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The impact of case characteristics on child welfare service investigations in Norway

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ABSTRACT

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

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Child welfare; child protection; investigation; assessments; child involvement

According to the Norwegian Child Welfare Act a child protection investigation shall be thorough enough to identify children in need of services. On the other hand, investigations must not be more invasive than needed (Child Welfare Act 2021, Section 2–2). Not much is known about how social workers balance the need to investigate broadly, in order to discover children and family's needs, against families right to privacy from intrusion by the state. Apart from the general principle that investigation should first and foremost focus on the reported concerns (Norwegian Directorate for Children Youth and Family Affairs 2022), there are no specific guidelines on how social workers should differentiate the assessments. This lack of guidelines has resulted in local Child Welfare Services' agencies performing investigations differently (Juul 2011; Lurie et al. 2015; Vis et al. 2015). Similar challenges are found in the Swedish CWS as regulations are indistinct concerning the work on investigations (Cocozza, Gustafsson, and Sydsjö 2006; Leviner 2014), and variations in the performed investigations between agencies have been identified (Östberg, Wähländer, and Milton 2000; Wiklund 2006). Little is however known about the variation at case level, and how the reported concerns determine the scope and extensiveness of the investigation. Because the Norwegian Child Welfare Service (CWS) pursues a very high number of referrals into investigation, 76.2% in (2022; Statistics Norway 2023a), the types of concerns and the level of risk differ quite

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substantially among cases screened in for investigation. This further emphasizes the need for targeted and differentiated investigations. In this study, we look at core identifiers of investigation scope and extensiveness as; (i) type and amount of contact with the families, i.e. meetings, home visits, and consultations with children and parents, ii) who and how many external informants does the CWS contact for information, and (iii) how long does the investigation last. This operationalization was made by the authors and was based upon the types of data that were available in the casefiles. The aim of this study is to identify how CWS investigations in Norway vary depending on case characteristics, with respect to these core features of the information gathering process.

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

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

Families may experience the investigation as stressful and negative (Kildedal et al. 2011; Tembo & Studsrød, 2019), and as intrusive (Harris 2012). One of the main legislative principles for Norwegian CWS is to always seek minimum intervention into a family's private life. The purpose of the principle is to protect the family from excessive governmental involvement. This principle applies to all parts of the proceedings in the child welfare services, including the phase of investigation. On the other hand, national guidelines state that the investigation should assess the child's total situation and ensure that all relevant facts are known (Norwegian Directorate for Children Youth and Family Affairs 2022). The case workers must therefore maintain a balance between interfering as little as possible and ensuring they have sufficient information to make an accurate determination.

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

shift back and forth between phases before the final conclusion is reached. This study is, however, limited to explore the extent of information collection. This is a process where CWS decides from whom the information is to be retrieved and when the collected information may be considered sufficient.

Investigations in the Norwegian child welfare services

Official guidelines and regulations are two of the external factors that affect the determination of how extensive an investigation becomes. The official guidelines for gathering information state that the process should be related to the reported concerns (Child Welfare Act 2021; Norwegian Directorate for Children Youth and Family Affairs 2022). Children and parents should be invited to participate in every part of the case processing, and information should be collected in collaboration with the family. This accentuates the child as an important participant and source of information. When considered necessary, CWS may gather information from external informants as well. The guidelines emphasize that the extent and type of information needed should be considered throughout the investigation. When opening an investigation, there is a three-month time limit before a conclusion must be reached. Under extraordinary circumstances, the limit may be expanded to 6 months. Apart from the above-mentioned regulations, there are few guidelines that specify how to manage information-gathering procedures. It is likely that this has contributed to differences among agencies in how investigations are usually carried out. These differences have been documented in several studies and show locally developed routines, such as differences concerning traditional investigation procedures versus network meetings in the initial phase of investigation, various degrees of parental involvement, and the use of different frameworks (Juul 2011; Lurie et al. 2015; Vis et al. 2015).

Previous studies on information-gathering procedures

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

A national study on investigations in Norwegian Child Welfare Services (Vis et al. 2020) consisted of a case file study ($n = 1,365$), focus group interviews with case workers ($n = 41$), interviews with leaders ($n = 14$), case managers ($n = 11$), parents ($n = 12$), and children ($n = 6$). The current study uses data from the case file study. Some results from the case file study have already been published, though they mainly focus on the conclusion of the referral and investigation (Christiansen et al. 2019; Lauritzen et al. 2019). Concerning procedures during the investigation phase, Christiansen et al. (2019) identified methods commonly used for gathering information. These were meeting with the parents, home visits, conversation with the child, and requesting information from external sources. Conversations with the child were also common and were conducted more frequently the older the child was. External informants were often other social services, the police, educational services, or other child-serving professionals. Activities such as family group conferences, network meetings, and the use of external experts were rarely employed.

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

Individual interviews with leaders and focus groups with CWS workers identified the following aspects as influencing the extent of investigation: the Child Welfare Act, time limits, strain on the family, available resources, the reported concerns, and the need to feel confident in making a decision. Furthermore, the informants described routines for a different type of investigation when the referral contained allegations of violence or sexual abuse: the response was often quicker, involved more workers, and started with an interview of the child. The study of case files showed that the child was more frequently involved in such investigations, both with and without the presence of parents (Christiansen et al. 2019).

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

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

A Canadian vignette study ($n = 327$) investigated if the type of reported concerns had an influence on child protection decision making (Stokes and Taylor 2014). The caseworkers rated their impression of risk, stipulated the importance of a home visit, and estimated how many hours they would spend with the family over the coming 4 weeks, all based on the different types of concerns presented in the vignettes. Type of concern was not associated with perceived importance of home visits. The assessment of risk and contact hours increased when there were concerns of physical and sexual abuse, as opposed to concerns of neglect and emotional abuse, for which it did not increase.

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

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

Study objective

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

Methods

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

Participants

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

Ethics

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

Procedure

A pilot study identifying information typically found in case files was conducted to create a registration instrument. The instrument was tested for interrater reliability by calculating percent agreement, and the results showed low reliability for 13 variables. Three of these variables were eliminated, while the remaining 10 were reformulated. The second test showed an interrater agreement of 90.8%, which is considered acceptable (McHugh 2012). The registration instrument was then used on-site by the researchers, and the files were coded online.

Measures

Because there was no pre-determined proxy to determine exactly what constitutes an extensive and thorough versus a minimal investigation, we created our own definitions. These were based on a set of criteria involving the frequency of different types of activities that constitute a CWS investigation. These included: (i) number of meetings with the parent, (ii) number of home visits, (iii) number of external informants, and (iv) involvement of the child. The involvement represents the number of times that a caseworker had seen and/or had conversations with the child. Each of the activities were coded as either performed at a low (0), normal (1) or high level (2) (see Table 1 for details). Based on the level of each activity, a total score representing the sum of investigation activities was calculated,

Table 1. Descriptive Statistics of type, frequency and levels of investigation activity.

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

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

and the investigations were defined as having in total either low (0–1), normal (2–5) or high activity level (6–8). For an investigation to be considered as having an overall high level of activities, it had to contain at least three of the above-mentioned activities, and a minimum of two of the activities had to be performed at a high level. Conversely, for an investigation to be characterized as having an overall low activity level it could contain no more than one of the activities, and this activity had to be performed at a low level. The majority of investigations were categorized as being within the ‘normal’ range. We also looked separately at time spent on the investigation. An investigation can be long-lasting because the concerns require a lot of investigation activities over a long time period, or because the concerns are not seen as severe, and therefore not prioritized by the CWS. The association between time spent on the investigation and the level of activity in the investigation were therefore examined (Tables 3 and 4).

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

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

Child’s developmental needs consists of five variables. The variable ‘child’s health and development’ refers to concerns for the child’s mental and somatic well-being in addition to developmental delay. ‘Externalized behavior’ refers to the child’s delinquency, substance abuse and other concerns related to the child’s behaviour. The variable ‘internalized behavior’ refers to the child’s emotional

problems. ‘Concerns regarding relationship to peers, adults and caregivers’ reflects the child’s social skills and challenges. The last variable is referred to as ‘the child’s functioning at school/ kindergarten’.

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

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

Statistics

The statistical analyses were performed by using IBM SPSS statistics version 29.0. Taking into account the possibility of clustering effects between agencies, multi-nominal regression was conducted using the Generalized Linear Mixed Model analysis (GLMM). As a first step, we performed a univariable logistic regression analysis of all variables. Using the results from the initial analysis, non-significant variables ($p > .05$) were omitted from the multivariable analysis. Most of the measures are dichotomous, while ‘main caregiver’ is nominal. The most common category, living with both parents, was used as a reference. The possible effect of agency differences was accounted for by including a random intercept effect for the agency clusters. Collinearity between all variables was tested and found not to be a problem (VIF <2). We also performed GLMM analysis individually for the characteristics of case proceedings. This was weeks from the conclusion of referral until the start of investigation activity, the total number of weeks spent on the investigation phase, and conclusion of support measures.

Results

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

Table 2. Descriptive Statistics of case characteristics and levels of investigation activity.

Variables	Low (% of total low)	Normal (% of total normal)	High (% of total high)
Total	112	863	148
Sex of child (male)	61 (54.5)	452 (52.4)	82 (55.4)
Age of child, Mean (SD)	8.45 (4.79)	9.18 (5.15)	7.63 (4.43)
Main caregiver			
Both parents	41 (36.6)	354 (41.0)	66 (44.6)
One parent	45 (40.2)	297 (34.4)	45 (30.4)
Shared custody	7 (6.3)	74 (8.6)	17 (11.5)
Other	19 (17.0)	138 (15.9)	20 (13.5)
Immigrant background, n= 1,059	40 (39.6)	331 (40.7)	70 (48.6)
Number of previous referrals, Mean (SD)	0.89 (1.56)	1.14 (1.81)	1.02(1.84)
Previous recipient of support measures, n= 1,095	26 (24.3)	233 (27.6)	40 (27.8)
Reported concerns regarding child's developmental needs			
Health and development	7 (6.3)	124 (14.4)	19 (12.8)
Externalized behavior	13 (11.6)	187 (21.7)	26 (17.6)
Internalized behavior	5 (4.5)	113 (13.1)	14 (9.5)
Relation to peers, adults, and caregivers	6 (5.4)	122 (14.1)	20 (13.5)
Functioning at school/kindergarten	8 (7.1)	128 (14.8)	13 (8.8)
Reported concerns regarding parental competencies			
Physical/sexual abuse	11 (9.8)	168 (19.5)	47 (31.8)
Emotional abuse	7 (6.3)	76 (8.8)	15 (10.1)
Medical and educational neglect	18 (16.1)	58 (6.7)	6 (4.1)
Basic care and physical neglect	26 (23.2)	254 (29.4)	42 (28.4)
Parenting	12 (10.7)	138 (16.0)	13 (8.8)
Reported concerns regarding family and environmental factors			
Parental health/stressful events	26 (23.2)	210 (24.3)	37 (25.0)
Parental conflict	10 (8.9)	172 (19.9)	36 (24.3)
Domestic violence/witnessing violence	10 (8.9)	160 (18.5)	40 (27.0)
Social integration	6 (5.4)	56 (6.5)	10 (6.8)
Finances/housing/employment	15 (13.4)	97 (11.2)	7 (4.7)
Parental substance abuse	20 (17.9)	143 (16.6)	32 (21.6)
Parental delinquency	10 (8.9)	47 (4.7)	6 (4.1)

n = 1,123.

In 31.3% of the cases that had a low activity level, no activity occurred. Furthermore, in the low activity group, meeting with parents was the most common activity, performed in 36.6% of the cases. External informants were contacted in 27.7% of the cases. A few cases (1.8%) were concluded after one home visit, and 2.7% of the cases were concluded by involving the child. In all investigations with a high activity level, meetings with parents were performed. In these investigations, children were also involved in all investigations, although in 23.6% of the investigations a conversation with the child were not performed. In 97.3% of these cases home visits were performed, and in 99.3% external informants were contacted.

Table 2 shows the frequency of case characteristics associated with different levels of investigation activity. Out of 1,123 investigated referrals, 53.0% of the cases concerned boys. Less than half of the children (41.1%) lived with both parents, while 34.5% lived with one parent. According to our definition, immigrant background applied to 41.6% (441) of the children in our dataset, of which 38.8% (171) were of Asian descent, while 27.7% (122) had an African background and 15.6% (69) with origins in Eastern Europe. More than half of the children had no previous registered referrals (53.1%). The number of previous referrals varied from zero to 17 ($M = 1.10$, $SD = 1.79$). Each case could be registered with several concerns. The most common reported concern was basic care and physical neglect (322), while the least frequent concern was parental delinquency (63). Table 3 shows descriptive statistics for the case proceedings. After the conclusion of the referral, the average time before start of investigation was almost three weeks ($M = 2.81$, $SD = 3.22$). A need for support measures was determined in 39.7% of the investigations.

Table 3. Descriptive Statistics of case proceedings and levels of investigation activity.

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

n = 1,123.

Table 4. Results of univariable generalized mixed Model analysis, assessing associations between case proceedings and levels of investigation activity.

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

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

Comparing low to normal level of activity

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

Comparing high to normal level of activity

A need for support measures was significantly more often related to a high activity investigation than to normal activity (*OR* = 2.31, *CI* = 1.60–3.35) (Table 4). Once the need for investigation was determined, significantly fewer weeks elapsed before the start of the investigative work in the high activity group (*OR* = 0.84, *CI* = 0.76–0.91). In total, more weeks were spent on the phase of investigation after the first activity, which was significantly different from the comparison group (*OR* = 1.03, *CI* = 1.01–1.06). Table 5 shows that the child’s age was significantly associated to the level of investigation activity. The older the child was, the greater the possibility of an investigation of normal level (*OR* = 0.94, *CI* = 0.90–0.97). A high level of investigation activities was more common for concerns such as child’s relations to peers, adults and caregivers (*OR* = 1.96, *CI* = 1.04–3.69), or a concern of physical/sexual abuse (*OR* = 1.76, *CI* = 1.16–2.67).

Table 5. Results of generalized mixed Model analysis, assessing associations between case characteristics and levels of investigation activity.

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

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

Discussion

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

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

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

There are also several indications that the cases with low activity investigations may have been initially considered as involving low risk for the child. In such cases, for example, it took more than a month from the conclusion of referral until the first investigative activity was registered, and the cases were much more likely to be dismissed after investigation. It may be argued that some of these types of cases could easily be screened out at intake without formally opening an investigation, and that doing so would be more in line with the principle of minimal intervention. Even though low activity investigations mean that little or nothing is done, the family nonetheless must undergo a period of more than 2 months of uncertainty as to what may happen to them. In many instances, this may cause anxiety or anger towards CWS (Harris 2012), which, in turn, could be detrimental to parents' perception of CWS and possibly impede the chances of establishing a positive, cooperative atmosphere in the event of future referrals of a more serious nature.

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

Professionals working with children and families (such as GPs, dental health personnel, teachers, and school nurses) are required to report when there is reason to believe that a child is being maltreated (Child Welfare Act 2021, Section 13–2). Previously, the general tendency had been for professionals to wait too long to contact CWS with concerns for a child (Brattabø et al. 2016; Sedlak and Ellis 2013). The public focus on this issue in Norway has caused an increase in referrals from child-serving professionals (Kojan, Marthinsen, and Christiansen 2016). However, the question has

recently been raised on whether the pendulum has swung too far in the opposite direction, i.e. that too many children are now being referred to CWS with reference to their mandatory duty (Ohnstad, Gudheim, and Björk 2019). Although we are not ready to conclude one way or another, we do believe that improved interdisciplinary collaboration may provide a better understanding of child welfare and the mandated reporting threshold (Kane, Neverdal, and Myrvang 2018; Kojan, Marthinsen, and Christiansen 2016).

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

Some types of concerns, such as basic care or parental mental health problems, may be considered as more severe if the child is very young and, therefore, lead to a more thorough investigation. When there was a concern about the child's relation to peers, caregivers and adults, the investigation most often had a high level of activity. A possible explanation could be related to the complexity of relationship challenges. The challenges may vary in different arenas and networks. Hence, information from many sources is necessary. Reports on possible sexual abuse or physical violence raise great concern for the child. Norwegian legislation emphasizes that these allegations are to be considered severe. If they are confirmed, the consequences of CWS decisions may be substantial for both the child and the family. It is not surprising that such concerns require a high level of activity to obtain enough information to reach certainty of evidence. The results of our analysis are in line with the results of the interviews stated by Christiansen et al. (2019) in terms of such allegations being subject to an in-depth investigation comprising multiple sources.

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

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

Strengths and limitations

There could be limitations in our data in terms of the information activity that was actually performed during the investigations. Minor activity, such as a telephone call, was not registered. Additionally, activity that has not been documented (e.g. internal meetings without minutes) could not be included, which is a common limitation of casefile studies. Although not everything that is done during 3 months of case processing is included in case files, we do feel the electronic systems for recordkeeping used by Norwegian CWS agencies are quite comprehensive. The collected data provides the best available measure of the main points of contact between social workers, families, and external partners.

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

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

Conclusion

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

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

Disclosure statement

No potential conflict of interest was reported by the author(s).

References

- Baumann, D. J., L. Dalgleish, J. Fluke, and H. Kern. 2011. *The Decision-Making Ecology*. Denver: American Humane Association.
- Berrick, J., J. Dickens, T. Pösö, and M. Skivenes. 2017. "A Cross-Country Comparison of Child Welfare Systems and workers' Responses to Children Appearing to Be at Risk or in Need of Help." *Child Abuse Review* 26 (4): 305–319. <https://doi.org/10.1002/car.2485>.
- Bhatti-Sinclair, K., and C. Sutcliffe. 2012. "What Determines the Out-Of-Home Placement of Children in the USA?" *Children and Youth Services Review* 34 (9): 1749–1755. <https://doi.org/10.1016/j.childyouth.2012.05.004>.
- Brattabø, I. V., A. C. Iversen, A. N. Åström, and R. Bjørknes. 2016. "Experience with Suspecting Child Maltreatment in the Norwegian Public Dental Health Services, a National Survey." *Acta Odontologica Scandinavica* 74 (8): 626–632. <https://doi.org/10.1080/00016357.2016.1230228>.
- Child Welfare Act. 2021, June 18. (97). <https://lovdata.no/dokument/NL/lov/2021-06-18-97>.
- Christiansen, Ø., K. J. S. Havnen, A. C. Iversen, M. K. Fylkesnes, C. Lauritzen, R. H. Nygård, F. Jarlby, and S. A. Vis. 2019. *Når barnevernet undersøker [Child welfare investigations]*. Vol. 4. RKBU North. <https://bufdir.no/Bibliotek/Dokumentside/?docId=BUF00005048>.
- Cocozza, M., P. A. Gustafsson, and G. Sydsjö. 2006. "Child Protection in Sweden: Are Routine Assessments Reliable?" *Acta Paediatrica* 95 (11): 1474–1480. <https://doi.org/10.1080/08035250600784352>.
- Cross, T. P., and C. Casanueva. 2009. "Caseworker Judgments and Substantiation." *Child Maltreatment* 14 (1): 38–52. <https://doi.org/10.1177/1077559508318400>.
- Damman, J. L., M. Johnson-Motoyama, S. J. Wells, and K. Harrington. 2020. "Factors Associated with the Decision to Investigate Child Protective Services Referrals: A Systematic Review." *Child & Family Social Work* 25 (4): 784–804. <https://doi.org/10.1111/cfs.12755>.
- Detlaff, A. J., S. L. Rivaux, D. J. Baumann, J. D. Fluke, J. R. Rycraft, and J. James. 2011. "Disentangling Substantiation: The Influence of Race, Income, and Risk on the Substantiation Decision in Child Welfare." *Children and Youth Services Review* 33 (9): 1630–1637. <https://doi.org/10.1016/j.childyouth.2011.04.005>.

- Harris, N. 2012. "Assessment: When Does It Help and When Does It Hinder? Parents' Experiences of the Assessment Process." *Child & Family Social Work* 17 (2): 180–191. <https://doi.org/10.1111/j.1365-2206.2012.00836.x>.
- Havnen, K., T. Havik, and Ø. Christiansen. 1998. *Når gir barnevernet hjelp? Kartlegging av barneverntenesta sine beslutningar i meldings- og undersøkingsaker. [Child welfare services' decisions regarding referrals and investigations]*. Vol. 1998 nr 2. Bergen: Barnevernets utviklingssenter på Vestlandet.
- Holland, S. 1999. "Discourses of Decision Making in Child Protection: Conducting Comprehensive Assessments in Britain." *International Journal of Social Welfare* 8 (4): 277–287. <https://doi.org/10.1111/1468-2397.00094>.
- Holt, S. 2017. "Domestic Violence and the Paradox of Post-Separation Mothering." *British Journal of Social Work* 47 (7): 2049–2067. <https://doi.org/10.1093/bjsw/bcw162>.
- Juul, R. 2011. *Barnevernets undersøkelser av bekymringsmeldinger: Diskursive praksisformer og barneperspektiver i den kommunale barneverntjeneste, og konsekvenser i forhold til barna. [Investigations in child welfare service]*. [Doctoral dissertation, Norwegian University of Science and Technology]. https://ntnuopen.ntnu.no/ntnu-xmlui/bitstream/handle/11250/267778/435038_FULLTEXT01.pdf?sequence=1.
- Kane, A. A., S. Neverdal, and R. Myrvang. 2018. "Barneverntjenestens medansvar for barnehagebarns rett til beskyttelse mot omsorgssvikt. [Child welfare services' co-responsibility for protecting children in kindergarten]." In *Handlingsrom i barnevernet: Muligheter og begrensninger for profesjonsutøveren. [Latitudes for Case Workers in the Child Welfare Services]*, edited by W. Schönfelder, S. T. Andersen, and A. A. Kane, 253–274, Bergen: Fagbokforlaget.
- Kildedal, K., L. Uggerhøy, S. Nordstoga, and S. Sagatun. 2011. *Å bli undersøkt: Norske og danske foreldres erfaringer med barnevernsundersøkelsen. [Norwegian and Danish parents' experience of being investigated]*. Oslo: Universitetsforlaget.
- Kitzmann, K. M., N. K. Gaylord, A. R. Holt, and E. D. Kenny. 2003. "Child Witnesses to Domestic Violence: A Meta-Analytic Review." *Journal of Consulting and Clinical Psychology* 71 (2): 339–352. <https://doi.org/10.1037/0022-006X.71.2.339>.
- Kojan, B. H., E. Marthinsen, and Ø. Christiansen. 2016. "Beslutninger i Meldingsarbeidet. [Decisions When Working with Referrals]." In *Beslutninger i Barnevernet. [Decisions in Child Welfare Services]*, edited by Ø. Christiansen and B. H. Kojan, 62–75. Oslo: Universitetsforlaget.
- Langsrud, E., H. Fauske, and W. Lichtwarck. 2019. "Den barnevernskapte virkelighet. [Reality constructed in child welfare]." *Tidsskrift for velferdsforskning* 22 (1): 74–89. <https://doi.org/10.18261/issn.2464-3076-2019-01-05>.
- Lauritzen, C., S. A. Vis, G. Ulset, T. Tjelflaat, and K. B. Rustad. 2019. *Meldinger Til Barnevernet. [Referrals to the Child Welfare Services]*. Vol. 3. RKBU Nord. <https://www.bufdir.no/Bibliotek/Dokumentside/?docId=BUF00004997>.
- Leviner, P. 2014. "Child Protection Under Swedish Law—Legal Duality and Uncertainty." *European Journal of Social Work* 17 (2): 206–220. <https://doi.org/10.1080/13691457.2013.791249>.
- Lurie, J., I. Kvaran, T. Tjelflaat, and H. E. Sørle. 2015. *Barneverntjenestens arbeid med barnevernsundersøkelser i Midt-Norge. [CWS' work on investigations in Mid-Norway]*. NTNU RKBU Midt-Norge. <https://www.ntnu.no/documents/10293/1263899358/RKBU-rapport+4-2015+Barneverntjenestens+arbeid+med+barnevernsunders%C3%B8kelses+i+Midt-Norge.pdf/a8c38925-42ed-4a63-85c8-982989fc172b>.
- McHugh, M. L. 2012. "Interrater reliability: The kappa statistic." *Biochemia Medica* 22 (3): 276–282. <https://doi.org/10.11613/BM.2012.031>.
- Norwegian Directorate for Children Youth and Family Affairs. (2022). *Saksbehandlingsrundskrivet [Guidelines for caseworker]*. <https://www.bufdir.no/Barnevern/Fagstotte/saksbehandlingsrundskrivet/#82>.
- Ohnstad, B., Y. Gudheim, and B. Bjørk. 2019. *Meldepikt til barnevernet : Er det nok å være bekymret?. [Mandatory reporting: Is it enough to be worried?]*. Lillehammer: Ordskifte Forlag.
- Östberg, F., E. Wåhlander, and P. Milton. 2000. "Barnavårdsutredningar i sex kommuner: En vinjettstudie. [Child welfare investigations in six municipalities. A vignette study]. Socialstyrelsen." *CUS-skrift* 2000:3. <http://www.diva-portal.org/smash/get/diva:352597/FULLTEXT01.pdf>.
- Platt, D. 2008. "Care or Control? The Effects of Investigations and Initial Assessments on the Social Worker- Parent Relationship." *Journal of Social Work Practice* 22 (3): 301–315. <https://doi.org/10.1080/02650530802396643>.
- Scannapieco, M., and K. Connell-Carrick. 2005. "Focus on the First Years: Correlates of Substantiation of Child Maltreatment for Families with Children 0 to 4." *Children and Youth Services Review* 27 (12): 1307–1323. <https://doi.org/10.1016/j.childyouth.2005.01.005>.
- Sedlak, A. J., and R. T. Ellis. 2013. "Trends in Child Abuse Reporting." In *Handbook of Child Maltreatment*, edited by J. E. Korbin and R. D. Krugman, 3–26. Springer. <https://doi.org/10.1007/978-94-007-7208-3>.
- Statistics Norway. 2023a. *Child Welfare*. Accessed August 1, 2023 from: <https://www.ssb.no/en/sosiale-forhold-og-kriminalitet/barne-og-familievern/statistikk/barnevern>.
- Statistics Norway. 2023b. *Immigrants and Norwegian-Born to Immigrant Parents*. <https://www.ssb.no/en/befolkning/innvandrere/statistikk/innvandrere-og-norskfodte-med-innvandrerforeldre>.
- Stokes, J., and J. Taylor. 2014. "Does Type of Harm Matter? A Factorial Survey Examining the Influence of Child Neglect on Child Protection Decision-Making." *Child Care in Practice* 20 (4): 383–398. <https://doi.org/10.1080/13575279.2014.905456>.

- Sundell, K., T. Egelund, C. A. Løfholm, and C. Kaunitz. 2007. *Barnavårdsutredningar : En kunskapsöversikt. [Child Welfare Investigations: A Review]*. Stockholm: Gothia Centrum för utvärdering av socialt arbete (CUS).
- Tembo, M. J., and I. Studsrød. 2019. "Parents' Emotional Experiences of Their Contact with the Child Welfare Services: A Synthesis of Previous Research- a Research Review." *Nordic Social Work Research* 9 (2): 184–198. <https://doi.org/10.1080/2156857X.2018.1489885>.
- Vis, S. A., Ø. Christiansen, K. J. S. Havnen, C. Lauritzen, A. C. Iversen, and T. Tjelflaat. 2020. *Barnevernets Undersøkelsesarbeid- Fra Bekymring Til Beslutning. Samlede Resultater Og Anbefalinger [Child Welfare Services Investigations- from Referral to Conclusion]*. RKBU Nord. <https://bufdir.no/Bibliotek/Dokumentside/?docId=BUF00005191>.
- Vis, S. A., C. Lauritzen, and S. Fossum. 2019. "Systematic Approaches to Assessment in Child Protection Investigations - a Literature Review." *International Social Work* 64 (3): 325–340. <https://doi.org/10.1177/0020872819828333>.
- Vis, S. A., A. Storvold, D. T. Skilbred, Ø. Christiansen, and A. Andersen. 2015. *Statusrapport om barnevernets undersøkelsesarbeid- Høsten 2014 [Report concerning the CWS' work on investigations- Fall 2014]*. RKBU Nord. https://bibliotek.bufdir.no/BUF/101/RKBU_Nord_Statusrapport_om_barnevernets_undersokelsesarbeid.pdf.
- Wiklund, S. 2006. *Den kommunala barnavården - om anmälningar, organisation och utfall. [The municipal child welfare service- referrals, organisation and outcome]*. [Doctoral dissertation, Departement of Social Work, The University of Stockholm]. DiVA. <https://su.diva-portal.org/smash/get/diva2:199555/FULLTEXT01.pdf>.