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Article

# Fostering in the welfare states of the US and Norway

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### **Abstract**

This paper aims to explore the differences between Norwegian and US welfare state ideologies, and if or how they are reflected in the respective foster care systems and in the daily practices of foster parents. Our analysis combines a review of policy documents and legal regulations, with interviews in a sample of 141 exemplary foster parents (87 from the US and 54 from Norway). The paper identifies clear differences in how these two states take responsibility and provide services for families in general and foster parents in particular, examining distinct differences in the conditions foster parents have for exercising their parenting tasks. The findings from the interviews show how the conditions play out in real life for foster parents and foster children in relation to recruitment of caregivers, time and resources available to children, and how caregivers negotiate and advocate for children's needs.

### **Keywords**

child welfare system, cross-country, foster children, Norway, USA, welfare state

### Introduction

Norway and the US offer stark examples of different welfare state models (Arts and Gelissen, 2002; Aspalter, 2011, 2008) and different child welfare systems (Gilbert et al., 2011). In the welfare state literature, the US is conceptualized as the ideal type of a liberal welfare regime, embracing an ideology with limited involvement by the state and few universal services (Aspalter, 2011). Norway, an ideal type of the social democratic welfare state, has a tight welfare safety net and offers numerous universal welfare

services. The child welfare systems in these two countries follow a similar pattern. Gilbert (Gilbert, 1997; Gilbert et al., 2011) categorized the US as a 'child protection' system, with a focus on protecting children from risk and harm. Other countries,

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including the Nordic countries, are 'family service' systems, with a focus on needs and a therapeutic approach to helping parents provide for their children. Each of these welfare systems are ideologically distinctive in their approach to social responsibility, social problems and social inequality overall, and the degree to which the state is involved in citizens' lives.

In this paper, we aim to explore if and how the differences between Norwegian and US welfare ideologies are reflected in the foster care system and in foster parents' experiences fostering a child. We know from other work (Berrick and Skivenes, 2012) that the daily parenting practices of exemplary foster parents in each of these countries bear remarkable similarities. But do welfare state differences play out at the micro-level, particularly for some of the smallest actors in these systems? We look at foster parents in the Norwegian and the US systems as actors responding to welfare state regimes. There are few crosscountry studies, if any, of how welfare state platforms play out in the foster care system and for the children and parents involved. This analysis examines these issues by using data from four sources: (1) analysis of policy documents from the respective countries; (2) descriptive statistics from secondary sources in each country; (3) descriptive statistics from a questionnaire used in a sample of exemplary foster parents in Norway and the US; and (4) analysis of data from a qualitative study conducted with 141 foster parents in the two studied countries selected because of their exemplary care for children.

The paper begins with a brief outline of the basic features of welfare state models and the child welfare systems in the two countries, followed by an outline of the structure of the foster home system and the platform this system builds for foster children and foster parents. Thereafter, we present findings from the foster parent material, concluding with a discussion of the findings.

# Provisions for families in the US and Norwegian welfare states

Following the work of Arts and Gelissen (2002), we employ their interpretations to distinguish between different types of welfare states as originally laid out in Esping-Andersen's classic work

(1990). They argue that there are two important features to examine including the degree of decommodification and the social stratifications and solidarities among citizens (Arts and Gelissen, 2002). Most welfare state researchers classify Norway and the Scandinavian countries as high on decommodification with broad solidarities and extensive universal services. The US and other Anglo Saxon countries are considered on the opposite end of the welfare state spectrum, favouring the market and the private purchase of services (for more detail see Arts and Gelissen, 2002). How do the different degrees of decommodification in Norway and the US play out for families?

The social democratic welfare state provides universal services free for all citizens, including education, health, dental, social security and other benefits. For a given family this means that there are few if any expenses related to pre-school, school, health and dental services for a child. When specialized professional assistance is required (e.g. psychological or psychiatric services), this too is included in welfare services though it may not be available as quickly as needed. The Norwegian welfare state has a strong emphasis on supporting the family, and on full employment for men and women. This has resulted in universal service provisions that allow both parents to work and to have children, and thus to enjoy generous maternity leave arrangements, paid leave if children are sick, monthly children's benefits, and heavily subsidized day care that since 2009 is guaranteed for all children ages 1-6 years (Norwegian Day Care Institution Act of 2005, article 12a, cf. article 8). In addition to these benefits there are separate and relatively generous economic supports for single parent households (Norwegian National Insurance Act of 1997, chapter 15).

In the US, education for children ages 5–18 years is universally and publicly available. After a lengthy and contentious congressional debate, a health care reform bill was passed in 2010. In addition to existing publicly provided care to low-income families, the law expands subsidies so that private citizens can purchase health insurance; others purchase health care through employer-based insurance plans, and still others remain uninsured or under-insured (Chaikind et al., 2010). Some dental services are publicly subsidized, but most dental care is privately

purchased or purchased through employer-based insurance plans (Manski and Brown, 2007). Although some preschool services are publicly subsidized for very low-income families, the large majority of US parents privately purchase day care services for children under the age of 5 years (Capizzano and Main, 2005; Child Care and Development Fund, 2011). Federal law allows for parental leave, but paid parental leave is not required of employers; employers are not required to offer paid leave for children who may be ill; and financial benefits to single parents were severely curtailed under the federal welfare reform overhaul of 1996 (Berger, et al., 2005; Palley and Shdaimah, 2011).

Clearly, the state's responsibility and the welfare state provisions for families and children are quite different in the US and Norway. They suggest that families in these two countries may have different responsibilities, relations and expectations of the state. Whether and how these differences play out in the context of the foster care system is the focus of what follows.

# The child welfare and foster care systems

In a recent comparative study of child welfare systems in 10 countries, both Norway and the US child welfare systems were described as loosely following the ideology of their respective welfare states (Gilbert et al., 2011). The Norwegian child welfare system has a low threshold for providing generous in-home services and the Child Welfare Act sets as a premise that the threshold for out-of-home placements should be high (Skivenes, 2011). About 75 percent of all children in the child welfare system receive in-home services, with the aim of preventing the need for out-of-home care. A wide array of services are available for children that are considered to have special needs, and the most used services in 2010 were advice and supervision (34 percent), respite (23 percent) and economic support (21 percent) (Statistics Norway, 2010). Yet even with the substantial emphasis on preventive services, Norway has a relatively high rate of out-of-home care (8.4) per 1000 or 9.225 children) (Norwegian Directorate, 2012). The great majority (85 percent) of children in care in Norway are placed in foster homes.

Unlike Norway, the US provides many fewer prevention services designed to support children and families. Although this narrow interpretation of child protection is changing and many states are investing more heavily in prevention services, the variety and intensity of family support services are generally considered thin in the US. The rate of out-of-home care has declined considerably in the last decade and now stands at 5.5 per 1000 children, approximately half of whom (48 percent) are placed with non-relative foster parents (US Department of Health and Human Services, 2010a).

Comparing rates of entry to foster care Norway saw 11.9 per 1000 new children enter care in 2010 (N=13,727) (Norwegian National Statistics, 2012). In the US, entry rates varied significantly by state from a low of 1.4 to 8.6 per 1000 in 2009 (though these numbers may include children both new to care and reentries to care) (US Department of Health and Human Services, 2010b). In one of the states with an administrative data system capable of separating new entries from all entries, the rate of new entries to care in 2010 was 2.6 per 1000 children (Needell et al., 2012).

The overarching frameworks for foster care in the two countries are roughly similar with a few distinctive exceptions. Both systems are concerned with permanency for children in out-of-home care, but due to varying thresholds for intervention and policies on adoption, reunification practice and expectations of foster parents differ. In the Norwegian system, removal of the child is the last resort after all possible in-home services have been exhausted or there is evidence that further services will be unsuccessful. Thus, following a removal, expectations that a child will be reunified are low. In 2001, approximately 3 percent of children in care were reunified with their parents (Havik et al., 2003), and almost a decade later, the percentage was unchanged. The result is that foster care placements often are long lasting (Sundt, 2010). Further, adoption is rarely used; the country only saw 12 adoptions finalized in 2009 (Skivenes, 2010). When adoptions occur, children's foster parents have the exclusive privilege of adopting children from the foster care system (cf. the Norwegian Child Welfare Act, article 4-20).

In the US, the threshold for removal revolves around the level of risk or harm to the child; removals are made with the explicit intention of reunifying within 12–18 months. As a result, about half of

children removed to care eventually return home to their birth parents and if reunification is not possible, adoption is pursued (Berrick, 2008). The large majority of children adopted from foster care in the US, are adopted by their foster parents (Child Welfare Information Gateway, 2012).

Given this backdrop of structural similarities and differences, we would expect differences in how the US and the Norwegian child welfare systems set the stage for foster parents who care for children. What are these differences, and how are these differences reflected in foster parents' experiences?

### Preparation for care

In accordance with the dominant welfare ideology in Norway, the foster home system is largely public, with only a few private providers (Sundt, 2010). The general criteria set for foster parents are as follows: foster parents must have a particular aptitude, and time and energy to give children a safe and good home; they must have a stable life situation, general good health and good teamwork skills; they must also have the finances, housing and social network that gives children the opportunity for empowerment; they must have good character and must be able to submit a satisfactory criminal record report (see the Child Welfare Act, article 6–10).

To ensure that foster parents are prepared, they are required to attend standardized training<sup>1</sup> for 30 hours and participate in approximately two home visits with a trained social worker.

Foster care in the US is a mixed economy, with public, private non-profit and (in some states) private for-profit agencies supervising individual foster homes. Standards for prospective caregivers are set at the state level and thus vary considerably across the country. Typical requirements might include age (i.e. over 21 years), sufficient income that the caregiver is not reliant on the foster care payment, space so that each child can have a separate bed (and sometimes a separate bedroom), a clear criminal record, and participation in pre-service training. The same training curriculum offered in Norway (PRIDE) is also used in many jurisdictions in the US.

### Provisions from the foster care system

What do the Norwegian and the American foster care systems provide for foster parents as they prepare for a child to join their families? Norwegian foster parents are expected to offer sufficient summer and winter clothes and other typical provisions the child might need, including furniture, all of which is reimbursed by the State. Norwegian foster parents are seen as taking on an assignment by the government and as such, are compensated for their efforts. In addition to the monthly child benefit provided to all parents in Norway (NOK 1000 or USD 150), foster parents receive a monthly foster care subsidy. These rates vary by region and can be negotiable, though the recommended minimum payment per child per month as of 2011 was NOK 6700 (USD 1250). Ordinary foster parents, which comprise about 57 percent of all foster parents, are not considered employees (and thus are exempt from typical employment rights and regulations), but their monthly subsidies are taxable. Other foster parents are employed by the State as full-time carers, either to provide emergency care (where foster parents are provided little notice) or to provide a home for special-needs children. The State is responsible for the costs associated with additional services or supports. These could include exceptional health or dental services, transportation expenses, eyewear, physical therapy or confirmation.<sup>2</sup>

Other circumstances may require a foster parent to remain at home full time. In these instances, the State provides compensation so that one or both parents can stay home, typically compensated at a rate equivalent to the salary they would have earned through outside employment.

Foster care subsidies in the US vary substantially by state and even by county. Rates range from approximately USD 271 per child per month in Missouri to USD 828 in Arizona. Many states offer an annual clothing allowance of USD 100–150, some offer a 'special occasion' subsidy of USD 20–50 per year, and some offer transportation subsidies for travel outside of the local community. At least two states help pay for family vacations (USD 500 per year) or summer camp for children (approximately USD 350 per year) (National Resource Center for Family-Centered Practice and Permanency Planning, 2008). Foster care subsidies are tax-exempt.

Some US foster parents are paid considerably higher rates if they serve medically fragile children or children with special needs. Because it is expected that foster parents have a source of income outside of foster

care, the subsidy is designed to attend to the basic care needs of the child. It is important to note, however, that the average foster care payment is well below the minimum amount deemed by the federal government as necessary to raise a child in the US (Berrick, 2008).

For foster parents employed outside the home, most states prioritize foster children for subsidized child-care services. But given the dearth of subsidized daycare slots available in the US, child care is neither an entitlement nor is it assured in many communities.

Comparison of Norwegian and US foster care subsidies is made more meaningful by examining the purchasing power index of both countries (Norwegian National Statistics, 2011). Using this standard, we find that the two countries are, on average, relatively similar thus highlighting the differences in subsidy structures.

### Supervision and support

Once a child is placed in care the general frame supporting practice is similar across the two countries, but important differences in detail emerge. Foster homes are supervised and supported by social workers, though in the US social workers are required to visit children monthly whereas in Norway a minimum of four visits per year is required the first 2 years, and thereafter twice a year. In Norway, the expressed purpose of these visits is to determine if foster parents need additional services or advice to support the best interests of the child and maintain a stable placement (Sundt, 2010), and if so, to provide these services to caregivers or children. In 2006, about 36 percent of all foster children in Norway had some kind of enhancement measure (forsterkningstiltak) in place (Bufetat, 2009, cited in Sundt, 2010). During particularly stressful periods (e.g. difficult court cases, transitions or problems in school), social workers might counsel a foster parent to temporarily withdraw from the labour market and provide fulltime care for the child. If a child should need a support counsellor, a private tutor or other special services, social workers are likely to access these additional supports. In addition to the Norwegian social workers supervising and visiting the foster home, each foster child is also assigned a supervisor whom the child can trust. This person is typically independent of both the child welfare agency and the

foster parent (The Norwegian Child Welfare Act 1992 Article 4-22) to ensure the appropriateness of the out-of-home care placement (Sundt, 2010).

In the US, children may be assessed for health, educational or developmental concerns, though depending on the jurisdiction, these assessments may not be routine. If special challenges are identified, courts may require services be provided. In addition to the case-carrying social worker, some US children in care receive the support of an independent advocate – referred to as a Court Appointed Special Advocate or Guardian ad litem. In Norway, regular reports are written and filed with the agency. In the US semi-annual reports are submitted to the courts for review.

If Norwegian foster parents decide that a placement is not going well and a child should be moved, they are required to give the agency three months notice so that other accommodation can be arranged. In most US jurisdictions, foster parents must provide a seven-day notice in advance of a placement disruption. In both countries, placement instability is a significant issue. By way of example, in Norway, about one-quarter of infants and toddlers experienced at least one move over the full duration of their care (Norwegian National Statistics, 2010). Data are not collected similarly in the US, but estimates from one state suggest that for infants and toddlers in care 12 months or less, approximately 13 percent experienced two or more placements (Needell et al., 2012).

The formal authority of the child welfare system ends when the child is 18 years old in Norway, but recent legislation (cf. the Child Welfare Act Article 1–3) has made it possible to maintain support until the young person is 23 years old. This may imply continuing economic support for the foster parent, or direct support to the youth to pay for independent housing, education, leisure and other needs. In 2008, federal legislation in the US allowed for the expansion of foster care up to age 21 years at state discretion. To date, nine states offer foster care support beyond age 18 years (Fostering Connections, 2012).

As the above outline suggests, there are substantial differences in the safety nets and services available for families in general and foster families in particular in the two countries. Even though both countries have an overarching aim to provide the best possible alternative for children in care, and they endorse the same principles, the platforms that

foster parents in Norway and the US depart from are significantly different. Table 1 reviews selected similarities and differences across countries.

Next, we explore how these different platforms play out in the daily work of foster parents and the children for whom they care. Our expectations are that foster parents in these welfare states will differ on variables such as: caregiver characteristics; perceptions of time and support for care; how responsibilities between the state and the foster parents are shared; and the experiences of gaining access to services for foster children.

### Foster parents' practice

Information pertaining to the provisions for foster care and the number of children served in out-ofhome care is gleaned from policy documents in Norway and the US and descriptive statistics from secondary sources in each country. In order to better understand foster parents' practices with children, the next section offers information obtained from a qualitative study conducted with 141 foster parents in the two studied countries and data derived from a questionnaire eliciting demographic characteristics of the studied sample. In the US, our sample included 74 interviews with 87 foster parents and 33 interviews with 54 foster parents from Norway. These caregivers were selected for their outstanding features as foster parents - what we refer to as exemplary foster parents. A detailed outline of methodological issues, ethical approvals and the data material, are presented elsewhere (Berrick and Skivenes, 2012). The interviews yielded rich information on several issues relating to caregiving. The selected quotations are representative of modal responses from the sample. Information about the demographic characteristics of the sample is compared to available data on the general foster parent population in the two countries based on secondary sources.

### Caregiver characteristics

Overall, the child welfare systems in the two countries enjoy similar features in terms of their structure and approach, but key differences emerge largely

reflecting the welfare systems in which they are embedded. In Norway, a large majority of foster parents (89 percent) are in two-parent households (Berntsen, 2011), over three-quarters (84 percent) work for the local public child welfare agency, with one caregiver working full-time and the other either working full-time (25 percent) or part-time (25 percent). Two-thirds are still caring for their first foster child, and most foster parents have only one foster child in their care. Two-fifths have a high school degree and another two-fifths have a college or university degree. About half of foster parents in one sample have annual before-tax incomes of NOK 300,000–600,000 (i.e. USD 50,000–100,000). By comparison, the average annual before-tax income in Norway in 2009 was NOK 430,000 (USD 71,500) (Statistics Norway, 2010). The foster parent population in Norway does not differ substantially from the average population (Berntsen, 2011; Havik, 2006). The same is true for this sample of 'exemplary' parents, though their average income is somewhat higher than the typical Norwegian foster parent.

Average foster parents in the US are over the age of 40 years; about 50 percent are living in two-parent households and the other half include single parents; about one half have a high school degree or less, and about 40 percent work full-time (National Survey of Child and Adolescent Well-Being, 2012). US foster parents are much less affluent compared with their Norwegian counterparts and compared with US parents in the general population (National Survey of Child and Adolescent Well-Being, 2001; O'Hare, 2007). And they care for a large number of children compared with the US average: approximately 30 percent of foster parents have five or more children living in the home. This sample of US 'exemplary' foster parents deviates from the average foster parent in that they were more likely to live in a two-parent household (74 percent), they were more affluent (only 30 percent of the sample made USD 30,000 or less) and they were more highly educated (17 percent had a high school degree or less)

### Time for care

Foster parents described their work with children as intensely challenging. Many children had health and developmental concerns, some had behavioural and

Table 1. Selected similarities and differences in the welfare states of the US and Norway.

		US	Norway
Welfare state model – degree of decommodification	Social services as a right Maintain a livelihood without reliance on the market?	Predominantly no No	Predominantly yes Yes
	Type of social stratification system Scope of solidarity	Measured on income, high degree of difference Narrow	Measured on income, low degree of difference Broad
	Family services	Limited	Generous
Child welfare	Type of system	Child protection system	Family service system
system	Reason for intervention Dominant type of service Children involved in the child welfare system	High risk Out-of-home placement 40 per 1000 children received a response from a child welfare agency following a child maltreatment referral <sup>3</sup>	Low risk In-home services 39.6 per 1000 children <sup>4</sup>
	Children in care	5.5 per 1000 children <sup>5</sup>	8.2 per 1000 children <sup>6</sup>
	Entry rates out-of-home placements	Varies from 1.4 to 8.6 per 1000 children <sup>7</sup>	Norway collects statistics fo new children entering the system, i.e. 11.9/1000 in 2010 (in-home services n=1,3224, out-of-home n=503)8
Foster system	Children in foster homes	48 percent of all children in out-of-home care9	6.96 per 1000 children <sup>10</sup>
	Training	PRIDE course in majority of states	PRIDE course (30 h) and home visits
	Economic support – expenses for equipment when child arrive	Varies by state – typically very limited	Full reimbursement
	Economic support – minimum foster parent subsidy	Varies by state. Missouri: USD 271; Arizona: USD 828 (tax-exempt)11	USD 1250 per month (taxable) <sup>12</sup>
	Economic support – extraordinary expenses (holidays, leisure activities, etc.)	Varies by jurisdiction	Yes
	Buy-outs from work when child arrives?	No	Possible and happens quite often
	Buy-outs from work if stressful situations/ period for child?	No	Possible and happens quite often
	Supervision of foster home	Monthly. Semi-annual reports filed with court	Four times a year. After 2 years, semi-annually

emotional problems; others had sleeping, eating or toileting issues; and several had social concerns with peers. In the US, foster parents described how they simply attempted to manage these situations, sometimes taking hours or days off work, or generally trying to fit in a response to their children within the context of an otherwise hectic work life. In addition to the resource limitations in their communities, many US foster parents described time as a resource constraint that was assumed as a given.

Norwegian foster parents, on the other hand, spoke about the time they were offered away from their jobs to attend to the special needs of the children in their care. These arrangements were negotiated with social workers and regularly re-assessed at 1-year intervals. One Norwegian foster mother offers this illustrative comment about an infant placed in her care 8 years previously:

Foster mother: I really wanted to find out who

she (foster child) was. I had a lot of time then, since we were

redeemed from work.

Interviewer: You had a buy-out from your

job?

Foster mother: Yes, I still have that. And I

insisted that she should not go to day care. The child welfare agency wanted us to enrol her in day care, because that's what all children do when they turn one year old. I spent some energy on protesting this decision, because I wanted to have control with what happened with [foster child], so we were very protective and eased up very slowly. I think we see very good results [on the child] of that now. (N7:32)

Several foster parents in Norway described their paid leave arrangements, and social workers' expectations that they spend time at home with their foster child. The US material did not reveal similar sentiments or provisions.

### Support for care and access to services

Compared with US foster parents Norwegian foster parents were not only allowed more time and were compensated for their time, but they also indicated a wide range of services and supports available to help them with their care. Norwegian foster parents described preparation of children's rooms including purchasing furniture, toys or books, all reimbursed by the Norwegian government. They described accessing health, educational, legal, psychological

or physical therapy support, depending on the needs of the child. They expressed a sense of entitlement for accessing children's services and typically a sentiment that services were plentiful.

Interviewer: So, have there been enough

resources?

Foster father: Yes, yes, more than enough.
Interviewer: Enough professional offerings?
Foster father: Yes. We are very solution-oriented

... and willing to 'go the extra

mile'. (N29:42)

US foster parents described their strategies for accessing resources both at low- or no-cost and also absent social work support:

If you're careful with your money you can do it. You can do a lot with a little. (US8:265)

If I struggle to help them out [the county agency], I want them [the county agency] to meet me half way too. Like if I have a child who's having trouble in school, I want a tutor for them. I should be able to get that tutor. If I want to put the child in a program where the child can, you know, advance, please help me pay for that program ... You know, with the recession too, there's a lot of cutting here, cutting there. (US38:529)

You know the system. And they [the county agencies] do not get together. We have not yet gotten any services for these kids because [the county that placed the children] won't pay. The (receiving) county won't pay. (US31:018).

Foster parent: We mortgaged our house in order

to get it [a van that can accommodate wheelchair-bound foster children]. That's what we did. Yeah we put the mortgage out because to buy one of those, you're talking about \$50,000.

Interviewer: And what would be the alternative

for a family who couldn't afford to

do that?

Foster parent: Well, don't take the kid. Don't

take the kid because it's really

hard. (US45:205)

### Responsibilities toward the birth family

This sample of exemplary foster parents showed a profound interest and devotion to their foster children and to children's birth families, a feature we saw cross-country: 97 percent of the Norwegian foster parents and 70 percent of the American suggested that they have a shared parenting role with birth parents (Berrick and Skivenes, 2012). However, the meaning of a shared parenting role was interpreted and exercised differently in the two countries. In the US material we see that foster parents described rather extensive interactions with, training for, and follow up with birth parents and family. In the Norwegian sample respondents described a circumscribed role for foster parents within the framework of infrequent visitations. These caregivers indicated that their obligation and responsibility principally extended to the foster child and that support for birth parents and family largely fell to the state.

Interviewer: Do you include [birth] mother in the child's developmental

milestones?

Foster mother:

No, but mother will take part by looking at pictures ... and she

receives some pictures.

Foster father:

Yes. Plus that is controlled by the child welfare agency. We follow what has been agreed with the child welfare agency, contact with family. But, it's not a lot of contact except visits. There are three phone calls a year - Easter Eve, birthday and Christmas Eve. And then there

are six visits.

Foster mother: Three in the autumn, three in the spring, you know, so it's not

[much]. No. (N3:31)

Interviewer: So when visit is finished, how

do you help the family cope with the absence of the infant?

Foster Father: No, we do not have that role .... Other than that we can sympa-

thize with them [birth parent], but we do not have much contact.

Foster mother:

... Our role during visits is to be withdrawn. We have been present. We have often sat at the dining table while they have been playing in the other part of the living room ... we kind of have deliberately made it clear that we are not involved, but we are in the room if there is anything they [birth parents] need. We are available, they can ask us if there is anything, but this is their time. (N20:25).

The US foster parents displayed different sentiments and practices, showing active interactions with the birth family. Many caregivers recognized that some children would reunify with their birth parents and spoke to the strategies they used to help support reunification opportunities.

I really tried to help [child's] mom. She would get her check and fill up on candy and junk and then her check would be gone. I told her that I would show her how to stretch a check on a tight budget. I would bring her to the store, show her how to do it. But she never followed up with me. (US6:59) They weren't raised properly so they don't know how to be parents. If I can be a role model to them, I love that. (US9:15)

Yes, yes. Day-to-day this, or day-to-day that. Or either had to deal with a problem that comes up, and she wanted to be more of a friend [to the child instead of the mother. And I was trying to teach her, you have to learn to be a mother. And of course, you can be their friend but you have to learn to separate. That's a must, because if you get to be their friend, they're gonna take you this way and not gonna have that respect that you so need from them. (US17:15)

### Aspirations for the future

Regardless of children's ultimate home, the large majority of these caregivers described the processes they undertook to convey stability and continuity for children. Some spoke of the formal process of adoption, but most spoke of informal means by which they conveyed to children their continued love and support through childhood and beyond (Berrick and Skivenes, 2012). Foster parents in both countries were devoted, thoughtful caregivers, concerned about children's adjustment and well-being while in foster care, and also thoughtful about children's development as future adults. Caregivers described their hopes and dreams for children to lead healthy, happy lives, and to be able to attend to their own affairs through employment. The two samples differed modestly, however, in their perspective on children's future responsibilities to others, a difference that appears to follow the ideology of the two welfare state models. Both groups hoped for financial security, though the US caregivers used words such as 'selfsufficient' to describe the independent financial well-being of these future adults, and the importance of avoiding reliance on the state for support. Norwegian foster parents, in contrast, were more likely to refer to their youth who might have a reason for continued reliance on the state. This Norwegian response illustrates the case:

I started quite naive and thought I would help them [foster children] so they could support themselves with income and a job and paying tax. I have changed [my view on this] ... . A society cannot only have members that are all taxpayers. [We] must have some that we must take care of, if our community is a good society. (N4:165).

In the US, comments such as the following were more typical:

Her other two sisters are on welfare. I tell her, 'No, you are going to work. You don't want your son to see you like that.' (US42:173)

We wanted him to go to school and college like everybody else. (US58:114)

What I would like to see for every foster kid that walks out of here: a diploma and respect for people. Kids have a real hard time with respect. They don't get it. A lot of kids grow up in the system and think that everything is owed to them. They've learned how to manipulate the system. We have, the foster care system, has done that to

the kids. That everything is given. And so, I want them to have respect for themselves, respect for other people, have that diploma. (US12:101)

### **Discussion**

Findings from this study suggest that there are differences in the conditions for providing care to vulnerable children and youth living in foster care in the US and Norway. It appears plausible that the frameworks for care are shaped by welfare state arrangements and the organizational and bureaucratic structures that reflect these ideological platforms. Even though it is impossible to draw conclusive inferences, the findings appear to indicate that welfare state models and the imbedded social responsibilities they embody, impact the daily practice of foster care in the respective countries.

First, we outline how the welfare state arrangements and foster care systems are different in Norway and the US, and how these distinctions create possibilities and barriers for foster parent practices. In the US context, for example, policies relating to family leave are a patchwork depending upon the state one lives in, and – importantly – one's employer (Berger, et al., 2005). The US Family and Medical Leave Act allows for time away from employment, but does not guarantee or mandate that such leave be paid (Palley and Shdaimah, 2011). In Norway, family leave policies are universal. As such, paid time off from work is a culturally expected practice when family caregiving demands are high. In the case of foster care, these policy platforms result in striking differences for foster parents attempting to welcome new children into their homes. In Norway, the transition process is described as intentional and well-considered as parents have time away from employment to ease their foster child into the routines and responsibilities associated with their new family. In the US, children are welcomed into homes where parents are simultaneously balancing the hectic business of work/family arrangements.

Second, we find that foster parents in Norway and in this sample are comparable to the general population on several demographic variables. The narrow differences between Norwegian foster parents and Norwegian parents in the general population may be

explained by the fact that living conditions are relatively similar in Norway, and income inequality in Norway is relatively small compared with most other Organisation for Economic Co-operation and Development (OECD) countries and with the US (Norwegian National Statistics, 2009). Thus, in Norway, the potential pool of foster parents is likely to share more similarities than differences and combined with training and screening should make it relatively easier to recruit exemplary foster parents.

In the US, foster parents deviate from the average reflecting substantially lower socio-economic conditions, though in this sample of exemplary parents their demographic characteristics more closely matched the US average. We cannot determine from this study whether the higher socio-economic circumstances of this sample contributed to their capacities as exemplary caregivers.

Third, there is a clear difference in the services, resources and supports that are provided to foster parents and children in Norway and the US: interviews with these caregivers show how this is reflected in their everyday care for children. For example, even though the foster parents in this study revealed a range of advocacy skills on behalf of their children (Berrick and Skivenes, 2012), their starting point is markedly different. The relatively ample financial and service supports offered to foster parents in Norway allow many to play the role of a fulltime, paid caregiver over an extended period of time. These comparatively rich financial arrangements allow the state to impose obligations on Norwegian foster parents to provide rehabilitative and restorative care to children above and beyond the care of a typical parent, and to seek out and receive an array of services customized to meet the care needs of individual children (Sundt, 2010). US foster parents provide care in a much more constrained resource context. These limitations are derived, in part, from the thin platform of government-sponsored support available to all US families, but they relate explicitly to the narrow range of entitlements available to foster youth and the extremely low subsidy offered to caregivers. As a result, children reared by exceptionally savvy foster parents who are knowledgeable about aggressive advocacy may be better served than children whose foster parents are more timid, culturally inhibited, or uninformed about potential services. Inequities between children with similar needs are therefore highly likely in the US context whereas these differences are probably minimized in a Norwegian context of relatively broader supports.

One related dimension, which reflects the differences in welfare state decommodification, is how US foster parents must use and employ their own resources, networks and connections to get the services children need. In some instances (e.g. subsidized child care), foster children in the US may make claims upon the state for services because of their foster care status; claims that they would not be able to exert without their foster care condition. But many services foster children might *need* (e.g. dental services, tutorial services, etc.) are typically difficult to access and frequently unsubsidized. In Norway, care for foster children is clearly defined as a public responsibility; advocacy is employed to demand of the state services to which a child is entitled. But children's entitlement to services is not conferred because of their foster status; indeed, all of the provisions of the welfare state that would be conferred upon Norwegian families are also extended to the child in care, with the child's care status almost irrelevant. Findings from this study show how these two governments differ in their view of social responsibility and achieving equality and social justice for vulnerable children. In short, US foster parents must operate largely in the market, whereas their Norwegian counterparts work within a governmentsupported system. As such, the welfare state in Norway assumes direct and comprehensive responsibility for children's service needs.

Similarly, although the resources for children in US foster care are largely provided within the context of the private family, the permanency framework imposed by policy maintains children's 'foster' status. That is, although the US foster parents spoke about children's full inclusion into their families, they also routinely spoke about birth parents, children's connections to their original families, and efforts to support reunification. The reality of children's dual citizenship in two families had the effect of highlighting children's foster status in ways that were not as pronounced in our interviews with Norwegian foster parents. There, although the weight of the state was generally felt more palpably

in the form of supports and other provisions, the permanency framework that allows for long-term foster care had the effect of erasing the *foster* status from children's circumstances. As a result, foster parents in Norway did not necessarily make foster care distinctions as they described the children in their home, intimating that their view of their foster child was as a citizen of only one family.

Finally, most parents have high hopes for children's safety, health, and well-being into adulthood. Foster parents in this study were no different. Where we saw differences emerge, however, was in foster parents' views about their children's adult relationship to the state. In the US these were characterized by parents' interest in seeing their youth become financially self-sufficient and independent of governmental supports. In Norway, some foster parents spoke of their hopes that their youth would become financially secure as an adult, but coupled their comments about financial security with their youth's obligation to contribute back to society through taxes. And one foster parent offered a sober, yet realistic portrait of her foster youth's future needs, indicating that his difficult childhood might have lasting implications for continued state support into adulthood.

### Conclusion

Studies from other fields point to the potential effects of different welfare state regimes on the private affairs of families. Some evidence suggests that the welfare state may influence matters of fertility, employment, marriage and the age of independence (Mayer, 2004). Findings from this study suggest that the effects of welfare state regimes may also play out in the private lives of foster parents serving a public duty. Some differences are likely consequential. Other differences may have effects on the more subtle aspects of caregiving, thus limiting the experiences and opportunities afforded to vulnerable foster children and youth.

A clear finding is that the Norwegian welfare state has a hands-on approach. The foster care system, through law, policy and service provisions, shows that the responsibility for at-risk children belongs to the state. The US is more hands-off. Although the state clearly plays a role in taking formal custody of children separated from their parents, children's care is largely outsourced to private families who are assumed to be responsible for attending to children's care needs. We speculate that these differences derive, in part, from the public's perspective on government as trustworthy and reliable. Recent evidence confirms US views that are sceptical of government intent and outcomes. While US popular views on the degree to which they 'trust in government' vary over time and most notably by condition of the economy, well under 50 percent of US adults ever claim to 'trust' the government (Pew Research Center, 2012). Public views in Norway and other Nordic countries are noticeably different with high levels of trust in government (Bergh and Bjørnskov, 2011).

Although the underlying mechanisms driving these differences across states offer material for conjecture, findings from this study seem to suggest that broad welfare systems are inclined to create more opportunities for enhancing foster children's wellbeing. In contrast, the model for foster care shaped by US policy likely results in highly uneven caregiving with access to services for children dependent on the circumstances and fortitude of individual actors working within the child welfare system. Mirroring the inequality that characterizes much of the US, the foster care system is reliant on private families to protect and secure children's future well-being.

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