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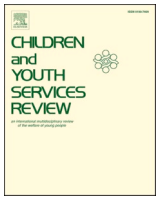

Decision making in child protection emergency cases in Norway

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ABSTRACT

Background: Research on decision-making factors in child protection emergency cases is scarce, and even less is known about factors that can avert emergency placement.
Objective: This study aims to explore factors that distinguish emergency cases that conclude in emergency placement (EP) from emergency cases that conclude in averted emergency placement (AEP).
Participants and setting
The study is based on data from an electronic survey on child protection emergency work, completed by a national sample of child protection leaders (N = 154).
Method: The survey included questions on external and organisational conditions of the Child Protection Service (CPS), as well as descriptions, activities and assessments related to selected emergency cases. Sixty-three of the selected cases were concluded with EP and ninety-one cases were concluded with AEP. Group differences between EP and AEP cases were analysed using descriptive statistics and logistic regression analyses.
Results: The findings indicate that the case factor "violence at home/child abuse" and the CPS's activity of "considering out-of-home measures" at initial assessment phase were significantly associated with EP. Activities like "home visits" and "contact with the network" were significantly associated with AEP. Crucial factors for decision-making according to the leaders were "parents' opinion" and "resources in the network", which were both significantly associated with AEP.
Conclusions: The study has identified several potential important factors for averting emergency placements. Building averting capability in CPS is important to avoid the huge relational and social costs of errors relating to EP decisions.

1. Introduction

When the Child Protection Service (CPS) considers "there is a risk that a child will suffer material harm by remaining at home" (The Norwegian Child Welfare Act, 2022, § 4–2) (CW Act), the CPS has the mandate to place the child in an emergency foster home or institution. Emergency placements (EP) can be coercive or voluntary and are triggered by diverse factors, such as children being exposed to violence in the family, parents being unable to care for the child due to substance abuse or other problems, or serious conduct problems related to the child/youth. However, emergency placements are not always triggered by an emergency incident or episode (Lamponen, Pösö, & Burns, 2019; Storhaug & Kojan, 2017). A document study (Storhaug et al., 2020) of emergency cases showed that 32% of emergency placements were not triggered by an acute incident. These were usually long-term cases with escalating concern about the child's situation. Further, 52% of the children were returned to their parents shortly after the emergency placements. There are, therefore, strong reasons for making efforts to avert emergency placements through other measures.

The decision-making process for emergency placements is different from that for planned/ordinary placements. Planned out-of-home placements must be approved by the county social welfare board prior to the placement, a process that can take several months. In emergency situations, the decision of a coercive placement is made by the leader of the CPS or the prosecuting authority and must be approved within 48 h after the placement by the county social welfare board. Decisions about

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EP are often made under time pressure, with limited time to assess the situation and consider alternatives. Studies show that decisions made under haste are less thorough and based on intuition and emotions rather than analytic reasoning (Kahneman, 2011; Munro, 2012; Starcke & Brand, 2012). According to Masson et al. (2007, p.4), cases assessed as demanding immediate action, with a focus on securing the child, "may lead attention away from balancing safety with the risks of intervention".

Although children and parents have the right to receive information, express their views and contradict assessments and decisions, this is often challenging to comply with in emergency situations. Consequently, emergency contexts challenge children's and parents' rule of law (Oppedal, 2008; Stang, 2018). This can, however, be a necessary price to pay to be able to act on short notice to protect children at risk of serious harm (Stang, 2018, p. 160). Masson et al. (2007, p.2) also argues that in emergency cases, special rules are necessary, so that children can be safeguarded without subverting the ordinary provisions. There is little knowledge about children's and parents' participation in emergency cases. A survey study (Storhaug & Kojan, 2017) showed that several parents, who were in contact with the CPS through investigations and/or voluntary measures prior to the EP of their child, expressed that if they had been listended to and offered earlier or other types of measures, the EP could have been avoided. Save the Children (2017) found that children experienced the EP as a sudden event, with no information and time to prepare. Most of the children agreed that the placement was necessary, but did not like the way it happened, due to the lack of information and participation.

The Norwegian CPS is guided by the principle of least intrusive intervention, which means that the preferred intervention in all cases should be voluntary measures at home in cooperation with the parents and the child (CW Act, § 1–9). Emergency placements should be implemented only when strictly necessary as this is considered the most intrusive measure for families and is often experienced as dramatic and stressful for the parties involved (Baugerud & Melinder, 2012; Storhaug & Kojan, 2017; Storhaug et al., 2020). Family preservation is another important principle for the Norwegian CPS, which must be balanced against the child's safety and the leading principle of "the child's best interest". In emergency cases the safety of the child often dominates the principle of family preservation (Skivenes & Thoburn, 2016). From 2008 to 2015, there was an increase in emergency placements in Norway from a total of 945 to 1,555. This period was followed by a decrease, 2021, the number of emergency placements was 695 (Bufdir, 2022). Compared to all Norwegian children in care during 2021 (8731), emergency placements (§4-2) today account for 8% (Statistics Norway, 2022).

Despite the principle of least intrusive measures and the reduction in emergency placements during the last few years, the Norwegian decision-making practice in child protection cases has been heavily criticised in national and international reports and fora. The Norwegian Board of Health (Helsetilsynet, 2019) uncovered critical shortcomings in decision-making in cases in which children were placed in out-of-home care, both through planned and emergency decisions. Regarding emergency cases, the report noted that "in many cases the CPS have not considered whether the emergency situation could have been solved by less intrusive measures for the child" (p. 7).

For several years, the Norwegian CPS has been in the spotlight of the European Court of Human Rights (ECHR, 2021; Sandberg, 2020; Søvig & Vindenes, 2020). As of June 2023, the Court had concluded that Norway had violated the Convention on Human Rights article 8 in 15 cases (Norwegian Human Rights Institute, NHRI, 2022). These cases against Norway have, in particular, criticised a lack of focus on and respect for the right to family life. In 2018, the United Nations Committee on the Rights of the Child (UN, 2018) commented that the Norwegian CPS had to "review the procedures for removing children in emergency cases and implement a more sensitive approach" and should "conduct research on the reasons behind the significant disparities among counties regarding children subjected to alternative care measures and emergency placements" (UN, 2018, p. 7). The aforementioned criticisms underline the need for more research on decision-making in emergency cases.

Research on decision-making in emergency cases is scarce. Knowledge on decision-making in general can, nevertheless, be relevant to develop a better understanding of decisions made in emergency cases. However, it is important to keep in mind that findings from ordinary cases cannot automatically be transferred to emergency cases. According to the Decision-Making Ecology (DME) model in child protection cases (Fluke et al., 2014), decisions are influenced by four factors: external factors; organisational factors; case factors; and individual factors related to the decision-maker. Several studies show that case factors (such as parental substance abuse and visible injuries to the child caused by abuse) are the most influential factors for child protection decisions (Christiansen et al., 2019; Dettlaff et al., 2015; Lauritzen et al., 2018; Rossi et al., 1999). Further, organisational factors seem to be of greater importance than decision-maker factors (Lauritzen et al., 2018). A Norwegian study on decision making in child protection investigations found that external and organisational factors had no impact on decisions on child protection measures (Christiansen et al., 2019).

A specific gap in the knowledge on decision-making in emergency cases is what factors are associated with averting emergency placements. An American study indicated that the use of Family Group Conferencing (FGC) in emergency cases prevented out-of-home placements to a larger degree than did ordinary decision-making methods (Pennell et al., 2010). A Norwegian qualitative study also reported that FGC in emergency cases contributed to averted emergency placements (Slettebø et al., 2021). Both studies underline cooperation with families and extended networks as key factors to avert placements. However, the overall effect of FGC in preventing (emergency) out-of-home placements compared to other methods is still unclear, due both to the poor methodological quality of many of the studies and to divergent findings (What works for children's social care, 2020; Havnen & Christiansen, 2014).

The aim of the current study is to contribute to the knowledge base on child protection emergency work by exploring what factors distinguish emergency cases that conclude in coercive emergency placement (EP) from emergency cases that conclude in averted emergency placement (AEP).

2. Methods

2.1. Design, sample, and data collection

The current study is based on data from a sub-study of the project "Acute for Whom? Emergency Work in the Child Protection Services" (Storhaug et al., 2020). The study was funded by the Norwegian Directory of Children, Youth and Family Affairs and approved by the Norwegian centre for research data (NSD/SIKT, number 38750). The leaders were sent information on the project in accordance with the ethical guidelines and assured of their anonymity and the right to withdraw from the study if deciding to respond. As the presented results were anonymous, and these kinds of cases are a part of the leaders' normal workday, we considered there was no need to offer further support to the leaders after they had responded to the survey. Data were collected from a national electronic survey (Qualtrix, 2020) between June and August 2019 to the leaders of all municipal CPSs in Norway, gaining a response rate of 54% (N = 190). To increase the response rate, addresses and names were checked, and reminders regarding the survey were sent twice. Due to some missing answers in the selected variables (21 cases) and the exclusion of *voluntary* emergency placements (15 cases), the final sample for this study consisted of 154 emergency cases – 63 cases that concluded with EP and 91 cases that concluded with AEP. The group variable of emergency cases and the reason for excluding voluntary emergency cases are further explained under "Outcome variable".

The survey consisted of two parts: 1) questions about the CWS's

organisation, practice, and routines in general; and 2) practice and experiences concerning one specific emergency case. Inspired by, but not directly applying the Decision-Making Ecology model (DME), we categorized the variables that were considered relevant to the research question into decision-making factors on different levels or clusters: external and organisational factors; case factors; the CPS's activities at initial assessment; and the leader's assessment of crucial decision-making factors.

To allow for a comparison of factors affecting EP and AEP, one half of the CPS leaders were asked to answer questions about one selected emergency case they had been involved in that led to a coercive emergency placement, while the other half were asked to answer questions about one selected emergency case in which emergency placement was averted by means of supportive measures. The leaders were free to choose any emergency case they wanted, without additional criteria. The purpose of this was not to have a detailed description of an emergency case like a document study but to gather a comprehensive collection of examples and experiences of emergency work.

The unit of analysis in the current study is CPS leaders. Their role and position in the emergency work are of utmost importance for the reliability and validity of the data material in the current study, as well as the following analyses and conclusion. The leaders' role in the Norwegian emergency work is quite central. For coercive EP, the leaders are usually directly involved in the decision, in addition to having the formal responsibility for the decision, pursuant to the CW Act § 4–2 and § 4–4. Interviews with CP case workers in another part of the main project (Authors, 2020) showed that a common routine in emergency cases was that the leader was involved in the decisions. This was perceived as crucial for the quality of the emergency work. Against this background, we consider the leaders to have good insight into the assessments made in emergency cases.

2.2. Study variables

2.2.1. Outcome variable

The outcome variable describes the conclusion of the emergency case and was coded one (1) for emergency placement (EP) and zero (0) for averted emergency placement (AEP). EPs are defined in the CW Act according to several specific emergency paragraphs. In this study, we focus on *coercive emergency* placements based on CW Act § 4–2 ("If there is a risk that a child will suffer material harm if the decision is not implemented immediately") and CW Act § 4–4 ("A child who has shown serious behavioural problems"). The aim of the study was to explore factors distinguishing emergency cases that conclude in coercive emergency placement (EP) from emergency cases that conclude in averted emergency placement (AEP). Therefore, voluntary emergency placements (CW Act §4-1) were excluded from the sample, because they differ from the EP cases by not being coercive, and they differ from the AEPs, which are not solved on the basis of emergency paragraphs.

AEPs include voluntary (ordinary) placements based on formal decisions from the CPS, voluntary in-home measures and private arrangements initiated and facilitated by the CPS but without a formal decision.

2.2.2. External and organisational factors

The relevant variables from the survey regarding external and organisational factors were categorised as municipal (1) if the CPS encompassed one single municipality; and inter-municipal (2) if the CPS consisted of two or more municipalities organised under one common CPS leader. The number of inhabitants served by the CPS was reported and coded into three groups: <5,000 (1); 5,000–19,999 (2); and > 20,000 (3). The number of professional positions in the CPS was reported in 4 groups: 1–4 positions (1); 5–9 positions (2); 10–21 positions (3); and > 22 positions (4). The internal organisation of the CPS was coded one (1) if it provided a generalist service (one unit from referral/intake via investigation to decision-making and follow-up on measures) and two (2) if it provided specialist service (two or more separate units; unit for intake, unit for investigation, unit for follow-up on measures). The Child Protection Emergency Service (CPES) was coded one (1) if organised as a standby guard (on-call system) and two (2) if organised in a Child Care Emergency Unit (CCEU).

2.2.3. Case factors

The children's age was reported in whole years and reduced to three groups: 0–6 years (1); 7–12 years (2); and 13–18 years (3). Typology of the case was reported in five variables, coded Yes (1) if present and No (0) if not present. The variables were new case, incident/episode connected to the child *or* the parents, and long-term concern connected to the child *or* the parents. In addition, the CPS leaders were asked to describe in an open text what was considered "acute" in the specific case they based their answers on in part two of the survey. The text was coded in thematic categories in several steps. First, two researchers independently coded the text into single items, and next the researchers decided on the final categories. The final categories represented the most frequent items and consisted of five main variables: violence at home/child abuse; parental substance abuse (including parental conflicts); parental mental health problems (including parents who need relief); child conduct problems (including crime, substance abuse and conflicts); and child neglect (including crisis). The variables were coded Yes (1) if present and No (0) if not present.

2.2.4. CPS's activities at initial assessment

In the process of assessing the emergency situation and possible solutions, the CPS often carries out a set of more or less routine-based activities to gain more information. The activities listed in the survey were: contact with the reporter of the emergency; home visit; obtaining the parents' and the child's opinions; contact with extended family/network; considering in-home measures; and considering placement alternatives. The activities were coded Yes (1) if conducted and No (0) if not. In addition, a new variable was created to explore the importance of the total number of activities conducted as part of the decision-making process; the categories were 1–2 activities, 3 activities, 4 activities and 5–7 activities.

2.2.5. CPS leaders' assessment of crucial decision-making factors

Lastly, the CPS leaders were asked to identify which factors they considered crucial for the conclusion of the emergency situation. The pre-listed factors were: parents' opinion; child's opinion; resources in the network; appropriate in-home measures; and appropriate out-of-home alternatives. The factors were coded Yes (1) if stated and No (0) if not stated.

2.2.6. Analyses

All analyses were performed using SPSS software version 26 (IBM Corp., 2017). Chi-square analyses were used to compare the distribution of decision-making factors affecting the conclusion of the case (EP versus AEP) (Table 1). Based on findings from the descriptive analyses, *three* clusters of variables that seemed to be of importance to the conclusion were included in further analyses. These were case factors related to the characteristics of the emergency, the CPS's activities at initial assessment and the CPS leader's assessment of crucial decision-making factors.

For each of the clusters, a series of bivariate and multivariable logistic regression analyses were conducted. In model 1, variables pertaining to each of the clusters were separately entered as predictors of emergency placement to assess their bivariate relationships. In model 2, variables from the clusters of case factors related to characteristics of the emergency situation (Table 2), the CPS's activities at initial assessment (Table 3) and the CPS leader's assessment of crucial decision-making factors (Table 4) were simultaneously entered to get adjusted estimates. The variance inflation factor (VIF) was investigated to check for collinearity between the variables entered into the multivariable

Table 1
Total and groupwise distribution of decision-making factors on EP/AEP.

Decision-making factors	AEP (N = 91)	EP (N = 63)	Total (N = 146–154)
External and organisational factors			
External organisation of the CPS			
Municipal CPS	71.4% (65)	73.0% (46)	72.1% (111)
Intermunicipal CPS	28.6% (26)	27.0% (17)	27.9% (43)
Population size			
Inhabitants >5,000	33.0% (30)	17.5% (11)	26.0% (41)
Inhabitants 5,000–19,999	36.3% (33)	44.4% (28)	39.6% (61)
Inhabitants <=20,000	30.8% (28)	38.1% (24)	33.8% (52)
Number of positions in the CPS			
1–4	26.1% (23)	22.2% (14)	24.5% (37)
5–9	22.7% (20)	19.0% (12)	21.2% (32)
10–21	27.3% (24)	27.0% (17)	27.2% (41)
22 >	23.9% (21)	31.7% (20)	27.2% (41)
Internal organisation of the CPS			
Generalist	46.2% (42)	41.3% (26)	44.2% (68)
Specialist	53.8% (49)	58.7% (37)	55.8% (86)
Organisation of the CPES			
Standby guard/on-call system	29.4% (25)	27.9% (17)	28.8% (42)
Child protection emergency unit	70.6% (60)	72.1% (44)	71.2% (104)
Case factors			
Child's age			
0–6 years	33.0% (30)	34.9% (22)	33.8% (52)
7–12 years	27.5% (25)	28.6% (18)	27.9% (43)
13–18 years	39.6% (36)	36.5% (23)	38.3% (59)
Typology of the case			
New case (no previous contact with CPS)	34.1% (31)	34.9% (22)	34.4% (53)
Incident/episode child	17.6% (16)	20.6% (13)	18.8% (29)
Incident/episode parents	23.1% (21)	11.1% (7)	18.2% (28)
Long-term concern child	11% (10)	15,9% (10)	13% (20)
Long-term concern parents	13,2% (12)	20,6% (13)	16,2% (25)
Characteristic of the emergency situation			
Violence at home/child abuse*	31.9% (29)	52,4% (33)	40.3% (62)
Child conduct problems	25.3% (23)	28.6% (18)	26.6% (41)
Parental substance abuse*	20.9% (19)	6.3% (4)	14.9% (23)
Child neglect	15.4% (14)	11.1% (7)	13.6% (21)
Parental mental health problems	8.8% (8)	1.6% (1)	5.8% (9)
CPS's activities at initial assessment			
Contact with reporter	48.4% (44)	39.7% (25)	44.8% (69)
Home visit***	54.9% (50)	22.2% (14)	41.6% (64)
Obtained parents' opinion	71.4% (65)	57.1% (36)	65.6% (101)
Obtained child's opinion	53.8% (49)	52.4% (33)	53.2% (82)
Contact with extended family/ network**	51.6% (47)	23.8% (15)	40.3% (62)
Considered in-home measures	20.9% (19)	28.6% (18)	24.0% (37)
Considered out-of-home measures*	36.3% (33)	54.0% (34)	43.5% (67)
Leader's assessment of crucial factors for decision on AEP/EP			
Parents' opinion***	67.0% (61)	39.7% (25)	55.8% (86)
Child's opinion	48.4% (44)	46.0% (29)	47.4% (73)
Resources in network***	40.7% (37)	9.5% (6)	27.9% (43)
Appropriate in-home measure (s)[a)]	17.6% (16)	0.0% (0)	10.4% (16)
Appropriate out-of-home measure	14.3% (13)	11.1% (7)	13.0% (20)

Note: *= $p < 0.05$; **=$p < 0.01$; ***= $p < 0.001$.

Table 2
Case factors related to the characteristics of the emergency situation as predictors of emergency placement (EP).

	Model 1		Model 2	
	OR	95% CI	OR	95% CI
Violence at home/child abuse	**2.35***	1.21–4.56	**3.07***	1.11–8.53
Parental substance abuse	**0.26***	0.08–0.80	0.39	0.11–1.41
Child conduct problems	1.18	0.57–2.44	1.91	0.65–5.63
Child neglect	0.69	0.26–1.81	1.18	0.34–4.12

Note. *= $p < 0.05$; **=$p < 0.01$; ***= $p < 0.001$. OR: odds ratio, CI: confidence interval. OR < 1: decreased OR of EP, OR > 1: increased OR of EP. Model 1: Results from bivariate logistic regression. Model 2: Results from multivariable logistic regression. Significant associations are shown in bold.

Table 3
CPS's activities at initial assessment as predictors of emergency placement.

CPS's activities	Model 1 OR 95% CI		Model 2 OR 95% CI	
Contacted reporter	0.70	0.37–1.35	0.49	0.21–1.45
Home visit	**0.23*****	0.11–0.48	**0.20*****	0.09–0.46
Obtained parents' opinion	0.53	0.27–1.05	0.77	0.31–1.89
Obtained child's opinion	0.94	0.50–1.79	1.18	0.50–2.77
Contacted network	**0.30****	0.14–0.60	**0.15*****	0.06–0.39
Considered in-home measures	1.52	0.72–3.19	2.03	0.81–5.08
Considered out-of-home measures	2.06*[a]	1.07–3.96	**5.89*****	2.30–15.06

Note. *= $p < 0.05$; **= $p < 0$ 0.01; ***= $p < 0.001$, [a] p-value no longer significant after adjusting for multiple testing. OR = odds ratio, CI = confidence interval. OR < 1: decreased OR of EP, OR > 1: increased OR of EP. Model 1: Results from bivariate logistic regression, Model 2: Results from multivariable logistic regression. Significant associations are shown in bold.

analyses. The VIF values ranged from 1.01 to 1.25.

The analysis regarding the CPS's activities at initial assessment (Table 3) included 14 statistical tests and was adjusted for multiple comparisons using the Benjamini and Hochberg false discovery rate control, specifying 14 comparisons and a significance level at 0.05. All p-values below 0.018 remained significant after adjustment. Consequently, there was no longer a significant association between considering out-of-home measures and emergency placement in the bivariate analysis.

Table 4
The leader's assessment of crucial decision-making factors as predictors of emergency placement.

	Model 1		Model 2	
	OR	95% CI	OR	95% CI
Parents' opinion	**0.32****	0.17–0.63	**0.36****	0.17–0.76
Child's opinion	0.91	0.48–1.73	1.40	0.65–2.99
Resources in the network	**0.15*****	0.06–0.39	**0.19****	0.07–0.49
Appropriate out-of-home measure	0.75	0.28–2.00	0.86	0.30–2.51

Note. *= $p < 0.05$; **=$p < 0.01$; ***= $p < 0.001$. OR: odds ratio, CI: confidence interval. OR < 1: decreased OR of EP, OR > 1: increased OR of EP. Model 1: Results from bivariate logistic regression, Model 2: Results from multivariable logistic regression. Significant associations are shown in bold.

3. Results

3.1. Distribution of decision-making factors

Table 1 shows the total and groupwise distribution of decision-making factors on different levels for emergency cases that concluded in EP or AEP. Four clusters of variables were explored: external and organisational factors; case factors; the CPS's activities at the initial assessment phase; and the leaders' assessment of the most crucial factor for decision-making in the selected case.

The total distribution of *external* and *organisational* factors shows that most of the CPSs (72%) in our sample were organised within one single municipality, while the rest (28%) were serving two or more municipalities organised as intermunicipal cooperation. Both the population size, the number of positions and the internal organisation of the CPSs were relatively evenly distributed among the subgroups, indicating that the sample represented a good variation of small, medium and larger CPSs, as well as different models of internal organisation. For most CPSs, the emergency service was organised in a separate child protection emergency unit (71%), whereas for a minor portion (29%), the emergency service was based on standby guards among the CPS staff. None of these factors showed any significant group differences between EP and AEP, indicating that external and organisational factors did not have any association with the outcome of the cases.

The total distribution of *case* factors shows that the three age groups were quite evenly represented with around one-third of the children in each group (27.9% –38.3%). For about one-third of the children (34%), the current emergency situation was their first contact with the CPS. Thus, nearly two-thirds of the children (66%) had been in contact with and/or had received measures from the CPS prior to the current emergency situation. The other case typologies of incident/episode related to the child or the parents accounted for about 18% of the cases each, while long-term concern related to the child or the parents accounted for 13% and 16%, respectively. Neither the children's age nor the typologies of the cases showed any significant association with the outcome variable. The characteristics of the emergency situation indicated that 40% of the cases included concerns about violence at home/child abuse, 27% included concerns about children's conduct problems, 15% included concerns about parental substance abuse, 14% included concerns about child neglect and 6% included concerns about parental mental health problems. Concerns about violence at home/child abuse were significantly more often related to EP, whereas concerns about parental substance abuse were significantly more often related to AEP. Concerns about children's conduct problems, child neglect and parental mental health problems did not show any significant group differences.

The most frequent *activities* performed by the CPS at the initial assessment phase were obtaining the parents' and the child's opinions of the emergency. This was undertaken for two-thirds of the parents (66%) and for slightly more than half (53%) of the children. In 40% to 45% of the cases, the CPS contacted the reporter of the note of concern related to the emergency, considered out-of-home alternatives, performed a home visit, or contacted the extended family/network. In-home measures as an alternative to placement were considered in 24% of the cases. Several of the activities at initial assessment phases were significantly associated with the outcome variable. Home visits and contact with the extended family/network showed significant group differences in the outcome variable, indicating that these activities were more often related to AEP than to EP. Considering out-of-home alternatives at the initial assessment phase was significantly more often related to EP than to AEP.

The last cluster of variables shows the distribution of the leader's assessment of *crucial decision-making* factors affecting the conclusion of the emergency situation. In 71% of the cases, the severity of the case was stated as crucial, while in about half of the cases, the parents' opinion (56%) or child's opinion (47%) were stated as crucial. Resources in the network/family was stated as a crucial factor in 28% of the cases, while in a smaller number of cases, appropriate out-of-home measures (13%) or in-home measures (10%) were stated as crucial. Several of the variables in this cluster were significantly associated with the outcome variable but in different directions. Severity of the case was associated with EP, whereas parents' opinions and resources in the network were associated with AEP.

3.2. Further examination of predictors for outcome of the emergency situation

Based on the findings from the descriptive analyses, the importance of case factors related to characteristics of the emergency, the CPS's activities at initial assessment and the CPS leader's assessment of crucial decision-making factors were further investigated.

3.3. Characteristics of the emergency situation

Table 2 shows the regression estimates for the cluster of variables that describe the characteristics of the emergency situation and their effect on its outcome. The variables include violence at home/child abuse, parental substance abuse, child conduct problems and child neglect. The variable of parental mental health problems was excluded from the analyses due to a small number of cases.

With regard to case factors related to the characteristics of the emergency situation, concerns about violence/child abuse were significantly associated with an increased odds ratio (OR) of emergency placement of 2.35 (95% CI = 1.21–4.56, see Table 2). Parental substance abuse was significantly associated with a lower OR of emergency placement (OR = 0.26, 95% CI = 0.08–0.80). The remaining factors pertaining to the characteristics of the emergency situation were not significantly associated with its outcome. In the multivariable analyses, concerns about violence/child abuse remained significantly associated with emergency placement, while parental substance abuse was not.

3.4. CPS's activities at initial assessment

Table 3 shows the regression estimates for the cluster of variables related to the CPS's activities at initial assessment on the outcome of the emergency situation. Included variables are contact with the reporter of the emergency situation, conducting a home visit, obtaining parents' and children's opinions, contact with the network, considering in-home measures and considering out-of-home measures.

In the bivariate analyses (model 1), conducting home visits and contacting the families' networks were significantly associated with decreased OR of emergency placement (ORs 0.23 and 0.30, respectively, see Table 3). In the multivariable analyses (model 2) these activities remained significantly associated with averted emergency placement. In addition, considering out-of-home measures was significantly associated with emergency placement (OR 5.89, CI 2.30–15.06). The remaining activities were not significantly associated with the outcome of the emergency.

3.5. Number of activities at initial assessment

To further examine the importance of the activities conducted by the CPS, the total number of activities conducted at initial assessment was entered as a predictor of emergency placement, with one to two activities as the baseline (table not displayed). Compared to one and two activities, there was no significant association between number of activities and emergency placement for three (OR 0.90, 95% CI 0.35–2.33, p = 0.838), four (OR 0.81, 95% CI 0.29–2.29, p = 0.694), or five to seven activities (OR 0.86, 95% CI 0.34–2.16, p = 0.746).

3.6. Crucial decision-making factors

Table 4 shows the regression estimates for the cluster of crucial decision-making factors on the outcome of the emergency situation. Included variables are parents' and child's opinions, resources in the network, and appropriate out of-home measures.

Among factors reported by the leaders to be crucial in the decision-making process, parents' opinion and resources in the network were significant predictors of emergency placement, associated with decreased OR of emergency placement (OR = 0.32, 95% CI 0.17–0.63 and OR = 0.15, 95% CI 0.16–0.39, respectively, see Table 4). Both variables remained as significant predictors of EP in the multivariable analysis (model 2).

4. Discussion

The aim of this study was to explore factors that distinguish emergency cases that conclude in emergency placement (EP) from emergency cases that conclude in averted emergency placement (AEP). Through an exploration of clusters of variables on different levels, we found that several variables representing case factors, the CPS's activities at initial assessment and the leader's assessment of crucial decision-making factors showed significant group differences between EP and AEP. External and organisational factors, however, did not differ among the groups of cases in this study. The multivariable regression analyses showed that cases concerning violence at home/child abuse and considering out-of-home measures at initial assessment were associated with EP. Cases concerning the CPS's activities, such as carrying out home visits and contacting the network at initial assessment, were associated with AEP. Lastly, the leaders' assessments of crucial decision-making factors like resources in the network and parents' opinion were associated with AEP.

We found no significant association between external and organisational factors and the decision on EP/AEP. This finding diverges somewhat from previous research on decision-making in the CPS (Fluke et al., 2014; Lauritzen et al., 2018), which suggest that external and organisational factors are essential. On the other hand, the finding aligns with Christiansen et al. (2019), who reported no effect related to external and organisational factors on decision-making in CPS investigations, and Smith et al. (2018), who found that the structure of the CW organization regarding specialist or generalist service showed no predictive power for placement decisions. Overall, it is challenging to compare studies with different designs. Although several studies have explored how different factors affect various CPS decisions, such as decisions of opening an investigation (Östberg, 2014) or placing a child (Graham et al., 2015; Smith et al., 2018) it has, to the best of the authors' knowledge, not been studied in the context of emergency cases.

With regard to case factors, the bivariate analyses showed that violence at home/child abuse was associated with EP, whereas parental substance abuse was associated with AEP. In the multivariable analyses, however, only violence/child abuse remained significant. The association between violence/child abuse and EP is expected and corresponds with previous research (Dettlaff et al., 2015; Lauritzen et al., 2018; Rossi et al., 1999). However, according to the same studies we would also expect an association between parental substance abuse and EP. Furthermore, Hollinshead et al. (2017) found an association between a family member receiving a substance abuse service referral and a greater likelihood of out-of-home placement. None of the above-mentioned studies, however, have focused on emergency cases, and we can only speculate why parental substance abuse tends to be associated with AEP (not significantly) rather than EP in the current study. It is important to notice that the current study has no information on the severity of the substance abuse, which can vary depending on the type of substance and the circumstances of its use. In addition, the AEP cases in the current study also include the option of out-of-home placements, but on a voluntary basis or as a private arrangement in the network.

Interestingly, we found a lack of significant association between the case typology "new case" and the outcome variable. In total, 66% of the cases were *not* new for the CPS, meaning that the children and their families had been in contact with the CPS prior to the current emergency situation, through assessments and/or measures. There is reason to believe that the CPS would be in a better position to cooperate with the parents in these families to avert EP than they would be in new cases in which the CPS has little information and no relationship with the family. A survey study on parents' experiences with EP, however, found that several parents experienced not being heard when asking for help prior to the EP. According to these parents, the EP could have been avoided if they had been offered earlier or other types of measures (Storhaug & Kojan, 2017). This finding underlines the importance of earlier and more tailored measures in order to prevent EP.

Several of the CPS's activities at initial assessment were associated with the outcome of the case. Home visits and contact with the network were significantly more often performed in cases ending with AEP, whereas considering out-of-home measures was more often associated with cases ending with EP. It seems reasonable that performing a home visit and having contact with the network during the initial assessment phase could lead to alternative solutions and AEP. Conversely, not considering or contacting resources in the network could more often lead to EP. The decision of whether to perform a home visit or to contact the network could also be a result of the CPS's assessment of resources in the family, which, in turn, could affect the efforts and beliefs in trying to avert placement. This explanation might also contribute to understanding the association between considering out-of-home measures and EP, supposing that this activity could be more often performed in cases where the resources in the family were considered as limited and the child could be at severe risk if remaining at home.

The last cluster of variables reported the CPS leader's assessment of crucial factors for concluding the emergency case. According to the CPS leaders' reports, resources in the network and parents' opinion were crucial factors for AEP. The importance of the network was also underlined in relation to the CPS's activities in the initial assessment phase. The assessed importance of parents' opinion is in line with a Norwegian study (Christiansen et al., 2019), who found that in 25% of the investigated cases, parents' opinions were part of the reason for both the decisions on measures and decisions on closure of the case. Obtaining the parents' opinion was also reported to be the most frequent activity performed at initial assessment in the current study.

On the other hand, the child's opinion did not have any impact on the outcome of the case in the current study, which is more in line with the children's negative experiences in the study from Save the Children, Norway (2017). The differing research findings on the impact of parents' and children's opinion can perhaps illustrate the often intrusive and conflicting nature of emergency cases, where children's and parents' participation are challenging.

5. Conclusion/implications

The current study contributes to the knowledge base on decision-making in emergency cases by identifying several potential important factors for averting emergency placements. Based on the leaders' reports, these included CPS activities such as carrying out home visits and contacting the network at the initial assessment phase, as well as the

importance of resources in the network and the parents' opinion. The findings may have important implications for practice in emergency work. Noting that home visits and contact with the extended family/network were performed in less than half of the cases, greater efforts to carry out such activities might be a promising way to increase the number of AEPs. An important element in strengthening the CPS's averting capability is to provide voluntary interventions in close collaboration with the child, the parents and the extended network. Studies on FGC have underlined the importance of cooperation with the family and the network to avert placements and find less intrusive solutions (Pennell et al., 2010; Slettebø et al., 2021).

It is well documented that emergency placements can be experienced as dramatic and potentially traumatic for the involved children and parents (Baugerud & Melinder, 2012; Storhaug & Kojan, 2017; Storhaug et al., 2020). Building averting capability into the CPS is important to avoid the huge relational and social costs of errors relating to EP decisions. The findings are also important in relation to the national and international criticism of the Norwegian CPS regarding the use of too intrusive measures and shortcomings in the decision-making process (Helsetilsynet, 2019; UN, 2018).

Further research is needed to examine whether decision-making factors in emergency cases differ from those of ordinary cases. It would also be interesting to explore the associations between other external and organisational factors than were available in this study, such as organisational culture, workload, available resources, etc. Qualitative research would be important to gain more knowledge on the reflections and understandings related to decisions in emergency cases and will be important to build averting capability and competence in CP systems.

5.1. Strengths and limitations

The study design, which is mainly based on example cases reported in retrospect by the CPS leaders, may have limitations in comparison to studying case files and documents in concrete cases. The findings represent the leaders' point of view, which can be affected by the wish to present their service in the best possible terms, as well as by recall bias related to the chosen example cases. On the other hand, we consider that the relatively large sample of example cases can provide important knowledge on decision-making in emergency work and will inform us about leading principles and assessments guiding the decision-making in emergency situations.

One important strength of the study is the comprehensive assessment of decision-making factors on different levels. Moreover, the examined emergency cases represent every county in Norway, a diversity of small to large municipalities, differences in organisation, children of different ages and characteristics of emergency situations.

In statistical terms, however, the number of cases is small. The low number of cases impacts the reliability of the point estimates, as shown by the wide confidence intervals for most estimates. The relatively low number of cases might imply that the sample has too little statistical power to detect important associations, and in particular findings of no significant associations must be interpreted with caution.

The questionnaire might also have limitations with regard to catching the important aspects of emergency work, and it is possible that some questions and answers could have been misunderstood. On the other hand, the study adds to the scarce knowledge base on emergency work in the child protection services and thus contributes with important data and questions for further research.

Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Data availability

Data will be made available on request.

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