

# Have Caseworkers Become More Professional? A Qualitative Replication Study to Track Changes in Assessment Practices over the Past 20 years

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## Abstract

This paper presents the preliminary results from a qualitative replication study aiming to trace changes in child protection workers' approaches to case assessments over time. The research design is based on focus groups and vignettes and is essentially a repetition of a highly influential study conducted in 2002. The preliminary findings indicate that child protection workers have indeed become more professional during the past two decades. In addition to this empirical contribution, the study aims to make a theoretical contribution by discussing what constitutes professional practice in the street-level context and developing a solid foundation for evaluating the quality of caseworkers' assessment practices, as well as a methodological contribution in demonstrating the potential of the unique qualitative replication design.

Dear DPSA readers: All data has been collected, but everything else is very much work in progress – all comments and suggestions welcome, including reflections on design, theory, analysis, etc.

## Keywords

Street-level bureaucracy, child protection, decision-making, focus groups, vignettes

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## Introduction

Frontline workers are important decision-makers whose assessments and decisions on cases may have significant consequences for citizens; yet their decision-making practices are often far from ideal (Lipsky, 2010). Representing one of the most severe uses of state power over citizens, the area of child protection in particular has been subject to longstanding criticism. Scholars and oversight authorities alike have documented problematic practices concerning caseworkers' uses of discretion in relation to assessment of cases, decisions on interventions, and widespread failure to provide lawful documentation (Statsrevisorerne and Rigsrevisionen 2016; Statsrevisorerne og Rigsrevisionen 2016; Ankestyrelsen 2010; Egelund and Thomsen 2002). In a highly impactful study of Danish caseworkers' assessments of child welfare cases, Egelund and Thomsen (2002) found that there was no systematic approach to deliberations and assessments, the responsibility for assessment was individualized, and professional knowledge was rarely mobilized. Instead, caseworkers' practices resulted in significant variation and inconsistency in assessments and recommendations for interventions both within and across the seven municipalities included in the study. In a later study, also in the Danish context, caseworkers' deliberations and decision-making practices were found to be unsystematic and informed by stories, anecdotes, and emotions (Bjerre, 2017). Studies in other national contexts point to similar concerns (e.g., Ellingsen et al., 2015).

These findings raise significant concerns regarding the level of professionalism in child welfare regarding frontline workers' uses of discretion in relation to case-based assessment and decision-making. However, the field has also seen significant developments over the past 20 years, including the implementation of several legal reforms, partially spurred by these concerns. Some of these initiatives have focused specifically on increasing the quality of casework, including processes of investigation and the choice of intervention (Sørensen 2018; Høybye-Mortensen 2013). Concurrently, the field has seen an increasing focus on evidence-based policy and practice, partially spurred by Egelund and Thomsen's study. Over the past two decades, the abstract ideal of evidence-based practice has been negotiated and transformed into a new normative ideal also-called "explicit" professionalism, which encourages frontline workers to 1) increase transparency regarding the sources of knowledge that inform their decision, 2) explicate their professional reasoning, and 3) document decisions, actions, and outcomes for clients (A. M. Møller 2019). With these developments in mind, it seems pertinent to explore in more detail how caseworkers engage in deliberation, assessment and decision-making, and whether or not we can identify any changes.

In this study, we investigate current patterns in frontline workers' assessment of child welfare cases and seek to trace changes in these patterns over time. The aim is twofold: First, to explore how frontline workers engage in deliberation and assessment of different types of cases, and second, to trace whether and how their approaches to this core task have changed over the past decades. We apply a unique replication design, essentially repeating Egelund and Thomsen's (2002) qualitative vignette study. Specifically, we conducted focus group interviews with a total of 30 child protection workers from seven municipalities who were asked to assess six vignettes with fictional descriptions of cases (updated versions of the same vignettes used in the 2002-study). The empirical relevance of this research design is further supported by recent studies documenting the prevalence of deliberation and collective decision-making in frontline work, particularly in child protection and youth services (Møller 2021; Visser and van Hulst 2023). Consequently, This research design represents a way of approximating actual deliberations (e.g., during team meetings) and allows us to generate novel empirical knowledge regarding the nature of frontline deliberation and decision-making. We present our methodological considerations in more detail in the methods section.

Our study makes several contributions to the extant literature on frontline work in general and child protection work specifically. First, our study makes a novel theoretical contribution regarding the nature of professional decision-making. Building on insights from the extant scholarly literature on frontline decision-making in social work and child protection, as well as the broader literature on street-level bureaucracy and frontline decision-making, we develop a nuanced theoretical foundation for discussing what counts as *professional* practice in a context riddled with complexity, uncertainty and unpredictable temporal dynamics. Based on this, we develop a flexible framework for analyzing the nature and quality of frontline workers' deliberations and assessments and provide a much-needed theoretical foundation for future research on this topic.

Second, our study makes an important empirical contribution, as our findings indicate that child protection workers have indeed become more professional in their approach to case assessments. Our preliminary findings reveal three significant changes compared to the original study: 1) the level of collective deliberation has increased, 2) practices of assessments apply more systematic methods, and 3) deliberations and assessments are to a higher degree founded on professional knowledge and expertise as well as an increased awareness of knowledge gaps. Acknowledging the limitations of our study, we argue that the observed changes in practice indicate an increased level of professionalization, which may reflect broader changes in frontline workers' exercise of discretion and assessment practices,

including new professional norms regarding the role of research-based knowledge, changes in the view on children, and structural and legal changes in the Danish child welfare system.

Finally, our comparative qualitative replication design represents a unique methodological contribution on its own. It is our hope that this design may inspire future research on collective uses of discretion, deliberation, and collaborative decision-making in child protection as well as other areas of frontline work where such practices are also prevalent, as well as a broader methodological debate of the potential and limitations associated with qualitative replication studies.

### **Theoretical background**

In their original study, Egelund and Thomsen found significant variation in caseworkers' assessments and recommendations, even within the same group of caseworkers. Another central conclusion in Egelund and Thomsen's original study is that caseworkers' deliberations and assessments are characterized by what they label "knowledge inactivity" (Egelund and Thomsen 2002; xx). They found that discussions were mainly formed by arguments building on the caseworker's individual experiences with similar cases rather than systematic evaluations, i.e., some kind of systematic generalized knowledge about the connection between problems, interventions, and outcomes. Consequently, Egelund and Thomsen concluded, caseworks lacked formalized (knowledge based) structures to guide their assessments and the decision-making process.

A more recent study Danish caseworkers' practices of assessments in child protection found that, although the caseworkers spoke of objective knowledge and rationality as being central to their professionalism (perhaps motivated by policy reforms and longstanding discussions in the field regarding the need for more evidence-based practice (Møller, 2019)), their actual deliberations and decision-making practices were still characterized by stories, anecdotes, and emotions (Bjerre, 2017). While they articulated that they were supposed to apply a linear systematic method to their casework assessments, their actual process was fragmented and circular. Thus, they worked in unstructured ways to identify and use information, focusing instead on negotiating meaning and seeking a common decision-making process that *felt* right (Bjerre, 2017).

These findings point to some of the difficulties generally associated with frontline decision-making and prompt us to question the level of professionalism among frontline workers. However, they also highlight the need to unfold the nature of frontline decision-making to be able to discuss *what it means to act professionally* in this context. In the following, we draw on insights from the scholarly literature on

frontline decision-making in social work and street-level bureaucracy to develop a strong theoretical foundation for analyzing the nature and quality of frontline workers' deliberations and assessments.

### ***Frontline decision-making in the face of complexity and uncertainty***

The literature on street-level bureaucracy portrays frontline decision-making as difficult and riddled with uncertainty, ambiguity, and complexity (Lipsky 2010; Raaphorst 2018, Møller 2021; Karmsteen, 2023). In their discretionary and decision-making practice, frontline workers need to balance and master multiple considerations. Placed in a complex web of accountability relations (Hupe and Hill 2007), frontline workers' decisions must be guided by multiple and often conflicting values, including responsiveness, efficiency, fairness, transparency, and the rule of law, political and societal goals and norms, professional norms and values, and the ethos of their particular office (Zacka 2017; Schott, van Kleef, and Noordegraaf 2016; A. M. Møller, Pedersen, and Pors 2022; Pedersen and Pors 2022).

Further, placed at the frontline, frontline workers are “the pin linking state and society” (Hupe 2019, 7) and must continually categorize citizens in accordance with an increasing number of abstract rules and regulations (Hupe 2019; Maynard-Moody and Musheno 2012; Nisar and Masood 2020; M. Ø. Møller 2016) based on knowledge regarding their individual situations and life stories and the inclination to respond holistically (Maynard-Moody and Musheno 2012). In practice, these circumstances and demands entail that frontline workers continuously face information, interpretation, and action uncertainty when making decisions (Raaphorst 2018). Due to chronically insufficient resources (Brodkin 1997; Hupe and Buffat 2014) decision-making further implies the need to prioritize between equally desirable but conflicting goals and values and between citizens (Lipsky 2010).

Compared to other areas of frontline work, assessments in child protection are perhaps among the most difficult and complex, involving high risks and high stakes for everyone involved (Stokes and Schmidt, 2012; Bengtsson, 2017; Magnussen and Svendsen, 2018), where “(d)ecisions are often made with insufficient, unreliable, conflicting, or missing information within a stressful and pressured organizational and political context” (Stokes and Schmidt, 2012:83). Still, these decisions may profoundly affect the lives of families and children, whose needs can be paramount and contradictory (Loehr and Bengtsson, 2017; Magnussen and Svendsen, 2018). Child protection workers must assess and make recommendations as to whether a child is safe, should be removed from his or her home, or whether support should be provided in the child's home (Stokes and Schmidt, 2012). As stipulated in

law and normative standards, these decisions should always correspond with “the best interests of the child” (Magnussen and Svendsen, 2018:7); however, what this implies is not easily determined.

The multiplicity and indeterminacy of the proper grounds for decision-making, and the associated difficulty of assessing whether a given decision constitutes the “right” or “best” way forward, is referred to as the *burden of discretion* (Molander and Grimen 2010; A. M. Møller 2022). This burden of discretion represents a fundamental condition for much frontline work in general and child protection work in particular. Further, child protection work, like other areas of frontline work, involves a great deal of moral dilemmas and emotional strain, as caseworkers must continuously (and quite literally) face the consequences of their decisions in the form of reactions from the children and families they serve (Guy, Newman, and Mastracci 2014; Nisar and Masood 2020).

### ***Conceptualizing “professional” decision-making in frontline work***

We believe that any attempt to assess or problematize the nature or quality of decision-making in frontline work should take these fundamental working conditions into account, as they are unlikely to change in any fundamental way. Accordingly, our attempt to conceptualize what constitutes “professional” decision-making focuses on how frontline workers may navigate these conditions in an appropriate manner. To this aim, we draw on recent empirical studies to highlight different ways in which frontline workers may seek to navigate uncertainty and complexity and attempt to master the burden of discretion in everyday practice; namely by engaging in deliberation, knowledge mobilization, and casuistry, or case-based reasoning.

First, empirical studies have highlighted the importance of deliberation, showing how peer deliberation enables knowledge sharing and elucidation of cases from multiple perspectives and provides grounds for nuanced consideration of the arguments for and against a potential decisions (Goldman and Foldy 2015; Raaphorst and Loyens 2018; A. M. Møller 2021; Visser and van Hulst 2023). Further, deliberation functions as a way of dealing with emotional strain. While the ability to engage in and master emotional labor is to some extent individualized (Guy, Newman, and Mastracci 2014), studies have shown that sharing emotionally challenging experiences with peers may serve to “filtering” inappropriate emotional impulses and provide a sense of social support that may help prevent moral stress and burnout (Monrad 2016; Linos, Ruffini, and Wilcoxon 2022; A. M. Møller 2021). At the same time, there are potential “dark sides” to deliberation, including the risk that social dynamics such as power plays, turf wars, and “group think” preclude open dialogue and critical questioning of participants’ perspectives

(A. M. Møller 2021). To engage professionally in peer deliberation entails the willingness and ability to share, listen, and engage critically and reflexively with one's own and others' perspectives, while mitigating potentially counter-productive social dynamics.

Second, like other areas of frontline work, the field of child protection has long been riddled with debates on what constitutes legitimate knowledge for decision-making. Spanning over more than two decades and spurred by the critiques outlined in the introduction, these debates have included various attempts to increase the use of standardized and evidence-based methods and tools in daily practice, in the Danish as well as other national contexts, and across different policy areas (Boaz et al. 2019; A. M. Møller 2019). At the same time, these debates have fostered several scholarly reactions and attempts to provide more nuanced conceptualizations of (professional) frontline work as knowledge work, with the aim of providing a contextualized understanding of the role of research-based knowledge and standardized evidence-based methods and tools vis-à-vis other forms of knowledge to inform decision-making in practice (Schwandt 2006; Otto, Polutta, and Ziegler 2009; Bergmark, Bergmark, and Lundstrom 2012; Avby, Nilsen, and Ellström 2015; Cecchini and Harrits 2021; A. M. Møller 2022).

These contributions highlight that sound professional decision-making requires frontline workers to mobilize different forms of knowledge during case assessments. The three main forms of knowledge are: abstract decontextualized knowledge, including for example research evidence, social work theory, and knowledge about current political prioritizations (knowledge-that), experiential knowledge of how to do things, including for example how to work with a particular method in practice or see through attempts to disguise parental abuse (knowledge-how), and case-based knowledge obtained through engagement with case documents as well as direct encounters with children and families, including knowledge of past developments as well as sensory impressions of for example body language, smell or tone of voice (knowledge-by-acquaintance) (A. M. Møller 2022). All three forms of knowledge may be mobilized during case assessments, which involve problem-setting as well as problem-solving (Schön 1983). In practice, however, these forms of knowledge are never complete, just as their relevance in relation to the case at hand may be questioned. To engage professionally in knowledge mobilization entails the willingness and ability to acknowledge the importance of different forms of knowledge and critically reflect on their relevance to the case at hand, combined with the awareness that knowledge is always incomplete.

Third, and related to the issue of knowledge, we highlight a third important aspect of professional reasoning, namely the prevalence and appropriateness of casuistry, or case-based reasoning, in frontline decision-making (Zacka 2017; A. M. Møller, Pedersen, and Pors 2022; Pedersen and Pors 2022). Case-

based reasoning can be defined as “a sort of contextual and pragmatic judging that combines more generalized forms of knowledge, rules, and procedures with normative skills and specific experiences in the handling of cases” (Pedersen and Pors 2022, 82). In the practice of law, case-based reasoning denotes that the assessment and decisions on a new case rest on the reasoning provided in the treatment of earlier similar cases (Olsen, Slosser, and Hildebrandt 2021). A professional approach to case-based reasoning is different from habitual and non-reflexive references to “practice-as-usual”, as it requires frontline workers to engage in reflexive comparisons with past cases and experiences to determine similarities and differences and assess their relevance and bearing on the current case.

Table 1. Key characteristics of professional approaches to frontline decision-making

<b>Key characteristic</b>	<b>Empirical expression</b>
Peer deliberation	Willingness and ability to share, listen, and engage critically and reflexively with one’s own and others’ perspectives, while mitigating potentially counter-productive social dynamics.
Knowledge mobilization	Willingness and ability to acknowledge the importance of different forms of knowledge and critically reflect on their relevance to the case at hand, combined with the awareness that knowledge is always incomplete.
Case-based reasoning	Reflexive comparisons with past cases and experiences to determine similarities and differences and assess their relevance and bearing on the current case.

## **Research Approach**

The data used in this study stems from a unique qualitative replication study of a 2002 Danish study on caseworkers’ assessments in child protection cases conducted by Egelund & Thomsen (2002). As in the original study, we have carried out focus group interviews with caseworkers in Danish municipalities assessing vignettes that describe multiple cases of vulnerable children that are similar to those in the 2002 study. We did not have information about which municipalities participated in the 2002 study. Further, an intervening structural reform that reduced the number of municipalities in Denmark from 271 to the existing 98 made it impossible to approach the exact same municipalities. However, in line with the 2002 study, we have followed a recruitment strategy focusing on ensuring diversity among the



participating municipalities. In the present study we have included seven municipalities that represent a broad variation of Danish municipalities in relation to size, geography, number of out-of-home placements, and years of experience among the participating caseworkers (see appendix [descriptive table presenting facts on the municipalities to be included]).

The recruitment process during the Autumn 2023 was challenged by the municipalities' preparations of a great reform of the child protection area in Denmark, including a new law (Barnets Lov) coming into force on January the first 2024. We carried out seven focus groups in seven municipalities with a total of 30 child protection workers, including 24 caseworkers and six team leaders. In comparison, the 2002 study included 11 municipalities and 38 caseworkers. However, although the number of focus groups and participants in this study are slightly lower than in the original study, we succeeded in generating a rich empirical material with thorough discussions of the case vignettes and substantial variation in key characteristics across municipalities and participants. In our assessment, the seven focus group interviews provide an ample empirical foundation for analyzing caseworkers' child welfare assessments and, bearing in mind the limitations of the research design, making comparisons across the two studies.

### *Vignettes in focus groups*

Focus group discussions were centered around vignettes. Vignettes in focus groups are a useful tool for eliciting perceptions, opinions, beliefs, and attitudes from responses or comments to stories depicting scenarios and situations (Hughes & Huby, 2012). Vignettes in focus groups can be used as a technique to explore potentially sensitive decisions and topics that the participants might otherwise find difficult to discuss with their colleagues (Jenkins et al, 2010), and the vignettes are seen as particularly suitable for analyzing the interface between professional knowledge, references to theory, and personal values, and emotions (Ejrnæs & Monrad, 2012).

We applied six vignettes that are essentially the same as the vignettes used in the 2002-study. The vignettes are based on "typical and authentic cases" (Egelund & Thomsen, 2002, p. 3) and are all "grey zone-cases" creating space for doubt and reflection in the group discussions (Egelund & Thomsen, 2002, p. 44). All vignettes can be characterized as minimal vignettes with limited information given and they are designed to ensure that the discussions were focused on the caseworkers' assessments in combination with their experience and prior knowledge (Egelund and Thomsen 2002; Grinde 2004). Hence, we allowed the focus groups to be lightly moderated to facilitate discussions among the participating caseworkers that approximated actual deliberations during for example team meetings.

The child welfare area has undergone substantial changes over the past more than twenty years since the 2002-study was published, both regarding legislation, culturally, and in the use of language (see also the section on the policy context above). To ensure that the focus group discussions in the replication study focused on the caseworkers' assessments of the case vignettes and not the vignettes and their present-day relevance, we conducted a pilot study to test the relevance of the vignettes and develop them to correspond with present-day practice. Based on the feedback from seven caseworkers, we adjusted and developed the vignettes.

While the pilot group of caseworkers in general found the wording in the original vignettes applicable in a present-day context, we made some small adjustments in some wordings, e.g. the names of the children and certain terms like "burdened adolescents" (in Danish "belastede unge"). Moreover, the majority of the original vignettes represented more classic social vulnerability characterized by parents that were marginalized in different ways. While the pilot group found that these issues are still relevant, they pointed out that some present-day issues like conflicts between divorced parents and school refusal were left out. On that background we decided to exclude two of the original seven vignettes<sup>3</sup> since they required extensive changes, and the themes were covered in other vignettes. Instead, we developed one additional vignette covering both parental conflict and school refusal. Table 2 provides an overview of the vignettes. Translated versions of the final vignettes are included in Appendix 1.

In the focus group interviews, we presented the vignettes and initiated discussions of them one by one. We invited the participating caseworkers and team leaders to discuss the cases like they normally would discuss cases in their child welfare unit, and overall, they bought into this. Hence, we only lightly moderated the discussions based on a semi-structured interview guide, including questions like "How do you assess the situation of this child/family?" and "How will you include the child in this process?". As some focus groups comprised caseworkers from the same team only, some comprised caseworkers from different teams, and some comprised both caseworkers and team leaders, the group dynamics in the focus groups were different. However, all group discussions worked fluently and all participants were engaged in the discussions. All interviews were recorded and transcribed. All data are stored securely as per GDPR and the Danish Code of Conduct for Research Integrity, and we comply with the code's guidelines for ethical research, that is informed consent and confidentiality (Ministry of Science, 2014)

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<sup>3</sup> The original study included 11 vignettes of which three were identical apart from the children's names, and thus the de facto number are seven.

Table 2. Overview of vignettes

Name	Ages	Theme
Aaman and Nabeel	New-borns to 3 years	A family where two twins are neglected in terms of physical care and stimulation. Their mother stays at home while the father works long hours. The names of the children suggest a family with an ethnic minority background in Denmark.
Ivan	4 years to 13 years	A family with a boy involved in criminal activities and showing violent behaviour in school. The boy's parents are divorced, and the mother's new partner subjects her to violence and has previously been convicted of financial crime.
Kira	13 months to 4 years	A family where a girl lives with her mother who has an alcohol substance abuse. The girl displays the behavior of a young carer as she takes on much responsibility in the home.
Line	2½ years to 8 years	A family that wishes to be reunified with their daughter who has been placed in out-of-home care in a foster family at a young age due to the parents' substance abuse.
Julie	New-born to 1½ years	A family with a disadvantaged mother who has a history of mental illness. The father is an international student who has been offered a job in this home country.
Noah	14 years	A divorced family where the parents have had an ongoing conflict since the divorce, while the child is displaying school refusal.

### ***Analytical strategy***

Unfortunately, we were not able to locate the original data from the 2002 study; therefore we could not re-analyze this data together with our analyzes of the replicated data. Instead, in order to be able to compare the present data on caseworkers' child welfare assessments with the findings from the 2002-study, we used a focused coding strategy (Miles, Huberman, and Saldana 2014) guided by the themes identified by Egelund and Thomsen. We carried through two rounds of pilot-coding, where we coded a small part of the material in order to evaluate the applicability of the scheme and detect if we missed or disregarded important parts of the data material through the coding scheme and adjusted the coding scheme in accordance with this process. Eventually, the whole data material was coded based on the final coding scheme including codes such as: casework procedures (*sagsmassige skridt*), intervention (*foranstaltning*), knowledge base (*vidensgrundlag*), and comprehension of problems (*problemforståelse*). Throughout the coding process, the three coders coding the material discussed their coding practice, including challenges and question of doubt in relation to interpretations of the material, in order to ensure systematicity (Schwartz-Shea and Yanow 2013).

Based on the coded material, we worked out matrix displays (Miles, Huberman, and Saldana 2014) that display the caseworkers' assessments in relation to the key themes of the 2002-study across the seven municipalities. Matrix displays allows a systematic overview of the data that are ideal for making comparison between the municipalities within the present study (Miles, Huberman, and Saldana 2014). Further, the displays provided the foundation for comparative analyses of caseworker assessments across the 2002-study and the present study. Overall, these analyses revealed a lower level of randomness in the caseworkers' assessments of the case vignettes. With the aim of illuminating the antecedents of this positive development, we chose to explore three key themes from the 2002-study in the present material that were related to the issues of complexity and uncertainty characterizing social work. These are: 1) deliberation and deliberative routines, 2) use of knowledge, and 3) systematism in assessment and decision-making processes. The analytical framework presented above were used to analyze the material in relation to these themes. We have selected "proof quotes" and "power quotes" (Pratt, 2008) that serve as illustrations of the findings of our analysis [appendix will be included]. The proof quotes show the prevalence of a point, whereas the power quotes are quotes that are "poetic, concise, or insightful" (Pratt, 2008, p. 501) in regard to illustrating the patterns found in the data.

### **Preliminary findings**

In this section, we first present the patterns identified in the analysis of the focus group interviews conducted in the present study. Following our analytical framework, we have grouped the findings into four themes: 1) Consistency in assessments and casework procedures, 2) Peer deliberation, 3) Knowledge mobilization and 4) Case-based reasoning. Second, we compare the results of the present study with the original study from 2002 and highlight the most significant differences. Specifically, we find an increased consistency in assessments, increased engagement in peer deliberation, more explicit knowledge mobilization and more reflexive approaches to case-based reasoning.

### **Consistency in assessments and casework procedures**

Overall, we find a high level of consistency in the caseworkers' analyses and assessments of the case vignettes. For instance, in the case of Kira (a 4-year old girl living with her mother who may have an abuse of alcohol), groups in all municipalities set out to explore possible resources in the child's network. All municipalities, except one, suggest including the network with the purpose of creating a safety net of people around the family that can intervene and help if the parents periodically cannot

take care of Kira. In two municipalities, they apply a standardized method (*sikkerhedsplan*), inspired by the research-based method *Signs of Safety*, which is used in several Danish municipalities<sup>4</sup>.

Xxx (to be elaborated...)

## Peer deliberation

Participants across the seven municipalities all state that they collectively deliberate on cases in their everyday practice, indicating that deliberation is a widespread and integrated aspect of child protection work today. [All municipalities, apart from one, have at least one formal forum where the caseworkers (often within a team) discuss cases on a weekly basis. Moreover, all the municipalities have a special forum for making decisions on out-of-home placements. This often includes several managers from the municipal child welfare area who discuss the caseworker's arguments and analyses in relation to a given case and then a decision is taken. In addition to these formal fora, participants across all seven municipalities express that they often discuss cases with colleagues, and, in some municipalities, also with their line manager, almost on a daily basis.

Across the seven municipalities, participants frequently note that a child's situation may be viewed, analyzed and assessed from multiple perspectives and angles. Further, many demonstrate an explicit awareness of their own possible blind spots, as exemplified in utterances like “we all have blind spots”, “when you find yourself stuck” or “you become sucked into it [i.e., the family's perspective and situation]”. Their approach to mastering these limitations in their individual capability to make nuanced and reflective assessments in their cases, also over time, is to engage in collective deliberation with both colleagues and managers. In other words, participants view deliberation as a key element in enlightening and assessing the cases and use it intentionally to master interpretation uncertainties. This is exemplified below, where focus group participants discuss how they use their colleagues and manager in complex cases like the vignette concerning “Kira”, where the mother of a girl in kindergarten is suspected of alcohol abuse:

Sandra: Personally, I would probably bring it to a group meeting to start with. I might even do that when I'm conducting the child welfare investigation. I like to involve others if I'm a bit uncertain about what to point out—so I usually bring it up in a group meeting before I make the assessment or analysis, just to get some “what

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<sup>4</sup> Signs of Safety is xxx (a tool for systematically involving the network of the child and its family both with the purpose of involving the network in supporting the family or taking care of the child and with purpose of getting as many and nuanced and comprehensive descriptions of the child and its situation, etc.) – include references

do we do here” type of input. This wouldn’t be a case I’d handle on my own. I would 100 % discuss it with others along the way.

Interviewer: Yes, because?

Sandra: Because I think it’s too complex for me to handle alone. [...] Sometimes others notice things that I don’t see, and I think that brings up some reflections.

Line: Yes, or, as you said, brings in new perspectives. That’s definitely a case I would take to a group meeting, especially because it’s complex.

Mille: And I also think it can be difficult when dealing with a mother like that. At least that’s been my experience, because if you sit there and say, “They say over at the daycare that you were kind of tipsy when you picked her up,” she’ll say, “Well, you know, I don’t drink more than 14 drinks a week [i.e., the maximum amount according to guidelines from the Danish health authorities]—don’t you drink red wine with dinner at home?” [...] And as Sandra also says, it’s incredibly complex to navigate, and it makes it really important to make as many assessments as possible in such cases.

The discussions in the focus group interviews of the case vignettes show different patterns in how the caseworkers deliberate: in some discussions the caseworkers reflect and further nuance each other’s perspectives in agreement, in some discussions the caseworkers reflect and challenge each other’s perspective and find an agreement, and in some discussions the caseworker challenge each other’s perspectives and stay in disagreement:

*[mangler citat hvor de nuancerer hinanden – find ét fra en anden sag end Kira]*

In one of the municipalities, the group of caseworkers discuss whether the situation of a girl living with her mother who may have an alcohol abuse calls for an acute placement of the girl. The caseworkers highly disagree:

Ellen: For me, it is a long way from an emergency placement in this situation. But it depends on the father. To me, the father is a joker.

Laura: I also think, if you had a report [*underretning*] like that then you would drive out [to the family]. And if you found a totally wasted mum then your assessment would be that the girl shouldn’t be there/

Ellen: But what would you drive there for? What would it say in that report?/

Laura: I was gonna drive out to see if Mum was drunk?

Ellen: Why? If the child is in kindergarten, Mum is allowed to be drunk

Laura: Definitely not when she's picking up the child

(...)

Ellen: nooo but.. still, for me there's a long way from an emergency visit in this situation

Laura: There wouldn't be one — if the kindergarten called and said that they had seen this mother pick up her child drunk, then I think we should make a home visit to see what's going on.

(...)

Ellen: No, we would call the father.

Laura: Yes, we would call the father, but we wouldn't leave the child with the mother. And if we can't get in touch with the father or if he says he can't take his child, then we would take the girl with us. Isn't that right? Please correct me, since it's mostly you all who handle these cases.

Ellen: Yes, but what would be the basis for the Chair decision [i.e., Chair of the committee that can make decisions on immediate (acute) out-of-home placements]?

Laura: Maybe the mother says yes. And if she doesn't, I would go with the fact that we have a mother who is very drunk and cannot take care of her child.

Ellen: But there's nothing new in that — you already knew it. So where is your immediate basis for action?

Laura: The immediate issue is that we're dealing with a mother who is very drunk right here and now, and we cannot ensure the child's safety.

(...the caseworker Jasmin proposes to call the farther, an aunt, uncle, or a kindergarten teacher)

Interviewer: So, this would be an emergency placement?

Jasmin: If she's completely alone in the world.

Ellen: But you're also in a situation where you have a girl — and for her, there's nothing new in this. Just consider that if you can't find any support network, and you place her in a completely foreign environment, she's used to being where she is. I think that would be far more unsettling for her. Instead, I might support her at her mother's home with a family consultant. That way, the mother could sleep off her drunkenness, and the consultant could stay with the mother through it until some network could be established or until we figure out if a network can be built.

The disagreement mainly outplays between two caseworkers, while a third caseworker positions herself in a mediating role. The challenging caseworker draws on two perspectives in order to challenge the idea of an acute placement as the most suitable decision in this situation: one, the legal basis for visiting the mother and defining the girl's situation as acute, and second, she emphasizes the child's perspective including the possible influence of an acute placement along with an alternative. In this way, the deliberation ensures that the perspectives of an acute placement – one of the most radical possible decisions – is reflected upon from multiple perspectives, also by considering alternative solutions. Notably, when assessing and deciding on immediate (acute) out-of-home placement, all municipalities have formal procedures placing the authority to make such decisions at a higher level. Still, the individual caseworker must decide whether or not, and on what basis, to make the request.

The collective deliberations depend on local team dynamics and organizational structures. In some of the municipalities included in the present study, the managers are part of both formal and informal deliberations on a daily, or at least weekly basis. In other municipalities the deliberative cultures are guided by managers to a smaller degree. This is problematized by a caseworker in one of the focus group discussions:

Susanne: I don't understand why the professional managers aren't present at all the group meetings to participate in those professional discussions, both to establish a somewhat consistent service level and to bring in fresh perspectives. Sometimes, in our small groups, we can end up just patting each other on the back, so having someone with a different view who can say, "Have you actually considered this, or why are you taking that approach?" I think it can become a bit one-sided when there isn't more ongoing professional leadership. (...) And, of course, there's plenty of expertise in our teams; it's not about that. It's more about having someone come in from another function, from a leadership perspective...

(...)

Julie: But there is a difference... We can clearly hear a difference between the groups, between those who are relatively new and those who have been here for 25 years. Those who have been here for 25 years rarely consult with the managers. They just do what they think is best.

Susanne: And that's what I mean—it becomes vulnerable when you feel so sure of yourself that you just go ahead with things. I think it's incredibly important that you come in fresh from your studies and bring something new that I don't have, and that you bring a different perspective and can say, "Oh, Susanne, why haven't you...?" I think the professional managers should take the lead on that. I think it becomes very



vulnerable that we have to decide ourselves when we need professional guidance.  
(...)

This sequence highlights one of the risks related to peer deliberations, namely the potential tendency of “backscratching” among colleagues, closely related to the risk of group think. This points to the pitfalls related to collective deliberations and how the professional level in collective deliberations are highly dependent on local group dynamics. However, by critically pointing at this risk of group think and at “the old” caseworkers who just “move along”, the caseworkers also show an awareness of the pitfalls related to deliberation that may help reduce these risks in practice. In some instances, some of the municipalities prioritize putting two caseworkers on a case or in a specific situation:

Tina: And there are also those cases where there are two caseworkers involved. In some cases, meetings, or situations, it's to cover ourselves and to have two people making the assessment and sharing the sense of what's going on out there. Because one thing is the facts and the information we receive, but another thing is those things you feel when you're in it or experiencing it—that's also a big part of the decisions we make.

Mary: Yes, because four eyes see better than two in these complex situations. You might go in with one intention and focus on that, but the other person sees something completely different, and that makes it a bit easier to make decisions based on that.

This sequence point to the complexity in the cases, and one of the limits of the most widespread practices of deliberation, where the caseworkers return from the frontline and presents both more ‘objective’ information on the case but also what they feel when meeting or visiting the families, i.e., knowledge-by-acquaintance, which is difficult to mobilize, and hence to question, due to its tacit nature.

(xxx to be elaborated...)

### **Knowledge mobilization**

The third theme in the form of assessment practices relates to how the caseworkers collect information and build up knowledge about the situation of a specific child and use different kinds of knowledge in this endeavor.

Across the seven municipalities and across the six vignettes, the caseworker groups systematically enlighten resources and concerns in the children's situations as described in the vignettes; an approach that aligns with the widely used *Signs of Safety*-method. This is most profound in one of the group's where one caseworker starts the discussion of the first vignette by saying: "shouldn't we start with the resources?" and the other caseworker replies: "yes, that's what's we usually do". Hence, in this municipality they have an almost schematic form of examining first resources and then concerns when assessing children's situations. While not as schematic, the other groups of caseworkers examine both resources and concerns systematically across all case vignettes as well. This can be viewed as an explicit mobilization of research-based knowledge.

All groups also relatively systematically identify knowledge gaps regarding the available information about the children and families in the six vignettes, using expressions such as "What do we not know?", "I would be curious about ...", or "I need ...". The identification of knowledge gaps in the descriptions of children in the vignettes implies that the caseworkers are reluctant to point out a specific intervention. Instead, they sketch different routes they expect the case to develop dependent on what the further investigations they propose show.

While identifying knowledge gaps, and in recognition of the uncertainty that is related to information and knowledge about the children and their situation in general, the caseworkers across the seven municipalities clearly draw on multiple forms of knowledge to handle and seek to fill out these knowledge gaps. In a discussion of a family with twins and parents of non-Danish origin, a caseworker systematically asks questions to clarify knowledge gaps in the existing information about the family:

I was thinking, where is the father? Sometimes you focus on one of the parents, typically the mother, and then you don't study the father, and then you may quickly think that he seems uninterested. But that is an interpretation, because he has two jobs. But does he work because he wants to ensure a better future for his children? What are his intentions? We can't be sure that he works a lot as a rejection of his children. Do we have any observations of the father in his contact with the children?"

Apart from identifying knowledge gaps, the caseworker draws on her experience from prior cases on the typical pitfalls in how they as a child welfare agency may (mis)interpret the information about a family similar to this family, where the father works a lot. In this way she uses her experience to

critically reflect on the information at hand out and also to point out a specific way to move forward and further enlightening the case.

In the work with further enlightening the knowledge gaps, the groups of caseworkers suggest drawing on different knowledge-based tools, such as to [“trakte en problemformulering”] and *Signs of Safety*.

(xxx to be elaborated... perhaps with more systematic focus on different forms of knowledge?)

### **Case-based reasoning**

While the caseworkers draw in multiple forms of knowledge in the present study, the use of experience-based knowledge prevails across municipalities and discussions of case vignettes. The caseworkers mobilize this type of knowledge in different contexts and with different purposes. First, the caseworkers mobilize experience from similar cases to get a grip of what is going on in the family:

*(Citat mangler)*

Second, the caseworkers ... [fortsæt analysen som står øverst i kodningsdokument]

According to a caseworker in one of the municipalities, the caseworkers' years of experience have implications for the way they are able to use experience-based knowledge because their experience with real-life children welfare work influence their ability to understand, analyze and assess a given child's situation:

” (...) And you could say that in our one team, we have over 50% who received their degree [in social work] less than a year ago, and they have a great need to discuss and get explanations for, “Well, you had a case that was similar to this one last week—it was granted—mine is like this one, why is it not granted?” And when you have been here for more years, you can pinpoint those things where the cases are not the same at all. (...) It's about recognizing those nuances that make a difference in why some are in the target group for something and others are not.”

Apart from drawing attention to the influence of the individual caseworker's years of experience on their capability to use experience-based knowledge in a nuanced and reflective manner, this sequence points to an issue related to the composition of experience among caseworkers in child welfare teams.

## Then and now: Differences in assessments and deliberations

(Very much work-in-progress, we have included some significant observations...)

- Overall, we find a significantly higher level of *consistency* in the caseworkers' analyses and assessments of the case vignettes than Egelund and Thomsen found in their study from 2002.
- The widespread and systematic use of collective deliberations including both colleagues and managers points toward a change in how the caseworkers perceive themselves and their cases. In Egelund & Thomsen's 2002-study they found that, while the caseworkers did discuss cases, they mainly made assessment and decisions on their own, just as the authority to make decisions in individual cases was to a larger extent placed with the individual caseworker. The findings of the present study point towards a change that manifest in the creation of a stronger "we" compared to the strong "I" in the 2002-study.

Example of sequence showing that the caseworkers themselves point to these positive developments:

Michael: (...) Sometimes you can think, "Oh, it's this mother who is good, and this father who is bad," but that's because you become personally invested in it in some way. Sometimes you need a reality check.

Mary: Yes, and you need someone to say, "Hey, this isn't objective."

Tina: And that has really been supported today with this requirement for reassessment—in a different way than before. In the past, you were much more self-determined. It was like, "This is my case file, and you shouldn't interfere." People were very protective of that, and that meant there was a big difference in what families could receive depending on which table they ended up at. It's not quite the same anymore—there are still some nuances—but it's not like that anymore because you are allowed to look into each other's cases and offer some good advice or provide support, and reports are shared across the board—everyone sees them. In that way, you might also become aware of things, and you can formally and informally say, "Wow, that was quite a report you got here, what do you think about that?" and create some space for those discussions.

Example of sequence showing that the caseworkers wouldn't have handled the cases as described in the case vignettes:

*Interviewer:* So it looks like something you've seen?

*Rebecca:* Yes, it could be. But luckily, we get involved much earlier; we're out there as soon as there is outwardly reactive behavior, so we're at the school or daycare right away.

*Peter:* I would also say it would surprise me if a case like this hadn't come in at some point before.

Alternative example (56 examples available from the code "reflections on the handling of cases"):

Yes, because what do we know about children starting in daycare so early? There has actually been a lot of research showing that it's not necessarily... I wonder what has been considered there? Is it instead of a child placement? Then you think she is secured during the day, but we send her off at five months old. I think that's very young, and a 5 months old child needs something very special. And daycare, even though she has a double place (counting for two children), I understand it's the least disruptive option among daycare facilities, but it's still...

But there are still a couple of other children, right?

There are still a couple of other children, it's a different home, there are different sounds, some other smells and for a five-month-old baby. I wonder a lot... It seems like they've made that decision and thought, "Well, that's good." And then it [the vignette] says down there, when she's nine months old, that family treatment will restart. Why was it even stopped in the first place?

(xxx this is how far we made it at this point...)

## Discussion

Brief summary of preliminary findings:

- Consistency: high increase in consistency in assessments within groups compared to previous study, still some variation/lack of consistency across municipalities?
- Peer deliberation: from very little to widespread intentional engagement in deliberation
- Knowledge mobilization: from none to several examples of explicit mobilization of knowledge, from none to some use of systematic approaches, awareness of blind spots/knowledge gaps
- Casuistry: several examples of case-based reasoning, semi-systematic/reflexive comparisons against previous cases...

Tentative discussion points:

- On consistency and equality/equity: higher equality between citizens within the municipality, but not necessarily between citizens across different municipalities?
- On deliberation: The results of this study points toward an increasingly collective approach in frontline professionals' assessments and decision-making processes compared to twenty years ago. Caseworkers intentionally engage in peer deliberation to master the fundamental conditions of complexity and uncertainty. However, for peer deliberation to work optimally, these processes demand that the caseworkers have the courage to expose their initial professional assessments as well as their uncertainties, emotional reactions and other concerns that may influence assessments and decisions. As such, the prevalence of peer deliberation highlights the importance of the local culture and functioning of teams (ref, Karmsteen & Bengtsson), so that the each caseworker feels safe to share uncertainties and simultaneously that the caseworkers challenge each other in constructive ways.
- For collective deliberations to be effective in nuancing and heightening the professional level of assessment it may be a preconditioned by a culture in the local agency characterized by psychological safety (Edmonson), where each caseworker feels safe to share doubts in their own cases and also to (constructively) criticize the assessments and the work of a colleague (as is shown in the discussion on the potential acute child placement in the sequence above). Moreover, the professional level in peer deliberations likely depends on participants' experience and expertise. Some participants in the study emphasize the role of the manager both in relation to supporting the critical perspectives in deliberations and in relation to ensuring a high professional level in group discussions.
- Importantly, deliberation may alleviate some of the burden associated with discretion, but assessments and decisions must still be made on the basis of incomplete information, uncertainty regarding the nature of the problem as well as potential solutions. While child protection practice has increasingly turned to objective and research-based knowledge, particularly following an intensified focus on evidence-based practice (Møller 2018, 2019), the field is still characterized by a daunting lack of research-based knowledge about "what works" for whom and under which conditions. Further, even if caseworkers do have access to theoretical and empirical knowledge regarding, for example, different kinds of problems,

reactions, and interventions, they still need to apply this generalized knowledge to the specific case in question, and whether and how they manage do so is critical for their practice (Stokes and Schmidt, 2012; Møller, 2022).

- This highlights the need for constant attention regarding what knowledge resources are readily available to caseworkers, including who is present in the room to mobilize those forms of knowledge that cannot be easily stored and accessed via, e.g., books, websites or other forms of documents (i.e., (knowledge-how and knowledge-by-acquaintance). To ensure sufficient mobilization of knowledge and case-based reasoning to function at a high professional level, it may require teams of caseworkers that include both novices, competent performers, and experts (Dreyfus & Dreyfus).
- Both the issue of team culture and psychological safety and the mobilization of knowledge in relation to case deliberations speaks to the problem of high turnover, which is a significant problem in child protection as well as other areas of frontline work. High turnover results in fragile communities of practice (Lave and Wenger 1991) and compromises their function as regenerative knowledge repositories, where competent performers and experts provide support for newcomers and show them the ropes, including how to engage professionally in peer deliberation and knowledge mobilization. This places a considerable burden on team leaders and line managers who must compensate for the lack of oldtimers and spend considerable time teaching newcomers the basics, perhaps without ever reaching a sufficient level of professionalism.
- Further, in many cases, in the last instance, the caseworkers individually need to follow their own “instinct” when they approach a decision where peer deliberation has pointed to (often) more than one valid way to go. At this point, the caseworkers make assessments on their own. Hence, even though there is a change towards a stronger “we” in terms of making assessments and decisions, the caseworkers continuously navigate between the “we” and “the I”, and especially the “I” pinpoints the importance of their experience as a caseworker in general and within the field of child welfare in particular. ...

### ***Limitations***

- Qualitative replication – is this the right term for our study? What, and to what extent, do we replicate?
- I Egelund og Thomsens studie har de bedt hver enkel rådgiver om at udfylde et spørgeskema inden gruppeinterviewet gik i gang, hvor rådgiverne blev bedt om at vurdere sagen *alene* – således kan man anfægte, at rådgiverne først er blevet positioneret som den privatpraktiserende rådgiver, inden gruppedrøftelserne. Spørgsmålet er om vores resultater ville have set anderledes ud, hvis vi havde gjort det samme? Eller om rådgiverne måske ville have opponeret imod denne tilgang, fordi sagerne er så komplekse, at deres normale praksis, ville være at vende den med kollegaer (og de ville gøre opmærksom herpå?). Omvendt kan man argumentere for, at vi som forskere også har responderet på den virkelighed og praksis, som vi har haft en forståelse af gjorde sig gældende, hvor vi netop havde en vis viden om, at rådgiverne diskutererede sagerne relativt kontinuerligt, og det på den baggrund ikke syntes at bidrage med relevant viden først at finde ud af, hvor konsistente de var, når de hver for sig forholdt sig til sagen forud for en gruppedrøftelse.
- Svagheder i teoretisk/analytisk ramme, herunder udfordringer ift. at spore vidensbasering / knowledge utilization i praksis – Otto et al., Weiss, m.fl.
- Etc.

## Conclusion

- Re-cap problematization and aim
- Re-cap contributions: theoretical, empirical, methodological



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## **Appendix 1. Vignettes (authors' translation from the original Danish versions)**

### **Aaman og Nabeel**

Aaman and Nabeel are identical twins and were born at 34 weeks. Aaman weighed 2,300 grams at birth, while Nabeel weighed 2,100 grams. The hospital notifies the authorities because they are concerned that the mother may not have enough capacity to care for the children. The mother is reluctant to spend much time with the children after their birth, and she believes they do not perceive whether she is there. The father is described as uninterested in the children and absent, as he works two jobs and often has night shifts. Both parents are from Iran; the father was born in Denmark, while the mother came to Denmark at the age of 18. The mother is on social assistance. She understands Danish to some extent but struggles to hold a conversation in Danish. After being discharged from the hospital, it is decided to implement extra home visits from the public health nurse, and the family arranges for the father's sister to help in the home and with the children. The father's sister then comes on a daily basis. The health nurse observes that the boys are following their growth curves, and the mother gradually gains more capacity. The case is closed.

When the twins are 9 months old, the home visiting nurse [public health service for parents of new born babies=sundhedsplejen] notifies the authorities. During the 8-month visit, the home visiting nurse [sundhedsplejersken] observes that the mother has difficulty reading the children's needs and that the boys seem withdrawn in their eye contact. In particular, one of the boys has stagnated in his growth. The father's sister has started an education and now comes much less frequently. When the health nurse subsequently tries to arrange follow-up visits, she is unable to get in touch with the mother. A caseworker visits the home, where only the mother is present. She is exhausted due to a lack of sleep, as both boys sleep poorly. The mother is resistant to receiving support at home. Double places [each boy count for two children] are approved, and the parents agree to have the boys start at daycare. In daycare, the twins begin to show positive development, and the daycare provider [dagplejeren] is also able to establish a generally well-functioning collaboration with the mother. The case is closed.

Aaman and Nabeel are now 3 years old and have been in kindergarten for 6 months. A neighbor has notified the authorities because there is "screaming and yelling from both the parents and children," and because the children are "unmanageable." The neighbor describes the family's apartment as "dirty and messy." After repeated attempts, the caseworker has been unable to conduct a home visit. The parents do not respond to messages or calls, and no one answers during unannounced visits. A meeting is arranged at the kindergarten, but the parents also do not show up. The daycare informs that they

have referred the boys to a speech and hearing consultant, but the parents have not accepted the offer. The twins are described as uncritical and clingy towards adults. They engage in play, but in a somewhat stereotypical manner, and they often argue or fight. Their language skills are not age-appropriate. It is primarily the mother who picks up and drops off the children, and she has expressed to the kindergarten that she is struggling to manage the boys.

## **Ivan**

The parents are from Poland and divorced when Ivan was 4 years old. In kindergarten, Ivan is a restless and outwardly reactive child. He lives with his mother, her new husband, and two half-siblings that Ivan's mother has had with her new husband. The husband is violent towards her and has a previous criminal record for economic crimes. At the start of school, Ivan stands out by disturbing and fighting with his classmates. He has a high rate of absenteeism (about 35%) and is academically not age-appropriate despite receiving extra support. His relationships with teachers and classmates are conflictual, and at the age of 11, Ivan is moved to another school to get a "fresh start." At this point, it becomes increasingly difficult for his mother to manage him. He reacts negatively to demands and may resort to hitting and kicking her. Ivan has had periods of good contact with his father and, at his mother's initiative, has spent weekends with him, while at other times, their contact has been less frequent. When Ivan is 12 years old, his mother contacts the authorities.

After meetings between the authorities and the parents, as well as conversations with Ivan, it is decided that he will move back in with his father. However, during a follow-up, Ivan reports that he feels unwanted in his father's new family. His father seems uninterested in what Ivan is doing and when he is home. The father's wife works a lot and is rarely at home. Ivan does not wish to move back to his mother. The school reports that Ivan is increasingly absent from school. He attends school about two days a week, where he has trouble getting along with his peers, disrupts, threatens, and creates fear in the classroom. In his free time, Ivan hangs out with some slightly older youths aged 14 to 16 who commit vandalism and minor thefts, and he begins to experiment with hashish and alcohol. When Ivan is 13 years old, he attacks a schoolmate, hitting and kicking him, requiring the schoolmate to visit the hospital to be stitched up. The school notifies the authorities and reports that they have attempted a number of measures, including through the psychological counseling service, but that these have not had the desired effect. The school has currently expelled Ivan and does not see it as an option for him to return.

## **Kira**

The authorities receive a notification from a daycare worker [dagplejepædagog] regarding Kira, who is 13 months old. The daycare reports that Kira's mother has a problem with alcohol. She is occasionally intoxicated when picking up and dropping off Kira, and sometimes she arrives late, picking Kira up after closing time. Kira appears to be a calm and curious child. She is often not dressed appropriately for the season, and the daycare provider assesses that Kira rarely gets a bath. The father does not live with the family, but he often picks up and drops off Kira. He seems caring towards her and is always sober. However, the daycare provider has difficulty communicating with him because he seems reserved and shy, and the daycare worker finds it challenging to assess the father's knowledge about the mother's alcohol abuse.

A meeting is held with the mother and father. The mother agrees to start substance abuse treatment, but the father, due to limited capacity, does not want Kira to move in with him full time. It is agreed that Kira will live half with her mother and half with her father. The mother benefits greatly from the treatment, and when she is still sober after 6 months, the case is closed.

Kira is 4 years old and attends kindergarten, when the kindergarten reports a concern to the authorities. Kira herself is an active and intelligent girl, but the home environment with her mother is once again heavily affected by her alcohol abuse. Kira often has to get up by herself and make her own breakfast, and she tells the kindergarten that she is sometimes home alone in the evenings. Her father was unable to take care of Kira for a period, and since then, she has lived full-time with her mother. The father picks her up occasionally, and Kira seems happy with him. However, the kindergarten knows very little about him. Kira's grandmother also picks her up from time to time, but the kindergarten notes that the grandmother also smells of alcohol.

An examination of Kira's well-being is conducted [=børnefaglig undersøgelse], revealing that she is a bright, resilient girl who socializes well with other children at the kindergarten. However, Kira has too much responsibility at home, which is often chaotic due to her mother's addiction. Kira frequently takes care of dressing herself and preparing her own meals, and she decides on her own when to go stay with her grandmother for being taken care of. Kira is attached to her father, but he seems conflict-averse in his relationship with the mother and sometimes withdraws. He experiences depressive periods during which Kira does not stay with him, and he is unable to take care for her full-time. The mother expresses a desire to start treatment for her addiction again, but she has yet to attend any sessions.

## Line

(This vignette does not describe a sequence of events but is instead a cohesive section that outlines the situation leading up to the parents' request for reunification.)

Line, who is now 8 years old, has lived with the same foster family since she was 2 ½ years old, where she was placed due to her parents' substance abuse, unstable lifestyle, and neglect. Before the placement, Line was understimulated, insecure, and struggled to form attachments to adults. She displayed few reactions to strangers and showed little interest in her parents. Her language skills were not age-appropriate.

Line has shown good progress in the foster family, although she remains somewhat anxious when facing new situations and acquaintances. She is attached to her foster parents and often clings to them. It took a long time for her to settle down in kindergarten. The start of school went better. In school, she performs slightly below average and has difficulty concentrating. She has good classmates in the neighborhood and at school and is well integrated into the foster family and its network.

The foster mother has become ill. A severe back condition limits her physically, and she has chronic pain that drains her energy, forcing her to give up her role as a foster mother. The foster father is occupied with work and supporting his wife and cannot take on the responsibility as Line's primary caregiver. In light of this, Line's biological mother has applied to have her returned home.

Both parents have now been drug-free for two years after spending a long period at a treatment facility. At one point, they interrupted treatment and returned to the drug scene. However, after six months, they agreed to return to the facility for renewed treatment. Both parents have intermittent jobs but are also dependent on social assistance. They have visited Line during her placement, although visits were sporadic while they were using drugs. They have good interactions with Line when they visit her in the foster family.

The parents no longer live together but remain in regular contact. The mother has a two-room apartment, and the father lives nearby. The parents plan to support each other if Line moves back to her mother's home. They mention that they have little contact with their families, and their social network is also limited after cutting ties with the drug scene. Line does not want to move away from her foster parents. She feels she doesn't know her biological parents very well and becomes upset at the thought of leaving her school and friends.

## Julie

A midwife reports concerns about three-week-old Julie. She was born at 32 weeks and weighed 2,100 grams. The mother is a 22-year-old single woman on maternity benefits, who was on social assistance before the birth. The hospital staff has noticed that the mother does not appear to engage actively with Julie and handles her mechanically during breastfeeding and diaper-changing routines. Staff have also observed that the mother has not received visits from her support network during the hospitalization. Julie's father, a foreign student in Denmark, has visited. The parents' relationship ended a few months before the birth. The midwife states that the mother was hospitalized about a year ago in a psychiatric ward with delusions and symptoms of anxiety.

During a home visit, the home visiting nurse [sundhedsplejerske] and family counselor observe that the mother is passive and difficult to engage with. Julie is physically well cared for but may cry for some time before the mother takes the initiative to pick her up. It is decided that the health visitor will make additional visits, and in-home family counseling is provided. The mother is open to advice and guidance concerning Julie, and Julie is following her growth curve. A double place in daycare [Julie counts for two children] is granted for Julie, where she will start at five months old. The mother was initially against Julie going to daycare but agreed, based on the argument that, due to her premature birth, Julie is particularly sensitive and requires special care.

Julie is now 9 months old. The daycare worker [dagplejepædagog] reports concerns to the authorities about the situation at home. The mother lives in isolation and seems to rarely leave the apartment. She complains that the neighbors disturb her, for instance by making noise and causing Julie to cry. The mother often keeps Julie home from daycare because she says, "Julie prefers to stay home." Additionally, the daycare reports that Julie is developing well while there. She is interested in interacting with others and appears secure in daycare. Occasionally, the father picks her up, and Julie lights up when she sees him. In-home support from a family counselor is reintroduced, and the mother begins a positive phase, leaving the home more frequently. At the same time, authorities explore whether Julie's father could be more involved, though this is challenged by his studies in another city, which require a lengthy commute.

Julie is now about 18 months old and remains in daycare. The daycare reports that the situation at home with the mother has deteriorated again. The mother participated in a job trial, which she discontinued, and has since largely isolated herself in the apartment. She only leaves the apartment to bring Julie to daycare, which she now does consistently. The daycare observes that the mother's



interaction with Julie is strained. She speaks to Julie as if she were an adult and struggles to differentiate between Julie's needs and her own. Julie is developing more or less age-appropriately. She was a bit late in learning to walk and can now say a few words. She can be somewhat passive and needs encouragement to start playing. She appears secure in daycare. The father visits the family approximately every two weeks but has now completed his studies and taken a job in his home country. He expresses a desire to visit Julie about twice a year.

## **Noah**

Noah is 14 years old. His parents divorced shortly after his birth, and since then, he has lived with both his mother and father, though mostly with his mother. The Family Law House [=Familiieretshuset] – based on Noah's wishes – has established a 7/7 shared custody arrangement. The parents have a highly conflict-ridden relationship, which is now affecting Noah to the extent that he is described by the PPR (Pedagogical Psychological Counseling) assessment as depressive and marked by anxiety. The assessment concludes that Noah's challenges stem from the parental conflict, and psychological treatment for Noah is recommended. At the same time, PPR and the school have notified the local child welfare authorities. The caseworker describes that the parents lack respect for each other and seem to "hate each other intensely." The father believes that the mother is overprotective and is making Noah feel ill, while the mother thinks that the father is harsh and threatening toward her. The father wants Noah to start at a boarding school, but the mother opposes this. She feels that Noah's mental state is too poor for boarding school and that he should receive psychological treatment and be homeschooled by her. Both parents are well-educated, resourceful, and have stable, good jobs.

After several meetings, the parents agree to attend a co-parenting course (KIFF course). However, they feel that the course is of little help, as they find it more tailored to newly divorced parents. Noah is deeply affected by his parents' conflict and does not want to choose sides. He tells the caseworker that he does not wish to live at home, but he does not want to talk to his parents about it, as he wants to avoid more conflicts. The father agrees that Noah should receive psychological treatment, but Noah does not want to see a psychologist as he feels it makes him worse.

Noah has now been absent from school for four weeks, as he experiences stomach pain every morning, and he no longer visits his father. The father wants Noah either to attend boarding school or be placed in care, but the mother strongly opposes this. According to the mother, the right course for Noah is to live with her, where she can take a leave of absence from work and homeschool him for a short or

extended period. Alternatively, she suggests a day treatment program that could address Noah's school refusal and lack of motivation and energy for social activities and interaction with peers.