

ORIGINAL ARTICLE

# Emergency out-of-home placements in Norway: Parents' experiences

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## Abstract

The number of emergency placements of children has increased rapidly in Norway over the recent years. Nevertheless, there is little knowledge about how parents experience the processes involved in emergency placements. We conducted 64 survey interviews with parents who have experienced this kind of placement of their children. One third of the participants' children had received interventions prior to the emergency placement. Another third were known by Child Welfare Services (CWS) through reports of concern, which were dismissed without interventions and, in some cases, without investigation. The final third had no prehistory from CWS ahead of the emergency placement. A large proportion of the participants emphasized that they had experienced problems for a long time and had earlier requests for help unmet. Another large group of parents notified CWS themselves, and some of them wanted their child emergency placed. On the basis of parents' experiences, we suggest different implications for practice: (a) CWS should be more thorough in their investigation and assessment of the families, both when it comes to reports of concern and evaluation of initiated interventions. (b) Planned placement should be promoted to a greater degree, wherever possible. (c) A greater emphasis on follow-up of parents after emergency placements is needed.

## KEYWORDS

assessment, child welfare, family social work, risk in social work

## 1 | INTRODUCTION

The Norwegian Child Welfare Service (CWS) is mandated to intervene in the family sphere, a work characterized by complex, normative, and ethical issues (Kojan & Christiansen, 2016; Lonne, Harries, Featherstone, & Gray, 2015). Although child welfare decisions are regulated through the Child Welfare Act, practitioners must frequently make subjective assessments of children's and families' needs and required interventions in what is an uncertain environment involving contestable decision making. The fact that decisions affect those involved requires that practitioners make well-founded assessments of children's and families' life situations and needs. Decisions to remove children from their homes are particularly complex and are influenced by various factors (Dettlaff, Graham, Holzman, Baumann, & Fluke, 2015; Graham, Dettlaff, Baumann, & Fluke, 2015). Time pressure represents a potential negative influence on the decision process (Kahneman, 2011; Skivenes & Tonheim, 2016). Unplanned placements made in haste, hereafter referred to as emergency placements,

therefore entail some special challenges regarding the quality and outcomes of decisions when it comes to both judicial and psychosocial perspectives of the best interests of children and parents.

The Norwegian CWS is legally empowered to take emergency decisions to remove children from the home should the situation require it. From 2008 to 2015, there was a 65% increase in the number of emergency placements sanctioned by paragraph 4-6/2 in the Child Welfare Act (Bufdir, 2016a). Out-of-home placement of children has been a topic in empirical research for a number of decades. However, there has been little emphasis on emergency placements. In this article, we address how families experience the processes involved in these kinds of decisions, and we discuss possible implications for practice.

In our study, we conducted 64 survey interviews with parents who had experienced emergency placement of their child. The research questions were the following:

1. How was the contact between the family and the CWS like before the emergency placement?

2. How did parents understand the reasons for the emergency placement, and how did they experience the placement?
3. How did parents experience their contact with CWS after the emergency placement?

## 2 | THE CONTEXT OF THE NORWEGIAN CWS

The Norwegian CWS has often been characterized as family service oriented (Kojan & Lonne, 2012; Skivenes, 2011). Skivenes (2011) argues that the system has a family-sensitive and therapeutic approach to families and children. The expressed policy aim of the service is both to protect children from risk and to provide equality of opportunity to all children through a wide variety of welfare services, all within the framework provided by the child welfare legislation (Skivenes, 2011). At the end of 2015, 60% of the children in contact with CWS received supportive services while living in their biological homes, and 40% were placed outside the home; 25% of these were placed voluntarily in foster or residential care, but 75% were placed without the consent of their parents (Bufdir, 2016b).

## 3 | EMERGENCY PLACEMENTS IN NORWEGIAN CHILD WELFARE

In Norway, the municipal CWS offices are responsible for the daily functions of the child welfare legislation, such as receiving and investigating referrals, making decisions about voluntary services, preparing matters regarding out-of-home care for the County Social Welfare Board (CSWB), and evaluating ongoing interventions (Kojan, 2011). When children are placed outside the home, the usual procedure is that the matter should be discussed and decided in CSWB. An important premise in the legislation is that children and young people should be given *necessary assistance and care at the right time* (Child Welfare Act, paragraph 1-1). Planned out-of-home placements, according to paragraphs 4-12 or 4-24, can require several months from the time the case is reported, and sometimes these delays are inappropriate. If the child is judged to be in danger or for other reasons needs immediate alternative care, the Act allows the leader of the CWS to issue an interim order and immediately place the child without a court order. The most used emergency paragraph is 4-6, 2 in the Child Welfare Act:

*If there is a risk that a child will suffer material harm by remaining at home, the head of the child welfare administration or the prosecuting authority may immediately make an interim care order without the consent of the parents.*

This emergency provision is intended only for use in cases where there is a real and present danger in the child's circumstances, and the only way of avoiding (further) harm is immediate placement (Baugerud, Augusti, & Melinder, 2008). Emergency placement can also happen voluntarily with parental consent (paragraph 4-6, 1). A separate provision (section 4-25) enables placement of young people with

serious behavioral difficulties without consent. Other emergency provisions are those of paragraph 4-9, which prohibits the relocation of children and allows placement for children already living outside the home, and paragraph 4-29, which allows placement without consent when there is the danger of exploitation for human trafficking. After the placement, the CWS must send an application for interventions to the CSWB as soon as possible and within 6 weeks at the latest.

## 4 | CHILDREN AND FAMILIES AFFECTED BY EMERGENCY PLACEMENT

Emergency placements are challenging when viewed from judicial and psychosocial perspectives. They often involve considerable burdens for the child and family. Emergency placements can be difficult to understand for the children involved, and their levels of stress are much higher than in planned placements (Baugerud & Melinder, 2012). When the removal of children takes place with parents present, children will often encounter their parents' high levels of stress and will have to deal with a variety of reactions from their parents (Baugerud et al., 2008).

Emergency placements are also challenging because the decision process is different from that of planned placements, where the CWS files a petition to the CSWB prior to the placement. With emergency placements, court proceedings and any complaint from parents take place after the child is placed. These placements break with the legislative principle of contradiction—that both parties have the right to be heard and to present their views before a decision is made. In emergency placements, parents cannot obtain information before the decision is made or pre-emptively dispute the reasons for placement. Arguably, this seriously weakens the degree of legal protection the child and parents are afforded (Baugerud et al., 2008; Oppedal, 2008).

A range of factors influence child welfare decision making. Some concern the particular case, organizational factors, and aspects related to the child welfare worker(s) involved or external factors beyond these (Baumann, Dagleish, Fluke, & Kern, 2011; Graham et al., 2015). Timelines are also highlighted as a factor affecting the quality of decisions. The decision process may be mechanical and not adequately thought through when there is pressure to make decisions quickly. If CWS has too little or no knowledge of the families involved, the basis for decision making may be inadequate (Skivenes & Tonheim, 2016). Emergency placement entails these limitations to some extent when the imperative of protecting children in difficult situations requires prompt action (Baugerud et al., 2008). In view of the considerable burdens such placement can represent for parents and children, it will be useful to look at various actors' experiences of such cases. Finally, we will discuss what implications parents' experiences have for child welfare work.

## 5 | METHODS

We interviewed 64 parents whose children had been placed outside the home under emergency provisions. Our data were collected at two times with the same questionnaire and procedure. The survey questionnaire, which consisted of both fixed-alternative and open

questions, was administered by telephone or face-to-face interview by the authors or a research assistant. The answers were written down by the interviewer. Of the interviews, 34 were carried out in 2015 as part of the project "Emergency Decisions in Child Welfare". These participants were recruited by the Emergency CWS in an urban local authority. In addition, we used 30 questionnaires completed by participants in the country-wide Norwegian project "The New Child Welfare (DNB)" in 2008–2009, where 715 families who received assistance from child welfare participated (Clifford, Fauske, Lichtwarck, & Marthinsen, 2015). However, only those questionnaires ( $N = 30$ ) completed by parents whose children had been placed on an emergency basis were used as data material.

The questionnaire used for all participants included questions relating to parents' experiences with child welfare, their perceptions of their children's functioning and needs and information about their living standards, income, physical and mental health and contact with a variety of helping agencies. The quantitative data were coded and analyzed using SPSS Statistics 23. Analyses carried out included frequency analysis, cross-tabulation, and correlation analysis.

We also conducted a descriptive content analysis of the following open questions: "How was the contact with CWS initiated?"; "What did you understand to be the reasons for your contact with child welfare?"; and "How did you experience the first contact with CWS?"

Child welfare staff provided additional information by completing a questionnaire whose topics were details of the referral to child welfare, contact with the family, reasons for intervention provided, details of help provided and child welfare's cooperation with other agencies. Only the data concerning prior contact with the family was used.

## 5.1 | Recruitment and sample description

Participant recruitment was carried out by child welfare workers, who gave parents information about the project and invited their participation. Those parents who expressed interest gave their consent to engage direct contact with the researchers, who then set up interviews.

We asked parents about their demographic characteristics. In total, 28% of parents who participated were fathers, and 72% were mothers. With regard to their living conditions, 69% of parents reported that work salary was their main source of income, with the rest sourcing this from various benefits. Fifty-seven percent regarded their economic circumstances as good or very good, but 19% rated them as unfavorable or very unfavorable. Studies have shown that parents in contact with child welfare have lower levels of education than others (Egelund, Christensen, Jakobsen, Jensen, & Olsen, 2008; Kristofersen & Clausen, 2008). This was also the case in the DNB survey: 22% of mothers and fathers had no education past the lower secondary level, and only 16% of mothers and 13% percent of fathers had further education (high school or university). However, for our sample of parents who had children placed under emergency provisions, the education level was quite similar to that of the general adult population: 51% of fathers and 57% of mothers had completed upper secondary education as their highest educational attainment, and 28% of fathers and 35% of mothers had education from high school or

university. Only 14% of fathers and 9% of mothers were without upper secondary education.

The parents in the sample are thus more favorably placed with regard to a number of variables relating to circumstances and living conditions when compared with the general child welfare parent population as it emerged in the DNBV survey. They have higher levels of educational attainment, more are in paid employment, and more of them describe their economic situation as good (57% compared with 36% in DNB). On the other hand, we found that parents whose children were in emergency placements reported mental illness more often than parents in the general child welfare population, with 34% stating they had experienced mental difficulties during the last 2 years.

Families with immigrant backgrounds were underrepresented in this sample when compared to national statistics relating to the child welfare population. Among all children who were placed under emergency provisions in 2014, 59% had mothers born in Norway (Bufdir, 2016b). In our sample, 80% of the mothers were born in Norway. This underrepresentation can partly be explained by a higher degree of attrition from potential participants with immigrant background. In some cases, the CWS workers who recruited participants could not get in contact with these parent. In other cases, parents had consented to participation, but the researchers were unable to establish contact. We have not identified significant differences in the experiences of immigrant and Norwegian parents. It could be interesting, however, to explore further if ethnical background makes a difference in the process of emergency placements, concerning for example language problems and parents' understanding of the CWS's role and mandate.

## 6 | RESULTS

Here, we will focus upon three main areas:

1. The families' prior contact with CWS;
2. The parents' understanding of the reasons for the emergency placement and their experiences of the placement; and
3. The situation after emergency placement and how the parents viewed their contact with child welfare.

### 6.1 | Prior contact with CWSs

A third of the parents (36%) said they had been provided with help from CWSs before the emergency placement was made. However, information provided by child welfare showed that 11% of children later placed under emergency provisions had been reported to child welfare because of concern but that these reports were put aside without being investigated. In addition, 14% had been reported due to concern and had been investigated, but the cases were subsequently put aside without intervention. Another 7% of children had been reported, but the parents did not want assistance, and these cases were also put aside without further intervention. This means that CWS had been notified about concerns for almost one third of the families. However, they had not provided any measures aimed at improving the situation of the child and the parents. The remaining 32% of the families

reported that they had no prior contact with CWS before their child was emergency placed in out-of-home care.

Using the information provided by child welfare, we examined the help provided before emergency placements. A family and a child can be provided with several forms of interventions simultaneously, so the numbers add up to more than 100%. In Table 1, only those interventions that were provided for more than 5% of the families are included.

One quarter of the children had previously lived in residential care and 17% in foster care. Almost one third of families provided with help had received miscellaneous forms of help listed under "other." This includes parental guidance, anger management courses for parents, housing assistance for youths, and a number of other types of assistance.

## 6.2 | Who reported concern for the child?

Parents answered an open question about how their contact with child welfare was initiated; 39% of parents initiated contact with child welfare or child welfare emergency services themselves (see Table 2). Self-referral rates were surprisingly high; however, self-referral is closely connected with the child as cause for the concern reported. Private actors include family, neighbors, the children themselves, and other private actors. Eight percent of the parents told us that their children had reported problems in the family. Public source included mainly police and school or preschool but also staff at social security centers, hospitals, crisis centers, health centers, nurses, child welfare, and child psychiatry.

**TABLE 1** Types of measures provided before emergency placement, in percentages

Other interventions	29
Residential care	24
Financial assistance	21
Weekend family home	17
Multisystemic therapy	17
Leisure activities	17
Foster home	17
Emergency foster home	14
Home consultant	10
Support person	7

**TABLE 2** Percentages of sources of reports about concern for children

Parents	39
Private source	17
Public source	27
Unclear source of report	9
Police	8
Total	100

## 6.3 | Parents' understanding of the reasons for the emergency placement

To gain insight into the parents' perspectives on what was emergent in the situation prior to the placement, we examined answers to the open question "What did you understand to be the reasons for your contact with child welfare?" Fifty-eight percent were categorized as the child's problems, and answers concerned issues about the child's behavior, including aggressive or threatening behavior directed at parents, substance use, mental health problems and self-harm. As one mother described it, "The problems escalated, we couldn't cope and dared not try any more, it was too alarming. We simply could not help her."

Thirty-six percent of the answers were categorized as parents' problems and included alcohol and substance abuse, mental health problems, and maltreatment of children. One father explained, "Child welfare took our children at school, after the school had reported us. The children had said that we hit them."

Six percent of the parents gave answers categorized as "other reasons." Cross-tabulations (Table 3) revealed a significant correlation between the contact reasons and those who reported the family to child welfare. Those parents whose child's problems were the reason for contact with child welfare contacted child welfare themselves more frequently than others (54%). Cases that were categorized as parents' problems were less frequently reported by parents themselves (22%). Hence, parents were more likely to ask child welfare for help when they regarded the child as the problem. For public sources of report, the main contact reason was parents' problems.

When parents initiated the contact themselves, and the reason for concern was categorized as "the child's problems," we often received a description of aggressive and violent youths and conflicts that escalated to the point that parents felt that they could not manage the situation. As one mother stated, "Our boy has serious behavioral problems, aggressive behavior. He is angry with us, makes threats. He was sent to an institution."

In cases where parents themselves contacted child welfare, with the reason for placement being parents' problems, we found that the issue was often understood and described by parents as poor or non-existent networks and a lack of support. There were also a number of cases in which one of the parents described the reasons as problems in the other parent's home. One mother said, "My son was admitted to hospital, and it emerged that he was subjected to violence from his father. He had also given my son alcohol."

**TABLE 3** Percentages of sources of report according to parents' understanding of the reasons for contact with CWS

Source of report	Reasons for contact with child welfare as perceived by parents	
	Child problems	Parent problems
Parents	54	22
Public source	30	44
Private source	11	17
Unclear source	5	17
Total	100	100
N	37	23

Chi-square = 20,64,  $P = .02$ .

Alcohol or substance abuse was described as a reason for placement in a number of cases. It was often about the other parent's alcohol or drug abuse. One father explained, "Child welfare entered the mother's apartment with the help of the police. There they found the mother dead drunk with the child in the apartment."

Violence on the part of parents was in some cases described as the reason for emergency placement: "When our girl was nine months, she was admitted to hospital with bleeding between the skull and the brain. The hospital suspected that we had injured her."

There were some situations in which parents told us that children had reported violence on their part, which they denied. "Our daughter reported me for ill-treatment. But it wasn't true."

#### 6.4 | Parents' experience of emergency placement

Emergency placements can be dramatic and burdensome. For some families, it happens suddenly, and neither child nor parents have time to prepare. A number of parents described strong feelings about the emergency placement. One mother whose nine-day-old daughter was removed from her care after a drug raid said: "It was traumatic. I was given absolutely no information. It was a violation, and it took a week before I saw my child again."

Another mother described the situation as follows: "It was a persecution, awful, they did not believe that we looked after our daughter. We were shut out, without any information. There were the police and everyone in our home. They rode roughshod over us."

It has been said that placement of children often is characterized by reaction rather than action (Havik & Christiansen, 2009). Several of our participants experienced emergency placement in this way. As one father stated, "It seems as if CWS acts on impulse and doesn't think about the future at all."

However, not all parents experienced the emergency placement as being dramatic. For example, one of the mothers wanted her daughter to be emergency placed due to drug abuse, so she showed up at the Child Welfare (CW) office just before closing time and refused to leave without getting her daughter emergency placed.

#### 6.5 | Situation after emergency placement

Forty-four percent of the children had been returned to the parental home at the time of the interview, with 50% not returned and 6% unknown. Thirteen percent had returned home and lived with both parents, 17% lived with their mother, 5% lived with their mother and a new partner, 11% lived with their father alone, and 3% lived with their father and his new partner. Data for the general child population shows that 3% of children live alone with their father and 1% with their father and his new partner (Statistics Norway, 2015). In the DNB survey, 7% of children lived with their father or their father and a new partner. Children who have experienced emergency placement by child welfare more often live with their fathers afterwards than children in the child welfare population as a whole or, for that matter, the general population of children. Interestingly, there are some children who lived with their mothers but who were placed with their fathers under emergency provisions. Storhaug (2015) discussed whether child welfare saw care provided by the father as an exception

to the rule or as some kind of last resort in cases where the mother was unable to offer adequate care. The relatively large number of children living with fathers in this study, coupled with the fact that some children were transferred from maternal to paternal care under emergency provisions, appears to support the impression that paternal care is seen as a last resort.

We do not have information about the duration of emergency placements. This could be an interesting question for further research, as a number of studies have suggested that children spend too long a time in emergency placements (Havik, Hjelmås, Johansson, & Jakobsen, 2012).

#### 6.6 | Parents' experiences of their contact with child welfare

Forty-five percent of parents said that, in the main, they were satisfied with their contact with the CWS. Even though some did not think that the help provided was much use, many parents felt that they had been treated well by the child welfare staff and were satisfied. Interestingly, the level of confidence in CWS was relatively high, despite parents experiencing an emergency decision, although 39% of the parents were negative about their contact with CWS, and 16% were ambivalent. Those who had mostly negative experiences of their contact with CWS spoke of poor communication and poor cooperation, feeling they were not heard or taken seriously and that there was a mutual lack of confidence. They were also more likely to have had prior contact with CWS.

Our analysis shows that parents' understandings of the reasons for emergency placements and their views of CWS are strongly related to their CW history. In this respect, two main groups emerge from our analysis. There are parents who have had prior contact and those with no CW history ahead of the emergency decisions. Their experiences and views of the CW vary, partly due to whether the child was the reason for notifying CWS and how they described their involvement in the decision-making process. First, parents who had no prior CW history were much more likely to contact CWS themselves. They often expressed serious concerns about their children and more often wanted, and agreed with, emergency placement of the child. There was much agreement about the emergency decision between this group of parents and the practitioners.

Second, parents who had a history with CWS expressed lower confidence in the decisions to have their child emergency placed. In several of these families, parents reported that the supportive interventions they received did not improve the situation of the child and/or the family. Several parents said that they had wanted help from child welfare earlier but had to struggle to receive it. Some said that they did not receive help until their problems became truly difficult, which then led to the emergency placement of their children. As one mother commented, "We have tried to get help over a number of years. We should have had more preventive help. If child welfare had dealt with our problems earlier, we could have avoided placement in residential care."

A number of parents also experienced poor follow-up from child welfare after emergency placement of their child. As one mother described,

They haven't paid attention to me as a mother. I have lost two children. I have not been offered any help. There ought to be some help for parents who have lost children. There is much to bear. I think they should have seen the seriousness of their intervention and provided more follow up for me.

What these parents shared was a feeling of not being heard and that child welfare ignored them as soon as the children were placed outside the home.

## 7 | DISCUSSION

When initiating this project, we hypothesized that the increase in emergency placements is a complex phenomenon but that one possible explanation was the increased understanding of the impacts of violence upon children's brain functioning. Violence has been identified as a significant risk factor for child safety, development, and welfare (Renner & Slack, 2006; Stith et al., 2009). Article 19 of the Convention on the Rights of the Child defines violence as all forms of physical or mental violence, injury and abuse, neglect or negligent treatment, and maltreatment or exploitation, including sexual abuse.

In 2015, the Norwegian CWSs concluded 54,400 reports of concern (Statistics Norway, 2015). Approximately 20% of these reports concerned various forms of violence (Bufdir, 2016b). Reports related to sexual, physical, and emotional abuse and neglect have changed little during the last decade, being less than 5%. However, two categories introduced in 2013 increased: domestic violence or the child being witness to domestic violence (8.8%) and high degree of conflict at home (10.9%; Statistics Norway, 2016).

Risk assessment has expanded in the Anglophone child welfare systems (Kojan & Lonne, 2012; Parton, Thorpe, & Wattam, 1997), but its emergence in Norway has been slower. One manifestation is standardized measuring instruments (Samsonen, 2016). A broader understanding of the consequences of serious deficiencies of care for children as well as better legal protection for children in Norwegian society are trends that have influenced the dissemination and acceptance of risk assessment approaches. On the one hand, this is a favorable and desirable development because more children are protected. On the other hand, this has increasingly meant that "needs are viewed primarily through a risk lens" (Featherstone, Gupta, Morris, & Warner, 2016, 10), resulting in greater willingness to make emergency decisions by practitioners fearful of possible consequences if placement is not made.

Although increasingly risk focused, Norwegian child welfare remains much less risk oriented and more need oriented than most Anglophone systems. Hence, an aim for state regional child welfare has been better preparation and planning of placements (Havik et al., 2012) and reduced numbers of emergency placements (Myrvold et al., 2011). Removing a child from the family remains an absolute last resort, and concern about a child's care will not necessarily lead to placement before some dramatic event or before family care completely collapses (Christiansen, 2011). Dickens (2007, 83) used the notion of a catapult, "a specific event or change of circumstances,"

which can have a legitimizing function, as they support and reinforce the notion that placement is necessary (Christiansen, 2011, 210).

Research findings on the consequences of violence in a developing brain combined with increased application of risk assessment tools might be contributing to increased emergency placements in CW. However, our data and analysis neither support nor exclude this explanation. We did not ask parents about the various forms of violence in the survey, and these issues might be underreported by parents who act violently toward their children or spouses. We found that some parents wanted their child to be emergency placed and that many agreed with the emergency decisions made by CWS. From the parents' view, the emergency decisions seemed to be justified in a need-oriented as much as a risk-orientated assessment.

### 7.1 | Thorough assessments of reports of concern

A study of child welfare practice regarding reports of concern for children being exposed to violence and sexual abuse (Mossige & Kjær, 2013) showed that one in five were dismissed. Similarly, audits carried out by the Norwegian Riksrevisjonen (2015) addressing local authority CWSs showed that many reports conveying concern about children and young people are dismissed without investigation. In their opinion, many of these reports should have resulted in help being provided for the child and family. They concluded that cases dismissed by local authority child welfare might at some later stage return as emergencies.

Similar situations occurred for our participants: 11% of the parents had children who were reported to child welfare earlier but were dismissed without investigation, and 21% had been reported earlier, with the cases being dismissed after investigation, but without any intervention. Given that these children were eventually placed under emergency provisions, this raises questions about the quality and thoroughness of these assessments and investigations. This might reflect resource shortages, leading to higher thresholds for either thorough investigation or provision of help. It might also reflect inadequate risk assessment by staff. These factors can lead to "churn," where families with escalating difficulties return to child welfare with problems so acute that they require emergency placement.

### 7.2 | Evaluation of provided measures

Our results have shown that 36% of the families in our sample had one or more interventions provided by child welfare prior to the emergency placement. Several parents who had prior CWS contact claimed that they asked for help from them earlier on but found that their own expressions of need were largely ignored or not taken seriously, until some triggering event occurred. Some parents claimed that the emergency placement would have been unnecessary if child welfare had listened to their earlier appeals for help or given different assistance than they received. Some with prior contact with CWS asked for better help. One third had various measures before the emergency placement. It remains unclear whether CWS evaluated the ongoing interventions.

Norwegian studies have shown that children removed from the home under emergency provisions typically had child welfare

assistance for a number of years—on average, 3–3.5 years (Christiansen & Anderssen, 2011; Havnen, 2013; Oppedal, 2008). This may be connected to legal requirements that assistance to family and child should be provided before removal of the child is considered. Norwegian child welfare is supposed to follow the principle of the least drastic intervention required to secure satisfactory care for the child, the guiding principle being that “problems should be primarily dealt with by providing assistance in the home... A decision to place the child can only be made if this assistance at home does not work.” (Barne- og familiedepartementet, 2005). Havik, Hjelmås, Johansson, and Jakobsen (2012) note the paradox that an important reason so many emergency placements are made is the emphasis on avoiding placements in the first place. Both the Directorate of Health report from a national inspection in 2011 (Helsetilsynet, 2012) and the 2015 audit report outlined above indicate that long-term interventions can be provided without child welfare having evaluated their efficacy. This can lead to child welfare dealing with deteriorating care for children that eventually makes emergency placement unavoidable.

Altogether, two thirds (68%) of the parents whose children had emergency placements were already known by child welfare. Our data gives us reason to believe that some of these placements could have been avoided with earlier and more appropriate help, or through more-thorough needs assessments and better evaluation. According to this study's participants, timely help that meets their needs can prevent many subsequent emergency placements.

### 7.3 | Follow-up of parents after emergency placement

Our analysis showed that nearly half the children placed outside the home returned to their parents after placement. Irrespective of whether children return, follow-up provided for parents is an important issue (Slettebø, 2008), yet many parents were dissatisfied with this. The Child Welfare Act (paragraph 4-16) requires this follow-up to provide parents with guidance. Curiously, this duty does not extend to emergency placements, yet it can be argued that follow-up after emergency placement is particularly important, both to better assess the prospects for the child to return home and to maintain good relations with parents to facilitate ongoing support.

Many of these families will need help when the children are returned. However, if parents experience emergency placement as dramatic and do not understand why it takes place, it is likely to negatively impact child welfare's relations with parents. This may increase the children's vulnerability, especially if parents refuse contact and children receive little or no help.

### 7.4 | Planned placement to be promoted

Emergency placements are commonly associated with conflicting views of parents and child welfare workers. Surprisingly, about one third of the parents in our study agreed with the emergency decisions made. In this respect, our study brings nuances to the notion of emergency decisions as unwanted by the parents. A topic for future research is to explore how the children experience decision-making processes resulting in emergency placements. A particular focus should

be paid to those children whose parents want them to be emergency placed. Nevertheless, many of the parents we interviewed expressed serious concern about the process and assessment made by the child welfare workers. Emergency placement raises important judicial and ethical questions from the perspectives of parents, children, and practitioners. Haste and stress can adversely affect the decision-making process by making it less well founded and thorough and based more on emotions and intuition than analytic reasoning (Munro, 2012; Starcke & Brand, 2012). Nearly half of the children in our study had returned to the parental home at the time of the interview, strongly indicating that the emergency placement should have been avoided in the first place.

Neither can emergency placements satisfy some important principles requirements in decision making. Stakeholder's participation and their right to be represented in emergency placements will in some situations be set aside, and their views about what is decided may receive insufficient consideration. Planned placements should be promoted wherever possible so that children, parents, and practitioners can avoid the stress, insecurity, and temporality following these placements.

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**How to cite this article:** Storhaug AS, Kojan BH. Emergency out-of-home placements in Norway: Parents' experiences. *Child & Family Social Work*. 2017. <https://doi.org/10.1111/cfs.12359>



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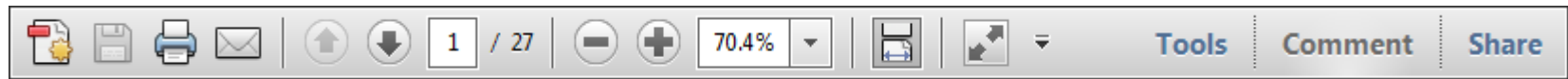
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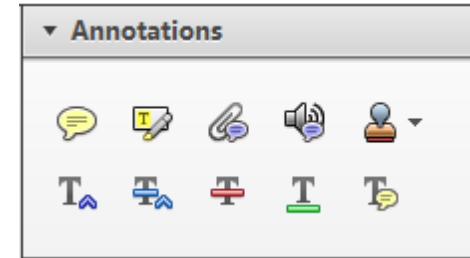
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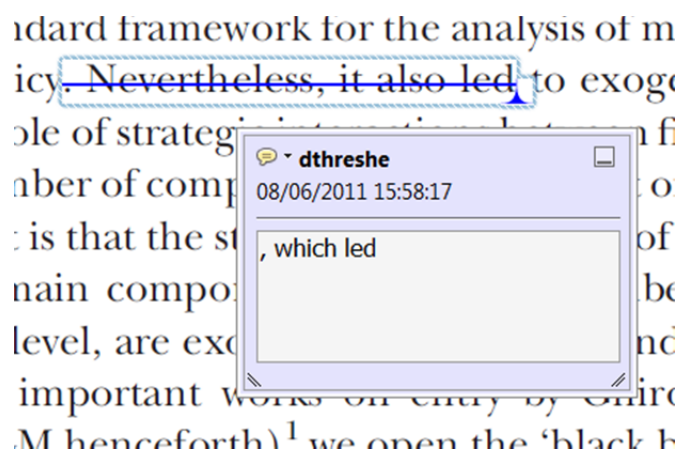
**1. Replace (Ins) Tool – for replacing text.**



Strikes a line through text and opens up a text box where replacement text can be entered.

**How to use it**

- Highlight a word or sentence.
- Click on the **Replace (Ins)** icon in the Annotations section.
- Type the replacement text into the blue box that appears.



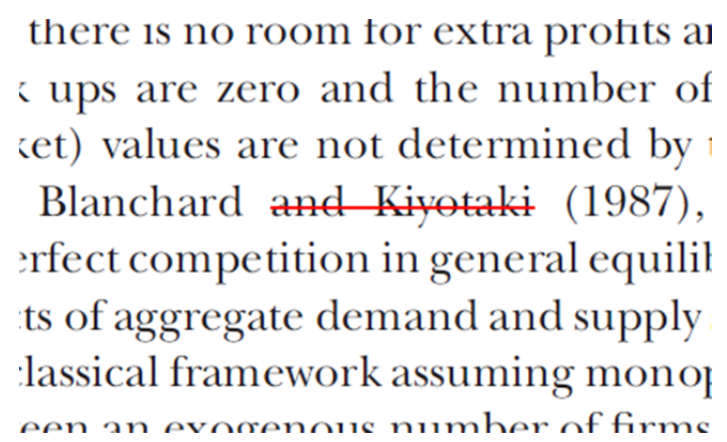
**2. Strikethrough (Del) Tool – for deleting text.**



Strikes a red line through text that is to be deleted.

**How to use it**

- Highlight a word or sentence.
- Click on the **Strikethrough (Del)** icon in the Annotations section.



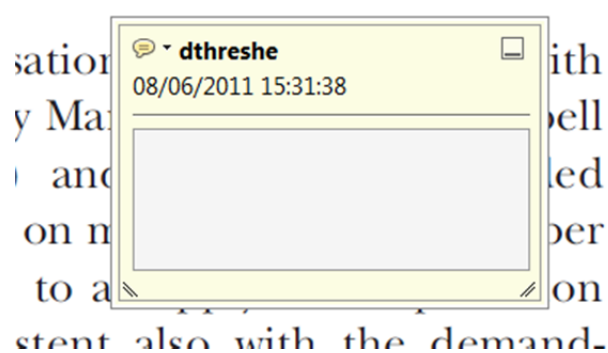
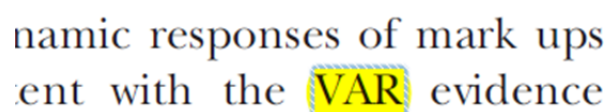
**3. Add note to text Tool – for highlighting a section to be changed to bold or italic.**



Highlights text in yellow and opens up a text box where comments can be entered.

**How to use it**

- Highlight the relevant section of text.
- Click on the **Add note to text** icon in the Annotations section.
- Type instruction on what should be changed regarding the text into the yellow box that appears.



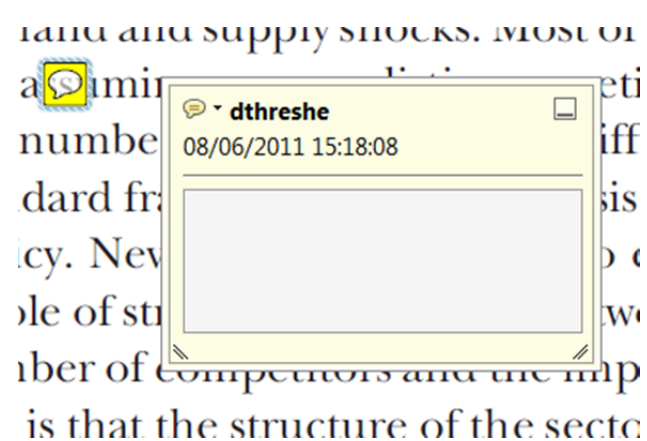
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Marks a point in the proof where a comment needs to be highlighted.

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- Click on the **Add sticky note** icon in the Annotations section.
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- Type the comment into the yellow box that appears.



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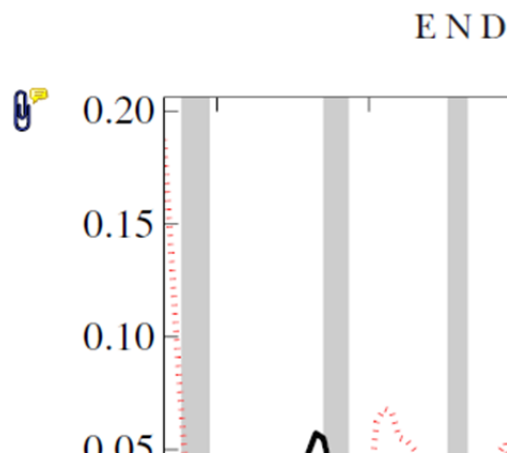
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Inserts an icon linking to the attached file in the appropriate place in the text.

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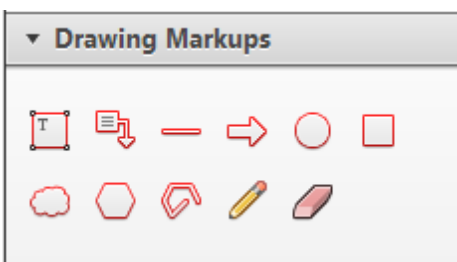


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of the business cycle, starting with the  
 on perfect competition, constant return  
 production. In this environment goods  
 extra profits and the number of firms  
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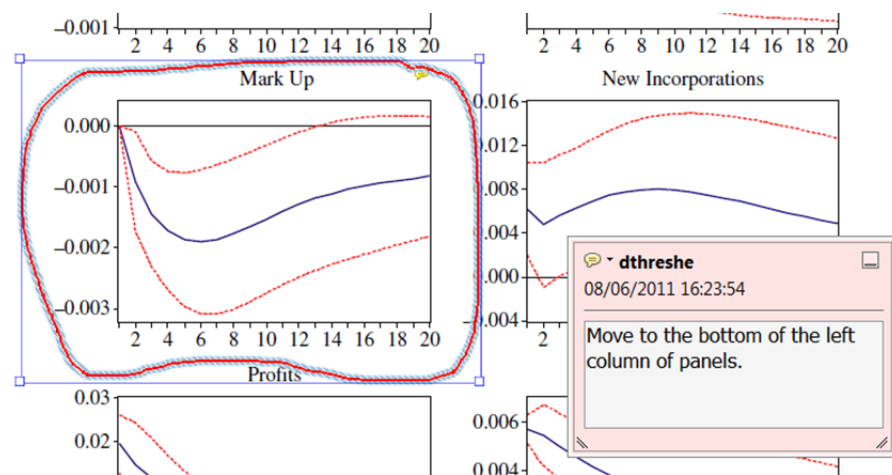


**7. Drawing Markups Tools – for drawing shapes, lines and freeform annotations on proofs and commenting on these marks.**

Allows shapes, lines and freeform annotations to be drawn on proofs and for comment to be made on these marks..

**How to use it**

- Click on one of the shapes in the [Drawing Markups](#) section.
- Click on the proof at the relevant point and draw the selected shape with the cursor.
- To add a comment to the drawn shape, move the cursor over the shape until an arrowhead appears.
- Double click on the shape and type any text in the red box that appears.



For further information on how to annotate proofs, click on the [Help](#) menu to reveal a list of further options:

