

Families refusing assistance from the Norwegian child welfare Services- the importance of family characteristics, case processing and identified problems

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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.

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

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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 Fig. 1.

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 case-worker 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 = 1,365), 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

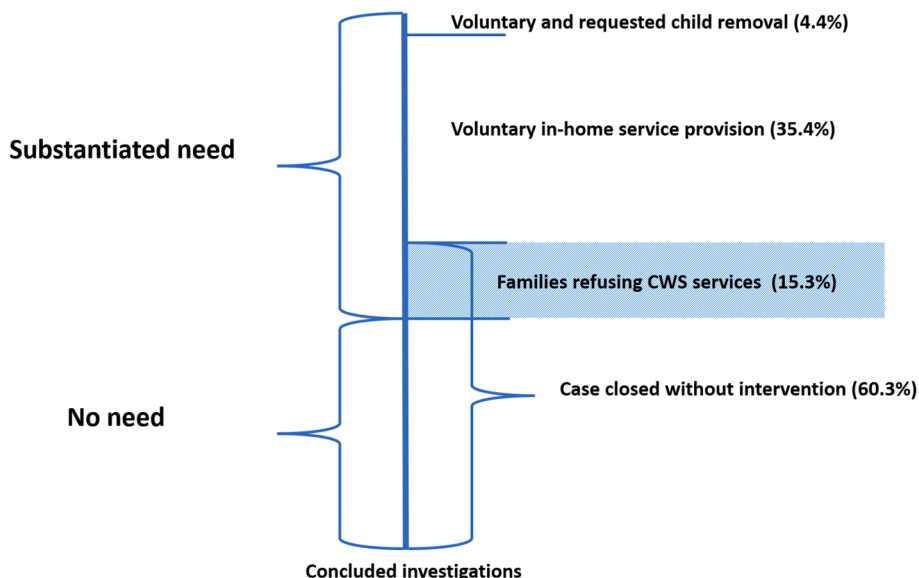


Fig. 1. Outcomes of investigations, based on findings from Christiansen et al. (2019).

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 (Studsrod 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; Kriz & 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. Even though there was a theoretical possibility that the same child could appear in several cases, we did not see children appearing multiple times in the drawn cases.

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

The study protocol was subject to review of research ethics by the Norwegian Council for Patient Confidentiality in Research. Data handling procedures were reviewed by Norwegian Centre for Research Data. The Norwegian Directorate for Children and Family Affairs granted the researchers access to the case files by letter the 11.10.2016. This

exemption required that the researchers signed a declaration of confidentiality. 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 data was encrypted and stored at a secure server approved for storage of sensitive data. No analysis identifying the participating municipalities were performed, to ensure that individuals could not be identified.

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 were 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. Information regarding case trajectory of the previous referrals was not available. 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 general practitioners, 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.

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 immigrant background (at least one parent born outside of Norway) 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 (49.8 %) had been reported previously, while almost one third (27.3 %) 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.

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 <i>Mean (SD)</i>	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)	<i>reference</i>				<i>reference</i>				
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 <i>Mean (SD)</i>	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)	<i>reference</i>				<i>reference</i>				
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 <i>Mean (SD)</i>	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 <i>Mean (SD)</i>	10.94 (8.39)	12.44 (11.56)	11.39 (9.5)	0.02	1.00	1.02	1.04					
Number of home visits <i>Mean (SD)</i>	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 <i>Mean (SD)</i>	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 <i>Mean (SD)</i>	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												

(continued on next page)

Table 1 (continued)

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 %)										
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 < 0.05, **p < 0.01, ***p < 0.001. Multivariable analysis: Nagelkerke R Square = 0.31, chi-square (23) = 106.6 (p < 0.001).

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 heterogeneous 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. It is also unfortunate that we have no information regarding the case trajectory on previous referrals which limits our knowledge of any possible previous refusal of CWS. 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. By ensuring that the family encounters a case worker with a positive and non-

judgemental attitude during the investigation, better grounds for a trusting working alliance are created. This would also include case workers' culture competence which would be beneficial when working with clients with minority background. For case proceedings, both parents should be included. Collaboration with referrers, such as the police and health services, could improve how the families are prepared for being the subject of a referral. In addition, improving the image of the CWS could diminish the stigma related to receiving CWS services. This could be done by widely sharing information on what kind of services the CWS provides, emphasizing that most cases involve families with minor challenges. It should also be told that such challenges are not uncommon in families, and can be resolved by "light" interventions such as individual counselling or group interventions. A stronger collaboration with other municipal services could also be beneficial since receiving services from others than the CWS could be easier for the family to accept. 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. Our results show that 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.

CRedit authorship contribution statement

Kirsten Buck Rustad: Conceptualization, Methodology, Formal analysis, Writing – original draft. **Camilla Lauritzen:** Writing – review & editing. **Karen J. Skaale Havnen:** Writing – review & editing. **Sturla Fossum:** Writing – review & editing. **Øivin Christiansen:** Writing – review & editing. **Svein Arild Vis:** Methodology, Writing – original draft, Writing – review & editing.

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Declaration of competing interest

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Data availability

The authors do not have permission to share data.

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