Decision making in child welfare is often difficult, nuanced, and time-sensitive. Yet the quality of decisions is essential when children’s and families’ lives are significantly impacted. This study examined staff perceptions of time, institutional support, and confidence in the decisions they make relating to placement into foster care in the service-oriented Nordic countries of Finland and Norway, and the risk-oriented Anglo-American countries of England and the U.S. (California). The study relies upon data derived from an online survey with 772 child protection workers in the four countries, assessing differences and similarities between responses. Workers were presented with a case scenario and asked the same questions about their practice.

Institutional frame for decision making in the four countries
Child protection workers’ experiences as decision makers regarding involuntary removal (typically referred to as “care order proceedings” in many European countries) are shaped by the institutional framework in which they are employed. In a family service oriented system (e.g., Finland and Norway (and to developing degree, England)), child protection workers usually have longstanding relationships working with families that may last over months or years. Their goal, to promote child well-being, allows them, and other multi-professional staff, to track families’ progress over time; decision making relating to dependency may therefore unfold gradually. Finland relies on a negotiation process in collaboration with co-workers, children and parents to determine an appropriate decision; Norway relies on team leaders and team managers to review decision making. In a child protection system (e.g., the US (or California, the site for this study) and England (historically), decision making is more heavily weighted towards notions of risk and safety. High thresholds for state involvement may dictate urgency in decision making and vertical processes for confirming decisions. These rights-oriented systems ensure that all parties have legal representation; in England, layers of multiple procedures are mandated to ensure quality control across cases, and, as far as possible, divert cases from involuntary court action; in California, use of evidence-informed risk-assessment tools are employed for the same purpose.

In this study we anticipated findings might align such that workers in Finland and Norway would offer somewhat similar responses regarding time, support, and assessments of quality decision making, and their perspectives would differ from workers in England and California, whose responses would also align.

Findings
Child protection workers in California, England, Finland and Norway make decisions regarding care orders in very different systems and contexts, and it can be expected that these systems would shape the amount of time allowed for decision making. Presented with the same case scenario, the data suggest markedly different time frames for decisions. In California, regulatory time frames for decision making are very tight: within days of determining that a removal is
necessary, staff bring their recommendation to court. In England, there is no specified timescale, but there is considerable policy pressure to reach decisions promptly in ‘edge of care’ cases. In Norway, the deadline is three months, and almost all Norwegian workers reported they would conduct their work within this timeframe, although with clear variations between workers. And in Finland, there are no regulatory time frames dictating this aspect of care order proceedings. In spite of these differences, we found respondents in Finland most likely to feel the press of time. They reported timeframes of 7-9 weeks (median), yet they were the most likely to indicate that time was not sufficient to undertake all the preparations for court to their satisfaction. The Finns reported the highest caseloads; within Finland, staff with the highest caseloads were more likely to report that they would not have sufficient time, an important indicator of work pressure.

Decisions regarding care orders are weighty; in all of these countries staff made these decisions with the support or supervision of others. In California, England and Norway, we would characterize the institutional supports for decision making as vertical; staff were largely reliant on supervisors, managers, or lawyers to approve their decisions. The rights-based systems of these countries sometimes require layers of multiple authorizations. We would characterize the Finnish process as horizontal, where staff were likely to indicate a wider range of individuals involved in decision making including co-workers, interdisciplinary/multi-professional teams, parents, and/or children.

Where staff rely on multiple actors to review and consider the circumstances of a case (such as Finland), we would expect workers' confidence in the quality of decisions to be high. Similarly, where staff use evidence-based tools to help assess the likelihood of risk (California), we would also anticipate a high degree of confidence in the decisions that are made. Findings from this study were rather contradictory in this regard. Staff in Norway conveyed a very high degree of confidence in theirs and their colleagues’ decisions; this, in a country where an ethos of high professional discretion prevails. In California, staff showed confidence in their own decisions (as expected), but were less sanguine about the skills of their colleagues in this regard. And England stands out, with its staff showing the least confidence in the quality of their own and others’ decisions. Among the four countries, England has the most tightly regulated and highly proceduralized child protection system and has been criticized for impacting staff confidence and morale (e.g., Parton and Berridge 2011). Public intolerance for errors made in the decision making process has also been examined as having a negative impact on social workers in England (Parton, 2014).

**Conclusions**

We were interested in determining whether there is coherence between the child welfare-state orientations of family services and child protection that might be evident in front-line child welfare practice. In general, the findings support some of our initial hypotheses based upon the well-established child welfare frameworks within which staff conduct their work. The welfare state in which front line workers are situated exerts influence through the formal, legal frameworks that shape practice. So too, we see these child welfare system contexts molding front line experiences and perceptions.

In some countries, these connections are relatively clear. In a child protection system (such as California) where decisions are based clearly on imminent risk of harm, determinations about child safety can and should be made expeditiously. In family service systems that attend to
children’s well-being (such as Norway and Finland), determining when the threshold of poor well-being has been crossed may be elusive and may well change over time. Where England falls along this continuum might be debated. That country has historically aligned with the child protection orientation of the US, their time for decision making is squeezed, and vertical structures support decisions, but staff there are less confident in the quality of theirs and others’ decisions. This may be related to the transformation in policy and practice that has characterized the English system over the past twenty years where its central government guidance has, on the one hand, encouraged a broad approach to serving children in need, and on the other hand, pressed for narrow interpretations of safety following high profile child deaths (Parton 2014). These forces position England and its staff at times in a child protection system oriented towards risk and safety, and at other times in a family service orientation more closely aligned with, or at least aspiring to, the Nordic countries.

Jill Duerr Berrick
United States
Jonathan Dickens
England
Tarja Poso
Finland
Marit Skivenes
Norway

For more information see

References


1 More information about study methods can be found here: http://www.uib.no/admorg/85747/survey-material#social-worker-survey