

Standardised practice in Norwegian child welfare services

How standardisation influences professional
practice in child welfare services

by

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Summary

This thesis explores how standardisation in Norwegian child welfare services (CWS) influences CWS professionals and practices. CWS is a complex field, which has been criticised for poor decision-making and for not putting effective measures into place for families in need. CWS practice is also criticised for not being informed by research. As a response to these criticisms, we have witnessed an increased use of standards and standardisation to ensure effective and accountable services of high quality. Consequently, the use of standardised assessment forms and standardised intervention programmes has been on the rise, in Norway and internationally. This has led to considerable debate concerning the tension between standardisation as a tool of control and professional practice involving discretion. Critical voices have argued that standardisation limits professionals' discretion and restricts their ability to use specialised abstract knowledge, a key feature of professional work. Much research on standardisation has focused on effects of standardised practices with a top-down approach. Hence, there is a need for research on the 'ongoing work' that frontline professionals engage in and how frontline practice is influenced by standardisation, which is the aim of this study.

This thesis aims to expand the body of knowledge on how standardisation affects professional practice. This is done by investigating how CWS professionals use two standardised tools commonly used in Norway, namely the Kvello Assessment Framework

tool (KF) and Circle of Security - parenting (COS-P). The overall research question is: *How do CWS professionals become carriers of standardised practice and how does standardised practice influence the professional role?* To answer the research question, a case study design was chosen, the case being standardised practice. The data stem from fieldwork, client documents and interviews with CWS professionals in two child welfare offices. In order to explore how the frontline professionals respond to the standardised tools, the analysis draws on institutional theory and the theory of profession.

The body of this thesis consists of three articles. The first article examines how the professionals adapt the two standardised tools into the local practice. Findings are based on observation (45 days), client documents (15) and interviews with 49 participants, including frontline professionals and managers. The findings show that new rules for practice and knowledge emerged, but that the professionals modified the tools for ethical and practical reasons. Consequently, the professionals were active agents through the exercise of discretion. The second article explores how the two standardised tools influence the professional role in relation to CWS work. The analysis is based on interviews with 31 frontline professionals (individual and group interviews). The findings show that the standardised tools enhanced professionals' competence but also challenged their professional knowledge base, reflective practice and accountability through a more rule-following approach. Moreover, the article points to the potential of doing families injustice. The third article examines how use of the KF influences assessment work in CWS.

The data stem from fieldwork, client documents and interviews with 32 CWS professionals, including frontline professionals and managers. While the two first articles focus on both standardised tools, the third article pays particular attention to the KF. Findings revealed that the KF tool led to a proceduralist approach in assessment work, placing demands on focus and activities, as well as interpretative demands upon the professionals. Moreover, lack of transparency in decision-making processes was identified, with a heavy reliance on detecting risk factors. A key question raised in the article is whether the proceduralisation of CWS practice leads to better CWS practices.

The thesis expands our knowledge about how standardisation influences professional practice in CWS. By focusing on ‘ongoing work’ performed by the frontline professionals, this thesis provides knowledge on how professionals are also active agents. Although a procedural rule-following approach seemed to dominate among the professionals that took part in this study, some also questioned the standards and took action to alter them with regard to their professional ethos. Moreover, the study contributes knowledge on how standardisation influences professionals’ discretionary space, the knowledge base and the professional role in a CWS practice context. As this thesis shows, standardisation can support CWS practice; however, the use of standardised tools alone will not solve the complexity of CWS work.

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- Article 1 Sletten, M. and Bjørkquist, C. (2020). Professionals' tinkering with standardised tools: Dynamics involving actors and tools in child welfare practices. *European Journal of Social Work*. Doi: [10.1080/13691457.2020.1793114](https://doi.org/10.1080/13691457.2020.1793114)
- Article 2 Sletten, M. and Ellingsen I.T. (2020). When standardization becomes the lens of professional practice in child welfare services. *Child & Family Social Work*, 25(3), 714-722. doi.org/10.1111/cfs.12748
- Article 3 Sletten, M (in review). Proceduralisation of decision-making processes: A case study of child welfare practice. *Nordic Social Work Research*

1 Introduction

This thesis explores standardisation in Norwegian child welfare services (CWS), and how it influences CWS professionals and practices. CWS is a complex field that involves uncertainty and fallibility, in which there is much at stake for the families involved. CWS have often been criticised for poor and biased decision-making, for not putting effective measures into place when needed, and for lack of research-based practice (Bartelink, Van Yperen, & Ten Berge, 2015; Bufdir, 2020d; Gambrill, 2016; Munro, 2019). In response to this criticism, CWS in Western societies are increasingly incorporating standardised solutions (Munro, 2011; Vis, Lauritzen, & Fossum, 2019; Wike et al., 2014). A structured assessment framework and manualised home-based interventions are examples of this. Increased adherence to standardised guidelines is related to the ideas of the evidence agenda, such as evidence-based practice (EBP) and new public management (NPM) (Møller, Elvebakken, & Hansen, 2019). The aim is to ensure efficient and accountable services (Noordegraaf, 2015), involving a search for a more transparent notion of professional work (Evetts, 2011). Additionally, it is seen as a response to handle uncertainties and risky situations (Webb, 2006), and a way to enhance the quality of professional practice (Fluke, López López, Benbenishty, Knorth, & Baumann, 2020; Munro, 2011; Thompson, 2016), which thus legitimises professionals' actions (Timmermans & Berg, 2003).

Standards and standardisation are seen as instruments of control and a necessary form of regulation (Brunsson & Jacobsson, 2000b; Timmermans & Epstein, 2010). Moreover, they are recognised as managerialism that aims to ensure that services become predictable, accountable, and uniform through increased control and rationality (Timmermans & Berg, 2003, p. 8). EBP is also coupled to this understanding, in which standardised guidelines with a scientific basis are what guide practice (Timmermans & Berg, 2003). In this sense, EBP is referred to as the ‘guideline approach’, although this has been criticised for being a narrow understanding of EBP (A. Bergmark & Lundström, 2011). Standardisation through regulation and guidelines may be seen as a contrast to acknowledging practice variations and flexibility (Timmermans & Berg, 2003). At the same time, standardisation may also be understood as an attempt to ensure predictable practices for service recipients (Skillmark, 2018), by decreasing professionals’ discretionary power (Ponnert & Svensson, 2016). However, critics have claimed that this limits professionals’ use of critical reflection (Timmermans & Berg, 2003), and de-professionalises social work (Ponnert & Svensson, 2016; White, Hall, & Peckover, 2008), thus restricting professionals’ ability to use specialised abstract knowledge, a key feature of professional work (Abbott, 1988). Accordingly, standardisation affects professionals’ autonomy and in this way their autonomy is conditioned by external power (Brante, 2011). Scholars have questioned whether standardised tools in CWS are fit for their purpose (Drozd, Slinning, Nielsen, & Høstmælingen, 2020;

Sørensen, 2018; Wike et al., 2014). At the same time, professionals are not passive receivers of standard rules and they alter the standards (Timmermans & Epstein, 2010). Norwegian child welfare policy promotes a knowledge-based, systematic and uniform CWS practice (Budir, 2020a; Bufdir, 2020d). As such, there has been a shift, in which local CWS (at local authority level) are now more regulated in choice of work methods, models or approaches that the government encourages through financial incentives (Bufdir, 2020b, 2020c). This shows that tension may arise between standardisation and professional practice, which is the topic of this study.

Against the background of the standardisation agenda and debates outlined above, the following questions are pertinent: What is at stake for child welfare work when standardised tools are introduced into practice? What does it mean that practice is informed by standardised tools? Standardisation and standards are considered instruments of control and a necessary form of regulation (Brunsson & Jacobsson, 2000b). Practice may thus be guided by predetermined actions that in turn restrict professionals' ability to take contextual factors into consideration (e.g. Munro, 2020; White et al., 2008). Consequently, this may challenge the feature of the professional role that relates to the importance of treating complex cases with sensitive and local knowledge, both tacit and explicit, rather than codified information (Noordegraaf, 2015). The fact that standardisation also relates to the debates about EBP raises the crucial question of what counts as valid knowledge (e.g. evidence-based knowledge versus expert knowledge),

and issues of sharing explicit and tacit knowledge (Grimen, 2009; Martin & Williams, 2019). That said, social work is criticised for having an ambiguous knowledge base (Munro, 1998, 2020), and social workers are criticised for not reading research-based articles, but rather relying on their experience-based knowledge (Å. Bergmark & Lundström, 2002)

This thesis is linked to two current debates. First, standardisation in relation to professional discretion, which is also linked to accountability (e.g. Banks, 2009; Evans & Hupe, 2020; Molander, 2016; Ponnert & Svensson, 2016; Timmermans & Berg, 2003). Second, the debate about standardisation in relation to professional competency in CWS practice (e.g. A. Bergmark & Lundström, 2006; Munro, 2020; Møller et al., 2019). In this way, I contribute to informing the debate about standardisation in front-line practice by studying practices of standardisation in CWS at the micro level. Several studies have focused on the effects of standardised practice as well as evidence-based practice (e.g. Cassidy et al., 2017; Risholm Mothander, Furmark, & Neander, 2018), and have investigated the use of standardisation with a top-down approach. However, the ‘ongoing work’ that the actors engage in, which is carried out by ‘street-level’ professionals, has been little explored in previous studies (Breit, Andreassen, & Salomon, 2016; Cloutier, Denis, Langley, & Lamothe, 2015)

1.1 Aim and research questions

This thesis aims to expand our knowledge about how standardisation affects professional practice. This study sets out to investigate how CWS professionals use standardised tools in their work and how practice is shaped by standard tools, including rules, knowledge or ideas that are embedded in these standards. Additionally, the relationship between standards, knowledge and discretion will be investigated. This will be done by examining two different tools commonly used in Norway, in addition to professional roles and actions, which together constitute a bundle of social practices (Schatzki, 2001a). More specifically, this thesis is concerned with standardisation of social practices, and how professionals respond to standardised tools. From this point of departure, the thesis is guided by the overall research question:

How do CWS professionals become carriers of standardised practice and how does standardised practice influence the professional role?

The main research question is operationalised into the following sub-questions to guide the analysis:

1. How are standardised tools adapted into professional practice in child welfare services? (Article 1, published 2020)
2. How do standardised tools influence the professional role of the child welfare professional? (Article 2, published 2020)
3. How does the Kvello Assessment Framework tool (KF) influence CWS decision-making processes? (Article 3, in review 2021)

Social practices are in focus in this thesis. These form the basis for the research questions, which examine the dynamics between the tools, actors and actions embedded in social practices in the child welfare context. More specifically, this thesis focuses on the adaptation process (article 1), the decision-making process (article 2) and the professional role (article 3) in relation to standardisation.

1.2 Chapter outline

The thesis is organised in six chapters. In this first chapter, I have introduced the topic and outlined the aims and research questions of my PhD. In the next chapter, I present the background to this study, which includes perspectives on standardisation, the context of the study and previous research. Chapter 3 describes the theoretical framework and key theoretical concepts. There, I provide an overview of institutional theory, which constitutes the theoretical framework for this thesis, together with theoretical perspectives on the sociology of professions, which covers professional discretion and competency. Chapter 4 describes the research design and methodology. Here I present the rationale for choosing a case study design, followed by an account of the research process and ethical considerations. Chapter 5 presents a short summary of the three articles that form the basis for this thesis. The publications are included in full at the end of the thesis. Based on the three articles that constitute the core elements of this thesis, Chapter 6 discusses the findings in light of earlier research and relevant theories, followed by some concluding comments and the contribution of the thesis to the field.

2 Background and study context

In the first section of this chapter I will situate the study in its empirical context by describing the Norwegian child welfare service (CWS) and the two standardised tools that constitute the cases for the study: the Kvello assessment framework (KF) and Circle of Security-Parenting (COS-P). In the second part of Chapter 2, I present an overview of previous research that this study draws on in relation to standardisation in child welfare services.

2.1 Standardisation and professional practice

In the last twenty years, there has been an increase in formalisation of CWS practice through the use of forms, guidelines, manuals, and recommended procedures to guide practices (Broadhurst, Hall, Wastell, White, & Pithouse, 2010), and this thesis uses the concept of standardisation to examine this development. Standardisation is commonly linked to managerialism that uses standardised tools with the aim of making practice scientific, rational and accountable (Noordegraaf, 2015), and is thus an instrument to ensure more knowledge-based practice (Hjelmar & Møller, 2016). In this sense, standardisation is at odds with the idea of professionalism, which, it is claimed, cannot be standardised, rationalised or commodified (Freidson, 2001). However, this claim is now under pressure in view of the increased use of standardisation in professional work (e.g. Evetts, 2011).

A further point to consider is the various suppliers of standards and standardised materials, such as national organisations, private corporations or even professionals (Timmermans & Berg, 2003), and thus professionalism seems to become what Abbott (1991) refers to as ‘commodified’. This indicates a shift in who is in control of the supply of knowledge (Freidson, 2001). Moreover, standardisation, linked to managerialism, is often contrasted with professional discretion; it is claimed to constrain professional discretion, and thus contribute to de-professionalisation (Evetts, 2009; Munro, 2011; Timmermans & Berg, 2003). However, this is contested in light of the complexity of professional work, which calls for the use of discretion (Evans, 2010; Gay & Pedersen, 2020; Ponnert & Svensson, 2016). Further, standardised tools embedded with expert knowledge may also be considered an instrument for legitimising professional expertise (Evans, 2010; Jacobsson, 2000). While recognising much of the growing body of research on standardisation, including standards related to evidence-based practice, the much cited scholars on standardisation (e.g. Brunsson & Jacobsson, 2000b; Timmermans & Epstein, 2010) emphasise the importance of studying standardisation in view of its position in modern society.

Standards and standardisation are broad terms with various understandings. This thesis draws on a definition by Timmermans and Epstein (Timmermans & Epstein, 2010, p. 71), who define “standardisation as a process of construction uniformity across time and space, through the generation of agreed-upon rules”. Moreover, as noted

by (Lampland & Star, 2009), standards are embedded in other standards (e.g. the KF tool is embedded in the standard of the best interest of the child). According to Brunsson and Jacobsson (2000a), standards are a specific type of rule that are commonly compared with norms and directives. However, standards differ from norms in being explicitly made rules. There is also a distinction between standards and directives, as standards are voluntary without the possibility of sanctions (Brunsson & Jacobsson, 2000a), hence, standards are different from legislation, and thus the Child Welfare Act (Act, 1992). Accordingly, standards may provide guidelines for what professionals should do, but due to their voluntary nature they do not necessarily ensure compliance (Brunsson & Jacobsson, 2000a).

Timmermans and Epstein (2010, p. 72) classify four subtypes of standards. First, *design* standards that define properties and features of tools and products (e.g. the USB interface), Second, *terminological* standards, which aim for stability of common meaning across time and context (e.g. Mayday-Mayday-Mayday, the international emergency call). Third, *performance* standards that specify measurable outcomes, often used to regulate professional work (e.g. physical requirements for entering the police academy). Lastly, procedural standards, which determine how processes or actions are to be performed (e.g. the COS-P guidelines and EBP) (Timmermans & Berg, 2003, p. 26). Although these standards intertwine, this thesis focuses on procedural standards as they attempt to determine professionals' actions, and therefore cause tension between standardisation and professional discretion and competency.

Scholars have studied standardisation from different perspectives. Timmermans and Berg (2003) study standardisation from a sociology standpoint. They focus on the interplay between standards and professionals, and advocate a micro level perspective. By contrast, Brunsson and Jacobsson (2000b) study standardisation from an organisational perspective, focusing on management and coordination of work, and thus a more meso level perspective. Their understandings of standards and standardisation are related. They view both standards and standardisation as forms of regulation, which, however, differ in approach. This thesis is mainly grounded in a sociological understanding of standardisation linked to professional work. I argue for the importance of studying this at a micro level, and focus on how standardised tools are used by professionals in their daily work, rather than on the development of the standards. As scholars (e.g. Evans & Harris, 2004; Røvik, 2007; Timmermans & Berg, 2003) argue, standards and standardised guidelines must translate into the context of the given practice. Accordingly, standards may vary across context and culture, and studies of standardisation may benefit from analysis located in ‘*concrete social settings*’ (Timmermans & Epstein, 2010, p. 84). Standardisation and standards in professional practices involve several dilemmas, and studying standardisation from the perspective of street-level professionals can shed new light on how standards and standardisation are used and how they affect professional work, such as discretion and the use of professional expertise.

2.2 The Norwegian child welfare system

The Norwegian child welfare system has been characterised as service-oriented with a family-oriented and child-centred approach (Skivenes & Søvig, 2017). This contrasts with risk-oriented systems as seen in the US and UK (Parton & Berridge, 2011). However, the distinctions between these systems are fading as systems are adopting elements from each other (Gilbert, Parton, & Skivenes, 2011). This is of interest in this study considering that standardised tools and their knowledge base tend to cross borders. According to Skivenes and Søvig (2017), the main differences between these two systems (the ‘service-oriented’ and ‘risk-oriented’ systems) are found in their underlying ideology, and in how they address children at risk. The authors also emphasise that the type of system orientation may influence how decision-making takes place within a given system. Moreover, service-oriented systems, as found in Norway, have a lower threshold for early interventions for children and families identified to be in need of services, aiming to prevent further risk and to promote healthy childhood (Gilbert et al., 2011). Additionally, in Norway, children are viewed as individuals with their own interests and rights, hence a child-centred approach, and thus their interests are often regarded separately from those of their parents (Studsørød, Ellingsen, Guzmán, & Espinoza, 2018). In recent years, their position has been strengthened in legislation and policies. (Act, 1992; Prop.84L, 2019-2020). There are three principles that are prevalent in the Norwegian child welfare system, and thus guide CWS practices. These are i) the best interests of the child, ii) family preservation and iii)

permanency for the child (Skivenes, 2011). Consistent with the UN Convention on the Rights of the Child (CRC) (Nations, 1989), the first principle is considered paramount in child welfare work (Križ & Skivenes, 2014).

CWS are regulated by the Child Welfare Act (Act, 1992), which has incorporated the CRC (1989) and thus CWS professionals must adhere to the regulations in the legislation. CWS work in this study is managed by local authorities and undertaken by CWS professionals. This CWS work may be divided into three broad phases: 1) assessing reports of concern(s), 2) investigations of the child's situation and needs, and 3) providing measures (in-home or out-of-home) and follow-up. Although CWS measures can be either voluntary or compulsory, the majority are on a voluntary basis. In 2019, 72% of the measures were in the form of assistance voluntarily accepted by the parents, such as interventions to improve the child's development and to enhance parenting (Bufdir, 2021). It is also possible for the CWS to initiate compulsory measures, both in-home and out-of-home, when deemed necessary. Such decisions are based on court orders. Hence, CWS professionals need to balance a complex relationship between care, control and justice in their work with children in need of services.

2.3 Standardised tools in CWS practice

In Norway, a variety of standardised tools are used in CWS practice; these are based on CWS policy in the wake of the evidence agenda in the late 1990s. This policy was initiated by the Norwegian government as an attempt to increase the use of scientific methods, efficiency and control (Bache-Hansen, 2009). Hence, this development was not driven by front-line professionals nor by researchers in social work (A. Bergmark & Lundström, 2006). In this regard, the state child welfare authority offered a selection of evidence-based programmes, predominantly originating from the US, directed towards behavioural issues (e.g. MST and PMTO), and used as family intervention measures. In more recent years, there has been an increase in the use of standardised tools rooted in attachment theory for use in local CWS. All these tools are research-based with standard guidelines, but the effects of these tools are inconclusive (RKBU-Nord, 2021). Some of these interventions have been initiated by the government (e.g. ICDP and COS Virginia), while others have been promoted by private actors, e.g. COS-P (Bråten & Sønsterudbråten, 2016). Moreover, the last fifteen years have also seen increased use of a variety of standardised assessment frameworks for use in the investigation phase of CWS work. This was a response to the criticism that CWS lacked a systematic approach and documentation in their investigations (Vis et al., 2020; Vis, Storvold, Skilbred, Christiansen, & Andersen, 2015). Recently, there have been policy initiatives to implement national guidelines for investigations to improve the quality of assessments and to provide a more uniform practice (Bufdir, 2020d).

Such initiatives have received support from CWS managers and researchers (Vis et al., 2020; Vis et al., 2015). As of today, there is no agreed standard for CWS investigations.

2.3.1 Two standardised tools constituting the case example

This study addresses the use of procedural standards in CWS, of which the KF and COS-P are examples. The KF is for use in the phase of reporting concerns and investigations, and 58% of local Norwegian CWS have adopted it in various forms (Vis et al., 2020). KF has mostly been implemented in agreement between the local authority and the private developer involved (Lauritzen, Vis, Havnen, & Fossum, 2017). COS-P is used as a CWS measure to enhance parenting practices, commonly used by local CWS (Bråten & Sønsterudbråten, 2016; Vis et al., 2020). Both these tools consist of guidelines and forms linked to scientific evidence to guide the CWS professionals' actions. Accordingly, the expert knowledge is embedded in the rules constituting the standard (Brunsson & Jacobsson, 2000b).

2.3.2 The Kvello Assessment Framework (KF)

KF is a non-licensed standardised assessment framework for use in the decision-making process, hence as tools for information gathering, analysis and decision-making (Vis et al., 2020). It was developed by a Norwegian psychologist (Kvello, 2015) with the goal of enhancing assessment work through the use of a more structured and systematic

approach with a scientific basis (mainly from the US). The tool aims to limit the arbitrariness and reduce the bias commonly found in experience-based approaches (Kvello, 2015). The KF shares similarities with the Swedish Child's Needs in the Centre (BBIC) and the Danish Integrated Children's System (ICS) assessment frameworks, which originate from the British Assessment Framework (CAF) (Lauritzen et al., 2017). According to Kvello (2015), KF has an ecological theoretical basis and consists of checklists and guidelines for how to conduct assessments and how to report on the information obtained. However, research has found that the KF focuses more on individual factors and parent-child interaction than other areas relevant to ecological theory (Lauritzen et al., 2017; Vis et al., 2020).

The KF consists of an electronic-based form with predetermined areas to be assessed. There is no fixed manual describing the form, but a textbook (Kvello, 2015) together with unpublished texts and 'help texts' embedded in the electronic version constitute a description of the framework (Lauritzen et al., 2017). The assessment focuses on three sources of information: i) dialogue with parents and child, ii) information provided by third parties (e.g. the school), and iii) observation of parent-child interaction. The broad areas expected to be assessed are: living situation, health, the child's opinions, development and abilities, parents' ability to understand the child (mentalisation), parental functioning, parent-child interaction, and risk and protective factors (Kvello, 2015). A concrete scheme has been developed to facilitate reporting information from each of these areas. However, a detailed description of how to

assess these areas is lacking, although the tool offers recommendations and a checklist for some areas (Kvello, 2015). Furthermore, Kvello (2015) states that CWS professionals should only address the areas relevant to the particular case.

As part of the KF assessment, it is recommended to conduct a mentalisation interview, or use a selection of the mentalisation questions. However, training in how to assess mentalisation abilities alongside other recommended tests and methods is not included in the framework. This is considered a limitation of the tool (Lauritzen et al., 2017). Further, assessing risk and protective factors is a prominent feature of the KF. Kvello (2015) has developed a checklist of the most relevant factors, consisting of 32 risk factors and 10 protective factors. The aim is to help CWS professionals to identify possible cumulative risk based on the amount of risk factors and their intensity. That said, Kvello (2015) emphasises that the checklist must be used with caution and warns against ‘just ticking off’ the factors without further assessment. Moreover, the author underlines that use of the framework assumes considerable professional knowledge. What this entails is, however, not specified. The lack of a manual that describes in more detail how CWS professionals should use the framework and the included checklists makes it challenging to form a clear picture of the workflow and the framework in general (Vis et al., 2020). The KF has also been criticised for the lack of a fixed training strategy (Lauritzen et al., 2017); however, training of professionals is commonly provided over 4-8 sessions with the possibility of guidance by the developer. Furthermore, it is unclear

what type of knowledge is needed to conduct the various assessment analyses. In turn, these ambiguities raise the question of whether the KF framework qualifies as a standardised tool. Arguments for portraying the KF as a standardised tool are elaborated in more detail in Chapters 3, 5 and 6.

2.3.3 The Circle of Security (COS)

This study also deals with COS-P, offered by local CWS. The Circle of Security (COS) is an early intervention manual- and licence-based approach for promoting secure attachment relationships. It is rooted in attachment theory, linked to research, and provides concrete guidelines and tools for working with parent-child interaction in families at risk (Huber, Hawkins, & Cooper, 2018). COS was developed in the United States by Powell, Cooper, Hoffman and Marvin (2014). The developers aimed to create a user-friendly approach that made attachment theory easily accessible to parents and practitioners by applying principles from psychoeducation. With this aim in mind, they developed a one-page graphic illustration of attachment, which constitutes the cornerstone of COS. This is used alongside other additional resources, which includes various core metaphorical concepts (e.g. shark music) and videotapes that practitioners use for reflective discussion with parents. The purpose is to increase parents' awareness of the parent-child interaction, and thus promote a secure base for the child. COS was originally designed as a standardised 20-week group intervention programme that showed promising results for promoting secure attachment in the infant-mother

dyad (Cassidy, Woodhouse, Sherman, Stupica, & Lejuez, 2011; Hoffman, Marvin, Cooper, & Powell, 2006). However, that programme was extensive, and in 2007 a condensed version, the COS-P, was launched to deal with resource constraints and to achieve broad implementation (Cassidy et al., 2017). Since then, COS has developed into two main branches: COS international and COS Virginia. COS-P is a modified version of the former and the most commonly used version among CWS professionals in Norway. COS-P is therefore used as the case example of COS for this study.

COS-P is an eight-week intervention programme sharing the same theoretical base, graphics and metaphors as the original version (Powell et al., 2014). However, it is a less individualised tool, as it can also be used in groups of parents. A DVD protocol (pre-produced video vignettes) forms the basis for discussions in groups or individual sessions; here, parents are invited to reflect upon fixed questions in relation to the DVD vignettes. The purpose of such reflection sessions is to improve the attachment relationship through a step-by-step process, and help parents to describe the parent-child interaction and to express their emotions by using the metaphorical concepts embedded in the programme (Cassidy et al., 2017; Huber et al., 2018; Powell et al., 2014). Moreover, it is emphasised that the protocol is suitable for a wide age range of children.

The training is designed as a four-day workshop for a large group of professionals (Cassidy et al., 2017). In Norway, the COS-P workshop is

held by two psychologists, who are trainers contracted by the owners of COS international (Circle of Security, 2019). After completion of the training, the practitioners are qualified to use the COS-P programme in supervision with parents individually or in small groups. Despite limited research on the effects of COS-P (Bråten & Sønsterudbråten, 2016; Drozd et al., 2020; Maxwell, McMahon, Huber, Hawkins, & Reay, 2020; Risholm Mothander et al., 2018), the effects have been contested (Cassidy et al., 2017; Drozd et al., 2020; Huber et al., 2018). Research has shown some challenges with programme fidelity (D. A. Cooper & Coyne, 2020). For about a decade, the COS-P intervention has been offered to parents in Norway by professionals in various fields (health, education and child welfare), and it is one of the most used intervention programmes in CWS (Wesseltuft-Rao, Holt, & Helland, 2017). However, a pertinent question is on what basis CWS offer COS-P to parents. Until recently COS was recommended by the state authorities, but the emphasis on COS seems to have diminished lately. This may partly be due to a lack of evidence to support it, but also because other programmes have become prominent. However, the developers of the COS-P assume that it improves the attachment relationship for children and increases parents' mentalisation abilities (Boris, Brandtzæg, & Torsteinson, 2020; Risholm Mothander et al., 2018).

In this thesis, the KF and COS-P with guidelines that aid the content and process of professionals' work are examples of procedural standards (Timmermans & Berg, 2003). As mentioned, the KF framework and COS-P are employed in different phases of the case process and as such,

they complement each other, which will enable a broader perspective on standardisation in CWS in this study. Moreover, both tools focus on parent-child interaction and KF explicitly recognises COS-P as an important supplement for assessing this interaction. It is important to point out that my aim is not to compare these two tools, but rather to use them as exemplifying cases (Bryman, 2016) in order to analyse how standardised tools influence professional practice in CWS.

2.4 Research on standardisation in child welfare services

Research in child welfare has been influenced by various shifts in prevailing knowledge perspectives and the history of CWS practice. The emergence of empirical knowledge has accumulated to a broad field of research (e.g. EBP, decision-making, permanency and user involvement), all with an attempt to enhance the quality of care for children and families. In this regard, standardisation is linked to different fields of research within CWS. As will be elaborated below, the use of standardised methods or tools in CWS practice is disputed. Proponents and critics have voiced concerns about possible negative consequences for the professional role, as well as for children and families in contact with CWS. This section reviews research relevant to the debate about standardised tools in child welfare practice, which can be divided into two broad categories: i) standardisation and professional discretion, and

ii) standardisation and professional expertise. In turn, these categories have implications for those in need of CWS services.

Standardisation and professional discretion

Research on the use of standardised tools in professional practice has been concerned with how standardisation with increased regulation influences professional autonomy, a common feature of professionalism (Abbott, 1988; Lipsky, 2010). Standardisation is recognised as an instrument of control of professional practice (Brunsson & Jacobsson, 2000b). Research shows that standardisation has led to increased bureaucratisation, as standardised tools have found to be an administrative burden and have a negative effect on social workers' capacity (Alfandari, 2017; Burton & van den Broek, 2009; Léveillé & Chamberland, 2010; Matscheck & Berg Eklundh, 2015; Nielsen, Oddli, Slinning, & Drozd, 2020; Vis et al., 2019; Wike et al., 2014).

Standardisation may also be understood as mistrust of professionals through increased control (Evetts, 2009; Montin, 2015). In this sense, critics have denounced standards for limiting the professional's discretion and thus inhibiting the flexibility required to meet the individual needs of families (Healy & Meagher, 2004; Ponnert & Svensson, 2016; Wike et al., 2014). The arguments are that the narrow approach of standardised tools does not capture the diversity and complexity of service users (Gillingham, 2019a; Gillingham & Humphreys, 2009; Munro, 2004a), and the use of discretion is therefore considered necessary to provide adequate services.

Studies have also shown that professionals deviate from the tools, and are thus not passive receivers of standard rules. They may modify, but also discard, the given guidelines (Breit et al., 2016; Gillingham, 2011; Skillmark & Denvall, 2018). In this way, professionals replace the guidelines, or combine them with their professional expertise (e.g. Bråten & Sønsterudbråten, 2016; Gillingham, Harnett, Healy, Lynch, & Tower, 2017; Skillmark & Denvall, 2018). The argument is that standardised tools are found to be difficult to use as intended (Alfandari, 2017; Gillingham, 2011). This suggests that standardised tools do not necessarily prevent use of discretion (Evans, 2010; Høybye-Mortensen, 2015). As noted by Ponnert and Svensson (2016), increased standardisation may actually lead to increased discretion as the professionals need to decide what information is needed. Scholars emphasise that just increasing the discretionary space may be equally misleading as restricting the discretionary space. The former may diminish transparency, while the latter may fail to meet the client needs if the tools are not found suitable for the CWS practice (Munro, 2004a; Skillmark & Oscarsson, 2020). Furthermore, there is no linear correlation between increased control and decreased autonomy (Brante, Johnsson, Olofsson, & Svensson, 2015, p. 192). Accordingly, how more rule-bound practice influences use of professional discretion is contested (Broadhurst et al., 2009; Djupvik et al., 2019; Skillmark & Oscarsson, 2020). In any case, combining standardisation and discretion is considered a balancing act (Ponnert & Svensson, 2016).

To sum up, research seems consistent with regard to professionals modifying or rejecting standardised tools; hence professionals tinker with standards, yet in different ways (Timmermans & Epstein, 2010). Deviations from tools are found across programmes, organisations and contexts within social work (Bråten & Sønsterudbråten, 2016; D. A. Cooper & Coyne, 2020; Gillingham et al., 2017; Nielsen et al., 2020; Skillmark & Oscarsson, 2020; White et al., 2008; Wike et al., 2014). However, professionals respond differently to standardised tools, depending on the tool in use and the context (Høybye-Mortensen, 2015). Accordingly, more research is needed to understand how standardised tools are adapted into everyday practice by professionals, and how professionals respond to these tools (Skillmark & Denvall, 2018).

2.4.2 Standardisation and professional expertise

Debates in the social work field about what knowledge and skills are needed range across the formal knowledge-practical wisdom divide, and historically social workers have looked for various theories to guide their work (Munro, 2020). More recently, scholars have been concerned with research-based practice in which knowledge utilisation emerges from science (Møller, 2018). By the same token, expert knowledge is demonstrated through the use of standardised tools, as these are expected to make professionals' decision-making more rational and accurate (Skillmark, 2018). The purpose is to increase the legitimacy of professionals (Brunsson & Jacobsson, 2000b). Additionally, the EBP

agenda has led to a focus on the effect of standardised interventions, hence ‘what works’ (Møller et al., 2019).

Research on decision-making has been concerned with illuminating appropriate approaches for social workers’ analytical skills, with the aim of reducing fallibility and bias (Munro, 2020). In this regard, risk assessments have received much attention (e.g. Broadhurst et al., 2010; Gillingham, 2019a; Kjær, 2019; López López & Benbenishty, 2020; Munro, 2010, 2020; Sørensen, 2019). As noted by Power (2007), managing uncertainty has turned into risk and risk management, hence a new mode of accountability. Despite the amount of literature on risk factors, prediction of risk has proven to be difficult to determine. Studies find that standardised tools may lead to inaccurate risk assessments (Benbenishty et al., 2015; Kjær, 2019). Risk factors are found to be ambiguous, which has caused confusion among CWS professionals (Sørensen, 2016; Vis et al., 2019). Other studies have demonstrated that risk assessments may fail to nuance the situation and the level of risk of the family (Gillingham, 2019a; Stanley, 2013), and the unique situation of each family may not be taken into account (Gillingham, 2019a). In addition, the research base for predicting risk has been found to be highly inaccurate (Cuccaro-Alamin, Foust, Vaithianathan, & Putnam-Hornstein, 2017; Munro, 2020), and contextual factors have proven to influence how professionals assess a risk (e.g. Fluke et al., 2020; Križ & Skivenes, 2013). Accordingly, developing general guidelines for predicting and managing risk to reduce uncertainty in CWS professionals’ decisions is problematic (Thoburn, 2010). Some also

argue that standardised tools are not necessarily more predictive of risk than the use of intuitive approaches (Bartelink et al., 2015). Further, pre-structured practice may also lead to error and bias Broadhurst et al. (2010). Furthermore, research suggests that risk assessment tools mainly have an individual orientation with a psychosocial underpinning (Jensen, Studsrød, & Ellingsen, 2019; Stanley, 2013). This has raised some concerns that CWS practices are developing a narrow knowledge base (Munro, 2004b; Skillmark & Oscarsson, 2020). It can thus be concluded that research on risk assessments is ambiguous.

Researchers have also been concerned with how standardised tools influence professional competence. Several studies have found that standard tools generate a common language, enabling professionals to describe their work more accurately (e.g. Gillingham et al., 2017; Mercer, 2014; Mothander & Neander, 2017; Sørensen, 2016; Vis et al., 2019). Moreover, research seems to generally agree that use of standardised tools provides a more focused practice (e.g. Almklov, Ulset, & Røyrvik, 2017; Barlow, Fisher, & Jones, 2012; Gillingham et al., 2017; Vis et al., 2019), and an increased production of information (Bartelink et al., 2015; Sørensen, 2016; Vis et al., 2019). In turn, these developments have led to professionals enhancing their competence (Bartelink et al., 2015), experiences of increased professional confidence (Almklov et al., 2017; Gillingham et al., 2017), and a strengthening of the professional role (Gibbs & Gambrill, 2002; Ponnert & Svensson, 2016). Others suggest that standardised tools inhibit professionals in enhancing their competencies, which is linked to organisational factors

such as complying with management (Burton & van den Broek, 2009; Gillingham, 2011). Moreover, studies suggest that standardised tools may cause confusion for professionals, such as uncertainty about assessing the information obtained (Barlow et al., 2012; Sørensen, 2016), and that the tools place descriptive demands on CWS professionals, described as a descriptive tyranny (White et al., 2008).

To sum up, research on assessment tools has had a strong focus on risk and how to reduce uncertainty and bias, while research on intervention programmes has paid much attention to programme fidelity and effects. Despite the wealth of literature, we still lack knowledge of how such standardised tools influence CWS practice. Therefore, this study takes a broader approach in examining standardisation, including both assessments and interventions commonly used in CWS. In this sense, this study complements existing research aiming to enhance our knowledge of how the use of standardised tools influences CWS professionals' role and how professionals become carriers of standardised tools.

3 Theoretical framework

This thesis adopts an institutional work approach to standardisation in CWS in order to explore how CWS professionals become carriers of standardised practices, and how the use of standardised tools influences their role. Institutional work focuses on practices performed by the individuals in an organisation, and views the participants, in this case the CWS professionals, as active agents in how they engage with rules of practice such as standardised tools (Lawrence, Suddaby, & Leca, 2011). This thesis also draws on the sociology of professions; this provides an important supplement to institutional work perspectives. Knowledge from the theory of professions will enable insights and understandings of what CWS professionals *do* in their daily work, and how the use of standardised tools influences their role, hence professional discretion and professional knowledge (e.g. Evetts, 2003; Freidson, 2001). This also aligns with Noordegraaf's (2013) argument that professions take part in both institutional and social settings that affect their professional work. I argue that these theoretical approaches are complementary, and can be considered as part of the *practice turn* in social theory (Schatzki, 2001a). In the following, I present the notion of institutional work, professional discretion and provide a brief account of professional knowledge.

3.1 Institutional work

Institutional work is concerned with agency, efforts and social practices, and “describes the practices of individuals and collective actors aimed at creating, maintaining or disrupting institutions” (Lawrence et al., 2011, p. 52). For example, when standardised tools are introduced into CWS, professionals may engage with the tools in different ways, adapting the tools to fit their practice. Moreover, Lawrence and Suddaby (2006, p. 216) understand institutions as affected by the behaviours and beliefs of the actors in the organisation (Lawrence et al., 2011). This implies that the actors are recognised as embedded agents, a core concept of institutional work, and are viewed as ‘change agents’ through their awareness, skills and reflexivity in relation to the institution (Lawrence & Suddaby, 2006). By the same token, CWS professionals can be viewed as rational actors linked to institutionally defined logics, which require knowledge and skills (Lawrence & Suddaby, 2006). Institutional change is considered to be an interplay between professionals who influence institutions through their use of discretionary power and expertise (Lawrence & Suddaby, 2006), and the organisation’s attempt to regulate and control the professionals’ action (D. J. Cooper & Robson, 2006). In this view, professionals are seen as active institutional agents who create, maintain and disrupt institutions, and the concept of institutional work allows us to advance our understanding of professionals’ institutional role (Muzio, Brock, & Suddaby, 2013).

In institutional work, the notion of effort is essential. This entails activities or practices carried out by the actors as efforts aimed at

affecting the institution (Lawrence et al., 2011). A focus on the CWS professionals' efforts may reveal how these practices (e.g. rule-based or discretionary practices) are connected to the institution. Furthermore, institutional change in the CWS is dependent on efforts of professionals in a way that aids processes of change, instead of resisting them (Breit et al., 2016). Institutional work is considered to be the actual 'work'. It involves the actor's role that engages in challenging and negotiating current rules, beliefs and practices (Cloutier et al., 2015; Lawrence & Suddaby, 2006). In this sense, institutional work provides a practice perspective that enables the study of the interplay between structures established by standardised tools and activities in everyday settings, undertaken by the actors when creating, maintaining and disrupting the institution.

In this thesis, I have mainly been concerned with the creation and maintenance of institutions, although creation and disruption are interlinked. In relation to the adaptation of standardised tools, creation work focuses on CWS professionals' and managers' efforts to reconstruct existing rules when the standardised tools are put into effect, such as finding ways to perform their work in accordance with the guidelines. Additionally, it entails their engagement in altering norms and meaning systems and making this part of their daily practice. Making use of new knowledge, e.g. what constitutes risk factors (Vis et al., 2019), may be one such example. This is elaborated in all three articles of this thesis. Maintaining institutions focuses on work that supports, repairs or recreates social mechanisms to preserve existing practices. In

this regard, actors demonstrate a resistance to change, and thus make an effort to uphold systems or norms that seem to benefit them (Lawrence et al., 2011). Such efforts may be revealed through professionals' use of discretionary power, particularly when standardised tools are found to be at odds with their professional expertise (Gillingham et al., 2017). Finally, disrupting institutions entails institutional work with the purpose of 'attacking or undermining mechanisms that lead members to comply with institutions' (Lawrence & Suddaby, 2006, p. 235). An example of this could be when stakeholders or professionals take action to challenge existing regulatory structures (Abbott, 1988; Lawrence & Suddaby, 2006), as when policymakers initiate reforms or when professionals take action against current practices. However, there may not be a clear distinction between creation work and disruptive work, as creation may follow disruptive work (Breit et al., 2016).

Overall, the concept of institutional work seems well suited as a framework for studying how standardised tools influence professional CWS practice. It may provide a deeper understanding of the nature of agency among managers as well as frontline professionals and how they interact in the context of new developments, in this case, within the CWS.

3.2 Professional work in frontline practice

The concept of profession has been the subject of much debate, and there is extensive literature on the topic (e.g. Abbott, 1988; Evetts, 2003; Freidson, 2001). This thesis makes use of the concept of profession to examine how standardised tools influence professional practice as performed by the actors involved. A key concern in this regard is how standardised tools influence the use of professional discretion and professional knowledge. According to Evetts (2013, p. 781), profession may be understood as “the structural, occupational and institutional arrangements for work associated with the uncertainty of modern lives in risk societies”. In this sense, professionals employ expert knowledge to deal with uncertainty. Additionally, professions are part of a value system, and perform normative work involving the use of discretion and expertise (Evetts, 2013; Grimen & Molander, 2008; Molander, 2016). According to Freidson (2001, p. 17), professional performance is so specialised that it cannot be standardised, rationalised or commodified.

The concept of professions, according to Molander and Terum (Molander & Terum, 2008), has both a performative dimension and an organisational aspect. In the performative aspect, profession is understood as an occupation with specialised quality in relation to how professionals act and perform their work. In this way, the profession’s tasks call for discretion combined with formal knowledge in order to solve service recipients’ practical ‘how-problems’. This implies applying formal abstract knowledge to a particular case (Abbott, 1988). By contrast, the organisational aspect understands profession as an

occupation that is organised in certain ways in order to maintain the tasks, and refers to the professionals' external or internal control to carry out their work, e.g. monopoly, autonomy or professional associations (Molander & Terum, 2008).

The performative aspect is of relevance in this PhD thesis, as I explore how CWS professionals carry out their practice and perform their expertise when standardised tools are adapted into practice. Accordingly, the use of the theory of discretion and the theory of professions in relation to professional knowledge formed the basis for my analysis of how standardisation influences professional CWS practice. In the following, I will elaborate on the concept of discretion and provide a brief account of professional knowledge of relevance for this thesis.

3.2.1 Discretion

To acknowledge and take account of structural and contextual factors and to appreciate the individuality of each family's situation are core values of professional social work, in which professional discretion is crucial. Discretion enables professionals to take contextual considerations into account when making decisions about clients (Freidson, 2001; Lipsky, 2010). It would seem that the use of discretion is unavoidable when professionals need to apply general knowledge in a particular case, and professionals are thus granted discretionary power (Wallander & Molander, 2014). Scholars seem to agree that discretion is desirable as well as necessary in order to deal with the complexity of social work practice (Møller, 2018). As Zacka (2017, p. 4) also states,

frontline professionals are caught in a predicament that calls for them to act as sensible moral agents who are able to “interpret vague directives, strike compromises between competing values, and prioritize the allocation of scarce resources”. In the debate on standardisation, professional discretion in social work has re-emerged as a key issue, where standardisation is claimed to curtail the professional discretion of social workers (Evans, 2010). Thus, frontline professionals are embedded in institutional rules and beliefs, and are accustomed to exercising discretion, which standardised tools may challenge.

Discretion can be defined as the area where professionals can choose between permitted alternatives of action on the basis of their judgment (Molander, Grimen, & Eriksen, 2012). Grimen and Molander (2008) distinguish between two dimensions of discretion. The first is a structural dimension referred to as *discretionary space*. This aligns with Dworkin’s (1977, p. 33) metaphor of the ‘hole in the doughnut’. The circle or the dough of the doughnut constitutes an area of restriction (e.g. rules, laws and standards), which regulates the space professionals have for using discretion, i.e. the centre of the doughnut. It is within this space that professionals are delegated power to act with some freedom but still in accordance with rules and standards set by authorities or management. This delegated power is based on trust that the professionals will act in the best interest of clients, and discretion therefore also requires accountability, i.e. that professionals need to account for their decisions (Molander, 2016). Accordingly, this reflects the space that professionals are entrusted to make good judgments (Molander, 2016). It has been

argued that standardisation challenges this entrusted discretionary space, and thus restricts professionals' ability to act (Gillingham & Humphreys, 2009; Munro, 2011). At the same time, and as noted by Molander (2016), standards need to be interpreted into the local context, which therefore disputes the claim that professionals' discretionary space can be constrained. Moreover, the concept of discretionary space tells us little about what it means to exercise discretion, which requires a focus on the activities that take place in the 'hole of the doughnut', referred to as *discretionary reasoning* (Wallander & Molander, 2014). This is the second dimension of discretion, which is an epistemic dimension understood as a cognitive activity carried out by the professional when making decisions 'under conditions of indeterminacy' (Molander, 2016, p. 4). This implies that professionals, through use of their expert knowledge and skills, are capable of making reasoned judgments. Such judgments need to be supported by good arguments in order to solve 'what ought to be done' in a particular case (Wallander & Molander, 2014). The structure in the epistemic dimension involves a description of the situation that calls for use of discretion, where the discretionary reasoning is bound to a norm that, in turn, leads to action (Molander, 2016). Thus, the norm represents elements of what constitutes the institution. This requires attention to the professionals' reasoning for their action, and how the knowledge and beliefs they employ justify their actions. Accordingly, the use of discretion as outlined by Molander and Grimen (Grimen & Molander, 2008; Molander, 2016) allows me to examine both the structural and the epistemic aspects of discretion.

These dimensions are elaborated upon in the articles included in this thesis and in the concluding discussion.

To sum up, these concepts will be used as analytical lenses to explore standardisation in professional practice. In this way, by exploring the use of standardised tools in CWS in light of these theoretical concepts, I seek to identify and elaborate on practices that are either created or maintained, with a particular focus on the professionals' role as actors within an institutional setting.

3.2.2 Professional knowledge

CWS professionals deal with complex situations, and families in need of services often depend heavily on their knowledge and skills (Noordegraaf, 2015). Applying specialised knowledge is a typical characteristic of professional practice, and such knowledge can be theoretical, scientific or practical (Grimen, 2008). Nevertheless, there have been many efforts to separate the different forms of knowledge into more clearly defined categories (Fantl, 2017; Grimen, 2008). In the theory of professions, it is common to contrast formal with practical knowledge (Freidson, 2001; Grimen, 2008). Formal knowledge is commonly equated with explicit knowledge and involves knowledge that is codified and shareable, whereas practical knowledge is more often linked to tacit knowledge (Grimen, 2008). Formal knowledge is commonly coupled with rationalisation and entails a possibility of measurement and standardisation (Freidson, 2001). Such knowledge may therefore be viewed as the preferred form of knowledge

(Noordegraaf, 2015). The concept of tacit knowledge was first introduced by Polanyi, with the much cited phrase *we can know more than we can tell* (Polanyi & Sen, 2009 [1966]). He argued that knowledge is personal, acquired through experience, and thus not always possible to articulate or share with others. However, there is no clear distinction between the different forms of knowledge as these may overlap, and may therefore be seen as a continuum rather than opposites (e.g. Grimen, 2008). Nevertheless, I find the distinction between formal and practical knowledge useful in order to enhance insight into how standardisation influences the knowledge base in professional CWS practice. Standardised tools used in the CWS are often rooted in theoretical and scientific knowledge, and psychology seems to be the prominent theoretical basis (Kvello, 2015; Powell et al., 2014). The tools are thus carriers of certain types of formal knowledge that guide the professionals' perspective and thereby their actions. That said, it is essential, and also unavoidable, that professionals employ different forms of knowledge and skills, both explicit and tacit (Freidson, 2001; Noordegraaf, 2015).

Formal knowledge is understood as 'composed of bodies of information and ideas organized by theories and abstract concepts' (Freidson, 2001, p. 33), which relates to the explicit dimension of knowledge, referred to as the 'knowing-that' (Grimen, 2008). The concept of mentalisation and the designation of risk factors are examples of this. Knowing-that is 'the kind of knowledge you have when it is truly said of you that you know that some fact is true' (Fantl, 2017, para.1). This thesis recognises, as

also noted by Møller (2018), that formal knowledge may consist of both an explicit and tacit dimension as we may know something for a fact, for example that grass is green, but how we know it may still be challenging to articulate, and therefore, explicit knowledge may also contain tacit dimensions: we just know it.

Practical knowledge is commonly referred to knowing-how, and is articulated through actions, reasoning and discretion (Grimen, 2008). This is ‘the kind of knowledge you have when it is truly said of you that you know how to do something’ (Fantl, 2017, para.1), such as swimming or playing chess. Following Fantl (2017), knowing-how implies more than just knowing facts about how to do something, it also entails the need to know how to carry out the knowledge, as in playing chess. However, one can also learn a skill without first knowing facts about how to do it, as in swimming. I find this distinction useful in order to differentiate between CWS professionals’ knowledge about how to employ the standardised tools and how they actually employ them in their daily practice. The latter may involve use of discretion. Practical knowledge consists of both a tacit and an explicit dimension, and, as emphasised by Grimen (2008), all knowledge may be articulated, not necessarily verbally, but through actions.

In this thesis, formal knowledge (knowing-that), and practical knowledge (knowing-how) are viewed as different kinds of knowledge that together contribute to professional work. However, they are not mutually exclusive. As noted by Noordegraaf (2015), one cannot treat a

Theoretical framework

client on the basis of formal knowledge only, as one needs to interpret the knowledge as know-how in order to employ it in a particular case.

In this section, I have introduced various theoretical concepts and perspectives that are central to this thesis, and that to some extent overlap. The institutional work perspective is considered an overarching theoretical framework with a focus on rule structures and actions that actors take in relation to their beliefs and the meaning system. In doing so, CWS professionals work by way of their discretionary practices. The knowledge they employ is related to the institutional work undertaken by the actors when engaging with the standardised tools. Exploring these perspectives may help to nuance the analysis of the actors' work and their role in creating, maintaining and disrupting institutions. Accordingly, this provides a basic framework for examining the research question of how professionals become carriers of standardised practice and how standardised practice influences the professional role within a CWS context.

4 Methodology

This chapter presents the qualitative case study design chosen for this study. The following sections present the overall design and methodological steps taken in order to meet the quality criteria in social research concerning credibility, transparency and ethics. The purpose is to account for the actions taken to generate this research and provide the necessary transparency that will allow the reader to judge the trustworthiness of the analysis presented in the following chapters.

4.1 *Qualitative case study design*

The question pursued in this thesis is: *How do CWS professionals become carriers of standardised practice and how does standardised practice influence the professional role?* A qualitative case study design was found most appropriate, as it enables an in-depth understanding of contemporary phenomena taking place in a real-life context (Yin, 2014), such as standardised practice as in this study. We still lack knowledge of how ‘street-level’ professionals carry out standardised work (see Chapter 2). Through an exploratory design (Yin, 2014), this research aims at expanding our knowledge about how standardisation affects professional work. In alignment with the conceptual framework presented in Chapter 3, broad areas were identified to direct my attention during data collection and analysis: descriptions of tools, practices involving the tools and experience of using these tools. This called for an emphasis on the professionals’ activities, their behaviour and the meaning of their

actions, and thus a practice focus (Schatzki, 2002, 2019). Throughout the study additional concepts were manifested such as the epistemic dimension of discretion and type of knowledge. Knowledge is here understood as being inherently part of the meaning system (Lawrence & Suddaby, 2006) which is articulated within social actions and practices (Schatzki, 2019). Accordingly, I modified the conceptual framework as I gained understanding of what took place ‘in practice’, and in this way, I also adopted an inductive approach and thus a more flexible design (Stake, 1995). Based on the above argument, I find that case study design is well suited for understanding how professionals respond to standards, and in turn become carriers of standardised practices. By allowing me as a researcher to observe and explore their practices, they provided valuable insights into how standardised tools influence child welfare work and the professional role.

4.1.1 A practice-based ontology

The study design is inspired by the practice-based ontology developed by Schatzki (2002). Practice-based ontology is concerned with how we can understand social transformation by focusing on how actors respond to change through social action. Moreover, to understand shifts in social practices, practice theory incorporates an understanding of how macro and micro levels interact. Schatzki (2002, p. xi), argues that practices develop in a social context, and can be studied by examining what practice theory denotes as arrangements of entities and practices. Arrangements are for example people or objects (e.g. standardised tools)

that are linked to meaning (e.g. the tool provides good structure) and identity, whereas practices are organised activities. Moreover, agency is considered a central area of such studies, as social change takes place through agency.

Schatzki's (2002) theory is influenced by Wittgenstein's insights into knowledge, such as the notion that knowledge is, in a fundamental way, collective. Schatzki argued that a person's motivation to act is not based on rule-following alone, because actions are tied to practice, as the "site of the social". Social refers to a bundle of practices, i.e. "a total nexus of interconnected human practices" (Schatzki, 2001a, p. 2). In this perspective, a practice is a set of *doings and sayings* leading to actions that are linked to the context. These actions (doings and sayings) are structured and organised through four dimensions: i) *practical understandings*: skills or capacities that underlie activity leading to know-how, ii) *general understandings*: what are acceptable methods or tasks, iii) *rules*: explicit formulations, standards and instructions, and iv) *teleoaffective structures*: 'teleo' means goals and 'affectivity' is how things matter to the actors (Schatzki, 2001b, p. 51). The teleoaffective structure involves what makes sense to people (i.e. meaning), which is what guides their actions (Schatzki, 2001b). According to Schatzki, practice theory is compatible with institutional theory (see Chapter 3) and in combination these perspectives may provide a richer account of social life than either theory can on its own.

In line with the practice theory perspective, CWS professionals' actions need to be analysed with reference to the professionals who carry out these actions, to the situation in which the actions are performed, and to the CWS context. This means that even when the individual professional acts in accordance with her/his own beliefs, the person is still bound to certain normative and ethical perspectives common to child welfare practices (e.g. the best interest of the child), and thus the individual's actions are performed as part of the practice she/he represents. Moreover, to say that professionals' actions belong to a certain practice is to say that they are based on the same understanding. They are influenced by or ignore the same rules and they will pursue goals and projects that are included in the same structure (Schatzki, 2002). Although the actions and activities may vary, particular elements are linked together in ways that enable us to recognise a practice as belonging to a particular type, such as the practice of social work. In sum, practices and material arrangements (e.g. technology or guidelines) are what guide or instruct the actor's activities, which are what form practice. In order to examine how practices are created, maintained or altered, I chose a research design that focuses on the activities carried out by professionals in real practice situations.

4.1.2 Single embedded case study design

A crucial question in case study design is to decide *the case* of the study, which is the "object of interest in its own right" (Bryman, 2016, p. 61). The case of this study is *standardised practice* as performed by frontline

professionals and how standardised tools influence their work. Thus, this case comprises two components: the *actors* and the *standardised tools* within the context of CWS. A single embedded case study design was chosen with the aim of exploring the case in depth (Yin, 2014). Embedded design involves units of analysis at more than one level, which is particularly appropriate when the boundaries between the phenomenon and the context are unclear. For this study, actors using two common standardised tools, KF and COS-P, were selected to capture the circumstances and conditions of everyday practices (Yin, 2014). The application of these tools constitutes examples of standardised practice, and can be regarded as *exemplifying cases* that will enable analysis of key social processes (Bryman, 2016). Two child welfare offices and appropriate subunits within the offices using these tools were selected. Accordingly, several units were selected, not with the intention to compare the units, but rather to identify patterns of common meaning across the units of analysis.

4.1.3 Case selection and recruitment

In order to capture situations and conditions of common everyday practice, I chose to include local CWS offices, as their main responsibility is to investigate referrals and provide measures to support children and families. In line with the single embedded case design (Yin, 2014), examples of standardised tools, the site of the study and professionals using standardised tools had to be chosen.

Two standardised tools were selected: the Kvello Assessment Framework for use in the investigation phase of CWS work, and Circle of Security, Parenting (COS-P), a commonly used intervention offered by local CWS. The selection of tools was based on the following three criteria: they needed to i) be considered as procedural standards, ii) be offered by local CWS, and iii) be broadly implemented in Norway. Considering that this thesis examines a ‘practice turn’ (Schatzki, 2001a) in CWS, I chose to include tools from both the investigation and intervention phases to capture the different stages of CWS work. Other tools were also considered, e.g. the PMTO evidence-based programme (Parenting Management Training, Oregon). However, it was not possible to recruit local CWS offices offering PMTO. Local CWS in Norway have also adopted other standardised tools, particularly parent-child assessment tools. I first learned about some of these tools during my fieldwork, such as the Parent-child Early Relational Assessment (PCERA), which has recently been introduced to Norwegian CWS.

Two CWS offices were selected as study site based on the following criteria. Firstly, the site enabled an embedded case study (Yin, 2014), where both the KF and COS-P were used by the office. Secondly, the site included at least two offices representing some variation such as location, size and how they were organised. As office A stood out early as fitting the criteria, I began collecting data in that office before a second office was selected. This enabled me to refine possible considerations before choosing a second office. During my fieldwork I became aware of another office that was in an early phase of implementing both KF and

COS-P, and its characteristics were considered to represent the variety needed to fulfil my second criterion. Including a second office in an early phase of implementation could provide additional insights for this study. Based on the above information, this was a purposive sample entailing heterogeneity (different tools, different CWS offices and different experience of using the tools) and homogeneity (tools within local CWS practice and therefore a common service) (Bryman, 2016). The purpose was to increase the possibility of identifying patterns of practice despite these diversities. Characteristics of the two offices are presented in Table 1.

Table 1. An overview of office characteristics

Name	Office A	Office B
Location	Large town	Small town (rural area)
Number of employees	> 90	≤ 30
Organisation	Specialised approach: Organised in subunits with specific areas of responsibility, some only with investigations of referrals, some with in-home measures, others with out-of-home measures	Semi-generalist approach: Organised in two subunits, some work with a case from beginning to end, while others work only with out-of-home-measures
Experience of using KF	>10 years	< 1 year
Experience of using COS-P	>10 years	Completed training and was in process of recruiting families.

As Table 1 shows, the offices varied in size and experience of using the tools. In both medium and large sized offices, the child welfare workers attend to many cases with different types of challenges and complexities. These aspects together with variation in location and type of organisation (specialist and semi-generalist), were important considerations for collecting data to reveal patterns of standardised practice. I therefore argue that these offices complemented each other, and thus brought different insights into the study.

Recruitment of participants

For both offices, I arranged a meeting with the management team to inform about the project, resulting in an interest in it. Subsequently, the management approved the fieldwork and interviews, and suggested subunits in their organisation that could be suited to my study. Before starting my fieldwork, I informed the CWS professionals about my study, and those who had worked in CWS for more than one year and had experience with either KF or COS-P (or both) were invited to participate as key informants. Forty-nine CWS professionals including management gave their written consent to participate. The participants' positions and experience of the tools in each office are presented in Table 2.

Table 2. Overview of participants in relation to KF and COS-P

	Office A	Office B	Total
Frontline professionals	KF: n=19 COS-P: n=9	KF/COS-P: n=10	n=38
Management position	n=9	n=2	n=11
Total	n=37	n=12	n=49

The participants' work experience varied from one year to over 20 years. The majority were women, reflecting the common gender imbalance in CWS. All participants except one held a bachelor's degree in child welfare or social work. Several of the participants also had additional education, such as a qualification in family therapy.

When choosing the study site, the researcher's relation to the field of study is also an important consideration (Bonner & Tolhurst, 2002). I had no prior knowledge of or collaboration with office A. However, I informed the participants of my previous background as a child welfare worker. In office B, my background was already known, as I had had some previous collaboration with that office. This may have influenced the study in terms of allowing me access to the field, but also in other ways, which will be further discussed under ethical considerations.

4.2 Data collection

This thesis draws on different sources of data: i) fieldwork comprising observation and interviews and ii) documents. Data collection took place periodically from June 2017 until March 2018 (see Table 3). Formal interviews were conducted during fieldwork, which made it possible to address topics informed by field observations. Documents were only retrieved from office A, and were provided at the end of the data collection period. Collecting data over time, while combining various approaches, laid the ground for a deeper understanding of how standardised tools influence professional practice in CWS. In the following, I will describe the data collection in more detail.

4.2.1 Fieldwork

The fieldwork was undertaken in both offices and comprised observation, individual informal interviews, and formal interviews (Bryman, 2016). The formal interviews included both individual and group interviews, and a key question was whether to classify the group interviews as part of the fieldwork or as an additional data source. Considering that these interviews were conducted while I was doing fieldwork and that the group compositions were based on my observations, I chose to include them as part of my fieldwork. The aim of my fieldwork was to gain knowledge of the role played by the tools in professionals' daily work, and how the participants used the KF and COS-P, and thus to explore how the standardised tools were adapted into practice. My main strategy was to observe the participants' practice, their

doings and sayings, by taking an observing role, as well as interacting with the participants through informal conversations and group interviews. Accordingly, I undertook a participating role, but not as a full member (Bryman, 2016). This strategy enabled me to gain access to different areas of their practice.

Accessing the field

Gaining access to the field of study is vital, yet challenging. Furthermore, the access work takes place during the entire fieldwork (Hammersley & Atkinson, 1996). As previous research has pointed out, much of the daily work in CWS takes place behind closed doors (Vagli, 2009), and it is challenging to access the various closed sites (e.g. informal meetings between colleagues, client meetings or peer guidance sessions). Although the management had approved and facilitated my fieldwork, it was dependent on acceptance by the participants, and on their inviting me into the closed settings. I found that middle management acted as my door openers (Bryman, 2016) to some of these settings, such as internal meetings and group coaching sessions that they themselves were in charge of. In other settings, such as client meetings, participants seemed more hesitant to invite me in. One possible reason for this may have been that my presence could have placed additional stress on the client or even themselves as social workers, which may have triggered a gatekeeping role (Hammersley & Atkinson, 1996). Knowing that CWS professionals have a stressful work situation, I felt that it was important not to place extra burdens on the participants. However, I was able to participate in a few client meetings, but not as many as I had hoped for. To compensate

for this shortcoming, I pursued informal conversations, often following client meetings, and adjusted my original design by conducting individual interviews with the participants in both offices. Participants seemed less hesitant about this approach, as they willingly found time to talk to me, and sometimes even initiated conversations about their practices. Although I had an explicit researcher role, the fact that I am a qualified social worker may also have encouraged the participants to regard me as ‘one of them’ and not as a stranger (Hammersley & Atkinson, 1996). This may have helped them to let their guard down in conversations with me.

I conducted 48¹ days of fieldwork. Most of my fieldwork took place in office A (31 days), where I started my data collection. Additional fieldwork was conducted in Office B (17 days). In Table 3, I provide an overview of how I spent my time in the two offices.

Table 3. Overview of how the fieldwork was conducted

	Office A	Office B
Days in offices	31 days (n=37)	17 days (n=12)
Days in subunits	Investigation subunit (KF): 28 days (n=19) intervention subunit, (COS-P): 16 days (n=9), of these 13 days in both subunits	Investigation and intervention subunits: Predominately KF: 17 (n=10)

¹ In Article 1 “Professionals’ tinkering with standardised tools (...)” it was reported as 51 days. Unfortunately, this was an error.

Methodology

Management	Including both subunits and tools: (n=9)	Including both tools (n=2)
Periods of data collection	Spring 2017: Two months Autumn 2017: some additional days	June 2017 – March 2018

When starting my fieldwork in office A, I took a broad approach by spending considerable time in the field and engaging in a wide range of activities. By doing so, I acquired broad insights into how the participants used the tools, before narrowing down to more specific areas and concentrating on particular activities that seemed more relevant to my research questions. For example, I found that participating in different types of meetings and having informal talks was more valuable than just ‘hanging around’ in the office. This also allowed me to adopt a more focused strategy (Postholm, 2010) in office B. Consequently, fieldwork activities in office B were more pre-defined and scheduled than in office A. Moreover, office B was in an early stage of using the tools, which made it appropriate to stagger the fieldwork over a longer period. This enabled me to learn from the participants as they gained experience. However, office B met some challenges in implementing COS-P, which resulted in limited data on COS-P during my second fieldwork.

Doing field observations

A major part of my fieldwork comprised observations of practice, i.e. the professionals' doings and sayings in relation to how and why they used the standardised tools. I was concerned with observing the what, when, who and how regarding their use of the tools, and if there were specific situations where the tools were put aside. Through observations, I explored how the participants used the tools in their daily practice, and congruence between participants' sayings and doings, by taking part in their daily activities. I conducted observations in the common area, in internal meetings, group coaching, case discussion meetings and client meetings (see Table 4 below). In the KF subunit of office A, I followed a small team of six participants more closely by attending their meetings and informally interviewing them about their work. Also, in the COS-P subunit, I followed two participants more closely and conducted several interviews with them as a substitute for client observation. In office B, I followed a group of participants more closely, through both observation and informal interviews. Based on my experience from office A, I did not pursue client meetings in office B.

Table 4. Overview of activities during fieldwork

Name	Office A		Office B	Total
	KF	COS-P	KF/COS-P	
Administration meetings	5	2	-	7
Group coaching sessions	6	3	6	15
Case discussion meetings	4	1	5	10
Client meetings	5	4	-	9
Days	31			48

In my observations, I focused on interactions between the participants, meeting activities and how the tools were visualised and present in everyday talk and practices. However, it was challenging to gain information about how the tools were used by spending time in the common areas. Nevertheless, a positive outcome of hanging around was that the participants seemed to get more used to my being there, which seemed to be a door opener to informal interviews and some client meetings. Moreover, participating in the field also gave me insight into where decisions were made, such as in the corridor.

Observation of meetings offered important insights into how prominent elements of the tools, for example the focus on risk factors, were mentioned in discussions and how the tools were applied in specific cases. Through participating in these meetings, I also gained some ideas of the relationship between management and ‘tools-related rules’, which I could explore further in the individual interviews. After meetings, I

often asked the participants to comment or elaborate on topics that had been addressed in relation to the KF or COS-P tool.

To gain a deeper understanding of the KF assessments, I observed a small group of four participants using the KF in a particular case. This gave me an opportunity to observe discussions between professionals, but also to see how they filled out the KF forms. I also participated in training sessions and group coaching provided by Kvello (the developer) and read documents that instructed the participants in the use of the tools.

In all meetings, I took a passive role and was careful about where I positioned myself in relation to the participants. That said, I sometimes found myself being linked to KF, as the participants occasionally looked at me when they mentioned something related to KF. This shows that my presence influenced their focus, and possibly brought more awareness of the tools, with greater focus on KF or COS-P in their talk. I have paid close attention to my possible influence on their focus and work throughout the fieldwork and attempted to limit it.

Client meetings are highly confidential, and parents therefore needed to approve to my presence beforehand, and informed consent had to be obtained before the meeting could start. I did not take part in meetings that included children. Considering the power relationship between CWS professionals and parents, it may have been difficult for parents to turn down such requests. Therefore, the parents were also given a pamphlet containing information about the study and my contact details. The pamphlet emphasised that my main focus was on the CWS professionals,

and not the parents. They were informed that my concern was the professionals' approach, language and (inter)actions in the meeting. These meetings added insights into how the tools were used in their daily work. As mentioned, I faced some challenges gaining access to client meetings, which resulted in only a few observations of client meetings (in office A), and mostly in regard to the KF.

Also, in client meetings, I consciously chose where I sat in the room, facing a professional and preferably out of sight of the parent(s). Apart from when I introduced myself and my research, I observed quietly during the entire meeting. A couple of times, both parents and participants told me after the meeting that they had forgotten about my presence. However, I also found that some participants, after the meeting, wanted feedback on their work performance. It is difficult to know how the participants' awareness of my presence affected the client meeting (as well as other observation settings), and it is possible, and perhaps also likely, that my presence had some unavoidable influence (Hammersley & Atkinson, 1996).

Informal interviews

Conversational data are an integral part of a fieldwork study (Hammersley & Atkinson, 1996) and I spent considerable time informally interviewing the participants in the units. My observations made me realise that much of the participants' interaction with the tools took place digitally, which is difficult to explore thoroughly through direct observation. Accordingly, these informal interviews were crucial

to gaining insights into their practice and to elaborating on what I observed.

In the informal interviews, the participants described and explained how they used the tools in their daily work, including the computer system, but they also talked about their perception of the tools. I also learned about their opinions of the families and considerations they took in relation to the families.

In interviews following client meetings, I was curious about the participants' work with regard to the tools, and asked them to describe their focus and work.

In the beginning of my fieldwork, I was careful not to disturb the participants, so these informal interviews often took place by the coffee machine (in office A). Gradually, I took a more active approach and asked if they had time for a talk. They often found time in their busy schedule for these informal interviews, and sometimes on their own initiative they looked for me to report from a client meeting. The informal interviews generated valuable data, and throughout my fieldwork I also became more confident in my role as a fieldwork researcher, which also made me more aware of the different opportunities that arose and better able to take advantage of them.

Field notes

Field notes are a central, yet challenging part of fieldwork; they are written not only in the field, but also outside it. Field notes are

representations of the researcher's observed events, but are not complete records of the fieldwork (Emerson, Fretz, & Dhaw, 2001).

There are various considerations one must attend to in relation to writing field notes, e.g. whether taking notes is appropriate in a particular setting. When I participated in the various types of internal meetings, informal interviews in the participants' office and client meetings, I did extensive notetaking by hand during the meetings. I jotted down key words, quotes, summaries and reflections in a small A5 notebook. However, in client meetings, I took extra precautions to avoid disturbing the meetings, since these meetings deal with sensitive information and can be very emotional and tense. Therefore, in these situations I only jotted down key words and took 'mental notes' (Emerson et al., 2001), meaning key words that would help me elaborate on what happened at the meeting shortly afterwards. Neither the participants nor the clients seemed to pay much attention to my notetaking.

Between the various meetings I commonly went back to my office to elaborate on my notes on my computer. This was important to maximise my ability to recall events in detail (Emerson et al., 2001). These breaks were also important for me to reflect upon my participation in the previous activities, as well as my further focus. Moreover, I commonly re-read and wrote up my field notes after working hours on the same day. This allowed for further reflection and helped me focus on the fieldwork to come.

The field notes were written with the aim of providing thick descriptive accounts of the participants' doings and sayings, as well as their reactions with limited interpretation (Emerson et al., 2001). However, they cannot be considered objective facts about what happened in the field. I recorded what I observed, but also my own actions and reflections. Considering the strict confidentiality in the CWS, I was careful about what I wrote down. When they discussed a case, I sometimes just wrote down key words or refrained from taken notes at all, as my study focus was on the professionals' 'standardised practice', not on their clients. Throughout the fieldwork I did become more selective as to what I wrote down, but included anything that I found relevant to my research questions.

Formal interviews – individual and in groups

Individual interviews

In addition to the observations and informal interviews, I conducted 25 (n=19) semi-structured interviews: 17 interviews with frontline professionals (office A: n=11 and office B: n=2), and eight interviews with professionals in management positions (office A: n=5 and office B: n=1). Some of the participants were interviewed more than once. All interviews were conducted during my fieldwork. The purpose of these more structured interviews was to generate additional descriptions of the tools as well as participants' reflections on their practice and the tools. As already mentioned, informal interviews became more focused during my fieldwork, which could make it challenging to distinguish between

formal and informal interviews. However, these formal interviews were more structured with an interview guide and lasted for about one hour. Of the 25 interviews, 17 were audio recorded and subsequently transcribed verbatim, while eight were documented through extensive notetaking.

The interview guide covered certain broad categories, e.g. background information, descriptions of and ways of using the tool, implementation, and how the tools influenced the participants' professional role. For the participants in management positions, I also included questions about local guidelines on how to use the tools. I asked open-ended questions and focused on the participants' elaboration on certain aspects to enable deeper insights into their practice, without interrupting their reflections. The individual interviews allowed for in-depth insights into the participants' experiences without interference from other colleagues and generated deep understandings of how the tools influenced CWS practice and the professional role.

Group interviews

The group interviews aimed to encourage group discussions, complementary as well as argumentative, which also enabled participants to reflect on previous observations of how they used the tools and to gather their perspectives on this (Frey & Fontana, 1991). The focus was on how the standardised tools were used by the participants, their rationale for their actions and how the use of standardised tools influenced their professional role. Eight semi-structured group

interviews were conducted with two to five participants (six groups in office A: n=21 and two groups in office B: n=2). Seven groups consisted of frontline professionals (n=19), while one group consisted of professionals in management positions (n=4). To reduce power dynamics and to ensure the opportunity for diverging opinions, the grouping of members from pre-existing groups was used as a strategy for group compositions (Bryman, 2016). Thus, all group members held similar positions and worked together in their unit. Further, at that point in time, participants were familiar with me as a researcher, which might have helped them to let their guard down and openly share different viewpoints. All the interviews took place after the fieldwork in office A (autumn 2017), and lasted from 60 to 90 minutes. The interviews were audio recorded and transcribed verbatim.

The group interviews were semi-structured and developed from the fieldwork and the individual interviews. The interview guide consisted of some background information (education, professionals' expertise and work experience), together with six broad themes (e.g. practice with the tools and discretion). However, the interviews were largely unstructured, by allowing opinions to bounce back and forth and the participants to elaborate on statements presented in the interviews (Frey & Fontana, 1991).

The participants were active in the group discussions, they complemented one another and reflected upon how they used these tools and why, and they did not seem to hold back disagreements. My role in

the interview was more like a moderator, where I alternated between asking them to dwell more upon some topics and bringing the interview forward by introducing new topics for discussion (Bryman, 2016). The group interviews helped to nuance their practice with the tools and their rationale for their actions. Moreover, the interviews revealed differences not only between the group members, but also between the different groups, and these differences may have been difficult to discern in individual interviews. As such, the group interviews complemented the findings from the fieldwork.

4.2.2 Documents

Written reports are an essential part of the KF tool; they constitute much of the KF form and are used to help CWS professionals write investigative reports (Kvello, 2015). Hence, they can be considered as primary data that can bring knowledge about specific situations (Bratberg, 2017) and are in this way considered a distinct level of reality in their own right (Atkinson & Coffey, 2011). Therefore, I chose to include fifteen investigation reports (ethical approval required) that were based on the KF written by the CWS professionals. The purpose was to reveal how the professionals employed the KF tool in a given case, and thus provide complementary information on the professionals' doings and sayings. These client documents are also important considering the status and power they hold in child welfare work.

The selection of the 15 reports was based on the following criteria: i) randomly selected from different teams (five from three teams who

worked with children in different age groups) in the investigation subunits and ii) documents that were completed in May 2017, and were thus from the same period as my fieldwork. The criteria were chosen to ensure some variation in the sample, e.g. reports concerning children from different age groups and written by different people, showing variation in the people monitoring the professionals. The purpose was to reveal patterns of standardised practice.

These documents provided information about how the professionals used the KF tools. This included the information they pursued in their investigation, the information they emphasised in their report (e.g. risk factors) and how they presented the information obtained in relation to the different boxes of the framework. This also provided insights into lines of reasoning, and the relation between descriptions and conclusions. However, these documents are written with a distinct purpose and for a specific audience, namely the families they apply to, and they therefore represent a documentary reality (Atkinson & Coffey, 2011). In sum, these combined approaches to data collection provided me with a more comprehensive understanding of the ‘phenomenon’ in question (standardised practice), compared with choosing a more one-dimensional approach. Inspired by Schön’s (1991) concepts of ‘in action’ and ‘on action’ reflections, I would argue that participants’ reflections ‘on practice’ were more prominent in the formal interviews, while reflections ‘in practice’ were more notable in the observations and informal interviews.

4.3 Analysis

For the analysis of the thick descriptions obtained from the various data sources, I adhered to the qualitative systematic process from coding to developing of themes (Braun & Clarke, 2006; Graneheim & Lundman, 2004), supported by NVivo 11. The purpose is to identify patterns of meaning and thus to provide a detailed description and interpretation of standardised practice.

As mentioned above, I made use of two analytical approaches: content analysis as developed by Graneheim and Lundman (2004) (Article 2), and thematic analysis as described by Braun and Clarke (2006). These two approaches share many similarities; they were both used with the aim of analysing textual data across data sets to develop themes through coding and examination of meaning (Vaismoradi, Jones, Turunen, & Snelgrove, 2016; Vaismoradi, Turunen, & Bondas, 2013). Moreover, both approaches allow for descriptions and interpretations of the data, and thus, both manifest and latent levels of the content (Braun & Clarke, 2006; Graneheim & Lundman, 2004). However, it is the *process* of identifying manifest and latent content that separates these two approaches (Vaismoradi et al., 2016). In content analysis, the processes of identifying manifest and latent content are separate. To develop codes and categories, text is analysed by describing the manifest content (close to the text). Then themes are developed based on the latent content, which is a higher level of interpretation (Graneheim & Lundman, 2004). In thematic analysis, the processes of identifying manifest and latent content are combined as these are considered to be inseparable (Braun &

Clarke, 2006). In Article 2, I adopted an inductive approach and found content analysis suitable for analysing the data in relation to the research question. In Articles 1 and 3, I employed a more theory-driven approach, using thematic analysis (Braun & Clarke, 2006). Braun and Clarke (2006) argue that the development of categories may also entail a process of interpretation, and they therefore have a broader understanding of latent and manifest content, which I found suitable for the analysis in those articles. Nevertheless, both approaches aim at breaking the text into smaller units through coding in order to develop themes through a structured strategy. Both allow for different theoretical positions (Vaismoradi et al., 2016)

Before undertaking the analysis, one must determine which data from the research project to include in the particular analysis, referred to as the data set (Braun & Clarke, 2006). The three research questions determined which data set to include in the particular analysis: i) How are standardised tools adapted into professional practice in child welfare services? (Article 1), ii) How do standardised tools influence the professional role of the child welfare professional? (Article 2), and iii) How is the Kvello Assessment Framework tool (KF) reflected in CWS decision-making processes and how does this inform child welfare workers' reasoning in their assessment work? (Article 3). When following the strategy of content analysis (Graneheim & Lundman, 2004), I first identified and coded the meaning units within each interview in the data set by detecting statements or paragraphs that shared the same content and context. I found this approach helpful as a

starting point as it allowed for a thorough coding process, but also because it helped me to distance myself from the data and thereby reduced the risk of misinterpretation. Similarly, in the thematic analysis I started coding from the data item (each transcribed interview) resulting in data extracts connected to developed codes (e.g. risk and protective factors). This process was repeated across the data set, linking data to already identified codes as well as developing new codes. After initial coding, I reread the coded material and excluded extracts (Braun & Clarke, 2006) or meaning units (Graneheim & Lundman, 2004) that were unrelated to the research questions. Moreover, I reread the data sets to make sure that I had not left out important text relevant to the codes. As shown in Figure 1, both strategies resulted in codes relevant to answering the research questions, yet with different levels of abstraction. This also illustrates the coding process of moving from codes, categorisation of the codes, including both manifest and latent content, to the ultimate development of themes, a strategy undertaken in both approaches (Vaismoradi et al., 2016).

Abstraction level	Example of coding
More abstract	Professional role
↑	Factual knowledge
	Limitations of tool
	Dilemma for professionals
↓	Biased understanding
	lacks cultural adaptation
More concrete	non-Western countries struggle
	Participant follows the guide and asks mentalisation question

Figure 1. An example of coding in developing themes

When developing themes, a crucial question is to determine what counts as a theme, which in both content and thematic analysis can be understood as a thread of underlying meaning that is interpreted from the basis of the participants' doings, sayings and writings (Braun & Clarke, 2006; Graneheim & Lundman, 2004). The analysis focused on developing categories and sub-themes that were organised in clusters before developing themes with a high level of abstraction and interpretation (Braun & Clarke, 2006; Graneheim, Lindgren, & Lundman, 2017; Vaismoradi et al., 2016). The themes were then reviewed in relation to how they were linked together, and were then refined before the final themes were classified. In this sense, categories are considered as descriptions of the themes, and the development of themes thus adds depth of meaning to the categories (Vaismoradi et al., 2016).

When I conducted thematic analysis (Article 1), the theoretical perspective of institutional work (Lawrence & Suddaby, 2006) helped me identify themes and categories of relevance to how professionals, through different forms of institutional work, adapted the tools into their practice. The focus was on the professionals' doings, i.e. both their actions and their writing in the documents, and on arguments they employed as a rationale for their doings. In this sense, I adopted a more deductive or theory-driven approach (Yin, 2014), but still allowed for the inclusion of inductively developed categories. The process of analysing data from different sources helped me identify underlying meanings for

the professionals' actions. In turn this resulted in three main themes with 11 underlying categories (see Table 5).

In the second article, during content analysis, the themes were developed by identifying underlying meanings deriving from the codes, categories and sub-themes. For this I used an inductive approach focusing on the professionals' expressions, concepts they used to describe their work and arguments for deviating from the tool. This helped me to develop themes that unified the content in the sub-themes and categories, and thus identified an underlying meaning of how the use of the tools influenced their professional role. To explore these interpretations further, I drew on relevant theories, such as the theory of profession (Graneheim et al., 2017). This process brought further insights and analytical abstractions of the phenomena in question (Graneheim et al., 2017). The analysis resulted in three broad themes (see Table 5).

The analysis that formed the basis for Article 3 followed a similar process to that described for Article 1. To identify categories and themes related to how the KF influences decision-making processes in CWS, I focused on the professionals' doings and sayings, in addition to how the tool was described in the reports. In addition to being inspired by (Timmermans & Epstein, 2010) concept of procedural standards in my analysis for this sub-study, I also developed categories and themes from a more inductive approach (Bryman, 2016). This enabled me to discover important underlying patterns, as not all the data relevant to the research

question fitted the selected theory. Two main themes were prominent in Article 3 (see Table 5).

Table 5. Organisation of categories and themes

Theme	Sub-themes	Categories
Professionals' actions (Article 1)	Reshaping rules (creative)	New focal point in their work New rules for how to conduct their work New rules for how to structure their work
	Changing knowledge and skills (creative)	Use of new concepts Use of theory (attachment and risk focus) New skills for observing emotional care New skills for focusing and structuring
	Persisting with previous professional practice (maintaining practices)	Adjust the tools Continue with previous structure Support from management to modify Tools at odds with formal rules and ethics
Professional role (Article 2)	Factual knowledge	Knowledge within the tools Preferred knowledge base Limitation of tool (dilemma)
	Common language	Consistent descriptions (focus point) Concepts derived from tools Dilemma
	Gained confidence	Richer descriptions Tool found supportive Improved structure and focus Challenges professional ethos
Decision-making process (Article 3)	Demands of the tool for course of action	Task and focus demands Form-filling demands Children's voice emphasised
	Gap in chain of argument	Limited reasoning Coherence: description - conclusions Lack of making interpretation explicit Conflicting viewpoints lack of transparency

Finally, it needs to be noted that my analysis was not a linear process moving from one stage to the next, but was interactive with multiple reviews and modifications. The results of the analysis are presented in the three articles.

4.4 Ethical consideration

For the fieldwork, interviews and documents, the project received formal approval from the Norwegian Centre for Research Data (NSD) (see Appendix 1). To gain access to the documents, additional approval was necessary and was granted by the Norwegian Directorate for Children, Youth and Family Affairs (Bufdir) (see Appendix 2). Moreover, I signed a non-disclosure agreement with Bufdir and with the two CWS offices where my fieldwork was conducted.

4.4.1 Consent and confidentiality

Written informed consent was obtained from all participants in the initial phase of the study. Prior to my entering the field, the participants received an invitation with information about the study including a consent form. I also provided study information in staff meetings at an early stage of the study. When attending client meetings, I reminded the participants of my focus in the study. Moreover, oral consent was obtained from all parents that I encountered in client meetings. For the client meetings, written consent was considered, but due to issues of confidentiality, oral consent was found to be most appropriate. In

addition, parents received a letter containing information about the study and my contact details. This procedure was also approved by the NSD.

For the documents, consent was obtained from the management in office A. These documents contain sensitive information about third parties and resulted in some ethical dilemmas as to whether to inform and/or receive consent from the third party. This was discussed with the NSD, who concluded that the societal benefit of this research was greater than the potential negative privacy issues (Appendix 1). The decision emphasised that the focus was primarily on the professionals and not on the third party (the client). However, this is not without ethical challenges, and several steps were taken to minimise the disadvantage this may have had for the third party. First, directly sensitive information was censored by the CWS office prior to retrieval, and the documents were only available to me as the project manager. Second, the documents needed to be shredded within six months, and only a small sample was included. Finally, when reporting findings, I have been careful not to reveal any information that could possibly disclose any information about the child, parents or family.

Confidentiality entails ensuring anonymity and privacy of the study participants and includes both the recording and reporting of data (Bryman, 2016). To ensure the participants' confidentiality, this study did not collect any directly sensitive personal information about the participants. Moreover, all participants were anonymised in the transcribed material by using a number for each participant and letters

for the CWS offices. In reporting the findings, precautions have been taken to avoid identification of participants, third parties and the offices involved in the study.

4.5 Strengths and limitations of the research

In order to study the use of standardised tools in CWS, data on the use of two such tools in two CWS offices were included in this study. This may be considered a limitation as additional standardised tools and offices might have contributed different aspects of the phenomena under study. However, including additional samples could have exceeded the capacity of this type of research project. At the same time, this limitation could possibly also be considered a strength, because it enabled a deep analysis with various sources of data from the people who used these tools in their daily practice, and thus provided a nuanced description of the use of standardised tools in CWS.

Much qualitative CWS research is based on interview data, and there are relatively few researchers in this field who have used fieldwork for data collection. Reasons for this might be that fieldwork is time consuming, and that it can be difficult to access the field (Bryman, 2016). As already mentioned, accessing the field can be particularly challenging in a CWS setting (Vagli, 2009). All research methods have their strengths and limitations, however, and there is a need for a variety of research

methods as they can provide different insights and knowledge that are important for the field of CWS.

Finally, being an insider (Bonner & Tolhurst, 2002) can also cause some potential challenges. My background as a qualified social worker with experience from CWS might have prevented the necessary distance between the researcher and the participants. Consequently, there was a potential of being biased and of having pre-understandings about the phenomenon under study (Delyser, 2001). It may have been challenging to separate the participants' accounts from my own previous knowledge and experience as a social worker, since their accounts may have remained implicit due to my familiarity with the field and profession. Being aware of these issues is important in order to limit biased interpretations. Furthermore, I discussed my findings with my two supervisors, presented the results to other researchers and compared my results with the literature, which may also have prevented my pre-understandings from interfering with the data in a problematic way. As argued by Delyser (2001), an insider may be over-familiar with the context of study and thus fail to follow up on pertinent matters or questions. To overcome these challenges, I made sure that the participants elaborated on their statements during the observations and in the interviews. Even though being an insider-researcher has some disadvantages, there are also advantages that may benefit the research project. Following Bonner and Tolhurst (2002) argument, being an insider may imply a greater understanding of the culture, context or social interaction being studied. Moreover, an insider has better

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understandings of the norms of the institution, and thus greater knowledge of how to act and approach participants. Further, insiders may have insights and knowledge about the CWS that for others would take a long time to acquire, or even to detect in the data. Accordingly, the researcher's own perspective may be a great asset to the study, but at the same time, it is equally important to be aware of its disadvantages.

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5 Findings

This chapter provides a brief presentation of the three articles that comprise the thesis. Considering that previous chapters have elaborated on previous research, theoretical framework and method, this chapter will predominately focus on the results. While each article has a different focus and makes use of different theoretical concepts all articles relate to the overall research question of how professionals become carriers of standardised practice and how standardised practice influence the professional role. The articles different focal point and theoretical underpinning are presented in the following.

5.1 Article 1: ‘Professionals’ tinkering with standardised tools’

Sletten, M. and Bjørkquist, C. (2020). Professionals’ tinkering with standardised tools: Dynamics involving actors and tools in child welfare practices. *European Journal of Social Work*.
<https://doi.org/10.1080/13691457.2020.1793114>

This article provides an in-depth analysis of how professionals adapt the two standardised tools into their daily practice in the child welfare service in Norway. The theoretical concepts applied to explore the adaptation are the concepts of discretion (Molander et al., 2012) and institutional work (Lawrence & Suddaby, 2006). The analysis reveals how new rules of practice emerged through the ways in which the professionals adapted the focal points of the tools (e.g. emotional care

and risk focus), and in particular the use of risk and protective factors. Moreover, by adapting some of the structure within the tools, their practices became more systematic, particularly in relation to obtaining information, documentation and reporting. However, discrepancies between what they said they did and what they actually did were also apparent. For example, the professionals stated that the tool helped them to systematise the information according to the KF form. However, this is not an evident pattern in the documents. Further, findings show that the professionals adapted new concepts, knowledge (e.g. psychological knowledge) and skills (assessing and communicating) from the tools, all of which they used in their daily work. At the same time, the findings also reveal that the professionals commonly modified the tools in situations when the tools increased their workload, were at odds with the Child Welfare Act or were perceived as being at odds with their professional ethos. In these situations, the professionals, with support from the management, exercised their discretion to alter the tools to make them coincide with their professional expertise. In this sense, the professionals performed some forms of maintenance work to be in keeping with previous practice.

Overall, the findings presented in Article 1 reveal that the use of standardised tools resulted in three outcomes. Firstly, the creation of practice through new rule structures, which disrupted aspects of previous practice. Secondly, creation was also seen in relation to the tools adding new knowledge, concepts and skills that complemented the meaning system (Lawrence & Suddaby, 2006). Use of the focal point and

theoretical basis of the tools became a new norm of practice. On this basis, it is argued that the tools laid the foundation for theorisation of the standard practice, hence standardising the professionals' knowledge base (e.g. psychological knowledge). Accordingly, findings suggest that the professionals' discretion was restricted through creation of practice. Thirdly, the findings also reveal that much of previous practice were maintained through combining the tools with the professionals' expertise. This was particularly evident when the tools were in conflict with existing institutionalised structures such as professional ethics and legislation. As a consequence, professionals modified the tools, and thus, existing structures can be seen as barriers for change. Similarly, increased workload caused by the tools together with limited resources made the professionals alter the tools by exercising discretion. The article highlights the role of the actors in creation, maintenance and disruption of institutions, as they tinker with the tools through the use of discretionary power. Accordingly, the use of such tools did not ensure uniformity in the professionals' practices.

5.2 Article 2: 'When standardisation becomes the lens of professional practice'

Sletten, M & Ellingsen, I.T. (2020) When standardization becomes the lens of professional practice in child welfare services. *Child & Family Social Work*. 2020; 25:714-722. <https://doi.org/10.1111/cfs.12748>

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This article examines how the use of standardised tools influences the professional role in CWS work. The analysis reveals that the professionals felt more competent through acquiring new knowledge embedded in the tools. They tended to think that the tools assisted them in obtaining factual knowledge, and that this in turn strengthened their legitimacy and thus also their professional role. This relates to another factor identified as strengthening their role, namely the common professional language acquired from the tools which professionals found provided them with better descriptions of family situations. At the same time, the article highlights that some of the concepts used in the tools were found to be ambiguous, which led to contradictory assessments that could affect families' relation to the CWS, e.g. create distance. Finally, the article describes how the tools increased the professionals' confidence as they found that their practice became more focused and theoretically sound. However, it was also revealed that the tools constrained the professionals and thus challenged their professional ethos, and that some preferred to rely on their own expertise rather than complying with the tools.

Based on the findings in Article 2, it is argued that the use of standardised tools leads to a more rule-following approach, favouring what is perceived as explicit objective knowledge, rather than reflective and practical knowledge that can be both tacit and explicit (Freidson, 2001). Furthermore, it is discussed how the tools have the potential for making tacit knowledge explicit through the common language that emerges from them, and thus increasing the professionals' competence as well as

their confidence. At the same time, the tools are not found to bridge the gap between tacit and explicit knowledge, as the professionals still have challenges with expressing their expertise. Moreover, the article discusses how the tools led to a perception of ‘objective judgement’, suggesting that knowledge is value-free (Munro & Hardie, 2018). Hence, guidelines with a narrow knowledge base may fail to handle complexity and overlook individual needs. Finally, it is argued that use of the standardised tools challenges the professionals’ accountability due to the rule-following approach. The professionals seem to undermine their own expertise and to narrow their knowledge base when relying on the standardised guidelines. Accordingly, the use of standardised tools involves a potential of practice becoming less critically reflective, which implies a risk of doing families injustice and weakening the professional role and accountability.

5.3 Article 3: ‘Proceduralisation of decision-making processes’

Sletten, M.S (in review). Proceduralization of decision-making processes: A case study of child welfare practice. *Nordic Social Work Research*

While Articles 1 and 2 examine standardised practice in CWS in general terms, Article 3 focuses particularly on how professionals conduct their assessment work when using the KF tool. In this sense, the KF is an

example of a ‘procedural standard’ that guides the professionals in their decision-making, which according to Timmermans and Berg (2003) relates to transparency and accountability. This third article is concerned with how the use of procedural standards influences the CWS professionals’ assessment work as a key aspect of their decision-making processes. This includes how standardisation facilitates assessment work in a multifaceted practice, and its ability to reduce bias and to ensure transparency, which makes it a tool of accountability (Timmermans & Berg, 2003). The findings suggest that that use of the KF tool leads to a proceduralist approach in assessment work, specifically in two areas: First, the tools included requirements for focus and activities to help obtain information about family situations. The prominent procedures were observing child-parent interaction, conducting mentalisation interviews, and procedures for assessing risk and protective factors. The findings presented in Article 3 show how particular risk factors are on the professionals’ agenda and how these emphasise psychological knowledge. Second, the tool included requirements for form-filling and descriptions in the professionals’ reporting of their assessment work, by structuring the information on the basis of the KF form. In turn, this led to interpretive demands in ways that presented conclusions as facts, even when the trustworthiness of the information was questioned. Moreover, the article shows how the tool promotes a focus on the individual child. Finally, the professionals’ reasoning tended to lack transparency as actions and conclusions were not always accounted for.

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Based on the findings, I argue that the use of a standardised assessment tool leads to standardisation of decision-making processes, particularly in relation to professionals' activities and focus of attention when conducting assessments. In the article, I discuss how these examples of procedural standardisation bring clarity and transparency to the assessment in terms of *the what* part of practice. This could be understood as a new form of accountability, in which the professionals can be held accountable for their procedures (Timmermans & Berg, 2003). Another discussion raised in the article concerns how the tool leads to standardisation of knowledge, favouring risk factors and psychological knowledge. However, *the how* and *the why* in relation to this appear to be problematic. For example, parents were observed without a clear and transparent approach, and often without their knowledge. Furthermore, there seemed to be insufficient justification for how and why assessments should be performed and documented. The article discusses how these shortcomings may lead to errors and biased assessments and emphasises the importance of a transparent decision-making process. To sum up, the tool does not seem to improve professionals' analytical skills. Although it is aimed to be *a tool* to enhance the quality of CWS work, it does not solve the complexity challenges of CWS practice. A pertinent question based on the arguments raised in Article 3 is whether the proceduralisation of child welfare practice and the increasing standardisation lead to better CWS practices.

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Together, the main findings from the three articles provide knowledge of how professionals become carriers of standardised practice and how this influences professional practice in the context of CWS.

6 Discussion

The aim of this thesis is to expand knowledge on how standardisation affects CWS practice. This is explored through the overall research question: How do CWS professionals become carriers of standardised practice and how does standardised practice influence the professional role? The focus has been on two standardised tools commonly used in Norwegian CWS practice, and on the professionals using these tools in their investigative assessment work and in family intervention work. Based on the findings of this thesis, two overarching themes that demonstrate standardisation of social practices and the professionals' responses to standardised tools are particularly salient. Firstly, how standardisation influences professionals' use of discretion, and secondly, how standardisation influences professional knowledge. In the following, building on findings from the three articles included in this thesis, I will discuss the potential implication of these two themes for CWS practice. In the conclusion, I will address the contribution of this thesis to the knowledge field and highlight possible avenues for further research.

6.1 Between standardisation and discretion

As this thesis has shown, the influence of the standardised tools on professional discretion was prominent among the CWS professionals

and the management. In the literature on professional frontline work, scholars have raised a concern that standardisation limits professionals' discretion and thereby restricts the flexibility needed in social work (e.g. Ponnert & Svensson, 2016). By directing attention to the professionals' activities and how discretion is performed, I argue that the use of standardised tools alters the practice of discretion, as discussed below.

Overall, the findings show that the professionals found the tools supportive for their work and responded to them by creating 'new rules' on how to act upon CWS cases (Article 1). Notable rules were that the professionals adapted the tools' focal point in their understanding of a family situation. There are in particular three such focal points, namely risk focus, emotional care, and the procedures for how to perform and structure their work. Even though some of these rules seemed voluntary in the sense that their use will depend on the case (Gillingham, 2011), some rules also hold clear and formal elements aiming to guide the professionals' actions. The rules can be seen as requirements for focus and courses of action, and are thus examples of procedural standardisation (Timmermans & Berg, 2003). Examples of such procedural standardisations are the form-filling requirements (Articles 1 and 3), counting risk and protective factors as suggested in the KF (Article 2), and family interventions, as outlined in the COS-P guideline (Articles 1 and 2). Following Dworkin's (1977) well-known doughnut metaphor, one could argue that use of standardised tools expands the area of restrictions by adding new rules and procedures to practice. Consequently, the hole in the 'doughnut', or the discretionary space,

becomes narrower. In turn, the professionals' delegated power to act becomes more restricted. Considering that these rules and procedures seem to be reinforced by a push from both managers and colleagues, it can be difficult for professionals to counteract them or take actions to expand their discretionary space. In my study, there were some examples of professionals' efforts to counteract or question the procedural rules (e.g. when filling out the KF form, Article 3), but these efforts were often silenced with rule-following arguments. Moreover, the empirical data also provided examples of push from external partners, such as lawyers, who were specifically asking for risk factors. This helped to legitimise the risk focus and to strengthen the rules and procedures imposed by the tools.

These findings are in the keeping with previous studies that found that standardised forms constrained professionals' practice and discretion (e.g. Evetts, 2009; White, Hall, & Peckover, 2008). There are also indications that use of procedural standards leads to a more rule-bound practice in ways that can be understood as attempts to regulate professional practice (Brunsson & Jacobsson, 2000). In addition, these procedural standards work as means for holding the professionals accountable for their exercise of discretion (Molander, 2016; Timmermans & Berg, 2003). According to Timmermans and Berg (2003), procedural standards are considered a new mode of accountability, also referred to as procedural accountability (Banks, 2009). The argument is that professionals, in addition to being held accountable to a third party (the family, as well as stakeholders and other

actors involved in CWS work), also need to account for the process leading to their decisions. One way to do this is by making the process transparent through procedures for how to perform CWS work. Accordingly, there are arguments that standardisation limits frontline professionals' performative dimension and thereby restricts their discretionary space (Molander & Terum, 2008).

Findings from this thesis also raise the question of how standardised tools influence the epistemic dimension of discretion (Wallander & Molander, 2014). There is a clear psychological orientation embedded in the two tools included in this study, and this orientation places strong interpretative demands upon the professionals. This became particularly evident in the way factual and psychological knowledge were favoured (Articles 1 and 2), which in turn placed interpretative demands on the professionals' ways of reasoning (Article 3). Consequently, as found by Wallander and Molander (2014), the tools, rather than their 'expert knowledge', guided the professionals in terms of 'what ought to be done' in a particular case. In this sense, knowledge embedded in the tools seemed to have become the new standard and may have restricted the professionals' epistemic dimension of discretion. A possible consequence of such discretionary restrictions, both structural and epistemic, is an apparent risk of making CWS practice less flexible in terms of considering the individuality of each family. Moreover, it is worrying if the outcomes of these procedures do not meet the clients' needs, because they only take account of a limited problem area and overlook factors that have more structural or social dimensions.

Considering that this may harm families in vulnerable life situations, and thus be at odds with the guiding principles for CWS practice, it is crucial to raise awareness of the potential shortcomings of using standardised tools.

Examining the professionals' activities on a micro-level from a practice and institutional work perspective (Lawrence & Suddaby, 2006; Schatzki, 2002) may reveal nuances that otherwise can be difficult to detect. Despite the challenges discussed above, this thesis also reveals findings that nuance how standards influence professional discretion. These are also important to address. One example of this is when interactions between the actors and the standards show that the professionals modify the tools for both ethical and practical reasons (Articles 1 and 2). As argued by Molander (2016), professionals interpret standards into their local context and in doing so, they try to create openings for maintaining their discretionary practice. Frontline professionals' combination of standardisation with their professional expertise is also supported in recent studies (e.g. Breit, Andreassen, & Salomon, 2016; Skillmark & Denvall, 2018). More generally, analysing discretion from the approach undertaken in this study helps to nuance the recursive relationship between standardisation, discretion, and the actors' responses to the standards. An example is when the professionals found that the standardised tools did not take cultural aspects sufficiently into account (Article 2). Another example is that the forms increased their workload, making them struggle to handle all the information (Article 1), and they therefore departed from the standards. Considering

that frontline practices are bound to norms, ethics, values and resources (Zacka, 2017), rules alone do not change practice, but are dependent on how professionals respond to the standard (Schatzki, 2002).

Even though the findings, as argued by other scholars (Ponnert & Svensson, 2016), do not support a claim that professionals' discretionary power is suppressed when they use standardised tools, there are grounds for claiming that the boundaries of professional expertise, which takes place within a discretionary space, are altered. This in turn may change the position of the CWS professionals in relation to the families they serve, where the conditions for their accountability seem to be changing along with the use of standardised tools.

6.2 *Standardisation and knowledge*

A fundamental question in professional practice is what counts as knowledge. Relevant to this thesis is the common linking of theoretical scientific knowledge, or formal knowledge, to rationalisation and standardisation (Freidson, 2001). Standardisation has also been linked to what is perceived to be expert knowledge (Jacobsson, 2000). Hence, when professionals use standardised tools, they may, not necessarily deliberately, act as experts on the cases they are dealing with. As discussed above, standardised tools seem to contribute to increased legitimacy from other professionals, which in turn may reinforce the position of expert knowledge, in terms of knowing what is best for

families. This raises the crucial question of what type of knowledge the standards are based on, and in turn, how this affects CWS professionals' reliance on knowledge in their practice.

As discussed in the previous section, psychological knowledge and risk focus seem to be the dominant and preferred reference points for knowledge in the professionals' practice. However, the application of psychological knowledge is not new, but has deep roots in the history of social work (Munro, 2020). However, as supported by other studies (e.g. Jensen, 2021; Stanley, 2013), psychological knowledge, with particular emphasis on attachment and risk (Article 2), seems to have gained ground as a new standard for what counts as valid knowledge in CWS practice. Professionals taking part in this study found this knowledge meaningful and supportive of their work, and it enhanced their sense of competence. These findings concur with those of other studies (Munro, 2020; Vis, Lauritzen, & Fossum, 2019). There is no doubt that psychology brings important insights to CWS practice; however, a timely question is what implications the strong leaning on psychology may have for social work, the social work profession and for families in contact with CWS.

In social work, the person-in-situation constitutes the core unit of analysis (Levin, 2021), meaning that when dealing with social problems, it is crucial not to solely base the analysis on traits or capabilities concerning the person, but to include situational or contextual factors. Professionals strive to obtain optimal knowledge that can reduce

uncertainties in cases they are dealing with (Sturmberg & Martin, 2013). However, child welfare cases are often unpredictable and complex (Gümüscü, Nygren, & Khoo, 2020; Munro, Cartwright, Hardie, & Montuschi, 2017). This complexity makes a linear causal effect relationship difficult or impossible to detect. Dealing with complexity is demanding, and can leave professionals feeling powerless as to how to help the family or to solve the problem. The increase in standardised tools can be seen as one way to help professionals navigate and deal with complex family cases. Nevertheless, some of the tools seem to lean on a rather one-dimensional or linear understanding of this complexity. For instance, the parents' lack of mentalisation ability seems to constitute the problem, and therefore, parents' ability to mentalise is important to assess. Similarly, it may not be possible to define the child's needs based on a repertoire of risk factors. The problem is not that lack of mentalisation or various risk factors may constitute a risk for the parent-child dyad, but a problem may be excessive use of this type of knowledge without being complemented by more socially and structurally oriented knowledge. When relying solely on psychological knowledge, there is a risk that the 'in-situation' part of the unit of analysis of social work becomes detached from the understandings of the challenges faced by families in contact with CWS, with consequences for measures and support from CWS.

As indicated above, the issue is not whether or not professionals should rely on psychological knowledge in their practice. It is, however, important to be cautious and attentive to how psychology-oriented

standards place interpretative demands upon professionals (Articles 2 and 3), and thereby interpret ‘everything’ in terms of psychology and risk, thus adopting a ‘one size fits all’ norm. In this study, when risk factors were identified, these were often perceived as factual knowledge. One could therefore argue that the expert knowledge stored in the standards (Jacobsson, 2000) is what appears to guide the professionals’ actions. This concern is also raised by Featherstone, Gupta, Morris, and White (2018) who argue that the use of standardised tools with an individualistic risk focus leads to overlooking other factors, such as socio-economic or cultural factors that are equally important in CWS practice (Article 2). This kind of social knowledge has played a significant part in the social work knowledge base and practice, and is crucial for understanding the person-in-situation (Levin, 2021). Accordingly, CWS practice may fail to handle the complexity involved in CWS work. In turn, this may lead to errors and biased decision-making, with implications for measures and interventions offered to families. Clearly, if one is ‘programmed’ to focus on risk, risk is what one will find, which is thus a case of confirmation bias (Munro, 2019). In this sense, the standards are not objective and may result in biased interpretations of families (Munro, 2019).

The message here is that families and their individual needs are best served by acknowledging the importance of relying on different sources of knowledge in the given context. This includes a broad base of formal, practical and tacit knowledge (Grimen, 2008), with an acknowledgement that what knowledge is needed in each specific case should depend on

the case, not the tool. In relying on standards, the knowledge is predefined and stored in the standard, and it is thus not the situation that determines what knowledge to rely on. Consequently, there is a potential for applying a one-dimensional knowledge base to help families that after all are multi-dimensional.

Finally, to continue the longstanding debate on enhancing the knowledge base in CWS practice (e.g. Hjelmar & Møller, 2016; Skillmark & Oscarsson, 2020), there have been several attempts to make use of more research-based knowledge. Implementation of EBP is one such example (Bergmark & Lundström, 2011; Skillmark & Oscarsson, 2020; Aarons, Hurlburt, & Horwitz, 2011), and standardisation, as shown in this study, is another attempt to bridge the gap between research and practice. Despite these attempts, research shows that social workers use research to a limited degree to inform their practice (Bergmark & Lundström, 2011; Skillmark & Oscarsson, 2020). As shown in this study, standardisation does not ensure a multifaceted knowledge base for CWS practice. Instead of actively searching for relevant research, frontline professionals tend to rely on the knowledge stored in manuals or standards. To enhance ‘research-mindedness’ (Karvinen-Niinikoski, 2005) and strengthen a knowledge-based practice, it is important that CWS professionals combine different sources of knowledge, and critically reflect upon how knowledge is acquired. To achieve a knowledge-based practice, frontline professionals need to combine theoretical, practical and tacit knowledge (Grimen, 2008), to seek out research that goes beyond and expands knowledge stored in the

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standards, and critically reflect upon how knowledge is applied in CWS practice.

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7 Final remarks

This thesis has explored how the use of standardised tools influences professional practice in CWS. Professional practice is infused with standards and standardised tools. It seems reasonable to believe that standards will continue to be part of CWS practice in the future. That said, I hope that my research can contribute to a more reflective use of standardised tools, as this thesis provides in-depth knowledge of how standardised tools influence CWS practice.

Discussions about standardisation internationally are characterised by strong opposing points of view. However, instead discussing whether or not to use standards, a more fruitful discussion could focus on how the standards inform frontline practice and the pitfalls they entail. CWS work has no quick fix, and no standard will be able to deal with all the complexity that is often present in CWS cases. However, this thesis has shown both advantages and disadvantages of the use of procedural standards in CWS practice. Procedural standards increase professionals' sense of competency and strengthen their professional role. They also lead to experiences of enhanced legitimacy and trustworthiness from other professionals. Moreover, the thesis has also shown how the use of procedural standards alters CWS practice by providing new rules of practice, and thus changing professionals' doings and saying in order to make them fit the standard. This development has been criticised for curtailing professionals' discretion. However, frontline professionals are not passive agents but act in relation to the standards. This is particularly

evident when the standards challenge their professional ethos. They then respond by modifying the standards accordingly, which shows that they do not totally subscribe to the standards. Consequently, standards do not operate in a vacuum as static tools to ensure uniform practice.

Furthermore, this thesis has shown how standards place demands upon professionals. These demands can be said to challenge their professional role and expertise by narrowing their knowledge base. Some potential dilemmas have been addressed, particularly those that may arise if CWS solely rely on the knowledge embedded in the standards. In order to meet the diverse challenges faced by CWS, there is need for a broad knowledge base in conjunction with critical reflection on how knowledge and standards become used in CWS work. The fact that standards have their merits also needs to be acknowledged, while it is equally important to be aware of their challenges. As this thesis and other research have shown, there is no reason to assume that the use of standards and standardised tools will solve the complexity and challenges within CWS, but they can possibly conceal them.

7.1 Further research

While this study has examined how two standardised tools influence professionals' practice in CWS, more research is needed in order to enhance our knowledge of standardisation in CWS practice. First, this study has not included the parents' or children's perspectives, and

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research is needed on how standardised practice influences service provision and service recipients' perceptions of outcomes. Furthermore, since the beginning of this study, there have been recent advances in standardisation in CWS practice, such as the use of big data techniques and algorithmically based decision-making (Gillingham, 2019). How such predictive models and 'decision-making support systems' influence professional practice calls for further research. Although CWS have implemented various standardised tools aiming to improve practice, we still lack knowledge of the effect of these standards. This may be particularly important with regard to deciding on the kind of services to provide to children and families. Finally, as previously discussed, there are different providers of knowledge to professional frontline practice. CWS practices are influenced by policies, trends and academia. This study has explored standardisation and knowledge embedded in two commonly used tools, which thus function as suppliers of knowledge to the field. It would be equally important for further research to examine how other knowledge suppliers, trends and policies influence professional practice and pathways of knowledge in CWS.

Final remarks

8 References

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Research articles

- Article 1 Sletten, M. and Bjørkquist, C. (2020). Professionals' tinkering with standardised tools: Dynamics involving actors and tools in child welfare practices. *European Journal of Social Work*. Doi: [10.1080/13691457.2020.1793114](https://doi.org/10.1080/13691457.2020.1793114)
- Article 2 Sletten, M. and Ellingsen I.T. (2020). When standardization becomes the lens of professional practice in child welfare services. *Child & Family Social Work*, 25(3), 714-722. doi.org/10.1111/cfs.12748
- Article 3 Sletten, M (in review). Proceduralisation of decision-making processes: A case study of child welfare practice. *Nordic Social Work Research*

Article 1

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Article 1



Professionals' tinkering with standardised tools: dynamics involving actors and tools in child welfare practices

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Professionals' tinkering with standardised tools: dynamics involving actors and tools in child welfare practices

Profesjonelles modifisering av standardiserte verktøy: dynamiske prosesser mellom aktører og verktøy i barnevernet

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ABSTRACT

This article aims to examine how child welfare professionals adapt standardised tools into practice. It focuses on how the professionals apply two commonly used standard tools in Norway and how they make them fit their daily practice. The research question is: *How do professionals adapt standardised tools into the practices of the child welfare service?* This is explored through the concepts of institutional work. The data stem from observation, client documents and semi-structured interviews with frontline professionals and managers in two child welfare offices. The data were analysed using thematic analysis. The findings show that new rules for practice and knowledge emerged when the tools were used. Moreover, the professionals modified them to suit their professional ethics and workload; here, the managers encouraged them to exercise discretion. We argue that how the tools were adapted depended on the institutional work of the child welfare professionals, through creation, maintenance and disruption. Consequently, there is a dynamic process between the actors and the tools, in which they both impinge on one another. Furthermore, frontline professionals still maintain substantial discretion and tinker with tools.

ABSTRAKT

Denne artikkelen har til hensikt å utforske hvordan de profesjonelle i barnevernet tilpasser standardiserte verktøy til sin praksis. Oppmerksomheten er rettet mot hvordan de anvender to standardiserte verktøy som er mye brukt i barnevernet i Norge, og hvordan de modifiserer verktøyene i sin daglige praksis. Forskningsspørsmålet som utforskes er dermed: *Hvordan tilpasser de profesjonelle standardiserte verktøy til barnevernets praksis?* Dette utforskes gjennom konseptene institusjonelt arbeid. Datamaterialet er innhentet gjennom observasjon, klient-dokumenter og semi-strukturerte intervjuer med ansatte i førstelinjetjenesten, og deres ledere, i to barneverntjenester. Datamaterialet ble analysert ved bruk av tematisk analyse. Studien viser at nye regler og ny kunnskap oppstår når verktøyene tas i bruk, og at de profesjonelle modifiserer dem for å tilpasse sin yrkesetikk og arbeidshverdag; herunder oppfordrer lederne de ansatte til å anvende skjønn. Vi argumenterer for at det institusjonelle arbeidet utført av

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NØKKEORD

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profesjonelle barnevernsarbeidere gjennom skapelse, opprettholdelse og forstyrrelser påvirker hvordan verktøyene modifiseres. I så måte er det en dynamisk prosess mellom de profesjonelle og verktøyene som gjensidig påvirker hverandre. Studien viser at de profesjonelle fortsatt har stort rom for skjønnsutøvelse og at de modifiserer de standardiserte verktøyene.

Introduction

In recent years, the child welfare service (CWS) in Norway, as in many other Western countries, has started using various standardised tools and frameworks (Christiansen et al., 2019; Møller et al., 2019; Vis et al., 2019). The purpose is to guide CWS professionals' decision-making processes and interventions (Bartelink et al., 2015; Gillingham et al., 2017; Wike et al., 2014). Previous research on standardised tools in the CWS has been examined with various conclusions as to whether the tools are fit for the purpose (Sørensen, 2017; Vis et al., 2019; Wike et al., 2014). The use of assessment tools does not ensure uniform practice, either in relation to the information professionals use as a basis for assessments or for the prediction of risk (Gillingham et al., 2017; Sørensen, 2017; Vis et al., 2019). However, policy makers seem to be under the assumption that professionals use the tools as intended (Gillingham & Humphreys, 2009). The Norwegian government still recommends the use of standard tools in the CWS (Vis et al., 2019). This article aims to explore how standard tools influence existing CWS professionals' practice.

Standardised tools have been heavily criticised for challenging professional practice (e.g. Gillingham & Humphreys, 2009; Munro, 2011). They provide guidelines with predetermined courses of action to regulate professionals' decisions in order to enhance practice through scientific methods (Møller et al., 2019). In addition, they ensure effective, transparent and accountable services (Timmermans & Epstein, 2010). They can be understood as 'procedural standards' that determine the actions of professionals (Timmermans & Berg, 2010, p. 26) and are related to norms (Brunsson & Jacobsson, 2000).

Studies suggest that professionals are not passive receivers of standard rules; they may critically reflect on, modify or even reject the guidelines of the tools (Breit et al., 2016; Skillmark & Denvall, 2018). The argument is that standard tools do not capture every aspect of practice, which makes professionals tinker with the standards in different ways (Timmermans & Epstein, 2010). Some studies have shown that professionals sometimes ignore the tools or use them in conjunction with their own professional discretion (Gillingham & Humphreys, 2009; Sletten & Ellingsen, 2020). Discretion, which is a core value in professional work, is explained as an area of power where professionals have the authority to choose between lawful alternative actions based on their judgement (Molander et al., 2012). Several social work studies have demonstrated that standard tools challenge professionals' discretionary space (e.g. Healy & Meagher, 2004; Ponnert & Svensson, 2016; Wike et al., 2014). It is argued that the tools prevent the development of professional expertise through compliance with management rather than meeting service user needs (Gillingham & Humphreys, 2009).

However, research has also shown that standardised tools are modifiable, thus enabling discretion (Evans, 2010; Gillingham et al., 2017; Høybye-Mortensen, 2013). Furthermore, professionals sometimes overrule the guidelines by replacing them with their professional expertise (Sletten & Ellingsen, 2020). Accordingly, the literature is ambiguous as to what extent more rule-bound practice (e.g. standardised tools) has curtailed professional discretion (Broadhurst et al., 2009; Djupvik et al., 2019; Evans, 2012). As a way to achieve their objectives professionals may apply discretion to negotiate formal rules (Ellis, 2011). With few exceptions (Breit et al., 2016; Gillingham et al., 2017), there is need for more research on how CWS professionals respond to tools and the relationship between tools and professional discretion (Evans, 2010). Changes do not solely depend on procedures and rules introduced by management, but also local institutional work (Breit et al., 2016).

We argue that the concept of institutional work (Lawrence & Suddaby, 2006) helps to explain and provide understanding of changes in professional practice that emerge from the use of standardised tools. Moreover, the concept of institutional work will enable elaboration on possible tensions between standardised tools and existing practice (Cloutier et al., 2015; Lawrence & Suddaby, 2006). This includes how the actors respond to these tensions through their actions and interactions, processes in which professional discretion is essential.

This study contributes to the ongoing debate about the interplay between standard tools and professional practice, i.e. how actors respond to tools and new modes of practice. The question pursued in this article is: *How do professionals adapt standardised tools into the practice of the child welfare service?* This implies a focus on the professionals' actions and the rules that guide their practice, including the significance of professional discretion.

Context of the study

The Norwegian child welfare system is service-oriented with a child-centred approach (for further reading, see Skivenes & Søvig, 2017). This implies that voluntary or compulsory measures are needs-based to promote a healthy childhood, involving e.g. parental counselling, and not confined to maltreated children. The CWS is regulated through the Child Welfare Act (1992), and has incorporated the Convention of the Rights of the Child (CRC, 1989).

The Norwegian CWS has adopted a variety of standardised tools. This study investigates two standardised tools in the Norwegian CWS. The Kvello Assessment Framework (KF) and the Circle of Security (COS) are both widely used in the Norwegian CWS (Christiansen et al., 2019; Vis et al., 2019). Both tools provide a method of practice for frontline professionals to perform their daily work. They consist of guidelines with predetermined key tasks linked to scientific evidence, but the tools do not strictly qualify as evidence-based programmes. In this sense, the expert knowledge is rooted in the procedures constituting the standards (Brunsson & Jacobsson, 2000). The Norwegian government does not prescribe either of the tools as part of the CWS. They do however, advise other public family services to offer COS-P.

KF is a non-licensed decision-making assessment framework (Kvello, 2015). It shares some similarities with the Danish ICS (Integrated Children's System) and the Swedish BBIC (Children's needs in the centre) models, both originating from the British Assessment Framework (AF) (Christiansen et al., 2019). KF aims to guide CWS professionals in assessing the family situation with a variety of approaches, such as a risk assessment and structured parent interviews, which are key elements of KF. The KF framework promotes the division of information into various boxes, such as the child's self-report and the caregiver's understanding of the child. KF is not manual-based and is used in various forms by over 50% of local CWSs in Norway (Vis et al., 2019).

COS is a manual-based and licensed parental intervention programme originating from the USA. COS is rooted in attachment theory, aiming to enhance caregivers' ability to provide emotional support to their child (Powell et al., 2013). The COS protocol consists of a manual, DVD, graphics and various metaphorical key concepts (Powell et al., 2013). There are different versions of the COS; this study is based on the eight-session parenting programme, COS-Parenting (COS-P). All COS-P therapists must attend a four-day training course to obtain certification. COS and COS-P are implemented across family services in Norway (Christiansen et al., 2019).

KF and COS-P are used in different phases of a CWS case and are thus complementary. Our aim is not to compare the tools. However, they both constitute examples of standardisation, given that our interest is in how CWS professionals use and regard standardised tools.

The concept of institutional work

Institutional work has gained importance in studying institutional change (Breit et al., 2016). This implies a practice perspective focusing on sets of practices in which professionals purposively

engage independently and collectively. However, this does not imply that actors are free to act independently (Lawrence & Suddaby, 2006). When standardised tools are put into effect in CWS practice, the tools contribute to the creation, maintenance and disruption of institutions (Lawrence & Suddaby, 2006). Furthermore, through attention to institutional resistance, institutional work is viewed as actual 'work' that engages in challenging and negotiating current practices, beliefs and rules that may be in opposition to it (Cloutier et al., 2015; Lawrence et al., 2011). Institutional change is thus seen as an interplay between professionals who influence institutions through their discretionary space (Lawrence & Suddaby, 2006), and the organisation that aims to control and regulate the professionals (Cooper & Robson, 2006). Consequently, professionals are seen as both a mechanism for change and the main target for institutional change (Lawrence et al., 2011).

Lawrence and Suddaby (2006) differentiate between three broad categories of institutional work: creating, maintaining and disrupting institutions. *Creating* institutions entails actions in which front-line professionals and managers engage in reconstructing rules or changing categorisations within the meaning system. The latter includes theorising through the naming of new concepts. The adoption of a rule-following approach underpinned by objective knowledge and norms in traditional social work is one such example (Sletten & Ellingsen, 2020).

Maintaining institutions includes supporting, repairing or recreating social mechanisms to ensure that the existing practice remains. In this regard, actors strive to maintain systems or beliefs that seem to favour them (e.g. user involvement), which they do through their socially prescribed role (Lawrence et al., 2011). Professionals may, for example, combine their professional expertise with standard tools (Gillingham et al., 2017).

Disrupting institutions involves 'attacking or undermining mechanisms that lead members to comply with institutions' (Lawrence & Suddaby, 2006, p. 235). For instance, whether to use evidence-based practice or not is made into a question of professional ethics (Gibbs & Gambrill, 2002) and thereby undermines existing practice.

Method

We investigated the adaptation of two standardised tools, KF and COS-P. A qualitative case study design (Yin, 2014) was chosen with the aim of examining how professionals adapt these tools into practice. Our case context is that of the interplay between professionals and practice in local CWSs. To increase the possibility to identify patterns, the data collection was undertaken in two child welfare offices located in different regions of Norway (Braun & Clarke, 2006). 'Office A' had used the tools for about ten years, while 'Office B' had recently started to use them. Additionally, the two offices were organised differently; the work of Office A was more specialised. This was therefore an exemplifying case (Bryman, 2016), in which we analysed sets of practices in which the professionals engaged.

Data collection

The study drew on several data sources: fieldwork, interviews and documents. The document data were used in conjunction with observation and interview data to reveal possible misunderstandings during the analysis process (Bryman, 2016, p. 386). Collecting data over time, while combining various approaches, enabled a deeper understanding of the CWS professionals' practice in using the tools.

The fieldwork comprised 51 days of observation in the offices over almost a year (April 2017 to March 2018). Observations were conducted during participation in day-to-day activities, meetings (e.g. internal meetings, group supervision, and client meetings), and informal talks with the CWS professionals. The observations were recorded through field notes written up the same day, which allowed for reflection and sampling of emerging topics for further focus. The researchers aimed to gain access to 'backstage' activities and to capture how the frontline professionals and

managers applied the tools in real time in their daily practice, through both observations and unstructured discussions with the participants (Bryman, 2016). Central topics in the observations were descriptions of which professionals used which tools, when and how. The first author conducted the observations and to gain greater insight into the professionals' practice she alternated between key informants and 'regular' informants (Bryman, 2016). The observational data served as a valuable foundation of background knowledge for use in the interviews to nuance the participants' descriptions.

Interview data were elicited from a variety of qualitative interview approaches: (i) 25 semi-structured individual interviews (Office A: $n = 16$ and Office B: $n = 3$), (ii) eight semi-structured group interviews with two to five participants (Office A: $n = 21$ and Office B: $n = 2$), and (iii) several unstructured interviews in both offices (Bryman, 2016). The management teams allowed us access to these offices and recommended the most suitable team in the office for our study. One selection criterion was that participants used one of the tools in their daily practice. A total of 49 CWS staff consented to participate in the study (KF ($n = 27$), COS-P ($n = 11$) and management positions ($n = 11$)). All participants except one had a bachelor's degree in social work/child welfare and some had additional education. Work experience varied from 1 year to over 30 years, which provided a variety of experiences in the use of the tools.

All semi-structured interviews lasted for 60–90 minutes and were conducted at the participants' workplace during working hours. Both frontline professionals and managers were interviewed, and some participants were interviewed more than once. Of the 33 semi-structured interviews, 25 (individual and group) were recorded and transcribed verbatim, while 8 (individual) were documented through extensive note taking. Topics addressed included the participants' understanding of standardisation, experience of using the tools, reasons why they used them, and whether and how they found the tools supportive for their work. The individual interviews allowed the participants to express their experience in depth without interference from others. The purpose of the group interviews was to encourage discussions on the same topics and to elaborate on themes emerging from the observations and individual interviews. Group interviews can discourage participants from expressing their opinion due to group pressure. To minimise power dynamics within groups, all groups consisted of participants working within the same team and holding the same position (Bryman, 2016).

Furthermore, we included 15 case investigation reports based on the KF framework, written by the CWS professionals. These documents were essential to understand how the professionals applied the tool. The investigation reports, which were all completed in May 2017, were randomly selected from different teams from the same office. The purpose was to see how they entered the information into the boxes of the framework. We were particularly interested in how they reported risk and protective factors and the structured parent interview.

Data analysis

The various data sources generated thick descriptions, which were analysed using thematic analysis (Braun & Clarke, 2006) supported by NVivo 11. To reduce the risk of misinterpretations due to the researchers' preunderstandings, the authors discussed the categorisations and systematisation of the empirical data in detail during the analysis process. We looked for patterns of common meanings (Braun & Clarke, 2006) in relation to the actors' behaviour and activities revealed through observations and in documents, and discussed this with the participants in interviews. Moreover, we identified actors who played a key role in either creating, maintaining or disrupting an institution. First, the first author read through the dataset and conducted initial coding in relation to the concept of institutional work, i.e. a deductive approach with strong linkage to theory (Yin, 2014). Second, we took a more inductive data-driven approach (Bryman, 2016) and developed codes and categories through multiple readings of the dataset. Accordingly, we do not totally subscribe to a deductive approach. This resulted in over 20 categories. Third, we reviewed the categories and made necessary changes and modifications. Finally, we refined the categories, which resulted in three themes: *reshaping rules, changing knowledge and skills, and persisting with previous professional practices*.

Ethics

This study was approved by the Norwegian Centre for Research Data (NSD, project number 53005, dated 16 March 2017). All participants were informed about the study and signed a written consent. Additionally, parents who were present at the client observations were all informed about the study and all gave consent. For the retrieved documents, we applied for special approval and permission was given by the Norwegian Directorate for Children, Youth and Family Affairs. These documents are highly sensitive and due to ethical challenges the number of case files was restricted. Only one of the researchers had access to the files. The limited number of case files is considered a limitation of this part of the study.

Findings

Findings show that CWS professionals and managers generated new sets of practices when they used the standardised tools. At the same time, they modified the tools introduced to practice by creating new rules to enable the tools to match their professional beliefs and work reality. The three themes identified are presented below.

Reshaping rules and challenging discretion

Participants reported finding the tools supportive for their work, and the tools generated sets of new rules for their practice. We identified two main rules that guided the professionals in how to perform their work. First, they developed new focal points for areas to assess or address, e.g. risk and protective factors (RPFs) and emotional care. These focal points were recognised as distinct rules that many of the participants followed. However, in office A, use of RPFs was mandatory; here, the management more clearly instructed caseworkers to use RPFs. The documents revealed that most of the reports included RPFs even though the RPFs were presented in different ways. In some reports, the link between the description of the family situation and the selected factors was made explicit, while in others, such information was lacking. There was also variation in whether and how emotional care and RPFs were assessed. This indicates some level of interpretation and exercise of discretion regarding the rule. The development of new focal points was also identified in the observations as illustrated in this field note from an investigation:

While caseworker R23 reads the report of concern, which contains much information, caseworker R20 takes notes. When R23 has finished reading, R20 states: 'I wrote down all the risk factors' [...] R20 does not have the list of risk factors in front of her; even so, she seems to have a good overview of the RPFs. (R20 and R23)

The participants also reported about other professionals who requested the use of these focal points:

The lawyers now ask specifically about the risk and protective factors in our report. [...] Another change is that we are now able to describe the [parents'] approach [...] by using mentalisation questions, but not the entire interview. I use mentalisation questions in almost every case. [...] we have integrated mentalisation in our way of thinking. (R2)

In this sense, new focal points were present in various situations and urged by various actors, and thus became important rules of the professionals' practice.

Second, new rules of how the professionals should carry out their work, involving a more systematised and categorised practice, were developed. This was related to information and documentation, such as what information to provide about the families, along with detailed requirements on how to document and report on the acquired information. Many of the participants endorsed these activities that arose from the tools. Several stated that they had developed better ways to conduct assessments and describe the child's situation (e.g. through observation and questions in the guidelines). When documenting and reporting the gathered information, participants had to fit the information into a predefined structure:

We now split the information in the report according to the boxes instead of describing the entire case. (R5)

Participants reported that they found this helpful for how to conduct their work. However, the client documents revealed no clear pattern in the kinds of information the professionals entered into the various boxes. Sometimes the information they entered was across and beyond the topics of the boxes. For example, summaries from meetings with parents (date and content) were recorded in the same box, which encompassed information on various topics. In this sense, the professionals used their discretion to record the narrative of the story rather than splitting the information according to the template. In turn, this generated more descriptions of the family situation, which increased the documentation, a rule that the participants, including the management, found time-consuming and challenging to follow.

Examples of a more systematic practice were also found in COS-P. The manual provided guidance on which topics to address and at what point in counselling, as explained by one participant:

We take one chapter at a time as they are presented in the manual, but we also go back as they are related. (R41)

These findings can be understood as a development of new rules for practice through the use of these tools, which is seen in the development of new focal points and procedures for practice. In turn, the professionals underlined that this supported as well as challenged their professional discretion.

Tools guiding knowledge and skills

The naming of new concepts and practices, where the concepts became part of the professionals' daily practice, implied that the professionals drew upon the knowledge emerging from the tools. This was particularly evident in COS-P where metaphors and other linguistic techniques (e.g. notions like shark music) are embedded in the manual. Participants stated that they integrated the concepts into their way of thinking. Moreover, RPFs and mentalisation were also examples of naming of concepts. Participants communicated these concepts in informal talks, in client meetings, group supervision, and client documents. The professionals had copies of the COS-P circle and the RPFs on their bulletin board in their office. According to one participant, they also had copies of the RPFs in the toilet when KF was first introduced. In this sense, these concepts represented new knowledge and helped to adapt these tools into their daily practice. In this way, the tools guided the professionals' ways of seeing and acting that in turn may have influenced their discretionary activity. This is illustrated in a field note from an intake meeting:

A parent, caseworker (CW) and a supervisor (S) are present. After the parent has described his child, S talks about how to relate to the child emotionally, which is said to be important. S seems to be referring to COS-P when she asks, 'Are you available for me now if the child says Daddy/Mummy' but without mentioning COS-P explicitly. Then the parent starts talking about how he feels stuck in his parenting, to which S replies, 'maybe you have some shark music as we say in COS-P'. The parent does not object to this. After the meeting, I talk to S about what she thought of this meeting. S replies that she recommends COS-P group or individual counselling, saying, 'The parent has some shark music'. (R36)

Enhanced competency on attachment and assessment of the family situation were other skills the participants reported having acquired through these new concepts. Participants stated that the concepts directed their attention and helped them to stay focused on different matters, e.g. emotional care, and provided better descriptions of the family situations. This indicates that the tools influence the body of knowledge the professionals draw upon in their daily practice, and thus their professional work. They argued that the new competency enhanced their ability to assess the family situation as well as to communicate their concerns to parents and other professionals, as explained by one of the participants:

When I write the report ... and start assessing, then it [the child's situation] becomes more apparent. It made me realise that there were nine risk factors ..., which made me more aware of how serious the situation is. (R5)

These findings, supported by documents, observations and other interviews, illustrate that the new concepts were perceived as supportive, providing new skills, and were on the CWS professionals'

agenda. However, participants also presented some limitations of the tools and mentioned their concerns about being too rigid at the expense of parents' expressed needs, which challenged their professional ethics. Furthermore, there was insufficient clarity in the framework, and some participants questioned how to conduct their work:

I don't know what to do with all these facts, this information that I've obtained. How should I summarise, what to look for and ultimately, how should I assess this? [...] Are we even trained for this work? (R21)

Uncertainty as to how to analyse seemed to be a common challenge among the professionals working with KF, and was particular evident in relation to RPFs and mentalisation interviews. Participants, including managers, emphasised that some risk factors were ambiguous and thus challenging to operationalise, e.g. a bad neighbourhood. Moreover, they did not necessarily agree that all risk factors actually constituted a risk, e.g. divorced parents. This illustrates the tension between the tools and professional knowledge. Nevertheless, the findings do suggest that the tools, when found supportive, generated new practices through new knowledge and skills.

Shared commitment

The analysis also revealed that much of the professionals' previous practice continued, advocated by both the professionals and the managers. Participants elaborated on how the KF made investigations more extensive than intended, and thus challenged the formal rules set by the Child Welfare Act. Some participants therefore disregarded the procedures, while others expressed a need to adjust the KF. This was in order to make their workload manageable, but also to enable investigations to comply with legislation. The management that shared the professionals' concern adjusted the KF. In Office A, the management simplified the framework:

It's a problem that we investigate areas not relevant to the case and we're concerned about the long reports ... We resolved this by initiating 'speedy investigation'. So in those cases we have in a sense moved away from KF. [...] We've got better at deciding when a full investigation is necessary. (R18)

It was a common view among the professionals and the management that the KF was better suited for complex cases. Hence, the managers also undertook a discretionary role. The managers in office A developed a local manual with guidelines on which areas to investigate depending on the case. However, the documents revealed that the prescribed areas were sometimes not reported on in the documents. This shows that the professionals did not always follow the local guidelines. Considering that the managers approved the reports, this suggests that the management supported the professionals' deviation from the local guidelines. The following quote illustrates how management supported such individual tailoring:

I stress that we have to make individual assessments in each case, of what areas to investigate. [...] My team uses KF very differently. That is ok with me; they must be their own master, because we all work towards the same goal. (R16)

As for COS-P, the professionals reported two types of challenges that were closely linked. The first involved a discrepancy between what they experienced as clients' needs and topics addressed in the COS-P guideline. Some participants reported allowing parents to address topics that were not part of the COS-P protocol. The second challenge was that they found that COS-P did not fit every family. Since COS-P lacks a set of intake criteria, the professionals, supported by the management, developed local intake norms based on their professional judgement. They expressed this view in group guidance sessions, informal talks, client meetings, and in the interviews:

Some families don't benefit from COS-P. Parents that are cognitively weak, if they don't have the ability to give feedback, or aren't able to reflect. Then we must apply more practical approaches. (R31)

To deal with these challenges, participants found it necessary to deviate from the tools by combining their professional discretion with the tools.

The above findings show a need for making local adjustments of the tools to adhere to formal rules, the resources of the CWS and professional ethics. Moreover, the findings reveal that neither KF nor COS-P fits all clients or situations, which implies a need for individual tailoring of the tools. Rather than attempting to curtail the professionals' discretion, the management supported and even encouraged them to modify the tools according to their discretion.

Discussion

The concept of institutional work enables us to explain and nuance how new local practices emerged as well as how many of the existing practices were maintained through professionals exercising discretion. Our main argument is that the professionals and the managers played an important role by using professional discretion in reshaping new practices, as well as using the tools in a dynamic manner.

Creating and disrupting practice – challenging professional discretion

We have identified two key forms of creation in relation to how the professionals and the managers responded to the tools. First, they created new rule structures for their practice. This implies that the professionals adapted the focal points of the tools, e.g. the RPFs and emotional care. The tools also influenced how they proceeded with their work. Accordingly, the tools guided their actions as to what information to pursue and how to record their work and in that way defined what was relevant to include. In this sense, the tools may be understood as a belt of restriction of the participants' behaviour (Molander et al., 2012) and thus an attempt to limit their professional discretion. However, the findings suggest that the professionals found great support in the structure, where they experienced the tools as promoting consistency and quality in their work, and may therefore have been more willing to comply with the rules of the standard. In turn, this contributed to supporting the new institution, i.e. an institution with new rules and new concepts (Lawrence & Suddaby, 2006) and increasing the legitimacy of the professionals in relation to an external audience (Lawrence & Suddaby, 2006; Timmermans & Berg, 2010). The concepts of RPF and COS-P played an important role here. In this sense, the tools are not regarded as anti-professional (Robinson, 2003).

Moreover, the previously common narrative structure was to a certain extent disrupted as the professionals presented information according to the structure of the framework. However, the findings revealed that the information was not always presented in relation to the predetermined categories. This indicates that the professionals did to some degree protect the initial narrative structure and modified the framework in a way that they justified with reference to their work reality (White et al., 2008). This has also been found by other scholars who argue that rules need to be interpreted and negotiated into the local contexts (Ellis, 2011; Evans, 2010), which will leave room for the use of discretion (Molander et al., 2012).

Second, the professionals adapted new concepts and theoretical knowledge embedded in the tools, including new skills that informed their actions. The concepts and the new skills were perceived as meaningful and complemented their existing knowledge in a way that enhanced their competency (Bartelink et al., 2015; Robinson, 2003; Vis et al., 2019). According to Lawrence and Suddaby (2006), such complementary meaning systems increase the possibility to create new institutions, as the present study indicates. The new concepts and focal points (e.g. emotional care and RPF) were communicated in various settings, and when such concepts are repeatedly mentioned they became part of the daily practice (Lawrence & Suddaby, 2006). This provided a foundation for standard practice, and thus an increase in psychological knowledge emerging from the tools. Hence, the tools contributed to the diffusion of new norms and practices, which in turn may have influenced the discretionary activity through the professionals' way of seeing the case at hand (Jobling, 2020). In this way, the use of the tools represented a shift towards constraining the professionals' knowledge base (e.g. the use of RPFs), favouring a risk approach in addition to scientific psychological knowledge (Sletten & Ellingsen, 2020). In this regard, the findings suggest that the professionals' discretion

was restricted by the standardised tools (Molander et al., 2012). Based on the above discussion, we therefore argue that this is a case of creation in conjunction with disruption, as it is argued that creation is strongly linked to the disruption of institutions (Breit et al., 2016). Nevertheless, findings also show that even though practice is rule-based it is not necessarily rule-bound, as rules need to be interpreted into local contexts (Evans, 2010).

Maintaining practice through discretion

In line with previous research (Breit et al., 2016; Gillingham & Humphreys, 2009), our findings show that the professionals combined the KF and COS-P tools with their professional expertise, thus modifying the tools. This was particularly evident in relation to deciding in which cases the tools should be applied, but also when resolving professional dilemmas that emerged as a result of the clash between rules of the tools and the needs of the client. The professionals took a critical approach to the tools in defending their ethical practice (Jobling, 2020). The management mostly supported the modifications in an attempt to comply with professional ethics, and thus subscribed to a professional practice through a shared professional commitment (Evans, 2010). In this respect, the standard tools confronted established institutionalised structures (Cloutier et al., 2015), which was solved by the professionals modifying the tools through their discretionary power. In addition, the professionals took control of the guidelines as well as instructions from management, and altered the rules of the tools when they were found to be at odds with their professional ethics. The tools were thus used as an option rather than as a true standard (Breit et al., 2016; Timmermans & Berg, 2010). The professionals were therefore disinclined to move away from their professional expertise (Munro, 2011). In this sense, much of their discretionary practice was maintained, and the tools assumed professional knowledge (Jobling, 2020). This shows that 'the presence of rules does not mean the absence of freedom' (Evans, 2010, p. 62).

Moreover, the professionals demonstrated a particular tendency to modify the tools when they challenged legislation and when they led to a heavier workload. The former indicates that the tools confronted an existing institutional structure manifested by the Child Welfare Act (1992), which works as a coercive barrier to change (Lawrence et al., 2011). In the latter case, the professionals, including the management, deviated from the KF framework, as it became too extensive in relation to the objective, as supported by previous research (e.g. Vis et al., 2019). In addition, lack of resources and discrepancies with legislation led the professionals to develop different versions of investigations. As has been pointed out, there are multiple ways for professionals to respond to a policy, or in this case a standard (Jobling, 2020). In this way, standardised tools pulled the professionals in conflicting directions in their attempt to modify the tools. The professionals, supported by the management, solved this dilemma by using their discretion (Molander et al., 2012). This brought into play their own normative standards of how to work. In doing so, they tried to resolve the tools' ambiguities, address their inaccuracies and give priority to certain components. This raises the question of whether the KF tool is fit for its purpose and in this sense the professionals tinkered with the tool (Timmermans & Epstein, 2010), by exercising their professional discretion. Accordingly, standard tools do not necessarily change practice, at least not in line with their original purpose (Brunsson & Jacobsson, 2000).

In conclusion, we argue that how professionals adapt standardised tools depends on local institutional work undertaken by frontline professionals and management. Our findings shed new light on the interplay between standardisation and discretion. Our study shows that new practices were created as long as professionals found the tools to be meaningful for their practice, which may in turn have increased their legitimacy and limited their discretionary activity. The tools may constrain their knowledge base and favour one kind of knowledge, here psychological knowledge, which would seem to be a negative development. On the other hand, we find that many existing practices were maintained when the tools were found to be at odds with professional ethics. In this respect, standardised tools do not necessarily restrict the discretion of the frontline professional. Here, there seems to be a shared commitment between professionals and managers to comply with professional ethics, especially when there is a risk of treating families inequitably. Consequently, we

argue that there is a dynamic process between the tools and the actors, in which they impinge on one another. We also find that, although tools may tend to restrict their discretion, frontline professionals and management still maintain substantial discretion and tinker with tools.

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Article 2

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Article 2

When standardization becomes the lens of professional practice in child welfare services

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Abstract

This paper examines the relationship between professional work and standardization. There has been an increase in the use of standardized programmes in child welfare services (CWS) in Western society. Some researchers have criticized standardized programmes suggesting that they undermine professionals' expertise and threaten their position, whereas others argue that such programmes strengthen professional practice. In this paper, we examine how standardized tools, in this case, a standardized parenting programme and a standardized Norwegian assessment tool, influence professional roles as experienced by child welfare workers (CWS professionals) in Norway. Semistructured individual and group interviews were conducted with 31 frontline workers in two CWS agencies. Our findings suggest that standardized tools increase the social workers' experienced professional competence but challenge their professional knowledge base, reflective practice, and professional accountability. Professional and practical implications for CWS work are discussed in the light of these findings.

KEYWORDS

child welfare, knowledge, professional role, reflective practice and accountability, standardized tools

1 | INTRODUCTION

Internationally, there is a trend to standardizing child welfare services (CWS). A key aim is to improve the quality of practice by strengthening the professionals' knowledge base through scientific methods (Lyneborg & Damgaard, 2019; Noordegraaf, 2015) and to ensure accountability in professional services and decision-making (Timmermans & Berg, 2010; Webb, 2006). Standardized tools characteristically provide forms and guidelines for predecided actions rather than being based on individual judgement (White, Hall, & Peckover, 2008). As such, they are "procedural standards" that "prescribe the behaviour of professionals" (Timmermans & Berg, 2010, p. 26). This is a form of social regulation related to norms. The tools guide practice, and in this way, standardization forms the new normative standards

of social work (Brunsson & Jacobsson, 2002; Møller, 2018). As a result, concerns have been raised about professional autonomy, critical reflection, and objectivity (Timmermans & Berg, 2010).

Some scholars claim that this trend deprofessionalizes social work (e.g. Healy, 2009; Munro, 2005; Ponnert & Svensson, 2016; White et al., 2008). Arguments are that standardization oversimplifies practice, affects professionals' skills, and limits their action (Brodkin, 2008; Gillingham, 2011; Webb, 2006). Gillingham and Humphreys (2009) argue that decision-making tools favour the needs of management and undermine development of professional expertise. The argument that standardization makes social work practice more transparent and auditable is problematic because of the complexity that often characterizes social work (Thompson, 2016). When standards become universal, there is a risk of

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simplifying the complex aspects of human existence and not meeting the needs of individuals (Munro & Hardie, 2018).

The arguments presented so far suggest that standardization is at odds with traditional professional work. Professionalism consists of specialized abstract knowledge (Abbott, 1988), with strong discretionary space (Lipsky, 2010). In social work, professional knowledge, skills, and values should, when brought together, lead to accountability (Thompson, 2016). CWS professionals deal with complex family situations, and action is often necessary despite uncertainty, ambiguity, and fallibility (Munro, 2005). When professionals deal with complex cases, there is a need to apply sensible, local knowledge, which can be both explicit and tacit (Noordegraaf, 2015). It can be challenging to achieve this quality when standardized tools demand that everything is made explicit (Brunsson & Jacobsson, 2002).

Despite growing concerns about how standardization influences the professional role of social workers, standardization seems to continue to gain ground. With few exceptions (e.g., Gillingham, Harnett, Healy, Lynch, & Tower, 2017; Vis, Lauritzen, & Fossum, 2016), there is limited research on how professionals use and regard standardized tools in their daily work and what implications such tools have for professional roles. The aim of this study is to explore how social workers experience two standardized tools commonly used in Norway and how the tools influence the professional role of CWS workers.

1.1 | Context of the study

Norway is characterized by strong egalitarian and redistributive values (Forsberg & Kröger, 2010). The CWS is service-oriented with a child-centric approach, in which the best interest of the child is a core principal. The threshold for early interventions is relatively low, and measures, voluntary or compulsory, aim at preventing risk and promoting a healthy childhood (Skivenes & Søvig, 2017). The majority of CWS measures are thus voluntary in-home services (Statistics Norway, 2019). Hence, the CWS is both protective and supportive in its approach to children that are living under conditions that represent a risk to their health or development, and it can provide a variety of welfare services to improve the living conditions for the child (Skivenes & Søvig, 2017). CWS is regulated through law, which has incorporated the Convention of the Rights of the Child (CRC, 1989).

A variety of standardized tools is used in Norwegian CWS. In this study, we focus on the Kvello Assessment Framework (KF) and the Circle of Security Parenting (COS-P). Both consist of forms and guidelines with predecided actions linked to scientific evidence. In this sense, the expert knowledge is embedded in the rules constituting the standard (Brunsson & Jacobsson, 2002). Neither of the tools are mandated by the state authorities. An ongoing debate in Norway is on whether the use of assessment tools in CWS should be mandated to improve the quality of assessments and achieve more equal practices (Lauritzen, Vis, Havnen, & Fossum, 2017).

KF is a nonlicensed standardized assessment framework developed by a Norwegian psychologist to direct the decision-making

process (Kvello, 2015). The framework is used in various forms in over 50% of Norwegian municipalities (Vis et al., 2016) and has been implemented in agreement between the private developer and the local authority (Lauritzen et al., 2017). KF shares similarities with the Swedish Barns Behov i Centrum (Child's Needs in the Centre) and the Danish Integrated Children's System that originate from the British Common Assessment Framework (Lauritzen et al., 2017). The KF has an ecological theoretical underpinning that offers a guideline for how to carry out an "assessment of needs." This includes obtaining information and assessing the needs of the families by using different approaches (e.g., structured parent interview). KF focuses on identifying risk and protective factors, and the structure of the form promotes splitting the information into different sections (e.g., child's self-report and the caregiver's understanding of the child). The professionals fill out the form and address the sections relevant for the particular case. There is no manual describing KF, and this is a limitation of the tool (Lauritzen et al., 2017). KF recognizes COS-P as an important supplement for assessing the parent-child interaction.

COS-P originated from Circle of Security (COS). COS is an early intervention manual and licence-based programme developed in the United States and rooted in attachment theory. The aim is to train caregivers to develop reflective capacity and enhance their understanding of their child's attachment needs (Powell, Cooper, Hoffman, Marvin, & Zeanah, 2013). Key elements of COS is use of graphics, videos, and various core metaphorical concepts, in which parents are invited to reflect upon fixed questions asked by the therapist. COS was originally developed as a standardized 20-week group intervention programme. In 2013, the 8-week COS-P programme was launched with the components of the COS intervention protocol, along with COS graphics and a DVD protocol. The DVD with archived videotapes aims to promote secure attachment through this step-by-step process for use in both group and individual sessions (Powell et al., 2013). COS-P is designed as a cost-effective programme for broad implementation with little training (Cassidy et al., 2017). COS-P differs from COS interventions by excluding a preliminary assessment, not individually tailoring the video, and moving the subject through the components at a faster rate (Pazzagli, Laghezza, Manaresi, Mazzeschi, & Powell, 2014). Although state authority has recommended and facilitated COS-P for CWS, it has, to a great extent, been implemented of the initiative of individual social workers.

It is important to note that KF and COS-P are used in different phases of the casework process and complement each other. Our aim is not to compare the two tools but, rather, to use them as a way to explore how standardized tools influence the professional role.

1.2 | Previous research on standardization in social services

In CWS worldwide, numerous standardized tools have been implemented to improve services for families and children, such as decision-making tools (Gillingham et al., 2017; Vis et al., 2016) and

parental intervention programmes (Mercer, 2014; Wike et al., 2014; Yaholkoski, Hurl, & Theule, 2016). This development relates to the ideas of evidence-based practice (EBP) and managerialism. Evidence-based practice gained acceptance because of a need to legitimize professionals' work (Timmermans & Berg, 2010). When standards are linked to science viewed as expert knowledge, the legitimacy increases (Brunsson & Jacobsson, 2002). Furthermore, there has been an amplified dependence on procedures and rules as a response to dealing with risky situations (Webb, 2006). This is to ensure the quality of professional practice (Munro, 2005; Thompson, 2016). Although scholars have raised the concern that standardized tools may undermine professionals (Webb, 2006), such tools have become prominent in the social welfare profession (Healy, 2009).

Research on standardized tools, in particular interventions, has mainly focused on effects (Mercer, 2014; Yaholkoski et al., 2016). Also relevant for this study is research on how standardization influences professional CWS practices (Gillingham et al., 2017; Gillingham & Humphreys, 2009; Léveillé & Chamberland, 2010). However, this research is not consistent.

Research suggests that standardized tools may have a negative affect on social workers' capacity, as such tools are time-consuming and increase the workload (Léveillé & Chamberland, 2010; Vis et al., 2016; Wike et al., 2014). Moreover, some research shows that standardized tools may lead to inaccurate risk assessments (e.g., Benbenishty et al., 2015). Risk factors are challenging to operationalize (Sørensen, 2016; Vis et al., 2016) and may lead to an oversimplification of the family situation (Stanley, 2013). Conversely, studies have shown that standardized tools provide CWS professionals with a language to express their work more accurately (Gillingham et al., 2017; Mercer, 2014; Sørensen, 2016). Furthermore, standardization may lead to more focused and structured CWS work (Almklov, Ulset, & Røyrvik, 2017; Barlow, Fisher, & Jones, 2012; Gillingham et al., 2017) and allow practitioners to generate more information in assessments (Bartelink, van Yperen, & Ingrid, 2015; Léveillé & Chamberland, 2010; Vis et al., 2016). That said, practitioners may struggle to make sense of the amount of information obtained (Barlow et al., 2012).

Research also shows that standardized tools have the potential to strengthen social workers' professional role (Gibbs & Gambrell, 2002; Ponnert & Svensson, 2016; Vis et al., 2016), for instance, by allowing practitioners to become more confident (Almklov et al., 2017; Gillingham et al., 2017; Vis et al., 2016) and gain legitimacy (Ponnert & Svensson, 2016; Stanley, 2013). Some research has found that standardized tools have the potential to foster user involvement when taking a more holistic approach (Bartelink et al., 2015; Léveillé & Chamberland, 2010), whereas other studies revealed it to obstruct user involvement (Almklov et al., 2017; Léveillé & Chamberland, 2010). Research suggests this to be an issue when interventions fit poorly with the given context (Wike et al., 2014).

Studies, which focus on standardization in relation to the use of professional discretion and reflective practice, suggest that standardized tools limit the use of discretion (e.g., Gillingham et al., 2017; Ponnert & Svensson, 2016; Wike et al., 2014). That said, some tools

are found to have the flexibility needed to foster professional discretion and critical thinking (Evans, 2010; Gillingham et al., 2017; Høybye-Mortensen, 2013).

Most of these studies are from England and Australia; countries with a more risk-oriented CWS approach compared with Nordic countries. To complement the existing body of research, this study offers an in-depth analysis of how standardized tools influence the professional role within Norwegian CWS.

2 | METHOD

2.1 | Design

To address the research question of how standardized tools influence the professional role, we have developed an exploratory single-case study design (Yin, 2014). Standardization constitutes the case of the study: KF and COS-P constitute exemplifying cases (Bryman, 2016, pp. 60–63). The study has a qualitative design exploring professionals' perspectives on the use of KF and COS-P in everyday CWS situations and is part of a larger PhD project.

2.2 | Recruitment and sample

Two CWS offices in different parts of Norway participated in the study. The management team in each office helped facilitate participation by CWS professionals. Office A is a CWS agency with about 90 employees located in a larger city. They have used KF and COS-P for several years, in addition to other standardized tools not included in this study. Although office A constitute the main sample, we also included office B to get a richer data material. Office B has about 30 employees, located in a more rural area. The two offices are organized differently; office A divide tasks into assessment and family services units, whereas office B has a more generalist structure. Furthermore, office B had just recently started to use KF and was in an early phase of using COS-P. Therefore, they would have more recent experiences with implementing the tools. Differences in time of experiences, size, and location could possibly contribute to deeper insights to our research question. However, no significant differences were identified in the two offices; therefore, we will not make distinction between the two when reporting the findings.

Three levels of samples were combined (Bryman, 2016): tools, context, and frontline practitioners. To be included, participating frontline workers had to have experience of using KF and/or COS-P as part of their daily practice and more than 12 months' experience in CWS work. A total of 31 CWS workers (29 women and 2 men) consented to take part in the study. All had a bachelor's degree in social work/child welfare, and some had additional education. They had worked in the CWS from 1 to 20+ years. In office A ($n = 26$), 17 participants had experience with KF and nine with COS-P. In office B ($n = 5$), all participants had experience with KF, whereas two had some experience with COS-P.

2.3 | Data collection

We used multiple sources of qualitative data collection approach (Yin, 2014). These included 17 semistructured individual interviews (office A: $n = 11$ and office B: $n = 2$). Individual interviews allowed participants to share their perspectives and experiences more freely and in depth without boundaries of what others, for example, colleagues, may think. Topics addressed concerned participants' understandings of standardization, experiences with using the tool, reasoning for their actions, and if and how they found the tools supportive for their work. Two participants were willing to be interviewed twice to provide insights in how they worked in a particular case over time. Additionally, seven unstructured interviews (Bryman, 2016) were conducted over a period of 4 months with three CWS workers from office B. This allowed for insights in how participants from office B gained experience in using the tools by revealing their immediate reflections upon their experiences. Topics in the unstructured interviews comprised of how they used and regarded the tool in their daily practice.

Preliminary findings from the KF interviews revealed different "dimensions of meanings" (Aase & Fossåskaret, 2014). In order to explore these further, seven semistructured group interviews (Bryman, 2016) were arranged with 2–5 participants (office A: $n = 17$ and office B: $n = 2$). The purpose of the group interviews was to generate discussions and meta-reflection on participants' experiences, perspectives, and actions (Morgan, 1998, p. 25). To reduce power dynamics within the group, the group was put together with participants holding the same position, working within the same team, and were used to working with each other. For all participants, some background information (education, professional expertise, and working experience) was also collected. All interviews lasted between 60 and 90 min and took place at the CWS work site.

2.4 | Data analysis

The multiple source of data generated thick descriptions. Transcripts from the interviews were analysed by applying a data-driven conventional content analysis (Hsieh & Shannon, 2005) to search for themes of common meanings (Krippendorff, 2019) of how standardized tools influence the professional role. The analysis was performed by following the steps of qualitative content analysis described by Graneheim and Lundman (2004) and supported by Nvivo 11. This approach involves moving back and forth between description and interpretation of the transcribed text, searching for both manifest content, such as the participants' explicit statements, and latent content, such as our interpretation of the meaning of the participants' statements. The researchers discussed in detail the findings and their systematization during the analysis process, with the purpose to reduce the risk of misinterpretations due to the researchers' preunderstanding.

The analysing strategy consists of six steps (Graneheim & Lundman, 2004). The analysis started with multiple readings of the transcripts (a) before searching for content that described the

participants' experience with using these tools and how they regarded the tools (b) followed by identification of meaning units (c). Then, the meaning units were condensed and coded (d) and subsequently interpreted (e) and sorted into preliminary categories and themes (f), which are threads of meaning running through the previous steps (Graneheim & Lundman, 2004). The steps up until categorization are description of "the content on a manifest level with low degree of interpretation," and from "theme" onwards, the process describes content on a latent level with a high degree of interpretation and abstraction (Graneheim, Lindgren, & Lundman, 2017). These steps do not suggest a linear analysis process; however, moving back and forth in the analysis were necessary to concentrate findings responding to our research question. Analysis resulted in three themes: (a) factual knowledge, (b) common language – incongruent understanding, and (c) gained confidence – reduced expertise. These will be elaborated in the findings section.

This study focuses on a limited selection of standardized tools. Including other tools would possibly have supplied additional insights to the study. However, narrowing the focus on specific tools may provide more concrete responses than talking generally about standardized tools. In this study, the CWS agencies differ in size and the length of their experience using the selected tools. This can give a range of insights.

2.5 | Ethics

This study was approved by the Norwegian Social Science Data Service (Project Number 53005, dated March 16, 2017). All staff members were informed about the study, and written consent was obtained from all participants. Interviews were audio-recorded with consent from the participants. Audio recordings, transcripts, and handwritten notes by the researcher were treated in accordance with the Norwegian Social Science Data Service's ethical requirements.

3 | FINDINGS

Findings show that CWS professionals experienced that KF and COS-P strengthened their professional practice, but they also felt there were challenges. The three themes identified were present in relation to both tools, but to a different degree. These will be presented in the following.

3.1 | Factual knowledge

Participants reported that the tools to some degree helped them acquire new knowledge. This was particularly relevant to risk assessment and understanding the family situation in the light of theoretical knowledge, mainly psychological theories. They felt that a synthesis between theories and the observed family situation

resulted in more knowledge, perceived as factual, about the family situation:

We get more proof and richer description of the children ... but also the parents—more about their skills in relation to maltreatment, such as physical abuse, substance abuse, mental health and mentalisation ability. We now have more questions for the parents, how they perceive and describe their child. ... We learned to consider rationally why we were concerned. (R7)

The CWS workers valued factors they perceived to be factual in their KF assessments. Such factual knowledge entailed a perception of tools providing answers to challenging questions, as one expressed, "COS-P provides me the answer of what good parenting is" (R37). In general, participants expressed that they relied on knowledge gained using the tools because they felt they had more evidence on which to base their understanding of the family.

Psychological knowledge, focusing on risk and protective factors, seem to be preferred as a knowledge base. Despite some being sceptical about the increased risk orientation, the general view was that tools were supportive to their work and helped them not only to describe the family situation, but also to link descriptions and observations with risk factors. They reported that focus on risk was gaining ground among the workers as well as managers at their workplace and that other professionals valued risk-oriented reports. Participants reported, for example, that other professionals took their work more seriously when they worked in accordance with the tools. This was especially evident when presenting a case before one of the Boards, which decide upon compulsory measures:

The attorney picked up the Kvello book during her procedure; she raised it above her head, stating, 'This is not a coincidence!' It was so symbolic! Showing this is not just something only CWS believes, or a subjective opinion from a caseworker. It shows professional substance ... She stated there are 10 risk factors present, and no protective factors! The opponent's attorney did not say a word ... this unified us. (R19)

This shows that risk factors are perceived as factual information about the child's situation. In addition, caseworkers trusted that their own judgement becomes transparent, and, consequently, others will agree so they gain credibility with other professionals. Participants experienced that the Board easily suggested COS-P as a solution in complex cases. However, participants were concerned about this because COS-P is not suited for multiple problems. These findings show that standardized tools are gaining ground and that CWS work using such tools is seen as more reliable by caseworkers and others.

Participants also presented limitations of both tools. They questioned whether the tools led to a biased understanding of parenting. Several found it challenging to use Western-informed tools in

non-Western families because of the lack of cultural tailoring. For example, the parent interviews in both tools were not seen as appropriate when working with some migrant families:

I believe it is related to culture ... they have another perception of parenting and care ... I am afraid we have different perceptions, which makes it very challenging to justify what we are doing. (R34)

They also addressed the risk of misinterpreting a parent's answers because of language barriers. Consequently, participants found themselves in a dilemma when they knew these parents were likely to respond poorly because of their culture or language, and therefore, the process risked doing them injustice. Some social workers showed an awareness that when such tools are perceived as providing "factual" knowledge about the family, they can lead to biased understandings of the parents and the family situation.

3.2 | Common language – incongruent understanding

Another key theme was how both tools provided the workers with a common and professional language, consisting of new concepts and consistent descriptions of family situations. Participants highlighted how new concepts (e.g., risk factors and mentalization) and the tools' terminology helped them describe the child's situation better. For COS-P, this also included metaphors and symbols. The "new" language aided communication with parents and other professionals. Furthermore, the common language deriving from the tools provided more consistency among team members and facilitated better descriptions when presenting a case to other professionals:

[When] they ask about attachment, I can use the illustration of hands on the circle ... And, if the mother uses substances, there are no hands available for the child, which enables us to picture the situation. We now have the skills and language to describe this. (R38)

Despite enhanced common language, some participants experienced a lack of mutual understanding of the various concepts. This particularly concerned ambiguous risk factors. One participant stated, "We interpret concepts differently, for instance, what is substance abuse?" (R2). They also reported uncertainty in how to handle conceptual discrepancies between the workers:

I completed an assessment, the third in this case. The caseworkers who conducted the two previous assessments put down different risk and protective factors, and there was no new information! (...) I refused to put these in the report, we could not

present additional new factors, which could contribute to mistrust [from parents]. (R14)

For families in contact with different CWS workers, incongruent assessments can be very confusing and upsetting, which in turn may affect the families' relationship to the CWS. Another issue was the rigidity of risk factors that they were not allowed to rephrase. This put the workers in a difficult position:

I cannot include the word sexual abuse in their report if that's not a topic [during the assessment]. It is absurd and abusive to those receiving the report. (R14)

Predefined phrasings and concepts may not always fit reality, and although they were not supposed to, a few participants did rephrase the risk factors when they felt it necessary. These findings suggest that when a perceived common language is taken for granted, and concepts and risk factors lack operationalisation, different interpretations of the same situation are likely to occur. The challenges in relation to language are most prominent for KF. Except for challenges in relation to migrant families, COS-P was perceived positively in terms of language.

3.3 | Gained confidence – reduced expertise

Finally, participants experienced that both tools increased their professional confidence through a more focused practice and an increased theoretical proficiency particularly in relation to complex cases. Both tools helped them address difficult issues in conversations with the families:

My job entails asking uncomfortable and sensitive personal questions ... since the questions come from a guideline, it makes me feel more confident about asking these questions and more assured that I have the necessary information for assessing the risk to the child. This makes me feel more professional. (R21)

This illustrates how participants trusted the guidelines and their ability to yield richer descriptions and thus "better" results. Consequently, they felt more professional.

Professional confidence also included acquiring a more structured and focused practice with less distraction from complexities. Hence, both tools facilitated better understandings of the family situation. Additionally, KF provided better categorization of the information obtained:

The information becomes so systematic. You begin at one end and go through it. It covers areas we have forgotten; it makes it much more transparent. You get so much more information ... we ask more, see more and

do more observations, which are valuable for assessing the situation. (R20)

Some participants nuanced this by suggesting that more focus on some aspects diminishes focus on others:

If I apply COS-P, there is no room to discuss the other matters they [the parents] experience ... at the same time, it is problematic to limit what they can talk about, because it might be topics that are important for the parents. ... If I am going to complete COS-P, I have to control the session. ... I think that is very hard, because these are their concerns. (R31)

CWS workers experienced that the tools challenged their professional ethos in which relationship and client perspective is important. Despite the fact that both tools provide CWS professionals with proficiency and structure, which boost their professional confidence, some workers addressed how strict adherence to the guidelines also raised challenges. For example, several acknowledged the risk of making KF assessments too extensive resulting in an overload of information. Consequently, the workload increased and contributed to exceeding the time limit of the assessment. Some were also concerned about parents disclosing more information than necessary and jeopardizing a relationship with parents based on trust. Participants described struggles with analysing the amount of information and did not feel they found sufficient guidance in the tools for dealing with this. Consequently, some felt the tools undermined their professional expertise:

We were waiting for guidance on how to assess the information obtained... and maybe we used the framework instead of our own knowledge. In retrospect, we were actually fully capable of summarizing this adequately on our own. However, we became so set on the system, and in what order to do things, that we became incapable of acting. (R20)

Overall, the findings suggest that CWS workers in these two offices have a strong reliance on the tools and view them as beneficial for their professional work in terms of applying theoretical knowledge in practice, acquiring a common language, and enhancing their professional confidence. Dilemmas and challenges were also addressed by the professionals, and they stated the importance of not applying the tools blindly, but instead relying on their own professional judgement. Others emphasized that "one size does not fit all." When workers are confident in their role, they may more easily allow themselves to modify the tools in accordance with their professional ethos.

4 | DISCUSSION

The analysis shows that standardized tools (KF and COS-P) influence professional roles by guiding professional practice. The professionals

generally felt that the tools contributed to enhanced professional competence and confidence. However, some did at times experience the tools as challenging their professional ethos and, as such, their professional role.

4.1 | Favouring explicit theoretical knowledge

CWS workers and other professionals recognized the tools as providing concrete and factual information about the families. Standardization, as such, becomes a procedure to reduce biases and contribute to objectivity. This represents a shift in social work towards a rule-following approach underpinned by theoretical knowledge and objectivity (Munro & Hardie, 2018). Such explicit theoretical codified knowledge (Polanyi & Sen, 2009[1961]) appears to be the new normative standard for public professionalism at the cost of critical reflective practical knowledge that encompasses knowledge and skills that can be both explicit and tacit (Freidson, 2001).

Findings suggest that tools have the potential to make tacit knowledge explicit (Polanyi & Sen, 2009[1961]) through a common psychological language offered by the tools. The participants experienced this as a support in their work, which increased their professional confidence. However, they had difficulties articulating the rationale and their expertise, known as the practical knowledge, beyond the codified knowledge deriving from the tools. As such, the tools do not seem to bridge the tacit and explicit dimension of knowledge. Freidson (2001) argues that knowledge in professional work is "embodied," which entails that the professionals must have an understanding of the rationalities of the knowledge constituted in the standards, as well as the skill to carry out the task. In this sense, is it not enough to "simply" learn the procedure of the standard, which some participants in this study experienced as problematic (e.g., "we do not know what to do with the obtained information"). Consequently, the professionals need to take into account the clients' needs, knowledge over "the particular case," as an attempt to avoid committing the client injustice. Accordingly, all forms of knowledge are considered relevant in a way that guides practice. However, as demonstrated in this study, the concepts and procedures deriving from the tools seemed to be the preferred forms of knowledge, without the professionals necessarily having internalized the theoretical knowledge situated in the tools. Findings suggest a risk of prioritizing explicit psychological knowledge embedded in the tools, above critical reflective and professional judgements and skills, the practical knowledge.

Moreover, findings suggest that professionals experienced that they could make "objective judgement" when applying the tools. However, in line with Molander's (2016, p. 7) arguments, there is an intrinsic problem when a judgement entails a claim distinguishing true from false. First, there is an underlying assumption that knowledge is impersonal and value-free (Munro & Hardie, 2018). Yet, the guidelines favour specific psychological theories and a Western understanding of parenting. This particularly caused dilemmas for caseworkers working with minority families. Second, if a conclusion is perceived as true, the *process* leading to the conclusion also needs to be value-free and

clearly explained. In this study, the guidelines were found difficult to operationalize (e.g., risk and protective factors and parent interview) and thus were open to multiple and value-laden interpretations. The guidelines failed to handle complexity and contextual variations, with a risk of overlooking the individual needs of families. Such simplifications along with professional equating judgements as truths may affect the relationship with the family negatively. However, professionals do experience an increased legitimacy from other professionals, endorsed by the use of explicit theoretical concepts (e.g., risk factors). An important question is whether factors that contribute to increased legitimacy from other professionals have the reverse effect on families in contact with CWS. Nevertheless, we argue that a narrowed knowledge base for CWS practice is problematic due to the complexity and contextual matters in CWS cases. Consequently, and in line with previous findings (Gillingham, 2011; Ponnert & Svensson, 2016; White et al., 2008), standardized tools run a risk of weakening the professional role, rather than strengthening it.

4.2 | Standardized procedures and professional accountability

Findings from this study aligns with previous research (e.g., Bartelink et al., 2015; Vis et al., 2016) showing that professionals' experience enhanced skills in yielding systematized thick descriptions through the tools. This is of importance for identifying children at risk. However, when CWS professionals follow the procedures "to the letter," they also run the risk of making assessments too extensive. At the same time, tools were found to restrict which topics were addressed, with a risk of disregarding contextual matters and themes that family members considered important.

As Thompson (2016) argues, professional accountability depends on critical reflective practice. He asserts a shift from reflective practice to a "rule-following" approach, which undermine professional expertise and challenge *professional* accountability. Instead, CWS professionals are inclined to adapt to a *procedural* accountability (Banks, 2009). Being accountable denotes the ability to account for decisions in a way that justifies actions (Banks, 2009; Molander, 2016). Our findings suggest a possible tension between procedural accountability and professional accountability. Despite relying on the tools were seemingly prominent among the professionals, some would overrule the procedural "protocol" when the standards conflicted with their professional ethos. Although standardized tools may strengthen the ability to describe a situation based on a theoretical vocabulary, the professionals do not necessarily strengthen a critical reflective practice in relation to how family situations are understood as well as in their application of knowledge.

5 | CONCLUSION

The professionals experienced that standardized tools strengthened their professional role through an explicit common language among

professionals within CWS and in communication with collaborative partners. This led to increased legitimacy and enhanced their professional confidence. On the downside, the tools also led to frustrations in terms of increased workload and being caught in predefined actions, which challenged professional expertise. In conclusion, how standardized tools influence the professional role depends on the professional's ability to exercise critical reflection and professional judgement. As such, the tools become mechanisms of jurisdiction and legitimacy. However, when tools lead to a more procedural-focused approach together with a narrowed knowledge base, there is a risk of undermining professional expertise and doing families, as service receivers, injustice. Accordingly, the professional role, professional accountability, and client legitimacy may be weakened. To avoid this, we argue that paying attention to critical reflection and a broadened knowledge base are crucial for more productive actions for CWS practice.

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Article 3

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Article 3

Proceduralisation of the decision-making processes: A case study of child welfare practice

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Abstract

The aim of this article is to examine how professionals conduct their assessments when using a standardised assessment tool and how this influences the child welfare decision-making process. This includes how standardisation facilitates assessment work in a multifaceted practice, its ability to reduce biased conclusions and to ensure transparency. The use of a common assessment tool in Norway (the Kvello Assessment Framework) is explored as an example of a standardised tool. The data stem from fieldwork in two child welfare offices and client documents from one of these offices, which were analysed using thematic analysis. The findings show that the use of the assessment tool led to proceduralisation of assessment work in two areas. First, through requirements for focus (e.g. risk and emotional care) and for activities for how to obtain information. Second, the tool included procedural requirements of form-filling, and thus interpretive demands on the professionals in ways that turned interpretations into conclusions. Findings also show that such conclusions were considered as facts. Based on these findings, I argue that use of KF leads to a standardisation of the decision-making process. The tool may increase the level of transparency of the *what* part of decision-making practice, and thus function as a tool or procedural accountability. However, professionals' interpretive work, hence the *how* and *why* of practice, lacked clarity. Accordingly, the findings reveal a lack of transparency in the child welfare professionals' decision-making process which leaves their conclusions without clear justification. The article discusses how these shortcomings may lead to errors and biased assessments, and emphasises the importance of a transparent decision-making processes.

Keyword: Standardisation, decision-making, transparency, bias and child welfare

Introduction

Identifying a child at risk and making decisions accordingly is considered paramount in child welfare work (Munro, 2011). Yet the decision-making process is complex and filled with uncertainty and inadequacies, in which there is much at stake for the children and families involved. (Fluke, López, Benbenishty, Knorth, & Baumann, 2020). Moreover, social workers' competence and knowledge have been criticised, and for not making the reasoning behind their decisions explicit (MCF, 2020; Munro, 2011). This has led to an increased use of rule-following approaches, such as standardised assessment tools and in particular risk assessment tools (Sørensen, 2018). The purpose of such tools is to reduce complexity and uncertainty in the decision-making process (Bartelink, Van Yperen, & Ten Berge, 2015), and to meet the increasing requirements for social work practice to be based on efficiency and rationality in order to ensure transparency and accountability (Devlieghere, Bradt, & Roose, 2018; Skillmark & Oscarsson, 2020). This article aims to examine how CWS professionals use standardised assessment framework, and how it influences the child welfare professionals' decisions in assessment work.

In Scandinavian countries, as in many other Western countries, the development of standardised assessment tools in child welfare services (CWS) has been evident. This has led to a debate about the position of systematic approaches in CWS and how this influences social work practice (Skillmark & Oscarsson, 2020; Sletten & Ellingsen, 2020; Vis, Lauritzen, & Fossum, 2019). Critics argue that standardised assessment tools de-professionalise social work (e.g. White, Hall, & Peckover, 2008), restrict professionals' actions, oversimplify complexities, and fit poorly with social work because they overlook social and structural dimensions of life (Broadhurst, Hall, Wastell, White, & Pithouse, 2010; Stanley, 2013). Moreover, the development of standardised practices is argued to be a strategy for promoting professional accountability (Brodkin, 2008). Other recurring issues in these debates is the 'descriptive tyranny' of such forms of assessment (White et al., 2008), as well as the dominant focus on psychological orientation and risk (Stanley, 2013).

At the same time, there is extensive literature on decision-making that has identified various challenges when using experience-based approaches associated with intuitive reasoning (or 'gut feeling') (Samsonsen, 2016, Spratt, Devaney, & Hayes, 2015). An example of such challenges is 'confirmation biases' where social workers seek to confirm what they already 'know' or assume, which may cause a cascade effect of 'errors' (e.g. Benbenishty, Osmo, & Gold, 2003; Gambrell, 2005). However, biases and errors may arise not just from the

individual professional, but from an interaction of multiple factors (Munro & Hardie, 2018). In this sense, social workers' decisions are influenced by several factors such as case characteristics, personal preferences and organisational and external factors (Benbenishty et al., 2003; Lauritzen, Vis, & Fossum, 2018). The argument is that decision variability is related to context (Fluke et al., 2020). Similarly, professionals may tinker with tools in various ways to make them fit their practice (Skillmark & Oscarsson, 2020; Sletten & Bjørkquist, 2020). This is considered necessary to make standardisation work within the given context (Timmermans & Epstein, 2010).

Despite growing interest in decision-making in CWS, there is still limited research on how different factors (e.g. contextual, systemic and biases) influence decision-making processes (Fluke et al., 2020). Moreover, how standardised tools are used *in practice*, and in turn, their impact *on practice*, has also been understudied (Gillingham, Harnett, Healy, Lynch, & Tower, 2017). Accordingly, a micro-level perspective focusing on how procedural assessment frameworks guide the decision-making practice within CWS, the demands they promote, and how they deal with the challenges and complexities that often characterises child welfare work, will add to the knowledge base in this field. This article contributes to enhance understanding of standardisation in CWS practice and pursues the following question: *How does the Kvello Assessment Framework tool (KF) influence CWS decision-making processes?*

[Previous research on standardisation and decision making in CWS](#)

Previous studies on standardised tools show conflicting findings as to whether such tools are fit for their purpose (Benbenishty et al., 2003; Sletten & Bjørkquist, 2020; Sørensen, 2018). On the one hand, research shows that social workers find the tools supportive, suggesting that this increases their sense of competence and contributes to a common language (Gillingham et al., 2017; Sletten & Ellingsen, 2020; White et al., 2008). Studies also find that assessment becomes more structured and focused (Sletten & Ellingsen, 2020; Vis et al., 2019), and that it enhances CWS professionals' analysis of complex cases (Bartelink et al., 2015). At the same time, CWS professionals commonly modify the tools in order to fit their particular context (e.g. Sletten & Bjørkquist, 2020).

On the other hand, standardised tools are found to be time consuming, leading to more information being gathered and the creation of long reports (Sletten & Ellingsen, 2020; Vis et

al., 2019; White et al., 2008). Shaw et al. (2009) revealed that social workers obtained different information when using the same assessment tool, and thus that there is variation in the information assessments are based on. Furthermore, White et al. (2008) argue that the tools exert descriptive and interpretive demands on CWS professionals. There are also studies that support the use of standardised tools for risk assessments. A meta-analysis of instruments developed for predicting child maltreatment found some support for predictive accuracy when using statistical risk assessment tools (Van der Put, Assink, & Boekhout van Solinge, 2017). Therefore, the authors advocate for the use of risk assessments rather than relying on unstructured clinical judgement, but emphasise that these instruments in their current form need improvement.

However, the ability of the tools to predict risk is highly contested (Gillingham, 2019; Kjær, 2019). Risk assessment may fail to nuance the level of risk on a case-by-case basis, as the social worker needs to tick off information based on a form (Gillingham, 2019). Others find that vague risk factors cause confusion among CWS professionals (Sletten & Ellingsen, 2020; Vis et al., 2019). Besides, guidelines on how to weight the factors are limited (Sørensen, 2018). Studies also show that risk may be assessed differently in different contexts and countries (e.g. Fluke et al., 2020), which makes it difficult to establish general guidelines to determine a child's level of risk (Thoburn, 2010). Research also suggests that standardised instruments may not necessarily lead to greater consensus than intuition in determining risk (Bartelink et al., 2015). On a similar note, Broadhurst et al. (2010) claim that such pre-structured practice is not immune to bias and errors.

As shown, research on risk assessments, decision-making and standardisation is conflicting, and has identified both advantages and challenges. However, there is still limited research in this field, and a call for more studies undertaken in various contexts (López & Benbenishty, 2020). This study seeks to contribute with knowledge on how standardised tools are carried out in professional assessment work in a Norwegian context, and how it influences CWS decisions.

The KF assessment tool

In Norway, there are currently no national guidelines on how to conduct assessments in child welfare. There have been recent policy initiatives to prepare new national guidelines for assessments with the aim to ensure a more uniform practice (Bufdir, 2020). However, today

about 50% of local Norwegian CWS have adopted the KF in various forms (Vis et al., 2019). This study addresses the use of procedural standards in CWS, of which the KF is an example.

The KF is a non-licensed standardised assessment framework for use in the decision-making process, developed by a Norwegian psychologist (Kvello, 2015). Through the use of structure and a systematic approach, the KF aims to identify children at risk, limit arbitrariness, and improve professional reasoning and the decision-making practice (Kvello, 2015). The KF shares similarities with the Swedish BBIC ('Children's Needs in the Centre') and the Danish ICS (Integrated Children's System) (Vis et al., 2020). It entails the use of guidelines and a checklist on how to conduct assessments that are linked to scientific evidence, and how to report on these (Kvello, 2015). However, the KF does not qualify as an evidence-based programme (Kjær, 2019).

In addition to a textbook (Kvello, 2015), the KF tool consists of an electronic form with predetermined boxes of different areas to assess by using three sources of information: i) dialogue with child and parents' ii) information from external parties (e.g. school, doctor) and iii) observation of parents' and child. The expected broad areas to assess are: living situation, health of child and parents, the child's development, ability and opinions, parental functioning, parents' ability to understand the child (mentalisation), child-parent interaction, and risk and protective factors (Kvello, 2015).

How to assess the different areas is not described in detail, but the tool provides a checklist and recommendations for some areas. Moreover, it is recommended to ask mentalisation questions or to conduct a mentalisation interview. However, the mentalisation interview is a certified method that is not directly included in the framework. For the risk and protective factors, Kvello (2015) has provided a checklist of the most relevant factors, which comprise 32 risk factors and 10 protective factors, where the purpose is to assess whether there is a cumulative risk based on the number and intensity of the risk factors. However, determining cumulative risk in child welfare in general on the basis of the KF is ambiguous, and is thus contested (Kjær, 2019). Additionally, there is no manual describing how the framework (and the checklists) should be used, which makes it challenging to gain a good overview of the framework, which is considered a limitation of the tool (Vis et al., 2020).

The concept of standardisation

Standardisation is influenced by the idea of uniformity and quality control by streamlining processes with the goals of predictability, accountability and objectivity (Timmermans & Berg, 2003). Evidence-based practice is such an example; standardisation in social work has accelerated alongside the movement towards evidence-based practice, promoting guidelines on how social workers should apply scientific knowledge (Timmermans & Berg, 2003; Bergmark & Lundström, 2011). Increased use of manuals may also be motivated by organisations that strive for certainty (Ponnert & Svensson, 2016). In this context, there is a set of rules in the manual or standardised tool that functions as a form of regulation (Timmermans & Epstein, 2010). However, as pointed out by Brunsson, Rasche and Seidl (2012), these rules are considered voluntary, with no hierarchical authority, unlike rules laid down in legislation. This entails that the organisation or its staff decides whether to comply with the standardised tool, and thus holds authority over its rules. On the other hand, organisations or professionals may feel pressured by third parties, e.g. the media or stakeholders, to employ standardised tools to obtain legitimacy (Brunsson et al., 2012). Standardisation contributing to increased legitimacy has been supported in some previous studies (e.g. Ponnert & Svensson, 2016; Sletten & Ellingsen, 2020). Accordingly, standardisation becomes an instrument of control, aiming for transparency and thus a tool of procedural accountability (Brunsson & Jacobsson, 2000; Timmermans & Epstein, 2010).

Following Timmermans and Berg (2003, p. 26), this article refers to what they categorise as ‘procedural’ standards. These imply guidelines for predetermined courses of action, intending to describe how the professionals should perform assessment work. This is in turn linked to rationality, objectivity, and accountability, in which professional knowledge is embedded in procedures (Brunsson & Jacobsson, 2000). They are formal and written, but it varies how detailed and strict they are (Timmermans & Epstein, 2010).

Method

This article uses a qualitative case study design (Yin, 2014) to examine how a standardised tool (KF) is reflected in CWS decision-making, and how it affects the basis for CWS professionals’ reasoning. The KF tool constitutes an ‘exemplifying case’ in this study (Bryman, 2016), the case being *standardised practice*. The study was conducted in two local child welfare offices in different regions of Norway, in which ‘Office A’ had used the KF for

about a decade, while 'Office B' had recently started to use the tool. The combination of these variations increases the likelihood of identifying patterns (Braun & Clarke, 2006), in which the CWS professionals' practices emerging from the use of the KF tool were analysed.

Participants and data collection

Access to the offices was granted by the management staff who suggested teams that were most suited for studying the use of standardised tools in practice. A total of 32 CWS professionals who used the standard KF tool (20 from Office A and 12 from Office B), including seven in management positions, consented to participate in this part of the study. They had worked in the CWS from one to 20+ years. All except one held a bachelor's degree in social work. Some had additional education, and a few had certification in other standardised assessment tools (e.g. Working Model of the Child Interview).

The data in this article draw on fieldwork (45 days) and client documents (n=15). The latter were only connected to Office A due to restricted approval. The fieldwork was carried out at the two offices over 12 months (April 2017 to March 2018), and included participant observation and interviews (Spradley, 2016). There was participation in day-to-day activities, internal meetings, six client meetings and interviews with the CWS staff and managers. In addition, I attended training and guidance given by Kvello in both offices. Data were recorded as handwritten notes the same day. Some of the informal talks were recorded and transcribed verbatim. This enabled reflection and sampling that revealed new areas for further attention. In Office A, I was provided with my own office in the same corridor as the CWS professionals, which enabled me to encounter key informants (Bryman, 2016) in their daily work. The fieldwork in Office A afforded valuable knowledge of the standardised tool that in turn made the subsequent fieldwork in Office B more concentrated in terms of participating in scheduled meetings, while the interviews were more focused. Focus areas in the observations were how the standardised tool was present in their work, who used it, how and in what situations. Much of the working day of CWS professionals consists of doing casework, which allowed me to talk to them in the role of 'conversation partner'. These talks revolved around how they worked when assessing the family situation, including what tools they relied on, what type of information they sought and their experiences of filling out the KF form. In this sense, I gained access (Bryman, 2016) into what guided their assessment work, their scope of attention and their experiences, as they willingly shared "backstage" information.

The 15 case assessment reports based on the KF form were written by the CWS professionals. The reports were randomly selected, and with support from the manager, the

first five reports from three sub-teams within office A, that were completed in May 2017 were included. The reports provided important insights into how the CWS staff used the KF form in decision-making processes. This included the type of information emphasised, sources of information, and how the information was presented and interpreted. The purpose was to explore the CWS professionals' focus and how this was expressed in the reports, considering that documents contain the writers' point of view (Bryman, 2016). Being present in the offices over time, observing and talking with professionals, together with document analysis, enabled a deeper understanding of the how the CWS professionals used the KF tool and its influence on practice. The purpose of this design was to capture both formal and informal practice and possible discrepancies between these.

Data analysis

The various data sources generated thick data, which were analysed using thematic analysis (Braun & Clarke, 2006), supported by NVivo 11. The dataset was analysed in search for patterns of common meanings (Krippendorff, 2019). In focusing on how the standardised tool affected reasoning, it was important to consider how the tool was actually used by the practitioners within their context, and how it was represented in their daily talk and activities, and in the documents. Office A had developed a local manual for how to fill out the electronic KF form, which was used as additional support to the Kvello book (Kvello, 2015). I was not provided with access to the electronic system in either office, and coding and categorisation thus emerged from alternation between an inductive data-driven approach (Bryman, 2016), based on fieldwork data and documents, and a more deductive approach with links to theory (Yin, 2014). To limit the potential of misinterpretation, I discussed the empirical data and its categorisation with other researchers during the process of analysis. The analysis resulted in 24 categories, which were thoroughly reviewed and refined, resulting in two broad themes: i) Demands of the tool and ii) gaps in the chain of argument.

Ethics

This study was approved by the Norwegian Social Science Data Service (NSD, project number 53005, dated 16 March 2017). All staff members were informed about the study and all participants signed a written consent. Moreover, all oral consent was obtained from all parents who I encountered in client observation, the parents received oral and written

information about the study. For the included documents, which are highly sensitive case files, special approval was granted from the Norwegian Directorate for Children, Youth and Family Affairs. Due to the ethical challenges of using such documents, the number of documents was restricted, and anonymised beforehand by the CWS.

Findings

Two themes were seen to be prominent in the analysis. The first concerns how the tool determines the CWS professionals' actions. The second deals with how the tool leads to gaps in their chain of argument, and thus in their reasoning. These two themes will be elaborated in more detail below.

1. Demands of the tool for courses of action

The findings revealed patterns of standardisation in courses of action in two areas: firstly, in relation to the process of gathering information about the family situation, and secondly, in reporting and interpreting the information obtained. The former involved the CWS professionals' tasks and focus of attention, and the latter how information was systematised and understood. These patterns were identified in data from both offices.

Task and focus demands

Based on the KF, essential activities for obtaining information about the family situation are observations, mentalisation interviews and risk assessments, which involve demands as to what to focus on and look for. Such activities were found to be key aspects of the CWS professionals' daily work in both offices.

Several participants subscribed to observation as a source of valuable information, particularly when assessing parent-child interaction. In this regard, attachment and mentalisation were strongly emphasised; however, parents were not necessarily told that they were being observed:

The caseworker states that the mother brought her child (toddler) to the meeting, saying that this gave her a good opportunity to observe the interaction between the mother and the child. She says that she paid attention to how the mother responded to

the child in this situation, which she feels could be a stressful setting. She points out that the mother did not support the child, which could be related to her culture, she says. (...) She explains that she checked the mother's mentalisation skills, and therefore asked the mother to describe her child in 3-5 words. (...). She reports not being satisfied with the mother's reply, emphasising that the mother struggled to give a good description of the child. (Field notes, conversation with R5)

Even though the professional acknowledges that the mother's reaction may be related to culture or stress, she still relates the observation to the mother's mentalisation skills. Parental mentalisation abilities were a recurring theme in the CWS professionals' observations of the parents. This was also prominent in the documents and in client meetings where mentalisation interviews were conducted. However, it was common to alter the interview by using only a selection of the mentalisation questions with the parents. A common mentalisation question was: "How do you think the child would describe you?". In several cases, parents had difficulty in answering such questions, which professionals sometimes related to their culture. However, the mentalisation interview and questions were perceived by the CWS professionals to aid their professional judgement regardless of cultural background.

Risk and protective factors were regularly brought up in talk about assessment work. In case discussions, comments on risk factors were more frequent than comments on protective factors. In some cases, participants emphasised that there were no protective factors, as a statement of fact. In the documents, risk and protective factors were ticked off in all documents but one; however, it varied whether these had been further assessed. Some were also concerned about the risk assessment and that staff paid too much attention to risk factors:

It's very easy to put divorced parents as a risk, but this isn't necessarily a risk (...) In their reports, some caseworkers just list the risk and protective factors without further descriptions. (...) and say that it looks more like an assembly line. (Field note from conversation with supervisor R11)

Considering the predominance of risk factors and the fact that they are more specific, these factors may be easier to detect. Accordingly, as the findings demonstrate, risk factors are on the CWS professionals' agenda and are more likely to be addressed in their assessments.

Form-filling demands

The other area of standardisation concerned how the professionals subscribed to the way of structuring the information in the predetermined categories in the forms, such as living situation, or risk and protective factors. Descriptive demands directed how the information obtained was presented in written reports. Additionally, there is some evidence that these form-filling demands placed interpretive demands upon the professionals. For example, parent-child interaction, mentalisation and risks were commonly assessed, and conclusions were sometimes presented as facts. However, in several of these cases, descriptions of *how* they were assessed were lacking, and thus subjective elements and informal practices were omitted. The following field note extract exemplifies this; here, three participants filled out the form together:

They start by ticking off type of housing and then they describe its size and how long the family have lived there. One of the participants (A) asks whether they need to put down all this information, to which another (B) replies 'Yes, we do', with no further elaboration. The third participant (C) who is filling out the form on the computer asks A what the house looked like. A hesitates with her response, but replies that it was clean. C then asks A how the atmosphere was in the home. A replies: 'That is speculation'. C emphasises that it is important to remove speculations, but how this is done is not elaborated. C then asks about the children's room. A describes the children's room and how she perceived it and repeats that these are speculations. She adds that she felt concerned about the child, but does not state what that entailed. (...) They move on to fill out the section of the child's self-report (...) At the end of the meeting they emphasise the importance of not basing the information on speculation. (Field note from a group meeting with R20, R23 and R27)

Despite one of the CWS professional's questioning parts of the form and mentioning concerns about speculative replies, the information is not presented as speculation in the form. Hence, the professionals yield to the demands of the form. Further, this also illustrates, as supported in the documents, that the reasons for their actions and interpretations are not stated.

However, the form-filling demands did also focus attention on the child by making the child's voice more explicit, which may help to strengthen the involvement of children in CWS work. This suggests that such demands can enhance children's participation, at least in terms of listening to children's views on their situation. However, there was no clear pattern in the documents as to how or whether the child's voice was weighted in the assessments, except for

some examples where the child's descriptions conflicted with those of the parents, and were then given more weight.

2. Gaps in the chain of argument

Another strong and consistent theme throughout this study is the limited reasoning on which conclusions were based. When the participants discussed their cases in groups, informal conversations or in consultation after a client meeting, suggestions were put forward without any articulation of the arguments leading to the suggested actions. This is illustrated by the following example from an investigative team discussing new cases transferred from the intake team for further investigation:

The child welfare professionals are discussing a case involving a family with three children with a concern for only one of the children. One participant reads from the intake report which concludes that the case needs to be further investigated, for all three children. The investigative team questions the decision that all three children need to be included in the investigation, which was not explained in the document. The participant reads on and states that the report recommends issues the family needs to work on. Another participant says: "Well, then the case is already concluded, so what's the point of investigating it". A third participant replies that this happens quite often. (Field note, from intake meeting, Office A).

This shows that the reasons for investigating all three children were inconclusive, and thus, it was difficult to determine the nature of the case. Further, as seen throughout the fieldwork, measures are often suggested before a case is fully investigated. Accordingly, conclusions are presented without knowing what arguments or information these are based on. This may be seen in relation to another finding suggesting that the CWS professionals struggled to make explicit how they interpreted the information obtained, as explained by one of the supervisors:

When they analyse, they're supposed to state the reason for their opinion, e.g. why they believe that a risk is present (...) and how the child is affected by this risk factor. (...) However, several of the professionals struggle to differentiate between the analysis of the risk and protective factors and the overall assessment (R18).

Lack of reasoning behind their analysis was also found in the documents. Participants provided detailed information about the family and child, but it was challenging to discern

how these thick descriptions were interpreted and assessed, thus leaving a gap. Similarly, inconsistency was detected between the description of the family situation, the CWS assessment of the situation and their conclusion. For example, topics that were described were not necessarily assessed and vice versa, and in some documents, new information was presented in the conclusion. Moreover, one document stated that the child had special needs, which was written under various topics in the descriptive section. However, the nature of these special needs was not described. Later in the document, a report from the school said the child did not have any special needs, and there was no mention of the child's special needs in the assessment section. The conclusion section, however, stated that the child had special needs, without mentioning the basis for this conclusion. Further, how conflicting opinions of the child were assessed was not made explicit in the report. The same tendencies were found in other documents, suggesting regular gaps in the professionals' chain of argument. The above findings demonstrate that a synthesis between the rich descriptions obtained, the risk *and* protective factors, and conclusions based on analytical reasoning is limited or lacking. Consequently, the decisions lack transparency. Overall, the findings show that part of the decision-making process and the CWS professionals' focus of attention becomes standardised when using the tool, in which psychological knowledge seemed to be the preferred knowledge base.

Discussion

The analysis shows examples of standardised practice of the assessment work when using the KF tool that, on the one hand, contributed to transparency of the professionals' actions and focus, *what* they are doing. On the other hand, *how and why* things are done, was less explicit or even tacit. Hence, what the professionals' based their conclusions, lacked clarity. These implications will be discussed in the following.

Standardisation of actions and knowledge

The first point is that these findings show that it is primarily *what the* CWS professionals do in their process of gaining information about the family situation that becomes standardised, e.g. the types of information they pursue and their activities in collecting this information, such as talking with the child. These activities are explicitly expressed and visible in their reporting. This suggests that the requirements of the KF tool, and thus the procedural practices

(Timmermans & Berg, 2003), enhance the level of transparency of their activities in assessment work. This corresponds with the argument that standardised assessment tools, at least in some sense, help to make CWS practice more transparent (Devlieghere et al., 2018; Ponnert & Svensson, 2016). This form of transparency may be coupled with audit and accountability in terms of the following of procedures (Devlieghere & Gillingham, 2020). This is referred to as a new mode of accountability (Timmermans & Berg, 2003), and thus a tool for limiting frontline discretion (Brodkin, 2008). Transparency can also be considered important for service users to enable them to understand the involvement of the CWS. However, although procedural standards aid transparency of activities for managers and other professionals, it does not seem to make services or assessments more transparent for service users. For example, service users were not always informed that they were being observed or that their mentalisation skills were being assessed, this despite Kvello's (2015) warning against withholding information from service recipients. In this regard the KF tool alone does not improve transparency, and seem to reveal a rather strong loyalty to the tool. Moreover, such tools have been found to strengthen professionals role through the use of a more professional vocabulary (Gillingham et al., 2017; Sletten & Ellingsen, 2020), which in turn can make CWS work even less transparent to parents and children, who find it difficult to understand the terminology used. As pointed out by Ananny and Crawford (2018), transparency also entails facilitating understanding of what is made explicit, which calls for elaboration of the various activities. Transparency may be an important contribution to making social work practice more accessible to service users (Devlieghere et al., 2018), and thus avoiding deceiving parents (Gambrill, 2005). Yet unless practices are made explicit to service users, transparency will vary according to the audience, and will therefore only be present to a certain degree (Devlieghere & Gillingham, 2020).

From a knowledge perspective, standardised tools such as the KF contain focus demands to produce knowledge about the family situation that is essential in making decisions. The present findings concur with previous research that shows that professionals favour using the knowledge base often embedded in standardised tools, namely psychological knowledge (Sletten & Ellingsen, 2020; Stanley, 2013). In this way, knowledge production in CWS becomes standardised, as knowledge is stored in the standardised rules, such as prediction of risk in risk assessment (Brunsson & Jacobsson, 2000) and thus the knowledge emphasised becomes transparent through the common language stored in the tool (White et al., 2008). Considering that written and formal knowledge is more easily stored, there is a

potential to undermine other forms of knowledge that are harder to translate into specific rules, such as tacit knowledge and knowledge of the particular case (Brunsson & Jacobsson, 2000). Accordingly, there is a risk of adopting a narrow approach in production of knowledge in CWS (Higgins, 2015), which is reinforced by increased demands for transparency and accountability (Munro, 2011). This raises a concern as to whether standardised tools enable professionals to capture the complexity of the child welfare field.

Transparency

While keeping to manuals may enhance transparency of *what the* CWS professionals do, less transparency is found in *how* and *why* they perform these activities, and hence what constitutes the basis for their assessment work. Firstly, this relates to how and why they gather information. For example, service users are not necessarily informed about *how* and in which settings they are assessed. Secondly, it is not made explicit in the reporting *why* the presented information was obtained in the particular case. Further, as found in previous studies (White et al., 2008), professionals described and interpreted areas even though they did not understand why they were doing so. A pertinent question is whether CWS professionals are aware of their doings or whether they simply follow procedures based on the descriptive and focus requirements of the tool. It may thus be challenging to present a reason for their actions as these are predetermined by others. Moreover, they modify the tools, providing them with various ways to react to standardisation (Jobling, 2020; Sletten & Bjørkquist, 2020). Yet when such alterations are not transparent, a gap arises between what they claim to do and what they actually do. Consequently, CWS professionals' activities are not made transparent to others, which is problematic. In this sense, the KF does not seem to bring clarity and equal practices in the assessments. Service users may therefore find it challenging to understand the reasons for CWS actions. Accordingly, the professionals' decision-making seem to lack sound justification.

The second point is that poor transparency is related to *how* and *why* the CWS professionals present information in their reporting. This is linked to form-filling and descriptive demands that lead to only part of the activities and viewpoints being reported, and thus a discrepancy between formal and informal practice emerges. For example, they did not report on considerations they took in relation to individual clients. This concurs with Munro and Hardie's (2018) argument that professionals' written work is expected to be formal and objective without any trace of professionals as an active agent. Nevertheless, the complexity

of the CWS assessment practice calls for both formal and informal approaches (Fluke et al., 2020). Moreover, there was inconsistency in the information analysed, where reasons for the statements were not presented. This may be linked to the amount of information generated by the tool, making it challenging to determine what information is essential to the given case (Vis et al., 2020). Considering that errors may occur at different stages of an assessment (Fluke et al., 2020), it is important to aim for transparency in work processes at both formal and informal levels, towards service users as well as the general public (Devlieghere et al., 2018; Munro, 2011). That said, it is challenging to create total transparency of the different processes undertaken in CWS practice (Devlieghere & Gillingham, 2020). Nonetheless, how and why the information is presented is part of the CWS professionals' analysis and hence their reasoning in their assessments, and when this is not made transparent, their decisions risk lacking proper justification.

Finally, poor transparency relates to how and why concepts and information are interpreted and assessed, which is commonly not made explicit. Some of the tool's concepts lack clarity and may be subject to various interpretations, without these being expressed. Language as such is essential as it helps to shape the world and guides us in how we understand it, as we see in e.g. the concept of risk factors (White, Fook, & Gardner, 2006). Moreover, the descriptive and focus demands of the tool also pose interpretive demands on CWS professionals (White et al., 2008). For example, when reading parental behaviour as a lack of mentalisation rather than taking culture into account, the demands and the knowledge foundation (psychology) stored in the procedures of the tool may mislead CWS professionals to overlook contextual or cultural factors in their assessment, even when they recognise these to be an issue. This may result in a biased understanding of the family situation, and thus errors in CWS professionals' judgement and decision making (Munro & Hardie, 2018; Spratt et al., 2015). As argued by Fluke et al. (2020), biases such as these may be promoted as a result of uncertainty. Furthermore, it was not made explicit how conflicting information and viewpoints were weighted and assessed. In some cases, the child's perspective would carry more weight than that of the parents, which may indicate increased involvement of children, while in other cases, this was not taken into account. This is problematic in that analysis is a subjective process involving various possible interpretations of information, where CWS professionals play an active part (Fook & Askeland, 2006). When this is not made transparent, clients may suffer due to personal biases and hidden agendas (Munro & Hardie, 2018), considering that CWS professionals exercise some type of authority (Fook & Askeland,

2006). However, the tool does not promote such subjective elements. These findings are in the keeping with the criticism of the Norwegian CWS by the European Court of Human Rights (ECHR) and the Norwegian Supreme Court, which pointed out that CWS lacked clear reasoning behind their conclusions, and that conflicting viewpoints were not assessed (MCF, 2020). A response to this criticism tends to involve an increase in the use of standardised assessment tools for e.g. risk assessment, to ensure enhanced quality and accountability of the CWS. Consequently, assessments, as seen in the KF tool, are not immune to bias and potential errors; it is therefore pertinent enhance the clarity of the CWS professionals' decision-making by making decisive arguments more explicit, primarily for themselves for the sake of knowing how and why, but also for parents and others in order to understand decisions made by the CWS. Analysing information is a complex task. However, standardised assessment tools such as the KF do not seem to enhance the CWS professionals' analytical skills and enable them to articulate their reasoning, which is crucial in their assessment work. Consequently, tools aiming at better qualified decisions and increased legitimacy may in essence challenge CWS professionals in making profound decisions and also challenge the legitimacy of the CWS.

Conclusion

In conclusion, the findings show that use of a standardised assessment tool contributes to proceduralisation of the CWS assessment work and in turn increases the level of transparency of only a limited part of professional practice. It shows that the *how* and *why* do not reach the same level of transparency as the *what* CWS professionals do. This may be linked to the complex nature of social work practice, which makes it challenging to develop transparency. The use of standardised assessment tools does certainly have some advantages and it is not necessarily a question of whether or not we should use such tools. However, as this research has shown, a standardised assessment tool does not alone solve the challenges of CWS practice, and may in fact create new ones. While such tools may inform us of what is done, it is equally important to understand how and why the decisions are made, and here it is vital to make the reasoning transparent. The problem arises if one uses standardised tools blindly without critically revising potential biases and conclusions deriving from the procedures. It may be more productive to follow the argument of Devlieghere and Gillingham (2020) that one should use critical reflection and be constantly reflexive about one's activities in conjunction with standardised tools. However, it is no easy task to enhance such reflective

skills; efforts should be made at different levels with the aim to improve CWS professionals' analytical competence.

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Appendices

Appendix 1 – Ethical approval from NSD, document 1



Marina Snipsøy Sletten
Institutt for sosialfag Universitetet i Stavanger
Ullandhaug
4036 STAVANGER

Vår dato: 16.03.2017

Vår ref: 53005 / 3 / STM

Deres dato:

Deres ref:

TILBAKEMELDING PÅ MELDING OM BEHANDLING AV PERSONOPPLYSNINGER

Vi viser til melding om behandling av personopplysninger, mottatt 15.02.2017. Meldingen gjelder prosjektet:

<i>53005</i>	<i>Sustainability of knowledge-based practice in child welfare services</i>
<i>Behandlingsansvarlig</i>	<i>Universitetet i Stavanger, ved institusjonens øverste leder</i>
<i>Daglig ansvarlig</i>	<i>Marina Snipsøy Sletten</i>

Personvernombudet har vurdert prosjektet og finner at behandlingen av personopplysninger er meldepliktig i henhold til personopplysningsloven § 31. Behandlingen tilfredsstillende kravene i personopplysningsloven.

Personvernombudets vurdering forutsetter at prosjektet gjennomføres i tråd med opplysningene gitt i meldeskjemaet, korrespondanse med ombudet, ombudets kommentarer samt personopplysningsloven og helseregisterloven med forskrifter. Behandlingen av personopplysninger kan settes i gang.

Det gjøres oppmerksom på at det skal gis ny melding dersom behandlingen endres i forhold til de opplysninger som ligger til grunn for personvernombudets vurdering. Endringsmeldinger gis via et eget skjema, <http://www.nsd.uib.no/personvern/meldeplikt/skjema.html>. Det skal også gis melding etter tre år dersom prosjektet fortsatt pågår. Meldinger skal skje skriftlig til ombudet.

Personvernombudet har lagt ut opplysninger om prosjektet i en offentlig database, <http://pvo.nsd.no/prosjekt>.

Personvernombudet vil ved prosjektets avslutning, 31.12.2020, rette en henvendelse angående status for behandlingen av personopplysninger.

Vennlig hilsen

Kjersti Haugstvedt

Siri Tenden Myklebust

Kontaktperson: Siri Tenden Myklebust tlf: 55 58 22 68

Vedlegg: Prosjektvurdering

Dokumentet er elektronisk produsert og godkjent ved NSDs rutiner for elektronisk godkjenning.

Personvernombudet for forskning



Prosjektvurdering - Kommentar

Prosjektnr: 53005

Utvalget omfatter ansatte i den kommunale barneverntjenesten. I prosjektet vil forsker undersøke hvordan kunnskapsbaserte metoder, som Kvello, PMTO og COS blir tilpasset og anvendt i praksis av de profesjonelle i den kommunale barneverntjenesten.

Data samles inn gjennom intervjuer med saksbehandlere i barnevernet. Tema for intervjuene er hvilke arbeidsmetoder som benyttes, og de ansatte sine holdninger til- og erfaringer med de ulike metodene.

Det kan også bli aktuelt å gjennomføre observasjon av møter med brukere. Det skal ikke registreres personopplysninger om brukere av barnevernstjenester i prosjektet. Ettersom forsker vil få innsyn i taushetsbelagt informasjon skal det innhentes samtykke fra brukerne. Vi viser her til informasjonsskrivet til foreldre, som er vedlagt meldeskjemaet. Forsker opplyser for øvrig at det ikke er aktuelt å observere møter der barn er til stede.

Det er en forutsetning at det ikke benyttes lydopptak i møter eller andre arbeidssituasjoner hvor brukere er til stede. Det skal kun registreres anonyme opplysninger i forbindelse med observasjon (dvs. ingen personnavn eller indirekte personidentifiserende opplysninger om brukere/klienter, og heller ikke koblingsnøkkel som viser til direkte/indirekte personopplysninger).

Det var opprinnelig meldt at forsker ville be om å få utlevert anonymiserte saksdokumenter fra barnevernet. I telefonsamtale med forsker, den 15.03.2017, er det avklart at dette likevel ikke er aktuelt da barnevernet først må gjøre en vurdering av hvorvidt de aktuelle dokumentene lar seg utlevere i anonymisert form. Dersom det lar seg gjøre å levere ut anonymiserte saksdokumenter, vil dette bli meldt som en endringsmelding til prosjektet.

Vår tilråding omfatter derfor behandling av personopplysninger i intervjuene med saksbehandlere.

Utvalget informeres skriftlig og muntlig om prosjektet og samtykker til deltakelse. Informasjonsskrivet til de ansatte er godt utformet.

Personvernombudet legger til grunn at forsker etterfølger Universitetet i Stavanger sine interne rutiner for datasikkerhet.

Forventet prosjektslutt er 31.12.2020. Ifølge prosjektmeldingen skal innsamlede opplysninger da anonymiseres. Anonymisering innebærer å bearbeide datamaterialet slik at ingen enkeltpersoner kan gjenkjennes. Det gjøres ved å:

- slette direkte personopplysninger (som navn/koblingsnøkkel)
- slette/omskrive indirekte personopplysninger (identifiserende sammenstilling av bakgrunnsopplysninger som f.eks. bosted/arbeidssted, alder og kjønn)

- slette digitale lydopptak

Ved endringer i prosjektet kan prosjektleder ta kontakt med saksbehandler og/eller sende endringsmelding til personvernombudet@nsd.no.

Appendix 2 – Ethical approval from NSD, document 2



Marina Snipsøy Sletten
Ullandhaug
4036 STAVANGER

Vår dato: 27.04.2018

Vår ref: 53005 / 5 / LAR

Deres dato:

Deres ref:

Endring av behandlingsgrunnlag

Vi viser til endringsmelding mottatt 29.05.2017 for prosjektet:

53005	<i>Sustainability of knowledge-based practice in child welfare services</i>
Behandlingsansvarlig	<i>Universitetet i Stavanger, ved institusjonens øverste leder</i>
Daglig ansvarlig	<i>Marina Snipsøy Sletten</i>

Personvernombudet beklager lang behandlingstid.

Dokumentanalyse

Vi har nå registrert at det vil gjennomføres analyse av rundt femten saksdokumenter fra barnevernet. Før utlevering er direkte identifiserende opplysninger fjernet fra dokumentene. Det tas likevel høyde for at det gjennom beskrivelser av situasjoner kan være mulig å identifisere enkeltpersoner i dokumentene. Gjennom utvalgskriteriene vil det indirekte fremkomme sensitive personopplysninger om helseforhold.

Det er innhentet tillatelse til innsyn fra Bufdir, referanse 2017/55592-7, samt dispensasjon fra taushetsplikt fra Rådet for taushetsplikt og forskning, deres referanse 2017/13.

Behandlingsgrunnlag

Personvernombudet finner at behandlingen av personopplysninger i prosjektet vil være regulert av § 7-27 i personopplysningsforskriften, fordi det nå behandles sensitive personopplysninger.

Personvernombudet slutter seg til Rådet for taushetsplikt og forsknings vurdering av samfunnsnyttene i prosjektet. Prosjektet vil kunne bidra til økt forståelse av implementering og bruk av nye metoder i barnevernet, samt økt fokus på kompetansebehov. Prosjektet vurderes således å kunne ha stor nytte for samfunnet. Samtidig taler dokumentenes sensitive art for at personvernulempen er stor. For å redusere denne ulempen, gjøres det flere tiltak: Direkte identifiserende opplysninger er fjernet før utlevering, og dokumentene vil kun være tilgjengelig for prosjektleder. Fokus vil videre ligge på saksbehandlingen, ikke på det enkelte barn eller den enkelte familie, og det vil ikke registreres opplysninger om barn eller foreldre eller om hendelser beskrevet i dokumentene. Til sist vil dokumentene makuleres fortløpende, etter hvert som nødvendige anonyme opplysninger er hentet ut. Alle dokumentene vil være ferdigbehandlet og makulert innen 01.09.2018.

På grunnlag av dette, vurderes samfunnsnyttene klart å overstige personvernulempen, og

personopplysningene kan dermed behandles med grunnlag i personopplysningsloven § 9 h, jf. § 8 d.

Gitt nevnte tiltak for å redusere personvernulempen, vurderes utvalget å ha liten nytte av å informeres om prosjektet. Selv om opplysningene kan være særlig sensitive, vil opplysningene være av lite omfang, kun prosjektleder vil ha tilgang, behandlingen vil være av svært kort varighet, og det vil være svært vanskelig å identifisere enkeltpersoner i datamaterialet.

Videre har prosjektleder ikke tilgang på kontaktopplysninger til utvalget, og informasjon om prosjektet måtte eventuelt viderefremmes av barnevernet. Det vises her til Bufdirs vurdering av at anonymisering eller samtykke ikke vil være hensiktsmessig, blant annet av hensyn til merarbeid for barnevernsarbeiderne. Ettersom utvalget er lite, vil eventuell bruk av reservasjonsretten kunne gjøre gjennomføring av prosjektet vanskelig eller umulig. At det tas kontakt med utvalget vil dessuten kunne medføre en personlig belastning for dem det gjelder.

Det vurderes derfor som uforholdsmessig vanskelig å informere, og det kan unntas fra informasjonsplikt jf. personopplysningsloven § 20 b.

Personvernombudet tilrår behandlingen av personopplysninger i prosjektet.

Dokumenter utlevert

Prosjektleder opplyser i e-post 23.03.2018 at dokumentene ble utlevert i papirformat 05.02.2018, men at de foreløpig ikke er behandlet. Dokumentene oppbevares trygt i låsbart skap som kun prosjektleder har tilgang på.

Personvernombudet beklager at manglende oppfølging fra vår side har ført til at behandlingsgrunnlag ikke er kommet på plass før nå. Vi bemerker at prosjektleder har handlet i god tro og innhentet nødvendige dispensasjoner og tillatelser samt varslet personvernombudet om endringen i god tid.

Forutsetninger

Personvernombudet legger til grunn at prosjektopplegget for øvrig er uendret.

Personvernombudet vil ved prosjektslutt rette en henvendelse vedrørende status for behandling av personopplysninger.

Ta gjerne kontakt dersom noe er uklart.

Vennlig hilsen


Marianne Høgetveit Myhren


Lasse André Raa

Appendix 3 – Ethical approval from Bufdir

Marina Snipsøyr Sletten

Mølleveien 38
1613 Fredrikstad

Deres ref:

Vår ref: 2017/55592-7

Arkivkode: 041

Dato: 28.11.2017

Innvilger tilgang til taushetsbelagte opplysninger til bruk i forskning

Barne-, ungdoms- og familiedirektoratet (Bufdir) viser til søknad av 05.07.2017 om innsyn i taushetsbelagte opplysninger til bruk for forskning tilknyttet «*Bærekraftigheten av kunnskapsbasert praksis i barneverntjenesten*».

Søknaden er forelagt for Rådet for taushetsplikt og forskning.

Rådet samtykker i brev av 23.11.2017 til at Bufdir gir dispensasjon fra taushetsplikten i tråd med søknaden. Brevet fra Rådet følger vedlagt.

I medhold av forvaltningsloven § 13 d første ledd gir Bufdir stipendiat Marina Sletten, innsyn i taushetsbelagte barnevernsopplysninger i henhold til søknaden.

Det forutsettes at innsamling, oppbevaring og bruk av taushetsbelagte opplysninger foregår på en faglig forsvarlig måte.

Videre stilles det som vilkår at forskeren undertegner vedlagt taushetserklæring, hvor det henvises til forvaltningsloven § 13 e om forskernes taushetsplikt. Vi ber om at erklæringen returneres til oss i underskrevet stand, og at det vises til vår referanse i saken.

Vedtaket kan påklages til Barne-, og likestillingsdepartementet i henhold til forvaltningsloven § 28, jf. § 2. Klagefristen er tre uker fra melding om vedtaket er mottatt. En eventuell klage sendes til Barne-, ungdoms- og familiedirektoratet (Bufdir).

Med hilsen

Merete Fosshagen Wickman(e.f)
seksjonssjef

Ole Jonny Storøy
seniorrådgiver

Dokumentet er godkjent elektronisk og har derfor ikke håndskrevet signatur.

Vedlegg:
Kopi av brev fra Rådet for taushetsplikt og forskning, datert 23.11.2017
Taushetserklæring

Appendix 4 – Letter of information, document 1

Forespørsel om deltakelse i forskningsprosjektet

” *Bærekraftigheten av kunnskapsbasert praksis i barneverntjenesten* ”

Bakgrunn og formål

Jeg er doktorgradsstudent ved Universitetet i Stavanger. I tillegg er jeg ansatt som stipendiat ved Høgskolen i Østfold. I forbindelse med mitt doktorgradsarbeid skal jeg gjennomføre en studie blant ansatte ved to barneverntjenester i Norge som har tatt i bruk metoder for kunnskapsbasert praksis. Din barneverntjeneste anvender Kvello, COS og/eller PMTO og fyller derfor kriteriene for å delta i studien. Ledelsen ved barneverntjenesten har takket ja til å delta som organisasjon.

Målsettingen med studien er å identifisere hvordan kunnskapsbaserte metodene, som Kvello, PMTO og COS blir tilpasset og anvendt i praksis av de profesjonelle i den kommunale barneverntjenesten. Bakgrunn for studien er at vi bruker flere standardiserte program for å løse kompliserte oppgaver. Samtidig vet vi for lite om hvordan kunnskapsbaserte metoder fungerer i praksis i den norske barnevernskonteksten, og hvordan dette påvirker dette profesjonelle arbeidet. Dette er noe av hva studien søker svar på. Min hovedproblemstilling for studien er; *Når kunnskapsbaserte programmer er implementert i praksis, hvilke 'fremmere og hemmere' kommer til uttrykk i organisasjonen og hvordan påvirker dette profesjonelt arbeid?* Denne studien er opptatt av erfaringene til saksbehandlerne som jobber etter disse metodene/modellene.

Dette er en forespørsel til deg som jobber som kontaktperson/saksbehandler i barneverntjenesten om å delta i studien «Bærekraftigheten av kunnskapsbasert praksis i barneverntjenesten». Du mottar denne henvendelsen på bakgrunn av at du er ansatt ved barneverntjenesten, har sosialfaglig utdanning og anvender Kvello, PMTO og/eller COS i ditt arbeid. Jeg vil gjerne invitere deg til å delta i studien og vil nedenfor beskrive hva din deltakelse i studien vil innebære.

Hva innebærer deltakelse i studien?

Jeg ønsker å snakke med deg om dine erfaringer tilknyttet disse metodene. I tillegg ønsker jeg å være tilstede på kontoret og i aktuelle møter. Dette kan være teammøter og klientmøter, noe som avtales i samråd med deg. Det vil ikke være aktuelt for meg å delta på møter hvor barn er tilstede. For klientmøter kreves det særskilt samtykke fra aktuelle foreldre/foresatte, noe jeg ordner. Det kommer ikke til å bli samlet inn informasjon om deg eller familiene du jobber med.

Det er ønskelig å være tilstede på kontoret i en tidsperiode på 4-6 uker, hvor vi avtaler aktuelle dager og møter som det er aktuelt at jeg deltar i. Hensikten er å få innsikt i hvordan metodene fungerer i det daglige. Det kan også være aktuelt å ha gruppeintervju med deg og din kollega rett i etterkant av et møte. Fokus her vil være dine/deres refleksjoner rundt kunnskapsbaserte metoder i lys av den aktuelle familiens situasjon.

Jeg ønsker også å intervjuet deg i etterkant av mitt opphold hos dere. Intervjuet er individuelt og vil vare cirka en time. I tillegg ønsker jeg at du deltar på et fokusgruppeintervju, sammen med de andre som deltar i studien. I intervjuene kommer vi til å snakke inngående om dine og deres erfaringer relatert til å jobbe etter kunnskapsbaserte metoder. Ledelsen har godkjent at vi gjennomfører intervjuene i arbeidstiden. Jeg vil benytte lydopptak, i tillegg kan det være aktuelt å ta notater av sentrale tema som fremkommer i intervjuet. Studien vil følge forskningsetiske retningslinjer, og alle personopplysninger til bli anonymisert og behandlet konfidensielt.

Hva skjer med informasjonen om deg?

Jeg har taushetsplikt og vil behandle alle personopplysninger konfidensielt. Det er kun jeg som har tilgang til personopplysninger og notater som jeg gjør fra møter jeg deltar på. Personopplysningene vil lagres adskilt fra øvrige data i låsbart skap. Lydfil og loggnotater lagres på PC tilhørende virksomheten. Denne er beskyttet med brukernavn og passord.

Prosjektet skal etter planen avsluttes 31.12.2020, og alle innsamlede opplysninger vil være anonymisert og lydfiler slettet. Det vil ikke være mulig å kunne spore opplysninger som fremkommer i studien tilbake til den enkelte deltakeren i studien når resultater publiseres i artikler o.l.

Frivillig deltakelse

Det er frivillig å delta i studien, og du kan når som helst trekke ditt samtykke uten å oppgi noen grunn. Dersom du trekker deg innen 01.07.2017 vil alle opplysninger om deg bli slettet. Dersom du trekker deg etter 01.07.2017 vil alle opplysninger om deg bli anonymisert.

Dersom du ønsker å delta eller har spørsmål til studien, ta kontakt med meg, Marina Sletten, enten på telefon 93491975 eller epost: marina.sletten@hiof.no.

Studien er meldt til Personvernombudet for forskning, NSD - Norsk senter for forskningsdata AS, til å gjennomføre denne forskningen.

Jeg håper at du ønsker delta!

Hilsen

Marina Sletten

.....

Samtykke til deltakelse i studien

Jeg har mottatt informasjon om studien, og samtykker til å delta i denne studien.

.....

(Signert av prosjektdeltaker, dato)

Samtykke om konfidensialitet

Samtykker til å behandle jeg, Marina Sletten behandler alle opplysninger som fremkommer under studien konfidensielt.

.....

Signert av prosjektansvarlig, dato

Appendix 5 – Letter of information, document 2

Appendices

Hvem er jeg som forsker på dette temaet ?



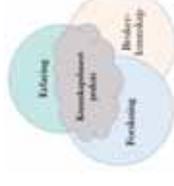
Hei! Jeg heter Marina og er ansatt ved høgsolen i Østfold, samtidig som jeg er tilknyttet Universitetet i Stavanger hvor jeg tar en doktorgrad.

Grunnen for at jeg ønsker å ta en doktorgrad er fordi jeg tror forskning kan bidra til et bedre barnevern gjennom økt kunnskap. Jeg er særlig opptatt av hvordan barnevernet bruker kunnskap i sitt arbeid, og har også tidligere deltatt i forskningsprosjekt innenfor barnevern.

Personvernombudet har gitt meg godkjenning til å gjennomføre mitt forskningsprosjekt. Dette innebærer at jeg i denne forskningen følger de etiske retningslinjene som gjelder for all samfunnsforskning.

Forskningsprosjekt

Bærekraftigheten av kunnskapsbasert praksis i barneverntjenesten



Dette forskningsprosjektet er tilknyttet Universitetet i Stavanger og Høgskolen i Østfold.

Kontaktinformasjon:
Marina Sletten
Universitetet i Stavanger/Høgskolen i Østfold
Tlf. 93491975
Epost: marina.sletten@hiof.no

Kan jeg få lov til å være tilstede på ditt møte med barneverntjenesten?

Tema for min forskning er «Kunnskapsbasert barnevern» - altså hvordan barneverntjenesten bruker ulike arbeidsmetoder i sitt arbeid.

I den forbindelse skal jeg observere hvordan barnevernsarbeidere jobber i praksis. Det er gjort lite forskning på dette temaet i Norge tidligere. Denne studien vil derfor kunne bidra til viktig kunnskap på dette området.

For å gjennomføre denne studien ønsker jeg derfor å delta på møter barneverntjenesten har med foreldre. Dette er for å observere hvordan ansatte i barnevernet jobber. Jeg håper derfor jeg kan få være tilstede og observere din kontaktperson/barnevernsansatte i møte med deg/der, ettersom dette kan gi viktig innsikt i hvordan ulike arbeidsmetoder tas i bruk i møte med dere.

Målet er å bidra til kunnskapsutvikling som på sikt kan føre til et bedre barnevern for de som av ulike grunner er i kontakt med barnevernet. Datainnsamlingen skal gjennomføres våren og høsten 2017.

Jeg håper derfor at det er greit at jeg er tilstede i deres møte.

Hva betyr det å si ja til at jeg er tilstede på ditt/deres møte?

Jeg ønsker å være tilstede i deres møte med barneverntjenesten når dere møter uten at barnet deres er med på møtet.

Det er du som bestemmer om du synes det er greit at jeg er tilstede. Min tilstedeværelse vil ikke ha betydning for din videre kontakt med barneverntjenesten. Dersom du synes dette er greit, kan du likevel be meg om å forlate møte når som helst under møte, uten at du trenger å begrunne dette.

Det er viktig for meg å understreke at jeg ikke vil samle inn opplysninger om deg eller ditt barn. Jeg vil ene og alene være opptatt av kontaktpersonene/barnevernsansatte og hvordan han/hun jobber i møte med deg. Dette betyr at de notatene jeg gjør under møtet vil handle om den ansatte i barneverntjenesten, og ikke om deg eller din familie.

Hva skjer med informasjon om deg/der?

Jeg har taushetsplikt og har signert taushetserklæringen til barneverntjenesten. Alle opplysninger vil dermed bli behandlet konfidensielt.

Alle innsamlende opplysninger vil bli anonymisert og det vil ikke kunne spores tilbake til hvilken barneverntjeneste jeg har vært tilstede ved. Prosjektet skal etter planen være ferdig høsten 2020.

Dersom dere har noen spørsmål til meg, er det bare å ta kontakt med meg på telefon eller mail.

På forhånd takk
Hilsen Marina