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Breaking bad news: Child welfare workers' informing parents of care order proceedings

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Abstract

Removing children from parents through care orders is a highly intrusive intervention. This article explores how 12 experienced Norwegian child welfare workers perceive and cope with breaking bad news to parents of the decision for a care order initiative. A thematic analysis of qualitative in-depth interviews revealed that the task of breaking bad news to parents includes several challenging aspects involving ethics, care and control that are influenced by relational and emotional aspects. Caseworkers felt obligated to convey the decision humanely and caretake children and parents, ensuring safety, determinacy and control. Caseworkers struggled to endure heightened emotions, handle the painful switch from helper to traitor and cope with an extreme though necessary intervention of child protection work. Care order meetings are complex and unpredictable and challenge child welfare workers professional and human capacity, as it represents considerable professional and personal demands. The article discusses the challenges of breaking bad news in the child protection profession compared with professions in the health care field. Moreover, discussing how caseworkers' coping strategies may impact their practice and highlights caseworkers' burden with the task, pointing to practical implications.

KEYWORDS
breaking bad news, care orders, caseworkers, child protection, child removal

1 | INTRODUCTION

> *The man who passes the sentence should swing the sword*. George R. R. Martin, *Game of Thrones*

The object of this article is to explore how Norwegian child welfare workers perceive breaking bad news of a care order initiative to parents and how they cope with the task. Care orders are 'invasive' (Skivenes & Søvig, 2017, p. 40), 'extreme' (Juhasz, 2018, p. 530) and stigmatizing (Featherstone et al., 2014, p. 149) interventions aiming to place children in out-of-home care. Child protection work is dual by nature, combining aspects of care and control (Featherstone et al., 2014, p. 1). Moreover, child welfare services' (CWS) decision-making is largely based on professional competence, discretion (Skivenes & Tonheim, 2017) and normative understandings of children's well-being (Berrick et al., 2015, 2016). Thus, due to CWS caseworkers' power, exploring and challenging their perceptions and reasoning are significant (Featherstone et al., 2014; Samsonsen & Turney, 2017). Within Norwegian CWS, the decision to initiate a care order is made collectively by caseworkers, team leaders and management (Berrick et al., 2015). However, CWS caseworkers act as lead professionals by informing parents of the CWS care order initiative in encounters referred to as care order meetings. These meetings take place before the case is assessed by the County Social Welfare Boards

(County Boards), who have the authority to settle care order decisions (Child Welfare Act [CWA], 1992).

Researchers (Burns et al., 2017) have called for extended knowledge on decision-making in care order cases and exploration of social workers' reasoning. Exploring decision-making processes is important due to the limitations of cognitive character, psychological forces, distractions, incomplete information and time pressure (Harrison, 1999). Hence, how caseworkers 'swing the sword' and break the bad news of a care order initiative is of particular interest. This study contributes an increased understanding of the CWS decision-making process and practice by exploring caseworkers' perceptions and coping strategies when breaking bad news of a care order initiative to parents. This is important, as 'understanding how decision makers actually operate in practice would enable us to enhance those decision-making strategies' (Platt & Turney, 2014, p. 1479). Knowledge from this study might provide transparency and inform the knowledge base on which practice and reforms are built, thereby hopefully improving outcomes for families.

2 | SETTING THE CONTEXT

2.1 | Challenging aspects of care order processes

Care orders aim to protect children from maltreatment, abuse and neglect (United Nations, 1989, art. 19). However, they challenge the respect for the private sphere and family life (United Nations, 1989, art. 16) and for a child's rights to preserve family relations (United Nations, 1989, art. 9). Care orders represent a major upheaval of families' lives, and parents experience them as highly demanding (Falch-Eriksen, 2016; Nixon et al., 2013; Syrstad & Slettebø, 2019). Crisis, grief, anger, powerlessness, despair, guilt and shame are common (Baum & Negbi, 2013; Falch-Eriksen, 2016; Höjer, 2011; Nixon et al., 2013; Smeeton & Boxall, 2011). Additionally, to meet the threshold of a care order decision, social workers may present parents' negative characteristics as evidence (Burns et al., 2018; Masson, 2012). Parental participation, though legal and valued, has proven difficult due to the contradictory nature of child protection (Jackson et al., 2019). Care order processes can increase resistance and complicate parental engagement (Berrick et al., 2017; Masson, 2012), which may also be hindered by structural and practical boundaries (Berrick et al., 2017; Juhasz & Skivenes, 2016).

Care orders entail considerable demands, require extensive preparation and are emotionally demanding and time-consuming (McKeigue & Beckett, 2010; Taylor et al., 2008). Hence, social workers experience personal pressure in these processes (Beckett et al., 2007). Making a poor decision may have dramatic consequences for the parties involved and for the legitimacy of the service (Skivenes & Tonheim, 2017). The work often takes place under stressful conditions within critical office climates and amid diminishing resources (Engstrom, 2016; Juhasz & Skivenes, 2016; Miranda & Godwin, 2018; Taylor et al., 2008). CWS caseworkers are exposed to heavy workloads, time constraints and staff shortages (Engstrom, 2016; Miranda & Godwin, 2018; Olaniyan et al., 2020). Additionally, the work may be difficult, risky and dangerous (Engstrom, 2016; Miranda & Godwin, 2018; Vagli, 2001, 2009). Child removals involve emotional labour, which may contribute to anxiety and burnout (Miranda & Godwin, 2018). Stress tends to increase workers' intentions to leave CWS, especially for less experienced employees (Olaniyan et al., 2020; Radey et al., 2018). External pressure, media and public interest likely amplify social workers' burden (Engstrom, 2016).

2.2 | Care orders in Norway

Norwegian CWS has few guidelines and varies locally, largely based on caseworkers' discretion and professional judgements (Samsonsen & Turney, 2017). The system embraces conflicting principles of traditional family values and individualized views on children (Skivenes, 2011) where care order measures represent a shift from a voluntary partnership to an involuntary intervention (Skivenes & Søvig, 2017). A care order can only be issued if in-home measures are deemed insufficient; children are at risk of or subjected to abuse or neglect; their security, health or development are at stake; or removal is in the child's interest (CWA, 1992, art. 4–12, a–d). Per 1000 children, 13.80 (aged 0–17 years) in Norway were placed in out-of-home care in 2016 (Nordic Statistics Database, 2021). For several years, the Norwegian removal rate has been higher compared with that of other Nordic countries (Hestbæk et al., 2020). However, it has somewhat decreased over the past years (Bufdir, 2020). Norwegian CWS has been subjected to massive criticism from international media and the European Court of Human Rights regarding care order cases (Bufdir, 2020; Falch-Eriksen & Skivenes, 2019; Skivenes & Tefre, 2020). Nevertheless, statistics reveal that the County Boards rule in favour of CWS in 80% of cases (Fylkesnemndene, 2019). Parents have legal rights when Norwegian CWS initiates a care order process, for example, the right to be notified, be informed of legal frameworks, receive free legal aid and have their perspectives considered (CWA, 1992; Public Administration Act, 1967).

Norwegian CWS workers seem confident when initiating care orders, as the decision unfolds gradually in work with families (Berrick et al., 2016). Cases are assessed repeatedly before a group reaches the final decision (Berrick et al., 2015). However, Norwegian CWS has been accused of being diffuse when justifying decisions for out-of-home placements (Backe-Hansen, 2001; Christiansen & Anderssen, 2011). Moreover, CWS caseworkers claim that high work pressure threatens service quality in Norway (Olaniyan et al., 2020). Additionally, research has shown that Norwegian social workers are prone to emotional stress, threats and violence at work and have high sick leave use (Nasjonal overvåkning av arbeidsmiljø, 2016; Statens arbeidsmiljøinstitutt, 2016). Furthermore, research indicate that Norwegian CWS managers expect caseworkers to master, manage and endure emotional burdens and heavy demands (Christiansen et al., 2019). Gotvassli and Moe (2019) have emphasized the importance of management engaging with caseworkers' practice to qualify and support the work.

2.3 | Research on care order meetings

Ferguson's (2011, 2016a, 2016b) extensive observation work has, in general, shown the complexity of social work encounters and how context, emotions, power and demands may affect interactions. Regarding care order meetings in particular, Dickens et al.'s (2015) research on parental participation in pre-proceeding meetings in England and Wales has similarities with the setting explored in this article, as caseworkers discuss 'edge of care' cases with parents. However, in these cases, the aim was increased participation and a more equal power balance, although the result was often enforced compliance rather than actual engagement (Dickens et al., 2015). Berrick et al. (2017) examined parental involvement in care order decisions through a vignette study and found that caseworkers emphasized the importance of parental involvement by ensuring that parents understood the grounds for the decision. However, Berrick et al. (2017) called for studies examining how caseworkers provide information and engage with parents when issuing care orders. This study contributes to the current knowledge by exploring how CWS caseworkers perceive and cope with breaking the bad news of a care order initiative to parents. To explore caseworkers' experiences with breaking bad news, we draw on related research from the medical field, as presented below.

2.4 | Research on breaking bad news

Physicians perceive breaking bad news as demanding, stressful and troublesome (Mostafavian & Shaye, 2018; Shaw et al., 2013; Silveira et al., 2017). The discomfort is related to uncertainty in how to inform, receive responses, tackle emotions and deal with the unpredictable situation and depriving patients of hope (Mostafavian & Shaye, 2018; Shaw et al., 2013; Silveira et al., 2017). Challenges with and lack of training in breaking bad news have also been reported within nursing, audiology and speech-language pathology (Fontes et al., 2017; Geal-Dor & Adelman, 2018; Gold & Gold, 2018).

Interestingly, 'soft skills' have been emphasized as important human qualities that enable and influence interactions when breaking bad news (Khasanzyanova, 2017). Social workers have been used as assessors of medical residents' skills in breaking bad news, as they are referred to as 'experts' in communication and a 'psychological bridge' between medical staff and patients (Min et al., 2016, p. 844). This implies an understanding of social workers as being more equipped for breaking bad news than health workers. However, LeBlanck et al.'s (2012) study measuring child protection workers' stress responses to confrontational situations indicated that social workers might experience breaking bad news as challenging. However, although they found confronting scenarios stressful, social workers showed rapid habituation to the situations, which was explained by adaption and gained experience (LeBlanck et al., 2012). This is in line with breaking bad news research which has shown that experience and coping strategies are factors that seemingly ease the burden of the task (Shaw et al., 2013; Silveira et al., 2017). However, medicine, with its natural science perspective, may contrast with social work's more humanistic perspectives (Munro, 2008). Although the contexts and roles are different, we assume caseworkers may experience similar challenges as those reported by health care workers when breaking bad news, which will be further elaborated in the discussion.

3 | COPING THEORY

Because child removals involve significant emotional labour for social workers (Miranda & Godwin, 2018), Lazarus and Folkman's (1984) transactional theory of stress and coping is functional as a theoretical framework to understand CWS caseworkers' perceptions of and coping with breaking bad news. This theory is applied based on the assumption that caseworkers will consider the task of breaking bad news in care order meetings as more or less threatening, demanding or stressful depending on their available resources. Coping theory shows how discrepancies between perceived situational demands and capability to cope can provoke stress and negative emotions (Lazarus & Folkman, 1984).

In work situations that are perceived harmful, dangerous or challenging, people will enact coping strategies as cognitive or behavioural attempts to manage perceived demands or stressors (Lazarus & Folkman, 1984). Individuals apply *problem-focused coping* when directly reducing or removing stressors is possible in a given situation (Lazarus & Folkman, 1984). *Emotion-focused coping* occurs when situations are assumed to be less likely to change. To reduce negative emotional responses to stressors, individuals apply strategies like venting emotions or seeking social support or distractions (Lazarus & Folkman, 1984). In a revised work, Folkman (2008) acknowledged that futile coping can initiate *meaning-focused coping* when demands are perceived as aversive. Stressful situations are then ascribed with positive meaning by drawing on beliefs, values or goals. By focusing on gains, such as growth, wisdom and competence, individuals can relieve distress, although such beneficial effects often are regarded more favourably in retrospect (Folkman, 2008).

4 | METHODOLOGY

4.1 | Participants and recruitment

Participants were recruited through municipalities or CWS offices. Participation criteria included at least 2 years of experience in CWS and participation in at least two care order meetings. Twelve participants were recruited from eight CWS offices in five larger cities, representing 16 agencies in total, as several participants had worked in multiple offices. Their professional experience ranged from 3 to 28 years, with a mean of 13.5 years. Many had postgraduate studies (8). They had varied experience with care order meetings, from a couple to dozens, and the study all together covers experience from approximately 130 care order meetings.

4.2 | Design and data collection

The qualitative in-depth interviews followed a semi-structured interview guide (Brinkmann & Kvale, 2014). Participants were interviewed individually, except two caseworkers who were interviewed together due to practical issues. Participants were invited to reflect freely on care order meetings to derive rich descriptions of their experiences and were asked to elaborate on perceived demands, preparations, conduct, support, procedures, how they experienced parents and how this affected them. The interviews were conducted at their workplaces, lasted 1–1.5 h and were audio-recorded.

4.3 | Analysis, credibility and ethical concerns

The interviews were transcribed and analysed with thematic analysis principles (Braun & Clarke, 2006). We asked how child welfare workers perceived breaking bad news of a care order initiative to parents and how they coped with the task. Data were read several times, and immediate impressions were noted before the material was coded by hand. First, we searched for patterns and meanings in the material and noted preliminary codes. Then, we contrasted codes and possible themes, keeping in mind the context and searching for complexity (Braun & Clarke, 2006). The analysis was critically altered during the process of writing up the findings.

The first author can be defined as an 'insider' who previously worked in child protection services, which was known to the participants. Being an insider might have affected the data collection, analysis and presentation (Teusner, 2016), as insiders may be subject to bias and blind spots (Merton, 1972). However, it may also be an advantage in both facilitating access and contributing to a deeper understanding (Merton, 1972). Nevertheless, we tried to counteract possible bias by including the co-author in the data analysis and interpretation.

5 | FINDINGS

5.1 | Perceptions of ethics, care and control

5.1.1 | Convey humanely

Breaking bad news of a care order initiative was perceived as a brutal and devaluating act towards parents. Participants attempted to avoid causing parents pain by averting talk about failures and flaws, downplaying reasons for the care order and keeping the meetings short. Participants described using a wide repertoire of bodily expressions in addition to verbal statements to display respect, warmth and empathy. Even so, caseworkers understood the news would cause considerable pain and that parents would perceive the news harshly, as devaluation was unavoidable. Because grounds were linked to parental failure and negative characteristics, informing became stigmatizing. Amanda said, 'It's only the negative [aspects] we bring up … It's as sad as it gets'. Hence, informing humanely and respectfully was perceived to be insoluble, as Nina described, 'extremely difficult to say it in a considerate way because it's exactly that conveying [the decision] isn't considerate in itself'.

Participants found it challenging to be direct and thorough enough so that parents could understand the grounds without feeling inhumanely treated. Sara pointed out how clear communication would often contradict kindness: 'We really need to explain why … You have to be direct … That feels … brutal'. Caseworkers expressed severe efforts in how they spoke and in the language used, yet they experienced that parents struggled to understand, which could be related to caseworkers' avoiding explanations of important but troubling subjects. According to participants, parents' reactions to the news included cognitive problems, shock, crisis or unwillingness to believe what was happening. Participants emphasized the importance of informing parents of their legal rights, although Guro described this as challenging: 'The rights and guidelines … are … difficult to explain … These are serious decisions … [Parents] must be well prepared [before] the County Board'.

5.1.2 | Caretake parents and children

Although participants' perceptions varied, they generally felt responsible for ensuring the safety and health of both parents and children. Parents could become mentally ill after care order meetings, even suicidal, but procedures for following up with parents varied among offices. To ensure parental support, participants recommended contact with physicians, mental health professionals, family and friends in addition to a lawyer. Caseworkers frequently experienced that angry parents would refuse help, which made follow-up harder to manage. Furthermore, participants prioritized children's safety over parents' needs and interests, which reflected caseworkers' dual role. Nina explained, 'It's a difficult role … to take care of and be that person who inflicts [that pain] … [Parents] just want to … get away … from the person who has inflicted this upon them'. Although caseworkers expressed awareness of parental hardship, participants also underestimated or were less sensitive to parents' burdens. Eva stated,

> [It is] an extremely difficult meeting with parents where we … require a great deal from them in a crisis … We explain something which … often comes unexpectedly and catches them off guard. And we sort of loosely expect they are able to digest this information and answer … the questions we need to ask.

Due to safety concerns for the children, caseworkers tended to avoid informing parents about these decisions before the meetings. In the meetings, they talked with parents about how to caretake the child and sometimes instructed them how or when to inform the child of the care order proceeding. Some children were placed in out-of-home care the same day due to parents' mental state after the meeting or because CWS feared the child would be reprimanded or leave the

country. Concentrating on the gains for the child seemingly made caseworkers less sensitive to or even avoidant of parents' needs, as Robert admitted:

> This is probably where we fail sometimes [in caretaking parents] afterwards. Some refuse … and some get follow-up on their own … Others accept guidance, but … when I think back … the child protection service involvement [with parents] after [the meeting] was a little less in focus than follow-up of the child.

Ensure safety, determinacy and control

Participants described a necessity to exercise power and control in care order meetings to avoid potential threats for all parties involved. Parents could be dangerous, traumatized or in crisis, and participants sometimes feared for their own safety. Ingrid recalled, '[The father was] known to the police … Then, I was quite frankly scared. He was a debt collector who used and sold drugs'. Some had been verbally threatened, whereas others had experienced violence. Furious reactions and possible violence made caseworkers anxious, scared and even provoked. Although some gave security little thought, fierce events made caseworkers more aware of precautions. Ingrid explained, 'Since that incident [of violence], I'm really aware of [security]. Before it was like … don't think about it … the physical surroundings … I think more about it now'. In especially threatening cases, caseworkers could receive police support. Feeling physically safe enabled them to focus on the task. However, security measures were not always possible due to hectic days and massive workloads. Additionally, caseworkers experienced practical difficulties, such as a lack of suitable meeting rooms. Participants were forced to hold meetings without necessary precautions due to the urgency of informing parents within a reasonable timeframe. They made efforts to keep order by minimizing and controlling discussions to prevent pain and distress or furious or violent incidents. Nina revealed that the goal of care order meetings was to be informative without dialogue: 'I often experience [parents] trying to negotiate. The meeting is not about negotiation … Because it's not negotiable'. Thus, caseworkers' attempts to maintain determinacy and control in care order meetings and limit dialogue and parental perspectives can be understood as an exercise of CWS power and control.

5.2 | Coping with emotional and relational aspects

5.2.1 | Endure heightened emotions

Parents' extensive emotional and unpredictable reactions when receiving the bad news were exhausting to caseworkers. Parents were most often unaware of the agenda, which participants justified with arguments about the child's safety. Being caught off guard could lead to strong reactions, such as desperation, grief, anger, frustration, anxiety, apathy and confusion. Reactions were normal and preferable, as they were, according to Victoria, 'natural human reactions, which I'm actually glad to see … For [their] mental health, it's good there is a reaction … If not, I get … worried they're suppressing their emotions'. Even so, heightened emotions were uncomfortable to endure. Robert underlined grief as the most painful: 'When they're so sad and life has been so difficult … that's [hard] … It does something to you emotionally to face grief'.

Care order meetings affected participants emotionally and physically. Some had problems sleeping, as they dreaded an upcoming meeting. Participants suppressed their own feelings during the encounter despite raised heart rates and other uncomfortable bodily manifestations. Nina revealed how she avoided discomfort by ending meetings: 'Over time, it's challenging to endure … If it … gets tough … I say … now the time's over … because my defence starts to fail'. After the meetings, participants typically felt relieved, especially if it went calmly, but they were still affected: 'Afterwards, I'm probably filled with adrenaline and cortisol … I feel … physically and mentally tired … a little empty. … This is the worst thing about my job. I get sad. I get tired. I sometimes get exhausted' (Nina).

Caseworkers' personal feelings varied from empathy to occasionally antipathy. In severe cases where children suffered great harm, participants were less influenced by parents' pain. In such cases, awareness of ethical conduct became important, as Robert pointed out: 'A father who has … severely abused his kids … should be treated with respect and impartiality … That's difficult … Preparation and conduct [becomes important] so … antipathy [doesn't] take over'.

5.2.2 | Handle the painful switch from helper to traitor

Conveying the news of a care order initiative was perceived as a personal act against the parents. Relationally, this made care order meetings highly uncomfortable, as they represented a shift from caseworkers being prior helpers with positive relationships with parents to being traitors and inflictors of pain. This was emotionally burdensome, as Sara expressed: 'There are many caseworkers who dread becoming … the enemy'. Occasionally, participants felt they were failing or deceiving parents. Ingrid explained, 'You've … investigated, tried to have [positive] relationships with [parents] … We have a desire for things to be better, and then you don't succeed … You kind of come and stab them in the back'. Feelings of betrayal were linked not only to a failure to sufficiently help families but also to being vague or dishonest in previous feedback, which seemed to be part of the relational work. Sara elaborated, 'Many things … perhaps could be softened … You would like a good relationship … and then, harsh decisions are made all of a sudden'. To cope with the discomfort of representing the decision, some participants would apply strategies including defending the decision, pointing towards parental failure, avoiding accountability for the decision or bypassing responsibility by placing it on management or the County Boards. Nina stated, 'If there is a lot of anger, then I also say … 'This isn't just something I have

decided … This is the decision of … management', to spread the responsibility a little'.

Conveying the decision was especially hard when a good relationship with parents existed. Furthermore, stronger relations made participants feel more obligated to receive, face and tolerate parents' suffering and emotional expressions. Occasionally, another strategy, seemingly to avoid discomfort and pain, included comforting parents, offering hope and emphasizing that the final decision was made by the County Board. Although indicating hope, participants were aware that change was unrealistic and hope was most often fake. They were relatively sure the court would deliver its judgement in agreement with CWS, as Ingrid admitted: 'It might be the case that the child protection service is wrong, that the County Board suggests other solutions … I've yet to experience that though'.

5.2.3 | Managing an extreme although necessary intervention

The challenging aspects of care order meetings were distressing, uncomfortable and tiring. Although demanding, discomfort was also highlighted as an important factor for conducting good work. Being emotionally affected, along with compassion, was understood as necessary: 'It isn't a regular meeting, and it never should be … If you don't feel the seriousness … then something's wrong … You need a feeling of discomfort to stay focused … be … reliable' (Lina). This quote shows how Lina copes with the discomfort by ascribing it positive meaning, which could be interpreted as a meaning-focused coping strategy. Moreover, this reflects an awareness of her personal responsibility regarding power, discretion and ethical values.

Hence, preparation, though a complex and infrequent task, was deemed important to cope with the demands. Practical issues have been addressed above; however, mental preparation and rehearsal were emphasized as equally important for mastering the task. Although preparation was helpful, care order meetings are unpredictable, as they vary greatly and require emotional, cognitive and behavioural adjustment, which makes sufficient preparation impossible. Mari explained that they 'require full focus … with body … voice … eye contact … with warmth … It shouldn't feel like I'm treating it lightly … That's why I can't … plan for what I'll say tomorrow'.

Seeking support, assistance or advice from practised colleagues was a valued coping strategy, especially for less experienced caseworkers. Mari remembered being helped by a more trained peer: 'You learn some sort of tribal language … a certain way of saying things … formulating things … which didn't come naturally to me … I didn't have the right words … She … had them for me'. Participants considered support and guidance essential for coping with the task, as Nina expressed: 'I would not be able to deal with all of this alone'. Although some made plans with colleagues, hectic workdays did not always allow for it. Receiving support, guidance and supervision from management was less common, which reveals a lack of systematic routine for supervision at the offices. Some received support if requested, whereas others felt abandoned. To cope, caseworkers implemented individual strategies, for instance, performing 'softer' work tasks, arranging support, taking time off or working out after care order meetings.

Nonetheless, breaking bad news in care order meetings was noted as the most challenging task and considered almost unimaginable. Guro stated, 'When you're done … the wind is knocked out of you … "Oh my god, is this my job? What am I doing?" ' However, although discomforting every time, participants explained that increased experience and competence made them more confident with the task. Exposure eased some of the burden and made them feel more assured in breaking the news, managing legal and administrative issues, facing parents' reactions and coping with their own emotions. Even so, the task was still uncomfortable, for some even more so, as experience made them more aware of parental pain despite easing other aspects of the task. Furthermore, some caseworkers' personalities outweighed the advantage of experience: 'Some [caseworkers] get safer with experience … [others] will always struggle … We are different in … how we cope with … feelings … directed towards us … especially strong reactions' (Lina).

The analysis found that the comprehensive demands of the task made caseworkers consider leaving CWS. Mari expressed how just thinking about the task evoked emotional arousal, 'a kind of personal trauma … and you don't recover. There's a limit to how many of these traumas you can handle'. To be able to continue, caseworkers focused on the gains of the decision, applying a meaning-focused coping strategy. Most often, participants were confident that CWS had reached the right decision for the child and sometimes also for the parents. The children's welfare became a soothing and comforting argument. Christin explained, '[When the] conflict of interest between parents and children is too great, we should act as the Child Protection Service'. Focusing on the importance or gains of the CWS mandate outweighed some of the more painful, vicious and powerful aspects of the task: 'It's nevertheless a meaningful job … You are protecting a child' (Robert). The analysis found that the child's best interest became the overreaching rationale for defending caseworkers' exercise of power when breaking bad news of a care order proceeding in care order meetings.

6 | DISCUSSION

The findings reveal that breaking bad news of a care order initiative resembles a 'wicked problem', as it is complex, uncertain in outcomes, non-routine and holds conflicting interests (Harrison, 1999). When breaking bad news, caseworkers faced extensive challenges in encountering parents, which supports Ferguson's (2011, 2016a, 2016b) work showing how social work involves challenging aspects when interacting with families. Findings revealed that CWS caseworkers perceived it important to act humanely and considerate while at the same time ensuring safety, control and determinacy. Moreover, they had to cope with emotional and relational aspects, as they endured heightened emotions and handled the painful switch from helper to traitor. Although perceiving it meaningful to protect children

from harm, they seemed overwhelmed with the task, which supports previous literature arguing that child removals are an 'extreme intervention' (Juhasz, 2018, p. 530). The task entailed considerable stress from various stressors, including, among others, complex cognitive demands, psychological stress, distractions, incomplete information and time pressure, which is frequently the case in decision-making processes (Harrison, 1999). Although caseworkers applied individual coping strategies to endure the demands, the findings revealed that caseworkers experienced insufficient support from management when breaking bad news of a care order initiative.

Before discussing the findings, it is important to emphasize that this study is not without limitations. Although contributing knowledge on how caseworkers perceive and cope with the task of breaking bad news to parents of a care order initiative, the study cannot address how caseworkers act in practice or how care order meetings and CWS caseworkers' conduct are experienced by parents.

6.1 | Breaking bad news in a child protection context

Findings revealed that participants perceived that breaking bad news of a care order initiative, although necessary to protect children from harm, was highly challenging, discomforting and unpredictable. They were uncertain of how to inform the parents and found it hard to inflict pain, thus becoming reluctant to be direct or truthful. These findings resemble challenges reported by health care workers (Fontes et al., 2017; Geal-Dor & Adelman, 2018; Gold & Gold, 2018) and physicians (Mostafavian & Shaye, 2018; Shaw et al., 2013; Silveira et al., 2017). However, caseworkers reported becoming more confident in conveying bad news with growing experience, which is also in line with findings from the medical field (Silveira et al., 2017). Furthermore, becoming more experienced seemingly made participants more aware of parental pain and the complexity of the task. This finding resembles research showing how senior doctors, although experienced, still find the task stressful (Shaw et al., 2013). However, research has indicated that senior doctors, to a larger extent, apply coping strategies, contrasting their junior colleagues (Shaw et al., 2013). Hence, it might not be the experience per se but the exposure to and development of coping strategies that eases the discomfort, which supports LeBlanck et al.'s (2012) study showing how gained experience along with adaption to confrontational situations can ease distress.

Although the findings correspond with breaking bad news research from the medical field, there are several significant different dynamics between breaking bad news in medical and child protection settings. Munro (2008) discussed how medicine, with its natural science perspective, contrasts with social work, which employs a more humanistic approach that values care, empathy, emotional wisdom and ethics. Social workers may be more 'skilled' for the task than physicians, as they hold communication skills, and they are used as 'experts' in training medical residents in breaking bad news (Min et al., 2016). However, just as physicians have reported that it is hard to break bad news (Mostafavian & Shaye, 2018; Silveira et al., 2017), the current findings indicate that CWS caseworkers also struggle with the task.

An apparent difference between the medical setting and a child protection context is the messenger's role. Caseworkers reported perceptions of personal responsibility. This is an important dissimilarity to the medical field, as physicians, in most cases, are not personally responsible for the news they deliver to patients. In contrast, in a care order case, the setting is very different. It concludes with a decision that largely affects families lives and may give rise to stronger emotions, as it is a man-made decision, which contrasts with patients' misfortune. CWS caseworkers influence care order initiatives by providing assessments and judgements in the cases and, moreover, by sharing responsibility for the decision (Berrick et al., 2015). As the findings indicate, CWS workers might be blamed, or feel guilty, for not being able to change the situation sufficiently enough for the child to remain in the parents' daily care. In a Norwegian system which emphasizes voluntariness, initiating a child removal represents a shift (Skivenes & Søvig, 2017). Hence, when breaking bad news, the dual nature of child welfare work (Skivenes, 2011) comes to the forefront, as the caseworker's role switches from helper to traitor, a shift that seems to be significantly hard to handle. Hence, while holding several similarities with breaking bad news research in the medical field, our study indicates that the CWS caseworker's task may be more complex. As the face of the decision, CWS caseworkers represent the powerful mandate to initiate a care order proceeding and the state's intrusive power to separate parents and children. This is quite a different role to inhabit than is the case for physicians when breaking bad news. Additionally, there may also be issues regarding age, or status and gender (Hicks, 2015; Lippa et al., 2014; Wilbourn & Kee, 2010) related to the profession's perceptions and management of breaking bad news. However, it is outside the objective of the current study to dwell on all these aspects, which could be explored in future research.

6.2 | Implications of caseworkers' coping strategies

Breaking bad news of a care order initiative seems to be a balancing act of security, ethical and relational issues influenced by coping strategies (Lazarus & Folkman, 1984). The findings show that caseworkers downplayed the grounds for the decision, becoming avoidant or conflict averse, which corresponds with literature criticizing CWS's ability to illuminate the grounds for a care order (Backe-Hansen, 2001; Christiansen & Anderssen, 2011). Caseworkers' vague reasoning or short meetings could be interpreted as both problem- and emotion-focused coping strategies (Lazarus & Folkman, 1984) that attempt to shield both themselves and the parents from discomfort and pain. Nevertheless, participants expressed uncertainty of whether or how parents were able to receive and understand the information in such a strained situation. This is in line with research indicating that parents can struggle to understand what is happening in care order processes (Höjer, 2011; O'Mahony et al., 2016; Syrstad & Slettebø, 2019).

Hence, when balancing the protection and participation of parents, caseworkers seem to downplay participation, although with the best intentions. However, if the grounds for the CWS decision becomes vague, this could limit parents' ability to understand, thereby obstructing their legal rights (CWA, 1992; Public Administration Act, 1967). Limiting time in the meetings could endanger parents' opportunities to ask questions or raise contradictions. Hence, it is concerning if caseworkers' conduct in care order meetings threatens parents' legal rights by catching them off guard and providing limited information and time to comprehend what is happening.

Although decision-making in CWS is shared (Berrick et al., 2015), the findings show that the CWS caseworkers felt personal responsible. Because CWS decision-making is largely based on the caseworker's professional competence, discretion (Skivenes & Tonheim, 2017) and normative understandings (Berrick et al., 2015, 2016), such a perceived personal responsibility is not surprising. However, experiencing that they are the face of the decision was uncomfortable to handle. This is in line with Vagli's (2001, 2009) research showing how child protective workers felt personally responsible for decisions in cases they were in charge of, which was a heavy burden. Vagli (2001, 2009) discussed the collective versus the individual responsibility in child protection work and pointed out that the responsibility for decisions are shared, as caseworkers are part of an institution influenced by political and organizational structures. The findings revealed meaning-making coping strategies (Lazarus & Folkman, 1984), where caseworkers placed responsibility on management, the County Boards or the parents themselves due to their deficiencies. Caseworkers' meaning making strategies are probably fair and understandable. Vagli (2001, p. 96) argued that the 'dirty nature of power' and the 'lack of public esteem' of child protective work may influence caseworkers' needs to develop protection measures. However, Featherstone et al. (2014) warned against a social work rhetoric characterized by distancing from the service user, to which denial of liability may contribute. Furthermore, the literature has indicated that caseworkers may become less sensitive in contact with parents when they have limited resources, are exhausted or lack support (Engstrom, 2016; Miranda & Godwin, 2018; Olaniyan et al., 2020). Acknowledging the possible influence of situational strain on caseworkers is important to prevent negative conduct in their practice (Engstrom, 2016; Miranda & Godwin, 2018). If caseworkers are especially drained or lack support and guidance within the context of care order meetings, these risks will probably increase, which could put ethical practice (International Federation of Social Workers, 2018) at stake, thus making further affront of vulnerable parents highly possible.

6.3 | An individual burden without sufficient support?

The findings showed that CWS caseworkers had to cope with the task of breaking bad news with minimal resources, and participants occasionally conducted meetings without feeling entirely prepared or safe due to lack of time, help or adequate facilities. This corresponds with the literature highlighting caseloads, time constraints and staff shortages in child protection work (Engstrom, 2016; Miranda & Godwin, 2018; Olaniyan et al., 2020). However, being unprepared or taking risks in care order meetings might increase strain, emotional stress and burnout and, moreover, could increase conflicts, angry clients, threats and violence. According to Lazarus and Folkman (1984), discrepancies with situational demands, resources and capability to cope may provoke stress and negative emotions. Participants experienced high levels of distress, especially when the task was novel to them, and they all reported thoughts of leaving CWS. Previous research has shown that extensive demands, physical threats and emotional burdens increase the likelihood of sick leave, burnout and turnover in CWS (Miranda & Godwin, 2018; Nasjonal overvåkning av arbeidsmiljø, 2016; Statens arbeidsmiljøinstitutt, 2016). Care order cases involve significant emotional labour (Miranda & Godwin, 2018), which can increase caseworkers' risk of leaving CWS altogether (Olaniyan et al., 2020), especially for less trained workers (Radey et al., 2018).

Most participants agreed with the decision, which supports research showing that Norwegian caseworkers seem confident when deciding on a care order initiative (Berrick et al., 2016). Yet participants found the task of conveying the decision severely challenging. Findings revealed that several caseworkers experienced insufficient support from management and felt left alone with the responsibility and significant demands in managing care order meetings. Social support is an important factor in coping with negative emotional responses to stressors (Lazarus & Folkman, 1984). Norwegian CWS has been criticized internationally for care orders (Bufdir, 2020; Falch-Eriksen & Skivenes, 2019; Skivenes & Tefre, 2020). Such external pressure may increase social workers' burden (Engstrom, 2016). Despite applying problem-, emotion- and meaning-focused coping strategies (Lazarus & Folkman, 1984), participants expressed a need for systematic and extensive support and guidance from their superiors.

Hence, it is vital to raise the important question of who should swing the sword. Who should be in charge of delivering the bad news of a care order initiative? Could CWS caseworkers, to a larger extent, receive support from management? Research has indicated that Norwegian CWS managers expect caseworkers to master, manage and cope with heavy demands and emotional burdens (Christiansen et al., 2019). However, as Gotvassli and Moe (2019) emphasized, it is important that management engage with caseworkers in their practice to qualify and support the work, which could improve professional judgement through discussion and reflection. Research from the medical field on breaking bad news has indicated that educational training, practical rehearsal and feedback may improve the skill and ease the distress in real-life-situations (Min et al., 2016). This implies that practice, alongside preparation and support, could ease distress for caseworkers when breaking bad news of a care order initiative. Due to the extensive challenges in care order meetings and caseworkers' dual role, such support seems necessary to maintain caseworkers in service

as well as to assist, improve and secure their management of and conduct in a highly challenging task.

7 | CONCLUDING REMARKS

This study provides important insight into how Norwegian CWS caseworkers experience breaking bad news in care order meetings. As a contradictory task by nature, it challenges caseworkers professionally and personally, as it brings the tough realities and dilemmas of care and control to the forefront. The findings relate to breaking bad news research from the medical field (Mostafavian & Shaye, 2018; Silveira et al., 2017) and highlights how CWS workers share many of physicians' perceived strains, although there are several differences between the settings and roles. Moreover, the findings indicate variances in caseworkers' perceptions and abilities to cope with the task. As challenges might endanger the caretaking of parents and increase the risk of burnout for caseworkers, the study suggests that they should receive more extensive support from management when breaking bad news of a care order initiative. The study points to an important area for education, policy and practice improvement by highlighting challenges with the task and the need to discuss the CWS practice when breaking bad news of a care order initiative to parents.

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CONFLICT OF INTERESTS

No potential conflict of interests.

ETHICS APPROVAL STATEMENT

The project was approved by the Norwegian Centre for Research Data. The European Code of Conduct for Research Integrity (ALLEA, 2017) was implemented in the design and data collection.

PATIENT CONSENT STATEMENT

Participants has signed consent forms before participation in the study.

DATA AVAILABILITY STATEMENT

Research data are not shared.

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