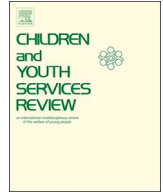




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Child welfare and future assessments – An analysis of discretionary decision-making in newborn removals in Norway

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ABSTRACT

This study explores a particularly wide discretionary space set for decision-making within the Norwegian welfare bureaucracy; care order decisions concerning newborns directly removed from the hospital by the child protection system. The aim is understanding how decision-makers reason and justify in applying (child welfare) policy when decisions have a predictive and uncertain nature. To explore this, all (N = 19) written newborn care order decisions from 2016 decided by the County Social Welfare Board, where the parents have had no previous children removed, are analyzed. Under analysis are parents' problems or problematic behavior and subsequent capacity to change. Three categories of change emerge; case problematics most often appear as *permanent*, a quarter as *slow-moving*, and a small number are *transient*, where some form of change is taking place. Further findings are large variations in the number of sources and contexts applied in the justifications. The study concludes that newborn cases involve a highly marginalized demographic within child protection, as decision-makers unitarily find high, long-lasting risk to equal minimal change capacity in a majority of the cases. Simultaneously, decision-makers appear to mitigate future uncertainty by invoking the parents' childhoods, health and social welfare histories as parenting indicators.

1. Introduction

The delegation of discretion in welfare bureaucracy decision-making facilitates necessary individualization, but is not without its drawbacks. A central criticism is that it opens for similar cases to be treated differently, and vice versa, as a result of local practices, heuristics and rule of thumb (Drobak & North, 2008; Tversky & Kahneman, 1974). This may streamline decision-making, but without legislators' authorization or intention, it ultimately breaches the rule of law (Handler, 1983). The critique sees discretion in the welfare state as a threat to democratic control (Molander, Grimen, & Eriksen, 2012; Rothstein, 1998). In this paper, I probe at the accuracy of this critique by examining reasoning in child welfare care orders of newborn children: serious state interventions into family life, aimed at securing a child's best interest.

Legal decision-makers and judges in child welfare systems are authorized discretion in making decisions about family structures, despite little systematic knowledge and research existing on what justifies decisions about removing a child from parental care. These decisions are in the literature characterized as immensely difficult (Broadhurst, 2017; Munro, 2019; Ward, Brown, & Westlake, 2012), and must adhere to law, to established knowledge about children's developmental needs, as

well as normative ideas of what are legitimate reasons for state intervention into family life (Gilbert et al., 2011; Burns et al., 2017; Connolly & Katz, 2020; Berrick, Gilbert, & Skivenes, 2020). However, these sources require interpretation, and are open to contrasting views. Furthermore, decision-makers must, based on available evidence and guidelines, make predictions about the future of families (Munro, 2008; Putnam-Hornstein & Needell, 2011; Taylor, Baldwin, & Spencer, 2008). This includes establishing the likelihood of the causes for concern changing in due time so that parents will develop adequate parenting capacities. Of interest for this study is the assessment of future parenting in legal child welfare decisions. What arguments and evidence substantiate and justify conclusions about whether a parent can secure a child's short- and long-term best interests?

To study this, I have collected all child welfare newborn care order decisions decided by the Norwegian County Social Welfare Board (County Board) in 2016 in which the newborn was removed directly from the hospital (N = 46). Amongst these cases I have selected only those where the parents have not had previous children removed (N = 19), in order to eliminate the influence of previous parenting. This is a sample in which decision-makers' assessment of, and predictions about, parenting capacities are not based on information about previous actual parenting, but rather take the form of hypothetical

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assessments about parenting. An analysis of reasoning in newborn removal cases brings insight to an understudied area of the welfare state, both in terms of revealing the content and severity of these cases, as well as shedding light onto proceedings and justifications that are mostly hidden from external actors (Burns et al., 2019).

The paper has the following structure; the Norwegian (child) welfare system will be introduced first, as well as knowledge about newborns and child welfare decision-making in Norway and internationally. I will then lay out the theoretical framework of discretionary space and reasoning relevant for these decisions, before methods and methodology will be elaborated on. Both descriptive and substantive findings will be presented and analyzed, followed by a discussion and some concluding remarks.

2. The context for decision-making in care orders of newborns in Norway

2.1. The Norwegian welfare state and child welfare system

In order to understand decision-making in newborn child removals, it is vital to understand the context in which they happen. The Norwegian social democratic welfare model is described as comprehensive and universalistic, central features being public and collective responsibilities for ensuring high levels of social security, equality and social redistribution (Esping-Andersen, 1990; Romøren, Kuhnle, & Hatland, 2011). As a sub-field within the Norwegian welfare state, the child welfare system is oriented towards family service, and child-centric in its approach (Skivenes, 2011). Rather than socio-economic factors, poverty and marginalization being directly linked to *child abuse* and triggering interventions, Norwegian child welfare work is oriented towards parents' or children's personal problems and needs, and more often *child neglect* as a result of these (Ogden & Backe-Hansen, 1994). Within the system, provision of in-home services, prevention and early intervention with low thresholds, as well as focusing on the least intrusive intervention, reigns when working with vulnerable children and families. Removing children from their parents' care is considered the last and least favorable solution, only to be used when every other in-home service has been ruled out (Skivenes & Søvig, 2017).

Despite one of the main reasons for child removals followingly being the "parents' harmful care and neglect of the child's needs" (Skivenes & Søvig, 2017, p. 46), Norwegian child welfare legislation¹ opens up for removals of children based on future assessments. The provision allows removing a child even though factual child neglect has not been observed, and may be used when children receive care from parents who, based on a 'high probability', will not be able to care sufficiently in the future, in order to secure children security and continuity in the care provided for them. The core demographic relevant are described to be parents with intellectual disabilities, serious personality disorders, extensive mental health issues and drug use with poor prognoses for changing care capacities. These decisions are normally seen as long-term placements (NOU 2012:5, 2012). However, policy simultaneously states, and is restated, that newborn child removals "may prove to be extremely difficult if the parents have not cared for the child or a previous child, or time has passed since their previous care task, and it is alleged that sufficient changes have taken place" (NOU 1985:18, 1985).

Care orders of infants where the rights of the parents are distinctly restricted, are nonetheless low-frequent throughout Scandinavia compared to removals of older children (Hestbæk, Höjer, Pösö, & Skivenes, 2020). Relative to the other Scandinavian countries however, there is a higher amount of infant care orders in Norway. The number of infants placed through a care order in Norway in 2016 was almost four times as high as in Sweden, Denmark or Finland, as 2.3 per 1000 infants were

placed with a formal care order decision by the end of year (aged 0–11 months) (Hestbæk et al., 2020). At the other end of the age spectrum, and unsurprisingly, this number was 13 per 1000 for teenagers aged 13–17, and in sum 8 for all children below 18 years of age (Bufdir, n.d.).

2.2. Knowledge about newborns and child welfare decision-making

The increased focus on the youngest subset in child protection is rooted in emerging knowledge about the particularly damaging effects of experienced abuse and neglect in infancy, as it is a "a period of extreme vulnerability in which specific child welfare experiences have the potential to have devastating, long-term consequences" (Ward et al., 2012, p. 18; Dwyer, 2008; Wulczyn et al., 2005). In Norway, knowledge pools have been emerging about infant mental health and development, as well as the importance and significant effect of prenatal circumstances and exposure to drugs and alcohol in utero (Slinning, Hansen, Moe, & Smith, 2010; Braarud, 2012) which is highly relevant to the context of newborn care orders and parental capacity assessments. Much empirical research and theory development has also been accumulated on child welfare decision-making in the agencies and the professional level (Eriksen & Skivenes, 1998; Backe-Hansen, 2001; Oterholm, 2003; Grinde, Egelund, & Bunkholdt, 2004; Vis & Fossum, 2015; Christiansen & Kojan, 2016) as well as, but to a lesser degree, on the County Boards (Falck and Havik, 2000; Skivenes & Søvig, 2017; Skivenes and Tonheim, 2017, 2019).

Intervention around the birth of a first child requires assessing the likelihood of future child abuse or neglect - assessing the likelihood before it occurs (C. van der Put, Assink, & van Solinge, 2017; C.E. van der Put et al., 2017). Putnam-Hornstein and Needell (2011) contribute towards this field in their investigation of the risk of a child being reported for maltreatment before turning five years old, using population based birth records linked to child protection data. They studied a California birth cohort from 2002, and discovered 11 significant birth variable predictors related to families and children for contact with child protective services before turning five. Interesting, but not surprising perhaps, is that low birth weight, no use of prenatal services and a birth abnormality are strong predictors at birth, but then lose explanatory force after infancy (Putnam-Hornstein & Needell, 2011). Larrieu and colleagues explain that specific risk factors are less important than the number of risk factors for predicting loss of infant and toddler custody. Further, no specific risk profile, such as mothers with substance-use disorders or psychiatric disorders, indicates reunification with the children as impossible (Larrieu, Heller, Smyke, & Zeanah, 2008, p. 58).

Research on actual decision-making in infant removals can nonetheless be said to be limited, as an international trend (Broadhurst et al., 2018). This makes sense, as the cases are both sensitive in nature and exempt from public disclosure. When focusing on capacity to change in the newborn subset, social work research has found that parents who had not "managed to effect major change during pregnancy, but had made some progress around the birth of their child were generally not able to sustain such changes" thus pulling towards removal (Ward et al., 2012; cf. Lushey, Barlow, Rayns, & Ward, 2018, p. 106). Focusing on risk factors and parenting, Krutzinna and Skivenes examine across three European countries which parental capacities courts emphasize as important for their decision to remove or not remove a baby at birth; lack of empathy for the child, poor parental competency and mental illness being the top three risk factors for removal (Krutzinna & Skivenes, 2020).

3. Discretion and decision-making in newborn removals

3.1. Structural frame for decision-making – discretionary space

The discretion delegated to the County Board in assessing the

¹ Both §4-8 and §4-12-d of the Child Welfare Act of 1992.

forementioned risk in newborn cases has both a structural and epistemic dimension. Despite the latter being the focus of this study, the structures facilitating discretion must be presented first (Wallander and Molander, 2014). The frame for decision-making in this context, “the surrounding belt of restriction” as emphasized by Dworkin (2013), thus contains at least two vital components; *who* makes the decision, and *what* instructions are provided.

The County Board in Norway can be seen as an implementer of law as well as child welfare policy, entrusted with a wide discretionary space, as there is a lack of concrete professional guidelines and instructions assisting professional judgments when interpreting rights and legal criteria (Falch-Eriksen & Skivenes, 2019). In 2016, there were 12 regional County Boards across the country, catering to all the then 428 municipalities and their child welfare services (CWS), who file care order applications to their respective County Board². This includes providing all the written case material such as journal notes and statements from various social and health services, and all written material from the parents’ history with CWS. The CWS carries the burden of proof through their submission of the removal application (Skivenes & Tonheim, 2017). The proceedings indicate the vital role of the CWS in framing cases for the County Board. There are some instances where the parents consent to the care order, but all formal care orders³ are characterized as ‘involuntary’ when subjected to legal proceedings in the County Board.

Each County Board is a court-like decision-making body representing both legal, professional and lay perspectives necessary in sensitive child welfare issues, and the multidisciplinary bench indicates a focus on due process and legitimacy for the involved parties (Skivenes & Tonheim, 2017). The County Board bench is normally comprised of three members; the Chair who is a lawyer,⁴ an expert member (usually a psychologist) and a lay member. The County Board is assigned to assess whether a *high probability of a situation or risk for the child* (§4–8, section 2) as described in the general child removal provision (§4–12, a-d) of the Child Welfare Act (CWA) exists if the child were to move home with its parents (The Child Welfare Act, 1992). If so, this warrants a child removal based in an interim removal immediately after birth. In an ordinary removal decision, the County Board assesses the fulfillment of three legal criteria, resting in the ordinary removal provision §4–12 of the CWA as mentioned. There needs to be (a) a situation where harm or neglect has occurred or was likely to occur, (b) in-home or help services have been unable or assessed as unable to facilitate satisfactory care, and (c) the removal is in the best interest of the child (Skivenes & Søvig, 2017). Since newborn removals include greater uncertainty than removal decisions with older children, legislation and case law emphasizes stricter evidentiary requirements (Oppedal, 2008), the threshold being “highly probable” rather than the usual requirement “more likely than not”, that harm will occur.

3.2. Decision-making under uncertainty - discretionary reasoning

As a reason for this higher threshold for intervention, the Norwegian lawyer Lindboe (2007) explains that when predicting the future, it is impossible to be as certain as when assessing conditions and instances that have already taken place. Specifically to child welfare, various authors have described the difficulties in accurately predicting future abuse (cf. Gold, Benbenishty, & Osmo, 2001). Philosopher Sandra Mitchell explains predicting the future in relation to human actions as “challenging because of the complexity of the causal influences on the individual” (Mitchell, 2009, pp. 88–89). Kjær (2019) describes that the

² Since 2016, there has been a Municipality reform in Norway, and the number of municipalities is down to 356. Following this reform, there are now 10 regional County Boards.

³ Children may also be placed out-of-home as a voluntary measure, where the premises are set by the parents.

⁴ But employed as a civil servant, not a judge (Skivenes & Søvig, 2017, p. 48).

Norwegian CWA has the child’s current situation as its norm, despite some provisions requiring future assessments, as newborn removals do. Decisions anchored in future assessments can be seen as drawing on the logic of, and contextual premises for, decision-making from simpler circumstances which are then extended to contexts of increased risk and uncertainty (Mitchell, 2009, p. 86), which is not necessarily an unproblematic transfer. These simpler circumstances can be those the CWA is aimed at, such as older children with more life experiences, those newborn cases where parents have had prior children removed, or at least have exercised parental care.

Even though we do expect the professionals entrusted with important decision-making tasks to act in accordance with their best judgment (Wallander and Molander, 2014), this type of transfer of logic from the more certain to the uncertain can be related to the well-known limitations to the human cognitive system. The human mind has a limited capacity to attain, filter, comprehend and process information for later use (Schott, 1991; Simon, 1955; Tversky & Kahneman, 1974). This can lead to errors and biases (Tversky & Kahneman, 1974; Wallander and Molander, 2014). These cognitive biases can concern interpreting experiences and information based on earlier encounters with similar cases or situations (availability bias), selecting and relying on information that confirms, rather than contradicts our initial stances (confirmation bias), and associating events occurring sequentially to be causally linked (Jacobsen & Thorsvik, 2013; Tversky & Kahneman, 1974). Eileen Munro articulates this focus on history and past events in child welfare decision-making under uncertainty, stating that “the best guide to future behavior is past behavior”, as the family’s way of behaving to date is the strongest evidence of how they are likely to behave in the future (Munro, 2008, p. 77). This can be explained through for example the somewhat disputed intergenerational transmission hypothesis, that parents who experienced abuse or neglect as children are thought more likely to abuse or neglect their own children (Assink et al., 2018; Widom, Czaja, & DuMont, 2015).

As such, the wide discretionary space available alludes to the expectation of both variation as well as conformity between decision-makers in newborn care orders. It is expected that these cases are serious and multifaceted, as intervention before parental care is exercised indicates a high level of risk and concern. However, the threshold is correspondingly higher. Family and social history is expected to be prevalent, and color how the current and future is assessed.

4. Materials and methods

4.1. Data material and the cases

Out of the 46⁵ ordinary child removals⁶ of newborns directly from the hospital in Norway in 2016⁷, this study focuses on all 19 cases from that year where no prior sibling has been removed. Access to the material was granted by the Norwegian Data Protection Authority, and several agencies were involved in granting access to and working with confidential material⁸. The written decisions range from 8 to 23 pages,

⁵ This includes 2 cases filed under §4-6, §4-12, but the child was placed directly from the hospital in both instances.

⁶ Newborn removals are a twofold legal process, containing both an interim removal from the hospital (§4-8, §4-9 in the CWA), followed by ordinary removal proceedings (§4-8, §4-12 in the CWA). CWS undertakes the initial interim removal the hospital, supported by a legality check by the County Board Chair. Within six weeks of the interim removal, CWS submits an ordinary removal application. If not, the removal is revoked, and child moved back to its parents.

⁷ 2016 represents the most recent cases available.

⁸ The following website provides information about data protection ethics and data access: <https://www.discretion.uib.no/wp-content/uploads/2019/12/INFORMATION-ABOUT-DATA-PROTECTION-ETHICS-AND-DATA-ACCESS.pdf>.

with a relatively fixed structure. They include relevant background information and overview of the undisputed facts, followed by CWS's claims, the parents' claims, and finally the County Board's assessment and final decision. The County Board's written assessment and justification is structured by the three care order criteria (§4-12) mentioned, as well as a paragraph on the selected placement in foster home, and a final longer section on visitation between the birth parents and the newborn. The County Board final assessments and justifications are based on all the written claims and evidence presented by the parties and their lawyers before the hearing, as well as statements made orally in the hearing by the parties, as well as expert and private party witnesses. The background section, final assessment and justification have been read and analyzed both for descriptive and analytical purposes. The background section has informed the descriptive coding and classification of cases, while the substantive analysis is based on the final assessment, as indicative of the rationale for the decision.

The cases have non-identifiable names ranging from C1 to C19. C13 and C16 has included the background section in the analysis as the assessment is in both cases very short and superficial, emphasizing the background section that both parties agree on, and the mothers agree to placement. In C16 the question at hand is not the actual care order, but rather the placement with the biological grandparents, where the mother also will live. The five cases where the parents give consent to placement have shorter assessment sections. The County Board explicitly states that it "nonetheless has an independent responsibility to ensure that the criteria enshrined in the law are fulfilled, even though the consent may affect the assessment of the evidence, as the County Board does not need to comprehensively discuss matters that both parties agree upon" (C13). The substantial coding focuses on arguments relative to the parents seeking to have the child in their care, and in the five consent cases (C10, C13-16)⁹ the focus is on the parent with parental authority. In 14 cases this is only the mother¹⁰, and she is the central figure of discussion. As such, there are five cases in the pool of 19 where the father is a presence in the case. In four of these cases, both parents seek joint care of the child. In C1 the father is sole care seeker, and the County Board describes him as dealing with personality/social functioning issues, and untreated childhood trauma. In C2, both parents have drug problems. In C4 and C5 both sets of parents have intellectual disabilities, and in C19 the father has personality/social functioning issues. The newborns were on average three months at the time of the County Board hearing. In seven cases the children were explicitly healthy or assumed healthy at birth, and the rest experienced challenges related to (suspected) drug exposure in utero (C2, C7, C11, C15), prematurity (C4, C16), dysmaturity (C16), asphyxia (C9), blood sugar levels (C1), heart issues (C6) and physical challenges (C11). Three cases are unclear about the child's condition at birth.

4.2. Analytic approach

The written decisions have been explored through inductive content analysis (Cho & Lee, 2014; Taylor, 2016), and coding and classifications have been performed using Nvivo 12. As mentioned, the cases have been read and analyzed both in order to obtain descriptive information about the cases, and to gain an understanding of how the County Board reasons and justifies the removal decisions. Sections of the judgements that were mere repetitions or paraphrases of legislation or guiding

⁹ C10 concerns a mother with serious mental health issues, C13 concerns a mother with a moderate intellectual disability, C14 concerns a young mother with personality/social functioning issues, C15 concerns parental drug use, and C16 concerns a young mother with personality/social functioning issues.

¹⁰ Within these 14 cases, the father is unknown in four. In six of these cases, the father is known by name, but no further elaborations are made. In two of the cases both parents have parental rights but only the mother seeks care rights. In the two remaining of the 14 cases the father has no rights or responsibilities, but is granted visitation.

principles relevant to the case, as mentioned above, were omitted from the analysis if they were not applied and connected directly to specific individual case elements. The written decisions were first read and reread as a whole to gather descriptive data of case outcome, parties involved, and other descriptive features related to the level and assessment of risk in the cases. After gaining descriptive information throughout the text, the focus shifted to the County Board's reasoning section. The material was coded first openly to explore the content, focusing on change, risk factors and time dimensions. The County Board typically assessed what it saw as the duration of each placement, thus providing a clear indicator of how they saw the parents' capacity to change. This reading roughly shaped the change categories of *permanent*, *slow-moving* and *transient*. All the 13 cases labeled *permanent* were explicitly assessed as long-term placements; that the newborns were likely to grow up in the foster families. Out of the four cases labeled *slow-moving*, three of them were also assessed by the County Board as long-term. They however stood out in how the County Board assessed the possibility of the parents being able to change their situation. Change was not impossible but described as a difficult process taking several years. In the last slow-moving case, the newborn was placed in the care of the maternal grandparents, and length of placement was not discussed. Two cases were *transient*. One of them was a non-removal, while in the second case, the mother was seen as able to achieve adequate change making reunification a possibility in the near future.

Following the focus on change, categories capturing the parental risks or situations in the cases were developed drawing on the Ward et al. (2012) and Hindley, Ramchandani, and Jones (2006) frameworks of parental risk factors associated with future harm, as well as descriptions of the nature of the behavior or problem (Munro, 2008). This round of coding investigated the duration and prevalence of the parents' problems, as part of Munro's 'factors for change' (Munro, 2008). Duration was understood both as how long the problematic behavior had lasted, as well as specific relations with Child Welfare Services as a child. Prevalence was the number and types of contexts over which the problems or problematic behavior had been observed (Munro, 2008, p. 87). This was coded first as observations or statements from a direct source (doctor, service) emphasized by the County Board, but also then embedded into larger context categories such as the hospital during the time of birth, the police, or prenatal services. The three change categories structure the presentation of the risk factors, as well as the assessments of the duration and prevalence of the parents' problems. Throughout the remaining of the paper the term *parental problems*, in line with the Munro (2008) usage, represents terminology such as 'risk factors' and 'problematic behavior'.

4.3. Limitations

Several limitations to the study need mentioning. Firstly, the study can be said to be 'parent-focused' by its anchoring in the 'factors for change' and parental risk factor frameworks. This may underplay the role of wider societal and environmental risk factors in the decision-making process. Secondly, not all arguments or facts of the care order case presented to the County Board in writing or orally in the hearing are included or referenced to in the written decision. As such, some information is not explicit in the cases, and some information may have been mentioned in the introduction, but is not mentioned as part of the justification, and therefore is not included in the substantial analysis. Neither can it be retrieved from the data what the decision-makers think, and how they have communicated during deliberations. The written judgments nonetheless include and convey what the County Board deems relevant in order to substantiate the decision (Lundeberg, 2009; The Dispute Act, 2005). As a number of these cases are publicly available, by extension, the judgments are analyzed as the State's written justifications for newborn interventions.

It is inarguable that the number of annual ordinary newborn care orders directly from the hospital in Norway where the child is the first born to the parents is small ($N = 19$), as 1067 care orders were made in 2016 (Bufdir, n.d.). This makes the case sample small, accordingly. However, the data makes out all the cases of this particular kind in Norway, thus directly representing the phenomenon in question. The totality of the material is disclosed from the Norwegian public, and highly regulated. As such, providing insight to the process, rationales and outcomes underpinning these decisions is extremely valuable and necessary. Furthermore, insights into specific decision-making practices that have a predictive and future oriented nature can be analytically relevant both to cases where parents have only exercised care for a short time period, as well as broader welfare bureaucracy decision-making tasks outside child protection needing future assessments.

5. Findings

All the 19 decisions were unitarily decided by the Board, meaning no dissenting opinions by the three¹¹ County Board members. 18 of 19 decisions were ruled as removals, with one case ruled as non-removal, proposing the mother and child a transition to a stay at family center (C17). In 16 of the cases, the parents had arranged visitation with the infant between the initial placement and the ordinary County Board hearing, making evident that some form of exercise of care was observed by either foster parents or CWS or both.

5.1. The parents' problems and capacity to change

Parental problems and capacity to change appeared as vital elements in the decisions. The cases were complex and the parents' problems overlapped. The County Board found personality/social functioning issues as a main problem in 16 cases. These non-exclusive issues ranged from aggressive behavior, personality disorders, untreated ADHD and more general descriptions of immaturity and vulnerability or anti-social behavior. In 10 cases the parents had mental health issues, ranging from bipolar disorder, anxiety, depression and PTSD. In eight cases the County Board regarded the parents' own problematic upbringing, such as abuse, neglect or bullying, as formative of the parents' struggles. Six cases concerned intellectual disabilities, ranging from borderline to moderate. Four cases had parental drug use as a main problem. In 18 cases the problems intersected and overlapped. In one case the County Board stressed four different problems, and in the rest between two and three. Only one case had only one problem area as defined by the County Board. As indicated, personality/social functioning issues appeared in combination with all other problem areas.

Intrinsically linked to the parents' problems was the ability to change sufficiently within the near future. However, variations appeared as to how plausible change was. As such, three primary categories of change in the cases emerged; *the permanent cases*, *the slow-moving cases* and *the transient cases*. As mentioned, 16 of the cases the County Board saw as long-term placements, meaning that the infants were expected to grow up in the care of their foster parents. These make up all the permanent cases, and three slow-moving cases. The nature of the last three cases not deemed long-term placements is elaborated on below.

5.1.1. The permanent cases

Diving into the 13 *permanent* cases, the parents here were not expected to change their problem behavior or functioning in the near future. The clear indicator of this was naturally the anticipated duration of the placement as 'long-term', but in these cases, the County Board made explicit how they assessed the parents' lack of capacity to change.

This was mainly due to the inherent 'permanency' of the problems, and due to lack of insight and compliance. At first glance, the amount of problems in the cases did not necessarily correspond to overall level of risk or seriousness of the case. Furthermore, all problem types appeared across the permanent cases. However, what was interesting, but not necessarily unsurprising, was that all the cases where the parents had an intellectual disability fell within the permanent category (see Fig. 1 for an overview of the problems across the permanent cases).

All the 13 permanent cases included descriptions of the inherent nature of the parents' problems as not facilitating change to occur naturally or with help measures, and that the parents traits, behavior or problem(s) were somewhat 'fixed' or impossible to overcome in the foreseeable future. This was evident in C12, where the mother had an intellectual disability:

"The County Board cannot see that the criteria for a voluntary placement are fulfilled. Mother's difficulties are not of a transient nature. Even if Mother were to be medicated for ADHD, the County Board cannot see that the evidence claims that this would change the totality of Mother's problems." - C12

The inherent nature of the problems was seen to directly affect the parents' ability to learn and utilize help. Three of the 13 permanent cases, all concerning intellectual disabilities, were directly concerned with the parents' actual (lack of) ability to learn or change. The cases included descriptions from CWS and foster parents during visitation between the biological parents and the child, where no sign of learning despite repeated input and counselling efforts how to hold, feed or soothe the child was reported:

"Foster mother explained to the Board that Mother needs assistance both with feeding and caretaking of Son. Despite counselling, she needs help during every visitation in holding Son securely. Foster mother does not see that Mother is able to utilize help. The supervisor from CWS also confirmed this to the Board." - C4

Six of the permanent cases were characterized by the parents' lack of insight into their problems, compliance and cooperation with services, and the linkage to possibility for change. The parents appeared to have the inherent capacity to change, but the current situation was characterized by (a) parent(s) who appeared unavailable or unwilling to embark on change and cooperate with services for assessments and treatments, thus resulting in a 'locked' situation. This is illustrative in C18, where the mother had unspecified behavioral problems, but no intellectual disability or reported mental illness:

"Mother was not available for guidance at the hospital, and mother is still not showing any acknowledgement or insight indicating that help measures per today will be of benefit." - C18

5.1.2. The slow-moving cases

Moving on from the permanent cases, four of the 19 cases were *slow-moving*, seeing change not as impossible, but as a lengthy and difficult process for the parents. These four cases shared similar traits; two of them centered around the parents recent drug use and current mental health issues as well as problematic childhood in one case (C15) and personality social functioning issues in one case (C2), while the last two cases focused on young mothers with problematic childhoods and personality/social functioning issues (see Fig. 2 for overview).

In the two cases centered around the parents' recent drug problems, the County Board assessed that the parents were not at a place currently or in the foreseeable future where care for children was considered a safe option. *Stability* and *time* emerged as key elements in these cases:

¹¹ See footnote 3.

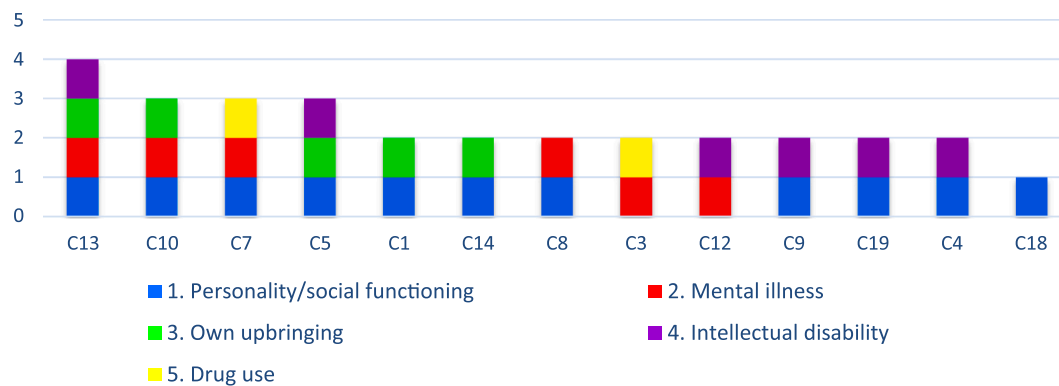


Fig. 1. Parents' problems across the permanent cases. N = 13.

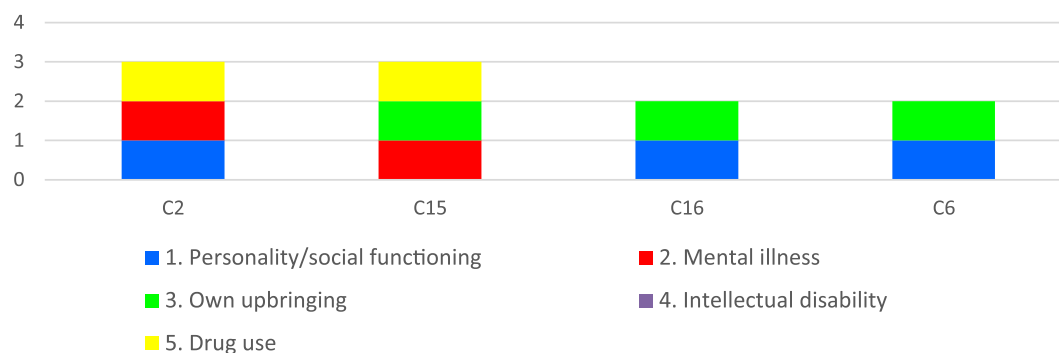


Fig. 2. Parents' problems across the slow-moving cases. N = 4.

“Even though the parents’ development has been good, they wish to be drug free and to have clinical follow-up, it will be very difficult for them to change their life situation. Judging by the parents extensive and long-lasting problems, it is assessed that they have a long and demanding process ahead of them in order to obtain a lasting drug free life... (...) The parents need to show a life of stability and stable drug abstinence for several years before a reunification can be considered as an option”. -C15

The focus in the ‘young mother’ cases was primarily on their immaturity (C16) and vulnerability (C6) due to their challenging childhoods, and the conclusion that they needed time to mature and self-develop before being able to care for a child. In C6, where it was claimed that the mother was on a positive path towards change, but that it needed to manifest itself further, this is illustrated:

“In any case, the County Board considers Mothers’ positive development not to be pervasive enough, and has not lasted long enough, or has manifested itself to a significant extent, in the relation to caring for a small child”. – C6

Despite the second young-mother (C16) case not being assessed as long-term, it was nonetheless ruled as slow-moving. With the child placed in foster care with the maternal grandparents and biological mother, timing was not discussed, other than the mother needing time to focus on being a teenager and mature accordingly.

5.1.3. The transient cases

Two cases were transient, representing two out of the three cases that the County Board did not see as long-term placements. The two transient cases both focused on the mothers’ mental health problems, and personality/social functioning issues. C17 was ruled as a non-removal, where the County Board found the care order criteria to be fulfilled, but that the condition of attempting, or assessing the effect of, help measures had not, “under serious doubt”, been sufficiently substantiated. The mother was thus proposed a transition to a family center

with her child, extensively supported by her family and network, as well as accepting medication and showing insight into her problems. C11 had a mother with severe mental illness but also showing insight and accepting treatment, and as such, the County Board did not exclude that she would be ready for custody before boy developed attachment to the foster home:

“Mother has nonetheless now expressed that she is ready for treatment, and the Board deems that she for several months now has had a better functioning than before. Even though there are reasons to believe that mother needs treatment for a long time, the County Board cannot overlook the potential of the mother, before the boy has such an attachment to the foster home that a reunification will be impossible, will be able to be in such a position that she can care for the child. - C11

The two transient cases included personality/social functioning issues, as well as mental health problems. Despite there overall being no clear patterns found as to the amount of problems and the degree of change expected as mentioned, it is evident that the two transient cases ‘only’ included two problem areas each.

5.2. Duration of problems and capacity to change

The County Board emphasized the duration of the parents’ problems in all 19 cases. A main, but unsurprising, finding was that in the cases where the problems had lasted the longest, since childhood, the County Board saw the least potential for change. Fig. 3 illustrates the duration of the parents’ problems in the cases, divided by the different change groups:

In the permanent cases, eight of the 13 cases had parental problems assessed as starting in childhood. In two cases (C4, C9) where the parents had intellectual disabilities and personality/social functioning issues, the County Board focuses on the parents’ problems emerging as adults. However, this did not mean that the parents did not have challenging childhoods and teenage years. The County Board described

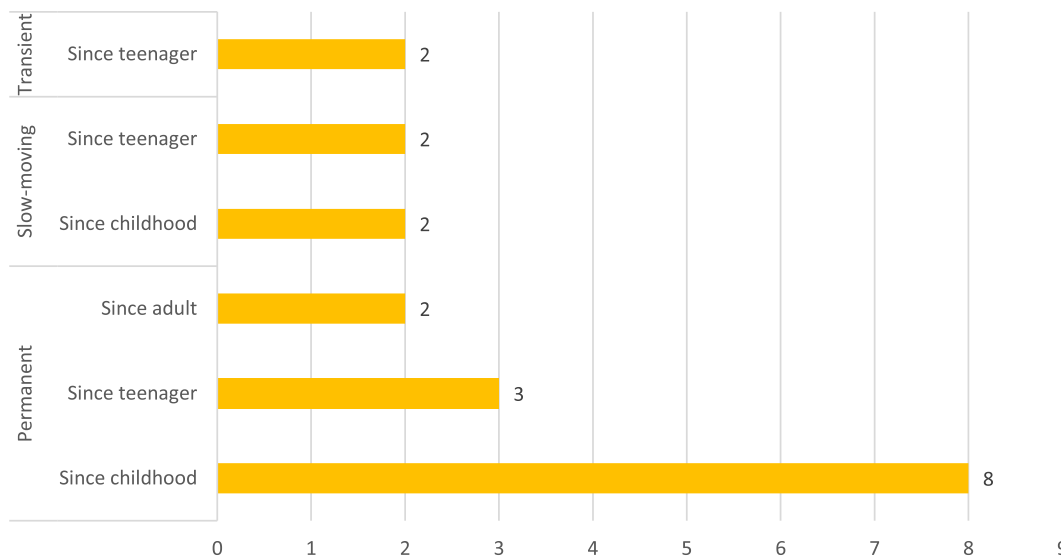


Fig. 3. Duration of parents' problems by capacity to change. N = 19.

the parents' upbringing, including special education, intellectual assessments and challenging transition to facilitated employment, (C4) and immigrant background arriving in Norway as a teenager and interaction with mental health and cognitive services (C9), but the County Board assessment and justification nonetheless focused on parents' adult lives as being problematic:

"The County Board noticed that none of the grandmothers emphasized that Mother and Father had challenges in their everyday lives despite both having been work disabled for several years and have obvious and significant social difficulties." – C4

The four *slow-moving* cases all started during the parents' childhoods or teenage years. The two cases starting in childhood concerned mental health issues, problematic upbringing and following drug use (C15), personality/social functioning issues and problematic upbringing (C6), and the teenage years cases included C16 with the same problem composition, as well as C2 including drug use, mental health issues and personality/social functioning:

"Father started using drugs around the age of 12 and has used drugs seemingly continuously throughout his youth and since becoming an adult. He has no completed education, or proven ability to keep a job over time". - C2

As mentioned, the *transient* cases were cases where the mothers had personality/social functioning issues, as well as mental health issues starting during the mothers' teenage years (C11, C17):

"The County Board points to the fact that Mother has had several difficult life experiences. She has been in contact with mental health services since the age of 14. Since this, she has had shorter time spans with better functioning than what has been the norm". – C11

Finally, where relevant, the County Board also emphasized the parents' direct relations to CWS as children and teenagers. As illustrated in table 1, the parents had some form of relation to CWS as children or

teenagers in 11 cases. Nine of the parents lived in either foster homes or residential units or both, five of these through a formal child removal, whereas two parents had contact with CWS, either not specified (C1) or not substantiated (C8). Legally, in five of the 11 cases the parents were taken into public care by a care order (§ 4–12), where the median age at removal was 14.

5.3. Prevalence of problems and capacity to change

The vast prevalence of the parents' problems was also evident through the range of contexts the problem was observed, and reported on. As such, 16 different types of contexts were identified in the County Board's assessment and justification, each including several sources within the type of context. Most prevalent were descriptions from physicians, psychologists, therapists and health personnel assessing the parents' *mental health* and intellectual capacities from appointments, assessments, and treatment programs. Exploring the individual cases, we see that the County Board varied from emphasizing 26 sources across eight contexts (C19), to three cases with three contexts (C1, C7 and C18), illustrated by Fig. 4:

Fig. 4 conveys several aspects related to prevalence of the parents' problems and how many sources were emphasized within the different contexts. Firstly, and most visibly and importantly, there was variation between cases in how many contexts and sources they included. Secondly, the figure also illustrates the complexity of each case, and underlines how consuming and fluid the problems actually were, across the various domains in the parents' lives. Despite there being no clear pattern as to the amounts and types of contexts and sources prevalent across the three change categories, some interesting tendencies emerged. In the *slow-moving* cases the parents' network was mentioned all four cases, with multiple sources within the context. Furthermore, both C11 and C19, two interesting outliers on each end of the change continuum, has six different mental health sources included, despite their different content and outcomes.

6. Discussion

So, how does the Norwegian County Board utilize their discretionary powers in making and justifying future assessments of parenting? From what is revealed through the analysis, future assessments in newborn cases are to a large extent a task of substantiating past and current parental risk factors and behavior, and making inferences from these observations to hypothetical future parenting.

Table 1

CWS involvement in parents' childhoods (N = 11).

Lived in residential unit	4/11
Lived in both foster home and residential unit	3/11
Lived in foster home	2/11
"Contact" with CWS as teenager	1/11
Investigations but no further actions	1/11

Mutually exclusive categories. Based on Board's assessment.

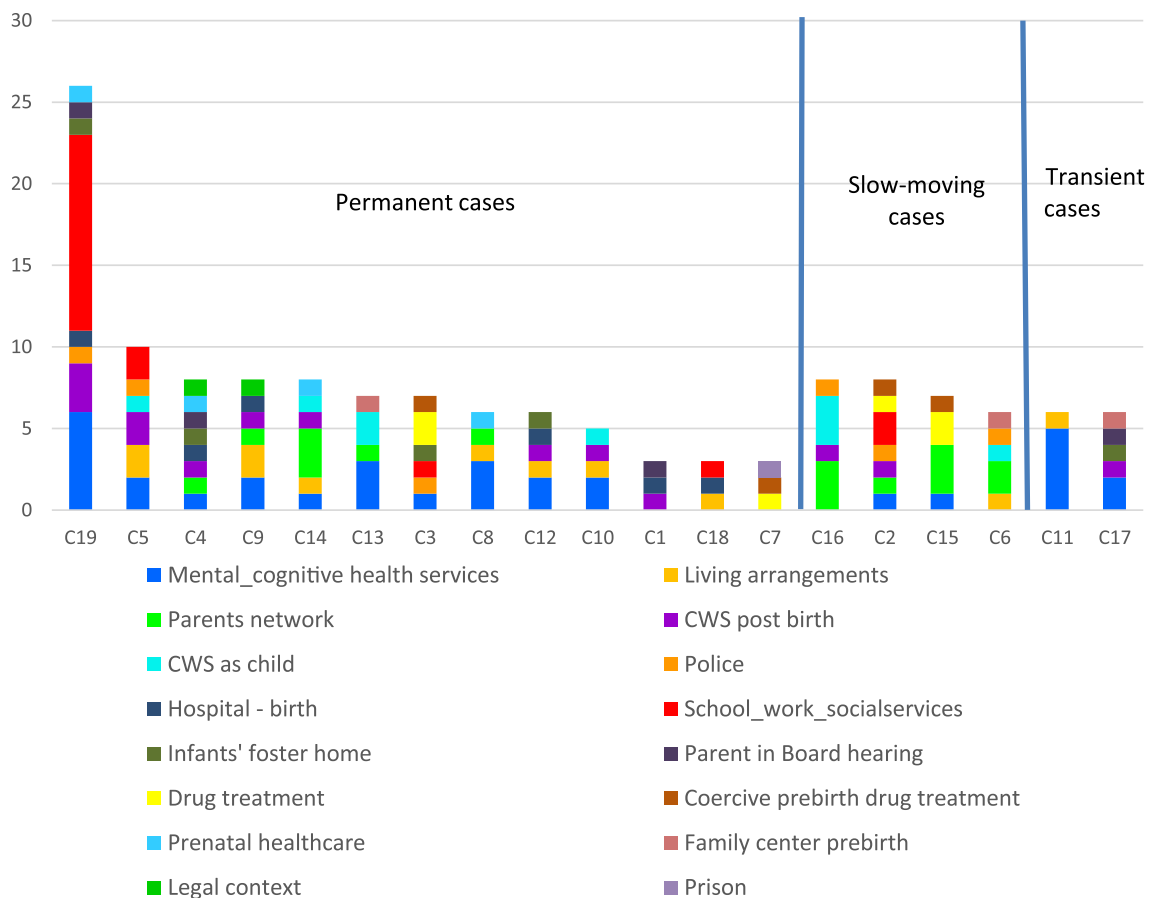


Fig. 4. Amount of problem contexts and sources by change in case. N = 19.

6.1. High, long-lasting risk equals minimal change?

Despite policy stating that these decisions are challenging, as they naturally may be, they nonetheless appear as coherent and well-grounded in their final written form, despite the written end document not nearly being able to reveal the “root and nerve of the whole proceeding” (Holmes, 1997; cf. Drobak & North, 2008). This does not mean that the County Board has made an optimal decision. Throughout the analysis, it becomes clear that these are not cases where a perfect solution is available. The parents in these cases are measured against an uncertain and unspecified minimal parenting capacity or ‘good enough’ parenting standard (Budd & Holdsworth, 1996; Choate & Engstrom, 2014; Krutzinna & Skivenes, 2020) and in all but one case lose custody of their newborns. The cases reveal parents with complex problem constellations and families experiencing reproduction of child welfare history, all corresponding to well-known characteristics of families involved in serious child welfare cases (Dingwall, Eekelaar, & Murray, 2014; Ward et al., 2012; Broadhurst et al., 2018). Specifically, these are not ‘clean’ cases with single problem areas. These are high-risk cases representing “interlocking, multiple problems” that are said to substantially increase the likelihood that children will be exposed to maltreatment (Cleaver, Unell, & Aldgate, 2011; Ward, Brown, & Hyde-Dryden, 2014). It is the ‘multiplicative’ impact of combinations of factors that have been found to increase the risk of harm to children (Cleaver et al., 2011), which is striking in this subset of Norwegian care order cases. The six cases where the County Board assess some form of change as plausible indicate several tendencies. Those with later onset problems, who did not have CWS involvement as children, those who are relatively young, who have mental health diagnoses that can be medicated, and those who provide insight and cooperation with social and health services are candidates more likely to attain change. This

corresponds with general knowledge about capacities for parental change (Ward et al., 2014). The fact that the two transient cases included personality/social functioning issues, as well as mental health problems, serve as an indication of these problems assessed as manageable, and not indicative of parental insufficiency. The parents’ problematic networks came up in all four slow-moving cases, with multiple sources within the context. As social networks in themselves can fluctuate and change, this also appears as a concern that can be mediated.

From a comparative perspective, the parents’ problems may represent a specific Norwegian context. Substance misuse, domestic abuse and mental health disorders are described as a ‘toxic trio’ of risk factors prevalent in serious child welfare cases in the UK and US contexts, that when are combined increases the risk of significant harm (Cleaver et al., 2011; Middleton & Hardy, 2014). This ‘trio’ does not emerge in the Norwegian newborn cases, as domestic violence is mostly absent. One suggested answer to this can be that the families involved in removals at birth are somewhat more in flux, as the fathers are mostly absent. Furthermore, six of the 19 cases concerned a parent with an intellectual disability. Parents with intellectual disabilities do have a higher risk of experiencing loss of parental rights across all countries with a well-developed child welfare system (Booth & Booth, 1993). However, as indicated by Krutzinna and Skivenes (2020), 37% of Norwegian, 14% of English and 11% of German mothers in newborn care orders are described as learning disabled, thus alluding to a potential problematic lower threshold for risk, and less perceived windows for change within this subgroup in Norway.

6.2. Welfare history as mitigating future uncertainty?

Apart from the empirical discussions arising, the arguments and

justifications in the newborn cases allude to several tendencies in County Board decision-making and discretionary predictions. Firstly, somewhat contradicting Lindboe (2007), the County Board seems relatively certain and unitary when making their decisions in newborn cases, as it revisits and evaluates the past as a viable future parenting indicator, without dissenting opinions by the County Board members. Puzzling regarding this sense of unity, however, is the variation in number of sources and contexts emphasized across the permanent cases. Large variations in sources can be employed to underscore the same risk factors at play, exemplified by C19 in the material (cf. Fig. 4). This can appear as confirmation bias - that the County Board uses several sources to convey the same argument about the parents' learning disabilities and problems with employment. Simultaneously, three permanent cases have only three sources. C7 for example, has three sources where two are drug clinics explaining the parents' drug use and problems staying clean. A case with few sources can on the one hand be a direct result of the actual accessible information in the case, and at-hand knowledge available about the parents. On the other hand, it can also be a result of a single context or source being given considerable weight, such as diagnostic statements from psychiatrists or journal notes from drug rehabilitation. The findings can unfortunately not systematize this, only provide food for thought.

A second related tendency, corresponding to Munro (2008) indication of history as a predictor of the future, is that the County Board justifications appear as historically dense. Despite these being new family units and seemingly fresh child welfare cases, they are not new actors within the broader social welfare system. Most of these parents are, or have been, surrounded by social and health services and staff for years, most since early childhood and adolescence. As such, public child-, social- and welfare services have knowledge about them, as well as a duty to report concerns to CWS. As such, parental history and current observations and statements from various sources within the welfare bureaucracy seem to fill up and compensate for future uncertainty about parenting capacities. One can wonder if this is availability bias in practice. Nonetheless, it may also be a result of the extensive welfare state and family-oriented child welfare system in place in Norway. In other more risk-oriented systems with higher thresholds for intervention, such information pools may not have been available to inform future parenthood, indicating the basis for Norwegian welfare state reach into the private sphere. The rich historical focus, at least without reflection and consideration by the County Board in application, represents a discrepancy as opposed to the future assessment that the County Board is supposed to make. The County Board can as such be seen to modify the policy that they are enacting, applying legislation intended for past and current situations to the future. However, as little guidelines and instructions are provided for substantiating future assessments, this is may be a natural and inevitable strategy. Additionally, as most cases include parent-child interaction from visitation, the idea that these are merely future assessments must also be nuanced. The County Board emphasizes specific situations of physical and emotional interaction that it sees as posing direct risks to the newborns.

7. Concluding remarks

In sum, newborn cases in Norway involve a highly marginalized demographic within child welfare, as decision-makers mostly find high, long-lasting risk and minimal change capacity. Decision-making in these cases nonetheless happens within a wide discretionary space set out for the decision-makers, as current legislation and guidelines are primarily oriented to past and current assessments about children's needs and parents' capacities. When making future assessments, the County Board compensates for, and alleviates, uncertainty about future parenting and parenthood by invoking extensive child and social welfare histories as well as problem descriptions as indicators of what the future will hold. Despite the cases being unitarily assessed as severe and with little capacity for parental change, large variations in sources and

contexts emphasized are evident as potential decision-making heuristics, as well as perhaps a particular Norwegian focus on intellectual disabilities, and wealth of information available to document the past. Without transparency in how inferences are drawn from the past to the future, this approach can become problematic. This indicates a need for more instructions and guidelines towards future assessments, to further improve predictions about parenting and assessing risk of future harm.

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CRedit authorship contribution statement

Ida Benedicte Juhász: Conceptualization, Methodology, Software, Validation, Formal analysis, Investigation, Resources, Data curation, Writing - original draft, Writing - review & editing, Visualization, Supervision, Project administration, .

Declaration of Competing Interest

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

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References

- Assink, M., Spruit, A., Schuts, M., Lindauer, R., van der Put, C. E., & Stams, G.-J. J. M. (2018). The intergenerational transmission of child maltreatment: A three-level meta-analysis. *Child Abuse & Neglect*, *84*, 131–145. <https://doi.org/10.1016/j.chiabu.2018.07.037>.
- Backe-Hansen, E. (2001). Rettferdiggjørelse av omsorgsovertakelse - En beslutningsteoretisk analyse av barnevernstenestens argumentasjon i en serie typiske saker om små barn (No. 2). NOVA, Oslo.
- Bufdir (n.d.). Barn og unge som barnevernet har overtatt omsorgsansvaret for [WWW Document]. bufdir.no | Barne-, ungdoms- og familiedirektoratet. URL https://www.bufdir.no/Statistikk_og_analyse/Barnevern/Barn_og_unge_med_tiltak_fra_barnevernet/Barn_og_unge_plassert_utenfor_hjemmet/Omsorgsovertakelser/ Accessed 29.5.20.
- Berrick, J., Gilbert, N., & Skivenes, M. (2020). *Handbook of child welfare systems*. New York: Oxford University Press.
- Booth, T., & Booth, W. (1993). Parenting with learning difficulties: Lessons for practitioners. *The British Journal of Social Work*, *23*, 459. <https://doi.org/10.1093/bjsw/23.5.459>.
- Braarud, H. C. (2012). Kunnskap om små barns utvikling med tanke på kompenserende tiltak iverksatt av barnevernet. *Tidsskriftet Norges Barnevern*, *89*, 152–167ER.
- Broadhurst, K. (2017). State intervention in family life in England: Safeguarding children through care proceedings and adoption. In K. Burns, T. Pösö, & M. Skivenes (Eds.). *Child welfare removals by the state: A cross-country analysis of decision-making systems*. New York: Oxford University Press.
- Broadhurst, K., Alrouh, B., Mason, C., Ward, H., Holmes, L., Ryan, M., & Bowyer, S. (2018). Born into Care: Newborns in care proceedings in England. The Nuffield Family Justice Observatory, Nuffield Foundation, London.
- Budd, K. S., & Holdsworth, M. J. (1996). Issues in clinical assessment of minimal parenting competence. *Journal of Clinical Child Psychology*, *25*, 2–14. https://doi.org/10.1207/s15374424jccp2501_1.
- Burns, K., Križ, K., Krutzinna, J., Luhamaa, K., Meysen, T., Pösö, T., ... Thoburn, J. (2019). The hidden proceedings – An analysis of accountability of child welfare adoption proceedings in eight European jurisdictions. *European Journal of Comparative Law and Governance*, *6*, 1–35.
- Burns, K., Pösö, T., & Skivenes, M. (Eds.). (2017). *Child welfare removals by the state*. New York: Oxford University Press.
- Cho, J. Y., & Lee, E.-H. (2014). Reducing confusion about grounded theory and

- qualitative content analysis: Similarities and differences. *The Qualitative Report*, 19, 23.
- Choate, P. W., & Engstrom, S. (2014). The “Good Enough” parent: Implications for child welfare. *Child Care in Practice*, 20, 368–382. <https://doi.org/10.1080/13575279.2014.915794>.
- Cleaver, H., Unell, I., & Aldgate, J. (2011). Children’s Needs – Parenting Capacity: The impact of parental mental illness, learning disability, problem alcohol and drug use, and domestic violence on children’s safety and development (2nd edition).
- Connolly, M., & Katz, I. (2020). Typologies of child welfare systems: An international approach. *Child Abuse Review*, 28, 14. <https://doi.org/10.1002/car.2596>.
- Christiansen, Ø., & Kojan, B. H. (2016). *Beslutninger i barnevernet*. Oslo: Universitetsforlaget.
- Dingwall, R., Eekelaar, J., & Murray, T. (2014). *The protection of children: State intervention and family life* (2nd ed.). New Orleans: Quid Pro Quo Books.
- Drobak, J. N., & North, D. C. (2008). Understanding judicial decision-making: The importance of constraints on non-rational deliberations. *Journal of Law and Policy*, 26, 23.
- Dworkin, R. (2013). *Taking rights seriously*. A&C Black.
- Dwyer, J. G. (2008). The child welfare pretense: States’ continued consignment of newborn babies to unfit parents. *Minnesota Law Review*, 93.
- Eriksen, E. O., & Skivenes, M. (1998). Om å fatte riktige beslutninger i barnevernet. *Tidsskrift for samfunnsforskning*, 352–380.
- Esping-Andersen, G. (1990). *The three worlds of welfare capitalism*. Cambridge, England: Polity Press.
- Falch-Eriksen, A., & Skivenes, M. (2019). Right to protection, in: Children’s Rights in Norway: An Implementation Paradox? Universitetsforlaget, Oslo.
- Falck, S., & Havik, T. (Eds.). (2000). *Barnevern og fylkesnemnd*. Oslo: Kommuneforlaget.
- Gilbert, N., Parton, N., & Skivenes, M. (Eds.). (2011). *Child welfare Systems*. New York: Oxford University Press.
- Gold, N., Benbenishty, R., & Osmo, R. (2001). A comparative study of risk assessments and recommended interventions in Canada and Israel. *Child Abuse & Neglect*, 25, 607–622. [https://doi.org/10.1016/S0145-2134\(01\)00228-9](https://doi.org/10.1016/S0145-2134(01)00228-9).
- Grinde, T. V., Egelund, T., & Bunkholdt, V. (2004). Nordisk barnevern: Terskelen for barneverntiltak og beslutningsprosessen ved bruk av tvang, NOVA-rapport (trykt utg.). Norsk institutt for forskning om oppvekst, velferd og aldring, Oslo.
- Handler, J. F. (1983). Discretion in social welfare: The uneasy position in the rule of law. *The Yale Law Journal*, 92, 1270. <https://doi.org/10.2307/796271>.
- Hestbæk, A.-D., Höjer, I., Pösö, T., & Skivenes, M. (2020). Child welfare removal of infants: Exploring policies and principles for decision-making in Nordic countries. *Children and Youth Services Review*, 108, 104572. <https://doi.org/10.1016/j.chilyouth.2019.104572>.
- Hindley, N., Ramchandani, P. G., & Jones, D. P. H. (2006). Risk factors for recurrence of maltreatment: A systematic review. *Archives of Disease in Childhood*, 91, 744. <https://doi.org/10.1136/adc.2005.085639>.
- Holmes, O. W. (1997). The path of the law. *Harvard Law Review*, 110, 991–1009.
- Jacobsen, D. I., & Thorsvik, J. (2013). *Hvordan organisasjoner fungerer* (4 utg. ed.). Bergen: Fagbokforl.
- Kjær, A.-K. B. (2019). Risikovurderinger i barnevernet – hva innebærer det og når trengs det? *Tidsskrift for familierett, arverett og barnevernrettslige spørsmål*, 17, 131–149. <https://doi.org/10.18261/issn.0809-9553-2019-02-03>.
- Krutzinna, J., & Skivenes, M. (submitted for publication 2020). Judging parental competence: A cross-country analysis of judicial decision-makers’ assessment of parental capacities in newborn removal cases.
- Larriue, J. A., Heller, S. S., Smyke, A. T., & Zeanah, C. H. (2008). Predictors of permanent loss of custody for mothers of infants and toddlers in foster care. *Infant Mental Health Journal*, 29, 48–60. <https://doi.org/10.1002/imhj.20165>.
- Lindboe, K. (2007). Om beviskravet i barnevernsaker. *Tidsskrift for familierett, arverett og barnevernrettslige spørsmål*, 177–185.
- Lundeberg, I. R. (2009). Sannhetsvitnet. *Tidsskrift for Rettsvitenskap*, 122, 611–645.
- Lushey, C. L., Barlow, J., Rayns, G., & Ward, H. (2018). Assessing parental capacity when there are concerns about an unborn child: Pre-birth assessment guidance and practice in England. *Child Abuse Review*, 27, 97–107.
- Middleton, C., & Hardy, J. (2014). Vulnerability and the “toxic trio”: The role of health visiting. *Community practitioner: The Journal of the Community Practitioners’ & Health Visitors’ Association*, 87, 38.
- Mitchell, S. D. (2009). *Unsimple truths: Science, complexity, and policy*. United States: University of Chicago Press.
- Molander, A., Grimen, H., & Eriksen, E. O. (2012). Professional discretion and accountability in the welfare state. *Journal of Applied Philosophy*, 29, 214–230. <https://doi.org/10.1111/j.1468-5930.2012.00564.x>.
- Munro, E. (2019). Decision-making under uncertainty in child welfare: Creating a just and learning culture. *Child & Family Social Work*, 24, 123–130. <https://doi.org/10.1111/cfs.12589>.
- Munro, E. (2008). *Effective child welfare* (2nd ed.). London: SAGE.
- NOU 1985:18 (1985). Lov om sosiale tjenester mv. Oslo.
- NOU 2012:5 (2012). Bedre beskyttelse av barns utvikling - Ekspertutvalgets utredning om det biologiske prinsipp i barnevernet. Oslo.
- Ogden, T., & Backe-Hansen, E. (1994). Norsk barnevern i et internasjonalt perspektiv - trender og fokus. In I. Frønes, T. Evans, & L. Kjølsvold (Eds.). *Velferdssammenhengens barn*. Oslo: Ad Notam Gyldendal.
- Oppedal, M. (2008). *Akutthjemlene i barnevernloven*. Oslo: Gyldendal akademisk.
- Oterholm, I. (2003). Deltakelse og beslutninger i barnevernet. *Nordisk sosialt arbeid*, 23, 217–223.
- Putnam-Hornstein, E., & Needell, B. (2011). Predictors of child protective service contact between birth and age five: An examination of California’s 2002 birth cohort. *Children and Youth Services Review*, 33(8), 1337–1344. <https://doi.org/10.1016/j.chilyouth.2011.04.006>.
- Romøren, T. I., Kuhnle, S., & Hatland, A. (2011). *Den Norske Velferdsstaten*, 4. utg. ed. Oslo: Gyldendal akademisk.
- Rothstein, B. (1998). *Just institutions matter: The moral and political logic of the universal welfare state, Theories of Institutional Design*. Press Syndicate of the. Cambridge, United Kingdom: University of Cambridge; Cambridge University Press.
- Schott, R. L. (1991). Administrative and organization behavior: some insights from cognitive psychology. *Administration & Society*, 23, 54–73.
- Simon, H. A. (1955). A behavioral model of rational choice. *The Quarterly Journal of Economics*, 69, 99–118. <https://doi.org/10.2307/1884852>.
- Skivenes, M. (2011). Norway: Toward a child centric perspective. In N. Gilbert, N. Parton, & M. Skivenes (Eds.). *Child protection systems: International trends and orientations* (pp. 154–179). New York: Oxford University Press.
- Skivenes, M., & Sovig, K. H. (2017). Norway - child welfare decision-making in cases of removals of children. In K. Burns, T. Pösö, M. Skivenes, & D. J. Besharov (Eds.). *Child welfare removals by the state, international policy exchange series*. New York: Oxford University Press.
- Skivenes, M., & Tonheim, M. (2019). Improving decision-making in care order proceedings: A multijurisdictional study of court decision-makers’ viewpoints. Doi: 10.1111/cfs.12600.
- Skivenes, M., & Tonheim, M. (2017). Deliberative decision-making on the norwegian county social welfare board: The experiences of expert and lay members. *Journal of Public Child Welfare*, 11, 108–132. <https://doi.org/10.1080/15548732.2016.1242447>.
- Slinning, K., Hansen, M. B., Moe, V., & Smith, E. (2010). *Håndbok i sped- og småbarns psykiske helse*. Oslo: Gyldendal akademisk.
- Taylor, S. J. (2016). *Introduction to qualitative research methods: A guidebook and resource* (4th ed.). Hoboken, New Jersey: Wiley.
- Taylor, J., Baldwin, N., & Spencer, N. (2008). Predicting child abuse and neglect: Ethical, theoretical and methodological challenges. *Journal of Clinical Nursing*, 17(9), 1193–1200.
- The Child Welfare Act (1992). Lov om barneverntjenester (barnevernloven). *Barne- og familiedepartementet*.
- The Dispute Act (2005). Lov om meklings og rettergang i sivile tvister (Tvisteloven), Justis- og beredskapsdepartementet.
- Tversky, A., & Kahneman, D. (1974). Judgment under uncertainty: Heuristics and biases. *Science*, 185, 1124–1131.
- van der Put, C., Assink, M., & van Solinge, N. (2017). Predicting child maltreatment: A meta-analysis of the predictive validity of risk assessment instruments. *Child Abuse & Neglect*, 73, 71.
- van der Put, C. E., Bouwmeester-Landweer, M. B. R., Landsmeer-Beker, E. A., Wit, J. M., Dekker, F. W., Kousemaker, N. P. J., & Baartman, H. E. M. (2017). Screening for potential child maltreatment in parents of a newborn baby: The predictive validity of an Instrument for early identification of Parents At Risk for child Abuse and Neglect (IPARAN). *Child Abuse & Neglect*, 70, 160–168. <https://doi.org/10.1016/j.chiabu.2017.05.016>.
- Vis, S. A., & Fossum, S. (2015). Organizational factors and child participation in decision-making: Differences between two child welfare organizations. *Child & Family Social Work*, 20, 277–287. <https://doi.org/10.1111/cfs.12076>.
- Wallander, L., & Molander, A. (2014). Disentangling professional discretion: A conceptual and methodological approach. *Professions and Professionalism*, 4.
- Ward, H., Brown, R., & Hyde-Dryden, G. (2014). Assessing parental capacity to change when children are on the edge of care: An overview of current research evidence. Department for Education.
- Ward, H., Brown, R., & Westlake, D. (2012). Safeguarding babies and very young children from abuse and neglect, Safeguarding children across services series. Jessica Kingsley Publishers, London.
- Widom, C. S., Czaja, S. J., & DuMont, K. A. (2015). Intergenerational transmission of child abuse and neglect: Real or detection bias? *Science*, 347, 1480–1485. <https://doi.org/10.1126/science.1259917>.
- Wulczyn, F., Barth, R. P., Yuan, Y.-Y. T., Harden, B. J., & Landsverk, J. (Eds.). (2005). *Beyond common sense: Child welfare, child well-being, and the evidence for policy reform*. New Brunswick: AldineTransaction.