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Parents' and child welfare workers' understandings of consent to emergency placements

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ABSTRACT

Emergency placements of children are often made in haste and experienced as dramatic. This article is based on interviews with 9 parents who have consented to emergency placements and their caseworkers. We explore parents' reasons for giving their consent to placement and the child welfare workers' understanding of these consents. This leads to a discussion of what constitutes valid consent from parents in emergency cases. Relational autonomy is applied as a perspective to understand the context and influencing factors of parental consent. The results, derived by thematic analysis, show three main themes regarding parents' reasons for their consent: (1) The child wanted to move out, (2) the parents couldn't manage the situation, and (3) parents felt the child welfare service (CWS) gave them no choice. Parents experience a high degree of pressure in the context of giving their consent, either from their child or the CWS. Asymmetrical power dynamics between the CWS and parents were highly present and relevant in parents' reasons for consent, especially when the CWS communicated that the alternative to consent is coercive placement. Furthermore, it is often unclear to the parents what consent entails. This is especially evident through CWS's regulation of child-parent contact. In the discussion, we emphasize a high degree of awareness on the part of CW workers with regards to understanding how contextual and relational factors influence parent's choice to consent; when consent is valid; how far consent extends, and the potential weakening of parents' legal security when a voluntary placement is conducted.

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Introduction

The decision to place a child out of home is the last resort in most child welfare (CW) systems. Especially emergency placements, often made in haste and experienced as dramatic for the family, should be implemented only when strictly necessary. However, when a child is considered at risk of suffering considerable harm by remaining at home, the Norwegian CW Act gives the Child Welfare Services (CWS) authority to issue emergency interventions to safeguard the child. Emergency placements can be coercive or voluntary, the latter based on parents' and youths' (older than 15 years) consent. Following a period of a sharp increase in the number of coercive emergency placements in Norway, there has been

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a decrease in these placements since 2015. This is a deliberate development, as studies show that coercive emergency placements are more stressful and difficult to understand for both children and parents (Baugerud and Melinder 2012; Storhaug et al. 2020). The numbers of *voluntary* emergency placements have, however, been stable, and thus constitute an increasingly large proportion of emergency placements. In 2021, formally voluntary placements (CW Act § 4–1) constituted 46% of all emergency placements (Norwegian Directorate for Children, Youth, and Family Affairs, Bufdir, 2022). In addition, some children are temporarily removed without a formal decision, and these are not visible in any statistics. Despite this, no studies to our knowledge have explored voluntary emergency placements, and how parents experience these.

Several studies have, however, explored how parents experience their contact with CWS in general: Parents value being met with respect, honesty, positive attitudes, room for involvement and collaboration with social workers, as well as practical and emotional support (Tilbury and Ramsay 2018; Westby 2021). Although some parents have positive experiences with receiving help, several studies also show that parents' experiences of their interaction with the CWS are characterized as emotionally stressful (Tembo and Studsrød 2019; Westby 2021). Especially parents who have experienced removal of their children, often experience role loss, social stigmatization, and exclusion in addition to mourning the loss of their children (Broadhurst and Mason 2017). Some studies have also explored parents' experiences with voluntary ordinary placements. Enroos et al. (2021) describe consent to care orders as 'messy and blurred', especially regarding what information is given; parents experienced challenges to understand the given information in an emotionally turbulent situation, and some feel pressured by the CWS to give their consent. Similar experiences are reported regarding adoption (Lewis 2022). Enroos et al. (2021); Leviner (2017) and Stang (2007) claim there is an unclear interface between consent and objection in CW placements, and that an element of coercion is often present in voluntary placements. Parents may not be able to understand the consequences of their consent and thus lack the basis for an informed consideration about whether to consent (Leviner 2017). Others may feel pressured to cooperate to prove that they have the child's best interests in mind, to avoid losing services from the CWS (Stang 2007, p.353), or they feel persuaded to consent under an implicit or explicit threat of coercion (Leviner 2017). A strong emphasis on motivating parents to consent in CW cases can also make parents feel they have no other choice (Aass 2015). Burns, Pösö, and Skivenes (2017) refer to this as 'soft coercion' (p.8) and 'a grey-zone of possible misuse of state power and discretion' (p.236).

Although several studies emphasize the importance of collaboration and involvement of parents (Tilbury and Ramsay 2018; Tembo and Studsrød 2019), this is often challenging in emergency situations where decisions are made in haste and often experienced as dramatic and urgent (Stang 2018; Storhaug et al. 2020). Even though *voluntary* emergency placements are in line with a practice that emphasizes cooperation and the principle of least intrusive measures, we have no knowledge about how parents experience these placements.

This article is based on interview data from the project 'Emergency casework in the CWS', which includes several sub-studies (Storhaug et al. 2020). The study showed that the situations CW workers defined as 'emergency situations' varied considerably: from situations defined by a clear triggering event to situations reaching a tipping point after escalating concern for the child over time. In the cases CW workers defined as 'voluntary placements', we found that the voluntary nature of parents' consent was quite nuanced as parents often described experiences of having 'no choice'. These findings led us to look further into the dynamics of parental consent. We analysed interview data regarding nine cases that CW workers defined as emergency situations where parents had consented to placement. Both placements based on a formal legal decision and placements without a formal decision were included; in the latter, the CWS strongly recommended placement. The children moved from their parents' homes to emergency

institutions, emergency foster care, or persons in their network (including their other parent). Since the main project illuminated how different parties often had different understandings of what constituted ‘the emergency’, we included both parents and CW workers in this analysis.

Objectives

The aim of this article is, firstly, to explore parents’ reasons for consenting, and thereby get insight into how parents experienced and understood their situation. Second, to unpack the context and influencing factors of parental consent to emergency placements: what concerns, expectations and needs influenced their choices? Lastly, we discuss what dilemmas CW workers need to be aware of when they work to ensure parents’ valid consent in emergency situations, and what implications our findings may have for CW practice. A central theoretical perspective for the analysis is the concept of consent in a child welfare context – both legal, ethical, and practical aspects. Relational autonomy is applied as a perspective to understand the context and influencing factors of parental consent.

Legal framework for emergency placements in Norway

When the CWS considers a child to be at immediate risk of suffering serious harm, the head of the CW administration or the prosecuting authority may immediately make an interim care order without the consent of the parents (CW Act § 4–2). Within 48 hours, the legal criteria must be reviewed by the County social welfare board (CSWB). Parents (and children older than 15) can appeal this decision. The legal threshold for applying this section is high, and a removal of the child ‘is not acceptable if the purpose of the measure can be implemented on a voluntary basis’ (Oppedal 2008, p.396). In situations where children are ‘without care’, CWS must implement assistance ‘as is immediately required’ (CW Act § 4–1). Such measures may not be maintained against the will of the parents and children (older than 15). The expression ‘without care’ implies situations where the parents are unavailable or unable to care for the child. According to Oppedal (2008, p.81), this section can also be interpreted to include situations in which the child is not *without care* per se but where the child is at immediate risk of harm because of shortcomings in the care situation.

Furthermore, children may also be temporarily removed from their parents in emergency situations as an informal agreement between CWS and parents, often involving the child moving from one parent to another or with people in the family network. Despite the CWS’s involvement in these cases, these are not formal placements and are not visible in any statistics.

Consent and relational autonomy

The Norwegian CWS is characterized as both child-centric and family service-oriented, due to its prioritization of preventive and voluntary measures (Falch-Eriksen and Skivenes 2019). The principle of ‘the least intrusive alternative’ is strongly emphasized in CWS practice, implying that ‘cooperation with children and parents’ (CW Act § 1–9) and voluntary measures are the preferred choices (§ 1–5). If placement is necessary, solutions should be sought among relatives or private network (§ 5–3). Placement must be based on a coercive decision or valid consent from the parents.

Despite this focus on voluntary measures and cooperation in the Norwegian CWS, the concept of consent is sparsely discussed in CW law literature. Stang (2007) therefore argues that legal requirements for a valid consent in CW cases must lean on requirements within health and welfare legislation: the consenting party must have sufficient information, the capacity to consent, and must not be subject to threats or coercion (Kjønstad and Syse 2012, p.287). Within disciplines like health care and research ethics, informed consent is recognized as a central ethical and practice-guiding principle. Challenges are also discussed in this literature: Welch et al. (2016) emphasize that it is ethically challenging to obtain informed consent for research participation in a context of challenging or stressful circumstances. Factors like the individuals’ levels of education, and their levels of

stress and difficult emotions, were found to impact the ability to understand and use information in these situations. In line with this, it is argued that consent must be seen as a relational and ongoing process ‘rather than an event’ (Hugman, Pittaway, and Bartolomei 2011, p.1278; Heinrichs 2019). However, in emergency cases, which is the focus of our analysis, there is limited time for a thorough process for both the CW workers and parents, as the parents must make an urgent decision of whether to consent.

As described in the introduction, some authors (e.g. Enroos et al. 2021; Leviner 2017; Stang 2007) claim there is an unclear interface between consent and objection in CW placements. This unclear interface may be understood in the context of an inherent power imbalance between the authorities and the individual (O’mahony, Brennan, and Burns 2020), and the nature of the CW system that limits parents’ choices and autonomy (Enroos et al. 2021). Stang (2007, p.353) argues that this power imbalance does not necessarily imply invalid consent, but questions whether consent is suitable as a legal basis for CW interventions. A further issue that makes this a relevant question is the tripartite relationship in CW cases: the child, the parents, and the CWS, where the CWS presumably speaks for the child (Stang 2007, p.354). This implies that parental autonomy must almost be weighed against the child’s right to protection (Slettebø 2008) and participation (CW Act §1–4).

Beauchamp and Childress (2013) state, in the context of biomedical ethics, that autonomous choice is central to the notion of consent. According to a traditional understanding of autonomy, independence and freedom of choice are emphasized. In CW emergency cases, where decisions are made under time pressure to protect a child, securing parents this kind of autonomy through consent is, however, somewhat challenging. Citing Beauchamp and Childress (2013, p.101), ‘personal autonomy encompasses self-rule that is free from controlling interference by others (.). The autonomous individual acts freely in accordance with a self-chosen plan’. They claim, however, that this understanding of autonomy is too narrow and individualistic, and does not consider properly, according to Christman (2014), the relations and interpersonal interactions the individual is enmeshed in. In line with this, Leviner (2017) argues that our choices are affected by our relations and social contexts and that a concept of *relational autonomy* is more suitable to understand how parents’ relations to both their children and CW workers, as well as their wider social context, affect their choices. The asymmetrical power imbalance between CW workers and parents and the structural power in the CW system can be seen as part of this context affecting parents’ choices within the framework of relational autonomy.

Methods

The research project ‘Emergency Casework in the Child Welfare Service’ (Storhaug et al. 2020) examined emergency situations through a variety of methods. To explore how different actors experience emergency placements, we conducted individual interviews in 2019 with parents and children who had experienced what the CWS identified as emergency situations, and with their CW caseworkers. The study was approved by the Norwegian centre for research data (NSD/SIKT, number 38750). This article is based on interviews with 9 parents (8 mothers and 1 father) and their CW workers in cases where placements were based on parents’ formal consent or an informal solution. In five of these cases, the children moved to an institution or emergency foster home (with formal decisions). In four cases, the placements were defined as informal solutions in the network without a formal decision from the CWS.

The parents were recruited through four CWSs. This took place through contact persons (CW workers), who established contact with parents who met the inclusion criteria, informed them about the project, and asked if they wanted to participate. The inclusion criteria were that an emergency situation had occurred during the last 3–12 months, and at least one child in the family was involved. Five parents had one child involved (two of these had other children who were not involved), and four parents had three children involved. The children’s age ranged from 0–17 years,

with an average of 10. Two parents had immigrant backgrounds. We contacted parents who wanted to participate by phone and arranged a meeting. The interviews were conducted in their home ($n = 6$) or in the researchers' offices ($n = 3$). The semi-structured individual interviews lasted between 1 and 2 hours, were recorded, and transcribed. The interview guide was relatively open, with an emphasis on parents' descriptions of the situation, the placement, and the period after the placement. Examples of questions were: 'Can you describe the situation leading up to the placement?'; 'Were different solutions discussed?'; 'Can you describe the communication between you and the CWS before the placement?'

We also conducted individual interviews with the CW workers involved in the placement, one man and eight women. All participants had a bachelor's degree in social work or CW work, and their experience ranged from 2–13 years. Parents and children over 15 years consented that we interviewed their caseworker. These interviews lasted 1–2 hours and were recorded and transcribed. The same questions described for the parent interviews were asked. Additional examples of questions are: 'What did you consider "the emergency" in the families' situation?'; 'Which placement alternatives were considered?'. In cases with placements based on consent, they were also asked how they would describe the situation where the parents consented.

Analysis

The interview data was thematically analysed, using an inductive approach inspired by Braun and Clarke (2006). First, we reread all the interviews and coded the material with attention to how parents talked about consent to placement, aiming to develop the research questions based on the initial coding. Examples of initial codes were 'reluctance'; 'strong consent'; 'scared siblings'. Subsequently, we discussed how to understand the data, as different codes were compared, discussed, and grouped into potential overarching themes. Examples were 'weak versus strong consent'; 'parents asked for help'; 'consequences of not consenting'. At this stage, the specific research questions were formulated, which guided us in the next phase.

After we had refined potential themes and reviewed their accuracy for the whole dataset, three main themes remained, based on their accuracy in explaining different reasons why parents gave their consent. The themes are developed from parents' accounts, but CW workers' narratives are included to highlight their understanding of the parents' reasons for consenting.

Results

The main aim of this article was to explore how parents explain their reasons for giving consent to placement in emergency cases. Even though all children were placed based on parental consent, we found that the voluntary nature of these consents was quite nuanced, as parents described different concerns and factors affecting their choice to consent. Furthermore, it is challenging to identify when and how the CWS obtained consent to placement because the parents' consent more took the form of 'refraining from objecting' than active consent. We identified three main themes that concerned parents' reasons to consent in emergency situations: (1) the child wanted to move out, (2) the parents cannot manage the situation, and (3) parents felt the CWS gave them no choice. Most parents referred to more than one theme.

The child wanted to move out

Some parents (all with teenage children) emphasized their child's wish to move out of home as a reason for consenting. Central to these parents' narratives was the child's initiative: the children had either explicitly told the CWS that they wanted to move, or they left home and refused to return. Parents described that placement was not their preferred solution to their challenges and that they initially had asked for support to cope with the situation. However, due to their children's

expressed wish, which was supported by the CWS' who emphasized listening to the child, the parents saw no other option than to consent. One mother said: *'I thought it was completely wrong, but he insisted that he needed help. (. . .) If this is the way to get help, we can try that. But I thought it was really scary'*. She also stressed that *'it is his needs that must play the lead role'*. A father described the situation as *'a bit scary, that now I'm giving away the child'*. He initially opposed the idea of placement, but his son was determined and asked the CW worker to find him another place to live. *'He can't live with his mother, and he can't, or does not want to, live with me. We have no close family to help us. And then there was no other option'*. The experience of having no choice was also expressed by a mother who had a conflicted relationship with her daughter, who repeatedly ran away from home, and eventually moved in with a family in their network: *'I did not have a choice. She refused to come home. Therefore, it was best for the child, or best for us parents, to know that she was in a safe place'*. This mother expressed ambivalence towards the CWS's involvement. On the one hand, their help had been crucial due to the severity of the situation. On the other hand, she felt that the CWS let her daughter manipulate the situation and decide too much. This was also something their CW worker reflected around: *'The girl has been heard to such an extent that we have begun to think that maybe we have done her a disservice. Because she has gotten a lot of what she wanted'*. The other CW workers in this material were also clear that even though parents and children had different understandings of their situation and the preferred solutions, they emphasized the children's wishes in their decisions of how to intervene. One of the CW workers said: *'We had to listen to what she said she needed'*. All CW workers expressed that they had not understood how challenging the families' situations were and had not considered placement until the children expressed their wishes. Some expressed that they felt pressured to make decisions contrary to their professional assessments due to the children's strong expressions of their wishes. These wishes were thus central to defining 'the emergency'.

These cases illuminate some of the challenges in emergency cases: The child's wishes and rights to participation (including the right to be heard) must be balanced towards other considerations of the child's best interest in a longer perspective. Moreover, it must be balanced towards parents' opinions and autonomy. In this study, the parents seem to feel pressured by their children to give their consent, which can be perceived as what Enroos et al. (2021) describe as *intra-familial pressure*. This experience of pressure and lack of choice is furthermore reinforced by CW workers' emphasis on listening to children's opinions and arguments for placement 'in the best interest of the child', which is a normative and vague notion that is hard to argue against (Bennin 2020). Considering the concept of relational autonomy, parents' choice to consent is not autonomous in the sense of 'in accordance with a self-chosen plan' (Beauchamp and Childress 2013), as these parents were clear that this was not the solution they wanted. Their autonomy in making these choices is strongly influenced and restricted by their emotions and relations to their children, as well the expectations and demands they experience from the CWS of acting in accordance with their children's wishes, which seems to be equated to their best interest. This can also be understood in line with Stang (2007), who emphasizes that parents often consent to interventions due to fear of being assessed as poor caregivers to their children.

Parents couldn't manage the situation

Some parents expressed that placement was necessary, and some also initiated the placement. These parents described challenges over time, related to their children's behaviour and/or mental health, and that they could no longer manage the situation. One mother described how her daughter's problems had escalated and had concluded that *'we need help; we can't manage this alone'*. All these parents expressed that they had asked CWS for help over time, but that their concerns were not taken seriously. Most of these placements were conducted by the CW *emergency services*, outside of office hours for the CWS. One of the CW workers acknowledged that the CWS should have *'taken*

the parents more seriously' when they asked for help, and that *'I have understood that this was hard to cope with'*.

Parents also emphasized that their decision to consent to placement was due to concerns for the younger siblings in the family. A mother who described her oldest daughter's behaviour as threatening, explained: *'I have three other children I have to care for. It's not only for the best of one child; it's for the best of all my children'*. The CW worker in this family was aware of the mother's worries: *'It affects everyone, also the little ones. And the mother, clearly, is worried about her children'*. Another mother explained: *'His little brother was terrified'* and *'What was good for one was not good for the other. Very difficult to balance'*.

Most of these parents stated that the emergency placement could have been avoided if CWS had intervened earlier. One mother said: *'Instead of giving us assistance in our home, they delayed this for so long that I ended up exhausted and had to send her away'*. Their expressed need for help was thus initially aimed at measures at a less intrusive level. When this help was not provided, the severity of the situation forced them to consent to emergency placement. This theme also shows the complexity of relationships and emotions that affect parents' choices and thus illuminates one of the central points of relational autonomy: humans are not isolated beings who make their choices in a vacuum but as a part of a social context (Cole, Wellard, and Mummery 2014), like in these cases, where parents must consider the needs of siblings and consequences for the whole family.

Parents felt the CWS gave them no choice

Some parents expressed that they gave their consent reluctantly or involuntarily and stated that *'I had no choice'*. The experience of having no choice is thus similar to the parents who emphasize their children's wishes as a reason for consenting. These experiences are, however, the result of different processes and forms of pressure, which will be reflected on further in the discussion. In a case where a mother and her children moved out of their home (without a formal decision from the CWS) because of concerns about violence from the father, the mother said: *'They continually pointed out that I did this voluntarily. (.) So I told them, this is not voluntary. And it really wasn't because I felt I had no choice'*. Both the mother and CW worker described the negotiations they had following a report of concern from their school. They sat for hours discussing the best solution for the children, who were withheld at school. The CWS had argued that the mother and children should temporarily move in with relatives. According to the CW worker, the mother protested: *'She screams and is very upset, and it lasts for hours'*. This is an example where the context, which seems to be characterized by an experience of pressure, difficult emotions, and conflicting considerations, affects the mother's choices: Her own wish to keep the family gathered, the fear of losing her children (*'I could not risk the children being removed from us both (. . .). I had to prioritize the children'*), and her husband's opinions (according to the CW worker, she was worried that *'He's going to be so mad'*) were all central considerations for this mother. This can also be understood in line with O'mahony, Brennan, and Burns (2020, p.385), who claim that situations in CW cases are often *'inherently pressurized, with potential consequences for whether a parent is in a position to give a fully informed consent'*.

The alternatives to parental consent were clearly presented by the CWS in all these cases, according to both parents and CW workers. A mother described her meeting with the CWS prior to the placement: *'They had talked to the father and decided that the kids should move there. If I didn't agree, an emergency placement would be issued. So of course, I agreed'*. There were concerns about the mother's alcohol use, and the CW worker described the situation where the mother consented: *'She realized that she didn't have any other options in that situation'*. According to the CW worker, the CWS had initiated the children moving to their father by advising the parents: *'We think it's best for the children to live with their father, and we want you to cooperate'*

about this. If not, we must consider a formal emergency placement'. However, the CW worker also described it as 'an agreement between the two'.

In another case where the child moved from the mother to the father, without a formal decision, the CW worker reflected on how the mother 'was under strong pressure from us the whole way. When she came here, she was already afraid of the CWS'. If the mother did not transfer custody to the father, the alternative, as the CWS communicated to the parents, was coercive placement. Transferring custody between parents is outside of the CWS mandate and had to be made as an agreement between the parents. The CW worker referred to this as a 'private solution'.

A mother with an immigrant background expressed in the interview that she had not understood the implications of her consent. CWS came to the hospital right after she gave birth and told her that she and the baby had to move to a family centre voluntarily, to protect the child from its mentally unstable father, or they would place the child in emergency foster care. The CW worker expressed that they had not understood how the stress she experienced had impacted her understanding of the situation. She also reflected on how insufficient use of interpreters had affected their communication. 'Now we know that she finds some interpreters much easier to understand than others'. This case illustrates the precariousness of obtaining informed consent when parents are under stress and lack ways of communicating their experiences.

Most CW workers seemed to be aware that the parents had an experience of having 'no choice'. The term 'voluntary coercion' was used by several CW workers. The caseworker in the first referred case under this theme described the situation prior to the mother consenting: 'We explained that our concerns were so serious that we thought there were two alternatives. One was to conduct an emergency placement'. She reflected that 'In a way, it was voluntary coercion', and described the mother's state as 'in dissolution, crisis, and shock', but that she 'expresses that she understands' the alternative to her consenting. Some of the CW workers also reflected in hindsight that they should have made a formal decision for the placements. One of the CW workers said: 'In a way, it was an agreement between the parents. But I think it might have been best to formalize the agreement. Because it was a decision made by us, and we thought that was the best solution'. These cases illustrate a more explicit pressure and power imbalance, which affects the parents' choices of whether to consent. The parents' relations to their CW workers and the CW system that they represent, and the power dynamics embedded in this context, clearly influences their choices. But also in these cases, the parents' relations with their children are affecting their choices, as these are the relations they are fighting to maintain.

Another aspect of consent where several parents expressed an experience of having no choice, was related to regulation of contact between parents and children. When placements are based on parents' consent, CWS have no legal mandate to regulate the contact between the family members unless the parents give their explicit consent to this. Nevertheless, we found that the CWS regulated the form and extent of contact between parents and children in several cases, which also included supervision of contact, although it was unclear whether the parents had agreed to such regulations. Parents expressed that they felt they had no choice but to follow these regulations of contact because the CW communicated that the alternative would be coercive placement. One of the CW workers also said: 'She accepted it. She had no choice. We would have considered a coercive placement if she didn't accept it'. Regarding this aspect of consent, however, we found a lack of reflections from the CW workers, concerning whether it needed any legal mandate or explicit consent. This is in line with several reports from nationwide audits with CWS, revealing a lack of understanding from CWSs regarding how far consent extends (Norwegian Board of Health Supervision 2021).

Discussion

In line with the findings of Pösö et al. (2018), we find that an understanding of parents' consent as a binary between approval and objection is unhelpful in understanding the dynamics involved (Storhaug et al. 2020). These parents' and CW workers' narratives illustrate how parents' reasons for

consenting are influenced by their social context, relations, and emotions. Within a relational autonomy approach, where humans are not seen as independent and isolated beings (Cole, Wellard, and Mummery 2014), consent must be understood as embedded in a social and relational context where parents negotiate a range of different concerns and needs when consenting to emergency placement: the individual child's needs and wishes, the balancing of needs of different family members, and the experience of pressure from the CWS. Parents' reasons for consenting are thus to a great extent related to an experience of having 'no choice', based on different forms of pressure. For parents who emphasize their children's wishes, this pressure is embedded in their relations to their child, or what Enroos et al. (2021) describe as intra-familial pressure. The pressure parents feel subjected to from the CWS, on the other hand, is more explicit and embedded in the context of formal power, as parents fear the consequences of refraining to consent.

The experience of having no other option than to consent because their children clearly express that they want to move out, or because siblings express fear of the oldest child illustrates some parents' struggle to balance the needs of different family members. The fact that some parents and children face dilemmas seems to be underestimated by the CWS and demonstrates the need for a more whole-family approach, considering the dynamics and needs of the whole family. Children's right to be heard is an implicit but central theme in our analysis, suggesting that CW workers take the task of listening to children seriously. However, the analysis also demonstrates inherent challenges when practicing the ideals and requirements of child participation; the need for CW workers to balance the child's wishes with other considerations regarding the child's best interest. The Norwegian Board of Health Supervision (2021) also thematize this by stating that although children's statements should be taken seriously, it is not in the child's best interest to implement an emergency placement with the child's statements as the only reason, as this can create difficult situations for the child.

Although these placements were defined as voluntary by the CWS, most parents experienced them as intrusive and dramatic. Which paragraph the removals are authorized in, or whether it is formally authorized at all, seems to say little about the degree of voluntariness experienced by the parents. The CW workers described these placements as voluntary or as 'private solutions', while also describing them as 'emergency placements'; 'voluntary coercion' and acknowledging that decisions were initiated and strongly encouraged by the CWS, who also regulated contact between parents and children. Our analysis implies that the language being used may contribute to toning down power imbalances and to the CW workers implicitly disclaiming responsibility for their decisions.

Asymmetrical power dynamics between the parents and CWS were clearly present in most cases, as also reported by Enroos et al. (2021). In our study, this was especially visible in cases where the CWS made it clear that a coercive placement was the only alternative to consent. This shows one of the dilemmas CW workers face in these cases. One central requirement for consent to be valid is that it is based on sufficient information; it should be *informed consent* (Kjønstad and Syse 2012). Giving information about the CWS's assessments and what they consider to be the alternative if the parents do not consent is crucial information for the parents when they consider whether to consent to placement. At the same time, our study shows that parents experience this information as pressure, and sometimes a threat, to give their consent. Another requirement of a valid consent is that it is not based on threats and coercion (Kjønstad and Syse 2012). Parents who are in contact with the CWS, especially in emergency situations, are often in a vulnerable situation, characterized by difficult emotions as well as conflicting needs, wishes and expectations from both their children, CW workers and sometimes the other parent, affecting the parent's choices. Talking about voluntariness and self-determination in such a context is problematic, according to Leviner (2017). She questions how much and in what way the CWS can motivate parents for voluntary measures before there is talk of 'pressured voluntariness' or consent under threat of coercion. These are highly relevant questions to ask regarding the cases in our material. The threat of coercive placement, implicitly or explicitly communicated, seems to be the main motivation behind several

of the parents' consents. Parents explicitly stated that '*this is not voluntary*', and CW workers also described the process in these cases as '*voluntary coercion*' and that they, in hindsight, saw how pressured the parents were in the situation. Our analysis illuminates how imbalances in power are amplified in situations defined by CW workers as 'emergencies'. The exercise of power by the CWS in these cases seems to be experienced by the parents as unclear, also regarding what their consent entails. This is particularly illustrated by how contact between parents and children is regulated by the CWS, while it is not clear whether the parents consented to this. Our study shows that how far consent extends should be an object of continuous deliberation and negotiation between the CWS and the parents during placement. This is especially important in cases where the parents and CW worker rely on interpreters to communicate; to make sure that there is a mutual understanding of what consent entails and that the consent from the parents is sufficiently informed (Fylkesnes et al. 2015).

When assessing whether consent is valid, it is central to highlight the conflicting nature of the criteria of informed consent and the criteria of consent given without pressure and threats. In a CW context, is it possible to talk about voluntariness in cases where consent is motivated by fear of more intrusive use of coercion? Other central questions to consider are: when parents are in a high degree of stress and crisis; is their capacity to consent affected to such a degree that consent is not valid? And how voluntary must consent be to be valid? These questions must be considered in the specific social and relational context where consent is given (Cole, Wellard, and Mummery 2014). An important question to start this reflection for the CW workers is: why do these parents give their consent to placement?

Placements conducted without a formal decision were labelled by the CWS as 'private solutions'. They are rarely mentioned in the literature but are based on an informal agreement between CWS and the parents. Such 'private solutions' may, on the one hand, contribute to less bureaucracy and be a way to pursue the values and requirements of parental participation and 'the least intrusive alternative'. On the other hand, 'private solutions' may lead to problematic grey areas in emergency cases where the role and responsibility of the CWS become blurred and may undermine the parents' legal rights. Parents lose their rights to insight into the process; their rights to make a complaint, and to get the process of placement reviewed by the county social welfare board, as there is no decision made formally by the CWS (Stang 2007). Burns, O'mahony, and Brennan (2021) also problematize the use of what they call 'private family arrangements' because they can place children in a vulnerable position and put their welfare at further risk, as these arrangements receive less support and oversight from authorities. Burns, O'mahony, and Brennan (2021) further note that persons giving care under these circumstances have no legal rights or responsibilities regarding the child, which may place the child in a precarious situation.

Conclusion

If there is any doubt as to whether the parents experience their consent as voluntary, and if the CWS find it necessary to regulate contact, we argue that a formal decision for the placement should be made. The process of making a formal decision reflects the rule of law and will ensure the parents' rights to insight and a right to make a formal complaint regarding decisions. This will also lead to a judicial review of the decisions by the county social welfare board. A further aspect of relevance is the tripartite relationship between the child, parents, and the CWS, which requires the CWS to weigh the consideration for the parents and their legal rights up against the consideration for the children. When the child's best interest is to lead the decisions, it is often necessary to prioritize the immediate safeguarding of the child over parental rights (Stang 2018) and individual autonomy.

Important values for the Norwegian CWS are cooperation with parents and aiming for the 'least intrusive alternative'. In our material, it appears that these values and principles were pursued by placing the children with family members and by not using formal coercive measures. However, it is important for the CWS to be aware of the social and relational context the parents are a part of,

including the power dynamics inherent in the relationship between parents and CWS, and how this affects the parents' choice of whether to give their consent. It is crucial for CWS to reflect on what real consent constitutes and entails and where the boundary between information and motivation versus pressure and threats should be drawn. It is also important that the CWS do not underestimate the strain these interventions can pose to the family, even though they are, formally speaking, voluntary.

Study limitations and need for further research

This article aimed to understand parents' decision to consent to emergency placements, and we chose to analyse a small sample of cases in-depth to unpack the complex dynamics at play. The small sample size is also a limitation of our study as this small group of parents and CW workers does not represent emergency placements in general. Furthermore, important aspects may be overlooked in our analysis since we have not included children's voices. Further research should explore children's experiences with voluntary emergency placements. In this analysis, we have focused on the specific and emergent phase of what should ideally have been a more process-oriented consent, where the parents' consent is negotiated and re-evaluated as a reciprocal and relational process. For further research, there is also a need for studies exploring whether and how consent as *a process* is ensured after the more emergent and often dramatic situation where these consents are initially given.

Disclosure statement

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