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Social Workers and Independent Experts in Child Protection Decision Making: Messages from an Intercountry Comparative Study

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Abstract

This paper draws on an international comparative study of social work decision making in cases that are on the edge of care order proceedings, involving child protection workers from Finland, Norway, England and the USA (California). It focuses on workers' responses in an online questionnaire to questions about the use of independent experts to inform their decisions about whether or not to take a case to court. All the countries try to avoid taking cases to court if possible, but the ways they do this vary considerably. The findings show the different meanings and implications that the request for an independent assessment has in the different systems. Workers' views reflect the roles and tasks that independent experts have in the different countries; and these in turn reflect their distinctive child protection systems and wider child welfare approaches. The paper offers a starting point for reflection about one's own system, and suggests that the well-known distinction between family support and child protection models should not be seen as a simple binary categorisation, but rather as a complex, contingent and contested continuum.

Keywords: Child protection, cross-national research, decision making, expertise, social work and law

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Introduction

This paper draws on findings from an international comparative study of social work decision making in cases that are on the edge of care order proceedings, involving child protection workers from Finland, Norway, England and the USA (California). It focuses on workers' responses in an online questionnaire to questions about the use of independent experts to inform their decisions about whether or not to take a case to court. The paper compares responses across the four countries. It analyses them in terms of the different ways in which each system seeks to support families without the intervention of the courts, using a three-level approach: the wider context of child and family services, the organisational settings and the perceptions of child protection staff.

We use the term 'child protection workers' across all four countries, even though each may use different terms to describe the front line workers in their child welfare system. In fact, 87 per cent of the workers whose responses are analysed in this paper held Bachelor's or Master's level degrees in social work. We use the term 'care order proceedings' to refer to the court processes that may authorise the separation of a child from his/her parent(s).

Decision making and expertise in 'edge-of-care' cases

Decisions about whether and when to apply to court to remove a child from his/her home are some of the hardest that social workers have to make because—even when they are convinced there is no other alternative—there is often a tension with other legal and professional duties, societal expectations and perhaps personal instincts to support the upbringing of children by their families. In each of the four countries in this study, there are policy requirements that it should be a last resort to separate a child from his/her parents against their wishes, and to do so requires convincing evidence and authorisation by court (Gilbert *et al.*, 2011; Burns *et al.*, forthcoming). (Note that the different countries have various arrangements for separation in urgent cases or other circumstances, which may not require a court application at the point the child enters care.)

An important component of the information-gathering required prior to a court application is likely to be consultation, assessment and/or

reports from experts who are independent (at least to some extent) of the agency or team initiating the legal action. The types of professionals who might typically be called on in these situations include paediatricians, child psychologists, adult psychologists, psychiatrists, drug and alcohol workers, and social workers with specialist skills in the matters at stake. Engaging with these other professionals brings potential rewards and risks for the child protection worker (and, indeed, for the child and family). They might provide new insights or advice which the worker finds useful; on the other hand, they could (from the worker's point of view) undermine their efforts, or send the case in an unexpected and unwelcome new direction.

The four countries all have policies and practices to avoid taking cases to court, but there are significant differences between them (Gilbert *et al.*, 2011; Berrick *et al.*, 2015). In broad summary, the two Nordic countries, Finland and Norway, aim to divert cases from court through high levels of family support, generous provision of universal and early intervention services, and in-home services as alternatives to care. Child protection workers in California—the site for this study in the USA—aim to divert families through a much more ‘hands off’ approach, upholding a stronger sense of family autonomy and seeing state intervention as warranted only when the child is at immediate risk. England has an elaborate intermediate stage, its child protection system, set out in government guidance. At the time of writing, the latest version is Department for Education (2015), but the system dates back to the 1970s. Here, monitoring and ‘supportive’ services are provided to children and families when the child is the subject of a multi-agency ‘child protection plan’, but at this stage it is clear that more coercive intervention is likely to follow if the parents do not comply.

Recent years have seen an increasing awareness of the long-term harm caused to children by neglect, and growing pressure on child welfare agencies to intervene earlier, and more decisively (e.g. in England, see Brown and Ward, 2012; in the USA, Center on the Developing Child, 2012). Nevertheless, taking a case to court remains a last resort, because there are numerous ‘filters’ in agency procedures and structures, professional practices and decision-making processes that deflect all but the most severe and intractable cases from court proceedings. A useful framework for making sense of this filtering process is provided by Hawkins (2002).

Court as last resort: a naturalistic approach

Over a period of nearly twenty years, Hawkins studied the decision-making processes and practices of agencies in England that inspect workplaces for compliance with health and safety legislation. He uses

this material to offer a way of thinking about decision making more generally in agencies in which the law provides a key framework, there is an overriding goal of people's safety and well-being, and court proceedings are the ultimate sanction for non-compliance. He argues that decisions about whether or not to take cases to court are not made straightforwardly according to the rules and regulations of formal law and policy documents, but are shaped by a wide variety of other factors. Hawkins calls this a 'naturalistic' approach, aiming to capture the way the decisions are really made. He proposes a three-part framework: 'surround', 'field' and 'frame'.

The *surround* is the wider political, economic and social context in which events occur and workers undertake their tasks. In terms of child protection work, important features of the surround include attitudes about family life, privacy, parental rights and children's rights, individual responsibility and the proper role of the state. This would also include the sources and levels of funding for child welfare services. This wider environment may well be characterised by moral and political ambivalence about the role and functions of the regulatory agency—for example, workers may be criticised both for being ineffective in 'rescuing' children *and* for being too swift to separate children from their families.

The *field* is the bureaucratic and organisational setting in which cases are handled and decisions made. It is shaped by the legal mandate, but also by policies and procedures, workplace routines, and the norms and expectations of the staff. In a bureaucratic setting, significant decisions such as taking a case to court are usually sequential and layered—that is, they build on one another and are likely to be passed up an organisational hierarchy, checked and made by a number of different people with different responsibilities and concerns. This builds in a filtering process which diverts all but the most extreme or persistent cases from court. (Dingwall *et al.* (1983) observed a similar process at work in their study of child protection work in England in the 1970s. They referred to it as the 'division of regulatory labour', and compared getting agreement to go to court with getting three lemons on a gambling machine.)

Frames are the ways of looking at things that workers use in their everyday practice to make sense of situations and interpret their experiences (Goffman, 1974). These are shaped by the surround and field, and in turn shape them—the three dimensions are in continual, dynamic interaction. Hawkins identifies a number of dominant frames. First, there are the worker's beliefs about causation and blame. The model easily transfers to beliefs about parental behaviour. What warnings and support have the parents been given? Given the many difficulties that they may face, how reasonable is it to hold them (fully) responsible for their child's circumstances? What sort of mitigating factors, and how many, should be taken into account?

Other important frames reflect workers' professional knowledge and theoretical understandings, and their legal and organisational contexts. When a case is on the edge of care proceedings, the dominant frame is a legal one, with workers asking the question 'Do we have a strong case?'. They have to review their assessments and work with the family, and present their material in such a way that it will satisfy legal criteria about good evidence and gives them a strong chance of winning the case. This is because there are reputational costs to the organisation in taking a case to court and losing. Together, these frames create a powerful bias against legal action, in favour of intervention that is less coercive (or at least less overtly coercive: [Dingwall *et al.* \(1983\)](#)).

But, once child protection workers do get to the point of actively considering going to court, they might well need to seek additional information or evidence from other professionals, and one might expect them to have mixed feelings about this. Child protection workers might need the specific expertise of the other professional, but it may be an uncomfortable reminder of their own limited expertise or secondary professional status in the community; and they cannot control what the other professional will say.

Research methodology

In order to discover the views of child protection workers about decision making in edge-of-care cases, we devised an online questionnaire, which was distributed in the four countries between February and June 2014. The questions were developed in British English by the four researchers so that they were relevant to all four systems. They were then translated into Finnish, Norwegian and US terms.

Child protection workers face considerable pressures because of high caseloads, time pressures and the intrinsic difficulties and dilemmas of the work, making it hard to secure large returns to a voluntary survey. We used recruitment strategies customised to each country context, but these mean that we cannot always calculate response rates and it is possible they have affected the representativeness of the sample. Nevertheless, Hawkins's model enables us to use our data as a starting point for reflection and insight, using country-specific knowledge to give a contextualised and comparative analysis.

In Norway, the welfare workers' union 'Felles-organisasjonen' allowed us to e-mail all child protection members directly (about 1,500). In Finland, the trade union for professionals working in child welfare, 'Talentia', sent a link to the survey to its members working in public child protection. Trade union participation is high in Finland and Talentia is the main union for child protection workers, but the number of workers employed specifically in child protection in Finland is not

known. In England, the survey was initially distributed via two representative bodies for social workers: the British Association of Social Workers (BASW) and The College of Social Work (TCSW, since disbanded). This did not elicit a high response, and it was then distributed via a 'snowball sample' of workers known to the School of Social Work at the University of East Anglia, offering a £10 shopping voucher to the first fifty to complete the questionnaire. In California, ten Bay Area counties participated in the study. All social work staff in the Emergency Response and Dependency Investigations service were sent an e-mail from their agency manager with an invitation and a link to the online survey ($n = 260$). Respondents were offered a \$20 grocery gift card. A detailed account of the survey, recruitment strategies and data collection methods is available online at www.uib.no/admorg/85747/survey-material#.

In Norway, the questionnaire was reviewed by the office of the Privacy Ombudsman for Research, which assesses privacy-related and ethical dimensions of a research project. In England, it received ethical approval from the Research Ethics Committee of the School of Social Work at the University of East Anglia. In California, the Committee for the Protection of Human Subjects at the University of California, Berkeley, approved the protocol. Ethical approval for this type of study was not needed in Finland.

In total, 1,020 informants responded to the survey across the four countries. The response rate was 30 per cent in Norway and 38 per cent in California. We are unable to calculate a response rate for Finland and England due to the limitations noted above. Of the total sample, 772 had experience of care order proceedings and were filtered into a section that included (amongst other questions) a series of statements regarding the use of independent experts in the decision-making processes about seeking care orders. A total of 767 answered those questions: 367 from Norway, 208 from Finland, 102 from England and ninety from the USA.

Findings: the fields and frames

The key finding is that requesting an independent assessment does not have the same meanings or implications across the four countries. Workers' views—their frames—reflect the different roles and tasks that independent experts have in the different countries; and these in turn reflect the different approaches and systems—the surrounds and the fields. The wider surround in the Nordic countries is characterised by the family support ethos and generally positive views about public services; in California, by the emphasis on family responsibility and wariness about an over-intrusive state; and, in England, ambivalence about state

services which leads to high expectations and highly prescriptive regulations. These dimensions are explored further in the 'Discussion' section of the paper. This section describes the findings in two stages. First, we compare the legal and organisational contexts, the fields, as these were discoveries from our exchanges as we drafted the questionnaire and debated the results. Second, we present the responses about independent experts, the frames.

The legal and organisational contexts—the four fields

In Finland, there is a requirement for two child protection workers to work together when preparing a case for care order proceedings; this brings an element of co-supervision and mutual assistance. When child protection workers are preparing the case for court, they are required under the Finnish Child Welfare Act of 2007 to consult a multi-professional team (most likely to include medics, educationalists, lawyers and psychologists) for expert opinions on the child and family. This is still a relatively new process, introduced in 2008, and practice is variable around the country, and still evolving. The team members are not normally involved in direct work with the child and family, although might be, but sit as a panel to review the case. The team is likely to hold regular meetings, for example weekly, and workers are encouraged to take cases to them whenever they consider this would be helpful. The panel reviews the cases on the basis of reports, and does not necessarily see the child and family as part of this process. There may have been prior assessments by other experts, which might have involved direct contact with the child and family, depending on the circumstances. The multi-professional team is meant to be integral, rather than additional, to the decision-making process, but in a consultative capacity. It does not have any formal role in authorising decisions about going to court or not, although its advice may contribute to that decision; its main aim is to clarify what help the families need, what further services might be offered or work undertaken.

In Norway, child welfare agencies can use independent experts if they consider this will be useful (Norwegian Child Welfare Act 1992, s. 4–3(4)). They may use them to confirm that their assessments and considerations are valid, to get a better understanding of the family and the child, and/or as an aid to decision making, for example if they are uncertain whether a child can stay at home. Principles for the use of independent experts are set out in the 'Guidelines for Expert Work in Child Care' (Ministry of Children, Equality and Social Inclusion, 2009), which applies to child welfare agencies, the county board and the courts. The guidelines cover the qualifications that experts should have, the information and instructions they should be given, the legal and

administrative framework, and issues of confidentiality and impartiality. Experts are expected to have suitable education, training, experience and skills but there are no specific formal requirements. There is a register of experts who have completed a training programme in child professional expert work. This is administrated by the Norwegian psychologists' association and most experts will be on it. The time frame depends on the purpose of the assessment and, if it is related to preparations for care order proceedings, it would normally be completed within three months. The child welfare agency may use independent experts without the consent of the parents, but the guidelines state that efforts should be made to find an expert that both sides can agree upon. The expert is expected to have direct contact with the child and explain the purpose of the assignment in a child-friendly manner. The guidelines encourage independent experts to identify solutions that reduce conflict, as long as these are consistent with the child's best interests.

In England, the expectation is that, except for urgent situations, necessary assessments will be completed before cases come to court (Department for Education, 2014, 2015; Cafcass, 2014). There is a procedure for sending the parents a 'letter before proceedings' and calling them to a meeting with the local authority 'children's services department' (the lead agency in child protection work). It is a step up in seriousness from the child protection system, and the parents are entitled to government funding to pay for a lawyer to support them in this meeting (see Masson *et al.*, 2013). The meeting will discuss what the parents could do to divert proceedings and what further assessments may be necessary, whether by children's services staff or independent experts. If diversion is not possible, the meeting should at least clarify the areas of disagreement and whether any further assessments may have to be organised within proceedings. This process is linked with the policy aim of reducing the duration of care proceedings (Family Justice Review, 2011), a key element of which is to cut back the number of additional expert reports ordered during the proceedings.

In California, the use of outside experts is neither compulsory nor routine at this stage of the child welfare system. If a child protection worker is considering removing a child from a parent's home, s/he may have access to a list of outside experts with whom s/he may consult. These opportunities are county-dependent. That is, some counties have explicit arrangements with community experts, while others do not. In a county where experts may be consulted, these might include professionals working in the field of domestic violence, substance abuse, mental health or disabilities, etc. Child protection workers may contact these professionals, describe the nature of the case, talk through available resources and verify whether or not the behaviours they are witnessing can be contextualised. Based on this information, child protection workers have additional support for their decision making, sometimes accessing information that

confirms or disconfirms their original concerns. The consultation is likely to take place by telephone; at this point in the life of a case, the expert is not asked to prepare a lengthy or detailed report. (In contrast, experts who are asked to assist in a case relating to termination of parental rights would be asked to submit a detailed report, and their assessment might be lengthy and time-consuming, but these processes occur much later in a case.) Child protection workers requesting outside consultation do so under the direction of their supervisor, or at their own discretion; these consultations would not necessarily occur on a regular basis.

Child protection workers' views about the use of experts—the frames

There were eight questions relating to the perceived benefits and drawbacks of using independent experts. In Norway, England and California, we explained that the term 'independent experts' was meant to cover 'professionals who are not working in your office, but who are qualified to assess a child/family'. In Finland, the question referred specifically to the multi-professional team. Four questions related to the reasons for commissioning these extra assessments: two to the time that cases take to reach court and two to the impact on the case decisions.

Workers were asked to rate their views on a five-point scale, from 'strongly agree' to 'strongly disagree'. The middle category was 'neither agree nor disagree'. In this paper, the strongly agree and agree categories are combined, as are disagree and strongly disagree. The results are shown in the tables, rounded to the nearest whole per cent. (The columns may not always add up to 100 because of rounding.) Given that the sample size varied between the countries, we have calculated a weighted average for each response, namely the mean of the four country percentages. We call this the 'intercountry percentage' (ICP), shown in the final column of the tables.

Reasons for using independent experts

Three questions investigated workers' views about why they might call on independent experts: to get an important second opinion; to elicit a child focus in the decision-making process; and to make up for expertise that is lacking among their own staff. A further question asked whether they thought their agency over-used independent experts. The results for these questions are shown in [Table 1](#).

Overall, more than half of workers (57 per cent) considered that the use of independent experts gives an important second opinion (Q. 1) and nearly two-thirds (65 per cent) disagreed with the proposition that

Table 1 Reasons for using independent experts

	Finland (%)	Norway (%)	England (%)	California (%)	ICP (%)
<i>1. The use of independent experts gives us an important second opinion</i>					
Strongly agree/agree	57	72	38	61	57
Neither agree nor disagree	28	22	47	21	29
Strongly disagree/disagree	15	6	15	18	14
<i>2. The use of independent experts elicits a child focus in the child removal decision-making process</i>					
Strongly agree/agree	34	26	19	25	26
Neither agree nor disagree	40	50	42	52	46
Strongly disagree/disagree	26	24	39	24	28
<i>3. We only use independent experts in decision-making regarding care orders when we need expertise we do not have within our own staff</i>					
Strongly agree/agree	35	55	40	40	43
Neither agree nor disagree	21	22	25	25	22
Strongly disagree/disagree	45	23	35	35	35
<i>4. In our agency we use independent experts too much in the care order decision-making process</i>					
Strongly agree/agree	7	9	17	3	9
Neither agree nor disagree	14	25	32	31	26
Strongly disagree/disagree	79	65	51	65	65

their agency used them too much (Q. 4). However, workers from England were notably less likely to agree that independent experts give an important second opinion (only 38 per cent agreed), and more likely to agree that their agency uses independent experts too much (however, at 17 per cent, this is still less than one in five of the sample, and over half disagreed with this proposition).

Workers in Norway were more likely than their colleagues in the other countries to see the value of independent experts for filling the gaps in expertise in their own agency (Q. 3: 55 per cent compared with the ICP of 43 per cent).

Across the four countries as a whole, almost half the workers are neutral on the question of whether independent experts bring a child focus (Q. 2). Workers in Finland were more likely to see their value in bringing a child focus, although 34 per cent is only just over a third of respondents, and over a quarter disagreed with it. This is not to say, of course, that the workers do not think that a child focus is important, but rather that they do not think the independent experts bring or enhance a child focus (in other words, the responses might reflect their view that they already have a child focus, and do not need an expert to add it).

Impact on time

Assessments from independent experts are likely to take time to set up and complete, although how long will vary. Thorough multi-professional

assessments involving direct contact with the child and family are likely to take some time; the telephone calls of the California system will not take long. The two questions about time reflect different views about potential benefits and drawbacks (Table 2). A beneficial side effect (as far as the child protection workers are concerned) could be that of giving more time for the decision-making process; on the other hand, commissioning additional assessments could add to delay for the child.

Overall, only a fifth of child protection workers (19 per cent) thought that independent experts usefully gave more time for decision making (Q. 5). Workers were more likely to agree that independent experts delay decision making (Q. 6) but, even so, this was less than a third of all workers (30 per cent).

Workers in Finland are least likely to see any advantage from their multi-professional panel in terms of gaining additional time, but they also score highly in rejecting the proposition that the panel delays decision making. In other words, their views are that the panel has little impact on the overall time frame of bringing cases to court. In California, a fifth of the workers agreed that independent experts could bring extra time, and a fifth agreed that they brought delays. About a third disagreed with both propositions, leaving about half neutral on both. The general view of the California workers, therefore, is that independent experts have little impact on the overall time frame.

These findings have to be linked with the responses to another question in the survey, about the length of time that workers typically have to prepare a case for court (to be discussed in more detail in a separate paper). In Finland, about half the workers said that they would have four weeks or longer to prepare the case. In dramatic contrast, almost 90 per cent of workers from California said that they would have less than a week. So, in Finland, experts do not have that much impact on the timescale because it is relatively generous and the possibility of using the regular meetings of the multi-professional team fit easily within it,

Table 2 Impact on time

	Finland (%)	Norway (%)	England (%)	California (%)	ICP (%)
<i>5. The use of independent experts is helpful in that it gives us extra time to make decisions about care orders</i>					
Strongly agree/agree	13	24	20	20	19
Neither agree nor disagree	32	39	44	51	41
Strongly disagree/disagree	55	38	36	30	40
<i>6. The use of independent experts delays decision-making regarding care orders</i>					
Strongly agree/agree	28	38	33	20	30
Neither agree nor disagree	33	42	28	47	37
Strongly disagree/disagree	39	20	40	33	33

whilst, in California, they do not have much impact on the timescale because it is so tight, the experts are readily available and it is often only a matter of a telephone consultation.

Outcomes of using independent experts

The two questions about the impact on case decisions explore whether child protection workers see independent experts as useful additional sources of evidence and argument, who make their case stronger in court or whether they see them as duplicating what was already known (Table 3).

Overall, half of the workers thought that independent experts make the care application stronger in court (Q. 7), but at the same time well over half (57 per cent) thought that they usually ended up confirming what the child protection worker(s) already knew (Q. 8). Workers from England are notably less likely to think that independent experts strengthen their case (less than a quarter agree with this), but also strikingly more likely to disagree that they usually end up confirming what was already known (33 per cent, far higher than the responses in any of the other countries). In other words, child protection workers in England are more likely to see independent experts as a source of different views and challenge.

The contrast with the Nordic countries is notable, where the responses give the impression that experts are generally seen to strengthen the case through confirming what was already known. Workers in California are the most likely to consider that independent experts strengthen the legal case, but least likely to agree that they confirm what was already known. In other words (in contrast to the Nordic systems), in the California system, the experts are seen to strengthen the case by bringing new information, rather than confirming the old.

Table 3 Outcomes of using independent experts

	Finland (%)	Norway (%)	England (%)	California (%)	ICP (%)
<i>7. The use of independent experts makes our care order case stronger in court</i>					
Strongly agree/agree	53	60	24	63	50
Neither agree nor disagree	37	31	43	22	33
Strongly disagree/disagree	10	9	33	15	17
<i>8. The use of independent experts usually ends up confirming what we already know</i>					
Strongly agree/agree	68	67	49	44	57
Neither agree nor disagree	25	28	18	44	28
Strongly disagree/disagree	7	5	33	13	15

Discussion

Linking the findings about the fields and the frames with the surround in each of the countries offers a way of making sense of the differences and similarities.

Finland

Finnish workers have a generally positive view of their multi-professional team, which was the term used in their version of the questionnaire rather than independent experts. They are the most likely to agree that the team brings a child focus, and also that it usually ends up confirming what was already known. They are the most likely of any national group to disagree with the proposition that independent experts/ the multi-professional team are used too much.

In terms of the surround, Finland has a strong family service orientation, typical of the Nordic welfare states (Pösö, 2011; Pösö *et al.*, 2014). Alongside this, though, it also has a less explicit approach to problems of child abuse than the other three countries, preferring instead to frame the issues in terms of family problems and ‘the need for child welfare’. There is a strong emphasis on in-home services and, when out-of-home care is necessary, by far the majority of placements are made with the consent of the parents/guardians and young people themselves aged twelve or over (of course, such ‘agreement’ may not always feel entirely voluntary from the parents’ or young person’s point of view). Pösö (2011, p. 127) concludes that, despite high levels of interest in child well-being, ‘the actual policy and practice of combating child abuse and child maltreatment on the individual level has remained more or less marginal’, demonstrated in particular by the lack of resources committed to this field of work.

Aspects of the field, that is the organisational context and procedures, suggest that there are relatively high levels of trust in the professionalism of child protection workers in Finland. The responses to the questionnaire suggest that the child protection workers in turn have high levels of confidence in the independent experts/multi-professional team, and do not see the system as overly burdensome, or a particular challenge; rather, they consider it makes a useful contribution to their work.

Norway

Workers in Norway are the most likely of all the four countries to agree that independent experts give an important second opinion and fill gaps in the expertise within their own team. They also score highly on agreeing that the experts make the care order case stronger in court, although

set against this they were most likely to consider that independent experts delay matters.

Norway shares with Finland a commitment to universal services for children and families, and targeted in-home services for higher-risk cases. It has a rather more prescribed and hierarchical decision-making structure for child protection work (Berrick *et al.*, 2015) but, like Finland, places considerable trust in the child protection workers to undertake assessments and decide about the best course of action. The findings from this survey suggest that child protection workers generally see independent experts as supportive to their efforts.

Despite the generally positive views of the workers, Skivenes (2011, p. 165) observes that ‘a major critique of the Norwegian child welfare system is that it gives too much leeway to professionals’. Due to concern about the quality of the work of independent experts (Ministry of Children, Equality and Social Inclusion, 2006), an ‘Expert Commission on Children’ was established in 2010. This evaluates all expert reports that are made in child protection cases by independent experts. The child welfare agency cannot take any action on the basis of the report (except in an emergency) unless it has been reviewed by the commission. The commission consists of one leader and fifteen members. In 2013–15, the leader and thirteen members were psychologists, and the two others were child psychiatrists (Norwegian Civil Affairs Authority, 2013). Two members assess each report, using the 2009 guidelines as criteria (Ministry of Children, Equality and Social Inclusion, 2009). Reports should be reviewed within four working days, but more quickly in urgent cases. Generally, the commission upholds the reports of the independent experts (see Expert Commission on Children, 2014).

England

Child protection workers in England are, on the whole, much more sceptical about the value of independent experts than workers in the other three countries. Fewer than four in ten considered that the use of independent experts gives an important second opinion, compared with the ICP of 57 per cent; they were also far more likely to agree that independent experts are used too much, and notably less likely to agree that they make the care order case stronger in court. They were less likely than their international peers to agree that the use of independent experts elicits a child focus, and far more likely to disagree that the use of independent experts usually ends up confirming what was already known.

The most likely explanation for these findings lies in an important aspect of the field (the legal and organisational setting), which is the way that experts in England are used—mainly, not to provide information about the *child*, but rather about the *parents*. An illustration of this

pattern is Masson *et al.*'s (2008) sample of 386 cases starting care proceedings in 2004. Here, a total of 801 experts were appointed during the course of the proceedings, and over a quarter of these, 225, were adult psychologists or psychiatrists. The next largest group were child psychologists or psychiatrists, but these were far fewer, only eighty-eight (Masson *et al.*, 2008, p. 99). There have been repeated efforts since then to increase the use of pre-court assessments, but there are continuing debates about how far these could, or should, replace court-ordered assessments (see Brown *et al.*, 2015). The perceived need for independent assessments, whether before or during court proceedings, is partly to ensure thoroughness and fairness for the parents, but also because of mistrust about the quality of local authority social workers' assessments (Family Justice Review, 2011; Dickens *et al.*, 2014; Dickens and Masson, 2016). However, there have also been criticisms of the quality of some of these independent assessments. Research by Ireland (2012) was highly critical of the variable standard of independent assessments conducted by psychologists in care order proceedings. Brophy *et al.* (2012) give a much more positive appraisal of the contribution of independent social workers (not psychologists). These social workers are independent in the sense that they are not employed by the local authority, and may be commissioned to undertake assessments before and/or during court proceedings. Even with this positive view, workers' perceptions of the variable quality of experts' assessments, as well as duplication and delay, may be a further reason for the sceptical responses in England.

Despite the multidisciplinary nature of child protection work, the wider surround in England is shaped by considerable mistrust of local authority child protection workers, often amounting to hostility. Child abuse tragedies regularly receive high-profile media coverage, and social workers are often subject to public and political vilification for getting it wrong—intervening too much, too soon, or too little, too late.

USA (California)

The California workers are least likely to agree that their agency makes too much use of independent experts, but the most likely to say that doing so makes the care order case stronger in court. As previously discussed, they are more likely than their colleagues in the other countries to be neutral on the time questions, reflecting the tight timescales for taking cases to court and also the more restricted nature of the expert opinion sought at that stage.

Again, we can make sense of this in terms of the field and the surround. In the USA, there is a strong philosophy of individual and family independence and wariness about the role of the state (Berrick, 2011; Dickens *et al.*, 2014), and linked to this are very high thresholds for state

intervention in family life. This ideological approach translates into the child protection field in the way that decisions to remove children against the parent's wishes are made in terms of immediate risk, rather than wider concepts of overall well-being. In California, there are prescriptive checklists for assessing risk and safety, known as structured decision-making tools (SDM). Scores are given to the answers to a set of pre-determined questions, and the total score suggests the likely course of action to be taken.

When a case is at the point of going to court, a child protection worker might solicit the views of an independent expert to help them better understand the nature of the family's difficulties. The questionnaire results show that, in this context, experts are likely to be seen as supportive of the child protection worker. Later in the court process, additional experts may be sought by the parents' lawyers to challenge the child protection agency's view; so it is likely that child protection workers who are working with families at that later stage may have different views about the usefulness of independent experts. Such workers were not the focus of this study, but it is important to appreciate that workers' views reflect their own part of the story, not the whole process.

Conclusions

In drawing conclusions from our analysis of the attitudes of child protection workers towards the use of independent experts in cases on the edge of care order proceedings, it is important to remember two things: first, that the questionnaire measured the opinions of child protection workers rather than actual practice; and, second, that there are differences of opinion within each country as well as between the four countries. Furthermore, on the face of it, the study is limited because the use of experts in these cases is a small part of a relatively small system (child protection systems deal with relatively few cases compared to the whole child population). But the study has shown the utility of [Hawkins's \(2002\)](#) naturalistic model of decision making as a framework for cross-national learning, showing that the use of experts in edge-of-care cases is deeply embedded in the values and operation of the wider welfare systems and the specific organisational settings. Given this deep embedding, it would be unrealistic to expect the study to produce policy prescriptions or practice changes that apply across all countries. Rather, it is better seen as a catalyst for new questions about why one's own system has the features it does and, in that way, a starting point for policy or practice developments that are most relevant to one's own country.

But also, the study offers an intriguing key to wider reflections about national child protection systems. It shows the heuristic value but also the limitations of the well-known family support-child protection

typology. The impact of the impending court proceedings on what happens in this edge-of-care stage complicates the picture, bringing new challenges for child welfare practice, and new considerations and subtleties to the model. It is possible to see Finland and California as standing at the far ends of a spectrum, with Norway and England at different points in the middle. Even at this late stage, the ways that child protection workers in Finland engage with independent experts reflect the strong family support ideology in their child welfare system. In California, the much more limited use of independent experts (if at all) at this stage reflects the high-risk, urgent circumstances that typically prevail when workers are making decisions about starting court proceedings. And, in Norway and England, the influence of the law seeps forward much more intrusively into what happens in this pre-proceedings stage. There is a stronger sense in these two countries that referrals to independent experts are likely to lead to written reports which may be submitted to the court. But this means that the report has to satisfy court-based criteria and, if the case is to proceed to court, it must usually confirm rather than contradict the evidence and analysis of the child protection workers. In Norway, this appears to be a relatively uncontentious process (at least from the workers' perspectives), whereas in England, the tensions come to the fore. In summary, thinking about edge-of-care practice, the role of independent experts and the principle of law as last resort helps to show the family support–child protection model not as a simple binary categorisation, but as a complex, contingent and contested continuum.

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