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Decision-making in Norwegian child welfare services

The impact of case characteristics on decision-making from referral to concluded investigation

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Front page photo and great biking trip: Bo Eide

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Acknowledgements

My supervisor Svein Arild Vis gave me a great piece of advice as I started writing: Kirsten, make it short and sweet! Even with the best intentions, I did nothing like it. I have been writing and writing. And then deleting and rewriting. And then deleting some more. The supervisor for my master thesis, Monica Martinussen, gave me another piece of advice some years ago: Just stay in front of the PC and don't give up. It turned out that this advice was still quite appropriate.

I started my career in the child welfare services because I am a social worker at heart. I like meeting and collaborating with people. I like assisting and guiding and creating opportunities. My first years in the child welfare services were spent in Tromsø Municipality. At the agency there was a heavy workload, and I felt that my colleagues and I did not have enough resources available to handle it in the expected manner. This awakened my interest in case processing and how resources were spent on case trajectories. How did we address the problems the families were struggling with? My curiosity was also focused on families – how did they experience the child welfare involvement? I realised the time had come for me to work in child welfare from another perspective.

I have not found the work in this thesis easy. For a child welfare worker to sit alone in an office with a closed door, accompanied by only books and a PC, it feels like the world has come to an end. In brief, I needed to adjust to the new work life. Svein Arild, you have my eternal gratitude for not giving up on me. You have spent so much time on my work, always kept your door open, and your optimism has pushed me forwards! I would also like to thank co-star-supervisors Sturla Fossum and Øivin Christiansen, for always being available and helpful. This team of supervisors, and my co-authors Karen Havnen and Camilla Lauritzen, have substantial knowledge and experience of child welfare. I feel so lucky that they have shared some of their wisdom with me.

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So, if you have read this far, you can see that I am still working on the advice from Svein Arild: "short and sweet". Unfortunately, I still don't know when that is going to happen. But at least I was able to stay in front of the PC!

Abstract in English

Aims: The purpose of this thesis is to increase knowledge about how case characteristics are associated with the decisions made by Norway's child welfare services. The following decisions are studied: i) the initial screening decision, ii) the extent of the activities performed during investigation, iii) and the decision to dismiss a case when the family refuse child welfare service provision.

Background: The theory of the Decision-making Ecology describes that decisions in child welfare services are influenced by case factors, but also by context. There are few directives guiding the case process in Norway's child welfare services, and decision-making relies heavily on discretion and agency routines. Previous research has identified differences in case trajectory between agencies. Although some of this has been explained by population differences, the impact of case characteristics is still unknown. There is little existing knowledge on investigations that are closed due to family refusal.

Methods: The study was designed as a cross-sectional case file study. The sample consisted of 1,365 case files from 16 child welfare agencies. The case files were randomly drawn from all incoming referrals in 2015-2017. The individual case was followed from referral to concluded investigation. Data was collected on site by researchers using an online questionnaire. The statistical analyses were performed using logistic regression. The investigated case characteristics were reported concerns, identified problems, and characteristics of the family. Additionally, some characteristics of the referrals and the investigations were investigated.

Results: Although there were some concerns that increased the likelihood for investigation, none of the concerns were systematically associated with being screened out. Conversely, the child having previously been reported was associated with being screened out. With regard to investigations, a great variation in the amount of performed investigation activities was identified. Some of this variation was related to case characteristics, such as concerns of physical and sexual abuse, which increased the likelihood of a high level of performed activities. Medical and educational neglect concerns predicted a lower level of investigation activities. Regarding the conclusion of investigation, three variables increased the likelihood of family refusal of service provision. These were the identified problem of parental medical and educational neglect, the referral originating from the police, and two caregivers compared to one.

Conclusion: Concerns related to an assessment of high risk were associated to a continued and more comprehensive CWS involvement. According to our data, the rate of investigations closed due to the family's refusal of service provision was considerable. Some case characteristics were commonly found in cases where the family refused CWS involvement. The association between these characteristics and the family's refusal was understood as being caused by a non-collaborating relationship between the family and the CWS. A revised model of the DME was introduced. In a revised model, family engagement is added as one of the factors influencing the decision-making.

Sammendrag på norsk

Mål: Formålet med avhandlingen er å øke kunnskapen om relasjonen mellom saksfaktorer og beslutninger i det norske barnevernet. Beslutningene er: i) om bekymringsmeldingen skal undersøkes, ii) omfanget av aktiviteter gjennomført i en undersøkelse, iii) henleggelse av en sak når familien ikke ønsker hjelp fra barnevernet.

Bakgrunn: Den økologiske beslutningsmodellen (på engelsk: The Decision-Making Ecology) er et teoretisk rammeverk som beskriver hvordan beslutninger i barnevernet ikke bare påvirkes av informasjon i saken, men også av konteksten som beslutningen fattes i. I Norge er det få retningslinjer som beskriver hvordan arbeidet i meldings- og undersøkelsesfasen skal gjennomføres. Dette gjør at beslutningene i stor grad avhenger av skjønn og etablerte rutiner. Tidligere forskning har vist at saksprosessering og beslutninger varierer mellom ulike kontorer. Selv om noe av dette har blitt forklart av ulikheter i populasjon, er det fortsatt ukjent i hvor stor grad beslutningene påvirkes av saksfaktorer. Det finnes heller ikke forskning på undersøkelser som henlegges når familien ikke ønsker hjelp fra barneverntjenesten.

Metode: Studien er designet som en tverrsnittsundersøkelse. Utvalget besto av 1,365 barnevernsjournaler fra 16 barnevernskontorer. Journalene ble trukket ut fra alle innkommende meldinger i tiden 2015-2017. Den individuelle saken ble fulgt fra melding til konkludert undersøkelse. Data ble samlet inn på barnevernskontorene ved hjelp av et online registreringsskjema av forskere. Logistisk regresjon ble anvendt i de statistiske analysene. De undersøkte saksfaktorene var bekymringstema i meldingene, problemene som ble identifisert i undersøkelsen og beskrivelse av familien. I tillegg ble noen kjennetegn ved meldingen og undersøkelsen inkludert. For omfang av undersøkelse analyserte vi også sammenhengen med tidsbruk i undersøkelsen.

Resultater: Analysen viste at noen typer bekymringstema var assosiert med åpning av undersøkelse, men ingen bekymringstema var systematisk assosiert med henleggelse av melding. Imidlertid viste tidligere registrerte meldinger å øke terskelen for henleggelse. Det var stor variasjon i omfanget av undersøkelsen. Noe av denne variasjonen skyldtes innholdet i meldingen, som for eksempel bekymring om seksuelle overgrep og vold, som økte sannsynligheten for et høyere aktivitetsnivå. Registrert bekymring om manglende oppmøte for helse-/pedagogiske tjenester for barn minsket sannsynligheten for høyt aktivitetsnivå. Angående konklusjon av undersøkelse var det tre variabler som økte sannsynligheten for at familien ikke ønsket tiltak. Det var politi som melder, manglende oppmøte for helse/pedagogiske tjenester for barn, og familier med to foreldre kontra en foreldre.

Konklusjon: Bekymringer som er vanlig å relatere til høy risiko for barnet, økte sannsynligheten for at saken fortsatte i barnevernssystemet og for at undersøkelsen fikk et større omfang. Problemene som predikerte saker som ble henlagt etter familiens ønske, ble forstått til å stå i sammenheng med manglende samarbeid mellom familien og barnevernet. En utvidet økologisk beslutningsmodell ble foreslått, hvor *'family engagement'* ble lagt til som en faktor som påvirker beslutninger i det norske barnevernet.

List of publications

Paper I

Rustad, K. B., Lauritzen, C., Skaale Havnen, K. J., Fossum, S., Christiansen, Ø., & Vis, S. A. (2022). The impact of case factors on the initial screening decision in child welfare investigations in Norway. *Child Abuse & Neglect*, *131*, 105708. https://doi.org/10.1016/j.chiabu.2022.105708

Paper II

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Paper III

Rustad, K. B., Lauritzen, C., Skaale Havnen, K. J., Fossum, S., Christiansen, Ø., & Vis, S. A. Families refusing assistance from the Norwegian child welfare services – The importance of family characteristics, case processing and identified problems. (*Submitted).*

Key definitions

Assessment. In this thesis, the word assessment is used to describe how information is assessed before a conclusion is reached. The assessment in the child welfare services (CWS) often concerns an assessment of the risk for the child. The assessment is therefore a part of the investigation process.

Case factors/case characteristics. The two terms are used interchangeably to describe the information related to reported concerns or the identified problems in the family, and the characteristics of the family (e.g., sex of child, age of child, number of carers).

Case trajectory. This is the path that a case follows within the child welfare system. All cases begin with a referral. If the referral is not screened out, it continues with an investigation. If the conclusion of the investigation is a need for service provision, an intervention is assigned – either voluntary or mandatory.

Case processing. This term describes all performed activities which are performed from referral to concluded investigation. It includes internal meetings, interactions involving family or other externals, assessments, decision-making, and the time span of the case work. In sum, the activities that forms the case processing, affect the case trajectory of the case.

CWS worker/worker/caseworker. Individuals who are employed in child welfare services, and who perform different parts of the case processing. The three terms are used interchangeably.

Dismissal. The opposite outcome to continued CWS involvement. A dismissal in the trajectory of a case means that it is screened out– i.e., the contact with the child welfare services comes to an end.

Family/families. Although it is common to distinguish between the child and the parents in child welfare research, the data for this thesis did not contain sufficient information to identify the opinions of the individuals within a family. Therefore, the term family comprises the caregiver(s) and the child, even though these could potentially have different opinions.

Investigation. In Norway, cases are not separated into two different types of investigation (i.e., assessments and investigations), which are used in some states in the USA (Merkel-Holguin et al., 2015). In this thesis, I use the term investigation to describe the phase that begins after a case has been screened in. In this phase, information is gathered and assessed.

The purpose of the investigation is to decide whether the child is in need of service provision from the child welfare services.

Referral/Report of concern. This is when someone contacts the child welfare services because they are concerned about a child. Referrals can be made by anyone, such as a family member, a caregiver, the child itself, a neighbour, a person staying anonymous, a professional working with children, or a representative of another public service. In Norway, a referral can be made either orally or in writing. In this thesis, the terms referral and report of concern are used interchangeably.

Referrer. This is the person or organisation that makes a referral.

Initial screening decision. This is the first decision that is made by the child welfare service after a referral has been received. Referrals that are not filtered out continue to the investigation stage.

Service provision. This refers to the intervention that is made by the CWS. Service provision follows an investigation that concludes with the child being deemed to be in need of CWS assistance. The service provision of the Norwegian CWS include a variety of interventions, ranging from mild in-home services to mandatory out-of-home care.

Abbreviations

Abbreviation	Definition
CWA	Child Welfare Act
CWS	Child welfare service(s)
DME	Decision-making ecology

1 Introduction

The focus on the child welfare services (CWS) by media, the public, researchers, and policy-makers is often on the most severe cases with a potentially high level of involvement by the CWS. Cases that result in the removal of children from their original families are often a theme of discussion, both in the media and in research. However, these cases constitute very few of the total cases handled by the CWS. In 2021, mandatory out-of-home cases constituted 0.5% of all referrals handled by Norway's CWS, which shows that most cases are concluded with less radical interference. Besides, the work of the CWS usually starts long before any potential placement decision. The decisions made by caseworkers progress the case from the stage of referral, through the investigation and to service provision, or to dismissal of the case at some point. The research on these phases of case trajectory is limited, and these stages of the child welfare process have generally been given little attention. This thesis aims to increase knowledge on the first phases of the case trajectory, from the screening of referrals to the conclusion of investigations.

Inspections by governmental bodies have shown that the work on referrals and investigations in the Norwegian child welfare service is not considered adequate. The criticism involves a lack of systematic work, a lack of transparency, a lack of child participation, and what seems to be an absence of adequate assessment of case information before decision-making (Norwegian Board of Health Supervision, 2019, 2022). In addition, research on CWS case processing in Norway has revealed great variances in case work and in thresholds for initiating investigations and service provision between agencies (Ellingsen et al., 2015; Lurie, 2015; Lurie et al., 2015; Vis et al., 2015). Some of the variation in thresholds has been explained by differences in population between agencies (Drange et al., 2021). Differences in rates of service provision have been found to be explained mostly by case variables (Vis et al., 2023). With regard to the initial screening decision and the process of investigation, there has been no previous research on the impact of case characteristics while accounting for agency differences.

Baumann et al. (1997) introduced the Decision-Making Ecology (DME), which is a theoretical framework that broadened the understanding of decision-making in the CWS. The DME describes decision-making in the child welfare services as decisions made not only based on case factors but are also affected by contextual factors. These are external factors (e.g., law and policy), organisational factors (e.g., available resources, established routines),

and the individual decision-maker (Baumann et al., 2011). Such an understanding of decision-making implies that the improvement of decision-making requires knowledge of the process and the assessments preceding the decisions (Baumann et al., 2011; Kahneman, 2011; Munro, 2019). Studies on decision-making have mainly focused on what can be seen as key decisions in the CWS – the decisions that progress the case from one stage in the case trajectory to the next. However, these key decisions are preceded by smaller, less formal decisions, which might not be essential administratively, but are still important as they affect the key decisions (Taylor, 2017). Examples of such smaller decisions include those concerning who is to be involved in the investigation, how much time is to be spent on the investigation, and how many investigation activities are to be performed. As most service provision in Norway relies on the consent of the families, the families have an obvious impact on some of the decision-making. The decisions made by the family might therefore also count as such smaller decisions that have an impact on a key decision made by the CWS.

The main research objective is to gain a better understanding of how characteristics of the referral and the investigation are related to decisions made during case processing in the child welfare services.

1.1 Thesis structure

This thesis consists of three papers that study decisions representing three points of decision-making during case trajectories. To give the reader an understanding of decision-making in the Norwegian context, the thesis begins with an introduction to the Norwegian child welfare service. Secondly, theory of decision-making in CWS is introduced. This is followed by a presentation of previous research on factors that affect decision-making in CWS. There are few previous studies on the associations between case characteristics and families' refusals of child welfare service provision. The theory of family engagement is therefore introduced as a framework for an understanding of families' refusals. This is followed by a presentation of previous research on the associations between case characteristics and family engagement. The discussion section begins with an individual discussion of the three papers, leading to a discussion of the overall findings. This section is finalized by methodological considerations, implications for practice, and suggestions for future research.

1.1.1 The three decisions investigated in this thesis

The studied decisions are shown in Figure 1: i) the initial screening decision, ii) the extent of an investigation, and iii) the dismissal of the case when the family refuses service provision.

The rectangles in Figure 1 show the decisions that are made from incoming referral to conclusion of investigation. Either the case is progressed to the next stage in the case trajectory (blue rectangles) or the CWS's involvement in the child is terminated (pink rectangles). The three decisions chosen for this thesis are representative of some of the variety of decisions made during case trajectories, and are presented in the oval shapes. The thesis investigates the impact of case characteristics on the different decisions. The case characteristics consist of characteristics of the family, reported concerns, or identified problems, and characteristics of the case processing.

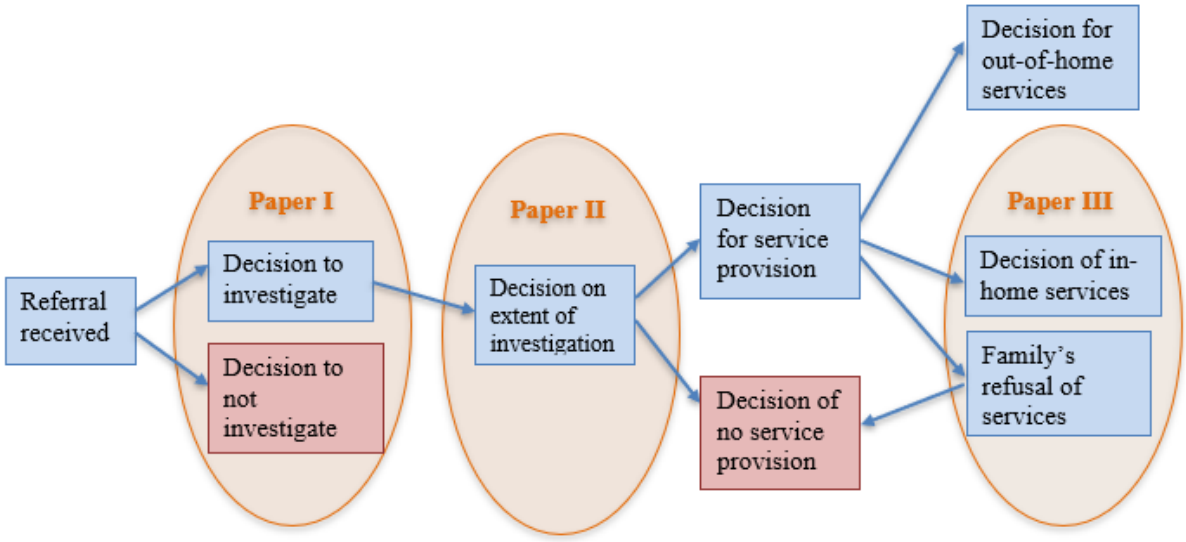

Figure 1 The decisions in the case trajectory that are investigated in Papers I-III

The first paper studies the initial screening decision, where it is decided whether or not the referral is to be investigated. The second paper looks at the extent of the activities performed during the investigation. This is the decision concerning at what point the gathered information is sufficient to make a conclusion of the investigation. This decision can be seen as the result of several minor decisions, such as how much information should be collected and from whom, and whether the gathered information is considered to be reliable. The

decisions made during the investigation therefore represent a continual assessment of the incoming information as the investigation advances. This also includes the potential disclosure of additional concerns, and the subsequent decision of whether they are to be investigated further – and, if so, to what extent. These decisions lead up to the decision of how the investigation can be concluded. The third paper studies cases that are closed when the family refuse service provision, in comparison to cases where the family accepts the service provision.

1.2 The project 'Investigations in child welfare services'[1]

The analyses in this thesis are based on data that was collected for a national research project regarding child welfare investigations. The initial project was initiated and funded by the Norwegian Directorate for Children, Youth, and Family Affairs. The objective of the project was to acquire knowledge in order to enhance the CWS's efforts in referrals and investigations. The study, which had a duration of five years (2016-2020), involved several researchers and institutions in Norway. It included the collection of both quantitative and qualitative data. For the commissioned project, five reports were published. Those were: i) a research review (Vis et al., 2016), ii) evaluation of an assessment framework (Lauritzen et al., 2017), iii) a study of referrals (Lauritzen et al., 2019), iv) a study of investigations (Christiansen et al., 2019), and v) an analysis of client participation (Havnen et al., 2020). Several scientific papers have also been published, and some of these are referred to in this thesis. These include a literature review on factors that determine decision-making (Lauritzen et al., 2018), and an analysis of variability at case and agency levels in the decisions for service provision (Vis et al., 2023). More information on the national project can be found on the webpage: https://uit.no/project/barnevernundersokelse/prosjektgruppe

1.3 The Norwegian context

What follows is a description of the Norwegian child welfare system. I begin by providing a general description of the system, before presenting each stage of the case trajectory. In the description, I emphasise the juridical framework. This is relevant because it is important to

[1] The original name in Norwegian is *Barnevernets undersøkelsesarbeid – fra bekymring til beslutning*

keep the specific context of the decision in mind when trying to understand the relevance of different case characteristics in the decision-making process.

The child welfare system in Norway is described as having a family-service orientation, moving towards a child-centric approach. Compared to systems where the focus is mainly on child protection, a system with a family-service orientation also includes the CWS assisting a family when a child's health and development is not immediately threatened. An important premise of this work is cooperation with the family. The child-centric approach reflects an emphasis on the needs and rights of the individual child (Hestbæk et al., 2023).

The Norwegian Child Welfare Act forms the basis of the work of Norway's CWS. Law and policy rely on the four main principles formulated in the act: i) the best interest of the child, ii) the biological principle, iii) the principle of minimum interference, and iv) the child's right to participate (Norwegian Directorate for Children, Youth, and Family Affairs, 2023). Law and policy contain few specified procedures for how case work shall be performed, but they describe a low threshold for continued CWS-involvement.

New regulations for case processing have been published since the data was collected for this study. The prevailing regulations in 2015-2017 were the CWA of 1992 and the Handbook for municipal child welfare services, which was published in 2006 (Ministry of Children and Equality). The latest replacements are a renewed CWA (2021) and an updated directive for caseworkers (Norwegian Directorate for Children, Youth, and Family Affairs, 2023). One overall major change was introduced with the new CWA. This was an enhanced and enforced collaboration between the different municipal child services. This to ensure that the child is not left 'in between' services. Although there are a lot of changes in the latest regulations, many of the details concerning case processing have remained the same. Differences in the prevailing regulations at the time of the data collection and newer regulations are described when relevant for this study.

Stage of referral. When an agency receives a report of concern, the agency has a maximum of one week to decide whether to initiate an investigation or to close the case. If the referral gives sufficient grounds to suspect that a child is in need of service provision, an investigation shall be initiated. If the referrer is the caretaker of the child, the referral shall be considered an application and will in general be investigated. In accordance with the handbook of 2006, when receiving a referral concerning a child who were the subject of an ongoing investigation

or intervention, the referral was registered as information in the investigation. Under the updated regulations, the incoming referral shall be registered as a new referral.

There are limited possibilities for gathering supplementary information before the conclusion of the referral. The legislation restricts this to contacting the referrer and using knowledge from the agency's previous contact with the family and knowledge of the child (Norwegian Directorate for Children, Youth, and Family Affairs, 2023). A report on Norwegian referrals showed that, in four of five referrals, no additional information was collected before a screening decision was made (Lauritzen et al., 2019).

However, routines have varied across agencies due to different interpretations of the legislation (Lauritzen et al., 2019; Lurie, 2015). The updated directive clarifies that a decision for investigation must be made before the CWS can collect information from other sources, such as contacting parents. The limited possibility to collect additional information forces the agency to make a decision on the basis of the information at hand.

Investigation. The CWA states that the investigation shall be sufficiently thorough to establish whether a child is in need of service provision, but, at the same time, shall ensure that the investigation is performed as considerately as possible (CWA, 2021, Section 2-2). The information in the referral should form the basis for the investigation. There is a time limit of three months to conclude the investigation, which can be extended to six months in special cases. In the updated directive, it is emphasised that the investigation should be initiated as soon as possible after the conclusion of the referral.

The parents and the child do not have legal party rights before the investigation is initiated. The child gets legal party rights at the age of 15, or sooner in particular cases (CWA, 2021, Section 12-2 and 12-3). The CWS is to strive to establish a good relationship with the family and child, and to arrange for their participation during the investigation. This is to ensure a collaborative approach, with access to information on the family's situation, and to create the grounds for the family's acceptance of service provision.

Service provision. There are a range of interventions that can be offered by the CWS. This range can be seen as a natural consequence of the broad field of problems facing children that are covered by the Norwegian CWS. When a family refuses an intervention, the CWS can either close the case or pursue the case by taking it to the Norwegian County Social Welfare Board. A mandated intervention represents a severe interference in the family's private life,

and can only be initiated when less intrusive interventions are not regarded as sufficient. The County Social Welfare Board may mandate interventions, which can involve both out-of-home care and in-home interventions. The latter form is seldom used. In 2022, a total of 56 cases concerning potential mandated in-home interventions were pursued to the County Social Welfare Boards (The County Social Welfare Boards, 2023a). Such a low number shows that the agencies either did not find grounds or did not believe in the improvement of the child's situation by forced interventions (Havnen et al., 2020), which again is related to the dependance of in-home interventions on the family's willingness to participate. Therefore, when a consent to service provision is not reached and the case is not assessed as sufficiently severe for a mandated intervention, cases can be closed even though a concern for the child still exists.

1.3.1 Statistics on referrals and investigations in Norway

The Norwegian CWS has a broad mandate, which involves different problems with a range of risks. In 2022, a total of 49,778 referrals were registered in the Norwegian CWS. For the age group of 0-17 years, there were 43.8 referrals per 1,000 children (Statistics Norway, 2023a).

For more than a decade, the rate of investigated referrals has been around 80% in Norway. This deflated to 76.2% in 2022. While the majority of the incoming referrals were investigated in 2022, a smaller share of the investigations, 36.3%, were concluded with an intervention (Statistics Norway, 2023b). The same year 51.2% of the investigations were dismissed as a result of the assessment by the CWS. Other cases were closed as a result of the family's unwillingness to receive service provision (8.7%) or the family moving away from the jurisdiction of the agency (3.3%). Of the investigations that were concluded with service provision, 97.8% resulted in a voluntary intervention (Statistics Norway, 2023b). During the year 2022, most of the given service provision were in-home interventions (87.1%) (Statistics Norway, 2023c). It is worth noting, however, that children placed in out-of-home care can receive additional supportive interventions that are defined as in-home interventions. The actual percentage of in-home interventions given to children living in their original home, will therefore be lower. Nonetheless, most CWS interventions are received voluntarily and are mainly given to children living in their original homes.

In 2021[2], the Norwegian County Social Board decided on mandatory out-of-home placement for 516 children (The County Social Welfare Boards, 2023b). However, voluntary out-of-home placements also occurred. At 31st of December 2022, 30% of children living in foster homes and 35% of children living in residential homes were based on consent (Statistics Norway, 2023d).

Figure 2 shows the number and percentage of the total referrals passing through the case trajectory in 2022. The figure gives the shape of a funnel, showing that cases are filtered out at the points of the key decisions and fewer cases continues in the case trajectory. This process is described by Parton and colleagues as "diagnostic deflation" (1997). The majority of referrals receive few services, a common feature across different child welfare systems (Parton, 1997; Östberg, 2014).

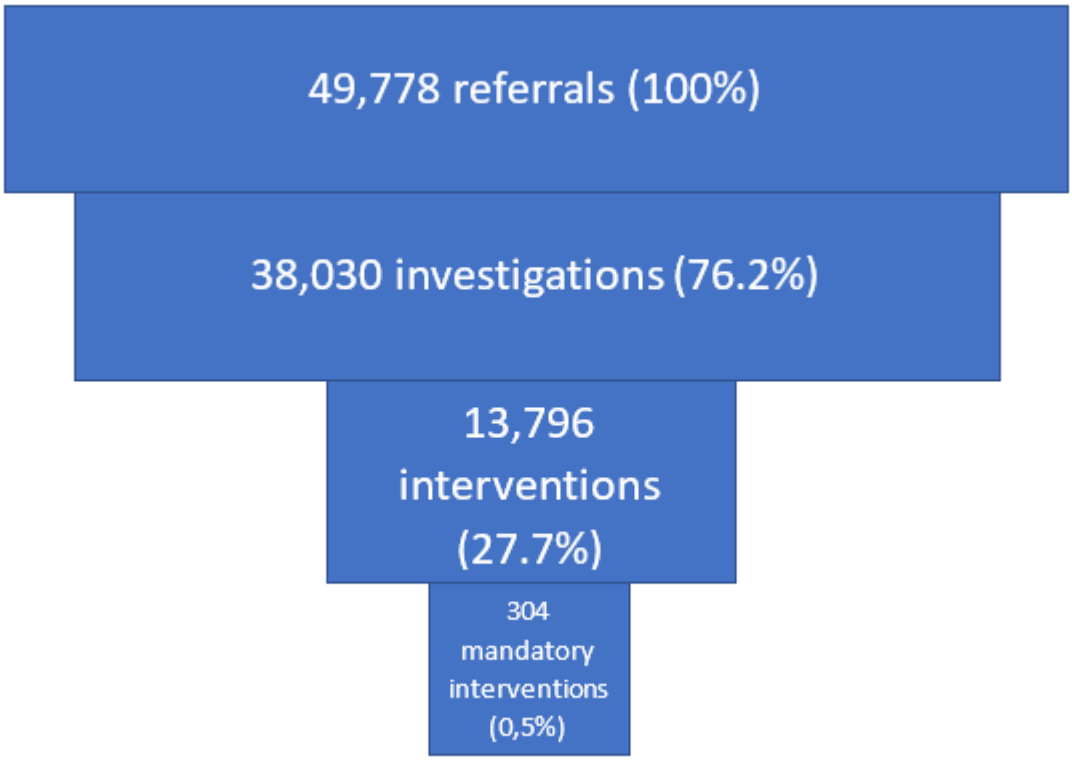

Figure 2 Case flow in Norwegian CWS in 2022 (Statistics Norway, 2023a, 2023b)

[2] Numbers from 2022 not available

2 Theory of decision-making

This chapter describes a theoretical model for decision-making in the CWS. The model forms the background of how decision-making is understood in this thesis. Previous research on the association of various factors with decision-making in the CWS is presented in the final sections.

2.1 The Decision-Making Ecology

In the mid-1990s, against a background of a focus on errors in child welfare decision-making and an understanding that human fallibility compromises the ability to be rational, Baumann et al. developed a model that offered a more profound understanding of decision-making: the decision-making ecology (DME). The model forms a theoretical framework that provides an understanding of both the context and the process of CWS decision-making. Three important features of decision-making in child welfare were described: i) there are a range of decisions to be made by the caseworker, ii) there is a psychological process in the decision-making, and iii) the decision gives an outcome, or consequence. The model explains the decision-making in the CWS as a complex process that is dependent on the case factors, the organisation, the external factors and the individual decision-maker. The decision is also affected by the outcome of previous decisions.

Case factors concern the information related to the reported concerns or the identified problems in the family, and the characteristics of the family (e.g., age and sex of the child, number of carers, etc.). Organisational factors are the characteristics of the individual agency, such as management, available resources, and established routines. The external factors are structures that could affect several agencies, such as law and policy, availability of collaborating partners and other community resources, and public perception of the CWS. Individual factors of the decision-maker (i.e., the caseworker) can be attitudes, caseworker skills, and characteristics such as sex, education, and experience. The reversed arrows indicate that the outcome, when consequences of decisions can be presumed, can have an impact on the assessments.

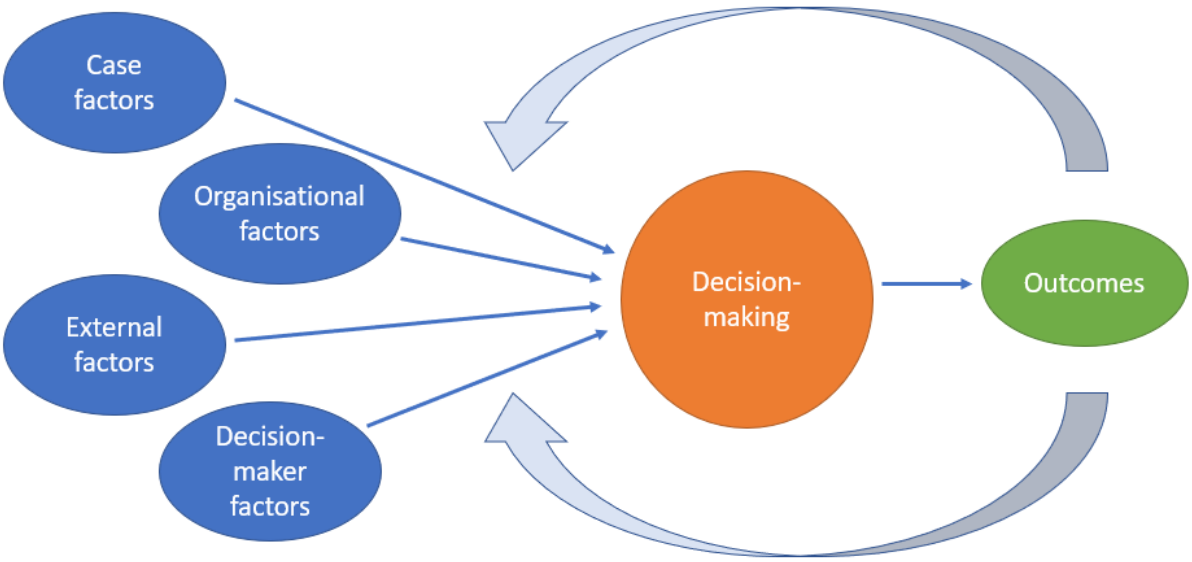

Figure 3 Copy of the Decision-Making Ecology from Baumann et al. (2011).

The decisions are many and varied – from the initial screening of the referral to the final decision where the case closes and is no longer in the CWS system. A key decision is often preceded by several minor decisions. The range of the decisions in the case trajectory is referred to as *the decision-making continuum*. This shows that there are several decisions to be made during CWS case processing, and these key decisions progress the case from one stage to the next.

The psychological process of decision-making is described in the general assessment and decision-making model (GADM) (Baumann et al., 2011). First of all, this model describes a distinction between the assessment and the decision. The model was initially introduced by Dalgleish (2003). The GADM describes three features of the psychological process in decision-making: i) there is a difference between assessment and deciding on the course of action, ii) there is a decision threshold that can vary between decision-makers, and iii) this threshold can shift. The difference between the assessment and the decision shows that, although decision-makers might share the same judgements, the actions they decide to take might differ. The decision threshold (i.e., the action threshold) might vary between individuals, based upon their experiences of the different factors.

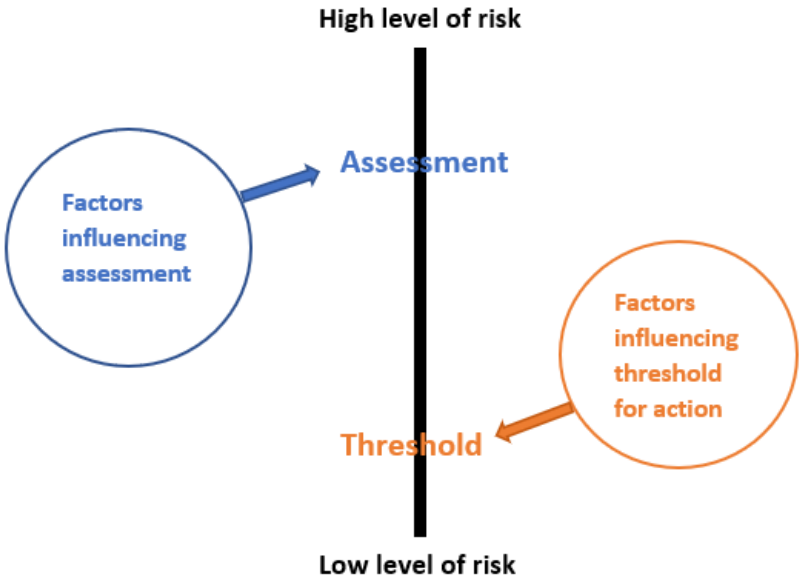

Figure 4 Copy of the model of General Assessment and Decision-making, after Baumann et al. (2011).

The threshold can shift, such as by adapting case processing to new regulations or on the basis of experiences from previous decisions. Although the assessments of risk are based on case information, the thresholds for action are formed by external, organisational, and individual factors, such as regulations, routines, available interventions and prior personal experience. The threshold for action will vary for the different decisions – for example, the threshold for initiating an investigation is lower than the threshold for a decision regarding out-of-home care. The assessments and thresholds are illustrated in Figure 4. When the assessment of risk is below the threshold, no action is taken. When the assessment of risk is above the threshold (as in the example in the figure), action is taken.

The DME provides a model for interpreting decision-making. The use of the DME in research enables a more holistic understanding of the decision-making and the variability of outcomes related to the decisions.

Different outcomes

Decision-making in complex situations, such as in a child welfare case, will always involve some uncertainty. This means that there is always a possibility of making an error. Hammond (1996) described two types of error. One is to take action when one shouldn't, and the other is to not take action when one should. An example is making a decision for out-of-home placement. If the child is placed out of home, and it turns out that the placement was

unwarranted, the error is a false positive. Conversely, if the decision is to leave the child with their caregivers, and it turns out it should have been placed out of home, the error is a false negative. Hammond (1996) described four probabilities associated with decision-making, illustrated in Table 1.

Table 1 The four outcomes of decision-making, after Hammond (1996)

Decision	**Should have taken action**	**Should NOT have taken action**
Yes	**Correct outcome** True positive	**Error** False positive
No	**Error** False negative	**Correct outcome** True negative

The outcomes can have different consequences for the decision-maker, the client and the agency, so outcomes might be valued differently (Baumann et al., 2011). As an example, a caseworker is afraid of failing to identify a child in need of assistance, and therefore emphasises avoiding false negatives. Another caseworker emphasises minimum interference and is focused on avoiding false positives. Such focus on errors can also be reflected in policy-makers (Hammond, 1996). Therefore, the emphasis on the types of error affects the decision-making.

2.2 Previous research on the factors in the decision-making ecology

Previous research has studied the impact of case factors, organisational factors, external factors and decision-maker factors on decision-making in CWS. The purpose of this section is to present the existing knowledge base for the DME factors. A search for literature was performed in BIBSYS (the database for Norwegian universities) and PsycInfo. As case factors are the focus in this thesis, the literature review was performed by searching for published studies on case factors' impact on decision-making. Relevant research findings concerning the other factors identified in the literature search are also described. Additionally, I describe the context for Norwegian CWS decision-making, represented by Norwegian studies and Norwegian grey literature.

2.2.1 Case factors

Even in countries with a child welfare system focusing mainly on child safety, it has been difficult to create clear definitions for how to recognise child abuse (Bromfield & Higgins, 2004; Parton et al., 1997). The variations in the understanding of child abuse cause CWS cases to be assessed not only differently between countries but also differently within the same nations or states (Berrick et al., 2017; Wells et al., 2004). Consequently, there is variation as to which case characteristics are included in the studies. There are some recurring characteristics, such as age, sex, ethnicity, referrer, visible injury, allegations of sexual and physical abuse, parents' health and exhaustion, parental substance abuse, the family's socio-economic status and prior history of CWS involvement.

Most of the identified studies (18 publications) were from Canada or the USA, while there were two studies from the UK (Jones, 1996; Stokes & Taylor, 2014), two from Norway (Staer & Bjørknes, 2015; Vis et al., 2023), two from Sweden (Kalin et al., 2022; Östberg, 2014), one from Israel (Jedwab et al., 2015), one from Spain (Mosteiro et al., 2018), and one cross-national study with data from the UK, the Netherlands and Germany (Middel et al., 2020). Most of the data in the previous publications comprises administrative data or case files studies which are analysed in multivariable regression analysis. Among the exceptions were Gilbert (1997), who in addition to case files also interviewed caseworkers; Stokes and Taylor (2014), Howell (2009) and Mosteiro et al. (2018), who collected data by vignette studies; Östberg (2014) and Fluke et al. (2010), who used questionnaires filled out by CWS workers; and Kalin et al. (2022), who included children's annual self-rating data in addition to using case files. All of the studies were quantitative studies, except that of Mosteiro et al. (2018), who analysed the data by identifying and categorising the caseworkers' arguments (n = 181). Seven studies had more than 10,000 samples (all US and Canadian studies), ten studies had between 1,000 and 10,000 samples, and the remaining ten studies had between 260 (Östberg, 2014) and 883 (Vis et al., 2023) samples.

Characteristics of child and family

The variables of child's age and sex were included in most of the studies. Younger age of the child has been found to be associated with an initiated investigation (Johnson et al., 2002; Kalin et al., 2022; Wells et al., 1995), while some studies did not find age to be relevant (e.g., Fluke et al., 2010; McDaniel & Slack, 2005; Östberg, 2014). In Sweden, referrals concerning girls have been found to be more likely to be investigated (Kalin et al., 2022; Östberg, 2014).

A similar result was found in one US study (Gilbert, 1997). Nonetheless, other US studies have found girls to be more likely to be screened out (Wells et al., 1995), and sex not to be significant (Johnson et al., 2002). Although there are indications that cases involving younger children have a higher likelihood of the continuation of CWS involvement, results from the identified studies show that this might be confounded by other factors, which is similar to the effect of sex.

Wells et al. (1995) tested the effect of type of household (one or two parents as caregivers, one parent with partner, institution, foster home, unknown, others) and did not find any association between having one or two caregivers and the initial screening decision. Kalin et al. (2022) also tested the effect of single-parent households for this decision, but it was not found to be significant. The impact of being a single caregiver on decisions for ongoing CWS interventions was tested in a multivariable study by Jud et al. (2012). They found that single caregivers were less likely to receive interventions compared to families with two caregivers. This was explained by the presence of intimate partner violence, which was one of the strongest predictors for service provision, which mostly involved two caregivers.

Ethnic minority and race have been found to predict the opening of an investigation (Wells et al., 1995), substantiation (Dettlaff et al., 2011), and out-of-home care (Bhatti-Sinclair & Sutcliffe, 2012; Fluke et al., 2010; Rivaux et al., 2008). In the multinational study of Middel et al. (2020), immigrant background was found to increase likelihood of service provision. Ethnic minority and immigrant backgrounds are therefore associated with the case continuing further into the CWS case trajectory. However, racial disparities have been found to be confounded by other factors (Howell, 2009; Staer & Bjørknes, 2015; Vis et al., 2023), which shows that the impact of immigrant/minority background varies, related to both study design and the child welfare system.

Characteristics of referral

Referrals originating from law enforcement or professionals working with children have been found to be more likely to be screened in (Wells et al., 1995; Östberg, 2014), and investigations are more likely to conclude with service provision (Rivaux et al., 2008; Trocmé et al., 2009).

Prior referrals and previous knowledge of the child were found to increase the likelihood of being screened in (Gilbert, 1997; Kalin et al., 2022; Karski, 1999; Silva, 2011; Wells et al.,

1995). Previous knowledge of the child has also been found to be associated with the decision for service provision (Jedwab et al., 2015).

Reported allegations and identified problems

Visible injury to the child was found to have a large effect on the decision to investigate in several US studies (Gilbert, 1997; Johnson et al., 2002; Karski, 1999; Wells et al., 1995) and one UK study (Jones, 1996). Allegations of neglect, physical abuse, sexual abuse, or emotional abuse were predictors for a referral being screened in (Gilbert, 1997; Kalin et al., 2022; Karski, 1999; Wells et al., 1995; Östberg, 2014). Neglect and physical abuse have also been found to predict service provision (Jedwab et al., 2015; Vis et al., 2023), while findings concerning the impact on decisions for out-of-home care have been inconsistent (Fluke et al., 2010; Jud et al., 2012). Problems with parents' health and exhaustion have been identified as predictors for initiating an investigation (King et al., 2021; McDaniel & Slack, 2005; Östberg, 2014) and as predictors for service provision (Jedwab et al., 2015). Parental substance abuse has been included in studies and has been found to be a predictor for investigation (Gilbert, 1997; Howell, 2009), for service provision (Johnson et al., 2007; King et al., 2021; Williams et al., 2011) and for out-of-home care (Bhatti-Sinclair & Sutcliffe, 2012). Socio-economic factors have been identified in several studies to be predictors for the case continuing into the CWS case trajectory – for the initial screening decision (Gilbert, 1997; Karski, 1999; McDaniel & Slack, 2005), for service provision (Johnson et al., 2007; Stokes & Taylor, 2014; Trocmé et al., 2009) and for out-of-home care (Bhatti-Sinclair & Sutcliffe, 2012; Fluke et al., 2010). Concerns about domestic violence do not seem to be included in studies of the initial screening decision, except for in the study by McDaniel and Slack (2005) who found it not to be significant. However, the presence of domestic violence increased the likelihood of service provision (King et al., 2021; Williams et al., 2011). Children's developmental needs seem to seldom be included in studies of decision-making.

2.2.2 Organisational factors

Agency differences have been found to be associated with the initial screening decision (Johnson et al., 2002; Wells et al., 1995; Wells et al., 2004) and with the decision for placement (Fluke et al., 2010). These studies were all multivariable, analysing the effect of agency while case characteristics were accounted for. Smith et al. (2019) studied the impact of organisational differences such as service availability, agency location, specialisation, and proportion of referrals of families with indigenous background on the decision to offer service

provision. There was significant variation in the decisions to offer service provision between sites. However, the results showed that the variance was, to a large degree, predicted by case factors. The association between the decision-making and organisational factors therefore remained unexplained (Smith et al., 2019). Norwegian reports have identified variations in thresholds and case processing between agencies (Ellingsen et al., 2015; Vis et al., 2015). These studies did not include other DME factors in their analysis. Unlike in many other countries, no government-initiated framework for investigations has been established in Norway. Professional discretion has therefore been the main component in the investigation process (Samsonsen & Turney, 2017), although many of the agencies have taken the privately developed framework of Kvello[3] into use. The Kvello framework has been found to be very comprehensive and resource-demanding, and there is variation between agencies with regard to how much of the framework is in use (Christiansen et al., 2019; Vis et al., 2015). Findings from Norwegian studies including additional DME factors found that the identified differences between agencies were not related to the agencies themselves. Vis et al. (2023) tested the importance of case characteristics vs. organisational factors, and despite great differences in agency thresholds for service provision between agencies, the variation was mostly explained by case variables. In a report based on Norwegian administrative data, Drange et al. (2021) found that agency differences were explained by variations in the population, as described further in the next section.

2.2.3 External factors

External factors seem to have been of less interest in research than other factors. Neither the review of Lauritzen et al. (2018) nor the review of Damman et al. (2020) found publications that had external factors as a main focus. Nonetheless, some external factors are found to have an impact on the decision-making. These are mainly characteristics of the community, such as traits of the population and the agencies' relationships and collaborations with other services (Damman et al., 2020). Wells et al. (2004) examined the impact of agency on the initial screening decision with data on 1,789 cases from 12 sites. Although differences in population and relationships with collaborative agencies seemed to have an impact on the initial screening decision, reported neglect in the referral turned out to be the most important

[3] Kvello, Ø. (2015). *Barn i risiko: skadelige omsorgssituasjoner [Children at risk - Harmful life situations]* (2 ed.). Gyldendal akademisk.

variable when explaining the likelihood of being investigated (Wells et al., 2004). Number of children in the agencies' jurisdiction was found to be important in a report containing a descriptive analysis of Norwegian CWS case trajectories. The rate of intervention decreased in relation to the greater number of children residing within the geographical area for which the agency was responsible (Drange et al., 2021). The report found that the composition of population explained most of the previously described differences between Norway's CWS agencies. It has to be noted, however, that reported concerns were not included in this study. In a UK study, traits of the population, such as low income and prevalence of crime and social problems, were found to be associated with variance in service provision (Bywaters et al., 2015). Availability of interventions and collaboration with other relevant family-serving institutions have been found to be associated with a lower probability of substantiation in a US study (Font & Maguire-Jack, 2015). Although poverty rate was also tested in the analysis, ethnicity was still found to have an impact: a high proportion of families of Hispanic origin in area of jurisdiction still predicted reduced likelihood for substantiation. In a Swiss study involving 4,735 cases from 26 cantons, variables indicating economic stress and less social support were associated with increased likelihood of substantiation of child neglect (Portmann et al., 2022). While accounting for other variables, Vis et al. (2023) showed that agencies in smaller cities more often initiated service provision than agencies in metropolitan areas. The differences between smaller and larger communities were explained by less specialised interventions being available in more rural areas, leaving the agencies to take responsibility for the needs of the family.

Differences in law and policy have an impact on thresholds, which makes CWS operate differently between nations (Berrick et al., 2023), and shows that the country context has an impact on the decision-making (Benbenishty et al., 2015; López & Benbenishty, 2021). As the purpose of this thesis is to investigate the decision-making of the Norwegian CWS, I do not look further into the differences between countries. However, law and policy have a strong impact on the decision-making in the Norwegian CWS and are therefore an important external factor. For this reason, the Norwegian law and policy are presented in section 1.3, providing an important insight into the regulation that impact the decision-making in Norway's CWS.

2.2.4 Decision-maker factors

There has not been much research to identify the impact of the individual factor on decision-making (Damman et al., 2020; Lauritzen et al., 2018), which could be related to the difficulty of measuring the effect of the individual caseworker. Although some characteristics of the individual might be straightforward to register (e.g., age, sex, work experience, education), other characteristics (such as values, previous personal life experiences and social skills) might be more difficult to measure. Vignette studies are the most common way of studying the individual decision-maker, as this makes it possible to investigate how different decision-makers assess the same case information. Nonetheless, vignettes have their limitations, as they do not provide an accurate measure of how people react, but rather a measure of how people think they would react (Polit & Beck, 2012). Another limitation is that the circumstances when working on the vignette are often different to real-life situations, such as time pressures, relation to the family, and the consequences that the decision will have on the decision-maker.

In Norway, there are often several caseworkers involved in one case, so the impact of the individual is not obvious and is therefore even more challenging to clarify. However, some characteristics have been measured. Drange et al. (2021) registered the education, ethnicity, sex, and age of caseworkers within the agency. When accounting for population traits, the individual characteristics of the caseworkers were not found to have an impact on the decisions for service provision. A Canadian study looking at decision-making factors did not identify any association between the qualifications of the worker and the decisions for service provision (Lwin et al., 2018). The worker qualifications tested were education, experience, caseload size and training. However, there was a clustering at worker level, which indicates that the study did not include the variables that explained the variance between workers. There are studies that have investigated the impact of less tangible characteristics, such as attitudes and feelings. In a US-based study on caseworkers matched to administrative records, Graham et al. (2015) did not find individual decision-maker factors such as age, ethnicity, caseworker experience, or the caseworker's attitudes or feelings to have any direct effect on the placement decision. Other studies have found that a caseworker's belief in the benefits of the service has an impact on the decision for ongoing service provision (Mosteiro et al., 2018; Wells et al., 2004). A vignette study performed across countries (Spain, the Netherlands, Israel, and Northern Ireland) had similar results. The caseworker's attitude regarding child welfare issues did affect the decision-making (Benbenishty et al., 2015).

2.2.5 Summary of the key features of research on decision-making

The existing knowledge base shows inconsistent findings regarding the impact of factors, as identified in a review of the initial screening decisions (Damman et al., 2020) and a review of the decisions for service provision (Lauritzen et al., 2018). It is reasonable to explain the differences in research findings as being related to disparities in legislation, culture, ideology, and not least study design (Lauritzen et al., 2018). The impact of the different variables changes according to the combination of variables in the analysis. Nonetheless, the significant impact of reported concerns is a recurring feature in studies comprising several DME factors, thereby indicating the importance of case characteristics in decision-making. Based on the variety of findings and the lack of multivariable studies in Norway, it is still difficult to establish a clear hypothesis for which case characteristics will have a significant association with decisions in the Norwegian CWS.

Previous research on child welfare services often concerns key decisions that define the continuation of the case trajectory. These are decisions such as the initial screening decision (e.g., Damman et al., 2020; Kalin et al., 2022; McCormack et al., 2020; Wells et al., 1995), substantiation and risk assessment (e.g., Benbenishty et al., 2015; Cross & Casanueva, 2009; Dettlaff et al., 2011), and the decision for out-of-home placement (e.g., Bhatti-Sinclair & Sutcliffe, 2012; Graham et al., 2015; Mosteiro et al., 2018). In summary, previous research therefore mainly concerns the key decisions made during CWS case processing, whilst knowledge of how case characteristics are associated with case processing and other decisions is left unexplored. Although it is known that reported concerns of sexual or physical abuse activate a more thorough investigation, little is known of how the reported concerns impact the extent of investigations in Norway. No studies that included families who refused service provision were identified in the literature search, so it is not known whether there are any significant characteristics for families refusing assistance from the CWS.

3 The impact of relational aspects on decision-making

A growing field of research points out that the decisions of CWS are the result of a process (Littell et al., 2001; Platt, 2007; Östberg, 2014). The relationships between CWS and families, in addition to the families' participation, form important elements of the assessments made by the CWS (Platt, 2012).

This chapter starts by introducing research on how relational aspects affect assessment and CWS's decision-making. A theory is then presented for how family engagement evolves during the case trajectory. The concept of engagement is used as an umbrella term for parents' collaborations, relationships, and participation in case processing and service provision (Merkel-Holguin et al., 2015). The chapter concludes with a presentation of previous research on case characteristics and engagement.

3.1 Previous research on the impact of relational aspects on assessments and decision-making

Although there is established knowledge on the impact of emotions and the quality of the relationship on the outcome of the case (Lurie et al., 2018; Merkel-Holguin et al., 2015; Munro, 2011; Tilbury & Ramsay, 2018), little attention is given in the research to the impact of relationships on decision-making in CWS. The caseworker's perceptions of parental collaboration, motivation and capacity have been found to form a basis for decision-making (Mosteiro et al., 2018). Saar-Heiman and Krumer-Nevo (2020) found that the relational feature of the dialogue between caseworker and client was important for the family's participation in the knowledge-production during case processing. The interactions between caseworker and family have been found to form part of the reasoning before decision-making (Broadhurst et al., 2010; Keddell, 2011). Östberg (2014) found that caseworkers were balancing the possibility of forming an alliance with the family during assessments. This affected their decisions – for example, the choice of the type of intervention was made on the basis of what the CWS believed the family was likely to accept, and not necessarily only on what they needed. Decision-making is therefore also shaped by the possibilities created or hindered by the evolving relationship.

Involving the family's perspective in the CWS assessment has been found to facilitate positive outcomes (Bouma et al., 2020; Toros et al., 2018; Wells et al., 2015). However,

research has shown that the family's emotions have not always been taken into consideration during case processing (Juul, 2011; Midjo, 2010), and that the importance of parental engagement in general is not acknowledged by caseworkers (Arbeiter & Toros, 2017). In a study looking at client participation in social services, Littell et al. (2001) found that participation was most often discussed in the form of either the client's cooperation or resistance. Therefore, the ability to participate is often understood as being part of the family's characteristics, ignoring the impact of the social worker and the social work system (Littell et al., 2001; Östberg, 2014). However, the caseworker's importance for the relationship is shown repeatedly in research (Corradini & Panciroli, 2021; Hollinshead et al., 2015; Littell & Tajima, 2000; Merkel-Holguin et al., 2015; Schreiber et al., 2013; Tembo & Studsrød, 2018; Välba et al., 2017).

3.2 A conceptual framework for family engagement

There is not much existing research on families refusing service provision before service provision is intiated. In this thesis, I use a conceptual model for family engagement (Merkel-Holguin et al. (2015) as a theoretical framework to understand the possible dynamics between case characteristics and family refusal of CWS.

Even though the term *"engagement"* is a complicated construct (Yatchmenoff, 2005), it is a common understanding that parental engagement is related to parents' emotional responses and reflections on casework and decisions made by the CWS (Merkel-Holguin et al. (2015). The antithesis to engagement can be seen as resistance to the CWS (Forrester et al., 2012). Parental engagement with the CWS has been described as being a dynamic, fluctuating process, which is affected by clients' internal/individual determinants (such as cognitive, affective, behavioural, and motivational determinants), and external determinants (such as interventions, family circumstances, law and policy, and the skills of the caseworker) (Platt, 2012).

Merkel-Holguin et al., (2015) introduced a conceptual model to gain an understanding of how factors in the child welfare process affect family's engagement. The theoretical framework describes how relationships between caregiver and CWS evolve throughout the case trajectory, and how the result – *engagement* – affects the outcome.

In the conceptual model, family engagement is seen as the result of an interplay between family systems and social service systems. The family system is associated with personal

attributes, such as the family's history, culture, personal characteristics, and family problems. The social service system reflects law and policy, workforce, resources, case processing routines, etc. In the initial stage, the caregiver's engagement proclivity encounters the social service's initial engagement practices. These two systems influence each other interchangeably throughout the case trajectory.

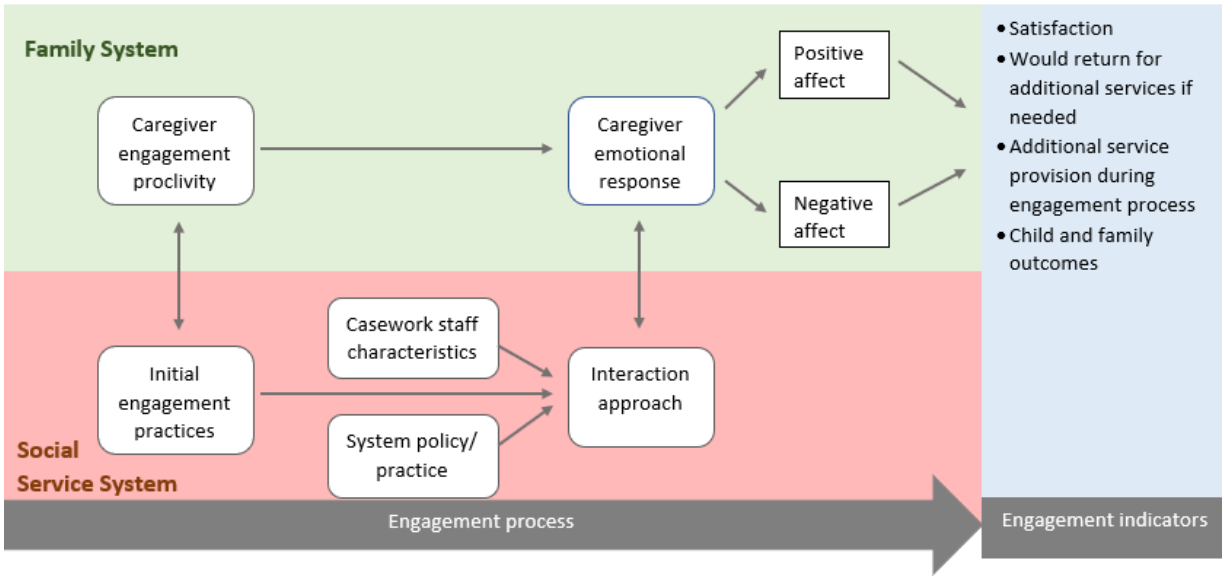

Figure 5 Family engagement conceptual model, after Merkel-Holguin et al. (2015).

Building upon Merkel-Holguin et al.'s work on the conceptual framework, Hollinshead et al. (2015) identified an association between the interaction approach and the emotional response of the caregiver. In a later study, Hollinshead et al. (2017) found the caseworker's interaction style and the caregivers' positive emotional responses to be associated with the utilisation of service provision. The three studies had consistent findings that confirmed the conceptual framework: caregivers who experienced more positive interactions with the CWS reported positive emotions more often, and were more satisfied with the CWS (Hollinshead et al., 2015, 2017; Merkel-Holguin et al., 2015).

3.3 Research findings on case characteristics and family engagement

This section presents the findings from previous studies concerning the impact of case characteristics on various aspects related to engagement. The research was identified by a literature search in BIBSYS, Social Care Online and PsycInfo. The findings are presented

according to the systems described in the conceptual model of family engagement– i.e., the family system and the child welfare system.

3.3.1 The impact of the family system

Preconceptions and previous CWS experience.

In a Norwegian report regarding families' and the CWS's experiences of investigations, Lurie et al. (2018) found that negative parental preconceptions of the CWS were one of the factors that had an adverse impact on collaboration. Lurie et al. also found that families with previous CWS experience had a positive approach to the collaboration, whilst families without experience had more negative preconceptions and attitudes towards the CWS. The data in the report was collected by interviewing six children, eight parents and five caseworkers. By interviewing 385 parents, Thrana and Fauske (2014) studied parents' emotional encounters in meetings with the CWS. Their findings showed that there was a stigma attached to receiving help from the CWS, and this stigma affected their willingness to accept interventions. Similar findings were identified in an Estonian study, where 26 CWS workers were interviewed regarding family engagement during assessment (Välba et al., 2017). The CWS workers felt that stigma related to receiving service provision and negative preconceptions of the CWS could hinder good collaboration.

Characteristics of the family and their problems.

In a study exploring the impact of substance abuse, intimate partner violence, and race on parental engagement, Mirick (2014) found that substance abuse predicted a more positive engagement, while intimate partner violence and identifying as Black, Latino, or biracial predicted negative engagement. Other characteristics such as child's age, country of origin, income, number of CWS involvements, reason for involvement, recent moves, and recent lost employment were not significant. The data was collected in a US metropolitan area, using a questionnaire that was answered by 43 parents whose children were receiving child welfare interventions. The parental engagement was measured on a scale that included four dimensions: receptivity, buy-in, working relationship, and mistrust (The scale was originally developed by Yatchmenoff, 2005). A US study involving data on 3,035 parents investigated factors associated with the collaborative alliance between parents and CWS workers (Cheng & Lo, 2020). This sought to gain the perspective of parents' perceptions of caseworker engagement. The findings showed that the alliance was affected by ethnic backgrounds. A shared ethnicity between caseworker and parent was found to be beneficial. The results also

showed that perceived caseworker engagement was associated positively with family income, good parental mental health, parent's social support, and the child being in kinship care or out-of-home placement.

3.3.2 The impact of the CWS system

The CWS system is what the family encounters when they are the subject of a child welfare case. The system involves the caseworkers, routines and system in the agency, the available resources, collaborative partners, and the structures that are shaped by national law and policy. The CWS workers can be seen as representatives of the CWS system in meetings with the client (Lwin, 2018). Tembo and Studsrød (2018) found that the caseworker's attitude, personality, and communication skills affected the parents' emotions. A caseworker who perceived to be dishonest and withheld information led to confusion, fear, and anger. In an Italian study where parents were interviewed (n = 17), Corradini and Panciroli (2021) found that parents' feelings of being listened to, transparency in all elements of the process and the prospect of receiving assistance helped to develop a positive relationship during the investigation.

In a study of 206 case files from one child welfare agency regarding effort to engage parents, Wells et al. (2015) found that making the effort to engage both parents in the CWS case was associated with better case outcomes such as safety, permanency, and well-being for the child. Caseworkers' previous experience of the family having a negative approach to collaboration with the CWS has also been found to have an impact on the decision-making of the CWS. Östberg (2014) found that the CWS's low expectations for the families, due to previous knowledge, could results in the cases being seen as 'hopeless'. This would be an indicator not for initiating an investigation, but for it being screened out.

Following interviews with Norwegian parents (N = 12), Havnen et al. (2020) found that there were characteristics of the case processing that were perceived as problematic: long processing time, difficulties understanding when the investigation was over and when the intervention started, difficulties interpreting documents, and unclear purpose of home visits. Kildedal et al. (2011) interviewed Norwegian and Danish families (N = 16) who reported receiving poor information regarding the investigation process and being given little possibility for participation. The lack of information and participation supported the disproportional division of power – it led to an increase in the parents' feelings of

powerlessness, while also supporting the power of the CWS workers (Kildedal et al., 2011). In a scoping review on parents' satisfaction with the CWS, Tilbury and Ramsay (2018) found that parental satisfaction or dissatisfaction was related to the attitudes and skill of the caseworkers and the interventions provided. Characteristics of the child welfare system such as high turnover of staff and slow, stressful, and incomprehensible case processing were negatively associated with parental satisfaction (Tilbury & Ramsay, 2018). Caseworker turnover has been found to be negatively associated with a collaborative alliance with parents (Cheng & Lo, 2020), and change of caseworker has also been found to be a hindrance to the child's participation (Paulsen, 2016; Seim & Slettebø, 2017).

3.3.3 Summary of the key features of research on family engagement

The characteristics of caseworkers and agencies have been found to have an impact on the family's engagement. The identified characteristics of the caseworker are attitudes and relationship-building skills. Caseworker availability, caseworker turnover and processing time are significant characteristics of the agencies. Further important characteristics of agencies are case processing traits such as the family's possibility to participate, the provision of adequate information and the involvement of both parents. Most of the studies are qualitative studies identifying phenomena. The extent of these associations is not known.

Some characteristics of the family system, such as ethnicity, family income, and mental health issues, have been identified as being associated with the caregivers' engagement. Preconceptions and previous contact with the CWS have also been found to be associated with family's engagement. The number of studies is limited and there are very few quantitative studies that look at family engagement or resistance. I have not been able to identify any studies that have looked specifically at cases that are closed due to the family's refusal of CWS assistance.

The presented knowledge base shows that caregivers' engagement affects decision-making, and that positive engagement has been shown to facilitate positive outcomes for the child. However, as the engagement is affected by the family, the child welfare system, and their developing relationship, it can be difficult to identify which characteristics influence the engagement.

4 Research objectives

There have been many studies looking into the impact of the factors described in the Decision- Making Ecology. However, findings on the impact of case characteristics vary, due to different study designs and the studies being performed in different child welfare systems (Damman et al., 2020; Lauritzen et al., 2018). Therefore, there is no precise knowledge of how case characteristics influence decisions in the Norwegian child welfare services. Previous research on decision-making has mainly studied key decisions, such as the initial screening decision, conclusion of the investigation and for out-of-home placements. There is little knowledge of how case characteristics affect other decisions, such as the level of activities performed in a CWS investigation, nor of the family's willingness to accept service provision.

The overall research objective of this thesis is to investigate the impact of case characteristics on decisions made during case trajectories in Norway's child welfare services. Three different decisions are investigated. The first is the initial screening decision, where it is decided whether the referrals are to be closed without CWS involvement or investigated. The second of the decisions studied concerns the extent of the investigation. The third studied decision is the decision where a family's refusal of service provision becomes evident – namely, the conclusion of the investigation. These three decisions represent some of the variety of decisions that are made during a case trajectory.

1. The initial screening decision

Even though the initial screening decisions has been the object for several studies, the findings on the impact of case characteristics have varied. The ability to form a hypothesis on the impact of specific case characteristics in the Norwegian CWS was therefore limited. According to policy, the threshold for screen-in of referrals in Norway, shall be low. Numbers from Statistics Norway show that the rate of investigation has been high over many years. Investigation rate has been found to vary between agencies (Ellingsen et al., 2015; Vis et al., 2015), although there are indications that the variation is not necessarily related to the agencies themselves. The first research question, investigated in Paper I, aims to identify case characteristics that predict the screen-in of referrals. For a more precise measurement of the effect of the case characteristics, I performed a multivariable analysis accounting for agency differences.

2. The level of investigation activities

Norwegian caseworkers have few guidelines for the activities in the investigation, and the level of investigation activities is therefore largely based on discretion and on the routines established within the agencies. Christiansen et al. (2019) identified the most common activities: meeting parents, performing home visits, contacting external informants, and meeting and/or having a conversation with the child. The total activity level, and what affects the activity level, have never been investigated in Norway's CWS. The main research question in Paper II aims to identify case characteristics that have an impact on the level of investigation activity. Another aim of this study is to disclose more details concerning the investigation process, such as time spent on the investigation and the conclusion of the investigation. This study takes an exploratory approach, as no measurement of the level of investigation activities has previously been conducted.

3. The dismissal of the case when the family refuses service provision

The majority of CWS interventions in Norway are based on the family's consent. The opinion of the family will therefore affect the CWS's decisions regarding service provision. In the third paper, I try to identify case characteristics that are associated with family's refusal of CWS interventions. Previous research has indicated that the work of the CWS influences the engagement of the family, and case processing is therefore included in the analysis. The sample in Paper III are cases that were concluded with voluntary service provision and cases closed when the family refused services. In this study, two main research questions are addressed – namely, describing the characteristics of the cases where the family refuses service provision, and identifying the case characteristics that predict refusal. As there is scarce knowledge of how a family's refusal influences CWS's decisions, these research questions are explored without any clear hypothesis.

Table 2 Overview of the research questions addressed in the thesis

Research objective	To gain a better understanding of how characteristics of the referral and the investigation are related to decisions made during case processing in the child welfare services.		
Research question	What are the associations between case characteristics and the different decisions made during child welfare investigations?		
Title	The impact of case factors on the initial screening decision in child welfare investigations in Norway	The impact of case characteristics on investigations in Norwegian child welfare services	Families refusing assistance from the Norwegian child welfare services – The importance of family characteristics, case processing and identified problems
Journal	Child Abuse and Neglect	Nordic Social Work Research	Submitted
Research question(s)	Which case factors have an impact on the decision to investigate a referral in the Norwegian CWS?	Which case charateristics lead to either an investigation of high activity or an investigation with low activity?	1. What are the characteristics of cases where the family refuses assistance from the CWS? The study examines the characteristics of: a. the family, b. the case processing, and c. the problems described in the investigation report. 2. Which case characteristics are the most important to predict a family's refusal to accept assistance?
Theoretical framework	The Decision-Making Ecology	The Decision-Making Ecology	The conceptual model of family engagement
Data	Cross-sectional data, case file study	Cross-sectional data, case file study	Cross-sectional data, case file study

5 Methods – Papers I, II and III

As previously mentioned, the data used in all three papers was collected as part of the national research project 'Investigations in child welfare services'. The data derived from a case file study where child welfare cases were the studied population. Data on received referrals is used in Paper I, while data on the investigated cases is used in Paper II. Paper III employs data from the investigation reports on cases that are either concluded with in-home interventions or concluded with closure due to the family's refusal of service provision.

5.1 Study design

The study was designed as a cross-sectional case file study, which allowed gathering of information that can-not be found in administrative databases, from a large sample. A cross-sectional study is an observational study, analysing data from a population in a defined period (Jacobsen, 2010). All three papers are based on data from the same study.

5.2 Participants and data collection procedures

To recruit CWS agencies, the project manager for the national research project contacted CWS leaders with a written inquiry and information. The contacted agencies were chosen to represent the following criteria:

- Municipalities of different sizes.
- All four child welfare regions (North, South/East, West and Central Norway).
- Agencies with high rates of investigated referrals, and agencies with low rates of investigated referrals according to Statistics Norway.
- Agencies from two districts in each of the largest cities in Norway (Oslo, Bergen, Trondheim)
- Agencies representing municipalities with variations[4] in: i) the proportion of children living in low-income families[5], and ii) the proportion of the population with education higher than elementary education.

[4] Variations according to Statistics Norway

[5] Low-income is defined by Statistics Norway as a mean income for households during several years (e.g., the previous three years) that is lower than 50% or 60% of median household income in the same period.

- Agencies that use the Kvello assessment framework, and agencies that do not use it.

Two of the agencies originally contacted did not participate in the study. One agency never answered the request, while the other was willing to participate but, due to a personnel change, the data collection could not be accomplished within the given time limit. These two agencies were replaced by two other agencies that fulfilled the criteria. In the larger cities, the districts were chosen in collaboration with the leaders in the municipalities, the CWS leader, and researchers participating in the national research project.

Of the participating agencies, five represented the child welfare region West, four represented South/East, four represented Central, and three represented the North of Norway. A total of 13 municipalities were represented, with 16 CWS agencies in total. The population in their jurisdictions ranged from 8,000 to 680,000. Smaller municipalities were not included due to cost considerations.

A total of 1,365 referrals were randomly drawn from referrals registered from 2015 to 2017. The case file number of the first referral in 2015 and the last case file number in 2017 formed the basis for the draft at each agency, which was performed using a sample selection computer program (Rørnes, 2017). The sample size from each agency varied from 50 to 150, according to the size of the agency. This was to make the proportion of drawn referrals versus total referrals similar across agencies. A list of extra case file numbers was also drawn, in case one of the originally drawn referrals had missing case files or did not exist. The agencies were given the drafted numbers so that access to documents could be prepared. Access was given both to the digital system and to the actual paper case folder.

Several researchers participated in the collection of data. The researchers examined the documentation in the case files, from the received referral to the closure of the investigation. This included all written correspondence, such as reports, information from others, plans, minutes from meetings and phone calls, in addition to minutes from internal discussions regarding the case. The researchers filled out a coding scheme while reading the case files. The researchers did not have permission to take any of the documents away from the agency, so all information was gathered on site using a web-based coding scheme.

5.2.1 Sample size

As cases can be concluded with closure at two points in the investigation process (the initial screening decision and the conclusion of the investigation), the sample size diminishes as the case trajectory proceeds. Figure 6 shows the sample size at the different points of decision. Paper III concerns cases that were given in-home interventions and cases that were dismissed due to the family's refusal of service provision (n = 299 + 128).

Due to missing data, some samples were excluded from the analyses. The excluded samples in Paper I (93 referrals) and Paper II (64 investigations) were due to missing information on immigrant background. In Paper III, the excluded cases (138 cases) were mainly related to missing investigation reports (114 cases), with some being related to missing information on immigrant background (24 cases).

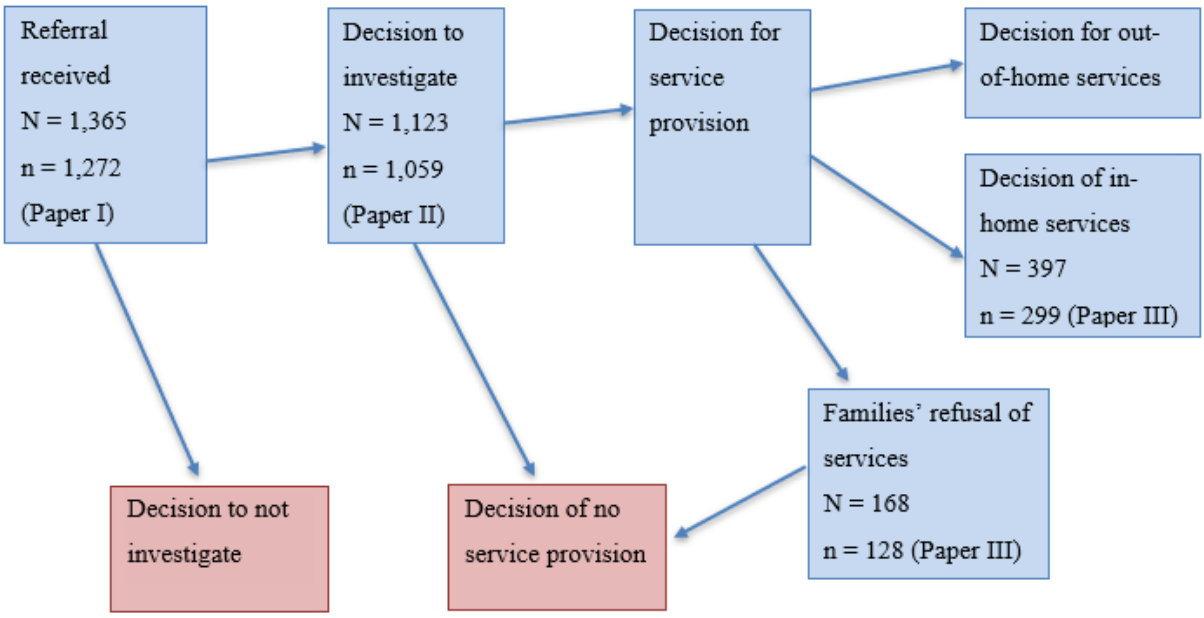

Figure 6 Sample size in Papers I, II and III

5.2.2 Coding scheme

The web-based coding scheme was developed in several steps. A qualitative pilot study was performed to identify the information typically found in case files, and from this to formulate questions that would achieve the objective of the research. To develop the coding scheme,

information from the pilot study was used together with knowledge from previous research on investigation processes (e.g., Vis et al., 2016; Lauritzen et al., 2017). Several revisions were performed before a final version was tested for interrater reliability. Twenty cases were randomly drawn from two agencies, and independently scored by two researchers. Although the average inter-rater agreement was 86.9%, a low reliability was found for 13 variables. Due to difficulties in obtaining reliable information, three variables were eliminated, while the 10 remaining variables were reformulated. A second test was performed by two researchers coding 42 cases. The inter-rater agreement was then 90.8%, which is considered acceptable (McHugh, 2012). To ensure a consistent use and interpretation of the coding scheme, tutorials were given to those who had not participated in the development of the scheme. This included me, as I started working in the project after the collection of data had begun. Nine individuals participated in the collection of data. The majority were researchers, but two were experienced CWS workers and one was a research assistant. I participated in the collection of data in three agencies. During coding, the data was directly stored on an online server that is part of *Services for Sensitive Data (TSD)* at the Norwegian Centre for Research Data. TSD offers services for researchers where sensitive data can be stored, shared, and analysed. TSD is approved by the Norwegian Data Protection Authority as storage for sensitive research data. For more details on the coding scheme, see Appendix 1.

5.3 Measures

Characteristics of the family, characteristics of the referral, and characteristics of the investigation and key decisions constituted the information that was collected by the coding scheme. To describe concerns and problems in the family, the development of the variables was inspired by the 'Assessment Framework' (British Department of Health, 2000). This framework is often presented in the shape of a triangle, where the child's situation is in the centre. The sides consist of three domains: the child's developmental needs, parental competency, and family & environmental factors. Each domain consists of several dimensions. By using this framework as a basis for describing the child's situation, it was ensured that all important aspects of a child's developmental situation and progress were included in the scheme. Figure 7 shows the variables measuring concerns and identified problems in the child's situation used in this study. To simplify the statistical analyses, some of the original variables were merged. Table 3, Table 4, and Table 5 Variables describing case processing show the details of all the variables.

Common variables for all papers were characteristics of the family, such as age and sex of child, description of caregiver, and immigrant background, as well as the number of previous referrals, and whether the child had previously been the recipient of service provision. The variables describing reported concerns and identified problems after investigation have the same categorisation in all three papers.

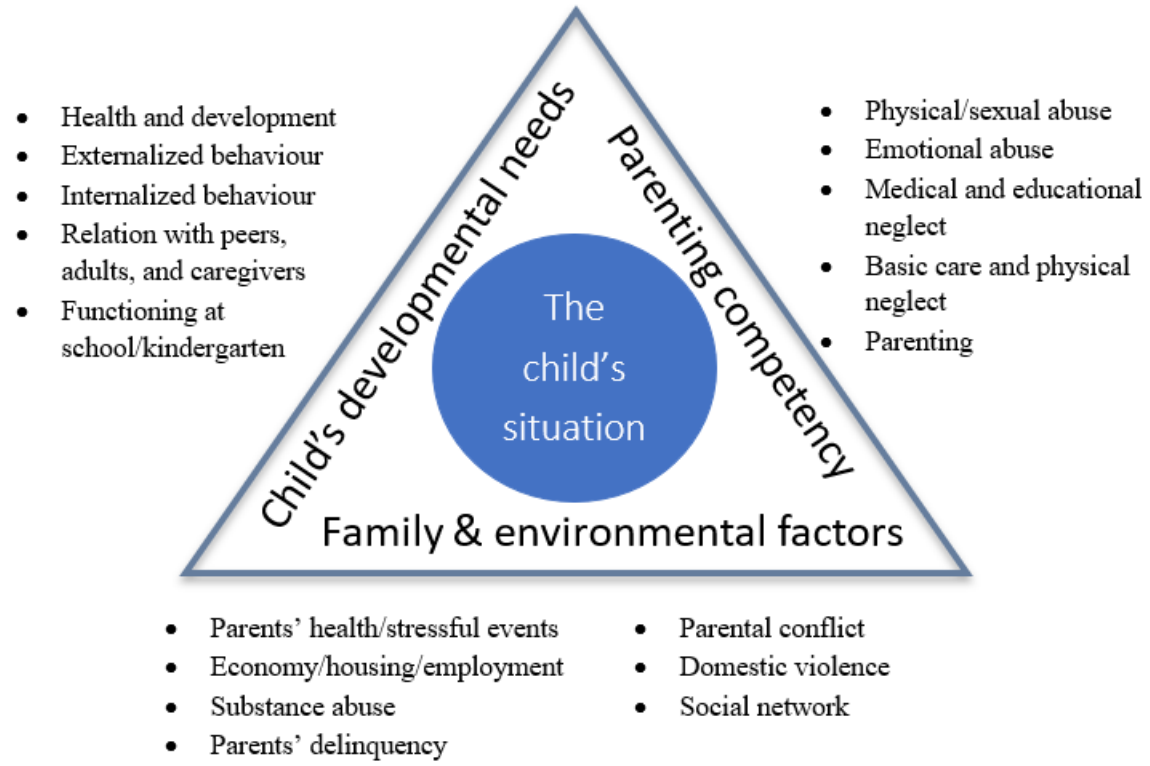

Figure 7 Variables describing the child's situation, inspired by the Assessment Framework

Table 3 Description of variables describing the child, caregiver, and referral

Category	Original variable	Variable after merging (marked in which paper, if not used in all three)		Type of variable
Child	Sex	Sex		Dichotomous
	Age	Age		Discrete
Main caregiver	Mother and father	Both parents		Nominal
	Mother alone	One parent		Nominal
	Father alone			
	Shared custody	Shared custody		Nominal
	Mother and partner	One parent and partner (Paper I)		Nominal
	Father and partner			
	Privately placed with kin	Not parent (Paper I)	Other (Paper II)	
	Privately placed with other			
	Kin foster home			
	Other foster home			
	Residential childcare institution			
	Residential substance abuse institution			
	Alone			
	Other			
	Asylum reception			
Immigrant background				Dichotomous
Number of previous referrals				Discrete
Previous recipient of service provision				Dichotomous
Referrer	The child	Child/parent		Nominal
	Parent/caregiver			
	Kindergarten	Education services		Nominal
	School			
	Other family	Neighbour/friend/family/ anonymous		Nominal
	Neighbour			
	Other private citizen			
	Anonymous			
	Child welfare service in another municipality	Public social services		Nominal
	Child welfare service emergency			
	Labour and welfare services			
	Regional child welfare service			
	Family welfare service			
	Crisis centre			
	Immigration authority			
	Municipal leisure club for youths			
	Police	Police		Nominal
	Family and child health services	Public health services		Nominal
	Mental health care for children and youths			
	Mental health care for adults			
	General practitioner/ hospital/dentist			
	Municipal educational psychology service			
	Ambulance/Emergency health care			
	Services for substance abuse treatment			
	CWS on the basis of information on siblings	Internal CWS		Nominal
	CWS due to other knowledge			
	Other municipal agency	Other		Nominal
	Sport club/voluntary organisation			
	Other			

Table 4 Description of variables measuring the child's situation.

Category/Dimension	Original variable	Variable after merging (marked in which paper, if not used in all three)		Type of variable
The child's developmental needs	The child's handicap or late development	The child's health and development		Dichotomous
	The child's mental or somatic illness			
	The child's delinquency/substance abuse	Externalised behaviour		Dichotomous
	The child's behaviour			
	The child's emotional functioning	Internalised behaviour		Dichotomous
	The child's relationships with peers	Social behaviour (Paper I)	Relationship with peers, adults, and caregivers (Papers II and III)	Dichotomous
	The child's attachment to and social interaction with caregivers			
	The child's conflict with adults			
	The child's functioning in school/kindergarten	The child's functioning in school/kindergarten		Dichotomous
Parental competency	Physical abuse	Sexual and physical abuse		Dichotomous
	Sexual abuse			
	Mental abuse/Neglect	Emotional abuse		Dichotomous
	No show at health services	Medical and educational neglect*		Dichotomous
	No show or aborted contact with other services			
	The child has no caregiver	Basic care and physical neglect		Dichotomous
	Parental failure in basic caregiving			
	Parental failure to protect the child			
	Lack of parental stimulation, guidance, and boundaries	Parenting		Dichotomous
Family and environmental factors	Parental somatic health	Parental health/stressful events		Dichotomous
	Parental mental health			
	Parental exhaustion			
	Stressful life events			
	Parental conflict	Parental conflict		Dichotomous
	Domestic violence/witnessing violence	Domestic violence/witnessing violence		Dichotomous
	The family's social network	Social integration		Dichotomous
	The family's integration			
	The family's cultural background			
	The family's finances	Finances/housing/employment		Dichotomous
	The family home			
	Employment			
	Parental substance abuse	Parental substance abuse		Dichotomous
	Parental delinquency	Parental delinquency		Dichotomous
Total number of identified problems		(Paper III)		Discrete

*Medical and educational neglect most often refers to failure of the caregiver to ensure the child attends mandatory child health care appointments or meetings with educational psychology services that are provided to children who struggle at school.

Table 5 Variables describing case processing.

Variable	In which paper, if not used in all three	Type of variable
Weeks from conclusion of referral to first activity	(Papers II and III)	Continuous
Weeks from first activity to conclusion of investigation	(Papers II and III)	Continuous
Need for support measures determined	(Paper II)	Dichotomous
Parents informed of referral being sent	(Paper III)	Dichotomous
Number of home visits	(Paper III)	Discrete
Number of meetings with parents	(Paper III)	Discrete
Conversations with the child	(Paper III)	Dichotomous
Number of external informants	(Paper III)	Discrete

5.3.1 Immigrant background, race, and ethnicity

Although race/ethnicity are of considerable interest as variables in studies from the United States (e.g., Cheng & Lo, 2020; Karski, 1999; Wells et al., 1995), theses variables are not used in our study. The main reason for this is that neither race nor ethnicity are registered in the case files of the Norwegian CWS. Concerning ethnicity, there are various Norwegian indigenous minority groups of which the largest comprises people who identify as 'Sami'. Being Sami today however is mostly based upon what a person identifies as, and is not necessarily derived from their birthplace or ancestry (Sàmediggi [Sami Parliament], n.d.).

In order to include the possible effects of cultural differences in this study, I used the variable 'immigrant background'. Statistics Norway defines an immigrant as a person born abroad with two foreign-born parents and four foreign-born grandparents. Having an 'immigrant background' includes persons born in Norway with two foreign-born parents (Statistics Norway, 2023e). Figures from Statistics Norway show that, as of 1st of January 2023, immigrants constitute 16.0% of the total population, while individuals with immigrant background represent 3.9% (Statistics Norway, 2023e). As CWS case files do not contain sufficient information on the birthplace of parents or grandparents, it was not possible to follow any of Statistics Norway's definitions. In this study, the term 'immigrant background' was used when at least one parent or the child was born outside of Norway. According to this definition, 39.5% of the children in the study had an immigrant background.

5.3.2 Paper I

Characteristics of the family, previous knowledge of the family, type of referrer, and reported concerns were used as independent variables, while the decision to progress the referral to investigation was the dependent variable.

5.3.3 Paper II

Characteristics of the family, reported concerns, time span for investigation, and conclusion of investigation were used as independent variables. The dependent variable was a constructed scale for the extent of the investigation. Because there was no pre-determined proxy measuring the extent of the investigation, it was necessary to create a scale that showed the level of activities performed during a CWS investigation. The scale comprised the number of home visits, number of meetings with parents, number of external informants contacted and the involvement of the child. As I was interested in cases with accumulated low activity and accumulated high activity, the scale consisted of the levels *low*, *normal*, and *high*. To create the scale, I first defined the amount of every activity as being either low (0), normal (1) or high (2). For the activity to be considered as level 0, there had to be no activity performed (e.g., no home visits, no meetings). For the activity to be considered as level 2, the amount of activity had to be performed as in the upper 10-20% of cases. The remaining cases (which was the majority of cases) were defined as having a normal level of activity. To show the level of involvement of the child, I created a measurement that comprised meetings with the child and conversations with the child. Level 0 showed cases where the CWS did not meet the child, while level 1 showed cases where there had been 1-4 meetings that the child had attended or where there had been a conversation with the child. Level 2 showed cases where the CWS had met the child more than four times, or where there was a minimum of three meetings in addition to a conversation with the child. A level 2 child involvement was found in 13.5% of the cases. I then added the levels from the different activities to create the final scale, which showed values from 0 to 8. Values 0-1 were defined as a low extent of activity, which was found in 10.0% of the samples. This level showed an investigation where no activities or one activity at a low level had been conducted. Values > 5 were defined as a high extent of activity, and this was found in 13.2% of the samples. The scale showing the three levels of extent of investigations was then used as an outcome variable in a multinominal regression analysis. The results from the analysis are presented as *normal* compared to *low* activity level, and *normal* compared to *high*.

5.3.4 Paper III

Characteristics of the family, problems identified during investigation and case processing characteristics were used as independent variables. Characteristics of case processing included time span and activities performed during investigation, such as home visits, meeting with parents, use of external informants and conversations with the child. The dependent variable was the family's acceptance or refusal of in-home service provision. Although I expected parents' wishes to carry more weight than the wishes of the child in such decisions, the term 'family' or 'families' was used to cover the potential inclusion of the wishes of the child.

5.4 Analyses for Papers I, II and III

Analyses were performed with SPSS Statistics version 26.0 for the first paper, while version 29.0 was used for the second and third papers. Percentages were calculated for all categorical variables, and for the continuous and discrete variables I calculated means, standard deviations (SD), and identified minimum and maximum values.

General linear mixed model analysis was used for the regression analyses in Papers I and II. The multilevel analyses were conducted to account for clustering effects of cases (level 1) within agencies (level 2). Due to the smaller sample size in Paper III, a multilevel analysis could not be performed, and a regular regression analysis was used instead. Univariable and multivariable regression were performed in all three papers. Variables not statistically significant ($p > .05$) in the univariable analyses were omitted from the multivariable analyses, with the exception of age and sex, which were retained for theoretical reasons. As selection for the final model in Paper I was more complex, the particular parts of this selection are specified in section 5.4.1. I tested for collinearity between variables in all final models, and it was found not to be a problem in any of the analyses ($VIF < 10$) (Kleinbaum et al., 1998).

5.4.1 Purposeful selection for the final model in Paper I

To test for possible interaction effects, the 'age' variable and the variables describing reported concerns were tested by combining all the interaction terms in a multivariable model. No significant interaction effects were found. The fit of the model that included the interaction effects was compared to a model without interaction effects. The model without interaction effects had a significantly better model fit, and consequently the interaction terms were omitted from further analysis.

As I was looking for a statistical model that would give the best approximation of the impact of case characteristics on the initial screening decision, I performed a purposeful selection of the independent variables (Hosmer et al., 2013). Using the univariable analysis, candidates for the first multivariable model were identified by $p < .25$. For the second multivariable variable model, variables with $p > .05$ were omitted. The first and the second models were then compared by means of the partial likelihood test to ensure that the second model had a better fit. Having confirmed that the second model had the best fit, I then continued by comparing the values of the estimated coefficient for each of the variables in the second model, when reintroducing one by one of the omitted variables. If the coefficients of any of the remaining variables changed by more than 20%, the tested variable was to be kept in the model. As none of the coefficients of the remaining variables changed by more than 20%, none were included in second model. Finally, the original omitted variables (those not selected for the first multivariable analysis) were added to the model and tested, one by one. As none became significant on $p < .05$ level, these were not included in the final model.

5.5 Research ethics and procedures for data access and storage

The described licences and procedures were established for the national project "Investigations in child welfare services" (See section 1.2 for details on the national project). The licences and procedures were established before I started the work on this thesis.

The project was presented to the Data Protection Official at the Norwegian Centre for Research Data. The Data Protection Official recommended that the project was to be given license and forwarded the application to the Norwegian Data Protection Authority (DPA). The DPA considered the processing of data pursuant to the Personal Data Act (2004). The project was granted the necessary licence for collection and storage of data. The licence required several measures; the secure storage of data, a restriction of the amount of personal information that could be registered, and a letter of information to be sent to all caregivers whose case was used in the study.

To access case files, the project manager applied to the Norwegian Directorate for Children, Youth, and Family Affairs for an exemption of the duty of confidentiality. As the Directorate was the commissioner of this project, a statement was needed from the Council of Research

and Confidentiality [6]. The Council's statement supported the exemption from the duty of confidentiality for the participating agencies provided that necessary licenses were given by the DPA, and that participating researchers signed a duty of confidentiality.

The project was presented for the Regional Committees for Medical and Health Research Ethics (REK), who considered the approval of the study to be outside of their mandate since case journals were not considered health records. It was therefore the Council of Research and Confidentiality who considered ethical issues related to the exemption of duty of confidentiality. In the application to the Directorate for Children, Youth, and Family Affairs for access to case files without consent, it was argued that it would be difficult to get consent from parents in all cases. If consent were to be required, it would be impossible to get random sampling, and it would also require a lot of resources. In the documentation of the recommendation of license, The Council of Research and Confidentiality argued that the advantage for the public was larger than the disadvantages for the involved families.

The letter of information that was sent to the registered caregivers described what kind of information that was collected from the case files, and how this information was processed. The parents were invited to contact the project manager in the event of any questions – an invitation that few took advantage of.

[6] The original name in Norwegian is "Råd for taushetsplikt og forskning"

6 Summary of findings

6.1 Paper I: The impact of case factors on the initial screening decision in child welfare investigations in Norway

This paper provides an in-depth description of referrals and the initial screening decision in the Norwegian CWS, with the objective of identifying the case characteristics that had an impact on the screening decision. The rate of investigation was 82.3%, and there were great variations between agencies (56% to 96%). The mean age of investigated children was significantly younger than the group of children who were not investigated. For almost half of the children reported (49.8%), one or more referrals had already been registered. Almost one third of the children (27.3%) had previously received CWS interventions. Although the majority of referrals were screened in, the analysis identified case characteristics that had an impact on the initial screening decision. The multivariable analysis showed that concerns of physical and sexual abuse (OR = 2.61***)[7], parental health and stressful events (OR = 2.20***), domestic violence/witnessing violence (OR = 2.52***), and concerns related to finances, housing, and employment (OR = 3.25**) increased the likelihood for the opening of an investigation. For children living with one caregiver (compared to children living with two caregivers), it was less likely that an investigation was initiated (OR = 0.59**). An increasing number of previous referrals reduced the likelihood for investigation (OR = 0.88***).

[7] OR = Odds Ratio, *p < .05, **p < .01, ***p < .001.

6.2 Paper II: The impact of case characteristics on investigations in Norwegian child welfare services

This paper explored the extent of activity in child welfare investigations by examining the case characteristics that led to either an investigation with a high activity level or an investigation with a low activity level. In this study, the activity level was seen as a measure for the amount of information that was deemed sufficient before concluding the investigation. The paper examined the association between the level of activity in the investigation and family characteristics, reported concerns, time span for investigation and conclusion of investigation.

Results from the multivariable analysis showed that 10.0% of the cases had a low activity level during the investigation, while 13.2% were defined as having a high activity level. The concerns associated with a high level were physical and sexual abuse (OR = 1.76**) and those regarding a child's relationship with peers, adults, and caregivers (OR = 1.96*). The increasing age of child (OR = 0.94**) was related to normal activity, showing that the younger the child was, the greater the likelihood for a high-activity investigation. When comparing normal vs low activity, concerns of medical and educational neglect was the only concern related to a low extent of investigation (OR = 1.96**), while concerns of parental conflict and of domestic violence decreased the likelihood for low investigation (both with an OR = 0.47*).

For case-processing characteristics, I found that a slow start-up of the investigation (more weeks between conclusion of referral and first investigation activity) was associated with low-activity investigations (normal vs low, OR = 1.07*), while a faster start-up was associated with high activity level (high vs normal, OR = 1.19***)[8]. More weeks in total spent on investigations was also associated with a higher activity level (low vs normal, OR = 1.22*** (inverted), normal vs high, OR = 1.03*). A conclusion for service provision was also related to a higher level of activity (low vs normal, OR = 2.22** (inverted), normal vs high, OR = 2.31***).

[8] Some of the values of the Odds Ratio are inverted from the value reported in the tables. These are marked with 'inverted'. The purpose of the inversion is to make the descriptions of findings more comprehensible.

6.3 Paper III: Families refusing assistance from the Norwegian child welfare services – The importance of family characteristics, case processing and identified problems

The objective of the third paper was twofold. The first objective was to provide a description of cases where the family refused service provision. The second was to identify the case characteristics that predicted a family's refusal. This was done by investigating case characteristics' association with a family refusing voluntary service provision from the CWS. The analysis included characteristics of the family, case processing and problems identified during investigation.

The descriptive analyses showed that families with an immigrant background were associated with refusal of assistance, while cases where the child or parent themselves had acted as the referrer were associated with acceptance. Relatively few problems were significant in the multivariable analysis. Medical and educational neglect was related to refusal (OR = 5.47***), while parenting problems were related to accepting service provision (OR = 0.34**). Further, the multivariable analysis showed that cases that were reported by the police were more likely to be associated to family's refusal (OR = 3.99**) compared to referrals originating from the educational services (OR = 3.99**). One-parent households were less likely to refuse service provision than two-parent households (OR = 0.48*). Several identified problems regarding the child's developmental needs, parental competency, and family and environmental factors were found to be associated with acceptance of service provision in the univariable analyses, but not in the multivariable analyses. In the descriptive analyses, there is a tendency for a higher level of information-gathering activities among the cases where the family accepted service provision.

7 Discussion

The overall research objective of this thesis was to investigate how case characteristics were related to decisions made during case trajectories in the child welfare services. The three themes of the papers are discussed individually, leading to a discussion of the overall results and a presentation of an extended framework for understanding decision-making in the CWS. The chapter finishes with methodological considerations, implications for practice, and suggestions for future research.

7.1 The initial screening decision

As shown in Paper I, the investigation rate in Norway is high. This section discusses what the reasons for the high rate could be, and how this rate is affected by Norwegian law and policy. The purpose of the initial screening decision is not clearly stated in the CWA or in the directives. I will therefore discuss the purpose of this decision.

Norwegian law and policy give few opportunities for case work before this decision, as there is a time limit of one week and the family cannot be contacted (Norwegian Directorate for Children, Youth, and Family Affairs, 2023). The CWS therefore has to make the initial screening decision on the basis of the information in the referral. Additionally, the CWS has information on file about the family in cases that represent reoccurring referrals (about 50%). As Norwegian policy states that the threshold for screening-in shall be low (Norwegian Directorate for Children, Youth, and Family Affairs, 2023), the intention is that few cases will be filtered out at this point.

In our study from 2015-2017, the screened-in rate was 82.3%. This rate was the same as the national rate for the same period (Statistics Norway, 2023a). The analyses in Paper I showed that some reported concerns predicted an increased likelihood for investigation, but there were no concerns that predicted dismissal. There were examples of all types of concerns being screened out, but none more systematically so than others. This is an indication that the reported concerns in and of itself have little impact on the decision to screen out. It might therefore seem that, by default, a referral is investigated unless there is other information available that informs the risk assessment and indicates that the case can safely be screened out.

The results in Paper I showed that an increasing number of previous referrals decreased the likelihood for investigation. This was rather surprising, as it could be expected that reoccurring referrals indicated an increased risk for the child. It is also the opposite of previous findings (Gilbert, 1997; Kalin et al., 2022; Karski, 1999; Silva, 2011). In cases where there have been reoccurring referrals, more information regarding the child's situation is usually available. Such additional information may have the effect of decreasing uncertainty, which helps us to understand why potentially high-risk concerns may sometimes be dismissed. The model of General Assessment and Decision-making (Baumann et al., 2011), presented in section 2.1, describes the decision to depend on the assessment of risk as being over or below the threshold for action. When more information is available, the threshold for action may be raised and the referral is dismissed. The results from Paper I indicate that uncertainty might be a core element in the initial screening decision, and that this uncertainty pushes the referral into investigation. This is in accordance with current policy. In the preparatory work for the updated CWA, it is stated that any uncertainty that might exist during the assessment of a referral shall lead the referral to investigation (Ministry of Children and Families, 2021). As the family does not attain legal party rights before the investigation is opened, this ensures that the family has attained the necessary rights before CWS starts its inquiries.

One concern that arises with a high investigation rate is that a lot of resources may be inappropriately spent on investigations (Kearney et al., 2023). Another obvious concern is the strain in a family's life that an investigation represents. According to the findings in Paper II, a low level of investigation activities was performed in 10.0% of all investigations. These cases did not seem to be prioritised, as it took a long time before the work on the investigation began. The cases with low investigation activity were associated with being concluded without service provision. Therefore, a low screening-in threshold in such cases may be in conflict with the principle of minimum interference (see section 7.2 for further discussion of the extent of investigations).

As mentioned, the purpose of the initial screening decision is not clearly stated in regulations or other governmental documents. The way it is being practiced indicates that it mainly serves the purpose of avoiding false negatives. In this context, a false negative means that a referral that meets the threshold for service provision is screened out. It should however be noted that it is the purpose of the investigation to collect further information in order to determine whether the threshold for service provision is met. It is therefore not commonly seen as a

mistake to initiate an investigation that is later closed. Whether or not the high-risk adversity at the initial screening point comes at the expense of other principles within the CWS legislation is open for discussion. Nevertheless, the risk-averse screening decision could, in some cases, be in contrast to the principle of minimum interference. Therefore, the purpose of the initial screening decision, as it is currently performed, does not seem to be to avoid unnecessary investigations.

7.2 The investigation phase

In this section, I discuss the findings from Paper II concerning the extent of the investigation. I focus on some of the issues regarding the time spent on the investigation, but also on how the family's engagement might affect the investigation.

The purpose of a child welfare investigation is to assess and determine whether the child is in need of service provision. According to the CWA, an investigation must be sufficiently thorough to reveal all important elements of the child's life and care. However, the directives state that the investigation shall be based on the reported concerns (Norwegian Directorate for Children, Youth, and Family Affairs, 2023). The CWA further states that the investigation shall not be more invasive than necessary, and the investigation shall be performed as considerately as possible (2021, Section 2-2). Apart from this, the Norwegian law and policy give few instructions concerning the extent of the investigation. These regulations might be seen as contradictory, as they require an investigation that provides an overall insight and at the same time not more invasive than necessary. Caseworkers must therefore balance the need to obtain sufficient information against the demand of minimum interference in the family's life.

The Child Welfare Act sets a time limit of three months for the conclusion of a normal investigation, which can be extended to six months in particular circumstances (Section 2.2). The act (in both the former and the prevailing versions) states that the investigation shall be carried out as soon as possible (2021, Section 2-2). Christiansen et al. (2019) found that the average time span from conclusion of referral to conclusion of investigation was 84.1 days. It therefore seems that it is the time limit of three months that determines the time span for the investigation.

The results in Paper II showed a variance in the extent of activities performed during the investigation. At the lowest level, I found investigations with no information-gathering

activities. Other investigations consisted of many activities, such as several meetings with the parents, several home meetings, involvement of the child, and contacting several external informants. With a large variance in reported concerns, it might seem appropriate that the levels of investigation activities vary between cases.

As Christiansen et al. (2019) point out, when investigations are not differentiated, it is an inappropriate use of CWS resources. The administrative demands are equal for all investigations, regardless of the extent. This may cause too much of the available capacity to be spent on the less severe cases. The committee behind the Norwegian Official Report (2023) suggested that there should be an initial investigation in which the extent of the investigation should be decided. This is similar to the proposal of Vis et al. (2020), who suggested a preliminary minor investigation. However, the official report suggests that such an initial investigation should include a meeting with caregivers, the involvement of the child, preferably a home visit, and contacting the referrer and external informants if needed. According to the findings in Paper II, this would increase the extent of the investigation in many cases. Investigations that are presently resolved with a phone call or just one information-gathering activity would have a considerably larger extent if this suggestion were to be followed. In this sense, the suggestion might therefore work against its own purpose. The Official Report also suggests that there should be a time limit for the initial investigation. The suggestion is 30 days after the initial screening decision, which would shorten the time span considerably for future investigations. The point here is not to provide an in-depth discussion of the specific suggestions made in that report, but rather to illustrate that the results from Paper II clearly add to the knowledge of how investigations are presently differentiated. If better differentiation is to be achieved, such knowledge is clearly needed and needs to be considered in order to ensure that law and policy have the intended effects.

Out of consideration to the family, the investigation should be conducted as soon as possible (Norwegian Directorate for Children, Youth, and Family Affairs, 2023). The directives emphasise that less severe concerns should be concluded more quickly in order to prevent unnecessary strain on the family. This is supported by the Norwegian Official Report concerning children's legal protection (2023), which points out that long processing times can lead to delayed assistance or that the investigations become more intrusive than necessary. The findings in Paper II showed that, for investigations performed with one information-gathering activity, it took an average of almost 27 days before the investigation activity was performed. It took another average of 37 days before the investigation was concluded. Some

of these cases were even concluded without any activities being performed. Therefore, the emphasis on the time span of the investigation in the updated directives seems to be necessary in order to avoid further and unnecessary discomfort for the family.

Participation, involvement and collaboration with the child and caregivers are emphasised in the CWA for all case processing (2021, Section 1-9). The findings from Paper III showed that a considerable number of investigations are concluded with dismissal due to the family's refusal of CWS assistance. I do not know at what time this refusal arose, but it is possible that some of this resistance was already present during the investigation phase. As an example, the problem of medical and educational neglect was significantly associated with an investigation of low extent, but also with a family's refusal of service provision. This concern applied mainly to caregiver's failure to ensure the child attends mandatory child health care or extra educational services that are provided for children who struggle at school. It is not unlikely that families reported with such problems were not collaborative during the investigation phase. The family's refusal could be caused by stigma (Thrana & Fauske, 2014; Välba et al., 2017) or be due to negative experiences during the investigation (Harris, 2012; Kildedal et al., 2011; Tembo & Studsrød, 2018). The caseworkers' opportunity to obtain information during investigation can be affected by the family's engagement or resistance (Ferguson, 2009, Münger & Mattsson, 2020). A family can impede or even sabotage the investigation by not being at home, not answering the phone, or not attending planned meetings. In some cases, this could lead to a lower activity level. On the other hand, a lack of trust between the family and the CWS may cause the CWS to question the truthfulness of the information provided. This could then prompt the necessity of additional information-gathering to corroborate information given by the parents. The findings from Paper III do not provide definitive answers on how a family's engagement affects the extent of the investigation, but it indicates that this probably does take place.

The findings in Paper II showed that the reported concerns had an impact on the extensiveness of the investigations. The time limit in the law had a strong impact on the time span of the investigations. I surmise, however, that the family's willingness to cooperate during the investigation is one important aspect that needs to be considered when attempting to understand decision-making during CWS investigations.

7.3 Cases closed when the family refuse CWS assistance

When studying a family's refusal of service provision from the CWS, there are two main perspectives that I find to be important and that I would like to draw attention to. The first is that the family can strongly impact the CWS's decision. In some cases, this results in what may seem to be the wrong decision being made by the CWS. For example, when a reporter of concern does not see that anything is happening with the child and blames the CWS for poor case work. It could, however, be the case that the CWS has assessed the child to need service provision, but the family has refused and the CWS must therefore close the case. The second perspective is to acknowledge the volume of cases where the family's refusal has a crucial impact on the decisions made by the CWS. This illustrates the importance of improving the family's engagement in case processing.

False false negatives?

Paper I showed that 49.8% of incoming referrals concerned children who had already been reported. Such a re-referral could be an indication that the previous referral was closed too early – e.g., as the result of a previous false negative (Fluke et al., 2019). One interpretation of false negatives is that decisions are preceded by inadequate case work. Paper III shows that there are also other possible reasons for some of the closed investigations. The family's refusal causes many of the decisions that may seem like false negatives, and these therefore could be *false* false negatives. By this I mean that the false negative is not a result of an error made by the CWS. The Norwegian law and policy emphasise the principle of minimum interference and the importance of the family's participation in case work. If we look at the model of General Assessment and Decision-Making (Baumann et al., 2011, presented in section 2.1), the threshold for action is raised when the CWS has previous experience of the family having refused service provision. The assessment might show a high risk but does not exceed the threshold for mandatory service provision. The investigation is therefore closed without further CWS involvement. The findings in Paper III show that investigations that are concluded with no service provision are not always equivalent to the CWS having assessed the child to not be in need of service provision. This is in line with findings from Sweden, where prior knowledge of uncooperative parents caused caseworkers to screen out the referrals to avoid futile investigations (Münger & Mattsson, 2020; Östberg, 2014) Therefore, what seems to be the CWS's decision to close the case may actually be a decision that is strongly affected by the family's consent, or lack thereof.

CWS system affecting the family's engagement

Although the family's refusal of service provision has rarely been the object of research, this challenge is present and well known for those who have experience of working in the CWS (Forrester et al., 2012). The theoretical framework of family engagement suggests that the family's refusal derives from the developing relationship between the family system and the child welfare system. Both parties might have a preconception about the other, or an initial engagement proclivity before the first interaction. From the first interaction, the parties will affect one another and the relationship that is developing between them (Merkel-Holguin et al., 2015). The framework describes engagement as not being solely connected to the family's relational skills, but also to the caseworker and the system he/she represents. This emphasises that the CWS must make efforts to establish a positive and collaborative relationship. The efforts can be made in order to enhance the family's engagement proclivity before the first interaction – namely, working to counteract the stigma associated with receiving interventions from the CWS. Efforts can also be made in the interactions that form parts of the case processing. Previous studies have indicated several aspects that represent a challenge to a fruitful collaboration. These are aspects such as frequent changes of caseworker (Cheng & Lo, 2020), the caseworker having inadequate social skills (Tembo & Studsrød, 2018), inefficient case processing (Havnen et al., 2020; Tilbury & Ramsay, 2018) and interventions not being considered adequate by parents (Tilbury & Ramsay, 2018). The findings in Paper III showed that families with one caregiver are more likely to accept service provision compared to those with two caregivers, which suggests that the participation of both caregivers could be beneficial for the family's engagement. The positive effect of including both caregivers has also been identified in previous studies (Wells et al., 2015). The results further showed that cases originating from the police or a referral containing concerns of medical or educational neglect were more often closed due to the family's refusal. In such cases, it could be beneficial to already include a particular focus on the relational work in the first interaction.

The identified cases where the family refuses services can be seen as the gap between those cases where the family accepts voluntary service provision and those cases with mandatory service provision. Within this gap, there could be a range of risk assessments from quite low to high. The law and policy have a strong impact in the conclusion of the investigations. The family-service orientation in the Norwegian CWS causes the CWS to also be involved in cases that do not necessarily involve a security risk for the child. Such cases might not be

severe enough to support mandated interventions. It is therefore not surprising that the rate of cases closed due to the family's resistance is high in Norway. The studies in this thesis do not provide an answer regarding the excessive width of the gap in the Norwegian CWS, but it is important to acknowledge that this gap exists, as well as the possible consequences. The high rate of cases that are closed due to the family's refusal of assistance shown in the paper identifies that it is not solely the assessment and decision of the CWS that is the cause of children not receiving assistance. This substantiates the claim that more emphasis should be placed on developing the working relationship during the investigation. This would improve the collaboration with the families and create more consensus concerning the problem and how best to resolve it.

7.4 General discussion

The discussion in this section goes beyond the impact of case characteristics on decision-making, looking at some of the new insights from the results from the three papers. In the final section, I present a revised model of the DME, which includes the family's engagement.

The decisions and the factors in the DME

The theoretical framework of the DME (presented in section 2.1) describes how the decision-making in CWS takes place in a context, affected by case factors, organisational factors, external factors, and individual decision-maker factors. The findings concerning the initial screening decision indicate that, although case factors do have an impact on risk assessments, it may be mainly the legislation and policy directives that help explain the high rate of investigations in the Norwegian CWS. The findings concerning the extent of the investigation also showed the importance of the reported concerns. However, the legislations regarding the time limit for an investigation also seem to have a large effect on the time spent on an investigation. The results concerning level of investigation activities showed that concerns commonly seen as severe were associated with a higher level of information-gathering activities. Other concerns that might be assessed as less severe were associated with a lower level of activities. However, some of the concerns that can be seen as severe, such as domestic violence and parental substance abuse, did not lead to a high level of investigation activities. Thus, it is likely that the association between case characteristics and level of investigation activities is also affected by other factors. Regarding the conclusion of investigations, family's refusal of service provision had a strong impact on the decision in many cases. I found that that some case characteristics were significantly associated with the

cases in which the family refused CWS assistance. The impact of the family's refusal may be partly related to the family-service orientation of the child welfare system in Norway, which can provide services for both children in need and at risk, and in doing so relies heavily on participation and voluntary collaboration.

While the impact of case characteristics has been investigated in my studies, it is apparent that the decisions are also shaped by policy and legislation. Particularly so in the initial screening decision. In decisions on how to conduct the investigations, which are more informal, there are less regulations and they rely on social worker discretion. The characteristics of individual caseworkers may be comparatively more important in such decision.

The impact of family engagement

In the initial screening decision, there are no interactions with the family. Therefore, any potential family engagement will not affect nor add to the information that forms the basis for the decision. The information used for this assessment is the information that is at hand, i.e., the reported concerns and any previous knowledge of the family. The investigation phase on the other hand creates possibilities for family engagement, as the investigation consists of interactions between the family and the CWS. These interactions may partly be affected by the family's willingness to collaborate. The family's refusal of service provision leaves the CWS with few options for further actions. In such cases, the CWS is left with the option of either closing the case or seeking a court decision to remove the child from home, which has a high decision threshold and is reserved for only the most serious cases. The conclusion of voluntary service provision might therefore be regarded as a decision that is dependent on negotiation and collaboration between the CWS and the family. Therefore, with decisions made at different points in time during the case trajectories, there are variations in how the engagement of the family impacts decision-making.

7.4.1 A revised version of the DME

The decision-making ecology (Baumann et al., 2011) describes how the decisions in the CWS are affected by case characteristics and the context in which the decisions are made. However, the theoretical framework does not consider how the developing relationship between a family and the CWS impacts these decisions. The conceptual model of family engagement shows how the engagement develops through the case processing when the family system and the CWS system meet (Merkel-Holguin et al., 2015). As cases proceed through the stages of CWS involvement, the family system, the child welfare system, and their evolving

relationship affect each other during the engagement process. Family engagement, which is an outcome of this process, has an impact on the family's acceptance of service provision (Hollinshead et al., 2017).

My findings could indicate that family engagement shifts the threshold for action, and therefore has an impact on the decision-making. The original model of the DME fits well for describing decisions where there is no family participation. For describing decisions that depend more strongly on family participation, I propose that family engagement should also be taken into account. Figure 8 shows a revised version of the DME that includes elements from the conceptual model of family engagement. The family system can be seen as case factors (i.e., characteristics of the family and problems in the child's situation). The child welfare system is what the family meets as clients of the CWS, and consists of individual, organisational, and external factors. The family system and the child welfare system affect each other through the engagement process, where the outcome is the family engagement (Merkel-Holguin et al., 2015). The presented model adds to the understanding of decision-making in the context that is studied in this thesis. The relative importance of including the familial engagement in an understanding of the decision partly depends on which decision is to be made, but will also vary from country to country, according to the level of family participation required by the country's child welfare system. For the Norwegian CWS, where service provision is mainly based on cooperation with the families, it is my opinion based on this research that the family's engagement has a substantial impact in many decisions.

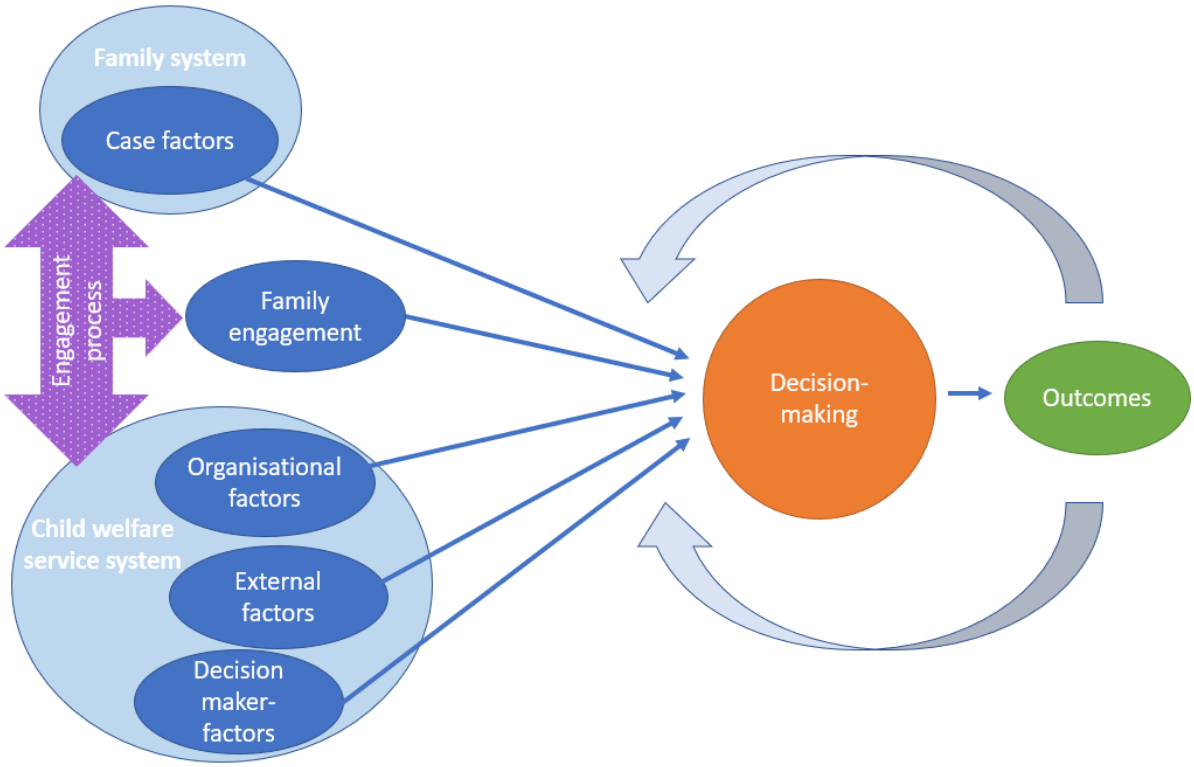

Figure 8 The revised version of the Decision-Making Ecology

7.5 Methodological considerations

This section contains a discussion of the strengths and weaknesses of this study, with focus on study design, participants, coding scheme, and measures. Limitations that are specific to the empirical analysis is discussed in the individual papers and not repeated here.

Two key concepts are important when discussing the accuracy in a study: Validity and reliability. *Validity* can be explained as 'the validity of a research is the extent to which the conclusions of that research are believable and useful' (Carter et al., 2011, p. 75). The validity of research is the estimated accuracy of the chosen measurement methods for the specific study. Few studies in social sciences are performed in a laboratory where all possible impacting factors can be controlled. Most research concerns a phenomenon in environments where it is not possible to account for all factors. To ensure the validity of the study, it is therefore important to choose a research design where as many factors as possible can be controlled, and to anticipate the possible factors that could undermine the validity (Polit &

Beck, 2012). *Reliability* reflects how much of the variance in data can be explained by the actual variance in the population. In other words, reliability can be seen as the correlation between the observed scores and the true scores. Reliability does not imply validity. The measurements may be correct, but the measured items might not reflect what the research intends to study (Friborg, 2010).

7.5.1 Design

The analyses in all three papers are based on data from the national research project which had a cross-sectional design. Studies with a cross-sectional design are usually retrospective (Jacobsen, 2010). The study also had a longitudinal aspect since it followed cases over time. The incoming referral was the starting point and then the study followed the development of the individual case. In this sense, the study can also be seen as a prospective study (Polit & Beck, 2012). By following the case trajectory of the individual referral, the time order of many of the events can be identified. This knowledge is taken advantage of in the analyses in the thesis; the predictors are events that that occur before the outcome variables. Knowing the order of occurrence of the phenomena is essential if causality is to be concluded. There are, however, other aspects that can make the claim of causality difficult. Since this is not an experiment where all possible confounding variables can be controlled, I cannot claim a causal relationship between the input and the outcome variables.

The collected data came solely from CWS archives. When using historical data, the researcher must be aware of potential bias from the writer of the documents in the archive. (Polit & Beck, 2012). The possible incomplete documentation is a common weakness of studies of archive files. Shortcomings in documentation have been found several times in CWS agencies (Norwegian Board of Health Supervision, 2012, 2019, 2022). There could, therefore, be undocumented information in the case that was not accessible for the researchers. Previous research has surmised that the information that is documented in some CWS case files can be the result of a negotiation between the family and the CWS, in order to ensure that the family will continue to collaborate (Havnen et al., 2020). Although there might be some shortcomings with respect to detail and accuracy of the information that is available in the case files, the CWS has a statutory obligation to produce complete case files.

The Decision-Making Ecology model is used as the main theoretical framework in this thesis. The most important point of the DME model is that decision-making is under the influence of case characteristics and by the context it is made in. If we had been able to include more of

the other DME factors in the study, the results might have been different. It could have provided a more accurate estimation of the effect of the case characteristics. Nonetheless, there are reasons to believe that the case characteristics would still have a major impact on the decisions.

The conceptual model for family engagement is also used as a theoretical framework in this thesis. However, I do not measure or explore family engagement directly. The conceptual model is used as a theory for understanding the dynamics behind family's refusal. Therefore, the results from the studies in this thesis are not able to make any conclusions regarding the level of family engagement in the Norwegian CWS. The concept of family engagement was not a part of this study initially. When working on the results of the analyses, the concept of family engagement came up as a plausible explanation for the dynamics between the some of the predictor variables and the outcome variables. If this study was to be performed again, I would have more focus on identifying elements of the family engagement in the case processing, to broaden the understanding of family engagement. However, this would probably require a different study design.

7.5.2 Participants

The child welfare agencies are considered as the participants. The case files were unit of analysis, with each case representing one child.

The participating agencies were chosen according to the criteria described in section 5.2. The selection criteria ensured that the agencies represented some of the variation of agencies in Norway. However, the smaller municipalities (population < 8,000) are not represented. In 2017, more than 50% of Norway's municipalities had fewer than 8,000 inhabitants (Statistics Norway, 2020). A question that arises is if there are differences between small and larger municipalities regarding the impact of case characteristics on their decision-making. Previous research has found differences in outcomes in cases between agencies in rural areas and urban areas. The differences are partly explained in the availability of other public services' interventions (Drange et al., 2021; Vis et al., 2023). When there is a lack of other services, the CWS takes the responsibility and offers service provision. It is possible that this effect could be even stronger in smaller municipalities. Therefore, some of the results could have been different if smaller municipalities were included in the study. By not including any of the municipalities of such size, it is difficult to conclude that the results of this study are representative of decision-making in municipalities with fewer than 8,000 inhabitants.

The number of participating agencies is low, which makes it difficult to analyse the effect of any of the organisational factors (Vis et al., 2023). The reasoning behind the selection criteria was to ensure a representative variety of case characteristics. The aim of this study was not to describe differences between agencies but rather to describe decision-making in general. Still, if the study had included more agencies, it could have been possible to add organisational factors to the analyses. This could have resulted in a more precise estimate of the effect of the case characteristics, as mentioned previously.

An important strength of the studies in this thesis is the number of included case files. With data from 1,365 cases, this is by far the largest case file study performed of Norway's CWS. Even though the sample size was rather large, there were still some variables that rarely occurred. The merging of some of the variables was therefore necessary to be able to perform the analyses. As an example, there were not enough reported concerns of sexual abuse in some agencies to allow estimation of a random intercept in the multilevel analyses. This variable was therefore merged with physical abuse. See section 5.3, Table 3 and 4, for details concerning the merged variables. The consequence of merging is that the effect of the individual variable, such as sexual abuse, is not examined. Still, there were theoretical reasoning behind the variables that were merged.

7.5.3 Coding scheme and measures

When several researchers participate in a data collection, the inter-rater reliability might be threatened, e.g., that the individual researchers assess the available information differently (Friborg, 2010). As described in section 5.2.2, the inter-rater reliability was tested during the development of the scheme, and all participating researchers were given tutorials on how to register data. This was done to strengthen the inter-rater reliability.

The Assessment Framework covers important aspects regarding the child, the parents, and the available resources for the caring for the child. The framework defines dimensions of concerns that are found in child welfare cases, and gives an overview of the concerns that are reported to the CWS. It has been used as basis for the framework for investigation in many countries, e.g., Sweden, Denmark, United Kingdom (Vis et al., 2016). The use of the Assessment Framework as a basis for the coding scheme may have helped to strengthen the external validity of the study. Yet there are many aspects of the child's and the family's situation that could not be captured from case files. It is likely that not all possibly

confounding factors were included in the study, which is common weakness of nonexperimental studies (Polit & Beck, 2012).

The measurement of investigation activities in paper II is based on a scale that was created for this study after the data was collected. If the scale had been created beforehand other types of information could have been included to strengthen the external validity of the scale. For example, information on telephone calls, which can also be seen as an information gathering activity in the investigation, was not included in the scale. Neither was the extent of contact with external informants differentiated, e.g., was it the use of a standard letter or were there several meetings? This information was not collected and could therefore not be included in the scale. Not only measures could have been different, but data could also have been collected with a different perspective, such as the perspective of the case worker or of the family. This would however require a different study design.

In paper III I look at case characteristics' association to family's refusal of service provision, when an investigation is dismissed. This research question was also defined after the data had been collected, making the measurement adjusted to the available data. Therefore, also this study might have been different if the collection of data was performed after the research questions had been defined. Previous research has shown that families might be sceptical about the CWS even before an investigation is initiated (e.g., Lurie et al., 2018; Thrana & Fauske, 2014; Välba et al., 2017). To better understand the dynamics behind the refusal, it could have been beneficial to measure *when* the refusal appeared. If the study was to be designed again, it might have had a different design. An option would be to collect data from other sources, or from several sources, such as including case workers and families as informants.

7.5.4 Ethical considerations

One of the requirements for license to use information from case files without consent, was that a letter of information was to be sent to caregivers. This was in accordance with the Personal Data Act (2004, Section 19), which stated that when handling data where participants were not asked for consent, the participants had to be informed afterwards. Initially, The Directorate for Children, Youth, and Family Affairs required both caregivers to be informed. The research management of the national study argued that in some cases where caregivers shared parental rights, it would still be possible that only one caregiver was involved in the child welfare case without the knowledge of the other parent. Or even in some

cases where referral had been dismissed, it was possible that no caregivers had been informed. This meant that there was a risk that sending a standardized letter of information to caregivers might violate the protection of personal information. The Directorate agreed to this concern and changed the requirement such that the letter was only sent to caregivers who were already informed about the child welfare case. It is possible that such a letter could have caused discomfort and made the caregiver feel exposed and vulnerable even if they were informed about the case. Nonetheless, it was the judgement of the research team that it would be ethically acceptable to conduct the study according to the final license requirements.

7.6 Implications for practice

The description of the case trajectory in the Norwegian CWS shows a system that filters out few cases in the screening decision, while a large proportion are filtered out when the investigation is concluded. This shows a funnel that is very wide at the top and narrows considerably at the next key decision. The low proportion of investigations concluded with service provision indicates that Norway's CWS spends a lot of resources on assessments that end up being dismissed. For policy-makers and CWS managers, it would be beneficial to look at the current policy and agency routines to consider whether a different shape to the funnel would optimise the use of resources.

The principle of minimum interference is fundamental when authorities intervene in the private sphere (Convention for the Protection of Human Rights and Fundamental Freedoms, 1950, art. 8). The findings concerning time span of the investigations with a low level of investigation activities (no or only one activity performed) show that this principle is sometimes violated. The findings accentuate the need for the CWS to have a stronger focus on shortening the time spent on investigations when possible, to ensure minimum interference.

Our data shows a high proportion of families refusing service provision from the CWS. This high number shows that, in many cases, the CWS is left without the opportunity to assist a child. Previous research and the findings in this thesis indicate that relational work is important at different points of decision-making, and improvements could potentially ensure that more children at risk receive assistance. Working to achieve a positive relationship and strengthen the engagement of the family should therefore be an area of focus for the child welfare system.

7.7 Future research

While working with this thesis, several additional questions arose. Some of them concern details from the analyses I have performed, while some concern phenomena that should be of a more general interest. These are:

1. The importance of family engagement in child welfare cases. Little is known on how the contact between families and the CWS, the collaboration between them and the family's participation, affect the decision-making in the case trajectory.

2. The shape of the Norwegian case trajectory funnel. A large part of the investigations is dismissed. A cost-benefit analyses of the use of the resources on investigations versus the resources used on service provision, would be of interest in order to optimize the use of CWS resources.

3. The number of re-referrals is very high in Norway. Knowledge about the dynamics behind this phenomenon, is scarce. We simply do not know whether this is the result of a mismatch between threshold expectations between reporters and CWS works, ineffective services, or something else entirely. Neither is it known what implications it gives, both for families and for the work of CWS. Future studies should look more closely at cases that go thru repeated investigations, to better understand the phenomenon of re-referrals in Norway.

8 Conclusion

The main research objective of this thesis was to gain a better understanding of how characteristics of the referral and the investigation were related to decisions made during case processing. I found that concerns related to a high risk, such as physical/sexual abuse, parental conflict, domestic violence/witnessing violence were associated to a continued and more comprehensive CWS involvement. Although there were no reported concerns associated with being screened-out, a referral concerning a child with previously registered referrals was more likely to be screened out. My understanding here is that the existence of previous referrals suggests that more information is available to the decision-maker, which reduces the uncertainty in the risk assessment. With respect to investigations, I found great variation in the amount of performed investigation activities, and that some of this variation could be explained by case characteristics. Concerns such as physical and sexual abuse increased the likelihood for a high level of activities. Conversely, if a concern of medical and educational neglect was present, a low level of investigation activities was more likely. The rate of investigations closed due to the family's refusal of service provision is considerable, according to our data. The analysis showed that there are some case characteristics that are commonly found in cases where the family refuses CWS involvement. Three variables were identified to increase the likelihood of family refusal: the identified problem of parental medical and educational neglect, the referral originating from the police, or the child having two caregivers instead of one. The association between these characteristics and the family's refusal is understood as being caused by a non-collaborating relationship between the family and the CWS. A revised model of the DME was therefore introduced. In the revised model, family engagement is added as one of the factors that we need to take into consideration in order to better understand decision-making in the CWS.

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Papers I-III

Paper I

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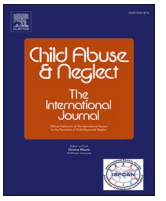

The impact of case factors on the initial screening decision in child welfare investigations in Norway

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ABSTRACT

Background: When a child welfare service agency receives a report of concern, there is an initial screening to decide whether an investigation needs to be initiated. In addition to the decision maker, case factors, external factors, and organizational factors have an impact on decision making in Child Welfare Services (CWS). Few recent studies have considered the impact of case factors on the initial screening.
Objective: This study examined case factors that have an impact on the decision to investigate in the Norwegian CWS.
Participants and setting: Participants included randomly drawn samples of case files from 16 agencies (N = 1365).
Methods: The study was designed as a cross-sectional case file study. Researchers coded the data on site at the agencies. To examine the association between a decision to investigate and case specific variables, multilevel logistic regression (generalized linear mixed model) analysis was conducted to account for case clustering effects within agencies.
Results: The rate of investigation was 82.3 %. Concerns of physical and sexual abuse (OR = 2.61***), parents' health and stressful events (OR = 2.20***), domestic violence or witnessing violence (OR = 2.52***), and concerns related to finances, housing, and employment (OR = 3.25**) lowered the threshold for investigation. Prior referrals were found to raise the threshold for investigation (OR = 0.88). (**p < .01, ***p < .001).
Conclusion: Although large differences between agencies exist in decision-making processes in the Norwegian CWS, there are common case factors affecting the initial screening of referrals.

1. Introduction

When receiving a report of concern, Child Welfare Services (CWS) must decide whether an investigation needs to be initiated. This initial screening decision has the dual purpose of: (i) identifying potential cases of children in need of assistance and (ii) managing

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referral volume. It is of great interest to study this topic since the decision to initiate an investigation may have far reaching consequences for children and families. The threshold for investigating should be low enough to reduce the risk of not identifying serious cases of child maltreatment. This is necessary to ensure children's rights to safety and provision (Art. 19, United Nations Convention on the Rights of the Child, 1989). Nonetheless, a CWS investigation is a potentially adverse intervention into a family's life that requires legitimacy so as not to encroach on other human rights (Art. 12, United Nations General Assembly, 1948). Finding the "right" balance for these screening decisions and taking into account the specific characteristics of each individual case is something every country must contend with. The phenomenon of screening decisions, however, should also be understood based on the context in which CWS operate.

In Norway, the national rate of investigated referrals has held stable at an average of about 81 % during the last decade. For example, a total of 44,133 referrals were investigated in 2019; the equivalent of 44.7 cases per 1000 children. That same year, 38 % of the investigations led to interventions (The Norwegian Directorate for Children, Youth and Family Affairs, 2020a). Norwegian research on screening decisions has identified rather large variations between agencies in both investigation rates and methods for case processing (Ellingsen et al., 2015; Lurie, 2015; Vis et al., 2014). However, because those studies focus mainly on organizational factors, other questions pertaining to case factors are left unanswered, e.g., child and family characteristics, the content of the referral, and how such factors may impact the screening decision. This is a study regarding concerns reported to Norwegian CWS and how case factors influence the decision to investigate. Because administrative data on child welfare in Norway is very limited with respect to the content of referrals, we needed to develop an instrument for data collection. A case file study was conducted to determine how different types of referral concerns impact the screening process.

1.1. The Norwegian screening process

The municipal CWS agencies are responsible for receiving, handling, and making decisions on all referrals concerning children aged 0–17. Within one week a decision must be made on whether to investigate the referral or not. Government guidelines for the case handling process are limited. Although some agencies have locally developed screening tools for referrals (Vis et al., 2014), professional discretion is primarily used for the initial screening process (Samsonsen & Turney, 2017).

The Norwegian Child Welfare Act states that CWS should investigate when there is a risk to the child's health or safety and/or conditions that may be detrimental to the child's development (The Child Welfare Service Act, 1992). In an official guidance issued by The Norwegian Directorate for Children, Youth and Family Affairs (2019), it is clearly stated that the threshold for admitting a referral for further investigation should be low. If it is reasonable to assume that the child needs any type of service that is offered by CWS, an investigation should be opened. Consequently, there are many valid reasons, aside from concerns of abuse and neglect, to report a family to CWS.

One of the primary functions of CWS in Norway is to complement universal or targeted social and health care services. Based on an assessment of needs, CWS offer support to families when there is a belief that it may alleviate or prevent future problems. The interventions are principally offered by CWS on a voluntary basis, i.e., not adjudicated by the courts. The most common voluntary intervention involves general counseling aimed at supporting and strengthening parenting competence (in 70 % of all cases receiving intervention) (Christiansen et al., 2015). Other, less common voluntary support measures, such as financial support (20 %) or respite care (27 %), are aimed at alleviating temporary socioeconomic problems or stress within the family. In more severe cases, CWS may ask the courts to mandate interventions that are involuntary. In 2019, the County Social Welfare Boards (2020) mandated intervention for a total of 921 new child cases. This represents only 1.6 % of the total number of children referred to CWS that year. During that same year, a total of 9832 children lived in foster homes, while 1146 children lived in residential care (The Norwegian Directorate for Children, Youth and Family Affairs, 2020a). In total, 72 % of all interventions in 2019 were voluntary and 28 % were court mandated. Out of all children living in foster homes, 15 % were placed with the parents' acceptance, and the corresponding figure for those in residential care was 30 %. Needing service thus gives a broad definition of what constitutes a reason for conducting a child welfare investigation.

Children with immigration background are overrepresented among recipients of CWS interventions in Norway (Staer & Bjørknes, 2015). According to Statistics Norway (2020a, 2020b), the share of immigrants and Norwegian-born children with immigrant background was 16.8 % of the total population in 2017, while they were simultaneously represented in 30.3 % of the CWS referrals.

1.2. Theory of decision making

A distinction is drawn between strategic decisions and choices in decision-making theory (Nutt & Wilson, 2010). Whereas choices are made by individuals, strategic decision making refers to decisions made within an organization. A screening decision within CWS is never a personal decision because the CWS organization is the formal decision maker. However, it is not entirely clear whether each decision is made by a single person or in collaboration with others. The most common practice across CWS agencies in Norway is for referrals to be screened at intake meetings held once or twice a week by a designated team, led by a manager (Lauritzen et al., 2019). Here, decisions are made in agreement with other professionals and sanctioned by a manager. Nonetheless, when assessed as severe and acute, a referral may sometimes require an immediate response that, by definition, qualifies as a screen-in. In such cases, the formal screening decision may still be made at a later point. Therefore, if we think of a CWS screening decision as lying somewhere on a continuum between a personal choice and a collaborative strategic decision made by an organization, it would be best characterized as the latter in Norway.

The theoretical framework called "The Decision-Making Ecology" acknowledges that decision making in Child Welfare Services is a

complex process affected not only by case factors but also by organizational and external factors, as well as the decision maker (Fluke et al., 2014). Considerable differences in investigation rates between agencies have been identified in several studies across countries (Ellingsen et al., 2015; Lurie, 2015; Steen & Duran, 2014; Vis et al., 2014; Wells et al., 1995). For example, Ellingsen et al. (2015) found that the rate for screening out referrals varied from 12 % to 40 % among agencies in Norway, whereas Wells et al. (1995) found rates that varied from 1 % to 71 % among sites in the U.S. Wells et al. concluded that children's chances of being investigated depended strongly on the agency, even when case characteristics were considered.

1.3. Screening decisions in different child welfare systems

Existing literature has pointed out disparities between child welfare systems (Gilbert et al., 2011), differences that are also relevant in the context of screening decisions at intake. The investigative approach used to identify family needs, in addition to ensuring the safety of the child, is called a family service orientation, and is typically found in the Scandinavian countries, including Norway (Skivenes, 2011). Child Welfare Services in the United States and Canada have been described as having a child protection orientation where the main purpose of investigations is to determine whether the allegation of child abuse or neglect may be substantiated (Berrick, 2011; Swift, 2011). Thus, in North America, the initial screening decision is mainly focused on determining if the referral meets a certain statutory definition of child abuse and/or neglect. However, several states in the U.S. have introduced differential response, making a response also possible for cases where the risk is assessed as being too low for a traditional investigation. The differential response offers services for low-to-moderate risk families and focuses on family needs rather than identification of maltreatment. This response emphasizes family engagement and collaboration (Berrick, 2011) and, therefore, may be seen as having similarities to the Norwegian CWS.

Although considerable differences in rates of initial screening have been observed between various states (Tumlin & Green, 2000), the average rate in 2017 in the United States was about 57.6 % cases screened in. There were approximately 2.4 million referrals, concerning 3.5 million children (U.S. Department of Health & Human Services, 2020). With the broader definition of what constitutes a valid reason for conducting child welfare investigation in the family service-oriented system, it is not surprising that the threshold for screening in a referral for investigation is considerably lower in Norway than it is in the United States.

1.4. Previous studies of case factors' impact on screening decisions in CWS

There have been a few Norwegian studies examining case factors and how they may influence the screening decision, however, few statistically significant results were identified (Drugli & Marthinsen, 1996; Havnen et al., 1998; Holtan, 1997). The studies used mainly qualitative analyses in addition to bivariate statistical analyses. Two other studies from Norway have focused on the reported concerns in screened-out referrals. The first was carried out as part of a nationwide audit of CWS (The Office of the Auditor General of Norway, 2012). Here, 169 screened-out referrals from 39 agencies were studied. Two former CWS agency managers reviewed all the documentation in these cases, independent of each other. In 53 % of the cases, they agreed that it had been correct to dismiss the referral. In 22 % of the cases, they concurred that it had not been appropriate to dismiss the case, and in 25 % of the cases their opinions were split. The findings do suggest that, although there may be agreement about the facts of a case, those same facts may be interpreted quite differently. This may, in turn, lead to very contrasting conclusions. Kjær and Mossige (2013) looked at 92 screened-out referrals from seven agencies concerning sexual or other physical abuse. They found that dismissal rates varied from zero to 53 % among the agencies. Although no statistical analysis was carried out to control for other factors, they concluded that the professional judgement seemed arbitrary and that the reasoning was unclear in many cases. In summary, the results from Norwegian research to date have mostly focused on the judgement of social workers in the decision-making process. No Norwegian study has yet been designed to sufficiently identify to what degree, and under which circumstances, case factors impact the screening decision.

In a recent systematic literature review of factors associated with the decision to investigate referrals (Damman et al., 2020), 18 quantitative studies published during a 35-year period were identified. Seventeen of those studies were conducted in the United States and one in Canada. Most of the studies investigated case factors related to the referral, the child, and the caregiver. A major finding was that, across all studies from North America, 51 % to 68 % of the cases were screened in for investigation. Steen and Duran (2014) investigated referral and screened-in rates across 44 U.S. states and concluded that reporting and intake systems only accounted for 9 % of the variability in screening rates. The most important predictor for variation was a centralized versus local reporting system. Thus, it seems that case factors play a large role in explaining variability in screening decisions. In the review, Damman et al. (2020) found evidence that the case factors associated with intake decisions included type of reporter, nature of the report, severity of the allegation, child's age, family's prior CWS involvement, and type of maltreatment.

1.4.1. Characteristics of the referral

Damman et al. (2020) concluded that, in North America, mandated reporters were associated with decisions to investigate, but that the effect differed across types of concerns. In particular, a referral more likely concerned physical abuse when it came from law enforcement, while emotional abuse was more likely to be investigated when the referral came from a doctor. It is thus possible that reports are taken more seriously when the reporter is considered an expert or holds a specific position to uncover the alleged abuse. It should be noted, however, that these findings were based on only three studies, all of which were more than 25 years old. The effect of reports submitted by family friends and neighbors was inconclusive.

Wells et al. (1995) included 2504 referrals from 12 agencies in five different U.S. states. They found that when parents, children, friends, and relatives referred a case, the report did not lead to investigation. A study by Karski (1999) included data from 557 cases

and 23 social workers in California. Karski found that type of abuse was a major factor influencing the screening decision and, therefore, stratified the data by referrals concerning sexual abuse, physical abuse, or neglect. No relation was found between the referrer and the screening decision. A study by Östberg (2014) was based on 260 cases in Sweden, for which data was collected through questionnaires and interviews with 42 social workers in two agencies representing different organizational structures. Östberg found that referrals from professionals other than the police lowered the threshold for investigation (OR = 7.0).

Various results have been found concerning the influence of previous knowledge of the child. In their multivariable analysis, Wells et al. (1995) did not find that previous referrals had an impact on the threshold for investigation. Karski (1999) found that, for referrals with allegations of neglect, the factor of previous case investigations resulted in a higher likelihood of investigation (OR = 3.47), whereas the number of prior referrals was not found to be significant.

1.4.2. Characteristics of child and family

The existing research revealed that the sex and age of the child had varied effects on the screening decision. Referrals concerning girls have been found to be associated with both higher odds (OR = 3.0) of investigation (Östberg, 2014) and higher odds of being screened out (OR = 1.56) (Wells et al., 1995). Wells et al. (1995) found that there were higher odds of investigation for a child less than two years old (OR = 1.57) than for older children. Karski (1999) found that children aged 10–17 were investigated more often if there was evidence of abuse in the referral. She also found that children aged 0–9 were investigated more frequently when the family was receiving financial support and evidence of abuse was present. Östberg (2014) did not find the child's age to be significantly associated with investigation. The large variability of age and gender effects found in previous research indicates that the effects may be linked to the study design, e.g., participant selection and analytical strategies.

Racially biased intake practices have been blamed for contributing to the disproportionate number of African American children in the child welfare system. Howell (2009) conducted a study to examine the influence of race and parental drug use on intake screening decisions made in Virginia, USA. The study used a hypothetical vignette by which race and drug concerns were manipulated across participants (n = 87). The study concluded that there was no support for racial bias in hypothetical intake decisions. It is, therefore, possible that racial disparities are confounded by other factors. It should be noted that racial disparities have been identified in the U.S. child protection systems at later stages of the decision-making continuum but that race-related effects are not easily disentangled from other risk factors (Putnam-Hornstein et al., 2012; Drake et al., 2011). Ethnicity did not have an impact on the investigation rate in the multivariable analysis for the studies of Wells et al. (1995) and Karski (1999).

1.4.3. Content of referral

Referral content may be categorized into three main domains or types of concerns: (i) the child's health and needs, (ii) parenting, neglect, or child abuse, and (iii) family risk factors (British Department of Health, 2000). In terms of the referral content, both parental competency and problems related to family and environment have been found to be significant predictors for screen in. Concerns related to a child's developmental needs have not been extensively studied. Some variables related to the child's needs were included in the studies by Wells et al. (1995) and Östberg (2014). Wells et al. used the variables “child problems” and “injury”, which included any reported injury to the child. Östberg used the variables of “child substance abuse”, “mental health”, and “family conflict” (referring to relational difficulties with adults). However, no significant associations between children's needs and screening decisions were found.

With respect to the domain of parenting, neglect, and child abuse, Karski (1999) and Wells et al. (1995) found that sexual abuse was significantly associated with investigation and was the most likely allegation to be investigated. Hutchison (1989) studied 228 new referrals in Massachusetts, USA, and found that the best referral content predictors for screening decision were sexual abuse, physical abuse, and neglect. Silva (2011) found that sexual abuse concerns were more likely to be screened in if the alleged perpetrator was a family member or had continual access to the child. Östberg (2014) did not distinguish between physical and sexual abuse but found these allegations, combined, to be significantly related to the decision to investigate (OR = 17.3). Östberg also examined the concern of neglect but did not find a significant association. It should be noted, however, that Östberg's study appears somewhat underpowered (N = 260) and not particularly suited to identifying the true effects of referral content.

When it comes to the domain of family and environmental risk factors, Wells et al. and Östberg found that parental mental health problems and substance abuse had no significant impact on the decision to investigate (Östberg, 2014; Wells et al., 1995). Howell (2009), on the other hand, concluded that decision makers were more likely to recommend that a case be screened in if there were concerns of parental substance abuse. Karski (1999) found a lower threshold for investigation when families were receiving financial support, both for referrals concerning neglect (OR = 4.91) and those concerning physical abuse (for children aged 0–4, OR = 22.46, and children aged 5–9, OR = 6.45) Wells et al. (1995) did not find that issues of insufficient income or inadequate housing had a significant impact on the decision to investigate. Only the study of Wells et al. (1995) had included domestic violence in their analysis. However, the reporting of domestic violence was not found to influence the decision to screen in.

In a family service-oriented system, the number of concerns that constitute a reason to investigate is higher than in a child protection-oriented system. Thus, for a valid study on the impact of case factors in the Norwegian CWS, we found it necessary to include a considerable variety of concerns.

1.5. Objective of the study

The purpose of this study is to examine case factors that may impact the decision to investigate a referral to the Norwegian CWS. Based on previous research, our assumption is that cases that include suspected sexual or physical abuse are more likely to be investigated. Signs of poverty, previous knowledge of the child, the child's sex and age, as well as the type of referrer, may also be

important.

The study is of interest for several reasons. Firstly, it is well established that discrepancies between agencies influence the investigation rate, however, there is scarce knowledge on the actual impact of case factors when agency differences are controlled for. Secondly, little is known about what type of reported concern is most likely to trigger an investigation. Thirdly, few studies have been done on screening decisions in a family service-oriented system and the existing research may be considered as outdated. Investigating the importance of case factors will provide a more profound understanding of what kind of information CWS emphasize when assessing whether a child's health and development are at risk.

2. Methods

The study was designed as a cross-sectional case file study. Data were collected retrospectively from case records at 16 different child welfare agencies. The participating agencies were selected from the four geographical regions of Norway, representing 13 municipalities. Population ranged from 8000 to 680,000 in the participating municipalities. A total of 1365 cases were randomly drawn from all referrals registered in the participating agencies during the period of January 2015 to December 2017. The draft was performed using a sample selection computer program (Rørnes, 2017). According to the size of the agencies, the number of cases ranged from 50 to 150. This was done to ensure that the proportion of drawn referrals versus total referrals was consistent between agencies.

2.1. Ethics and procedures

The study protocol was reviewed by the Norwegian National Research Ethics Committees, while the data handling procedures were reviewed by the Norwegian Centre for Research Data. Researchers were granted access to the case files through a legal decision made by the Norwegian Directorate for Children, Youth and Family Affairs. The Norwegian Data Protection Authority issued the license to handle all data.

The instrument for collection of data was developed in several steps. A pilot study was performed to identify information typically found in case files. The cases for the pilot were randomly drawn from two agencies. Based on this, the coding form was developed and tested for interrater reliability by two researchers who independently coded 20 cases. The average interrater agreement was 86.9 %. A low reliability was found for 13 variables. Due to difficulties in obtaining reliable information, three variables were eliminated while the 10 remaining variables were reformulated. A second test was performed by two researchers coding 42 cases. The interrater agreement was then 90.8 %, which is considered acceptable (McHugh, 2012). The researchers were provided access to the case files by the agencies. The cases were then coded on site using a web-based entry form.

2.2. Measures

The predefined dimensions included characteristics of child, family, referral, and reported concerns. Age, sex, primary caregiver, and immigration background were the characteristics listed for the child and family. Variables related to characteristics of the referral included “previous referrals”, “previous interventions”, and “the referrer”. Variables associated with reported concerns were categorized as follows: “child's developmental needs”, “parental competency”, and “family and environmental factors”. All variables were registered in the registration form as “present” or “not present”. To simplify the statistical analyses in this study, some of the registered concerns were consolidated. Correlation and theoretical coherence between variables were considered prior to merging. The item “not parent”, listed under the variable “main caregiver”, for example, could refer to children living alone, children in juvenile institutions or unaccompanied minor asylum seekers.

We used the term “immigration background” when at least one parent or the child was foreign-born. By using this definition, 39.5 % of the children in the study had immigrant background. Our definition differed from that of Statistics Norway, which designates “immigrants” as persons born abroad who have two foreign-born parents and four foreign-born grandparents (Statistics Norway, 2020a). They further define children born in Norway with two foreign-born parents as “persons with immigrant background”. The CWS case files did not contain sufficient information on parents' or grandparents' birthplace. Therefore, we were not able to follow the guidelines of Statistics Norway. Indigenous background and race were not registered in our study since this information was not recorded in the case files.

The dimension *child's developmental needs* consisted of four variables. The variable “child's health and development” included concerns for the child's mental and somatic well-being and/or late development. “Externalized behavior” referred to the child's delinquency, drug and substance abuse, and concerns related to the child's behavior. The variable “internalized behavior” related to reported concerns for the child's emotional problems. Social behavior included the child's relationship to peers and their caregivers/close adults, and conflicts with adults. The fourth variable was the “child's functioning at school/kindergarten”.

Parental competency consisted of five items: “sexual and physical abuse”, “emotional abuse”, “medical and educational neglect”, “basic care and physical neglect”, and “parenting”. “Medical and educational neglect” referred to concerns about parental failure to follow up on health care and other childcare services. The variable “basic care and physical neglect” referred to absence of caregiver and concerns about basic care and protection of the child. “Parenting” covered concerns regarding parental stimulation, guidance, and boundaries.

The dimension *family and environmental factors* included seven items: “parents' health/stressful events”, “parental conflict”, “domestic violence/witnessing violence”, “social integration”, “finances/housing/employment”, “parents' substance abuse”, and “parents'

delinquency". The variable "parents' health/stressful events" included concerns about parental mental and somatic health, exhaustion, and stressful events. "Domestic violence" referred to a child witnessing violence. "Social integration" included concerns regarding the family's social network, social integration, and cultural background. "Finances/housing/employment" included concerns regarding poverty, inadequate housing, and employment. Inadequate housing could be related to safety, hygiene, and the like. Concerns regarding employment could be related to insufficient income through unemployment but could also include concerns about the caregiver's job situation not being consistent with caring for a child.

2.3. Statistics

The statistical analyses were performed by using IBM SPSS Statistics version 26.0.

To study the association between decision to investigate and case specific variables, multilevel logistic regression (generalized linear mixed model) analysis was conducted to account for clustering effects of cases (level 1) within agencies (level 2). Most of the measures were dichotomous, but "type of residence" and "referrer" were nominal. For these variables, the category with the highest score was chosen as a reference. Collinearity between all variables was tested and found acceptable. Possible interaction between "age" and the variables describing reported concerns were tested by combining all the interaction terms in a multivariable model. No significant interaction effects were found. The fit of this model was compared to the fit of a model without interaction terms, showing that the latter model had a significantly better model fit. Hence, the interaction terms were omitted from further analysis. To get the most

Table 1
Case characteristics.

Variables	Screened out N (% of total screened out)	Investigated N (% of total investigated)
Total (1365)	242 (17.7)	1123 (82.3)
Sex of child		
Male	140 (57.9)	595 (53.0)
Female	102 (42.1)	528 (47.0)
Age of child - Mean (SD)	9.97 (5.35)	8.90 (5.05)
Main caregiver		
Both parents	62 (25.6)	461 (41.1)
One parent	108 (44.6)	387 (34.5)
Shared custody	20 (8.3)	98 (8.7)
One parent and partner	25 (10.3)	141 (12.6)
Not parent	27 (11.2)	36 (3.2)
Immigration background (n = 1272)		
Yes	53 (24.9)	441 (41.6)
No	160 (75.1)	618 (58.4)
Number of previous referral - Mean (SD) (n = 1345)	1.95 (2.83)	1.10 (1.79)
Previous recipient of support interventions (n = 1318)		
Yes	76 (34.1)	299 (27.3)
No	147 (65.9)	796 (72.7)
Referrer		
Public health services	45 (18.6)	223 (19.9)
Neighbors/friends/anonymous	28 (11.6)	126 (11.2)
Social services	30 (12.4)	145 (12.9)
Police	65 (26.9)	172 (15.3)
Education (school/kindergarten)	32 (13.2)	231 (20.6)
Child, parents, close family	33 (13.6)	124 (11.0)
Internal CWS	1 (0.4)	68 (6.1)
Other	8 (3.3)	34 (3.0)
Concerns regarding child's developmental needs		
Child's health and development	35 (14.5)	160 (14.2)
Externalized behavior	64 (26.4)	254 (22.6)
Internalized behavior	27 (11.2)	132 (11.8)
Social behavior	44 (18.2)	181 (16.1)
Functioning in school/kindergarten	22 (9.1)	150 (13.4)
Concerns regarding parental competency		
Physical/sexual abuse	17 (7.0)	226 (20.1)
Emotional abuse	12 (5.0)	98 (8.7)
Medical and educational neglect	10 (4.1)	83 (7.4)
Basic care and physical neglect	61 (25.2)	322 (28.7)
Parenting	21 (8.7)	162 (14.5)
Concerns regarding family and environmental factors		
Parents' health/stressful events	41 (16.9)	273 (24.3)
Parental conflict	34 (14.0)	218 (19.4)
Domestic violence/witnessing violence	20 (8.3)	210 (18.7)
Social integration	9 (3.7)	72 (6.4)
Finances/housing/employment	11 (4.5)	119 (10.6)
Parents' substance abuse	45(18.6)	195 (17.4)
Parents' delinquency	33 (13.6)	63 (5.6)

accurate effect estimate in the multivariable analysis, we used the principles described by Hosmer et al. (2013) for purposeful selection of variables. Using the results from the univariable analysis, variables with a p-value > .25 were excluded from the first step of the multivariable analysis. In the second step, non-significant variables were excluded. The model fit of the smaller model was compared to that of the initial model to verify that the smaller model had a significantly better model fit. The estimated coefficients in the smaller model were then compared to the respective values from the initial model to verify that the change was not substantial (Hosmer et al., 2013). In the final step, the variables not selected for the original multivariable model were reinstated and retained, if significant ($p < .05$). Due to missing data for some variables, the sample size was n = 1227 in the final multivariable analysis.

3. Results

Case characteristics for investigated and screened-out referrals are presented in Table 1. Of the children included in the referrals, 54 % were boys and the mean age was 9.1 years (*SD* = 5.1). The investigation rate was 82.3 %, close to the average Norwegian investigation rate for 2015–2017, which was 82 % (Statistics Norway, 2020b). This indicates that our sample was quite representative with respect to overall investigation rates. Our data showed a variance in rates of investigated cases between agencies ranging from 56 % to 96 %. The children in the investigated cases were younger (*M* = 8.90, *SD* = 5.05) than the children in referrals that had been screened out (*M* = 9.97, *SD* = 5.35). The most common type of caregiver was both parents, at 40.0 %, whereas 34.9 % lived with one parent. About 38.8 % of the children had immigrant background. Of those, 38.9 % were from Asia, 28.3 % from Africa, and 14.8 % were from Eastern Europe. About half of the referrals (49.8 %) concerned children that had previously been reported to a CWS agency.

Table 2
Results of generalized mixed model analysis, assessing associations between case characteristics and the decision to investigate.

Case characteristics	Univariable analysis			Multivariable analysis, final model		
	t	OR	95%CI for OR	t	OR	95%CI for OR
Sex of child (male)	−1.06	0.85	(0.62, 1.15)			
Age of child	−3.06**	0.95	(0.92, 0.98)	−0.95	0.98	(0.95, 1.02)
Main caregiver	F = 7.12***			F = 4.34**		
Both parents	Reference			Reference		
One parent	−3.92***	0.48	(0.33, 0.69)	−2.66**	0.59	(0.40, 0.87)
Shared custody	−1.01	0.74	(0.41, 1.33)	−0.45	0.87	(0.47, 1.61)
One parent and partner	−0.61	0.85	(0.50, 1.44)	0.63	1.20	(0.68, 2.12)
Not parent	−4.36***	0.22	(0.11, 0.44)	−3.01**	0.33	(0.16, 0.68)
Immigration background	2.86**	1.69	(1.18, 2.42)			
Number of previous referrals	−4.47***	0.86	(0.80, 0.92)	−3.54***	0.88	(0.82, 0.95)
Previous recipient of support measures	−1.54	0.77	(0.55, 1.07)			
Referrer	F = 4.67***					
Public health services	Reference					
Neighbors/friends/anonymous	0.11	1.03	(0.56, 1.91)			
Social services	−0.27	0.93	(0.53, 1.62)			
Police	−3.11**	0.46	(0.29, 0.75)			
Child, parents, close family	1.71	1.61	(0.93, 2.78)			
Education (school/kindergarten)	−1.85	0.60	(0.34, 1.03)			
Internal CWS	2.09*	8.56	(1.14, 64.50)			
Other	−0.66	0.74	(0.31, 1.80)			
Concerns re. child's developmental needs						
Health and development	0.10	1.02	(0.65, 1.60)			
Externalized behavior	−0.04	0.99	(0.68, 1.44)			
Internalized behavior	0.76	1.20	(1.03, 2.31)			
Social behavior	0.86	1.22	(0.77, 1.93)			
Functioning at school/kindergarten	2.79**	2.14	(1.25, 3.64)			
Concerns re. parental competency						
Physical/sexual abuse	3.94***	2.89	(1.70, 4.89)	3.44***	2.61	(1.51, 4.50)
Emotional abuse	2.70**	2.68	(1.31, 5.49)			
Medical and educational neglect	1.45	1.72	(0.83, 3.57)			
Basic care and physical neglect	1.36	1.28	(0.90, 1.83)			
Parenting	2.47*	1.90	(1.14, 3.17)			
Concerns re. family and environmental factors						
Parents' health/stressful events	3.01**	1.89	(1.25, 2.85)	3.57***	2.20	(1.42, 3.38)
Parental conflict	1.58	1.39	(0.92, 2.11)			
Domestic violence/witnessing violence	3.85***	2.74	(1.64, 4.58)	3.37***	2.52	(1.47, 4.32)
Social integration	1.51	1.80	(0.84, 3.89)			
Finances/housing/employment	2.58**	2.68	(1.27, 5.65)	3.00**	3.25	(1.50, 7.02)
Parents' substance abuse	−0.02	1.00	(0.67, 1.48)			
Parents' delinquency	−3.47***	0.42	(0.26, 0.69)			

Note. n = 1272; OR = odds ratio; CI = confidence interval.
* $p < .05$.
** $p < .01$.
*** $p < .001$.

The children previously known to CWS had a lower investigation rate (79.3 %) than those who had not been previously reported (87.8 %). The range was from one to 22 previous referrals ($M = 2.6$, $SD = 2.27$). Almost one third of the children (27.3 %) had previously received support interventions. Public health services, educational services and police were the groups that reported most often, each of them reporting around 20 % of the cases. On average, more than one concern had been registered in 72.6 % of the cases ($M = 2.94$, $SD = 2.03$). Overall, the results show that referrals to Norwegian CWS include a very wide range of concerns related to the child's needs, parental competency, and different kinds of abuse, in addition to risk factors within the family or close environment. Most of the referrals contained concerns about parental competency (63.8 %) and family and environmental factors (69.2 %). Concerns about the child's development and needs were present in 41.0 % of the referrals. It is worth noting that less than one in five referrals (17.8 %) contained suspicion or allegation of outright physical or sexual abuse. The most reported concern was regarding basic care and physical neglect, which was present in 28.1 % of the referrals, whereas the least reported concern was the family's social integration (5.9 %).

The results from the logistic regression analyses are presented in Table 2. By using purposeful selection (Hosmer et al., 2013), seventeen variables were omitted from the final model. Apart from age, which we chose to leave in the model for theoretical reasons, only significant variables remained. After considering both confounding effects and interaction effects, this final model represents our best approximation of the impact case factors have on screening decisions in Norwegian CWS. Significant predictors for admission to investigation were physical/sexual abuse (OR = 2.89, CI = 1.70–4.89), parental health and stressful events (OR = 1.89, CI = 1.25–2.85), domestic violence (OR = 2.74, CI = 1.64–4.58), and concerns related to housing, financial problems, and employment (OR = 2.68, CI = 1.27–5.65). Living with one parent or not living with parents gave a higher threshold for investigation than living with both parents (OR = 0.48, CI = 0.33–0.69). Previous referrals predicted a higher threshold for screening into investigation (OR = 0.86, CI = 0.33–0.69). None of the referrals directly related to children's problems significantly predicted the screening decision.

4. Discussion

The objective of the study was to examine case factors that affect the decision to investigate a referral to Norwegian CWS. Because referrals to CWS in Norway do not predominantly concern cases with suspected abuse, we designed a study that set out to analyze the impact of a wider variety of case-related factors than typically included in previous studies. By conducting a mixed model analysis, we were able to study how variability in factors at the case level may affect the initial screening decision, while accounting for clustering of cases within agencies. In the final multivariable logistic regression analysis, six variables remained significant: characteristics of the caregiver, number of previous referrals, physical/sexual abuse, parents' health and stressful events, domestic violence/witnessing violence, and finances/housing/employment. The significance of these variables clearly indicates that multiple factors of concerns may lead to an investigation by CWS.

We believe that the high proportion of screened-in cases in Norway is explained by external factors such as legislation and policy guidelines. In the Norwegian guidelines for case processing, it is clearly stated that the threshold for intake should be low and that, generally, a more in-depth needs assessment should be carried out unless the referral is obviously unjustified.

As for differences in investigation rates between agencies, our findings were similar to the results from previous studies (Ellingsen et al., 2015; Lurie, 2015; Steen & Duran, 2014; Vis et al., 2014; Wells et al., 1995). We believe that a multitude of factors may impact differences in screen-in rates at the agency level. This may include availability of resources (Bunkholdt & Kvaran, 2015; Wells et al., 2004), variations in case processing routines (Lurie, 2015; Vis et al., 2014), differences in the interpretation of child welfare legislation (Lauritzen et al., 2019; Lurie, 2015), and disparities in population demographics. However, because this study was not designed to explain differences between agencies, but rather to investigate the effects of case factors while controlling for agency clustering, we cannot conclude which agency level factors are most important in this study.

4.1. Characteristics of child and family

The multivariable analysis shows that the age of the child had no direct effect. Although the confounding effect of age was quite small in this model, we decided to keep age in the model for theoretical reasons. Some types of concerns are more likely to be reported if the child is older, e.g., criminal activity and substance abuse. Other types of problems are more commonly reported for younger children, such as issues related to attachment and child safety. There were no interaction effects between age and any type of referral content.

Referrals concerning children living with one parent had lower odds of investigation than those pertaining to children living with both parents. This is a somewhat unexpected finding, since single parents have been found to have a higher rate of CWS involvement than the general population (Staer, 2016). One possible explanation is that referrals regarding conflicts about care and visitation arrangements are considered to fall under the jurisdiction of other public services and, therefore, screened out. Furthermore, when referrals regarding parental criminal activity or drug abuse pertained to a parent who did not live with the child, the child was not affected by the concerns and the referral was screened out.

In the group of investigated referrals, we found that cases concerning children with immigrant background were overrepresented. However, the multivariable analysis showed that other concerns were more important as predictors for investigation. Thus, this overrepresentation is partly explained by the presence of other risk factors in the immigrant background group. This may include concerns such as low socio-economic status and cultural differences in the understanding of a “healthy upbringing”; for example, the use of physical punishment as a form of discipline, which is illegal in Norway while being common in other cultures (Paulsen et al., 2014).

In contrast to previous studies (Östberg, 2014; Wells et al., 1995), we did not find that the referrer was significant. In this sample, it seems as if the bivariate association between referrer and screening decision is fully confounded by the referral content.

4.2. Previous referrals predict screen-out

The results show that the only factor found to deviate from previous U.S. studies on the decision not to investigate was "previous referrals" (Karski, 1999; Wells et al., 1995). This may be explained by the difference in the respective child welfare systems. Nonetheless, differential response is employed in an increasing number of states since its introduction to the United States, and the use of such response is associated with lowered rates of children being re-reported (Fluke et al., 2019). Taking this into account, it is possible that the results from the studies of Karski (1999) and Wells et al. (1995) may be outdated. In our study, almost 50 % of the children were previously known to CWS. Almost one third of the children had already received an intervention. Hence, we can assume that CWS knew these children and their families well. Reasons for not investigating referrals on a child previously known to CWS in Norway have been studied by Havnen et al. (1998). They found that if the new referral did not provide any new information regarding the child's situation, it was very likely that the referral would not be investigated. Therefore, we may assume that CWS already had enough information on file to conclude that there was no risk in such cases, or that the concerns in the referral had already been investigated. Due to the higher screening threshold in a child protection-oriented system, a larger proportion of the re-reported cases have a history of being screened out at the previous screening. Thus, it would be reasonable to consider a re-referral as an indicator of increased risk. This may explain why previous knowledge of the child can predict a screen in for child protection-oriented systems while predicting a screen out in Norway.

4.3. Predictors for screen in

Our assumptions that sexual and physical abuse lowered the threshold for investigation were confirmed, and this corresponds with previous studies (Hutchison, 1989; Karski, 1999; Östberg, 2014; Silva, 2011; Wells et al., 1995). The impact of these allegations on decision making in both child protection- and family service-oriented systems was expected, since these acts are a clear violation of the law and are cause for serious concern for the child's safety. Parents' health and stressful life events were also significant in lowering the threshold for investigation in our study. This finding differs from previous research (Östberg, 2014; Wells et al., 1995). Parental mental illness can affect parenting behavior in several negative ways and is considered a risk factor for the child's development (Daniel et al., 2010). Since the 1990s, there has been growing attention on the impact of parental mental health on children in Norway (Lauritzen, 2014). This has generated more knowledge and focus on the effect of parental mental health which, in turn, is likely to affect decision making.

Our study shows that a concern regarding domestic violence lowers the threshold for investigation. Apart from Wells et al. (1995), who found domestic violence to be not significant, this factor has been absent from previous studies (see Damman et al., 2020). Domestic violence and witnessing interparental violence are shown as risk factors for a child's development (Kitzmann et al., 2003). Children who are experiencing domestic violence are at greater risk of maltreatment and abuse (Holt et al., 2008). As such, it is somewhat surprising that previous studies have focused to a lesser degree on domestic violence.

We found concerns regarding finances, housing, and employment to be significant predictors for investigation, similar to the findings of Karski (1999). There could be several reasons to explain the impact of this factor. These concerns are visible and specific, and cases that provide hard evidence may be more likely to be automatically screened in. Karski's findings did not clarify whether poor finances alone were considered a risk or whether the stigmatizing of poor families increased the odds for investigation. This question also remains unanswered by our analysis.

Our findings that substance abuse is not significant are in line with the results from the studies of both Östberg (2014) and Wells et al. (1995). Nonetheless, the results are surprising since substance abuse is associated with various types of maltreatment (Chaffin et al., 1996; Walsh et al., 2003). Alleged parental substance abuse has also been found to increase the perception of the child's risk of harm among social workers in referrals of maltreatment (Berger et al., 2010). Östberg (2014) suggested that the lack of significance of parental substance abuse could be related to a more uncertain outcome for the child than in cases concerning more evident risk, such as physical and sexual abuse. We find this explanation plausible.

None of the concerns regarding the child's developmental needs contributed significantly to lowering or raising the threshold for opening an investigation. Concerns regarding the child's developmental needs may not always be caused by insufficient parental competence or capacity. Problems in development, behavior, social skills, and learning abilities may also be pathological. In such instances, the case may instead be the responsibility of health and educational services. This may explain why the child's developmental needs do not seem to impact the screening threshold.

5. Implications for practice

We may imagine the processing of CWS referrals as a stream of cases flowing through a funnel (Östberg, 2014; Parton et al., 1997). The funnel may have different shapes depending on the external factors that constitute the context in which CWS agencies operate. In Norway, the funnel is quite wide at the top, allowing for all sorts of concerns to be admitted for investigation. However, after the investigations are concluded, about 60 % of the cases are dismissed. Some are discarded because it turns out that the case is not serious enough. Others are declined because CWS do not have access to adequate assistance measures, and some are dismissed because the family does not want any help (Christiansen et al., 2019). Consequently, CWS in Norway use a lot of resources on in-depth assessments

in cases that end up being dismissed at a later stage. Additionally, these investigations constitute adverse interventions into family life that could have been avoided. Perhaps it would be better to have a narrower opening at the top end of the funnel, i.e., screening out more cases at an early stage and focusing more resources on providing effective help for families with the most serious problems. We do not claim to have a definitive answer to this. However, the results from Norwegian studies regarding health and quality-of-life outcomes for children growing up in out-of-home care (Backe-Hansen et al., 2014) indicate a high risk of marginalization in all areas of life, increased risk of mental health problems, disability, imprisonment, and early death. This tells us definitively that more should be done to increase the quality of services.

In the year 2020, a new centralized nationwide system for electronic referrals to CWS was developed and is now being introduced in Norway. This will function in conjunction with local reporting by phone or letter (The Norwegian Directorate for Children, Youth and Family affairs, 2020b). As seen from the analysis on how different reporting systems impact screening decisions in the U.S. (Steen & Duran, 2014), we would expect that such a system change will impact screening decisions in Norway as well. Although we are not ready to provide detailed recommendations for such a system, we would urge stakeholders to closely follow its implementation and monitor the impact it has on how screening decisions develop over time. At the very least, the system should prompt reporters to provide sufficient information in the initial referral to make the screening process as efficient as possible.

Additionally, many of the same families are investigated repeatedly. This development is driven, at least in part, by criticism from auditors and researchers targeted at agencies with high screen-in thresholds (e.g., The Office of the Auditor General of Norway, 2012; Kjær & Mossige, 2013). It is quite likely that many Norwegian agencies and/or social workers, fearing criticism, believe they risk less by initiating an investigation. Thus, they investigate despite past experience that has shown that nothing will come of it. It may be a worthwhile exercise for public health officials everywhere to carefully consider if the shape of their funnel is designed to serve the needs of managers and organizations or the families and children they are meant to support.

6. Strengths and limitations

To embrace the complexity of the initial decision making in CWS, we examined case factors by developing a statistical model that showed the association of variables and outcomes when all variables were considered. When including variables that may be confounding, the estimation of the association becomes more accurate. The statistical analysis accounted for clustering effects at the agency level. By using this approach, we identified systematic patterns in the use of information across agencies. This research, however, does not provide clear insight into how the decision maker is operating.

Even though the participating agencies were limited to 16, the sample size and extent of this research is still unique as a study of Norwegian Child Welfare Services. The size of the sample makes the data representative for decisions concerning referrals. The large sample also enables the complex statistical analysis that allows us to see how the variables interact when agency clustering effects are taken into account. For this study, we created an instrument to collect information in the referrals. We consider the use of multiple items as a more comprehensive collection of the information CWS had access to than previously used. Nonetheless, there may be shortcomings in our data when compared to the information that was actually available to CWS at the point of decision making, which is a common limitation of archive studies. The instrument also has its natural limitations since the individual composition and situation of families are too varied to entirely capture.

7. Conclusion

Although there are considerable differences in decision-making processes and investigation rates between agencies in Norwegian CWS, common case factors associated with the initial screening process have been found. Even though a vast majority of referrals are investigated in Norway, our results showed that several of the reported concerns further lowered the threshold for investigation. These concerns were evident, specific, and often related to severe allegations of risk. On the other hand, previous knowledge of the child was found to increase the threshold for investigation. In Norway, which has a low threshold for investigation and aims to separate no-risk cases from high-risk and low-risk cases, the findings indicate that more information predicts screen out.

Declaration of competing interest

All authors declare that there are no conflicts of interest.

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Paper II

The Impact of Case Characteristics on Child Welfare Service Investigations in Norway

Abstract

This article explores the extent of activities in child welfare investigations. Several studies have reported that families can experience an investigation as both stressful and intrusive (Harris, 2012; Tembo & Studsrød, 2019). The extent of the investigation and its relation to reported concerns is important to better understand the investigation phase. The aim of this study was to examine which case characteristics lead to either an investigation with a high activity level or an investigation with a low activity level. Few previous studies have been identified, resulting in an explorative approach. Designed as a case file study, 1,123 investigations from 16 agencies in Norway were included. Multi-nominal regression by the generalized linear mixed model was employed to assess the relationships between case characteristics and the extent of the investigations, accounting for differences between agencies. For investigations with low activity, the main predictor was concerns regarding medical and educational neglect. Predictors for high activity included younger children, concerns of physical/sexual abuse, and concerns regarding the child's social relations.

Keywords

Child welfare, child protection, investigation, assessments, child involvement, home visits

According to the Norwegian Child Welfare Act a child protection investigation shall be thorough enough to identify children in need of services. On the other hand, investigations must not be more invasive than needed (Child Welfare Act, 2021, Section 2-2). Not much is known about how social workers balance the need to investigate broadly, in order to discover children and family's needs, against families right to privacy from intrusion by the state. Apart from the general principle that investigation should first and foremost focus on the reported concerns (Norwegian Directorate for Children Youth and Family Affairs, 2022), there are no specific guidelines on how social workers should differentiate the assessments. This lack of guidelines has resulted in local Child Welfare Services' agencies performing investigations differently (Juul, 2011; Lurie et al., 2015; Vis et al., 2015). Similar challenges are found in the Swedish CWS as regulations are indistinct concerning the work on investigations (Cocozza et al., 2006; Leviner, 2014), and variations in the performed investigations between agencies have been identified (Wiklund, 2006; Östberg et al., 2000). Little is however known about the variation at case level, and how the reported concerns determine the scope and extensiveness of the investigation. Because the Norwegian Child Welfare Service (CWS) pursues a very high number of referrals into investigation, 76.2% in 2022 (Statistics Norway, 2023a), the types of concerns and the level of risk differ quite substantially among cases screened in for investigation. This further emphasizes the need for targeted and differentiated investigations. In this study, we look at core identifiers of investigation scope and extensiveness as; (i) type and amount of contact with the families, i.e. meetings, home visits, and consultations with children and parents, ii) who and how many external informants does the CWS contact for information, and (iii) how long does the investigation last. This operationalization was made by the authors and was based upon the types of data that were available in the casefiles. The aim of this study is to identify how CWS investigations in Norway vary depending on case characteristics, with respect to these core features of the information gathering process.

Child welfare investigations are usually carried out when there is reason to believe that a child has been subject to abuse or serious neglect. Most previous research has studied decision thresholds, i.e., factors that determine if a case is dismissed or considered serious enough to warrant further processing. These studies have primarily looked at intake decisions (Damman et al., 2020) and decisions of substantiation and intervention (Bhatti-Sinclair & Sutcliffe, 2012; Cross & Casanueva, 2009; Dettlaff et al., 2011; Scannapieco, & Connell-Carrick, 2005). However, throughout the process of a child welfare case there is a range of minor decisions to be made, from the initial assessement of referral to case closure. This includes how the investigation should be carried out: what type of information is of interest, who is contacted to provide information and what should the frequency of contact with family and children be. Overall, this determines if the investigation will be thorough or brief. An interesting question is why some investigations become extensive with many information-gathering activities, while others involve few activities before conclusion of the investigation.

The general purpose of a child welfare investigation is to assess and determine if the child is entitled to services. In 2022, 4.48 % of Norwegian children were reported to the CWS, representing a total of 49,778 referrals. While most referrals were screened in and investigated, only 36.3% of the investigations were concluded in service provision (Statistics Norway, 2023a). Since the purpose of the investigation is to determine if the threshold for service provision is met, it is expected that some cases are not found entitled for service provision and therefore closed at this point. In general, it is expected that for each point of decision-making in the CWS the continuing cases should be fewer, but concern children with the most severe exposure of maltreatment.

Families may experience the investigation as stressful and negative (Kildedal et al., 2011; Tembo & Studsrød, 2019), and as intrusive (Harris, 2012). One of the main legislative principles for Norwegian CWS is to always seek minimum intervention into a family's private

life. The purpose of the principle is to protect the family from excessive governmental involvement. This principle applies to all parts of the proceedings in the child welfare services, including the phase of investigation. On the other hand, national guidelines state that the investigation should assess the child's total situation and ensure that all relevant facts are known (Norwegian Directorate for Children Youth and Family Affairs, 2022). The case workers must therefore maintain a balance between interfering as little as possible and ensuring they have sufficient information to make an accurate determination.

The theoretical framework of The Decision Making Ecology acknowledges that decision making in child welfare services is a complex process affected not only by case factors, but also by organizational factors, external factors and the decision maker, in addition to experiences from outcomes of previous decisions (Baumann et al., 2011). This includes decisions being made during the phase of investigation. The investigation itself may be viewed as a process consisting of four main phases and points of decision making: i) decisions regarding the focus of the investigation, i.e. which questions need to be answered; ii) collection of information; iii) assessment of the information; and iv) conclusion regarding delivery of services (Sundell et al., 2007). However, the CWS investigation is not always a linear process from referral via investigation to decision (Christiansen et al., 2019; Juul, 2011; Holland, 1999; Lurie, 2015). The process can reveal new concerns underway, which need to be pursued further even if the initial reason for referral is fully resolved. Such shifts in concern can affect the original plan, in such a manner that the investigation might shift back and forth between phases before the final conclusion is reached. This study is however limited to explore the extent of information collection. This is a process where CWS decides from whom the information is to be retrieved and when the collected information may be considered sufficient.

Investigations in the Norwegian Child Welfare Services

Official guidelines and regulations are two of the external factors that affect the determination of how extensive an investigation becomes. The official guidelines for gathering information state that the process should be related to the reported concerns (Norwegian Directorate for Children Youth and Family Affairs, 2022; Child Welfare Act, 2021). Children and parents should be invited to participate in every part of the case processing, and information should be collected in collaboration with the family. This accentuates the child as an important participant and source of information. When considered necessary, CWS may gather information from external informants as well. The guidelines emphasize that the extent and type of information needed should be considered throughout the investigation. When opening an investigation, there is a three-month time limit before a conclusion must be reached. Under extraordinary circumstances, the limit may be expanded to six months. Apart from the above-mentioned regulations, there are few guidelines that specify how to manage information-gathering procedures. It is likely that this has contributed to differences among agencies in how investigations are usually carried out. These differences have been documented in several studies and show locally developed routines, such as differences concerning traditional investigation procedures versus network meetings in the initial phase of investigation, various degrees of parental involvement, and the use of different frameworks (Juul, 2011; Lurie et al., 2015; Vis et al., 2015).

Previous Studies on Information-Gathering Procedures

Although research on investigations exists, it has mostly focused on perspectives such as risk assessment (Berrick et al., 2017), family experiences with investigations (Harris, 2012; Platt, 2008; Tembo & Studsrød, 2019) and the use of frameworks (Vis et al., 2019).

A national study on investigations in Norwegian Child Welfare Services (Vis et al., 2020) consisted of a case file study (n = 1,365), focus group interviews with case workers (n

= 41), interviews with leaders (n = 14), case managers (n = 11), parents (n = 12), and children (n = 6). The current study uses data from the case file study. Some results from the case file study have already been published, though they mainly focus on the conclusion of the referral and investigation (Christiansen et al., 2019; Lauritzen et al., 2019). Concerning procedures during the investigation phase, Christiansen et al. (2019) identified methods commonly used for gathering information. These were meeting with the parents, home visits, conversation with the child, and requesting information from external sources. Conversations with the child were also common and were conducted more frequently the older the child was. External informants were often other social services, the police, educational services, or other child-serving professionals. Activities such as family group conferences, network meetings, and the use of external experts were rarely employed.

Further results from the study of Christiansen et al. (2019) showed an association between the extent of activity and the conclusion. Investigations that led to support measures had a higher extent of meetings with the parents and children, more home visits, a greater number of observations, more information retrieved from external informants and longer investigation phases than those of cases that were closed. However, there was no evidence of a relation between the severity of the case and total time spent on the investigation. A shortage of CWS resources could prolong the duration of the investigation, while cases with children acutely at risk could shorten it. The type of internal organization, i.e. the transfer of a case to another department in the CWS agency, also affected the duration (Christiansen et al., 2019; Havnen et al., 1998; Lurie et al., 2015).

Individual interviews with leaders and focus groups with CWS workers identified the following aspects as influencing the extent of investigation: the Child Welfare Act, time limits, strain on the family, available resources, the reported concerns, and the need to feel confident in making a decision. Furthermore, the informants described routines for a different

type of investigation when the referral contained allegations of violence or sexual abuse: the response was often quicker, involved more workers, and started with an interview of the child. The study of case files showed that the child was more frequently involved in such investigations, both with and without the presence of parents (Christiansen et al., 2019).

In a study on CWS investigations in Norway, Lurie and colleagues (2015) found that the interviewed leaders and caseworkers (n = 39) described two types of investigations: ordinary and extensive. Extensive investigations were more thorough and time-consuming. The type of investigation was determined by case factors and previous knowledge of the family, in addition to the kind of intervention that CWS had initially considered suitable to support the family. The tendency was to decide the type of investigation early during the phase of investigation (Lurie et al., 2015).

By interviewing 18 CWS workers, a Norwegian study found that the social workers assessed information as being sufficient not only based on the amount of information but also on the sources and consistency of the information (Langsrud et al., 2019). Information from parents, in particular, seemed to carry less weight if caseworkers questioned its' truthfulness. Lurie et al. (2015) found that the perceived quality of information from the family depended on the caseworker's trust in the family's ability to be honest about their situation. Another Norwegian case file study (n = 90) found that poor collaboration and a weak relation to the family could hinder a thorough investigation (Havnen et al., 1998). Hence, for CWS, both consideration of the quality and amount of information have an impact on the point at which they considered the information to be sufficient to make a decision.

A Canadian vignette study (n = 327) investigated if the type of reported concerns had an influence on child protection decision making (Stokes & Taylor, 2014). The caseworkers rated their impression of risk, stipulated the importance of a home visit, and estimated how many hours they would spend with the family over the coming four weeks, all based on the

different types of concerns presented in the vignettes. Type of concern was not associated with perceived importance of home visits. The assessment of risk and contact hours increased when there were concerns of physical and sexual abuse, as opposed to concerns of neglect and emotional abuse, for which it did not increase.

Havnen et al. (1998) counted the contact points between CWS, the child and family, and external informants. The study did not find any association between referral content and extent of investigation, nor between referral and conclusion of the investigation. The lack of association was explained by parents refusing to receive voluntary support measures, which led to closure of the investigation without any further action.

In total, the existing knowledge about why some investigations become very extensive while others remain brief is limited. There are few studies investigating the details of the decision-making process in terms of type and provision of information, as well as contact with the children and their families.

Study Objective

The aim of the study is to examine which case charateristics lead to either (i) an investigation of high activity level or (ii) an investigation of low activity level. The research objective is to develop a greater knowledge of how case characteristics affects the extent of investigation in the Norwegian CWS. Because this has not been widely studied empirically, there is not much evidence on which to base a specific hypothesis. Hence, this investigation has an explorative approach.

Methods

The study is based on data from a study that was commissioned by the Norwegian Directorate for Child, Youth and Family Affairs (Vis et al., 2020), aimed at gaining better knowledge of CWS investigations in Norwegian CWS. The data used for the current study was designed as a cross-sectional case file study.

Participants

In total, 16 CWS agencies from 13 municipalities participated in the study. The contributing agencies represented four geographical regions of Norway, where the municipal population ranged from 8,000 to 680,000. The cases were randomly drawn from all referrals registered in the participating agencies during the period of 2015 – 2017, using a computer program that picked casefile numbers on random. The number of drawn referrals from each agency varied according to the size of the agency, ranging from 50 to 150. Data from a total of 1,365 cases were collected, following the cases thru the child welfare process from referral, investigation, and intervention. Out of the total registered referrals, 82.3% were investigated. It is the 1,123 *investigated referrals* that constitute the cases of interest in this article. Due to missing data on immigrant background, sample size is n = 1,059 in the regression analyses. In the cases where immigrant information was missing, there was a higher proportion of single caregivers than in cases where immigrant information was available. There is a natural explanation for this. When only one caregiver was party to the case, information on the other caregiver was not collected. In such instances we were not able to determine if the family had immigrant background or not.

Ethics

The data handling procedures were reviewed by the Norwegian Centre for Research Data. The Norwegian Directorate for Children and Family Affairs granted the researchers access to the case files. License to handle and storage the data was issued by The Norwegian Data Protection Authority, who also gave the project concession to handle personal information without participants' consent.

Procedure

A pilot study identifying information typically found in case files was conducted to create a registration instrument. The instrument was tested for interrater reliability by

calculating percent agreement, and the results showed low reliability for 13 variables. Three of these variables were eliminated, while the remaining 10 were reformulated. The second test showed an interrater agreement of 90.8%, which is considered acceptable (McHugh, 2012). The registration instrument was then used on-site by the researchers, and the files were coded online.

Measures

Because there was no pre-determined proxy to determine exactly what constitutes an extensive and thorough versus a minimal investigation, we created our own definitions. These were based on a set of criteria involving the frequency of different types of activities that constitute a CWS investigation. These included: (i) number of meetings with the parent, (ii) number of home visits, (iii) number of external informants, and (iv) involvement of the child. The involvement represents the number of times that a caseworker had seen and/or had conversations with the child. Each of the activities were coded as either performed at a low (0), normal (1) or high level (2) (see Table 1 for details). Based on the level of each activity, a total score representing the sum of investigation activities was calculated, and the investigations were defined as having in total either low (0-1), normal (2-5) or high activity level (6-8). For an investigation to be considered as having an overall high level of activities, it had to contain at least three of the above-mentioned activities, and a minimum of two of the activities had to be performed at a high level. Conversely, for an investigation to be characterized as having an overall low activity level it could contain no more than one of the activities, and this activity had to be performed at a low level. The majority of investigations were categorized as being within the “normal” range. We also looked separately at time spent on the investigation. An investigation can be long-lasting because the concerns require a lot of investigation activities over a long time period, or because the concerns are not seen as severe, and therefore not prioritized by the CWS. The association between time spent on the

investigation and the level of activity in the investigation were therefore examined (Table 3 and 4).

Predictor variables consist of characteristics of the child and the family, characteristics of the referral and reported concerns. *Characteristics of the child and family* are sex, age, main caregiver and immigrant background. Immigrant background was applied when at least one of the parents was born outside Norway. This definition differs from that of Statistics Norway, which defines immigrant background as persons born in Norway with two foreign-born parents (Statistics Norway, 2023b). They further define immigrant as a person born abroad with both parents and grandparents being foreign-born. Since CWS case files do not contain sufficient information on parents' or grandparents' birth-country, we had to use a broader definition of children with immigrant background in this study.

Characteristics of the referral include previous registered referrals and previous use of CWS interventions. *Reported concerns* are categorized as pertaining to the child's developmental needs, parental competencies, and family and environmental factors. The number of previous referrals and age were counted, while the other variables were registered as present or not present in the registration form.

Child's developmental needs consists of five variables. The variable "child's health and development" refers to concerns for the child's mental and somatic well-being in addition to developmental delay. "Externalized behavior" refers to the child's delinquency, substance abuse and other concerns related to the child's behavior. The variable "internalized behavior" refers to the child's emotional problems. "Concerns regarding relationship to peers, adults and caregivers" reflects the child's social skills and challenges. The last variable is referred to as "the child's functioning at school/kindergarten".

Parental Competencies consists of five variables: "Physical/sexual abuse", "emotional abuse", "medical and educational neglect", "basic care and physical neglect" and "parenting".

"Medical and educational neglect" denotes concerns regarding parental failure to follow up on health and other childcare services. The variable "basic care and physical neglect" refers to absence of caregiver, concerns of basic care and protection of the child. The "parenting" variable includes concerns regarding lack of parental stimulation, guidance and boundaries. There were few allegations of sexual abuse (a total of 45- which constitutes 4%), and therefore this group was combined with physical abuse.

Family and environmental factors includes seven variables: "parental health/stressful events", "parental conflict", "domestic violence", "social integration", "parental substance abuse" and "parental delinquency". The variable "parental health/stressful events" includes concerns about both the mental and somatic health of parents, exhaustion and stressful events. "Domestic violence" refers to domestic violence and the child witnessing violence. "Social integration" denotes concerns regarding the family's social network, their social integration and cultural background. "Economy/housing/employment" includes concerns about the family's finances, inadequate housing and employment. Inadequate housing refers to housing safety, hygiene, etc. Concerns regarding employment could be related to poor finances due to unemployment but could also reflect concerns that the caregiver's job situation is not consistent with caring for a child.

Statistics

The statistical analyses were performed by using IBM SPSS statistics version 29.0. Taking into account the possibility of clustering effects between agencies, multi-nominal regression was conducted using the Generalized Linear Mixed Model analysis (GLMM). As a first step, we performed a univariable logistic regression analysis of all variables. Using the results from the initial analysis, non-significant variables ($p > .05$) were omitted from the multivariable analysis. Most of the measures are dichotomous, while "main caregiver" is nominal. The most common category, living with both parents, was used as a reference. The

possible effect of agency differences was accounted for by including a random intercept effect for the agency clusters. Collinearity between all variables was tested and found not to be a problem (VIF < 2). We also performed GLMM analysis individually for the characteristics of case proceedings. This was weeks from conclusion of referral until start of investigation activity, total number of weeks spent on the investigation phase, and conclusion of support measures.

Results

Table 1 shows the types, frequency and levels for each activity. It also shows the distribution of the overall activity levels. In total, 112 (10.0%) investigations were characterized as having a low activity, whereas 148 (13.2%) were characterized as having a high activity level. More than half of the investigations (54.3%) included one (39.9%) or more (14.4%) home visits. Meetings with parents and requesting information from external sources were the most frequent activities in the investigations. Meetings with parents (home visits excluded) were performed in 86.4% of the investigations, with an average of 2.46 meetings per investigation (*SD* = 1.73). External informants were contacted in 85.8 % of the investigations, with an average of 2.97 per investigation (*SD* = 1.61). In almost a quarter of all investigations (24.3%) CWS did not meet the child, and in 39.4% they did not have a conversation with the child. For those children who did meet with CWS, the mean rate was 1.91 meetings for every investigation (*SD* = 1.36).

In 31.3 % of the cases that had a low activity level, no activity occurred. Furthermore, in the low activity group, meeting with parents was the most common activity, performed in 36.6 % of the cases. External informants were contacted in 27.7 % of the cases. A few cases (1.8 %) were concluded after one home visit, and 2.7 % of the cases were concluded by involving the child. In all investigations with a high activity level, meetings with parents were performed. In these investigations, children were also involved in all investigations, although

in 23.6 % of the investigations a conversation with the child were not performed. In 97.3% of these cases home visits were performed, and in 99.3% external informants were contacted.

Table 1 Descriptive Statistics of Type, Frequency and Levels of Investigation Activity.

Type of activity	Low n (%)	Normal n (%)	High n (%)
Home visits Low = Zero home visits Normal = One home visit High = More than one home visit	513 (45.7%)	448 (39.9%)	162 (14.4%)
Meeting with parents Low = Zero meetings Normal = Between one and three meetings High = More than three meetings	153 (13.6%)	766 (68.2%)	204 (18.2%)
Use of external informants Low = Zero external informants Normal = Between one and four external informants contacted High = More than four external informants contacted	160 (14.2%)	798 (71.1%)	165 (14.7%)
Child involvement Low = No child involvement Normal = Between one and four meetings with the child, or one consultation with the child High = More than four meetings with the child, or three meetings and a consultation	273 (24.3%)	698 (62.2%)	152 (13.5%)
Total Score, Level of investigation Low = 0-1 Normal = 2-5 High = 6-8	112 (10.0%)	863 (76.8%)	148 (13.2%)

Note. n = 1,123; the calculation of total score is based on the sum of levels of the activities: Low = 0, Normal =1, and High = 2

Table 2 shows frequency of case characteristics associated with different levels of investigation activity. Out of 1,123 investigated referrals, 53.0 % of the cases concerned boys. Less than half of the children (41.1%) lived with both parents, while 34.5% lived with one parent. According to our definition, immigrant background applied to 41.6% (441) of the children in our dataset, of which 38.8% (171) were of Asian descent, while 27.7% (122) had an African background and 15.6% (69) with origins in Eastern Europe. More than half of the children had no previous registered referrals (53.1%). Number of previous referrals varied

from zero to 17 (*M* = 1.10, *SD* = 1.79). Each case could be registered with several concerns. The most common reported concern was basic care and physical neglect (322), while the least frequent concern was parental delinquency (63).

Table 2 Descriptive Statistics of Case Characteristics and Levels of Investigation Activity

Variables	Low (% of total low)	Normal (% of total normal)	High (% of total high)
Total	112	863	148
Sex of child (male)	61 (54.5)	452 (52.4)	82 (55.4)
Age of child, *Mean (SD)*	*8.45 (4.79)*	*9.18 (5.15)*	*7.63 (4.43)*
Main caregiver			
Both parents	41 (36.6)	354 (41.0)	66 (44.6)
One parent	45 (40.2)	297 (34.4)	45 (30.4)
Shared custody	7 (6.3)	74 (8.6)	17 (11.5)
Other	19 (17.0)	138 (15.9)	20 (13.5)
Immigrant background, n= 1,059	40 (39.6)	331 (40.7)	70 (48.6)
Number of previous referrals, *Mean (SD)*	*0,89 (1.56)*	*1.14 (1.81)*	*1.02(1.84)*
Previous recipient of support measures, n= 1,095	26 (24.3)	233 (27.6)	40 (27.8)
Reported concerns regarding child's developmental needs			
Health and development	7 (6.3)	124 (14.4)	19 (12.8)
Externalized behavior	13 (11.6)	187 (21.7)	26 (17.6)
Internalized behavior	5 (4.5)	113 (13.1)	14 (9.5)
Relation to peers, adults, and caregivers	6 (5.4)	122 (14.1)	20 (13.5)
Functioning at school/kindergarten	8 (7.1)	128 (14.8)	13 (8.8)
Reported concerns regarding parental competencies			
Physical/sexual abuse	11 (9.8)	168 (19.5)	47 (31.8)
Emotional abuse	7 (6.3)	76 (8.8)	15 (10.1)
Medical and educational neglect	18 (16.1)	58 (6.7)	6 (4.1)
Basic care and physical neglect	26 (23.2)	254 (29.4)	42 (28.4)
Parenting	12 (10.7)	138 (16.0)	13 (8.8)
Reported concerns regarding family and environmental factors			
Parental health/stressful events	26 (23.2)	210 (24.3)	37 (25.0)
Parental conflict	10 (8.9)	172 (19.9)	36 (24.3)
Domestic violence/witnessing violence	10 (8.9)	160 (18.5)	40 (27.0)
Social integration	6 (5.4)	56 (6.5)	10 (6.8)
Finances/housing/employment	15 (13.4)	97 (11.2)	7 (4.7)
Parental substance abuse	20 (17.9)	143 (16.6)	32 (21.6)
Parental delinquency	10 (8.9)	47 (4.7)	6 (4.1)

Note. n = 1,123

Table 3 shows descriptive statistics for the case proceedings. After conclusion of the referral, the average time before start of investigation was almost three weeks (*M* = 2.81, *SD* = 3.22). A need for support measures was determined in 39.7 % of the investigations.

Table 3 Descriptive Statistics of Case Proceedings and Levels of Investigation Activity

Variables	Low (% of total low)	Normal (% of total normal)	High (% of total high)
Weeks from conclusion of referral to first activity, *Mean (SD)*	*3.85 (4.62)*	*2.85 (3.10)*	*1.74 (2.13)*
Weeks from first activity to conclusion of investigation, *Mean (SD)*	*5.25(5.53)*	*9.69 (8.09)*	*11.95 (7.17)*
Need for support measures determined	24 (21.4)	337 (39.0)	85 (57.4)

Note. n = 1,123

Comparing low to normal level of activity

Table 4 shows the associations between characteristics of the case proceedings and the levels of investigation activity. Significantly less time was spent from the first activity to the conclusion of the investigation on low activity investigations, compared to investigations with a normal activity level (*OR* = 0.82, *CI* = 0.78-0.86). Nonetheless, the average time before actually starting the investigative work was significantly higher for the investigations of low activity than for the investigations of normal activity (*OR* = 1.07, *CI* = 1.02-1.14). Table 5 shows the association between case characteristics and level of investigation activity. The multivariable analysis showed that a low level of investigation activity was significantly less common for referrals containing concerns about physical/sexual abuse (*OR* = 0.38, *CI* = 0.18-0.79), parental conflict (*OR* = 0.47, *CI* = 0.24-0.95) or domestic violence/witnessing violence (*OR* = 0.47, *CI* = 0.22-0.97). The only concern that increased the possibility of low activity investigation was medical and educational neglect (*OR* = 1.96, *CI* = 1.04-3.69). The random intercept was not significant, thus differences between agencies were not identified for neither normal vs. low nor normal vs. high activity investigations.

Comparing high to normal level of activity

A need for support measures was significantly more often related to a high activity investigation than to normal activity (*OR* = 2.31, *CI* = 1.60-3.35) (Table 4). Once the need for investigation was determined, significantly fewer weeks elapsed before starting the

investigative work in the high activity group (*OR* = 0.84, *CI* = 0.76-0.91). In total, more weeks were spent on the phase of investigation after the first activity, which was significantly different from the comparison group (*OR* = 1.03, *CI* = 1.01-1.06).

Table 4 Results of Univariable Generalized Mixed Model Analysis, Assessing Associations between Case Proceedings and Levels of Investigation Activity

Variables	Normal vs low activity			Normal vs high activity		
	t	OR	95%CI for OR	t	OR	95%CI for OR
Weeks from conclusion of referral to first activity, n = 1,057	2.50*	1.07	1.02-1.14	–3.98***	0.84	0.76-0.91
Weeks from first activity to conclusion of investigation, n = 1,058	–7.34***	0.82	0.78-0.86	3.36***	1.03	1.01-1.06
Need for support measures determined	–3.21**	0.45	0.28-0.73	4.44***	2.31	1.60-3.35

*Note. n = 1,059; OR = Odds Ratio; CI = Confidence Interval; *p < .05, **p < .01, ***p <.001*

Table 5 shows that the child's age was significantly associated to the level of investigation activity. The older the child was, the greater the possibility of an investigation of normal level (*OR* = 0.94, *CI* = 0.90-0.97). A high level of investigation activities was more common for concerns such as child's relations to peers, adults and caregivers (*OR* = 1.96, *CI* = 1.04-3.69), or a concern of physical/sexual abuse (*OR* = 1.76, *CI* = 1.16-2.67).

Table 5 Results of Generalized Mixed Model Analysis, Assessing Associations between Case Characteristics and Levels of Investigation Activity

Case characteristics		Univariable analysis						Multivariable analysis					
		Normal vs low activity			Normal vs high activity			Normal vs low activity			Normal vs high activity		
		t	OR	95%CI for OR	t	OR	95%CI for OR	t	OR	95%CI for OR	t	OR	95%CI for OR
Sex of child (male)		0.56	1.13	0.41-1.72	0.38	1.07	0.75-1.54						
Age of child		–1.47	0.97	0.93-1.01	–3.31***	0.94	0.91-0.98	–0.87	0.98	0.94-1.02	–3.23**	0.94	0.90-0.97
Main caregiver	Both parents	*Reference*											
	One parent	1.52	1.45	0.90-2.35	–0.02	0.99	0.42-2.34						
	Shared custody	–0.02	0.99	0.42-2.34	1.30	1.50	0.82-2.76						
	Other	0.91	1.33	0.72-2.47	–0.38	0.90	0.52-1.56						
Immigrant background		–0.45	0.91	0.58-1.40	0.71	1.15	0.78-1.69						
Number of previous referrals		–1.07	0.93	0.81-1.06	–0.28	0.99	0.89-1.09						
Previous recipient of support measures		–0.63	0.84	0.52-1.40	0.30	1.06	0.71-1.60						
Concerns re. child's developmental needs													
Health and development		–1.95	0.45	0.20-1.01	–0.10	0.97	0.57-1.66						
Externalized behavior		–2.16*	0.51	0.28-0.94	–1.18	0.76	0.47-1.21	–1.33	0.64	0.33-1.24	0.02	1.00	0.59-1.71
Internalized behavior		–2.22*	0.35	0.14-0.89	–0.71	0.81	0.44-1.47	–1.08	0.58	0.22-1.56	–0.23	0.92	0.47-1.81
Relation to peers, adults, and caregivers		–2.47*	0.31	0.12-0.79	0.23	1.06	0.63-1.79	–1.56	0.45	0.16-1.23	2.08*	1.96	1.04-3.69
Functioning at school/kindergarten		–1.78	0.51	0.24-1.07	–2.17*	0.50	0.27-0.94	–0.55	0.79	0.34-1.83	–1.80	0.52	0.25-1.06
Concerns re. parental competencies													
Physical/sexual abuse		–2.58**	0.39	0.19-0.80	3.11**	1.88	1.26-2.80	–2.60**	0.38	0.18-0.79	2.67**	1.76	1.16-2.67
Emotional abuse		–0.92	0.67	0.28-1.58	0.51	1.17	0.64-2.12						
Medical and educational neglect		3.10**	2.61	1.42-4.78	–1.10	0.61	0.26-1.47	2.08*	1.96	1.04-3.69	–0.32	0.86	0.35-2.13
Basic care and physical neglect		–0.93	0.79	0.49-1.30	–0.01	1.00	0.67-1.50						
Parenting		–1.34	0.64	0.33-1.23	–1.99*	0.54	0.29-0.99	–0.78	0.76	0.38-1.52	–1.74	0.56	0.30-1.08
Concerns re. family and environmental factors													
Parental health/stressful events		–0.47	0.88	0.53-1.48	1.01	1.24	0.82-1.88						
Parental conflict		–2.38*	0.44	0.22-0.87	1.57	1.40	0.92-2.14	–2.09*	0.47	0.24-0.95	1.31	1.36	0.86-2.14
Domestic violence/witnessing violence		–2.31*	0.43	0.21-0.88	2.09*	1.56	1.03-2.36	–2.03*	0.47	0.22-0.97	1.08	1.27	0.82-1.97
Social integration		–0.57	0.76	0.30-1.96	–0.34	1.13	0.56-2.30						
Finances/housing/employment		0.83	1.30	0.70-2.39	–2.02*	0.44	0.20-0.98	–0.28	0.91	0.48-1.72	–1.61	0.51	0.23-1.16
Parental substance abuse		0.92	1.28	0.76-2.17	1.84	1.52	0.97-2.38						
Parental delinquency		1.43	1.73	0.82-3.69	–1.02	0.63	0.26-1.53						

*Note. n = 1,059; OR = Odds Ratio; CI = Confidence Interval; *p < .05, **p < .01., ***p < .001*

Discussion

The main objective of this study was to examine which case characteristics lead to either a high or a low level of investigation activity. We found that the concern of medical and educational neglect was significantly associated with low activity, while concerns of sexual and physical abuse, the child's social relations and age were associated with investigations having a high level of activity.

Our analyses showed that 10 % of all investigations involved just one or no information-gathering activity. Concerns about medical and educational neglect mainly refer to caretakers not taking the child to routine health controls or failing to follow up on educational or health services. In some of these cases, a "no-show" may be explained by the family having moved to another municipality. An investigation of such cases is therefore often resolved by a mere telephone call to the family, or a check with the national population registration for possible change of address. These investigations would then be counted as low activity by our measure. Opening an investigation that is so easily resolved might seem excessive. However, such cases are explained by Norwegian guidelines for case processing. First, the procedures call for a low threshold to initiate an investigation. The low threshold is further enhanced by restrictions on gathering information in the screening phase, prior to opening an investigation.

Another explanation of low activity investigations is that the information in the referral could be sufficient to draw a conclusion. Examples include referrals from parents themselves, often described as applications for assistance, or a referral made in collaboration between health services and parents, which explains the situation thoroughly. It is likely that the information from one source was considered reliable and, therefore, little effort was required to deem the information sufficient. In such instances, information was mainly

collected from meetings with parents. Hence, in these cases, parents are most likely seen as a reliable and sufficient source of information.

There are also several indications that the cases with low activity investigations may have been initially considered as involving low risk for the child. In such cases, for example, it took more than a month from conclusion of referral until the first investigative activity was registered, and the cases was much more likely to be dismissed after investigation. It may be argued that some of these types of cases could easily be screened out at intake without formally opening an investigation, and that doing so would be more in line with the principle of minimal intervention. Even though low activity investigations mean that little or nothing is done, the family nonetheless must undergo a period of more than two months of uncertainty as to what may happen to them. In many instances, this may cause anxiety or anger towards CWS (Harris, 2012), which, in turn, could be detrimental to parents' perception of CWS and possibly impede the chances of establishing a positive, cooperative atmosphere in the event of future referrals of a more serious nature.

Restrictions regarding the activity during processing of a referral have been interpreted differently by various governmental administrators in counties around Norway, resulting in confusion and varied referral processing among different municipalities. As an example, some agencies have interpreted the restrictions to mean there should be no contact with parents at all before opening an investigation, while others have established a routine of a meeting with parents before initiating an investigation (Lauritzen et al., 2019). In the most recent published guidelines it has been clarified that, apart from contacting the referrer for additional information, CWS may not have any contact with parents or other informants before an investigation is opened (Norwegian Directorate for Children Youth and Family Affairs, 2022). We believe this could result in increased number of low activity investigations.

Professionals working with children and families (such as GPs, dental health personnel, teachers, and school nurses) are required to report when there is reason to believe that a child is being maltreated (Child Welfare Act, 2021, Section 13-2). Previously, the general tendency had been for professionals to wait too long to contact CWS with concerns for a child (Brattabø et al., 2016; Sedlak & Ellis, 2013). The public focus on this issue in Norway has caused an increase in referrals from child-serving professionals (Kojan et al., 2016). However, the question has recently been raised on whether the pendulum has swung too far in the opposite direction, i.e. that too many children are now being referred to CWS with reference to their mandatory duty (Ohnstad et al., 2019). Although we are not ready to conclude one way or another, we do believe that improved interdisciplinary collaboration may provide a better understanding of child welfare and the mandated reporting threshold (Kojan et al., 2016; Kane et al., 2018).

As opposed to investigations of low activity, cases with high activity investigations seem to be considered severe. Fewer days elapse before the investigation is started, more days are spent on the total phase of investigation, and they more often result in interventions to support the families. The predictors for high activity investigations were younger children and concerns about physical/sexual abuse or a child's social relations. With younger children, investigations of high activity are more likely. This was found even though consultations with the child are more frequent when the child is older (Christiansen et al., 2019). One explanation might be that when the child is older, he/she is more capable of describing his or her own situation, which may, at least in some instances, reduce the need for other informants.

Some types of concerns, such as basic care or parental mental health problems, may be considered as more severe if the child is very young and, therefore, lead to a more thorough investigation. When there was a concern about the child's relation to peers, caregivers and adults, the investigation most often had a high level of activity. A possible explanation could

be related to the complexity of relationship challenges. The challenges may vary in different arenas and networks. Hence, information from many sources is necessary. Reports on possible sexual abuse or physical violence raise great concern for the child. Norwegian legislation emphasizes that these allegations are to be considered severe. If they are confirmed, the consequences of CWS decisions may be substantial for both the child and the family. It is not surprising that such concerns require a high level of activity to obtain enough information to reach certainty of evidence. The results of our analysis are in line with the results of the interviews stated by Christiansen et al. (2019) in terms of such allegations being subject to an in-depth investigation comprising multiple sources.

However, there are some severe concerns that are not associated with high activity investigations. Domestic violence and witnessing inter-parental violence may be considered severe allegations, as they are seen as risk factors for a child's safety and development (Holt, 2017; Kitzmann et al., 2003). Although severe, these concerns are related to an episodic event, which leaves few witnesses. Therefore, information is not collected from a maximum of informants.

Finally, we should also add that not all points of contact between social workers and the family are necessarily about collecting information for the ongoing investigation. In particular, we do believe that when parents agree to home-based services before the investigation is formally concluded, this may have the effect of increasing the number of meetings with parents for the purpose of service planning.

Strengths and Limitations

There could be limitations in our data in terms of the information activity that was actually performed during the investigations. Minor activity, such as a telephone call, was not registered. Additionally, activity that has not been documented (e.g., internal meetings without minutes) could not be included, which is a common limitation of casefile studies.

Although not everything that is done during three months of case processing is included in case files, we do feel the electronic systems for recordkeeping used by Norwegian CWS agencies are quite comprehensive. The collected data provides the best available measure of the main points of contact between social workers, families, and external partners.

Participating agencies were limited to 16. Nonetheless, the sample size and extent of this study is unique for a study of the Norwegian Child Welfare Services. The size also enables the statistical analysis which allows us to account for clustering effects by agencies.

Changes in concern during the investigation, together with the relationship between CWS and the family may be seen as case characteristics that affect the level of activity performed during the investigation. We have no information about the relationship between family and CWS, nor at what point during the investigation any change in concern occurred. Therefore, these characteristics could not be included in our analyses.

Conclusion

In this study we have identified case characteristics associated with investigations of high and low levels of information-gathering activities. For the investigations with low activity, the main predictor was a concern regarding medical and educational neglect. These cases contained concerns that probably were considered less severe and, therefore, could be easily clarified. High activity investigations included younger children, concerns about physical/sexual abuse, and a child's social relations. These referrals were probably more severe and complex to clarify. One reason for this may be that the reliability of the information provided by parents is often challenged in such cases, which leads to contact with more informants. Even though there is no formal differentiation in responses to reported concerns of child abuse and non-abuse concerns in the Norwegian CWS, such a difference in responses seems to have been established in practice.

The minimum intervention principle provides directives for all decisions within the work of CWS. This study shows that the decision to perform information-gathering activities is affected by case characteristics, including the content of the referral. Nonetheless, the investigations with very few or no information gathering activities raise the question if the threshold for initiating investigations might be too low in the Norwegian Child Welfare Services.

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Paper III

Families refusing assistance from the Norwegian Child Welfare Services – the importance of family characteristics, case processing and identified problems.

Abstract

The Norwegian Child Welfare Services provide support primarily based on family acceptance and cooperation. Previous studies have found that one out of four Norwegian child welfare investigations closed without intervention, are closed due to the family refusing assistance. The aim of this study was to investigate the characteristics of cases where families refuse assistance from the CWS, contributing to the work of improving accuracy of CWS work and decisions, ultimately ensuring that the children in need are reached and helped. There are few previous studies which include cases where families have chosen to leave the CWS system. This study included investigations concluded with voluntary in-home services and those terminated due to family refusal (n = 427). Using logistic regression analyses, we examined characteristics that described and predicted cases in which assistance was refused. Characteristics of the families and the investigation process were included in the analysis, along with the problems identified by the CWS during the investigation. The results showed that concerns reported by the police, families with a two-parent household, and identified parental medical and educational neglect, predicted family refusal of CWS assistance. Identified parenting problems were found to predict acceptance. Our findings indicate that there are additional aspects that affect the family's decision and that further research on the matter is needed.

Keywords:

Child welfare, investigation, family refusal, case characteristics, service provision, decision-making

1. Introduction

The mandate of the Norwegian Child Welfare Services (CWS) is to ensure the safety of children and to offer supportive assistance to families when their children's health and development are threatened. In 2022, a total of 4.5% of the child population aged 0-17 years were reported to the CWS in Norway. In 23.9% of cases the report was dismissed without any further investigation (Statistics Norway, 2023a). The rest were subject to a CWS investigation, which must be carried out within 90 days. Usually, the investigation will consist of a needs assessment and if applicable, examine any allegations of abuse or neglect. Five outcomes of the investigations are recorded in the national CWS statistics. The most common (52.1%) is that the case is dismissed based on CWS judgement. In 35.5 % of the cases, the family is given a voluntary service. In 8.7% the case is dismissed based upon the family's wishes, while 3.3% are dismissed due to the family moving. The CWS only found sufficient grounds to ask for a court ordered decision against the wishes of the parents in 304 (0.8%) of 38,030 cases (Statistics Norway, 2023b). These national statistics underline how dependent CWS is upon cooperation and acceptance from the family during assessment and investigation. However, there are some significant weaknesses in the national statistics. First of all, only one reason for dismissal may be registered per case. The phenomenon of families refusing services can therefore be present in a higher number of cases than what appears in the national statistics. An additional weakness is that it is not possible to compare reasons for case closure against the types of concerns identified during the CWS investigation, nor to control for key characteristics of the investigation process, for which no national statistics are available.

The motivation for this study is therefore to explore the circumstances where families refuse services from CWS, and where this leads to a case closure even if CWS have identified a concern during the investigation. This is highly relevant for the CWS's ability to support

children and families at risk, given the high threshold for compulsory service provision or child removal.

A study conducted on investigations performed in Norway between 2015-2017 examined case records to identify factors that impact CWS decision-making. This study showed that family refusal was the argument for dismissal in 15.3% of the investigations, constituting one quarter (25.2%) of all investigations closed without intervention (Christiansen et al., 2019). The high proportion of families refusing service raises the concern that many children in need are not being reached by the CWS. The situation in Norway, based on the study by Christiansen et al. (2019), is illustrated in Figure 1.

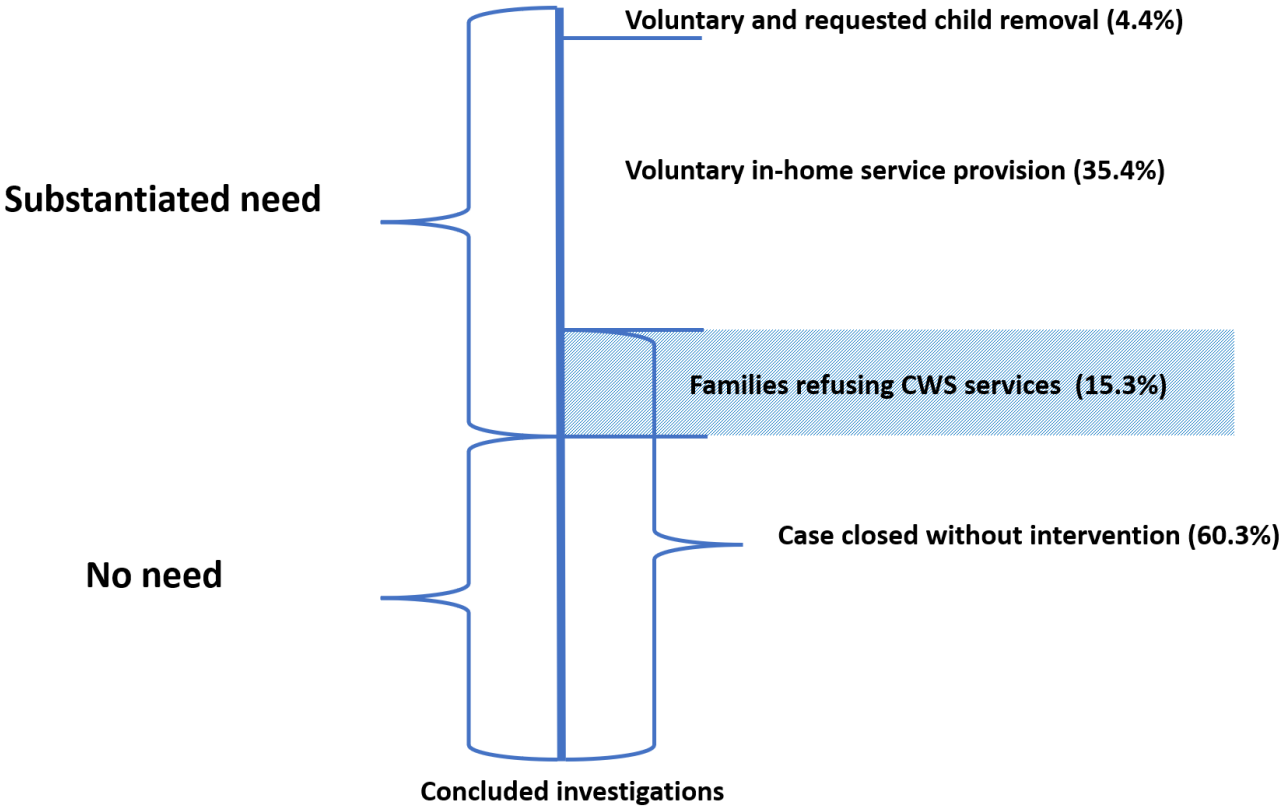

Figure 1 Outcomes of investigations, based on findings from Christiansen et al. (2019)

Several studies have explored parents' experiences with participation, satisfaction and emotions when encountering CWS (e.g., Cheng & Lo, 2020; Christiansen, 2015; Havnen et

al., 2020; Hollinshead et al., 2015; Littell & Tajima, 2000; Merkel-Holguin et al., 2015; Studsrød et al., 2016; Thrana & Fauske, 2014; Tilbury & Ramsay, 2018). A study on client participation involving 2,246 families found that case characteristics, social worker characteristics, and characteristics of the offered service affected client participation (Littell & Tajima, 2000). Similar results, where multiple characteristics influence the relationship between parents and CWS, have been found in several Norwegian studies (Lurie et al., 2018; Slettebø, 2008; Studsrød et al., 2014). However, the decisions made by families, such as refusing CWS assistance, have not been given much attention. We have identified three studies with findings concerning families' willingness to accept service provision. Two of these studies were conducted with parents who were already receiving services (Christiansen et al., 2015; Thrana & Fauske, 2014), while Hollinshead et al. (2017) included families that were not using the provided service. In the study of Christiansen et al. (2015) involving 245 children, their parents, and caseworkers, it was found that the objective of the intervention was important: parents were more sceptical of interventions designed to influence parenting, while they were more positive about support that was aimed at the child, e.g., leisure activities and financial aid (Christiansen et al., 2015). By interviewing 385 parents, Thrana & Fauske found that parents' negative preconceptions of CWS influenced the collaboration, and that stigma attached to receiving help from CWS affected their willingness to agree to an intervention (Thrana & Fauske, 2014). Hollinshead et al. (2017) used data from 1,849 cases and looked at factors that were associated with service utilization. They found that agency, caregiver, and caseworker characteristics were associated with service use. Caregivers' satisfaction with the CWS process was also associated with service utilization. The findings of Hollinshead et al. (2015; 2017) supported the "Engagement Framework", introduced by Merkel-Holguin et al. (2015). The framework showed that the engagement process, consisting of the initial competence of engagement of both the caregiver and CWS system, evolves

through the case proceedings and affects the final outcome. Hence, there is reason to believe that the investigation process, from referral to conclusion of investigation, has an impact on families' willingness to accept service provision. During the investigation, parents and CWS interact through meetings, phone calls and home visits. Several studies have documented that families may perceive an investigation as stressful and intrusive (Harris, 2012; Kildedal et al., 2011; Tembo & Studsrød, 2018). A larger study of Norwegian CWS investigations consisting of a case file study (N = 1365), interviews with CWS leaders (N = 14), case managers (N = 11), parents (N = 12), children (N = 6), and focus group interviews with caseworkers (N = 41), found that parents reported participating more actively when they had referred the case themselves (Havnen et al., 2020). Based on the same data, Christiansen et al. (2019) found that referrals sent from parents concluded with service provision more often than referrals from others. In a Danish study of how parents perceived investigations, most of the interviewed parents (N = 17) had a negative experience, even though the parents had initiated contact with CWS (Petersen, 2018). Petersen explained that this was due to parents' expectations not being met; furthermore, that their expectations could lead to complications in cooperating with the social workers.

Although interviewed parents have expressed satisfaction with their contact with CWS, long processing time was still perceived as difficult (Havnen et al., 2020). This is consistent with the findings of Petersen (2018), reporting that an efficient assessment was viewed positively by parents. In a review concerning parental satisfaction, Tilbury and Ramsay (2018) found that parents were dissatisfied with organizational systems that had a high staff turnover rate and were slow, stressful, and incomprehensible. Home visits have been found to be a common activity during investigations (Christiansen et al., 2019). However, the visits were perceived as difficult by both parents and children. This was mostly due to a lack of explanation regarding the purpose of the visit, which created a somewhat

awkward and contrived atmosphere (Lurie et al., 2018; Havnen et al., 2020). Thus, the investigation phase may be of significance in establishing a relationship and may have an impact on outcomes, such as the agreement between parents and social workers on service provision (Christiansen et al., 2019; Lurie et al., 2018; Munro, 2011; Tilbury & Ramsay, 2018).

In a study investigating parents' views on referrals sent to the Norwegian CWS (N = 683), the parents showed an understanding and acceptance of the referral in most of the cases (Studsrød et al., 2016). In 82.9% of the referrals, the parents perceived the referrers' objective as an act of seeking to help or as mandatory reporting. In the remaining cases, referrals were seen as an act of harassment, a misunderstanding, or the result of unknown objectives. A study of the Norwegian CWS' work on referrals and investigations, involving 112 cases, found that cases ended with service provision more frequently when parents had been informed of the referral being sent (Havnen et al., 1998). A study by Lurie and colleagues showed that previous experience with CWS facilitated cooperation, whilst families with no previous knowledge of CWS often had more negative preconceptions and attitudes. The study was based on interviews with six children, eight parents and five caseworkers (Lurie et al., 2018).

Cheng and Lo (2020) conducted an analysis that identified factors enhancing the collaborative alliance between parents and caseworkers. The analysis consisted of data from 3,035 parents in the U.S., whose maltreatment of their children had been substantiated. The results showed that parents' perception of caseworker engagement was positively associated with parents having African American or Hispanic ethnicity. Although the result was not expected, the authors explained this as being related to a focus on cultural competency training for social workers (Cheng & Lo, 2020). Conversely, several Norwegian studies have shown a strained relationship between immigrants and CWS (Fylkesnes et al., 2015;

Vassenden & Vedøy, 2019). Somali immigrants' scepticism and fear of CWS has been shown to be related to suspicions of racial prejudice (Handulle & Vassenden, 2021). The lack of language skills has been found to contribute to poor communication between families and CWS (Fylkesnes et al., 2018; Havnen et al., 2020; Križ & Skivenes, 2015). Nonetheless, studies on minorities and immigrants being overrepresented as CWS clients have shown that the effect of immigrant background decreases when other variables are taken into consideration (Putnam-Hornstein et al., 2012; Staer & Bjørknes, 2015).

Further findings from the study of Cheng and Lo showed a more positive relationship between parents and CWS when parents had better mental health. The study also found that there was a positive association between family income and parents' perceived cooperation, indicating that low income had a negative influence on the alliance with the caseworker (Cheng & Lo, 2020). In another U.S. study involving 263 caregivers receiving in-home services, Girvin (2004) found that negative life events were related to a higher resistance to change. Furthermore, the study found that the groups that experienced more problems tended to report higher levels of readiness to change. No differences were found on characteristics such as single parent status, number of previous referrals, prior receipt of child welfare services, reports of maltreatment, household income or employment status (Girvin, 2004). Two reviews of the literature investigating factors affecting the client-therapist alliance discovered that clients with substance abuse exhibited weaker collaborative alliances with therapists (Flückiger et al., 2013; O'Brien et al., 2019). The weaker alliance was explained by some of the common characteristics of substance abuse, such as mistrust, poor emotional regulation, and difficulty with interpersonal relationships.

1.1 Study Objective

Previous research has mainly studied families who are already receiving services, in addition to the family's participation, cooperation, engagement with, and perception of CWS.

Therefore, knowledge about the families who refuse services and the factors affecting this decision, is scarce. We acknowledge that many factors and processes may affect the decision to accept services. This study focuses on the characteristics of the concerns identified by the CWS, and characteristics of the investigation process. The aim is to answer the following research questions:

1. What are the characteristics of cases where families refuse assistance from CWS? The study examines the characteristics of:
    a. the family,
    b. the case processing, and
    c. the problems described in the investigation report.
2. Which case characteristics are the most important predictors of a family's refusal of assistance?

A broader knowledge of the working mechanisms behind refusal of assistance can help CWS work more effectively to ensure that the child in need receives assistance.

2. Methods

This paper is based on data from a cross-sectional archive study conducted in Norway between 2015-2017. Data were collected as part of a large national project aimed at increasing knowledge on child welfare investigations, which was commissioned by the Norwegian Directorate for Child, Youth and Family Affairs (Vis et al., 2020).

2.1 Participants

In total, 16 agencies representing 13 municipalities participated in the study. The municipalities represented all four regions of Norway, with populations ranging from 8,000 to 680,000. The cases were randomly drawn from all referrals registered in the participating

agencies. The number of drawn cases, ranging from 50 to 150 in each agency, varied according to the population of the municipality.

A total of 1,365 cases were collected, with each case representing one child. Of the 1,123 investigated cases (83.3% of total cases), 677 (49.6%) were closed without any action, while 397 (29.1%) were concluded by offering in-home, voluntary services. The remaining 49 cases were concluded by providing out-of-home placement and are not included in this study. This is due to the severity of such cases: it is not uncommon that out-of-home placement is arranged despite most of the families disagreeing. Of the closed cases, 168 (24.8%) were concluded with the argument that the family did not want assistance from CWS. These closed cases, together with the cases that were concluded by offering voluntary in-home services, are the cases included in our analysis. Due to missing data on immigrant background and missing investigation reports, the total sample size is n = 427 in the analyses.

The severity of the refused cases may vary. Some cases may be assessed as severe, where CWS is worried for the child but lacks evidence to make the service provision mandatory. At the other end of the spectrum, some cases may not be assessed as severe, but CWS still offers an in-home service they believe the family could benefit from, or the family agrees with the evaluation but has found better alternatives to improve the situation for the child. Therefore, the assessed level of severity among refused cases could lie on a continuum from low to high.

2.2 Ethics and procedure

Approval to manage and store the data was issued by the Norwegian Data Protection Authority, who also gave concession to handle personal information without the participants' consent. The Norwegian Directorate for Children and Family Affairs granted the researchers access to the case files.

The instrument for collection of data was developed in several steps. A pilot study identified information typically found in case files, which formed the basis for a registration instrument. The initial instrument was tested for interrater reliability by two researchers independently coding 20 cases. Even though the average interrater agreement was 86.9%, a low reliability was found for 13 variables. Three where eliminated while 10 were reformulated. In the subsequent test, two researchers coded 42 cases. The interrater agreement was then 90.8%, which is considered acceptable (McHugh, 2012). The instrument, which was developed as an online registration form, made it possible for the researchers to code the files on sight using the agencies' digital and physical case files as sources.

2.3 Measures

Characteristics of the family. Sex, age, main caregiver, and immigrant background are variables describing the characteristics of the child and family. The term "immigrant background" reflects that at least one of the parents is foreign-born. The case files did not contain information on indigenous background or race. To test if the family's former contact with CWS was associated to the outcome, the number of previous referrals and registration of any previous experience of service provision were used as input variables. A variable showing whether the parents had been informed of the referral was also included in the analysis.

Case Processing. To describe the case processing, variables were included for the referrer and the characteristics of the investigation, such as time span, number of home visits, meetings with parents, the use of external informants and conversations with the child. For the referrer, "education services" includes school and kindergarten, while "public social services" includes labour and welfare services, crisis homes, immigration authorities and CWS in other municipalities. "Public health services" comprises services such as GP's, dentists, family health care centres, emergency units and other somatic and psychosomatic health services.

Identified problems. The described problems are those identified by CWS during the investigation. We have categorized the problems into three dimensions: the child's developmental needs, parental competency and family and environmental factors. To simplify statistical analysis, some of the original problems were merged. Both correlation and theoretical coherence were considered before merging. The total number of registered problems in the report was also included in the analysis.

The "child's developmental needs" dimension consists of five variables. The child's mental and somatic well-being is represented by the variable "child's health and development". The child's delinquency, substance abuse and other problems related to behaviour are included in the variable "externalized behaviour". "Internalized behaviour" reflects the child's emotional problems. "Relations to peers, adults and caregivers" consists of the child's social skills and challenges. The fifth variable is the child's functioning at school/kindergarten.

"Problems regarding parental competency" reflects shortcomings in parental care. This dimension consists of five variables: "physical/sexual abuse", "emotional abuse", "medical and educational neglect", "basic care and physical neglect" and "parenting". "Medical and educational neglect" represents parental failure to follow up on health and other childcare services. "Basic care and physical neglect" refers to absence of a caregiver, lack of basic care and protection of the child. "Parenting" includes lack of parental stimulation, guidance, and boundaries.

The dimension "family and environmental factors" consists of seven variables: "parental health/stressful events", "parental conflict", "domestic violence/witnessing violence", "social integration", "parental substance abuse" and "parental delinquency". The variable "parental health/stressful events" includes problems regarding both mental and somatic health of parents, exhaustion, and stressful events. Problems regarding the family's

network, social integration and cultural background are reflected in the variable "social integration". "Finances/housing/employment" includes inadequate family finances, housing, and employment. Inadequate housing refers to housing safety, hygiene, and the like. Problems regarding employment could refer to poor finances due to unemployment, but may also reflect that the caregiver's job situation is not consistent with caring for a child.

Most of the variables are registered as present or not, while age, number of previous referrals, and the variables showing characteristics of the investigation and number of problems were treated as continuous.

2.4 Analyses

The association between case characteristics and family refusal of CWS assistance were estimated through logistic regression using IBM SPSS Statistics version 26.0. As a first step, we performed a univariable logistic regression analysis of all the variables we were interested in. Next, we performed a multivariable logistic regression omitting the non-significant variables from the first analysis ($p > 0.05$). Sex and age were kept as control variables. We then tested the collinearity between all variables used in the second step and found it not to be an issue (VIF <10) (Kleinbaum et al., 1998). Most of the variables are dichotomous, while "main caregiver" and "referrer" are categorical. For these variables, the most common categories, "living with both parents" and "education services", were used as references.

3. Results

Descriptive statistics and results from the logistic regression are presented in Table 1.

Table 1 Descriptive statistics of Case Characteristics and Associations between Case Characteristics and Refusal of Child Welfare Services' Assistance

Variables	Family accepting n (% of total accepting)	Unwilling family n (% of total refusing)	Total (%)	Univariable analysis				Multivariable analysis			
					95%CI for OR				95%CI for OR		
				b	lower	OR	upper	b	lower	OR	upper
Total (n = 427)	**299 (70.0%)**	**128 (30.0%)**									
Characteristics of the family											
Sex of child (male)	168 (56.2)	71 (55.5)	239 (56.0)	–0.29	0.64	0.97	1.47	0.00	0.61	1.00	1.62
Age of child *Mean (SD)*	*8.51 (4.91)*	*9.5 (5.00)*	*8.88 (4.96)*	0.04	1.00	1.04	1.09	0.05	1.00	1.05	1.11
Main caregiver											
Both parents	128 (42.8)	72 (56.3)	200 (46.8)	*reference*				*reference*			
One parent	94 (31.4)	29 (22.7)	123 (28.8)	–0.60*	0.33	0.55	0.91	–0.74*	0.26	0.48	0.89
Shared custody	34 (11.4)	12 (9.4)	46 (10.8)	–0.47	0.61	0.63	1.29	–0.10	0.38	0.91	2.18
Other	43 (14.4)	15 (11.7)	58 (13.6)	–0.48	0.32	0.62	1.19	–0.58	0.25	0.56	1.28
Immigrant background (yes)	112 (37.5)	62 (48.4)	174 (40.7)	0.45*	1.03	1.57	2.38	0.37	0.86	1.45	2.46
Parents informed of referral being sent	124 (41.5)	47 (36.7)	171 (40.0)	–0.20	0.53	0.82	1.26				
Number of previous referrals *Mean (SD)*	*1.12 (1.73)*	*1.27 (1.83)*	*1.16 (1.76)*	0.05	0.94	1.04	1.17				
Previous recipient of service provision	91 (30.4)	38 (29.7)	129 (30.2)	–0.04	0.61	0.97	1.52				
Case processing											
Referrer											
Education services	73 (24.4)	27 (21.1)	100 (23.4)	*reference*				*reference*			
Neighbour/friends/family/anonymous	29 (9.7)	15 (11.7)	44 (10.3)	0.34	0.65	1.40	3.00	0.68	0.81	1.97	4.79
Public social services	53 (17.7)	20 (15.6)	73 (17.1)	0.02	0.52	1.02	2.01	0.09	0.49	1.09	2.43
Police	24 (8.0)	28 (21.9)	52 (12.2)	1.15**	1.56	3.15	6.36	1.38**	1.71	3.99	9.30
Public health services	63 (21.1)	28 (21.9)	91 (21.3)	0.18	0.64	1.20	2.25	0.31	0.65	1.37	2.88
Child/parent	31 (10.4)	3 (2.3)	34 (8.0)	–1.34*	0.07	0.26	0.93	–0.99	0.10	0.37	1.46
Internal CWS	18 (6.0)	4 (3.1)	22 (5.2)	–0.51	0.19	0.60	1.94	–0.73	0.14	0.48	1.72
Other	8 (2.7)	3 (2.3)	11 (2.6)	0.01	0.25	1.01	4.11	0.75	0.44	2.12	10.09
Weeks from conclusion of referral to first activity *Mean (SD)*	*2.56 (2.99)*	*2.84 (3.00)*	*2.64 (3.00)*	0.03	0.96	1.03	1.1				
Weeks from first activity to conclusion of investigation *Mean (SD)*	*10.94 (8.39)*	*12.44 (11.56)*	*11.39 (9.5)*	0.02	1.00	1.02	1.04				
Number of home visits *Mean (SD)*	*1.08 (1.31)*	*0.87 (0.87)*	*1.02 (1.18)*	–0.19	0.67	0.83	1.03				

Number of meetings with parents *Mean (SD)*	*2.86 (2.10)*	*2.58 (1.74)*	*2.78 (2.00)*	–0.08	0.83	0.93	1.04			
Conversations with the child	208 (69.6)	92 (71.9)	300 (70.3)	0.11	0.71	1.12	1.77			
Number of external informants *Mean (SD)*	*3.07 (1.79)*	*2.90(1.65)*	*3.02(1.75)*	–0.06	0.84	0.94	1.06			
Identified problems										
Problems re. the child's developmental needs										
Health and development	71 (23.7)	20 (15.6)	91 (21.3)	–0.52	0.34	0.6	1.03			
Externalized behaviour	79 (26.4)	21 (16.4)	100 (23.4)	–0.60*	0.32	0.55	0.93	0.29	0.61	1.33	2.90
Internalized behaviour	89 (29.8)	20 (15.6)	109 (25.5)	–0.83**	0.26	0.44	0.75	0.43	0.67	1.54	3.55
Relation to peers, adults, and caregivers	102 (34.1)	20 (15.6)	122 (28.6)	–1.03***	0.21	0.36	0.61	–0.29	0.32	0.75	1.73
Functioning at school/kindergarten	98 (32.8)	22 (17.2)	120 (28.1)	–0.85**	0.25	0.43	0.72	–0.53	0.27	0.59	1.30
Problems re. parental competency										
Physical/sexual abuse	47 (15.7)	11 (8.6)	58 (13.6)	–0.69	0.25	0.5	1.01			
Emotional abuse	18 (6.0)	5 (3.9)	23 (5.4)	–0.46	0.23	0.64	1.75			
Medical and educational neglect	14 (4.7)	16 (12.5)	30 (7.0)	1.07**	1.37	2.91	6.16	1.70***	2.07	5.47	14.43
Basic care and physical neglect	74 (24.7)	15 (11.7)	89 (20.8)	–0.91**	0.22	0.4	0.74	–0.27	0.33	0.76	1.76
Parenting	134 (44.8)	19 (14.8)	153 (35.8)	–1.54***	0.13	0.22	0.37	–1.07**	0.18	0.34	0.67
Problems re. family and environmental factors										
Parental health/stressful events	123 (41.1)	36 (28.1)	159 (37.2)	–0.58*	0.36	0.56	0.88	0.11	0.57	1.11	2.18
Parental conflict	101 (33.8)	21 (16.4)	122 (28.6)	–0.96***	0.23	0.39	0.65	–0.52	0.30	0.60	1.20
Domestic violence/witnessing violence	55 (18.4)	16 (12.5)	71 (16.6)	–0.46	0.35	0.63	1.16			
Social integration	33 (11.0)	14 (10.9)	47 (11.0)	–0.01	0.51	0.99	1.92			
Finances/housing/employment	43 (14.4)	15 (11.7)	58 (13.6)	–0.24	0.42	0.79	1.48			
Parental substance abuse	45 (15.1)	16 (12.5)	61 (14.3)	–0.22	0.44	0.81	1.49			
Parental delinquency	15 (5.0)	3 (2.3)	18 (4.2)	–0.79	0.13	0.45	1.60			
Total number of identified problems	*3.82 (2.54)*	*2.27 (2.13)*	*3.35 (2.52)*	–0.30***	0.66	0.74	0.82	–0.20	0.63	0.82	1.08

*Note. OR = Odds Ratio; CI = Confidence Interval; *p < .05, **p < .01, ***p < .001. Multivariable analysis: Nagelkerke R Square = .31, chi-square (23) = 106.6 (p < ,001)*

3.1 Descriptive statistics

Across the whole sample, there were slightly more boys than girls, while the child living with two parents was the most common type of caregiving situation. The proportion of children with an immigrant background was 40.7%, of which the most common background was Asian (31,8%). Immigrant background from Africa was also common (24.9%), whereas 9.8% of the children had a background from Eastern Europe. Education services was the most frequent referrer, while public health services and public social services were also common referrers. Parents being informed of referral being sent was not unusual. Almost half of all children had been reported previously, while almost one third had previously received service provision. From conclusion of referral to the first registered investigation activity took an average of almost 19 days (time described in weeks in Table 1). After the first activity was performed, it took an average of 80 days before conclusion of investigation, such that average time from conclusion of referral to conclusion of investigation was more than 98 days. Each case could be registered with more than one problem, and on average there were more than three problems identified in every family. Overall, the results show a wide range of problems registered in the investigation reports. The most commonly reported problems were parental health/stressful events and parenting. The least reported problems in the investigation reports were parental delinquency and emotional abuse by parents.

3.2 Univariable analysis

Characteristics of the family. Even though the mean age of children was a year more in cases where services were refused, the difference was not found to be significant in the univariable analysis. One-parent households were significantly less likely to refuse CWS assistance than two-parent households. Families with immigrant background were significantly more likely to be unwilling. Whether or not parents had been informed of a

referral being sent was not associated with the decision to refuse assistance, nor was previous contact with CWS.

Characteristics of the case processing. When the referrers were police officers, it was significantly less likely that the family would be willing to receive CWS assistance than if the referral came from education services. Conversely, where the child and/or parent was the referrer, families were significantly more willing to accept assistance than if the referrer was from education services. In cases where the families accepted support, less time had gone by before the start and conclusion of the investigation. Investigation activities such as home visits, meetings with parents, conversations with the child, and contact with external informants, were performed to a greater extent in cases where families were willing to accept assistance. However, this difference was not significant.

Identified problems. On average, there was a significantly higher number of registered problems in cases where the family was willing to receive assistance. Several of the problems connected to the child's health and development were significantly associated with increased family disposition to accept CWS assistance: the child's externalized behaviour, internalized behaviour, relations to peers, adults, and caregiver, and functioning in school/kindergarten. Problems regarding parental competency, such as lack of basic care and physical neglect and insufficient parenting skills, were significantly associated with acceptance of assistance, while problems of medical and educational neglect were significantly associated with an increased refusal of CWS assistance. Parental health/family experiencing stressful events and parental conflict were significantly associated with increased acceptance of CWS assistance.

3.3 Multivariable analysis

Fifteen of the variables in the univariable analysis were significant associated with the outcome variable and therefore remained in the multivariable analysis. The results from the multivariable analysis show which variables were found to be most important in predicting

family refusal of CWS assistance. Significant predictors for parents' refusal of CWS assistance were the police versus education services as referrer and parental medical and educational neglect. Two-parent households were also more likely to refuse assistance than one-parent households. Lack of parenting competence was found to be a statistically significant predictor for increased acceptance of assistance. The classification table in the multivariable analysis predicted 43.8% of refused cases correctly (56 out of 128). Accepted cases were predicted correctly in 90.3% of the cases (270 out of 299). The predicted classification of a case as either refused or accepted was contingent upon a predicted probability surpassing or falling below the threshold of 0.50.

4. Discussion

The purpose of this paper was to identify characteristics of cases where families refuse assistance from CWS and to identify the case characteristics that are the most important predictors of family refusal. Several characteristics were included in the analysis and categorized into the following: i) characteristics of the family, ii) case processing during the investigation phase, iii) problems described in the investigation report. We found that police as the referrer, two-parent household, and identified medical and educational neglect predicted families refusing assistance, while identified lack of parenting skills predicted acceptance of CWS assistance.

Predicting family refusal of assistance. The referral being sent by the police was a predictor for families refusing CWS assistance, as compared to referrals sent by education services. Identified problems of medical and educational neglect was also found to be a predictor for refusal. Both characteristics are often related to episodic events. Police reports refer to criminal activity, while problems of medical and educational neglect often reflect referrals sent from compulsory health care services, after parents have failed to turn up for a

routine appointment. Cases related to episodic events involve families that might not necessarily have experienced challenges over time, nor do they have a relationship to the referrer. This leaves the families less mentally prepared for accepting CWS assistance, and increases the possibility of a negative perception of the referrer and the referral, creating a difficult starting point for collaboration with CWS. Furthermore, parents who fail to follow up with mandatory public services such as health checks and education for their children may perhaps distrust such services, which may include CWS. The family may have a negative preconception of CWS, difficulty accepting CWS' definition of the problem, and a disbelief in the usefulness of an intervention. These aspects are all expected to cause a weak working alliance (Killian et al., 2017) and, hence, may be related to refusal of CWS assistance. Additionally, in meetings with parents who are reported for delinquency or those who neglect follow-up with their children, CWS may behave in a more judgmental and authoritarian way, which may place additional strain on the relationship. This is in line with previous research showing that CWS approach towards the family was a predictor for a family's participation and satisfaction (Littell and Tajima, 2000; Hollinshead et al., 2015). This is also supported by Thrana and Fauske (2014), who found it equally important to be sensitive to parents' and children's feelings as to their rationality when trying to encourage acceptance of assistance. A working alliance is probably impossible to achieve in all cases. Even so, a focus on relational competence for CWS workers and simultaneously ensuring structural aspects in the case proceedings that facilitate the development of a working alliance (Studsrød et al., 2014; Hollinshead et al. 2017), could increase the share of families accepting service provision. Working on the image of CWS would also be important, increasing the chance of the families having a more positive engagement proclivity from the start of the investigation (Merkel et al., 2015). Two-parent households were more often found to refuse assistance compared to one-parent households. One of the reasons for this difference could be that it is more difficult

to get two people to consent than one person. It is common to have several meetings with the mother during an investigation, while the father most often participates in just one (Havnen et al., 2020). This could result in a weaker working alliance between fathers and CWS. The Norwegian CWS has been found to not treat mothers and fathers equally; the focus is on the mother while the fathers are seen as less important (Storhaug, 2013). Including fathers (or both parents) in the case proceedings could contribute to more two-parent households accepting CWS services. Another reason for the difference between two-parent and one-parent households could be that a single parent has less capacity for childcare than two parents, making one-parent households more likely to acknowledge the need for support and, therefore, more willing to accepting the offer of assistance.

Predicting family acceptance of assistance. Identified problems in parenting skills, i.e. lack of parental stimulation, guidance, and boundary setting, was found to predict acceptance of CWS assistance. It is possible that once lack of parenting skills is identified, the work of CWS has a therapeutic nature and parents may experience the caseworker as being on their side, creating grounds for a more positive relationship. Christiansen et al. (2019) found that many investigations concluded with a finding of lack of parenting skills, even though this was not the described concern in the original referral. In our study, it was one of the two most commonly identified problems and present in 36% of the cases. There has been an increase in the use of parenting guidance as a service in CWS (Norwegian Directorate for Children Youth and Family Affairs, 2021). This enhanced focus on parenting skills by the Norwegian CWS may increase the identification of inadequate parenting competency. Parenting guidance is often comprised of meetings with caseworkers, making this an intervention available at most CWS agencies. The high rate of identified lack of parenting skills, could also be influenced by the availability of the intervention; instead of choosing an intervention that truly matches the problems, the problems are rather described in ways that match the available interventions.

The high rate of identified cases with problems in parenting skills may also be the result of a negotiation with the family. Havnen et al. (2020) speculated that the documented assessment did not always reflect the true assessment by CWS. They surmised that CWS held back on their assessments so as not to offend families, thereby ensuring that the family accepted the offer of support. This was based on statements from caseworkers and the fact that severe allegations from the referral were often omitted from the investigation report.

Characteristics of cases where the families refuse CWS assistance. As expected, families with immigrant background were found in the group of families refusing CWS assistance significantly more often in the univariable analysis. Nonetheless, when other characteristics were considered, immigrant background was no longer associated with the decision to refuse CWS assistance. Previous research has shown that the high rate of CWS involvement with families of immigrant background is not explained by the immigrant background, per se, but more by the sociodemographic background, such as poverty, unemployment, single parenthood, low parental education, and large family size (Putnam-Hornstein et al., 2012; Staer & Bjørknes, 2015). It is likely that similar effects are present in our data. Furthermore, research has shown that immigrants are a heterogenous group (Berg et al., 2017). It is therefore possible that there are differences within this group that were not captured by the immigrant variable in this study, and we cannot conclude what the true effect of various immigrant backgrounds may be.

As expected, we found that when the child or parents reported concerns themselves, the families were willing to accept assistance significantly more often than when the referrer was from education services. Havnen et al. (2020) found that parents participated more in the investigation when they had reported the concerns themselves. Nonetheless, this effect was no longer present when other variables were accounted for, which we found a bit surprising and inexplicable.

Previous studies have identified that parents find efficient investigations positive (Havnen et al., 1998; Petersen, 2018; Tilbury & Ramsay, 2018). Although our results were not significant, they did show a trend that less time-consuming investigations, with more activities and fewer external informants contacted, were related to family acceptance of CWS assistance. A time-consuming investigation could be an indication of a severe case that is complicated to investigate. However, it could also indicate a less severe case where the completion of investigation is not prioritized. Fewer activities could indicate a case with problems that are more easily clarified. On the other hand, it could reflect a case involving a family that refuses to cooperate during the investigation and, as a result, fewer activities were accomplished. Therefore, efficiency can be complicated to measure and our variables do not seem to adequately capture this.

There seemed to be a trend that the likelihood of family refusal of CWS assistance increased when the child was older. Although not significant, we find the trend interesting. Little is known on how the child's age may impact the family's relationship to CWS and their acceptance of service provision. Children have been found to participate more often as they get older, although their true influence on the decision-making in case proceedings is not known (Havnen et al., 2020; Vis, 2015). Our findings could be related to the fact that when a child reaches the age of 15 in Norway, he or she acquires the legal right to participate in the decision-making process, meaning that the child then gets a say in whether CWS assistance is accepted. This could indicate that when children participate in the decision, the likelihood of refusal increases. However, we do not have enough information to make any conclusion on this matter.

Even though the results provided some indication as to what kind of cases were more frequently refused, the percentage of correct predictions of refused cases in the multivariable model (43.8%) shows that the decision to turn down assistance was affected by additional

factors not included, or not adequately measured, in this study. Still, the results provide an indication of some characteristics that predict a higher risk of refusal that CWS should be aware of.

5. Limitations

One obvious limitation in this study is that we do not know at what phase of the case proceedings the parents rejected the CWS offer of assistance, nor do we know if they were offered interventions or what kind of interventions they might have been offered. Hence, it is difficult to know if the refusal is related to challenges such as negative preconception, a poor perception of CWS that developed during the investigation process, or whether the in-home service offered was deemed inappropriate by the family. Several reasons for closure of investigation were registered in the data, including the cases that were closed citing family refusal. Since we do not know which reason for closure weighed the heaviest, it cannot be concluded with certainty that all the family-refusal cases would have concluded with service provision if the family were willing to accept it. Since our study relies on what is documented in the case files, there may be shortcomings when it comes to reflecting all of the performed case work and information that was available to CWS. This is a common limitation for archive studies. The study was carried out in a Norwegian context. Decision within the Norwegian CWS is to a large degree determined by national legislation. Therefore, it might be difficult to generalize these findings beyond the Norwegian context.

6. Implications for practice and future research

Although an improved situation for the child is the purpose of CWS, this study does not intend to evaluate outcomes for children. The acceptance of CWS assistance does not ensure an improvement in a child's situation. However, it is a necessary step in the process, at

least in some cases. A considerable proportion of the cases closed without service provision are closed due to the family's decision. Although it is not known how many cases involve a child in a severe situation, how many of the families receive support from other services, or how many cases involve families that are able to improve the situation themselves, the high percentage of family refusal is nonetheless concerning. Thus, there is still a need for CWS to strive to increase the proportion of families who accept assistance. For future research, it is important to include both informants who receive and those who refuse CWS assistance. Even though our findings indicate that a disbelief in public services may be one cause for refusal of CWS assistance, we believe there are additional reasons for the large proportion of unwilling families. Future research should investigate when the decision to refuse assistance occurs, the families' previous experience and relationship with the current social worker, and how different aspects of CWS' work affect the acceptance of CWS assistance. More knowledge is also needed on how the case characteristics affect the decision. The possible effect of the child's age raises the question of whether there is a diminished working alliance between the child and CWS. If so, does the weak alliance mainly become visible when the child gets older and acquires the legal right to participate in the case? Although more studies are needed before specific suggestions can be offered on how to increase the proportion of families accepting services, we think there are improvements to be made in the case proceedings to ensure that family expectations and needs are better met. This involves how the families are met by the CWS system and the case workers, ensuring that both parents are included in the case proceedings, but also improving the CWS image, diminishing the stigma related to receiving CWS services. Although full acceptance of service provision may not be the goal, the most important thing is to avoid the scenario where severe cases are closed without CWS assistance. CWS also needs to look at the possibility of unreceptive families accepting

assistance from other public services. CWS would then be one of the partners collaborating with families to improve the situation of the child.

7. Conclusion

We found several significant characteristics that differed between the families who accepted and those who refused CWS assistance. However, only a few were found to be predictors of the family's decision. Police as referrer, two-parent household and parental medical and educational neglect predicted family refusal, while lack of parenting skills predicted family acceptance of CWS assistance. Our data was limited, and our findings indicated that there are additional aspects that may influence the decision to receive or refuse CWS assistance. Nonetheless, our findings form a valid basis for further research on the matter.

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Appendix 1

The coding scheme

Kodebok

Last ned kodebok som tekstfil

Last ned kodebok som SPSS-syntaksfil

Automatisk utfylling av kodebok

1. Saksnummer var1

2. Navn på den som koder

Informasjon om barnet og familien

3. Barnets alder på meldingstidspunktet var3

Barnets alder på meldingstidspunkt kalkuleres manuellt ufra fødselsdato. Kun helt tall (år - ikke måneder). Det anvendes ikke avrunding. Eksempel: Meldingen er fra 2016 barnet er født i 2002: Alder registreres som 2016-2002 = 14 år.

4. Barnets kjønn var4

Jente 1

Gutt 2

5. Hvem bor barnet sammen med? var5

Barnets omsorgspersoner på meldingstidspunktet

Mor og far 1

Mor alene 2

Far alene 3

Delt bosted mellom mor og far 4

Mor og partner 5

Far og partner 6

Privat plassert i slekt 7

Privat plassert utenfor slekt 8

Fosterhjem utenfor slekt 9

Fosterhjem i slekt 10

Barneverninstitusjon 11

Helse/rus institusjon 12

Alene 13

annet 14

6. Beskriv hvor barnet bor var6

Besvares når svaralternativ er annet

7. Bor barnet sammen med søsken var7

Her medregnes alle andre fastboenede barn i husholdningen, helsøsken, halvsøsken, stesøsken, andre barn i fosterhjem

ja 1

nei 2

vet ikke 3

8. Fyll inn fødested for barnet foreldre og omsorgpersoner i tabellen under. Som omsorgsperson regnes annen voken som barnet bor sammen med enn biologisk foreldre (steforeldre)

Barnets fødested var8

Mors fødested var9

Fars fødested var10

Fødested annen omsorgsperson var11

Norge 1

Norden 2

Tidligere Øst Europa 3

Europa forøvrig 4

Afrika 5

Asis 6

Nord Amerika 7

Sør-/ Mellom-Amerika 8

Oseania 9

Ukjent 10

ikke aktuellt 11

Sideskift

Innhold i meldingen

9. Er meldingen formidlet skriftlig eller muntlig? var12

skriftlig 1

muntlig 2

10. Hvem meldte saken? var13

Spørsmålet gjelder den meldingen som saken ble trukket ut fra (ikke tildigere eller senere meldinger)

Barnet selv 1

Mor/ far /foresatte 2

Øvrig familie 3

Naboer 4

Andre privatpersoner 5

Barneverntjeneste (i annen kommune) 6

Barnevernsvakt 7

Politi /lensmann 8

Barnehage 9

Helsestasjon/ skolehelsetjeneste 10

Skole 11

Pedagogisk psykologisk tjeneste (ppt) 12

Psykisk helsevern for barn og unge (kommune/stat) 13

Psykisk helsevern for voksne (kommune/stat) 14

Lege/sykehus/tannlege 15

Familievernkontor 16

Instanser for oppfølging av rusproblem 17

Krisesenter 18

Asylmottak/innvandringsmyndighet 19

Utekontakt/ fritidsklubb 20

Frivillige organisasjoner/idrettslag 21

Andre 22

11. Hvem var kilde til meldinge? var14

Besvares når melder var barnevernvakt

12 Hvem var kilde til meldingen? var15

Besvares når melder var politi

13. Hvem meldte? var16

Besvares når melder var "annen"

14. Innhold i meldingen relatert til barnet var17

Her tas utgangspunkt i de opplysninger som kom fram i meldingen og eventuell utdypning av denne i løpet av meldingsuken. Vurder om meldingen omfatter noen av følgende forhold. Hvis ikke krysse for 'ingen'

Barnet har nedsatt funksjonsevne/senutvikling (ligger etter for alder) 1

Barnets psyksiske problem/ lidelse 2

Barnets kriminalitet/ rusbruk 3

Barnets atferd 4

Barnets fungering i skole / barnehage 5

Barnets emosjonelle fungering 6

Barnets relasjoner til jevnaldrende 7

Barnets relasjoner til voksne (tilknytningsvansker /samspillet med omsorgspersoner) 8

Barnets konflikter med voksne 9

Annet 10

ingen 11

15. Hvilke andre forhold knyttet til barnet innhold meldingen? var18

16. Innhold i melding relatert til foreldrenes omsorg var19

Vurder om meldingen omfatter noen av følgende forhold

Barnet utsatt for fysisk mishandling 1

Barnet utsatt for psykisk mishandling / omsorgssvikt 2

Barnet utsatt for seksuelle overgrep 3

Barnet mangler omsorgsperson 4

Manglende oppfølging/avbrutt kontakt med annen tjeneste 5

Ikke møtt ved innkalling til helsetjeneste 6

Foreldrenes stimulering /veiledning/ grensesetting av barnet 7

Foreldrenes grunnleggende omsorg 8

Foreldrenes følelsesmessige tilgjengelighet/evne til å forstå barnet 9

Foreldrenes beskyttelse av barnet 10

Andre forhold ved foreldrene 11

ingen 12

17. Hvilke andre forhold knyttet til forledrene inneholdt meldingen? var20

18. Innhold i meldingen relatert til familie og miljø var21

Foreldres somatisk helse 1

Foreldres psykiske helse 2

Foreldres rusbruk 3

Foreldres kriminalitet 4

Forelder er slitne/utlslitt 5

Konflikt mellom foreldre 6

Stressende livshendelser i familien 7

Vold i hjemmet/barnet vitne til vold i nære relasjoner 8

Familiens sosial nettverk 9

Familiens økonomi 10

Familiens boforhold 11

Familiens sosiale integrasjon i nærmiljø 12

Foreldrenes arbeidssituasjon 13

Familiens kulturelle bakgrunn 14

Andre forhold 15

ingen 16

19. Hvilke andre forhold knyttet til familie og miljø inneholdt meldingen? var22

20. Type melding var23

Vurder hvilke karakteristikker som passer meldingen

Bekymring over tid knyttet til foreldrene 1

Bekymring over tid knyttet til barnet 2

Bekymring udfra episode/handling knyttet til foreldrene 3

Bekymring udfra episode/handling knyttet til barnet 4

Søknad/ anmodning om tiltak 5

annet 6

21. Søknad om hva? var24

22. Beskriv annet var25

23. Framkommer det i meldingen at foreldre kjente til at meldingen ble sendt? var26

Svar ja hvis minst en av foreldrene kjente til meldingen

ja 1

nei 2

24. Kommer det på annen måte fram av saken at foreldre kjente til meldingen? var27

Beskriv hvordan

25. Er barnet meldt tidligere? var28

ja 1

nei 2

vet ikke 3

26. Antall tidligere meldinger var29

27. Er familien på annen måte kjent fra tidligere? var30

Beskriv hvordan

28. Har barnet tidligere hatt hjelpetiltak i hjemmet? var31

ja 1

nei 2

vet ikke 3

29. Har barnet tidligere vært plassert utenfor hjemmet? var32

ja 1

nei 2

vet ikke 3

30. Har barnet vært under omsorg? var33

ja 1

nei 2

Sideskift **Arbeid med meldingen**

31. Arbeid utført i meldingsfasen var34

Registrer hva som evt er gjort for å utdype / avklare meldingen

Ingen utenom beslutning 1

Samtale / utfyllende opplysninger fra melder 2

Innhentet informasjon fra annen instans 3

Drøftet i eksternt (ikke internt i tjenesten) forum / møte 4

Samtale med foreldre 5

Samtale med barnet 6

annet 7

32. Beskriv annet var35

33. Foreligger det en vurdering/begrunnelse for beslutningen om henleggelse/iverksette undersøkelse? var36

For eksempel i form av et dokument for meldingsgjennomgang

ja 1

nei 2

vet ikke 3

34. Fremkommer det av saken at det er sendt tilbakemelding til melder? var37

Ja 1

nei 2

35. Hvor mange dager tok det før melding var ferdigbehandlet? var38

Beregn antall dager fra melding ble motatt til beslutning om undersøkelse/henleggelse.

36. Hva var konklusjon på meldingen? var39

- Henlagt uten undersøkelse 1
- Undersøkelse iverksettes 2

37. Hva var grunn til henleggelse? var40

Flere grunner kan oppgis

- Fyller ikke lovens vilkår 1
- Barnets alder 2
- Engangs hendelse 3
- Ikke alvorlig nok 4
- Andre instanser ansvar 5
- Kjennskap til familien fra tidligere 6
- Rutine ved slike meldinger 7
- Manglende kapasitet 8
- Annet 9
- ikke oppgitt 10

38. Beskriv annen grunn for henleggelse var41

39. Hva var begrunnelse for å iverksette undersøkelse? var42

- Kan være aktuellt med tiltak etter loven 1
- Barnets alder 2
- Tyder på hendelse som gjentar seg 3
- Kan være signal om mer alvorlig problem 4
- Bekymring for barnets helse/utikling/sikkerhet 5
- Bekymring for foreldrenes omsorgsevne 6
- Forhold knyttet til oppvekstmiljø 7
- Rutine ved slike meldinger 8
- Annet 9
- ikke oppgitt 10

40. Hva var annen begrunnelse for å iverksette undersøkelse? var43

41. Er det argumentert for beslutningen utover standard formuleringer? var44

Hvis begrunnelsen inneholder referanse til konkrete opplysninger i saken svares ja. Hvis ikke svares nei.

- ja 1
- nei 2

42. Synes beslutningen etter din vurdering å være rimelig? var45

ja 1

nei 2

43. Beskriv hvorfor du mener beslutningen ikke var rimelig var46

side 4

Sideskift **Undersøkelsesplan**

44. Er det utarbeidet en undersøkelsesplan? var47

Med undersøkelsesplan menes at det fremgår av dokumentene i saken at man før undersøkelsen starter har omtalt hva som skal gjøres.

ja 1

nei 2

vet ikke 3

45. Er undersøkelsesplan basert på standard formuleringer? var48

ja 1

nei 2

vet ikke 3

46. Inneholder undersøkelsesplanen en plan for hvem man skal innhente informasjon fra?

var49

ja 1

nei 2

47. Inneholder undeksøkelsesplanen en konkretisering av hvilke tema som skal undersøkes?

var50

ja 1

nei 2

48. Er planen utarbeidet sammen med familien? var51

ja 1

nei 2

vet ikke 3

49. Inneholder planen hypoteser for undersøkelsen? var52

ja 1

nei 2

vet ikke 3

side 5

Sideskift **Arbeid med undersøkelsen**

50. Hvor mange dager gikk det fra meldingsavklaring til undersøkelsen startet? var53

Let i mappen og finn dato for første aktivitet (telefonkontakt, møte, brev) etter meldingsavklaring. Denne dato settes som oppstartsdato. Kalkuler antall dager manuellt

51. Hvor mange dager gikk det fra undersøkelsesstart til undersøkelsesslutt? var54

Bruk startdato fra forrige spørsmål og kalkuler antll dager til undersøkelsen ble konkludert

52. Hvis undersøkelsen var utvidet til 6 måneder hva var begrunnelsen ? var55

52. Hvor mange møter har det vært totalt mellom barnevernet og foreldre/ omsorgspersoner? var56

Tell opp antall ganger noen fra barnevernet og foreldre/omsorgspersoner har møttes. Enesamtaler og hjemmebesøk regnes også som møter.

Informasjonen hentes fra møtereferater og journalnotat. Alle fysiske møter som er registrert medregnes. Telefonsamtaler regnes ikke med.

54. Hvor mange møter har det vært mellom barnevernet og mor i løpet av undersøkelsen? var57

Tell opp antall ganger noen fra barnevernet og mor har møttes. Enesamtaler og hjemmebesøk regnes også som møter.

Informasjonen hentes fra møtereferater og journalnotat. Alle fysiske møter som er registrert medregnes.

Telefonsamtaler regnes ikke med. Dersom spørsmålet er uaktuellt fordi mor er død besvares ikke spørsmålet.

55. Hvor mange møter har det vært mellom barnevernet og far i løpet av undersøkelsen? var58

Tell opp antall ganger noen fra barnevernet og mor har møttes. Enesamtaler og hjemmebesøk regnes også som møter. Informasjonen hentes fra møtereferater og journalnotat. Alle fysiske møter som er registrert medregnes.

Telefonsamtaler regnes ikke med. Dersom spørsmålet er uaktuellt fordi far er død eller ukjent besvares ikke spørsmålet. Dersom far er kjent men det ikke har vært møter svares 0 "null"

56. Hvor mange ganger har noen fra barnevernet møtt barnet i løpet av undersøkelsen? var59

Informasjonen hentes fra møtereferater og journalnotat. Alle fysiske møter som er registrert medregnes. Det tas her ikke hensyn til om det har vært konkret samhandling mellom barn og ansatt.

57. Hvor mange hjemmebesøk har barnevernet vært på? var60

58. Fremgår det at det er benyttet tolk i samtale med barn eller foreldre? var61

ja 1

nei 2

59. Fremgår det av saken at det er gjennomført samtaler med barnet ? var62

Her registreres bare samtaler som har til formål å avklare undersøkelsen

ja med barnet alene 1

ja med foreldre/omsorgspersoner tilstede 2

nei 3

60. Hva slags innhold hadde samtalen(e)? var63

Ta utgangspunkt i hvordan samtalen er referert i saksdokumentene og registrer hva samtalen omhandlet / hva som var innholdt i samtalen.

Med **undersøkende samtale** om episodisk hendelse menes en samtale der formålet var å få informsjon fra barnet for å avdekke et hendelsesforløp (f. eks knyttet til grunn for meldingen). **Med undersøkende samtale om forholdene i hjemmet** menes en samtale der barnet oppfordres til å fortelle om hvordan det er hjemme uten at det er knyttet til kjente episoder. Med **støttende samtale** menes en samtale som er ment å hjelpe barnet i den nåværende situasjon. En samtale med **diagnostisk formål** menes en samtaer der utredning av barnets fungering, atferd eller helse var i fokus. Med **generell samtale** uten speifikt formål menes alle typer "hverdagslige" samtaler der barnevernet har snakket med barnet i forbindelse med møter, observasjoner eller hjemmebesøk men der det ikke har vært hensikten å undersøke saken.

Barnet fikk informasjon om saken og/ eller hva som skal skje 1

Det var en undersøkende samtale om episodisk hendelse 2

Det var en undersøkende samtale om forholdene i hjemmet 3

Det var en støttende samtale 4

Det var en samtale der barnets synspunk eller meninger ble innhentet 5

Det var en samtale som hadde diagnostisk formål 6

Det var en generell samtale uten spesifikt formål 7

innholdet i samtalen fremgår ikke 8

annet 9

61. Hvilket annet innhold hadde samtalen? var64

62. Har barnet hatt tillitsperson i møte med barnevernet? var65

ja 1

nei 2

63. Er det begrunnet hvorfor man ikke har snakket med barnet i undersøkelsen? var66

ja 1

nei 2

64. Hva var begrunnelsen? var67

65. Er det benyttet sakkyndig? var68

ja 1

nei 2

66. Er det innhentet informasjon fra noen av de følgende? var69

Kryss av for de det er innhetet informasjon fra. Flere svar mulig

Helsestasjon/ Skolehelsetjeneste 1

Barnehage 2

Skole 3

PPT 4

NAV/ Sosialtjeneste 5

Politi 6

Psykisk helsevern for voksne 7

Fastlege 8

Psykisk helsevern for barn og unge/ BUP 9

Spesialisthelsetjeneste / sykehus (utenom PHBU) 10

Statlig barnevern/ annen barneverntjeneste 11

andre 12

67. Hvem andre er det innhentet informasjon fra? var70

68. Er det holdt familieråd? var71

ja 1

nei 2

69. Er det benyttet nettverksmøte i undersøkelsen? var72

ja 1

nei 2

vet ikke 3

70. Er det gjort observasjoner av samspill mellom barn og foreldre i hjemmet? var73

ja 1

nei 2

71. Har barneverntjenesten gjennomført observasjoner av barnet som ikke omhandler samspill med foreldrene ?

var74

ja 1

nei 2

72. Hvilke tester eller prosedyrerer er det referert til resultatene fra? var75

Det krysses av for at testen er referert til dersom det resultater fra testen er omtalt i saksdokumentene. Det er ikke nødvendig at scorene er gjengitt for at testen skal krysses av som brukt. Det er ikke nødvendig at testene er gjennomført av barnevernet selv. Det vi er ute etter er om tesresultater er bruk som grunnlagsinformasjon i saken

IQ test (WISC/WPPSI) 1

DPICS-III 2

Eyberg (ECBI) 3

CBCL (Child behaviour checklist) 4

SDQ (Strengths and difficulties questionnaire) 5

CGAS (Child global assesment functioning 6

Euro-ADAD 7

CAI (Child attachement interview) 8

GAF-S (Global assessment functioning) 9

PDI (Parent development interview) 10

WMCI (Working model of the child interview) 11

AMBIANCE (Atypical maternal behaviour system for assessment and classification 12

Crowell prosedyren 13

Reynell språktest 14

ASQ (Ages and stages questionnaire) 15

Fremmedsituasjonen 16

Abuse index 17

Fem til femten 18

PSI (Parent stress index) 19

andre 20

ingen 21

73. Hvilke andre? var76

Sideskift

74. Er Kvellomalen brukt? var77

Kriteriet for at malen er brukt er at det enten er fyllt tekst i en eller flere av tekstseksjonene, at en eller flere av seksjonene er scoret eller at der fyllt ut en eller flere riskio/beskyttelsesfaktorer.

ja versjon i Familia 1

ja annen versjon 2

nei 3

75. Hvilke seksjoner i Kvellomalen er utfyllt med tekst? var78

NB! Nummereringen referer til verson av Kvello malen i Familia. Dersom det anvendes en versjon med annen nummerering men samme tematisk innhold skal det krysse av i den boksen som korrespponderer med det tematisk innholdet. Det skal krysse av for alle de seksjoner som er utfyllt med tekst, det er tilstrekkelig at en av tekstboksene i seksjonen er utfyllt (omfanget tekst tas ikke med i betraktning)

Seksjon 5 Bolig 1

Seksjon 6 Økonomi 2

Seksjon 7 (7.1-7.3) Om barnet 3

Seksjon 8 Barnets meninger og ønsker 4

Seksjon 9 (9.1-9.2) Omsorgspersonen 5

Seksjon 10 Omsorgspersonens forståelse av barnet 6

Seksjon 11 Generell familiefungering 7

Seksjon 12 Omsorgspersonenes samspill med barnet 8

Seksjon 13 Spesifikke omsorgs og familieforhold 9

76. Er det registrert risikofaktorer i Kvellomalen? var79

ja 1

nei 2

77. Hvilke risikofaktorer er registrert var80

Hvis det er registrert en risikofaktor med nummerering som ikke samsvarer med nummereringen på denne liste skal det krysses av der det samsvarer med tekstinnholdet. Se seksjon 14 i Kvellomalen

1. Barnet født prematurt 1
2. Barnet alvorlig somatisk syk 2
3. Barnet utviklingsforsinkelse/lav IQ 3
4. Barnet oppmerksomhets og konsentrasjonsvansker 4
5. Barnet sky/tilbaketrukket 5

6. Barnet psykiske lidelser 6

7. Barnet utsatt for omsorgssvikt/mishandling/overgrep 7

8. Barnet ikke aldersadekvat vennskap/vennskap i avviksgrupper 8

9. Barent alvolrig mobbet minst 1 år, og/eller mobber andre 9

10. Barnet relasjonsbrudd til nære personer 10

11. Barnet adoptert/ fosterhjemsplasser 11

12. Barnet rusmiddelmisbruk 12

13. Barnet kriminalitet 13

14. Barnet promiskuøs/vagabondering/fare for seg selv 14

15. Barnet flyttet 3 ganger eller flere 15

16. Barnet går i dårilg fungerende barnehage/skole 16

17. Omsorgsperson psykiske lidelser 17

18. Omsorgsperson utsatt for omsorgssvikt/mishandling/overgrep 18

19. Omsorgsperson rusmiddelmisbruk 19

20. Omsorgsperson kognitivt svak/psykisk utviklingshemming 20

21. Omsorgsperson fysisk funksjonsnedsettelse/somatisk sykdom 21

22. Høyt konfliktnivå i familien 22

23. Voldsutøvelse i familien 23

24. Omsorgsperson kriminalitet 24

25. Omsorgsperson utenfor ordinært samfunnsliv 25

26. Familie er stigmatisert 26

27. Innvandrer første eller andre generasjon 27

28. Uavklart oppholdsstatus 28

29. Lang adskillelse fra omsorgsperson 29

30. Samlivsbrudd mellom foreldre 30

31. Steforeldre 31

32. Belastet nærmiljø 32

78. Er det registrert beskyttelsesfaktorer i Kvellomalen var81

Hvis det er registrert en beskyttelsesfaktor med nummerering som ikke samsvarer med nummereringen på denne liste skal det krysses av der det samsvarer med tekstinnholdet. Se seksjon 14 i Kvellomalen

ja 1

nei 2

79. Hvilke beskyttelsesfaktorer er registert? var82

33. Barnet aldersadekvat fungering 1

34. Barnet optimisme/positivt selvbilde/sosial 2

35. Barnet har venner/tilhører prososialt fellesskap 3

36. Barnet har hobbyer 4

37. Barnet tilpasser seg skolens/barnehagens krav 5

38. Omsorgspersoner har god omsorgsutøvelse 6

39. Foreldre integrert i samfunn/ 7

40. Omsorgspersoner enig i barneoppdragelse 8

41. Barnet har tilgang på voksne i tillegg til foresatte 9

42. Omsorgspersoner positiv engasjert i skole / barnehage 10

80. Brukes scoringene i Kvellomalen? var83

Se seksjon 16 i Kvellomalen (skilleark Score). Hvis alle seksjonene er scoret krysses for fullstendig. Hvis enkelte seksjoner er scoret krysses for delvis.

Fullstendig 1

Delvis 2

Ikke brukt 3

Vet ikke 4

Konklusjon på undersøkelsen side 7

Sideskift

81. Finnes det en undersøkelsesrapport? var84

Med undersøkelsesrapport menes et dokument som oppsummerer og vurderer informasjonsgrunnlaget i saken.

ja 1

nei 2

vet ikke 3

Nedenfor vil vi ha svar på hvilken tematikk/fohold som er omtalt i undersøkelsesrapporten / oppsumeringen av saksgrunnlaget og om det var konkludert med at tematikken/foholdet ga grunn til bekymring.

Mer at alle forhold er forvalgt som ikke omtalt. Det er derfor nødvendig å endre svaret på de forhold som er omtalt.

Ikke omtalt - innebærer at det er ikke foreligge informasjon om tematikken i saksmappen

Omtalt som bekymringsfullt - betyr at det foreligger informasjon om tematikken og at denne er fremstilt på en måte som angir at barnevernet anser at informasjonen gir grunnlag for bekymring for barnet atferd, utvikling eller helse.

Omtalt som ikke bekymringsfullt - betyr at tematikken er omtalt men at det ikke fremkommer at barnevernet anser informasjoen som bekymringsfull

Dersom det er uklart om tematikke er omtalt som bekymringsfull eller ikke skal det registreres som ikke bekymringsfull

82. Undersøkelse av barnets behov:

Barnet har nedsatt funksjonsevne/senutvikling (ligger etter for alder) var85

Barnets psyksiske problem/ lidelse var86

Barnets kriminalitet/ rusbruk var87

Barnets atferd var88

Barnets fungering i skole / barnehage var89

Barnets emosjonelle fungering var90

Barnets relasjoner til jevnaldrende var91

Barnets relasjoner til voksne (tilknytningsvansker /samspillet med omsorgspersoner) var92

Barnets konflikter med voksne var93

- ikke omtalt 1
- omtalt som bekymringsfullt 2
- omtalt som ikke bekymringsfullt 3

83. Undersøkelse av foreldrenes omsorg:

Barnet var utsatt for fysisk mishandling var94

Barnet var utsatt for psykisk mishandling / omsorgssvikt var95

Barnet var utsatt for seksuelle overgrep var96

Barnet mangler omsorgsperson var97

Foreldres oppfølging/kontakt med annen tjeneste var98

Oppmøte ved innkalling til helsetjeneste var99

Foreldrenes stimulering /veiledning/ grensesetting av barnet var100

Foreldrenes grunnleggende omsorg var101

Foreldrenes følelsesmessige tilgjengelighet/evne til å forstå barnet var102

Foreldrenes evne til å beskytte barnet var103

- ikke omtalt 1
- omtalt som bekymringsfullt 2
- omtalt som ikke bekymringsfullt 3

84. Undersøkelse av familie og miljøfaktorer:

Foreldres somatisk sykdom var104

Foreldres psykisk problem/lidelse var105

Foreldres rusmisbruk var106

Foreldres kriminalitet var107

Folders er slitne/utlslitt var108

Konflikt mellom foreldre var109

Stressende livshendelser i familien var110

Vold i hjemmet/barnet vitne til vold i nære relasjoner var111

Familiens sosial nettverk var112

Familiens økonomi var113

Familiens boforhold var114

Familiens sosiale integrasjon i nærmiljø var115

Foreldrenes arbeidssituasjon var116

Familiens kulturelle bakgrunn var117

ikke omtalt 1

omtalt som bekymringsfullt 2

omtalt som ikke bekymringsfullt 3

Beslutning etter undersøkelsen side 8

Sideskift

85. Hva var beslutning etter undersøkelsen? var118

Saken henlegges 1

Hjelpetiltak 2

Begjæring om omsorgsovertakelse 3

Begjæring om pålegg av hjelpetiltak 4

Akuttplassering 5

Frivillig plassering 6

86. Hvilke hjelpetiltak var vedtatt? var119

Her registreres hvilke tiltak som ble vedtatt som del av konklusjonen på undersøkelsen.

MST (multisystemisk terapi) 1

PMTO Parent management training oregon) 2

FFT (funksjonell familieterapi) 3

De utrolige årene foreldreveiledning (Webster Stratton) 4

ICDP (International Child development program) 5

Marte Meo 6

Råd og veiledning 7

Miljøarbeider i hjemmet 8

Senter for foreldre og barn 9

Hjemmekonsulent 10

Barnehage 11

SFO 12

Hjelp til fritidsaktiviteter (barnet) 13

Økonomisk støtte (utenom barnehage/SFO) 14

Besøkshjem/ avlastning 15

Støttekontakt 16

Utredning/behandling fra andre 17

Tilsyn og kontroll 18

Ruskontroll 19

Familieråd 20

Nettverksmøter 21

Individuell plan 22

Ansvarsgruppe 23

Oppfølging i egen bolig (barnet) 24

annet 25

ingen 26

87. Hvilket annet tiltak? var120

Sideskift Begrunnelser side 9

88. Er det argumentert for begrunnelsen utover standardformuleringer? var121

ja 1

nei 2

89. Hva var begrunnelse for henleggelse var122

Registrer hvilke begrunnelser som anvendes

Barnets alder 1

En-gangs hendelse 2

Ikke bekymringsfullt nok/ ikke bekymringsfult lenger 3

Har tillit til at foreldre gir god omsorg i fremtiden 4

Det er familiens ansvar å løse evt problem 5

Andre instanser ivaretar saken 6

Familien ønsket ikke hjelp fra barnevernet 7

Erfaring med lignende saker 8

Tidligere kjennskap til familien 9

Familien flyttet 10

Det er ikke grunnlag for tiltak etter loven 11

Saken er andre instansers ansvar 12

annet 13

ingen begrunnelse funnet 14

90. Hvilken argumentasjon er brukt i begrunnelse for tiltak? var123

Registrer hvilke av disse forhold som er brukt som begrunnelse i beslutningen

- Barnets nåværende helse og utvikling 1
- Barnets fremtidige helse og utvikling 2
- Tidligere kontakt med familien 3
- Foreldrenes forventede utbytte av tiltak 4
- Barnets utbytte av tiltak 5
- Barnets sikkerhet 6
- Manglende utbytte av andre tiltak 7
- Foreldrenes ønsker 8
- Barnets ønsker 9
- Samarbeidsparters anbefaling 10
- Barnevernets samarbeid med foreldrene 11
- Barnevernets samarbeid med barnet 12
- Hensyn til barnets beste 13
- Behov for hjelp i en overgangsfase 14
- Forholdene i hjemmet 15
- Barnets særlige behov 16
- annet 17
- ingen begrunnelse funnet 18

91. Hvilken annen begrunnelse er gitt? var124

92. Tematisk innhold i begrunnelsen for tiltak - relatert til barnet var125

Vurder om begrunnelsen omfatter noen av følgende forhold

- Barnet har nedsatt funksjonsevne/senutvikling (ligger etter for alder) 1
- Barnets psyksiske problem/ lidelse 2
- Barnets kriminalitet/ rusbruk 3
- Barnets atferd 4
- Barnets fungering i skole / barnehage 5
- Barnets emosjonelle fungering 6
- Barnets relasjoner til jevnaldrende 7
- Barnets relasjoner til voksne (tilknytningsvansker /samspillet med omsorgspersoner) 8
- Barnets konflikter med voksne 9
- Annet 10
- ingen 11

93. Hvilke andre forhold? var126

94. Tematisk innhold i begrunnelse for tiltak- relatert til foreldrenes omsorg var127

Vurder om begrunnelsen omfatter noen av følgende forhold

- Barnet utsatt for fysisk mishandling 1
- Barnet utsatt for psykisk mishandling / omsorgssvikt 2
- Barnet utsatt for seksuelle overgrep 3
- Barnet mangler omsorgsperson 4
- Manglende oppfølging/avbrutt kontakt med annen tjeneste 5
- Ikke møtt ved innkalling til helsetjeneste 6
- Foreldrenes stimulering /veiledning/ grensesetting av barnet 7
- Foreldrenes grunnleggende omsorg 8
- Foreldrenes følelsesmessige tilgjengelighet/evne til å forstå barnet 9
- Foreldrenes beskyttelse av barnet 10
- Andre forhold ved foreldrene 11
- ingen 12
- andre forhold 13

95. Hvilke andre forhold? var128

96. Tematisk innhold i begrunnelsen for tiltak- relatert til familie og miljø var129

Vurder om begrunnelsen omfatter noen av følgende forhold

- Foreldres somatisk sykdom 1
- Foreldres psykisk problem/lidelse 2
- Foreldres rusmisbruk 3
- Foreldres kriminalitet 4
- Forelder er slitne/utlslitt 5
- Konflikt mellom foreldre 6
- Stressende livshendelser i familien 7
- Vold i hjemmet/barnet vitne til vold i nære relasjoner 8
- Familiens sosial nettverk 9
- Familiens økonomi 10
- Familiens boforhold 11
- Familiens sosiale integrasjon i nærmiljø 12
- Foreldrenes arbeidssituasjon 13
- Familiens kulturelle bakgrunn 14
- Andre forhold 15
- ingen 16

97. Hvilke andre forhold? var130

98. Faglige begrep brukt i begrunnelsen var131

Registrer om noen av disse begrepene er brukt i begrunnelen.

Samspill registreres dersom ordet er benyttet i betydningen foreldre - barn samspill.

Testresultat registres dersom det er referert til en konkret test selv om ikke ordet testresultat er nevnt i begrunnelsen.

De øvrige begrep registreres kun dersom selve ordet er brukt i begrunnelsen - i entall eller flertall.

Mentalisering 1

Risikofaktor 2

Beskyttelsesfaktor 3

Traume 4

Tilknytning 5

Testresultat 6

Samspill 7

Sideskift Avsluttende vurdering gjort av den som registrerte saken. side 10

99. Synes beslutningen i undersøkelsen å være rimelig? var132

Her tas det kun stilling til om beslutningen om å henlegge saken eller ikke var rimelig. Det skal ikke vurderes om hjelpetiltakene/omsorgstiltakene var rimelige.

ja 1

nei 2

100. Hvorfor synes ikke beslutningen å være rimelig? var133

Lagre Avbryt

Se nylige endringer i Nettskjema (v282.0)