



Discretionary decision making in child welfare – An experimental vignette study of the use of interpreter services

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ABSTRACT

This paper focuses on child welfare workers' discretionary decision making. They can rely on routines, procedures and manuals as part of their work, but in the end, they still have to make a choice, based on the available information at the time. Discretionary decision making is a way of reasoning when facing uncertainty in professional work and when laws, rules and systematic knowledge must be applied in specific cases. A larger body of research on discretion and discretionary decision making in social work has developed, but there remains much ground to cover in terms of empirical analyses of how discretionary processes play out in real-life contexts.

The two main research questions ask how the characteristics of each child and context and of social workers and their work situation affect the latter's decision to use interpreter services in their work with unaccompanied minors and children from minority backgrounds. The decision to use or not to use interpreter services in different situations, as an act of discretionary decision making by child welfare workers, is analysed in this paper. To study discretionary decision making among child welfare workers, a combination of a traditional survey and a vignette experiment has been used, bringing together organisational features, individual traits and situational characteristics. The findings indicate that interpreter services are less likely to be used in acute situations and more likely to be used with the children whom the child welfare staff members know better, irrespective of the children's language skills. The analyses also show varying effects of the staff's training and educational backgrounds, and surprisingly, the negative effects of institutional guidelines. One possible interpretation of this is that the guidelines are perceived as rigid constraints, instead of positive recommendations for actions.

1. Introduction

Child welfare workers must constantly choose among different actions as part of their work. Whom should they talk to? What is the best way to approach this specific case? What measures should be taken? In many cases, there are routines, procedures and manuals to help them, but in the end, they have to make a choice, based on the available information at the time. This choice of action is referred to as discretionary decisions and is a characteristic of all professional work (Goodin, 1986; Molander, 2016). Discretionary decision making is a way of reasoning when facing uncertain situations and when laws, rules and systematic knowledge must be applied in specific cases. It is not the same as arbitrary speculation and value-directed actions; nor is it a logical deduction between options (Heggen & Kirkevold, 2017).

Discretionary decision making is inherent to all professional work, but at the same time, elusive and intangible. A larger body of research on discretion and discretionary decision making in social work has

developed in recent years (Blomqvist & Wallander, 2005; Samuelsson & Wallander, 2014; Skivenes, 2017; Wallander, 2008, 2011; Wallander & Laanemets, 2017), focusing on identifying what influences social workers decisions and discretionary judgements. The findings from this research underline that the decisions are influenced by both individual characteristics and organisational characteristics. Still, there remains much ground to cover in terms of empirical analyses of how discretionary processes play out at the street level.

In this article, we study child welfare workers' discretionary decision making through the decision to use interpreters or not in child welfare institutions and care centres for unaccompanied minor refugees and asylum seekers in Norway. The child welfare workers in our study are employed at either institutions for young people in care (child welfare institutions) or in institutions for unaccompanied minor refugees and asylum seekers under the age of 15 (care centres). In the care centres, the children living there are in a process of seeking asylum and have recently arrived in Norway and therefore speak little or no Norwegian.

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In the child welfare institutions, only a few of the young people has an ethnic minority background. These young people have lived in Norway for different lengths of time and thus have different language skills in Norwegian. Also, in these institutions there will inevitably be situations where language is a barrier and where there is a need for interpreters.

In this context, having access to information is important, as this is one of the prerequisites for having the possibility to participate (Paulsen, 2016). In Norway, both the “Act relating to procedure in cases concerning the public administration (Public Administration Act) (1967) and special laws in the field of health and child welfare (e.g. Act relating to Child Welfare Services (the Child Welfare Act) (1992)) emphasise that people in contact with public services shall be ascertained all necessary information in order to ensure equal treatment and quality of services. An important prerequisite for proper care and treatment is that the right to participate is safeguarded. To safeguard this right, the child must get necessary information, and also be able to make him- or herself understood (Berg et al., 2018). The use of interpreter services may be what is necessary to avoid putting users of public services in an inferior position (Berg, 2011; Berg & Söderström, 2012; Handulle, 2013; Holm-Hansen et al., 2007; Aadnesen, 2012), and can therefore be important from both legal and trust perspectives and for ensuring equal services.

Thus, the use of interpreter services in child welfare work has a broad relevance across institutions and situations. In this article, we understand the decision to use or not to use interpreters in different situations as an act of discretionary decision making. To study this discretionary decision making, we make use of a vignette experiment in form of a factorial survey approach (FSA). This kind of vignette experiment makes it possible to distinguish between different situations where interpreter services are or are not used in child welfare work with two groups of young people; unaccompanied minor refugees and asylum seekers in care centres and children from minority background in child welfare institutions. The experimental design also allows us to examine what (and how) factors at individual and organisational levels affect the decision by including data from a traditional survey in the analyses. The two main research questions are as follows:

- 1) How do the characteristics of each child and situation affect the use of interpreter services?
- 2) How do the characteristics of social welfare workers and their work situation affect their use of interpreter services?

1.1. Research on factors that influence the use of interpreters

Previous studies have indicated little use of interpreter services in child welfare in general and in care centres in particular (Berg & Tronstad, 2015; Berg & Söderström, 2012; Deloitte, 2014; IMDi, 2008). However, most studies look at the quality of interpreter services and skips the more basic question whether interpreter services are used or not and what factors affects usage. An exemption is a study carried out by IMDi in 2008, that shows greater awareness of the use of interpreter services in the general municipal child welfare service than in the child welfare institutions where children can stay for shorter or longer periods of time (services can be both private and public/municipal) (IMDi, 2008). The IMDi-study finds that general child welfare service employees must follow more routines and procedures in procuring interpreter services and are more concerned about the negative consequences of not using such services than the employees in child welfare institutions. IMDi concludes that there is a need for extra attention to the use of interpreter services in welfare institutions in the future. Deloitte's (2014) evaluation presents a similar picture and states that interpreter services are only used when employees have information they wish to convey. However, both studies are a few years old, and are based on methods with limited opportunities for generalisations.

To close the research-gap in the field, and based on the limited research on the factors influencing social workers' and child welfare

workers' choice of whether to use interpreters in different settings, we have looked at research from other fields as this may help us shed light on what could be relevant factors in our study. Baurer et al. (2014) highlight five factors at the system level that may influence clinicians' perceptions and use of professional interpreter services in hospitals: (1) organisation-wide commitment to improving language access; (2) organisational investment in remote interpreter technologies to increase language access; (3) training clinicians on how to access and work with interpreters; (4) hospital support for the training and certification of bilingual staff to serve as interpreters to expand in-person, on-site interpreter capacity; and (5) organisational investment in readily accessible telephonic interpretation. The authors emphasise that multiple system-level factors underlie clinicians' use of professional interpreter services. They also find that when clinicians are trained in the use of such services, they are more likely to include the latter in routine practice. This is especially relevant when it comes to using a telephonic interpreter since it is the most commonly available interpretation modality but is the least likely to be used.

Hsieh (2015) identifies four factors influencing providers' choice of interpreters in medical centres: 1) time constraints, 2) alliances of care, 3) therapeutic objectives and 4) organisation-level considerations. Their findings highlight providers' active engagement in the calculated use of professional interpreter services, including concerns about disruptions to their schedules, overburdening others' workloads and the clinical urgency of a patient's condition. When providers make specific choices due to time pressure, they are influenced by interpersonal, organisational, therapeutic and ethical considerations. Based on these findings, Hsieh (2015) stresses that organisational resources and guidelines need to be consistent with institutional policies and professional norms; otherwise, providers risk making flawed assessments about the effective and appropriate use of interpreter services in bilingual healthcare.

Some studies have also examined how laws, guidelines and regulations, contextual characteristics, organizational characteristics and individual characteristics affect discretionary decision making, not limited to the use of interpreter services. In their study of staffs' willingness to report abuse and neglect by those working in 24-hour residential care, Rindfleisch and Bean Jr (1988) have found that physical and sexual assaults lead to the victims' increased willingness to report such incidents, but maltreatments, such as the staff's undue restraint/control of the residents and immoral behaviour towards them, are associated with the residents' decreased levels of willingness to report such abuses. The severity of the events also leads to an increased willingness to report them. However, the type of position (a direct care worker, an administrator or a public child welfare worker) also affects the victims' willingness to report incidents of abuse, as do the characteristics of the child, such as gender or sex and experience. In examining the predictors of social welfare workers' ideal recommendations for inpatient or outpatient treatment of people with substance abuse problems, Wallander and Blomqvist (2008) have found that these are based on not only an assessment of client characteristics but also the treatment availability and policy guidelines. The decision maker's own ideological convictions regarding alcohol and narcotic problems also make a significant impact on the decision. Stokes and Schmidt (2012) show how decisions by child protection social welfare workers in British Columbia, Canada, are made by integrating objective, procedural and experiential knowledge, as well as by technocratic factors, such as implanted risk-evaluation models and individual characteristics of the social welfare workers. Altogether, the empirical examples show the existence of influencing factors at different levels.

1.2. Theoretical approach: Understanding discretionary decision making in child welfare work

On one hand, discretion is a cognitive activity where a judgement is made. This activity takes place under some degree of uncertainty. The purpose of the judgement and the activity is to distinguish one thing

from something else. The use of discretion thus entails a reasoning process, and this understanding refers to discretionary decision making as an *epistemic category* (Grimen & Molander, 2008).

On the other hand, discretionary decision making is also a delegated and negatively defined freedom, often referred to as a *structural category*. This implies that someone must make a decision, but the limits of what is possible are subject to external constraints, for example, through legislation (Dworkin, 1978). The scope of discretion will thus be guided by the nature and the extent of the existing external constraints and the type of authority that has enforced or created the limitations or *standards*, in Dworkin’s words. It follows that child welfare workers must be able to provide reasons for their choices and to justify them with reference to the standards.

Dworkin (1978) distinguishes between strong and weak discretion. While weak discretion is governed by clear rules, strong discretion is unbound and not linked to such rules. An example of strong discretion would be the courtroom judges who need to consider what is in the best interest of each child, without any guidelines to ascertain or define what the child’s best interest actually is (Skivenes, 2017, p. 233).

Weak discretion can also be divided into two types. The first form is when the person making the judgement is guided by external limitations and frameworks, and it is the application of these frameworks and constraints that comprises the judgement. An example is when the English Child Welfare Act determines which circumstances to be emphasised, and the courtroom judges must decide how the circumstances have to be interpreted (Skivenes, 2017, p. 233). The second form of weak discretion is when the decision maker is ruled by external constraints (as by a law), with no possibility of appeal against the decision made. As evident from the above-cited examples, discretionary decision making or judgement can be understood in terms of not only how an individual makes a decision but also how external influences affect the decision.

Based on previous research and theories of discretionary decision making, we find the model of Baumann et al. (2014, p. 28) to be useful

and we have adapted this to our study. Our version of the model is presented in Fig. 1, and is an illustration of how the discretionary space in a certain situation is bounded by the specific case characteristics (including the characteristics of specific children in child welfare institutions and care centres for unaccompanied minor refugees and asylum seekers); the welfare workers’ knowledge, experiences and values; the characteristics of each organisation (routines, leadership, resources, etc.); external characteristics (collaboration with others, economic resources and municipal resources); and laws, guidelines and regulations.

We have added “outcome” to the figure, and this outcome-loop includes how the organisation and individuals learn from experiences of outcomes in previous decision processes and adjust their actions in future cases (and in ongoing cases as well). This reflection and adjustment based on outcome is in line with Argyris and Schön’s idea of double loop learning (Argyris, 1976), where future actions are not only adjusted to rules and regulations, but where the reflections also lead to organizational changes of practices. Additionally, the relationship between the client and the child welfare worker can potentially affect the judgements, for instance, through what information is made available and how this information is perceived and weighted by the case officer.

We have aimed at including these different factors in our study and in the next section, we present how we have operationalised this in our vignette experiment.

2. Methods and data

To empirically study discretionary decision making among child welfare officers, we use a combination of a traditional survey and a quasi-experimental method vignette study by using the factorial survey approach (FSA) (Wallander, 2008, 2009; Wallander & Laanemets, 2017). The combination of a survey and a vignette experiment allows us to investigate how the need for interpreter services is assessed in different situations faced by child welfare workers, while controlling for

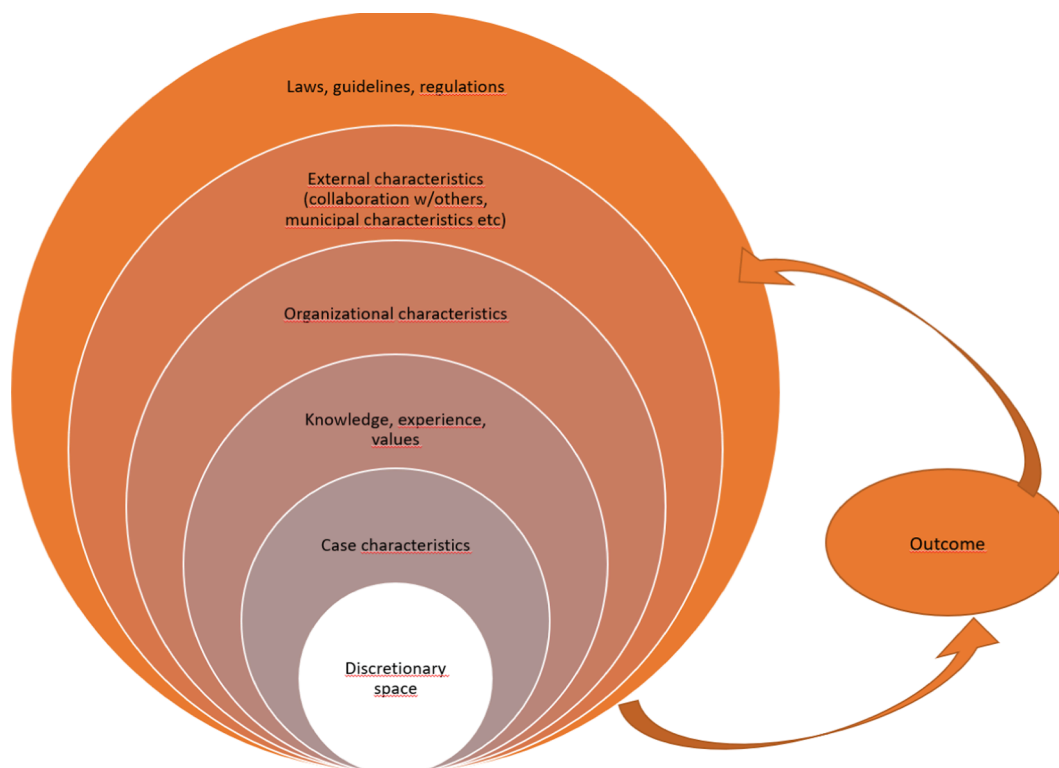


Fig. 1. The space for discretionary decision making (adapted from Baumann et al. (2014, p. 28)

a broad array of contingencies.

FSA is quasi-experimental in the sense that it uses random allocation of descriptions of situations to respondents in form of short vignettes, who thereafter chooses between different choices of actions or valuations. The inclusion of multiple factors that are simultaneously manipulated in the vignettes, allows for investigation of the underlying social and individual causes of judgments and decisions, and allows for clarifying the relation between causes and outcomes (Rossi and Anderson, 1982; Wallander, 2009). The method has received increased interest in studies of implicit bias in discretionary judgements in various fields the later years (Treischl & Wolbring, 2022). A component of the vignette can be a description of a situation, of an individual (name, age), of a context or any other aspect that implicitly or explicitly can affect the respondents' judgements. For instance, Samuelsson & Wallander (2014) and Samuelsson (2015) has used FSA to examine how gender affects judgements of substance abuse among Swedish social workers, as young women's drinking is seen as more severe than young men's drinking. Another example can be found in Drewniak et al (2016), who through FSA show that Swiss physicians judge immigrants need for treatment not only by medical condition or the physicians' time pressure, but also by social factors such as the ethnicity and migration history, the residence permit status, and the economic condition of the patients. The previously mentioned study by Blomqvist & Wallander (2005) also shows how social worker's own ideological convictions implicitly affect their discretionary decision making.

In the following section, we will present how we have used the FSA.

2.1. The vignettes

An example of a full vignette is presented in Table 1:

In our study, we presented different situations where the use of interpreter services may or may not be considered necessary to the respondents. In the introduction, an important condition was that the respondents were instructed that the child understood some Norwegian, but that they were unsure whether the information given was properly understood. This was done to highlight the elements of discretion and ambiguity in the situation.

In the vignettes, we varied the names of the youths, using names indicating gender and origin from different parts of the world: Jakub (boy, Eastern Europe), Mohammed (boy, Eastern Africa), Amir (boy, Middle East), Tatiana (girl, Eastern Europe), Samia (girl, East Africa) and Fatima (girl, Middle East). Thus, gender and region were included through the names. We also varied the youths' ages, ranging from 12 to 23 years (with a maximum age of 14 for unaccompanied minor refugees and asylum seekers in care centres, as this was the upper age limit), to control for age. We also included the youths' duration of residence in the institution (five weeks, a half-year, one year) as a proxy for the respondents' knowledge about the child in question.

The vignettes included different situations, covering acute and non-acute situations, day and night situations, planned meetings, information meetings, treatment situations and dialogue with the child's family. In total, 892 vignettes were assessed by 115 child welfare officers, while 894 vignettes were assessed by 114 child welfare officers in residential

Table 1
Example of vignette.

<p>Below are some different situations where we ask you to consider whether to procure an interpreter's service and whether it should be done by phone or in person. In all situations, we assume that the youth/child has some understanding of Norwegian, but you are unsure if the youngster will understand all the information.</p> <p><i>Situation 1:</i> Mohammed is 14 years old and has been in the institution for five weeks. It has recently been decided to transfer him to foster care. You will now inform him about this and what will happen in the future.</p> <p>Would you procure an interpreter's service? Yes, in person/Yes, by video conference/Yes, by phone/No</p>
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institutions for unaccompanied minor refugees and asylum seekers.

The different situations are presented in Table 2.

2.2. The survey data

The survey, which also included the FSA-section, was sent to 642 respondents, with an initial response rate of 47.2 %. However, we were informed that some of the institutions to which we sent the survey (using email addresses obtained from central government offices) were closed down between the date when the survey was emailed to the respondents and the deadline for completing the survey. Excluding this group resulted in a higher response rate of almost 55 %.

The survey included a broad array of variables, but those deemed relevant for our study were educational background, previous experience with the use of interpreter services, training in the use of interpreter services, the respondents' own assessment of their need for training, their own assessment of their competence, their assessment of co-workers' competence, geographic region, size of the area where the institution is situated, the organisations' written routines for the use of interpreter services, seeing interpreters as neutral conveyors of messages and seeing interpreters' role as important to clarify the message given. (See Table 3).

2.3. Analysis plan

The first step in our analyses is to calculate the variance at different levels, the so-called intraclass coefficient. First, we examine how much of the variance can be explained by the respondent to each survey (technically referred to as level 2). This means that currently, we completely disregard other possible explanations, such as situation, education, age, experience or organisation.

The elaborated analyses were done using a multi-level model (Rabe-Hesketh & Skrondal, 2010; Snijders & Bosker, 1999), as all vignettes (level 1) were clustered under each respondent (level 2), and the respondents were in turn clustered under institutions (level 3). We only

Table 2
The different situations in the vignettes.

Description of situation	Type of situation
The child will not attend the planned weekend outing. The staff members try to explain why the activity is mandatory, but the youth refuses and would rather run off than participate. The situation ends with rage, a glass is thrown, and the youth locks himself/herself in his/her room. You are worried about what can happen next.	Acute – daytime
The youth is in despair, is feeling down and cries because of thoughts about losses and what he/she misses.	Everyday situation – night
It has recently been decided to transfer the child to foster care. You will now inform the child about this and what will happen in the future.	Information meeting
You have regular conversations about how alternative coping techniques can be used on a daily basis. You will have a new conversation today.	Planned meeting
You will meet the parents and the child to discuss how things are going in the institution and in everyday life.	Dialogue with child's family
On several occasions, the youth has described himself/herself as depressed and sad, and one of the other children in the institution reports about talk of taking his/her own life. You have called in to talk about a referral to child and adolescent psychiatric treatment.	Treatment situation
One of the children gets up in the middle of the night and is clearly very frustrated, saying that no one cares about him/her. The youngster threatens to put set the residential building on fire and run away. You perceive that the threats are real.	Acute – night
The youngster has been to school and looks very sad at the end of the day. He/she goes straight to his room and to bed. You try to talk with him to resolve the situation, but he just replies that no one understands him. You feel you're not getting anywhere with the conversation.	Everyday situation – day

Table 3
Descriptive characteristics of measures and items used, mean/distribution and reliability (Cronbach's alpha).

Variables	Description	Scale/values	Mean/distribution	Cronbach's alpha
Educational background	Single item	Social work/child welfare/social educator/ social science education, pedagogical education/ other	33 %/17 %/12 %/ 7 %/17 %/14 %	
Previous experience with use of interpreter services	Single item	1 – no experience, 2 – little experience, 3 – some experience, 4 – a lot of experience	27,8%/30.5 %/ 19.5 %/12 %	
Training in use of interpreter services	Single item	No/Yes	40 %/60 %	
Own assessment of need for training	Single item	1 – no need for training, 0 – need for training	54 %/46 %	
Own assessment of competence	Single item	1 – very good, 2 – good, 3 – medium, 4 – bad, 5 – very bad	9 %/38 %/38 %/ 1 %/3%	
Assessment of co-workers' competence	Single item	1 – very good, 2 – good, 3 – medium, 4 – bad, 5 – very bad	9.5 %/44 %/ 36.8 %/7.5 %/2%	
Geographic region	Single item	Four geographic regions: Central Norway, Western Norway, Eastern Norway (including southern), Northern Norway	17 %/12.8 %/ 54 %/3.5 %	
Size of area where the institution is situated	Single item	1 – a small place with less than 1000 inhabitants, 2 – a small place with 1000–3000 inhabitants, 3 – a small town with 3000–5000 inhabitants, 4 – a town with 15,000–100,000 inhabitants, 5 – a town with more than 100,000 inhabitants	7 %/16.5 %/26 %/ 37 %/13.5 %	
Organisations' written routines for use of interpreter services	Index/sum of four dichotomous variables	Routines for ... when to use interpreter services (Y = 1, N = 0), payment to interpreters (Y = 1, N = 0), where to procure an interpreter's service (Y = 1, N = 0), who can procure an interpreter's service (Y = 1, N = 0), checking the qualifications of interpreters (Y = 1, N = 0)	Percentages of yes: 78 %/89 %/85 %/ 80.5 %/40 %	
Seeing interpreters as neutral conveyors of messages	Index of four items: I find it important that interpreters ... translate everything being said and contribute with explanations; explain about the culture of the languages used; clarify misunderstandings; are sociable	1 – to a very large extent, 2 – to a large extent, 3 – to some extent, 4 – to a small extent, 5 – to a very little extent	Mean: 1.17 SD: 0.41	0.67
Seeing interpreters' role as important to clarify the message given	Index of five items: I find it important that interpreters ... translate everything that is said; present their role in the beginning of the conversation; completely follow the rules of confidentiality; are unbiased and do not take sides; intervene and ask for clarification if they do not understand what is being said	1 – to a very large extent, 2 – to a large extent, 3 – to some extent, 4 – to a small extent, 5 – to a very little extent	Mean: 2.3 SD: 0.81	0.8

have information about institutional affiliation for the employees of residential institutions for unaccompanied minor refugees and asylum seekers. The results are presented as odds ratios, calculated through logistic regression (Table 4), meaning that we compare the likelihood of using an interpreter's service, given a certain value of a variable compared with a reference category (or more precisely, the ratio of two odds). If the odds ratio is 1, the probability is equal for the two groups. If it is lower than 1, the reference category is more likely to receive an interpreter. If it is larger than 1, the reference category is less likely to receive an interpreter. The difference between the two categories can also be expressed as a percentage. When East Africa has an odds ratio of 1.16, this indicates 16 % higher odds for employees to use interpreter services for children from East Africa than for children from Eastern Europe [$100(OR-1) = 100(1.16-1) = 16$].

3. Results

Of the 1,786 vignettes assessed, the outcome for 20 % was that the

Table 4
Outcomes on dependent variable – use of interpreter services in different situations.

Would you use an interpreter's service in this situation?	Number	Percentage
Yes, in person	678	38
Yes, online/conference call	73	4
Yes, by phone	683	38
No	352	20
Total	1786	100

respondents would not procure an interpreter's service (Table 4).

The results indicate that a total of 47.5 % of the variance in the use of interpreter services can be explained at the respondent level. If we only consider the employees of child welfare institutions, 50 % of the variation is explained at the respondent level, while for the care centres, it amounts to 33.7 %. For the care centres, we can also identify the institution (level 3). We find that 34.2 % of the variance is explained at level 2 (respondents), while 14.3 % of the variation is explained at level 3 (organisations).

3.1. Characteristics of the situation and the child

We have analysed the child welfare institutions and care centres together and separately, presented in Table 5. The separate analyses must be seen as somewhat less reliable, due to the smaller number of vignettes assessed for each group. The included characteristics of the child are gender, geographic region of origin and the duration of one's stay in the institution. The characteristics of the situation are whether it is daytime or night-time, whether it is an emergency or an everyday situation, information dissemination, an agreed meeting, dialogue with the child's family or a treatment situation.

The results presented in Table 5 are relatively similar, regardless of whether we analyse child welfare institutions and care centres separately or jointly. We see that the child's gender and geographic region of origin have no significant correlation with whether the employees choose to use interpreter services. There is also no correlation between the age of the child in the vignettes and the use of interpreter services, except for the somewhat (significantly) lower odds ratio for 15-year-old

Table 5
Simplified representation of the results of a multi-level analysis of Factorial survey approach – characteristics of children and situations.

	Both institutions	Care centres	Child welfare institutions
	<i>Odds ratio (C.I.)</i>	<i>Odds ratio (C.I.)</i>	<i>Odds ratio (C.I.)</i>
Gender	0.91 (0.64–1.29)	0.69 (0.36–1.32)	1.09 (0.68–1.74)
Geographic region (Eastern Europe = reference category)			
Eastern Africa	1.16 (0.75–1.79)	1.13 (0.55–2.31)	1.27 (0.71–2.25)
Middle East	0.87 (0.57–1.34)	0.69 (0.35–1.36)	1.02 (0.57–1.83)
Age (12 years = reference category)			
13	0.67 (0.36–1.26)	1.16 (0.58–2.33)	0.75 (0.41–1.35)
14	1.66 (0.83–3.35)	1.73 (0.84–3.53)	1 ^a
15	0.37* (0.17–0.79)		0.59 (0.32–1.06)
17	0.63 (0.29–1.38)		1 ^b
Duration of stay (5 weeks = reference category)			
½ year	0.35*** (0.22–0.56)	0.40*** (0.19–0.84)	0.33*** (0.18–0.61)
1 year	0.17*** (0.56–1.82)	0.13*** (0.59–0.26)	0.21*** (0.11–0.39)
Situation (Everyday situation – day = reference category)			
Acute – day	1.16 (0.63–1.12)	1.88 (0.68–5.13)	0.68 (0.29–1.58)
Everyday situation – night	1.02 (0.56–1.82)	0.96 (0.40–2.24)	0.86 (0.36–2.04)
Information meeting	54.91*** (18.62–161.88)	36.09*** (4.12–315.97)	45.08*** (12.33–164.78)
Planned meeting	0.95 (0.51–1.76)	1.01 (0.39–2.59)	0.77 (0.32–1.82)
Dialogue with child’s family	26.89*** (10.97–65.9)	44.01*** (4.81–402.34)	20.17*** (6.86–59.32)
Treatment situation	33.87*** (12.16–94.30)	79.74*** (8.49–749.32)	20.31*** (5.71–72.20)
Acute – night	0.78 (0.44–1.39)	1.01 (0.42–2.40)	0.46 (0.19–1.06)

*=significant OR at 0.05 level, **=significant OR at 0.01 level, ***=significant OR at 0.001 level. C.I. = Confidence interval (95 %).

^a The OR for age 14 is set to 1 (indicating no effect), as the variables are omitted from the analyses due to perfect prediction (i.e. all instances of age 14 will also use interpreter).

^b The OR for age 17 is set to 1, due to collinearity.

children, when we analyse both types of institutions as a whole. The reference category in these analyses is 12 years. Therefore, it looks as if the probability is somewhat lower for using interpreter services if the child is older, but it is difficult to draw a clear conclusion from this in the relatively small sample. In the analyses for the care centres, we have limited the children’s ages to 12, 13 and 14 years, as the care centres are offered for children under 15 years of age.

If we look at the child’s duration of residence in the institution, we find that the probability of using an interpreter’s service decreases, the longer the time the child has lived in the institution. We interpret this as an effect of the staff members’ perceived knowledge of the child. Residence duration and age must be assumed to be correlated (although not in a way that poses a statistical problem in the analyses), which may have made it difficult for the survey respondents to distinguish between these two variables.

Another clear finding is that in certain situations, interpreter services are more likely to be used than in other situations. We have used what we have called an everyday situation as a reference category, and the odds ratio for all the other situations is therefore compared with an everyday situation. Compared with an everyday situation, information meetings, dialogue with the child’s family and the treatment situation have higher odds ratios for the use of interpreter services.

3.2. Characteristics of the respondents and their work situation

The next step in the analyses is to introduce the characteristics of the person who has assessed the various situations in the vignettes and the person’s own assessment of one’s work situation (Table 6).

In Table 6, we find that educational background has no significant correlation with whether the employees of care centres and of child welfare institutions make the choice of using or not using interpreter services in different situations. However, experience with the use of interpreter services has a clear positive effect on using them.

Another significant relation is that those who have not received any training in using interpreter services are also less likely to choose to use interpreter services in the experiment. In the survey data, it is reported that 60 % of the child welfare workers had not undergone any training at all, neither at work nor in their professional education programme (Berg et al., 2018). In a similar vein, those who report their need for training, and hence value their own competence as inadequate, are also less likely to choose to use interpreter services in the experiment.

Furthermore, when looking at institutional characteristics, we find interesting differences. First, the employees of the institutions located in Central, Western, Southern and Eastern Norway are more likely to use interpreter services than the employees in Northern Norway. However, a small number of respondents come from Northern Norway, and few vignettes are therefore assessed there. This means that the effect of the other regions compared with Northern Norway is inflated, and the very large confidence intervals calls for caution, and the regional differences should be given little weight. Given the long distances and the low population density especially in Northern Norway, it is natural to interpret the results in light of this. We also find a relation between the

Table 6
Simplified representation of the results of multi-level analysis of FSA – characteristics of employees and institutions.

Educational background (child welfare worker = reference category)	Odds ratio (Confidence interval)
Social work	0.48 (0.12–1.85)
Social educator	0.99 (0.21–4.59)
Social sciences	1.00 ^a
Education	1.47 (0.31–6.86)
Other	0.54 (0.15–1.85)
Experience in using interpreter services	3.34** (1.54–7.21)
Years of experience with refugee work	0.94 (0.87–1.02)
No training in use of interpreter services	0.19* (0.05–0.69)
Need for training (subjective assessment)	0.28* (0.09–0.79)
Assessment of own competence (high to low)	0.98 (0.45–2.11)
Assessment of colleagues’ competence (high to low)	0.95 (0.41–1.18)
Region (Northern Norway = reference category)	
Central Norway	261.30* (3.51–19857.41)
Western	173.82* (2.18–13874.72)
Southern	111.43* (1.38–9266.82)
Eastern	259.55** (4.25–16662.49)
Size of area around office	1.62* (1.04–2.54)
Written routines for using interpreter services	0.55* (0.31–0.95)
Attitude towards interpreters – interpreters should be neutral	0.27 (0.03–2.17)
Attitude towards interpreters – interpreters should explain and elaborate	0.79 (0.42–1.46)

*=significant OR at 0.05 level, **=significant OR at 0.01 level, ***=significant OR at 0.001 level, C.I. = Confidence interval (95 %).

^a The OR is set to 1 (indicating no effect), as the variable is omitted from the analyses due to perfect prediction.

population size in the area where the institution is located and the decision on the use of interpreter services; the larger the place, the more likely it is that interpreter services are used.

Another notable finding is that having formal routines for the use of interpreter services actually decreases the likelihood of using an interpreter service in the experiment. The variable is constructed as the sum of five dichotomous questions on routines: whether the respondents have routines for when to use an interpreter service, who pays the interpreter, where an interpreter service is commissioned, who can commission an interpreter and whether they have routines for checking the interpreter's formal qualifications. The higher the score, the more the routinisation. The odds ratio of 0.55 indicates that more routines make it less likely to use an interpreter service.

Finally, our two indexes on attitudes towards the use of interpreter services (neutral conveyor versus clarifying) have no significant relation with the likelihood of using or not using an interpreter service in the experiment.

3.3. Limitations

The limitations in our study can be divided in three different parts: 1) the external validity in survey experiments and FSA-studies in general, 2) external validity in this particular study, 3) limitations in the survey as such, in terms of representativity. The external validity in survey experiments and FSA in general has been discussed by many. [Barabas and Jerit \(2010\)](#) argue that the external validity of survey experiments is small, and that people's behaviour in constructed settings are different from real-life settings. However, [Knudsen and Johannesson \(2019\)](#) point to the strength of conjoint designs (such as FSA) in comparison to standard survey experiments, as it includes multidimensionality in the design. A recent review of the literature on FSA nevertheless argue that the three main challenges are realism and complexity of vignettes used in the design, concerns regarding the hypothetical nature of the outcome measures used (in our case the use of an interpreter or not) in FSAs, and the risk of social desirability in answers ([Treischl & Wolbring, 2022](#)). This leads us to the second point, how we have dealt with these issues in our current study.

First, the vignettes are developed from real descriptions encountered in qualitative interviews with staff. We then refined the descriptions and piloted them among a group of staff and leaders in child welfare institutions, to get feedback on the realism of the vignettes. After some changes, we were confident that the vignettes represented realistic situations, and we also used the vignettes as prompts in qualitative interviews (not reported here due to space limits), in order to get more contextualised discussions. It could also be argued that the different situations are not necessarily as mutually exclusive as the separation in the vignettes could indicate. For instance, an acute situation could have developed over time, or acute situations that happen repeatedly can be seen as daily situations, and part of normal work. There could also be, that in some situations, it might be good reasons to not use an interpreter in the concrete situation. Our approach gives no possibility for the respondents to explain the reasons behind their choices. However, our informants in the qualitative piloting acknowledged the descriptions of different situations and saw them as realistic, although we do acknowledge this limitation as part of the design.

Another limitation is the overall response rate, which is just around 50 %, as stated earlier. We consider this adequate, although we nevertheless call for caution. Furthermore, the FSA-method is vulnerable for attrition throughout the questionnaire, or else the variation needed for the analyses on each level will be too small. With 144 respondents at 44 care centres, and 115 respondents at the child welfare institutions (with no information on institutional affiliation), the data should be interpreted with caution. At some points, the relatively low number of vignettes assessed by each respondent creates uncertainty in the coefficients, and we have chosen to elucidate this by showing the large confidence intervals for the odds ratios.

All in all, we would argue that our approach to researching the use of discretionary judgment in the use of interpreters opens for new hypotheses but should nevertheless be seen as a starting point for further exploration and not definitive answers as to how real-life situations play out.

4. Routinisation and discretionary judgement when using interpreters

Our vignette experiment highlights different factors affecting the use of interpreter services across situations. Our findings not only shed light on the empirical field of the use of interpreter services in child welfare but also contribute to a larger field of research on discretion, as discussed in the introduction and the theoretical background. We emphasize four important areas for discussion based on our findings.

The first area is the important role that situational characteristics and the characteristics of the children seem to play. Planned situations are far more likely to include interpreter services, although the need for interpretation might be equally great or greater in acute situations. This points to the importance of the availability of interpreters throughout the day and night in institutions serving children in potentially difficult situations.

The child's duration of residence in the institution is also related to the likelihood of using an interpreter's service – the longer the duration, the less likely it seems. At first, this might seem reasonable, but it is important to remember the overall condition that in all vignettes, the instruction is that the respondent does not know whether the child's language skills are sufficient to understand the message. This information is clearly presented to the respondent. We regard this as an important finding, which emphasises the implicit bias that personal relations between the welfare worker and the child might obfuscate the actual need for an interpreter. It could also be that they have found good ways to communicate because they know each other. It is still important to be aware that even though the youth can speak adequate or good Norwegian in everyday situations, there could be a need for an interpreter in other situations (e.g., if children or youth are in a stressful situation or when talking about concepts that are new to them). After living in Norway for some years, it could also be that the children and the young people themselves do not want to have an interpreter ([Berg et al., 2018](#)). In such situations, the staff could emphasise their own need for an interpreter and justify the interpreter service as an important tool to ensure good communication and information.

The second area is the significance of knowledge and experience. The results show that not having been trained in using interpreter services and experiencing the need for training in the use of such services make it less likely for the staff to use interpreter services, while experience makes it more likely to do so. This may point to an uncertainty about what the use of interpreting actually entails in specific situations, and this uncertainty is overcome with actual experience with interpreting. The question of whether or not the staff members have received training in the use of interpreter services also includes their basic education. The combination of this result with the lack of connection between basic education and whether they want to choose an interpreter in the different situations underscores the point that when it comes to interpretation, it is not about what kind of education they have obtained but whether it actually contains interpretation as a topic.

The third is perhaps the most important and surprising finding – organisational characteristics play a role but not as one would expect. We find that written routines are related to the use of interpreter services but in a negative way by inhibiting such use. One way to understand this is that when we examine the individual respondents' inclination to use interpreter services in specific situations through an experiment, institutional routine is perceived more as a constraint than a template for action. Routines could be designed in ways that provide fewer degrees of freedom, are often hierarchic (superiors must approve the actions) and might lead to avoiding the issue of using an interpreter service

altogether. However, as our experiment provides no clear answer to this seemingly contradictory finding, it is important to follow up on this in future research. Another point for follow up is our theoretical elaboration of previous models used in studies of professional discretion, explicitly the model by Baumann et al. (2014). This model has been proven fruitful for empirical analyses, but also needs further empirical examination, especially in the discussion of how the feedback loop based on outcomes actually affects professional decision making in organisations.

The fourth point is related to the third but (hopefully) brings the discussion a bit further. If the findings suggest that routinisation leads to standardisation, it can also be claimed that they restrict the discretionary space (see, e.g., Goodin, 1986, for a thorough discussion of the significance of routinisation). Instead of functioning as guides, local routines can serve as barriers to professional judgement. A restriction by law can be more open, as it allows judgements based on professional competence.

The overall question is therefore what kind of discretionary framework enhances quality in judgements and at the same time provides directions for actions. This conundrum of professionalisation and the rule of law exists in a complex interplay between professions and other actors at many levels. The overall direction forward should perhaps be not to find the solution but to enable the professionals to reflect on their own practice and relations with their clients. In this article, the empirical example of using or not using interpreter services is thus an illustration of a broader question that is important for a wide range of welfare state practitioners and their professional actions.

CRedit authorship contribution statement

Joakim Caspersen: Conceptualization, Methodology, Data curation, Writing – original draft. **Veronika Paulsen:** Conceptualization, Writing – original draft, Project administration, Supervision.

Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Data availability

Data will be made available on request.

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