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Taking the initiative: determinants of parental self-referral to the Norwegian Child Welfare Services*

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ABSTRACT

This study investigates determinants of self-referral to the Child Welfare Services (CWS) among parents in Norway. Increasing the rates of self-referral can ensure earlier intervention and assistance to more children and parents in need. Despite this, few studies have investigated such rates. The present study uses registry data, consisting of everyone receiving assistance from the CWS between 2008 and 2010. Of particular interest is migration background and poverty, as recent literature find that these are factors pertinent to the interaction between, and perceptions of, the CWS and parents. The main finding is that Norwegian-born parents who receive measures more often self-refer. One explanation discussed is whether this difference is due to different levels of trust in the CWS.

KEYWORDS

Child protection; child welfare; self-referral; trust; parent

Introduction

Parent self-referral is important for well-functioning Child Welfare Services (CWS), both in terms of co-operation and reach. Because of this, we need to learn more about why some parents choose to initiate contact with the CWS and others do not. Studies in Norway and elsewhere that investigate referral rates to the CWS most often focus on referral rates among groups of people other than the parents or care-takers, such as day-care or health-care workers (see e.g. Trocmé and Wolfe 2001; Neumann 2008; Backe-Hansen 2009; Nielsen 2013). The vigilance of groups of professionals such as these and their ability and capacity to recognise and act when a child is in need of assistance or extra care are important. These groups must know when and how to react, as they are in regular and frequent contact with children. The same argument holds for parents or care-takers. As pointed out by Broadhurst (2007), few studies have examined the self-referral rates among parents or care-takers in child welfare, even though increasing their referral rates is important for at least two reasons. First, parents or care-takers are in the best position to predict or recognise when the family is in need of assistance, and thereby get assistance in a larger number of cases and earlier. Early intervention is desirable because it has been found to be associated with better outcomes for the children when they reach adulthood (Clausen and Kristoffersen 2008). Second, initial contact that is voluntary might go a long way to ensuring a good working relationship between the parent/care-taker and the CWS, as found by Marthinsen, Clifford et al. (2013).

By exploring self-referral rates among different groups of parents, we aim to identify determinants of parental self-referral. Knowledge of such determinants may facilitate contact with the CWS for more

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parents or care-takers. Specifically, we compare referral rates among parents who are native to Norway with those of parents who are not. It has long been a fact in Norway that different rates of assistance from the CWS are received by groups with different migration backgrounds. In 2012, among 6–12 year-olds, 4% of Norwegian-born children with Norwegian-born parents received some form of assistance. Among Norwegian-born children with parents born outside of Norway, and children and parents who immigrated to Norway, the figures were 7.6 and 7.5%, respectively (Dyrhaug and Sky 2015).

The present analysis uses register data, which have the great advantage of including the whole of the population. The disadvantage is that these data do not include any direct measures of intrinsic opinions or valuations that motivate someone to contact the CWS. By comparing the self-referral rates between the above-mentioned groups, we use group characteristics to discuss why some parents choose to contact the CWS and others do not.

The CWS in Norway

The presence of the CWS in the lives of a family and/or child takes the form of assistance or an intervention, ranging from providing the child and family with day care to out-of-home placements. Here, we use the term *measures* for such interventions or assistance.

The Norwegian CWS are family oriented and adopt a therapeutic approach (Skivenes 2011), and the services of the present-day CWS extend beyond protecting children at risk of abuse or maltreatment; their focus is on the development of the child (Marthinsen, Lichtwarck et al. 2013). Of all measures enacted in 2014, 40% were aimed at enhancing the child's development (Statistics Norway 2015).

Approximately 53,000 children and young people under 18 years old received measures from the CWS in 2014 (Statistics Norway 2015). Each measure starts with a referral or notification, which may be made by any person. In recent years, the CWS have initiated approximately 5000 new cases each year (Statistics Norway 2015), which means that after an initial investigation, the CWS decided to initiate measures in the cases of approximately 5000 children. An investigation is initiated upon receiving a notification concerning the welfare of a child, if the notification gives the CWS reason to believe that there are grounds for a measure (Ministry of Children, Equality and Social Inclusion 2006). In short, this means that a notification is the first entry point for any child or family into the CWS.

A measure is an action on the part of the CWS involving a child and/or a family. It may involve treatment for substance abuse, giving advice to parents, providing economic assistance, or removing the child from the parents/care-takers temporarily or permanently. In 2014, the most commonly deployed measures were those to enhance the development of the child, strengthen the parenting skills of parents/care-takers, as well as the guidance and counselling of parents (Statistics Norway 2015). In this respect, 2014 was a fairly typical year. A child and/or a family may receive more than one measure at any time. Measures fall into two categories, namely help measures or care measures. As a rule, help measures are voluntary; parents/care-takers themselves choose to accept the measure, or not (Ministry of Children, Equality and Social Inclusion 2000). More than 80% of those who receive assistance from the CWS receive care measures (Statistics Norway 2015).

Previous research and research questions

The present analysis is informed by two previous studies investigating parental self-referral to child protection or welfare agencies. Broadhurst (2007) investigated the help-seeking behaviour of parents in child welfare using focus groups and interviews in England and Wales. She was able to identify a distinction that was central to the parents and informing of their help-seeking behaviour; namely inside/outside the family. When encountering problems, parents only reached out to CWS if no other option was available, meaning they had no family network or resources to mobilise (Broadhurst 2007). In another study ($N = 200$) from Israel, Shor (2006) compared intentions to seek help among native Israeli parents and parents having emigrated from the former Soviet Union, living in Israel.

The participants in the study answered whether they would be willing to seek help if their child had a problem, from either formal (e.g. social workers, teachers) or informal (relatives, friends) sources. Immigrant parents expressed less willingness seek help from either source, and significantly more often stated lack of trust as the reason (Shor 2006).

Given the scarcity of large-sample quantitative research into the self-referral rates of parents, this is largely an exploratory study. The specific focus of analysis is how rates differ with respect to migration background. We investigate whether the group of parents with the largest uptake of assistance from the CWS is also the group with the highest self-referral rates. To gain a better understanding of self-referral rates, we also examine referral rates in these groups for three other notifiers, namely the school, the CWS and the social services.

In addition to migration background, we examine poverty and its impact on rates among the four included notifiers. Poverty is of interest both as a control – the CWS may be an alternative gateway to welfare services, as more of its work is aimed at relieving problems associated with social inequality or economic deprivation (Marthinsen et al. 2013) – and because the literature questions whether the CWS misread the situation of economically deprived immigrants as an issue relating to culture. We therefore include the interaction between poverty and migration background.

Data and method

In Norway, data of public sector activities at all levels (state, county municipality and municipality) are registered. The data used in this analysis comprise register data of all those who received measures from the CWS in 2008–2010, which include data on notifications, such as by whom and in which year. Information on both children and parents is registered.

It is important to note that the data-set includes those individuals who – after a notification and investigation – receive measures. Excluded are those notifications that did not elicit an investigation or the investigation concluded that no measures were to be taken. The cut-off of the year 2010 is due to a time lag in the compilation and release of information for research purposes. We chose the most recent years available to ensure present-day relevance, and a period of three years to ensure an adequate number of observations for statistical analysis. Furthermore, the three years differ somewhat (see Figure 1). To avoid problems arising from too few observations or random fluctuations between years, we construct and use a three-year mean for all variables.

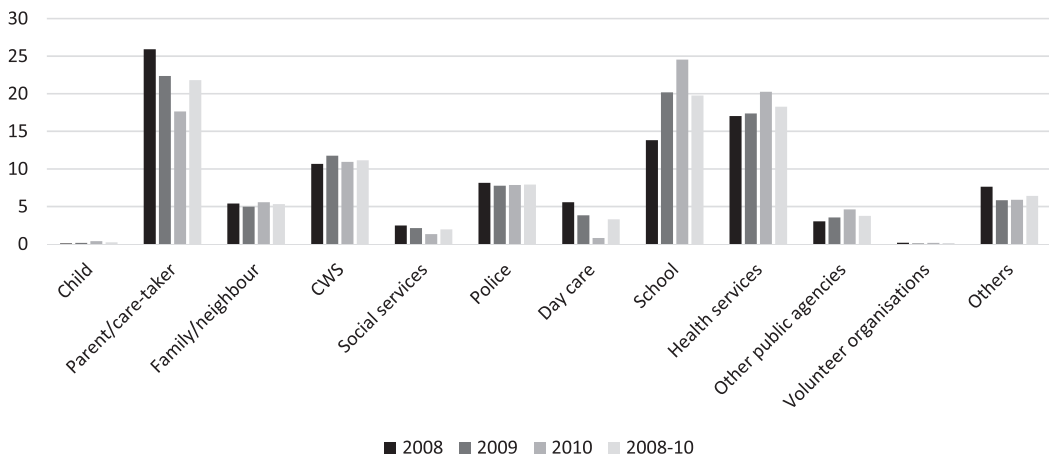


Figure 1. Notifier by year and total for 2008–2010 (%).

Note: Included are those with only one notification and with the first registration with the Child Welfare Services in the same year as the notification.

Table 1. Sample distribution across parent origin categories.

Region/country of origin of parents	N	Percentage
Norway	6114	86.1
Nordic countries	12	0.2
Europe, North America	108	1.5
Asia, Africa	772	10.9
Other	93	1.3
Total	7099	100

Individuals were included if (1) they received only one notification during the year, (2) they had not previously been in contact with the CWS, (3) the child were 7–12 years of age at the time of the notification, and (4) both parents were born in Norway or both parents were born in another country (Western or non-Western). We set these limitations to reduce analytical noise. For multiple notifications, it is impossible in the data-set to distinguish between those that led to a measure and those that did not. Focusing exclusively on those making contact for the first time ensures that notifications made by the CWS or others start on a comparable footing, for example, with no previous history with the CWS. As school is compulsory in Norway, the lower limit of the age span ensures that all children are available for observation by the school. The upper limit is to exclude teenage-specific problems, again to ensure comparability between groups. Specifying parents' shared background eases the implementation of the explanatory framework.

While the included children are all born in Norway, the background of the parents differs: born in Norway, born in a Nordic or European country (including the U.S.) or born in Asia or Africa, thereby making four background categories, namely Norwegian, Nordic, European and Asian/African. The U.S. is included in the European category as it is a Western welfare state, although the extent of its welfare services differs from that of Norway and the Nordic countries. To ease interpretation, only parents with a shared background are included. Our objective here was to be able to distinguish between different types of experiences with the state. In many Western countries, the welfare state is present through its services from cradle to grave, which is not the case in many Asian or African countries. The extensive welfare states in Norway and the Nordic countries also differ from other European countries.

The restrictions outlined above mean that the total sample comprised 7099 individuals for 2008–2010. Despite the large size, its uneven distribution across the categories of interest means that some groups are very small. In the total sample, fewer than 1000 children have non-Norwegian-born parents, the largest group being Norwegian-born children with parents from Asia/Africa. Table 1 gives the sample distribution across categories according to parent origin.

Variables and analytic technique

All variables included in the regression analysis are dummy variables. We chose to use linear regressions rather than logit or probit models, which are often used when the dependent variable is a dummy variable. This is because the models include interaction terms and the marginal effects of such terms are not well defined in non-linear models such as the logit model (Mood 2010). In addition, linear regression models also make the coefficients easy to interpret as percentage point differences (see Angrist and Pischke (2008) for a detailed description of the advantages of linear regression analyses).

Dependent variables

Four dependent variables are included: the parent/care-taker, the school, the CWS and the Social Services as notifiers. The CWS as notifier raises the question of how the CWS learned of the case in the first place. When the CWS learn through its casework of instances that warrant investigation, the CWS themselves may register a notification to be able to perform one. A hypothetical case is where a child under the care of the CWS is involved in criminal activity and other children participate. Then

the CWS may consider it necessary to investigate the situation of the other involved children; to do so, a notification is necessary. Other instances are when the emergency services of the CWS are alerted and respond to a situation. In such cases, the CWS are the notifier – if further investigation is deemed necessary – even though the alert originated from elsewhere; for example, from a neighbour.

Independent variables

The independent variables are the migration background of parents, whether the parents receive social benefits and the sex of the child. Migration background is coded as Norwegian, Nordic, European or Asian/African, which correspond broadly to the frequently used categories 'Western' and 'non-Western', with the addition of the Nordic category. Unfortunately, we do not have the country of origin, only the region, and these crude categories do not fit every case. For example, Thailand and Somalia – countries that are listed together in the same category here – differ with regard to the services and presence of the state in the lives of their citizens; as do, for example, Germany and the U.S.

Receiving social benefits serves as a proxy for being at the lowest end of the economic spectrum. Persons receive such benefits when they are unable to sustain themselves or their family. Social benefits come as, for example, housing and/or money transfers. In the data-set, receiving social benefits is the best available indicator of poverty. This does not mean that everyone who receives social benefits is below the poverty line, or that everyone below the poverty line receives social benefits, merely that this person has applied for benefits and has been considered incapable of self-sustainment for a short or longer period of time (Fløtten et al. 2011).

The sex of the child is included as girls and boys may be met differently by their surroundings; for example, behaviour that is regarded as normal for boys may be interpreted as signalling something amiss for girls, and vice versa.

Limitations

Some issues have been at the core of CWS work since its inception – poverty-related challenges, drugs and failing psychological or physical health in the parent/care-taker; at the same time, new issues arise. Over the years, changing gender roles have resulted in fathers wanting custody of their children because they consider the mother to be unfit – a phenomenon that rarely existed just one generation ago. However, the available register data do not allow investigation of such issues as the registration categories are not up to date (Marthinsen et al. 2013). This means that while the whole of the population is included, the available categories set limitations regarding which questions we can address. Another shortcoming is that a notification may originate from the parents but is still registered as coming from another source. For example, if the school approach the CWS upon request of the parent(s). If this occurs more often with those who are in frequent contact with social services or other services, we may end up with a particular selection of parents registered as notifiers. Moreover, as noted, we have no direct measures of why people act as they do; register data are best described as thin data.

Results

Descriptive statistics

Most of the parents in the sample were born in Norway. The second largest category comprises those born in Asia/Africa. Only 12 parents were born in the Nordic countries.

We start by investigating who notified the CWS in 2008–2010 across the total sample. Figure 1 provides a snapshot of all notifications, indicating that the parent/care-taker is responsible for the majority of notifications, followed by the school, the health services and the CWS. These results hold across the three-year span, with some variation between years.

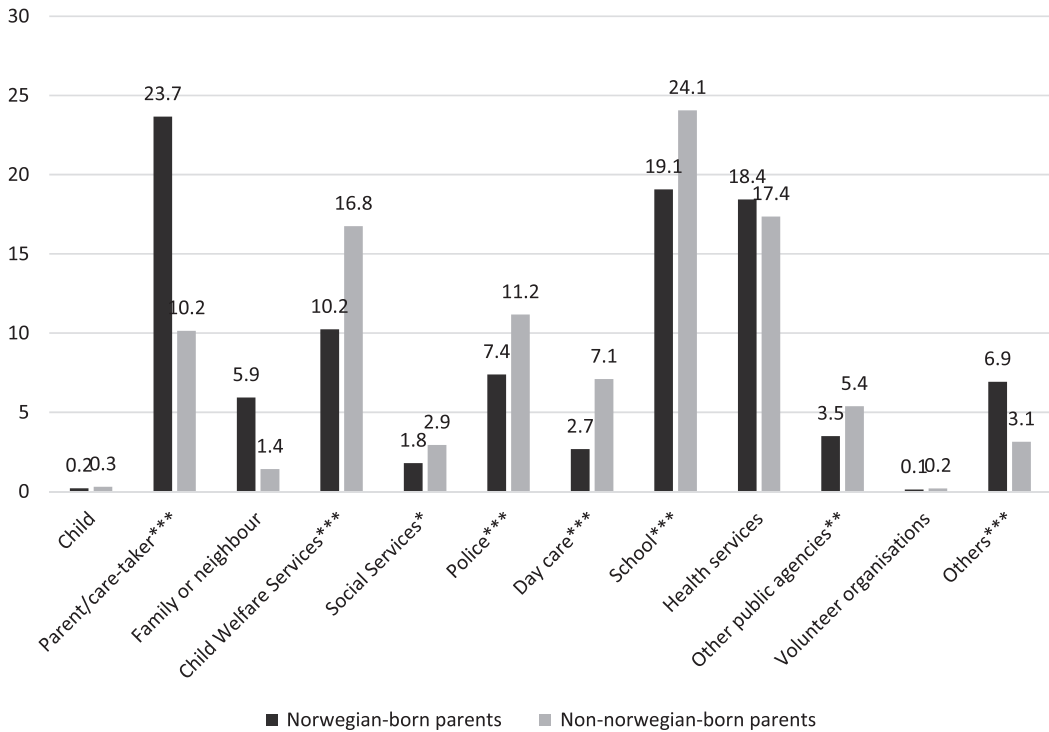


Figure 2. All notifications in 2008–2010, by notifier and within group (%). Source: Statistics Norway 2015.
 Note: Norwegian-born parents/care-takers and non-Norwegian-born parents/care-takers; t test. *** $p < 0.01$, ** $p < 0.05$, * $p < 0.1$.

Figure 2 depicts the mean of the three years 2008–2010 and splits the sample to compare Norwegian-born parents/care-takers with parents/care-takers born outside Norway. As was the case in Figure 1, most notifications originate from parents/care-takers, the school, Health Services and the CWS. There are large and significant differences between the two groups, most notably in the share of parents who self-refer and in the share notified by the CWS. For the Norwegian group, we see that the share of notifications from parents/care-takers is the largest. For the non-Norwegian-born group, the school is the most frequent notifier.

Regression analyses

The research questions indicate two dimensions that are of specific interest in the regression analyses. The first is the background of the parents; the second is whether they receive social benefits.

Column 1 in Table 2 lists the parent/care-taker as referrer. Both European parents (not including Norwegian and Nordic parents) and parents from outside of Europe are less likely to have made a notification than Norwegian parents are. Because these are all dummy variables, coefficients can be read as percentage point differences; European parents are thus 18 percentage points less likely than Norwegian-born parents to initiate contact with the CWS, and parents from Asia/Africa are 14 percentage points less likely than Norwegian-born parents to initiate contact. Receiving social benefits makes it 3 percentage points more likely that the parent/care-taker will contact the CWS compared with those who do not receive benefits.

In column 2 of Table 2, the school is the referrer; we see that compared with Norwegian-born parents, those parents who originated from Asia/Africa are 6 percentage points more likely to be notified. Those receiving social benefits are 8 percentage points less likely to be notified than those who do not. From column 2, we see that the school is not more likely to notify European-born parents

Table 2. Notifier as dependent variable (see column heading). Linear regression analysis.

Variables	1	2	3	4
	Parent/care-taker	School	CWS	Social services
Nordic	0.01 (0.12)	-0.09 (0.11)	-0.11 (0.09)	-0.02 (0.04)
European	-0.18*** (0.04)	0.01 (0.04)	0.06** (0.03)	0.05*** (0.01)
Asia/Africa	-0.14*** (0.02)	0.06*** (0.02)	0.06*** (0.01)	0.00 (0.01)
Girl	0.02* (0.01)	-0.07*** (0.01)	0.02*** (0.01)	0.01** (0.00)
Social benefits	0.03*** (0.01)	-0.08*** (0.01)	0.02** (0.01)	0.04*** (0.00)
Constant	0.22*** (0.01)	0.24*** (0.01)	0.09*** (0.01)	0.01** (0.00)
Observations	7,099	7,099	7,099	7,099
R ²	0.01	0.02	0.01	0.02

Note: Standard errors in parentheses.

* $p < 0.1$; ** $p < 0.05$; *** $p < 0.01$.

compared with Norwegian-born parents. However, they are more likely to notify Asian/African-born parents, by 6 percentage points. The school is less likely to notify if the parents receive social benefits.

From column 3 in Table 2, we see that the CWS are more likely to initiate contact if the parents are of European or Asian/African origin compared with Norwegian-born parents.

Another point of interest to note from Table 2 is the correlation between the gender of the child and the notifier; in most cases, the coefficient is significant and positive (albeit very small). However, in column 2, we see that the school is 7 percentage points less likely to notify if the child is a girl.

Table 3 includes the interaction terms of migration background and social benefits. Of primary interest is column 3. In column 1, the interaction terms are not significant, meaning that there are no differences between those who receive social benefits and those who do not. However, in column 3, the CWS will notify less often when the parent/care-taker receives social benefits and is from Asia/Africa. With this exception, the main conclusion from Table 3 is that there are no differences between those who receive social benefits and those who do not.

Note that in none of these models do we explain much of the variation in the dependent variable. The aim, however, is to analyse the relationship between the independent and dependent variables rather than trying to explain as much as possible of the variation in the outcome.

Discussion

The rates of self-referral are low among parents, and lower still among parents with migration background as compared with Norwegian-born parents. This may be surprising if parents who reach out to the CWS do so because they have no one else (as suggested by Broadhurst (2007)) – many immigrant families have little or no extended family to lean upon for support. On the other hand, immigrant parents may trust the institution less, as found in a study from Israel (Shor 2006). The migration background categories used in the present analysis reflect different types of states. As pointed out by Moufack (2010), the state as a provider of support and help is a novel experience for many immigrants, and may – at least initially – cause apprehension and suspicion. One study into the perceptions and experiences of the CWS among 10 parents, all of whom were refugees relocated to Norway, found that fear and distrust were common feelings towards the services. The informants shared an understanding of the CWS as discriminating against immigrant parents, with the forced removal of children from their families being a frequently used measure (Fylkesnes et al. 2015). A recent study lends some support to the beliefs reported by immigrant parents. Analysing pervading perceptions among child welfare workers, Rugkåsa, Eide, and Ylvisaker (2015) found that immigrant families were approached

Table 3. Notifier as dependent variable (see column heading). Social benefits interaction terms included for all variables (listed as [variable]*Soc in table). Linear regression analysis.

Variables	1	2	3	4
	Parent/care-taker	School	CWS	Social services
Nordic	0.15 (0.15)	-0.07 (0.14)	-0.10 (0.11)	-0.01 (0.05)
Nordic*Soc	-0.41 (0.25)	-0.06 (0.24)	-0.03 (0.19)	-0.03 (0.08)
European	-0.18*** (0.05)	-0.01 (0.05)	0.06 (0.04)	0.04*** (0.02)
European*Soc	-0.01 (0.09)	0.06 (0.09)	0.02 (0.07)	0.02 (0.03)
Asia/Africa	-0.14*** (0.02)	0.07*** (0.02)	0.08*** (0.01)	-0.00 (0.01)
Asia/Africa*Soc	0.01 (0.03)	-0.01 (0.03)	-0.07*** (0.03)	0.01 (0.01)
Girl	0.01 (0.01)	-0.07*** (0.01)	0.02** (0.01)	0.00 (0.00)
Girl*Soc	0.02 (0.02)	-0.00 (0.02)	0.01 (0.02)	0.02** (0.01)
Social benefits	0.02 (0.02)	-0.07*** (0.01)	0.03** (0.01)	0.03*** (0.01)
Constant	0.22*** (0.01)	0.24*** (0.01)	0.09*** (0.01)	0.01*** (0.00)
Observations	7,099	7,099	7,099	7,099
R ²	0.01	0.02	0.01	0.02

Note: Standard errors in parentheses.

* $p < 0.1$; ** $p < 0.05$; *** $p < 0.01$.

differently compared with majority parents. The authors analysed 160 cases compiled by child welfare workers participating in a course whose focus of interest was ethnic minorities and the CWS. Rugkåsa, Eide, and Ylvisaker (2015) aimed to identify the perceptions and understandings of ethnic minorities and the CWS among the course participants. Their main finding was that the focus of child welfare workers tended to be on culture, rather than on, for example, economic or financial issues, mental or physical illness, or social class. Static and polarised understandings of culture underpinned the child welfare workers' dealings with minority families and predominated in their casework, at least as was portrayed in the 160 cases. Similarly, a recent research summary identifies 'othering' – namely, seeing someone as a stranger or as alien – as a frequent phenomenon in the meetings between the CWS and families with migration background. This is a challenge as the CWS workers run the risk of stereotyping and using group characteristics, and misinterpreting social inequalities as differences in culture (Paulsen, Thorshaug, and Berg 2014). Neither of these two studies above identified the consequences of this process or the practice of 'othering', which raises the question whether the CWS interfere needlessly or ignore situations where they would otherwise have intervened, had the family not had a migration background. In the present analysis, we found that for families with a migration background that also receive social benefits, the CWS notify less often. This might indicate that the CWS do indeed 'culturalize' social inequality, and fail to recognise economic deprivation by not acting upon it. However, the general finding that the CWS more often notify families with migration background complicates the picture. It might be assumed that they would culturalize all families with migration background, not only those economically deprived. It may be that the CWS extend welfare services rather than child protection to these families, and when they already receive such services from other public agencies, the rates of notification drop.

When a parent or care-taker reaches out to or contacts the CWS, this presupposes, among other things, a certain level of trust in that the institution can and will alleviate the situation of the child and/or family. The parents included in this analysis had no previous dealings with the CWS, and

had no first-hand basis upon which to form (dis)trust. Trust as a general attitude or perception is commonly referred to as generalised trust, that is, to what extent do we trust others without concrete information (Dinesen 2013). This type of trust has been found to have two central components, namely experiences and culture. Trust is formed based on experiences from your own dealings with people or institutions, for example, from your country of origin; at the same time, you are socialised into the pervading perception or level of trust in the society in which you reside (Dinesen 2012, 2013). With regard to the levels of general trust, the categories applied in the present study overlap broadly with findings from studies into national levels of trust (Delhey and Newton 2005). Citizens in Norway and the Nordic countries report high levels of trust, while citizens in most African and Asian countries are at the opposite end of the trust spectrum (with the exception of China, where citizens report high levels of trust). European countries are somewhere in the middle. Furthermore, these categories reflect national-level characteristics that correlate with higher levels of trust, such as democracy and industrialization (Paxton 2007).

Differences in generalised trust may – at least in part – explain the different rates of self-referral among the groups of parents in the present analysis. This notion finds some support from a study into trust among parents who received measures from the CWS. The study found that parents who were in contact with the CWS noted a higher degree of trust in the CWS (70%) than the general population (25%) (Marthinsen et al. 2013). Given that over 80% of those who receive assistance from the CWS receive largely voluntary help measures (Statistics Norway 2015), it is pertinent to ask whether there is a selection process at work. It may be that having first-hand experience with the CWS instils trust, or it may be that those who trust the CWS accept help measures to a greater extent than those who do not, meaning that those parents in contact with the CWS who report high levels of trust already had a pre-existing high level of trust before accepting measures. Differences in levels of trust need not explain all, or even most, of the differences in self-referral. Immigrant families may for instance face larger barriers in terms of language skills or institutional knowledge. Other processes than trust may be at play, resulting in the observed differences in self-referral among Norwegian born parents and parents born in other countries.

Concluding remarks and suggestions for further research

This study finds that among those who receive measures, parents who are native to Norway more often initiate contact with the CWS than parents who are not native to Norway, despite the fact that the rates of measures are higher among the latter. We propose different levels of generalised trust as an explanation for the difference in rates. Following the findings from Broadhurst (2007) and the fact that few parents self-refer, another explanation might be that parents prefer to keep personal difficulties within the family. Having no prior experience of contact with the CWS, many parents are unaware of the kind of assistance they offer. Despite the CWS in 2015 providing a broad range of assistance and welfare services, there may be a lag in the public perception of the services, leaving some to think of the CWS as being there only for very hard times. One policy recommendation is therefore to take steps to increase awareness of the CWS and its services.

Future studies can investigate other mechanisms behind the relatively low self-referral rates. Register data offers at least two potential avenues. Combining different registers would allow for network analyses, while variation in practices and available measures among municipalities can serve as natural experiments for policy evaluation. Furthermore, by working together with researches, policymakers could test different interventions for increased self-referral by randomly assigning interventions. As to the reasons why families need help, better categories of registration need to be developed in order for exploring this using register data. Until then, qualitative methods are advisable.

Disclosure statement

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