

Norwegian child welfare workers' perceptions of emergency placements

Abstract

Emergency placements in child welfare services have increased during the last 10 years in Norway. At the time of placement, some of these children have been in the child welfare system for several years. Based on qualitative interviews, our study explores Norwegian child welfare workers' perceptions of long-term cases resulting in emergency placements.

The participants reported that they felt they had intervened too late, as it took them too long to understand the severity of the situation. This occurred mainly due to three factors: 1) The work had mainly been based on the parents' premises. 2) Having too much distance to the child, as they talked too little with the child, too late in the process. 3) An experience of lacking methodological skills needed and sufficient opportunities to conduct proper observations and assessments. 4) Supportive measures were tried for too long, and these measures were not properly evaluated.

Giving other professionals' assessments considerable weight in the decision-making process, and the use of legal language rather than independent, professional assessments, can be seen as another way of distancing themselves from both the family and the decisions being made.

Key words: Child welfare, emergency placements, decision making

Introduction

This article addresses the challenges that child welfare workers perceive in cases where the family has received supportive measures for a long period of time and an emergency placement of the child was eventually made. Removing a child from the home is the most serious measure taken by child welfare services (CWS), and these decisions are often made under uncertainty and ambiguity (Fluke, Baumann, Dalglish & Kern, 2013). When decisions about placements are made without time to thoroughly prepare, it is even more challenging from a psychosocial, legal, and ethical point of view.

In the period from 2008 to 2015 in Norway, there was a 65% increase in placements made under the most widely used emergency section of the Child Welfare Act, § 4-6, 2nd paragraph. The increase in placements was significantly higher than the growth in other types of child welfare activities. Planned placements outside the home generally increased by 37% (Bufdir, 2017a). Despite this development, which is seen by many as concerning, emergency placements by CWS is an area that has received little attention in research, both in Norway and internationally.

This article is based on 11 in-depth interviews with child welfare workers at five different municipal child welfare offices. Child welfare workers were asked to describe cases where there had been at least one emergency placement under the Child Welfare Act, § 4-6, 2nd paragraph, where the family had received supportive measures for at least one year prior to the emergency placement.

Our main research question is as follows:

What challenges are identified by child welfare workers when emergency decisions are made regarding long-term cases? Another important question is the following: What do child welfare workers see as the rationale for these emergency placements?

Emergency placements in Norwegian child welfare

The Norwegian CWS is often characterised as family service oriented, with a family-sensitive and therapeutic approach. The aim of the service is to protect children from risk, provide equal opportunities for all children, and provide preventive help to avoid out-of-home placements (Skivenes, 2011). At the end of 2016, 60% of the children in contact with CWS received supportive services in their biological homes, and 40% were placed outside the home (Bufdir., 2017b).

The municipal CWS offices are responsible for 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. When a child is placed outside the home, generally, the decision is made by a CSWB (Storhaug & Kojan 2017). An emergency placement in Norway occurs when CWS decides to place a child outside the home before the case is reviewed by the CSWB because there is no time to wait for the usual procedure for planned placements, which can take several months. The most commonly used emergency section, which all the cases in this study are based on, is the Child Welfare Act § 4-6, 2nd paragraph:

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.

Such decisions are made by the municipal CWS but must be reviewed by a CSWB within 48 hours. Emergency decisions are temporary and expire after 6 weeks unless the CWS presents a case for a care order to the CSWB.

Research knowledge on emergency placements

Emergency placements are often difficult for the children involved. Baugerud and Melinder's (2012) study of children involved in emergency placements showed that their stress levels were significantly higher than those of children involved in planned placements. Often, neither the children nor the parents have had time to prepare, and an emergency placement is usually more difficult for a child to understand than a planned placement. If the parents are present, the children will also witness the parents' high stress levels as well as their responses to the placement (Baugerud, Augusti, & Melinder, 2008, p 25). Another challenge is maintaining the legal rights of the child and the parents. When an emergency decision is made, the CWS has less time to consider the alternatives and find an optimal solution. The requirements for the decision-making process of an emergency placement differs from that of an ordinary placement process, where the CWS presents the case to the CSWB prior to the placement. For emergency placements, the CSWB hearing occurs after the child has been moved. Emergency placements thus violate the principle of contradiction (both parties should be heard in advance of a decision) because children and parents have less opportunity to express themselves before an emergency decision is made (Oppedal, 2008).

Havik et al. (2012) claim that one important reason why so many emergency placements are carried out is the strong emphasis on avoiding placements, which are seen as an absolute last resort. This makes placements reactive rather than proactive and often occur only after years of supportive measures have been provided in the home. Both Norwegian and Scottish studies (Christiansen & Anderssen, 2010; Henderson & Hanson, 2015) show that children have often received supportive measures for several years prior to an emergency placement: on average, 3–4 years. Storhaug and Kojan (2017) study of parents who experienced emergency placements of their children shows that approximately two-thirds of the families had contact with CWS prior to the placement. Most of the families had received advice and guidance, the

most commonly used supportive measure in Norwegian child welfare. Several of these parents expressed that if they had received help earlier or received another type of help, they could have avoided the emergency placement.

Placing children outside the home is often the result of a crisis; therefore, in some way, *the situation*, makes the decision for CWS. Dickens (2007, p. 83) describes this process as a *catapult*, “a specific event or a change of circumstances.” Skotte (2016) claims that the feeling of child welfare workers that they are individually responsible for the outcome and their fear of making mistakes based on uncertain individual judgements, cause child welfare workers to wait for a crucial event that results in the need for an emergency placement. This helps reduce the sense of guilt and responsibility associated with the placement, but it may also cause workers to wait too long to respond to certain situations.

Two crucial elements of a good decision-making process are taking enough time to listen to the involved parties and developing a critical interpretation of the basis for the decision (Skivenes & Tonheim, 2017). When emergency decisions are made, CWS must act quickly in situations that may be characterised by drama, which makes it challenging to meet the conditions of a good decision-making process. Limited and uncertain information regarding case events is another potential barrier to good decision making (Rzepnicki & Johnson, 2005). Several studies refer to the pitfall of time pressure because it can lead to a thoughtless, mechanical approach where decisions are made without sufficient consideration (Gambrill & Shlonsky, 2000, p. 816). Munro (2012) also emphasises that time pressure and stress are factors that can adversely affect the decision-making process, making it less thorough and based more on intuition and emotions rather than analytic reasoning. Social workers who are stressed often oversimplify the alternatives, have a tendency to offer solutions before all the alternatives have been considered (Morris, 2005), and assess the risk to the child to be higher (LeBlanc et al., 2012).

According to Christiansen and Havnen (2003, p. 62), many rapid decisions regarding emergency placement of children do not meet normative decision-making requirements and child welfare standards regarding how such decisions should be made and enforced. Despite a large increase in emergency placements during the past few years and the potential burdens placed on the children and parents, we do not find any studies that examine child welfare workers' experiences with emergency placements. Since several studies show that a great proportion of children who experience emergency placements have been in contact with CWS prior to their placement, often for several years, we are particularly interested in child welfare workers' experiences with these cases. What challenges do child welfare workers perceive when emergency placements are made for long-term cases? We discuss the implications of these perceptions for child welfare work.

Method

Selection and data collection

The article is based on semi-structured in-depth interviews with 11 child welfare workers from five different offices of CWS. The selection criteria are as follows: Each participant must have worked as a child welfare worker (the equivalent to a licensed social worker in the U.S. /UK) in a municipal CWS and must have recently worked with at least one long-term case (at least one year) where an emergency decision was made pursuant to the Child Welfare Act, § 4-6, 2nd paragraph. To recruit participants, the co-authors contacted leaders at various CWS offices, who shared the request with their employees. Then, the potential participants made direct contact with the researcher. All the participants were women and had extensive experience (7–15 years) as a child welfare worker.

This study focusses on the experiences of the participants as they worked with 11 families that included a total of 17 children: six girls and eleven boys. The cases involve seven single

mothers, one single father, and three families where the parents lived together. Five of the children were 0–3 years old, four were between 3 and 13 years old, and eight were between 13 and 17 years old. The families had been in contact with CWS from 15 months to approximately 10 years before the emergency placement took place.

The interviews were conducted at the participants' workplaces and lasted for approximately 1.5 hours. A semi-structured interview guide was used by the interviewer. All the interviews started with asking the participants to describe a long-term case they had worked with that ended in emergency placement. The purpose of this question was so to give the child welfare worker an opportunity to highlight what she perceived as important in the case. All the interviews were recorded and transcribed by the author, who also conducted the interviews and ensured that all the data were anonymised.

Context-dependent cases

This study uses a qualitative case study approach (Flyvbjerg, 2006; Mills, Durepos & Wiebe, 2010; Starman, 2013). Prior to the interview, the participants were asked to select a case that they wanted to describe. These cases are context-dependent and need to be understood and interpreted accordingly (Flyvbjerg, 2006). It is important to consider the kind of cases that were selected: long-term cases ending in emergency placements. Such cases are often considered as 'negative outcome cases', as they are challenging in regard to ethical, social and judicial aspects. All the participants seemed to have selected cases that made an impression on them because these cases were perceived as challenging to work with, and as a consequence, many aspects of what the participants perceive as challenging child welfare practices are elicited. This inherently leads to rather negative, one-sided findings, as several of the participants expressed concerns about the decision process leading up to the placement. Although these cases do not provide a general picture of Norwegian child welfare, we think it is important to illuminate how these processes are perceived by child welfare workers. In

view of the considerable increase in the number of emergency placements, it is useful to gain a better understanding of the challenges in these cases to both provide a better understanding of why this increase has occurred and increase awareness of the potential to improve the outcomes of these long-term cases.

Analysis

Systematic text condensation was used as an analytical tool. This is a descriptive and explorative method that is used for thematic cross-case analysis (Malterud, 2012). The analysis was conducted in four steps:

1. The transcribed interviews were read to develop a complete impression of the data.
2. The interviews were reread, with the specific aim of identifying “meaningful units”, i.e., text fragments that may elucidate the research question. These fragments were coded with labels that compiled the related units into code groups. Examples of the labels used include “too late” and “sympathy”.
3. The text was condensed; the parts of the text that were relevant to each code group were extracted, condensed (summarised) and grouped into categories and subcategories.
4. The findings were summarised. The contents of the categories were summarised and presented as an analytical text (a generalised description of the topics identified as most important to the research question).

The presented results were validated by re-contextualising them against the transcribed interviews and searching the material for data that contradicted our conclusions (Malterud 2012). This study used a phenomenological method, and in alignment with our main purpose, this method was used to convey the participants’ experiences and perceptions. It is nevertheless impossible to avoid developing an interpretation of these experiences and of

what we consider the perceptions of the child welfare workers to be. This analysis strongly relied on a hermeneutic process.

Results

«It was enough»

According to Christiansen and Anderssen (2010), child welfare workers are reluctant to make decisions about placements without conclusive evidence. In such cases, a “trigger” is necessary for action to be taken.

None of the families had initially come into contact with the CWS due to an emergency. In two cases that initially did not raise many concerns, however, there were triggering events that caused the emergency placement. These cases involved statements made by the children about violence and the acute hospitalisation of a mother in psychiatric ward.

The girls told me that mum and dad beat them. Then, they were emergency placed, due to an unclear situation where the CWS had no overview. We actually lacked supportive measures that were safe enough to allow the children to stay at home during the investigation.

In other cases where triggering events were described as the rationale for the placement, there had been serious concerns for a longer period of time: Examples of triggers include children who had run away from home; threatening, or lack of, communication, and parents with drug problems. In four of the cases, a care order was considered to be necessary, and preparations for presenting the case to the CSWB had begun. There were also cases where the parents’ reactions to the message that the CWS planned to issue a care order were perceived as a trigger for the emergency placement.

It's basically a 4-12 case (care order), but their reactions to this triggered an emergency placement.

Four children had been living at centres for parents and children (institutions that assess parents' ability to care for the child and provide parental guidance) prior to the emergency placement. The participants perceived that these centres were able to work closer with the families and thus could reveal conditions that the CWS was not in a position to uncover.

I was worried about the situation, but I lacked documentation.

In three of these cases, professionals at the centres quickly expressed serious concerns, and assessed that staying at the centre was not a sufficient measure. These assessments were given crucial weight in the rationale for the emergency placements.

The "centre" was clear about its concerns, that the care was inadequate.

According to the Child Welfare Act, an emergency placement should be made in situations where there is a risk of material harm to the child. In this study, emergency placements are also made in situations for which the *emergency* of the situation is not so obvious. In several cases, the triggering event does not appear to be serious or dramatic but rather the straw that finally broke the camel's back.

It was a total assessment of the situation. We thought: Let's do it now! The child running away was the trigger that gave us the opportunity to try this.... But it was the entire situation; if we had not known the whole history, I think it would have been difficult to make an emergency decision.

For the majority of the families, the emergency placements were made due to concerns that had accumulated over time, where the CWS had implemented various supportive measures that did not have the desired effect.

There was no other solution.... We had worked with the family for so long and were still not sure that this child was taken care of. It was an emergency situation.

For some cases, no triggering event was described nor was it obvious what was perceived as an emergency. The workers claimed that they just felt that *it was enough*.

Two cases had been previously referred to the CSWB, but the cases had been withdrawn based on the parents' positive development.

We saw a positive change. And then you think "we're not there anymore." With lots of guidance, we might achieve something. Then, we begin to get a gut feeling that we will not get there. The situation changed and became an emergency.

This statement exemplifies the often uncertain and ambiguous nature of child welfare cases, which can make it difficult to judge when to intervene, especially because the situation may improve, only to become worse again (Henderson & Hanson, 2015).

"This should have happened several years ago"

All the participants felt that in retrospect, the CWS should have intervened earlier:

I think the emergency decision was correct, but ... it could have been avoided by assessing it as a care order case earlier. For the girl's benefit, this should have happened several years ago.

Several participants expressed the importance of being close to the family and felt that they had failed to gain insight into how serious the problems were. Others stated that they had worked closely with the family but still failed to see that they should have intervened earlier:

We thought we were so close and yet it went so wrong. How could it go so wrong? We were close to the family; we were in their home.

Several participants emphasised that the time it took the CSWB to process cases was a challenge. This is also claimed (Bufdir., 2014) to be a contributing factor to the increase in emergency placements in the last ten years.

It was scary how quickly time passed and how we suddenly saw that this child lagged behind in development, and we got stressed. How far behind is he; when did this happen? But you wait for measures to start and then you wait for the CSWB... there is so much to wait for.

Some of the cases were dropped because the parents did not want supportive measures, only to be picked up again later. For these cases, the assigned case worker, and often the municipality, were changed at some point. Several participants highlighted that for some cases, CWS took longer to intervene than what they considered was in the best interest of the child.

“We didn’t understand”

Several of the participants described cases where, in retrospect, they thought that the relationships with the parents (especially mothers) had mainly been based on the parents’ premises:

We had good collaboration, but it may have been based on the mother’s premises to a large extent.

Participants indicated that their relationships with the parents were characterised by a lack of continuity. The parents sought help when they experienced difficulties and pulled away either when they felt better or if they thought that CWS was intruding. Several participants described cases that had been closed several times, only to be reopened based on new concerns:

You close the case when they think it's going well and reopen it when a new concern is raised; eventually, you see that this is not really good enough.

Several of the participants claimed that in many cases, the parents had too much control:

The mum is verbally strong and seems very honest when she talks about her mental state and how she's been. You get a lot of sympathy... and think that what she is saying is right.

In several cases, we get a description of parents characterised by sympathy and optimism, and the child welfare workers had hoped for a long time that the situation would improve. This can be understood in relation to *the rule of optimism* (Dingwall, Eekelaar & Murray, 1983; Kettle & Jackson, 2017), which refers to the tendency of social workers to reduce or minimise their concerns for the child's care by being overly optimistic about the parents and the case. In many cases, this positive relationship seemed to impede the ability of the worker to understand the severity of the child's situation.

Time passed and the mum has basically been the one to inform us when she thought things went well or not. Eventually, it turned out that the case was far more serious than we thought. There was a lot more chaos, and the boys have suffered much more than we were aware of.

Farmer and Lutman (2010) conducted a study on case management and found that child welfare workers have a strong tendency to minimise cases of abuse and neglect and give parents too many chances to change. NOU 2017:12, a review of serious cases in Norway, found that professionals' practice in these cases could be characterized by wishful thinking and an overestimation of the parents' ability to care for the child. Professionals' desire to help the parents to be able to care for their child came at the expense of the child's needs and safety. This seems to also be the case in our study.

Participants also felt that they should have communicated more with the children earlier in the process:

I now think that there should have been more conversations with the boys.

Several participants stated that when they spent more time with the children, they had a better understanding of how serious the situation was.

They told us about many difficult events. We found that the mum's situation is now worse. I think it may have been the same previously, but we didn't understand.

A number of studies, conducted both in Norway and internationally, show that communication with children is a general challenge in child welfare cases. Although legislation emphasises that children should participate in the process, there is a strong tendency for child welfare workers to focus more of their attention on the parents than the child, and the child often becomes invisible in their own case (NOU 2017:12; Christiansen & Anderssen, 2012; Ferguson, 2016; Vis & Thomas, 2009).

“What do we have to offer?”

In several of the cases, the child welfare workers indicated that the primary problem was related to the mental illness of the parents, mainly the mother. Drug use was also a prominent problem. In several cases, the participants had been highly concerned for a long period of time. The child welfare workers described the deficiencies in care as complex and ambiguous but also claimed that they lacked good supportive measures:

What measures do we have to offer? There are limits to how much advice and guidance we can provide as child welfare workers.

The supportive measures used in the cases included advice and guidance, home consultant, home assistants, financial support, homework help, visiting homes for the children, and

centres for parents and children. Several participants expressed that they had gradually lost faith that the supportive measures could improve the situation:

We saw that the children needed much more care than they received. We tried to patch it up with these measures.

According to Havik et al. (2012), one important reason why so many emergency placements are made is the strong emphasis on avoiding placements. Participants expressed that they felt pressured by the system to use supportive measures for longer than they thought was in the best interest of the child, which aligns with the principle of using the least intrusive interventions. This principle implies that supportive measures provided in the home should always be considered and whenever possible, they should be sufficiently tested before conducting an out-of-home placement (Barne- og likestillingsdepartementet, 2016). The participants perceived this as a central basis for getting the case through the CSWB.

We thought we had to try enough, we had to give the parents enough chances ... So that we had enough to get it through the County Board...

When several participants expressed that they did not believe that the implemented measures would lead to a change, we wonder whether the measures were mainly symbolic, in the sense that they served as evidence that something had been tried before taking the case to the CSWB. Several participants expressed that there were *no proper stop-points or assessment points* in the process, and others indicated that the measures would just *roll on and on*. Therefore, we question whether the measures were adequately evaluated during the process, which is seen as a widespread challenge for the Norwegian CWS. An audit that was conducted by the Office of the Auditor General of Norway (Riksrevisjonen, 2015) and review of serious cases in Norway (NOU 2017:12) emphasises that long-term interventions are provided, but CWS does not evaluate their efficacy sufficiently.

Several participants were also critical of previous assessments that had been made by other CWS workers. They particularly questioned the relationship between the challenges in the family and the supportive measures that had been implemented. In one case that involved violence against the children, the current child welfare worker perceived that the implemented measures were not sufficient in light of the severity of the situation.

They made a decision to use a home assistant.... it challenges me when I read the assessment that was made at the time.

In another case that involved a mother with drug-abuse problems who repeatedly left her child alone at night, the support measure implemented by a previous case worker was financial support.

A number of the participants highlighted two challenges: not having sufficient methodological skills and not having sufficient opportunities to adequately observe the child and family over time:

It's difficult to assess parenting abilities by visiting homes for an hour every now and then.

We also provided guidance regarding interactions between the parent and child. It says something about how difficult it is to make observations when in the minutes they are filmed, you think, 'wow, this was good interaction'. The next moment, they are observed at a family and child centre, and you see that there are so many shortcomings, that it's not justifiable to continue the guidance.

The participants indicated that they felt it was challenging to accurately determine the severity of the child's situation:

How could we not see ... When I brought this child to the hospital and the doctor had this reaction... "Oh my God, this child has not developed, the back of its head is flat, and he's missing hair. Where have you been?!"

The participants claimed that they lacked the competence and did not have enough opportunities to make thorough observations and assessments, which seems to explain why other professionals' assessments were given great, and at times decisive, weight when making decisions about emergency placements.

Lack of professional assessments

Several of the child welfare workers seemed to rely more on others' professional assessments than their own and intervened only when others expressed strong concern. In some cases, these assessments appear to have functioned as a trigger; this was especially apparent for cases in which the family lived in a parent – child centre. In these cases, the centre revealed conditions that they defined as *not acceptable and safe*; the stay was terminated, and an immediate emergency placement was made. Several participants claimed that they had been concerned early on in the case that the situation was serious, but they lacked documentation to substantiate any claims. These measures can be seen as both ways to safeguard the children in situations where child welfare workers are uncertain of the parents' abilities and as a means to obtain sufficient documentation for making a placement. Relying on the professional assessments of others can be regarded as necessary interagency cooperation in complex cases, but one can nevertheless question the assessments made prior to this measure, as several cases were quickly considered by the centres as *not acceptable* regarding the care of the child. Bjørnebekk (2008) analyses child welfare records and finds that child welfare workers are careful about using or expressing their independent professional authority and subordinate their discretion to colleagues with higher status. Healy (2005) also notes that social work organisations are often heavily influenced by other professions and disciplines.

Especially in cases involving older children and youth, we see that the participants lacked the ability to make professional assessments and justifications. "Material harm" was a term used

as a rationale for placements: *There was a great danger that the boy would suffer material harm by staying with his parents.* This term reflects the wording of the emergency paragraph in current legislation (§ 4-6, 2nd paragraph): *“If there is a risk that a child will suffer material harm by remaining at home...”* This term appears to have entered the professional vocabulary and is used to justify emergency placements; however, the *material harm* in each case is not necessarily clearly identified. This term is implicitly used, as if it has independent validity and does not require elaboration in the form of professional assessments.

Discussion

For several years, there has been a professional and political aim to conduct better prepared placements of children (Havik et al. 2012). Supportive measures that are provided in the home should be sufficiently tested before an out-of-home placement is made (regjeringen.no). At the same time, there has been a significant increase in emergency placements, and many of these children have been in contact with CWS, often for several years, prior to this placement. In this context, we find it important to explore child welfare workers' experiences with long-term cases that turn into emergency placements. To our knowledge, no prior study has examined this issue. A better understanding of the processes that occur before emergency placements are made can contribute to a greater awareness of what can be done to avoid emergency placements, in favour of planned placements when necessary, which is often a better solution for the child.

The child welfare workers in our study felt that they had intervened too late. In most of the cases described, the participants indicated that they *should have said that enough was enough at an earlier stage* and that it took them too long to understand the severity of the child's situation. Three factors seem to explain why this occurred.

1) The participants perceived that their relationship with parents (especially the mothers) to a large extent had been on the parents' premises and that they as child welfare workers, had been too optimistic about the situation. Thus, the parents had too much control over the work being done.

2) Participants experienced having too much distance to the child at the beginning of the case. Their understanding of the child's situation became clearer as they spent more time talking to the children, but several claimed that this was done too late in the process. 3) Several participants questioned their own methodological skills and noted the lack of opportunities to conduct sufficient observations and assessments. Following a nationwide audit, the Norwegian Board of Health (Helsetilsynet, 2012) noted that the Norwegian CWS generally conducted professional assessments of children's care that were insufficient. Our participants seem to believe that this impeded their ability to understand the severity of the situation. In some cases, the participants indicated that they did not understand the severity of the situation until other professionals expressed great concern.

4) Most participants claimed that supportive measures were provided in the home for too long, which seem to have occurred because the participants felt obliged to try to improve the situation for a long time before submitting the case to the CSWB as a care order. Furthermore, our analysis indicates that the child welfare workers continued to use supportive measures even though they doubted that these measures would have an effect. In addition, the participants indicated that the measures were not evaluated, which in turn means that child welfare workers are faced with cases, with deteriorating care for children and eventually, emergency placement becomes unavoidable (Storhaug & Kojan, 2017).

The participants described almost all of the cases as being in "a grey area" (Davidson-Arad, Englechin-Segal, Wozner & Arieli, 2006) between providing supportive measures in the home and making an out-of-home placement. Devaney and Spratt (2009) describe these as

“wicked problems”. The complexity of these cases makes it challenging for child welfare workers to develop an overview and define the actual challenges and degree of risk (Kojan & Christiansen, 2016). In these cases, CWS must often consider concerns that have accumulated over time rather than one major crisis that has erupted in the family. The child welfare workers must therefore process and rely on ambiguous information and observations. A common human strategy is distancing oneself from large and complex problems and trying to simplify them (Kahnemann, 2012).

This participants’ experience of distance to the children can also be understood in light of the challenge of two-client work (Shulman, 2016) in child welfare: to be close to both the child and the parents. Our participants described alternating their proximity to and distance from the child and parents. The participants strived to maintain a close relationship with both parties throughout the process.

The participants claimed that they did not have the necessary opportunities and skills for making observations and assessments and seemed to give other professionals’ assessments great and often decisive weight in the decision-making process. According to Skotte (2016), child welfare workers’ fear of making mistakes based on their individual judgements causes them to wait for a crucial event that forces a conclusion to the situation. Our analysis indicates that other professionals’ concerns seem to have a “triggering” effect, which indicates that the participants may use these assessments to distance themselves from the responsibility of making a decision. This may also indicate why legal language is used rather than professional assessments to explain why the emergency placement was needed. When child welfare workers justify emergency placements using the same terms that are used in the Child Welfare Act, it helps to create distance between them and the individuals who are affected. In this way, the needs and problems of the child and family are simplified and generalised. Healy (2005) notes that the legal discourse in social work forms the perspectives and choices of

practitioners. “Such discourses can lead to progressive forms of intervention, and suppress other ways of knowing, thus limiting the options” (Healy, 2005, p. 18).

Conclusion

Child welfare cases are unpredictable and uncertain, which highlights the importance of communicating with the children involved, both early and enough, to obtain a thorough and comprehensive understanding of their situation. This study also illuminates the need to consider the child welfare worker’s relationship with the parents and how this potentially affects their assessment of the family. Positive and optimistic perceptions of the parents, which seems, in some cases, to affect their ability to understand the child’s situation and therefore intervene to the extent that is needed. It is important to review the implemented measures throughout the process to assess at an early point whether the measures are sufficient and if the child’s situation is worsening. Such ongoing reviews could cause CWS to intervene earlier in the process, before the situation is perceived as an emergency. The goal is not necessarily to avoid placements, which in some cases are highly necessary, but to increase the proportion of planned placements, which are often better for children.

This study also illuminates the need for child welfare workers to be more confident in their own assessments, as this can contribute to the provision of early and better prepared interventions.

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