adoption for children in care included: adoption is inconsistent with the principle of reunification with parents, difficulties obtaining birth parents' consent and problems with assessing foster parents' parenting competence. The National Board of Health and Welfare states that decisions—or rather the absence of decisions—concerning adoption of children in out-of-home care is not always consistent with the concept of “the best interest of the child.” They suggest that future adoptions may be the best alternative for orphans or children placed in care as infants when their parents lack the competence to care for them. They conclude that more attention to this matter is needed at different levels, such as more research on removal of custody and a careful review of the current legislation (Board, 2014).

5.3. Research on infant removal

There is an obvious research gap in all four countries concerning decision-making about infant removal and related policy and legislation. In our review, we were unable to find research focusing on infant removal in any of the four target countries. Research on trauma, mental health and development during the early years that has been conducted in all four countries and elsewhere is, of course, relevant, though it does not specifically address removal decision-making. Similarly, we did not find any follow-up studies of infants placed in out-of-home care during their first year. The age categories used in research are generally non-specific to infants; decision-making and outcome studies usually use relatively wide age categories (e.g., 0–5/6 years is used by Bardy, 2001; de Godzinsky, 2014, Hiitola, 2015), which is too broad for our focus herein. Publicly available statistics in the four target countries regarding child welfare removal likewise usually use categories, such as 0–2 years (Finland and Norway), 0–3 years (Sweden) and 0–5 years (Denmark). More detailed age-specific statistics are available upon request, though they often require payment of fees.

Table 1 summarizes the key findings regarding legislation, policy, research and guidelines in Denmark, Finland, Norway and Sweden.

Table 1 Main findings concerning specific child-based foci in legislation, procedural guidelines and policy programs in current research.

	Denmark	Finland	Norway	Sweden
Infant removal legislation	No specific legislation	No specific legislation	Specific category on newborn removal	No specific legislation
Infant removal guidelines and policy programs	No	No	No	No
Infant removal research	No	No	No	No
Profile of infant removal	Most placements are voluntary—a smaller number than the other three countries, however. Emergency placements are rare. Care order removal like Finland and Sweden	Voluntary and emergency placement have priority; care order removal is rare	Most placements are via a care order, reflecting the system of bringing all intrusive interventions to another decision-making body	Most placements are voluntary. Emergency placements and care order removals are rare
Instructions for social workers and other decision-makers about infant removal	No	No	No	No
Prebirth child protection	Child protection starts at birth. Prior to birth. Anticipatory notification and interventions target the mother, not the fetus	Child protection starts at birth. Prior to birth. Anticipatory notification	Child protection starts at birth. Coercive measures toward pregnant women who pose a fetal risk are possible	Child protection starts at birth. No legislation allowing coercive measures toward pregnant women

6. Discussion

Limited research currently guides evaluation of the quality and implications of Nordic countries' service-oriented approach to infant removal. Infants are removed from parental care in these countries, yet infant care order removal with severe parental restrictions is rare overall. Most infant removal is voluntary, aimed at supporting the family to stay together, or begins as emergency removal in response to an urgent need. The emphasis on supportive, voluntary removal may help parents overcome temporary problems if they are able to support the child's well-being afterward. There are, however, emerging findings suggesting that intended short-term care might not actually be short-term, since many children remain in care long-term.

Consequently, the emphasis on reuniting the child and parents, which is consistent across all four countries, has some points for critical discussion. "The desirability of continuity in a child's upbringing" is part of the Children's Rights Convention (Article 20). Because care order removals are relatively rare compared with voluntary and emergency placements, and because adoptions are an almost non-existent aspect of child protection practice, it is obvious that continuity and permanency by substitute caregivers during infants' first year of life is not high on the policy and social practice agenda (cf the Swedish National Board of Health and Welfare 2014). From the birth parents' perspective, infant removal decisions have been described as a kind of "Catch 22" (Karmsteen et al., 2018) in which the parents are unable initially to keep the infant at home, yet if the child then develops a close attachment to the foster family, reunification may be impossible.

Furthermore, the consensual approach to voluntary removal should not be taken for granted even in family service-oriented child protection systems. Research has shown that the interface between voluntary placement and a care order, between consent and objection, is unclear (Egelund, 2002; Hestbæk, 1997; Leviner, 2017; Pösö, Pekkarinen, Helavirta, & Laakso, 2018). For example, an element of coercion is often present in voluntary removal. Although parents may give formal consent, they may have experienced implicit pressure or exercise of power (ibid). The possible misuse of consent is an especially delicate issue regarding the parents of newborns, who are in a psychologically vulnerable situation postpartum. It is noteworthy herein that we did not find any research or guidelines regarding the decision-making processes behind infant removal, or how parents' consent is incorporated, acquired or assessed in removal proceedings. This may reflect that these child protection systems are oriented toward family services (Gilbert et al., 2011) so that even infant removal is considered a form of service in which parents' interests and rights are not jeopardized. The Norwegian system is an exception in that it refers all intrusive decisions to another decision-making body, the County Board, to ensure due process and rule of law (see Skivenes & Søvig, 2017).

The low rate of care orders among the group of infants below one year may also reflect the lengthy duration of the decision-making processes among the respective decision-making bodies. Long-lasting court decision-making processes have been criticized particularly in Finland (de de Godzinsky, 2014); this may explain, to some extent, the low rates of infant care orders in that country. In cases with infants under one year, the influences of long administrative and legal processes become highly dramatic from the perspective of children's foreshortened timeframes (Ward & Brown, 2013).

It is also evident that when the need to remove an infant from parental care arises and the authorities must be present in loco parentis, these frontline social workers and court decision-makers have less experience compared with their decisions concerning older children—they certainly also have little by way of guidelines or research to rely upon. Guidelines and instructions for removal tend to mention children as a single, age-independent category. These decision-making criteria are therefore general, except in Norway where age-specific criteria set a higher threshold for the removal of newborn infants. Although families with infants are generally recognized as a specific group needing

services (e.g., health care, child clinics, daycare) which are provided by the welfare state in the Nordic countries, infant removal is based on legislation and guidelines similar across child ages.

There are also unique, Nordic country-specific aspects of infant removal. Although these countries share some common features across their child protection systems (Hestbæk, Skivenes, Falch-Erichsen, Svendsen, & Backe-Hansen, in press; Höjer & Pösö, in press), their approaches and tendencies toward infant removal are not alike. Norway differs considerably from Denmark, Finland and Sweden, in that it has introduced specific criteria for the removal of newborns and for involuntary treatment of pregnant women with substance abuse problems. Possibly consequent to this and in combination with a child-centered system, Norway removes more infants into public care than do the other Nordic countries studied.

6.1. Limitations

Our analyses took advantage of all available information, including national statistics, legislation, guidelines and published research, focusing on removal to out-of-home care of infants under one year of age. The scarcity of guidelines, statistics and research was surprising and is an essential study finding. The present knowledge base does not inform us, for example, about the ethnic background of infants removed from their homes. Although our collaboration includes researchers experienced in the field of child protection within our respective countries, it is possible that we may have overlooked some research findings, especially if they were presented in studies addressing children of all age groups combined. Furthermore, previous research has been unequivocally challenged to compare statistics across countries; this is also true across the Nordic countries, though their child protection systems are closely related (Bengtsson & Jakobsen, 2009; Hestbæk, 1998). Thus, what we have presented as comparable figures may hide significant underlying differences in definitions and recording practices. However, to our knowledge, our figures report the most accurate state of infant removal. The Nordic countries' foci on responding to at-risk infants are limited and infant protection responses make up a small fraction of all responses by the welfare state to children in vulnerable families. In the future, it will be important to examine how issues such as mental health care, prison services and services for substance abusers consider both women and men who care for infants, how these services consider the needs and rights of those infants, and how the child's best interest is viewed.

7. Conclusions

Because of the scarcity of policy, practice and research, removal of infants is something of a paradox. It is an almost *invisible anomaly* in the Nordic child welfare systems, despite infants making up a distinct category within the universal services for families with children in the welfare state service provision (e.g., maternal-child health care, child benefits). Our study highlights how little the state instructs social workers and other decision-makers on how to consider the needs and rights of infants in potentially harmful situations. Given infants' extreme vulnerability and because inadequate care may severely influence their development, one might have assumed that the Nordic welfare states and their service-oriented child protection systems would have paid more specific attention to this specific population.

On the other hand, the Nordic countries may, incrementally, be developing a stronger focus on early intervention. If so, this trend is supported by increasing research showing the remarkable sensitivity of brain development during an infant's first year. Ratification of the United Nations Convention on the Rights of the Child has focused a strong political lens on children's general needs and rights. Furthermore, the cost-effectiveness of interventions appears to be significantly higher when children are younger (the Heckman effect). Heckman's studies have contributed to a marked political focus on early

intervention in most Western countries.

These analyses show meta-level differences among the Nordic countries, with Norway standing out. An interesting question—without an obvious answer—is whether the Norwegian society offers vulnerable infants a more rights-based and secure start to life, or more adequate social support than do the other three countries. However, Norway is also under scrutiny by the European Court of Human Rights for violating the right to family life, with 20 child protection cases pending as of October 2019.

These study results invite a re-examination of infants' needs and rights under current child protection policies. In particular, the boundaries between universal social and health services and the needs and rights of children and parents in highly vulnerable circumstances need to be examined. A greater understanding of the implications of different types of infant removal across countries would be valuable. We currently lack a strong evidence-basis to guide the states on how best to protect infants at an operational level.

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Declaration of Competing Interest

The authors declared that there is no conflict of interest.

Appendix A. Supplementary material

Supplementary data to this article can be found online at <https://doi.org/10.1016/j.chilgyouth.2019.104572>.

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