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# Consent in child welfare investigation reports of suspected child abuse

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## Abstract

Consent is a core principle in social work, reflecting respect for individual autonomy. In child welfare services (CWS), however, obtaining consent becomes complex when parents must act on behalf of their children, particularly when concerns of abuse are present. This study examines the dynamics of consenting to voluntary interventions in CWS investigation reports of suspected child abuse. Analysing 118 cases from eleven Swedish municipalities, we assess whether consent met the requirement for validity. Drawing on Lukes's three-dimensional view of power, we highlight the power dynamics shaping consent. Findings show that consent is often influenced by both parents and CWS, while children rarely have a voice. Consent was frequently partial, uninformed, or involuntary, and sometimes failed to address the needs of those identified as requiring support. In many cases, parents did not consent to recommended interventions, indicating that coercion was not widespread. The study highlights the complex interplay of power in child welfare consent processes and underscores the need for CWS to balance respect for parental autonomy with the duty to safeguard children's rights. Transparent strategies for obtaining, assessing, and documenting consent are essential to ensure ethical practice and uphold children's well-being.

*Keywords:* child abuse; child welfare services; consent.

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## Introduction

Consent is a central principle in social work, grounded in the values of individual autonomy and the right to self-determination (Regehr and Antle 1997). Consent is inherently multifaceted, as it involves navigating issues of understanding, voluntariness, and choice (O'Mahony et al. 2020). In most areas of social work, individuals provide consent for themselves. However, in child welfare service (CWS) the situation is more complex: parents often consent on behalf of their children (cf. Social Service Act 2001: 453, chapter 2, section 6a). This raises particular challenges for CWS when the parents themselves are suspected of child abuse. In such cases, they are expected to make decisions about interventions aimed at supporting or protecting the child while simultaneously facing scrutiny of their parenting. The dual role of the parent, as both potential source of harm and gatekeeper to support, creates tensions that may complicate consent. The present study examines these complexities in the context of voluntary interventions within CWS in cases of suspected child abuse.

Consent generally means acceptance or approval of proposed conditions, actions or interventions. To protect the consenting party from wrongful or harmful interference, certain conditions must be met for consent to be considered valid (Bullock 2020). Although the precise formulation may vary, valid consent is typically understood as being given voluntarily, by a person with the capacity to consent, and based on adequate information (Bullock 2020; O'Mahony et al. 2020). In the legal context of CWS, Landelius (1996) elaborates on these elements and adds a fourth requirement: that the person giving consent must be legally authorised to do so.

Previous research has shown that consent given to voluntary interventions in CWS cannot always be understood as an autonomous expression of free will. The unequal power balance between CWS and parents can cause parents to consent against their will (O'Mahony et al. 2020; Storhaug et al. 2025). Pösö (2022) and Enroos et al. (2021) further emphasise that, in this context, consent is not merely an individual decision but is also shaped by family dynamics and considerations related to CWS; thus, it involves not only individual choice but also relational dynamics, power structures, and elements of paternalism.

Building on this, previous research has also shown that voluntariness in child welfare decisions is highly complex. Pösö et al. (2018) argue that voluntariness should not be seen as a binary concept but rather as something that emerges through dynamic social processes. Even in cases formally defined as voluntary or involuntary, elements of both may be present, depending on how the process unfolds. These complexities in defining voluntariness also highlight the importance of considering how consent processes operate for all parties involved, including children. Pösö (2022) stresses that children's consent is not an isolated act but part of complex social relations involving emotions, power, and interdependencies between

children, parents, and social workers. Without adequate support and recognition of these relational dynamics, children's right to participate meaningfully in decisions may be reduced to a formality. These findings underscore the need to approach consent in child welfare not only as a legal or procedural issue, but as a socially embedded practice shaped by multiple actors and conditions. In line with this, [Heimer and Pettersson \(2023\)](#) found that 74 percent of children were either not asked about their views on the need for support or had their views not documented in the investigation report.

While previous research has examined consent in voluntary out-of-home placements, less is known about how consent functions in the context of in-house interventions. These two types of interventions differ in important ways, particularly in their legal framing and the assumptions about voluntariness that underpin them. Out-of-home placements, although sometimes initiated voluntarily, can also be enforced through coercive legal measures even if parents do not consent. In contrast, in-house interventions are framed as supportive and voluntary and generally require parental consent to proceed. However, this voluntariness may be complicated by the context in which such interventions occur—often in situations where child abuse or neglect is suspected. Moreover, consent in this context may involve multiple relational dimensions, including interactions between parents and CWS, as well as between parents and children ([Enroos et al. 2021](#)). These relational dynamics resonate with longstanding ethical discussions in social work about how consent is shaped by autonomy, paternalism, and power. Although these concepts are not the main objects of analysis in this study, they illuminate the kinds of tensions that may arise when consent is requested under conditions where both support and scrutiny are present. They also provide a useful orientation for later discussing how different forms of power may influence the validity of consent in practice. Against this background, the aim of this study is to examine the dimensions of consent to voluntary in-house interventions in child welfare investigation reports of suspected child abuse, with particular attention to whether consent in these cases meets the requirements of validity. The results are then discussed using Steven Lukes's theory of power to explore how different forms of power can help understand the dynamics of the consent process.

### Swedish CWS as the context for giving and receiving consent

How consent is understood and practised is shaped by institutional and legal frameworks. Across Europe, some countries have shifted from family-service models towards child protection to strengthen children's rights ([Berrick et al. 2023](#)). Sweden has taken steps in this direction—such as allowing follow-ups and child interviews without parental consent—but

remains largely family-service orientated (Lundström and Sallnäs 2024). This system relies on voluntary cooperation with parents, who are assumed to act in the child's best interest yet may overlook conflicts between parent and child interests (Heimer and Pettersson 2023). In systems like Sweden's, where shared goals between parents and children are often assumed, the complexity of consent may obscure underlying tensions—such as conflicting interests or ethical dilemmas in balancing autonomy and protection.

Swedish CWS prioritises voluntary, in-home interventions (Leviner 2011), which require parental consent—even when parents themselves are the cause for concern, as in cases of abuse. Exceptions exist under the *Care of Young Persons (Special Provisions) Act (1990: 52)*, which allows interventions without consent if the child faces serious harm. Children aged 12 or older can access voluntary interventions without parental consent (*Social Service Act 2001: 453*), though this rarely occurs (Heimer and Pettersson 2023). For younger children, parental consent remains mandatory. All children, regardless of age, have the right to express their views in matters concerning consent (*National Board of Health and Welfare 2023*; UNCRF, Article 12). If only one legal guardian consents, interventions may proceed if deemed in the child's best interest (*Parental Code 1949: 381*), though the frequency of this practice is unclear. If none of these conditions are met, neither the child nor the parents can receive interventions—leaving some children without necessary support. In practice, this is reflected in findings showing that approximately half of the parents did not consent to interventions from CWS for themselves and/or their children (Heimer and Pettersson 2023).

In recent years, Swedish CWS has developed the After the Child Forensic Interview (ACFI) model, which has spread across municipalities as part of efforts to strengthen child protection within a family-service oriented system. To explore the questions addressed in this study, the research is situated within the context of ACFI (see Petersén et al. 2025). ACFI is intended to be an important step in the child protection process, during which parents receive information and initial support and may be offered further interventions (Elfström et al. 2017). Because ACFI is specifically used in cases of suspected abuse and voluntary interventions from CWS, it provides a relevant context for examining consent in these situations.

## Autonomy and paternalism

To assess whether consent to voluntary in-house interventions in child welfare investigation reports is valid, this study draws on concepts of autonomy and paternalism together with Lukes's (2021) three-dimensional theory of power. While autonomy and paternalism capture the ethical tension between self-determination and protection, Lukes's framework shows

how power operates both openly and in hidden ways, as well as ideologically. Together, these perspectives clarify how different forms of power shape the conditions under which consent is given and whether it can be considered truly voluntary and informed.

Autonomy refers to the ability to make decisions about one's own actions, involving self-governance, independence, and freedom from external control, as well as intention and understanding (Faden and Beauchamp 1986; Sandman and Kjellström 2013). It is not absolute but exists on a continuum. Critics argue that CWS often adopts an overly individualistic view and advocates a relational perspective (Leviner 2017), recognising that autonomy is shaped by social relationships and contexts (Mackenzie and Stoljar 2000). This underscores the role of family dynamics, professional interactions, and broader social factors in consent processes, especially in cases of suspected child abuse.

Paternalism involves limiting a person's freedom for their supposed benefit, often without consent (Zetterberg 2021), or as Kleinig (2020: 140) puts it, 'unconsented-to beneficence'. When parents' consent on behalf of children—seen as non-autonomous—this is typically viewed as *soft* paternalism, since children lack the legal capacity to decide. However, paternalism can undermine voluntariness and thus challenge the validity of consent (Gambrill 2008). The concept is widely used to describe both parental decisions and state actions made in others' best interests.

### Autonomy and paternalism in the light of Lukes's three dimensions of power

Lukes's theory of the three dimensions of power illustrates how power can be possessed or exercised over another person and shows that it is not just about visible decisions but also about hidden forms of influence and control. In short, power can be exercised in the form of (1) decision-making power (overtly), (2) non-decision-making power (covertly), and (3) ideological power (subtly) (Lukes 2021). Here, we will present Lukes's theory as a framework for understanding the concepts of autonomy and paternalism in the context of CWS.

Decision-making power is often described as involving visible conflicts, where one person has the power to make another do something they would not otherwise do. In this dimension, autonomy involves individuals having the right to make their own decisions without coercion or direction from others. Power is exercised overtly when autonomy is restricted by not respecting an individual's choices. In this context, paternalism can refer to the prohibition of certain actions by the state, such as child abuse, even if some parents may wish to use physical punishment as a parenting strategy. This represents an exercise of state power in the name of the public interest and the best interests of the child. Another example is

when an expert or professional withholds relevant information from a client, thereby reducing the client's ability to make an informed decision.

By non-decision-making power, [Lukes \(2021\)](#) refers to the idea that power is not only exercised through visible decisions but also covertly, by preventing certain issues from being raised at all. This kind of power shapes the agenda, determining what is seen as legitimate or illegitimate to discuss. In this way, it operates invisibly, often without open conflict, by reinforcing dominant norms and silencing alternatives. From this perspective, autonomy is limited not by direct coercion but by structural constraints. Options excluded from public discourse or the collective imagination cannot be chosen, even if some individuals might have preferred them. In the context of CWS investigations, this means that parents and children may seem to make free choices about participation in interventions, while in reality their options are confined by institutional frameworks and societal norms that shape what is seen as acceptable or possible. Such control over the boundaries of thought and discussion can be understood as a subtle form of paternalism, whereby CWS defines what is considered to be in the best interests of the child and family, not through overt enforcement, but by framing the conditions under which choices are made. This raises important ethical questions about transparency, participation, and who has the right to define the limits of autonomy in democratic societies.

Ideological power is a subtle, manipulative form of power in which an individual's will is strongly influenced by a group. There is no visible conflict, because the individual has internalised the prevailing societal values and is unaware of what stems from their own will and what originates from external expectations. From this perspective, the existence of autonomy itself can be questioned, as one's desires and choices are shaped by norms that have not been personally chosen but rather absorbed from the surrounding culture. In this dimension, paternalism is not exercised by a specific individual but manifests in more diffuse ways; for example, when people refrain from making decisions for themselves because they have been socialised to believe that 'experts know best'. In summary, [Lukes's \(2021\)](#) theory helps us understand that paternalism is not always explicit and autonomy does not always equate to freedom.

## Method

This study forms part of the research project *After the Child Forensic Interview—Evaluation of an Early Social Services Intervention in Cases of Child Abuse*. As part of this broader evaluation, the study contributes knowledge about consent within the context of ACFI. Because one of the model's objectives is to encourage parents to consent to interventions from CWS, analysing the dimensions of consent in this setting—including

how it aligns with legal requirements of validity—enhances our understanding of ACFI's role in facilitating voluntary interventions.

Municipalities using ACFI were contacted and invited to participate in the study, based on information from the Children's Welfare Foundation, Sweden. Although ACFI training is still ongoing, around 190 of Sweden's 290 municipalities currently have trained staff. Investigation reports were selected by the participating municipalities based on the following inclusion criteria: (i) suspected child abuse by a parent; (ii) a completed police interview of the child; (iii) the child having returned home to the parents after the police interview; and (iv) the investigation report having been no earlier than 2018. These criteria were chosen to suit the aims of the research project. Because CWS lacks search functions for such criteria, the child welfare officers had to rely on memory. Thus, most of the included investigation reports occurred within one year prior to our data collection period (December 2022–October 2024).

The original material consists of 135 child welfare investigation reports. In the present study, twenty-one investigation reports were excluded because the family was already undergoing an intervention or had been referred to family court. This resulted in a final sample of 118 investigation reports. The children involved in the investigation reports were aged between 4 and 17 years ( $M = 9$ ,  $SD = 3$ ). A total of twenty-seven children (23 percent) were aged 12 years or older. Of the 118 children, sixty-five were boys (55 percent) and fifty-three were girls (45 percent). The investigation reports were conducted in eleven different municipalities, and the distribution was 2–26 investigation reports per municipality.

All investigation reports included in the study followed the BBIC framework, a nationally standardised model for managing, implementing, and monitoring individual cases within CWS ([National Board of Health and Welfare 2023](#)). This framework provides a common structure for both the investigative process and documentation. However, the final investigation reports are not produced from a rigid template; instead, municipalities retain some autonomy in how they compile and present the investigation reports. According to the [Social Service Act \(2001: 453\)](#), CWS must document the handling of cases and the implementation of interventions, including decisions, actions, and factual circumstances of significance (chapter 11, section 5). Consent to interventions is such a circumstance. Section 8 further refers to provisions in the Administrative Procedure Act, including the duty to investigate and document relevant facts. In addition, Section 10 requires that the child is informed and given the opportunity to express their views and that these views are considered in relation to age and maturity. While section 10 does not explicitly mention documentation, it is reasonable that the child's expressed position is recorded in the report to ensure transparency and accountability. In practice, consent is often recorded under the heading *receptiveness* in the investigation report. According to BBIC guidelines, *receptiveness* refers to the family's

willingness and ability to engage with proposed interventions. The assessment typically considers factors such as the child's and parents' wishes regarding the intervention and their motivation to participate.

## Analysis

The analysis was conducted in several steps, combining qualitative and quantitative approaches. As a starting point, three categories of investigation reports were identified based on their outcomes: investigation reports where consent to an intervention was given, investigation reports where a need for intervention was assessed by CWS but consent was not given, and investigation reports where CWS assessed that no need for intervention existed and consent was not given. This categorisation was developed inductively from the material and served as a framework for the subsequent analysis.

To examine how consent was managed across the three categories of investigation reports, the analysis was guided by a directed content analysis approach (Hsieh and Shannon 2005). Coding began with guiding concepts derived from the criteria for valid consent: authorised person, information, voluntariness, and decision-making capacity. Both authors independently read and coded a sample of ten investigation reports to calibrate the coding framework and establish intersubjective agreement. Following this calibration, the first author conducted the full analysis, reading all investigation reports in their entirety and applying the agreed coding scheme.

Segments that could not be directly coded into the initial concepts were highlighted and analysed further to determine whether they represented subcategories or new thematic patterns, in line with the second strategy described by Hsieh and Shannon (2005). Through this process, recurring patterns within each concept were identified and organised into themes and subthemes. These are presented in Table 1, which summarises the coding structure used in the analysis. The table includes the three guiding concepts and their respective subcodes, as well as one additional category—Partial consent—which was identified during the analysis of segments that did not fit within the initial coding framework. While the analysis was guided by the four criteria for valid consent (although decision-making capacity was excluded, as this aspect was not documented in the material), the themes presented in Table 1 reflect how these criteria were interpreted and developed through the coding process. Rather than replicating the original concepts, the themes capture how the criteria were expressed in practice and how patterns in the material emerged.

In parallel with the qualitative analysis, quantitative coding was conducted to provide an overview of how consent was managed across the material. Each investigation report was coded for its category, whether consent met the criteria for validity, and, in cases where it did not, which specific aspects were missing. This allowed for a descriptive summary of

**Table 1.** Coding structure.

Code	Subcodes
Missing voices	Child not consulted One parent's voice absent when the other does not consent
Ambiguous information	Unclear need assessment Unclear reason for absence of intervention
Voluntariness over coercion	Signs of pressure or strategic compliance Indicators of voluntary participation
Partial consent (newly identified)	Consent not covering all individuals in need of support Consent not aligned with identified problem

the frequency of valid consent and the distribution of investigation reports across the three categories. In this way, quantitative coding served to support the qualitative findings.

The investigation reports were written in Swedish, and the quotes presented in the results section were translated into English.

### Ethical considerations

The study was approved by the Swedish Ethical Review Board (Dnr. 2022-00486-01; 2023-00723-02; 2024-03321-02), and all data handling followed the Board's guidelines for the use of sensitive administrative records. The CWS agencies granted the research team access to investigation reports containing identifiable information under a strict confidentiality agreement and in accordance with ethical approval. Anonymisation was conducted by the authors prior to data collection, during which all names, addresses, and other identifying details were removed. The entire procedure took place within the agency's secure environment, and only anonymised material was transferred outside the CWS offices. Obtaining consent from the children and parents concerned was considered but deemed unfeasible, as CWS is not permitted to share client contact information with researchers. Alternative procedures, such as obtaining consent via CWS staff or using an opt-out procedure, were also discussed but rejected due to concerns about compromising confidentiality and causing unnecessary distress to former clients.

### Results

Of the 118 investigation reports included in the study, consent was given in sixty-six cases (56 percent), all of which resulted in a decision on intervention. In twenty-nine cases (25 percent), CWS assessed a need for intervention, but consent was not given, and in the remaining twenty-three cases (19 percent), CWS assessed that no need for intervention existed and

consent was not given. Across the material, eighty investigation reports (68 percent) did not meet the criteria for valid consent, with one or more aspects of validity compromised. Issues related to authorised persons were evident across all categories of investigation reports, primarily in the form of absent documentation of the child's perspective: in only thirty-one of the 118 investigation reports (26.5 percent) was the child's attitude towards consent documented. Deficiencies in the provision of information were also common, particularly in investigation reports where CWS assessed no need for intervention, which often contained ambiguous or incomplete explanations for this assessment. Patterns related to voluntariness varied between two categories of investigation reports: while reluctant consent was visible in a few cases among those who consented to intervention, it was more common for parents to not consent despite assessed needs, occurring in twenty-nine investigation reports (25 percent). Even among the sixty-six cases where consent was given, the consent was partial in thirty-four cases (52 percent), meaning that either not all individuals in need of support were included or the consent did not cover the full scope of the problems identified in the investigation. This overview provides the quantitative context for the qualitative findings presented in the following sections, which explore how these patterns were reflected in the investigation reports.

### Missing voices

In practice, consent was obtained almost exclusively from parents, while children's voices rarely appeared in the investigation reports. In many cases, it is unclear whether this was because children were not asked for their opinion or because their views were expressed but not documented. Some investigation reports noted that the child had the opportunity to share their perspective, but without specifying what that perspective was. At the same time, there are examples where it is evident that the child was not given the chance to express an opinion, as illustrated by the quote below.

*Parents agree to the proposed intervention of receiving support in the form of family treatment. Parents do not believe that the child needs to be involved in the intervention, as they do not think that this is what the child wants.*  
(Investigation 3)

In the investigation report quoted above, it appears that the child was not given the opportunity to express her views on the intervention, including whether to consent. She was twelve years old and therefore had the right to give consent, regardless of her parents' decision. According to the investigation report, the child welfare officer relied on the parents' assessment of the child's wishes instead of consulting the child directly and forming an

independent opinion. Consequently, the child's voice was not heard, and she did not receive access to interventions that she may have wanted and needed. None of the investigation reports contain a case where a child was given access to an intervention despite parental non-consent.

Another example of situations where individuals authorised to give consent were not given the opportunity to do so concerns the parents. There were no cases in which an intervention was offered to a child against the will of one parent. In situations where one parent consented to support for the child but the other did not, it was the non-consenting parent's decision that prevailed.

### Ambiguous information

In practice, information provided to those asked for consent was often unclear or incomplete. Several investigation reports contained descriptions of need that were difficult to follow. In some cases, decisions not to propose interventions were justified by an absence of need, yet the same documents expressed concerns about the child's health and development. This contradiction suggests that the understanding and communication of need were inconsistent, raising questions about how information was conveyed during the investigation.

*Based on the fact that the family does not want support from CWS and that the child welfare officers' concerns have decreased, it has been decided to recommend that the investigation be ended without intervention. The parents have been informed that if they wish to receive support from CWS in the future, they can contact the child welfare officer. (Investigation 70)*

This text gives the impression that the investigation ended without the child welfare officer suggesting any intervention because there was no need. However, the investigation report contains information that suggests otherwise.

*The child welfare officer is concerned about the risk that [the child's] health and development will be harmed if no change occurs. This may lead to [the child] developing mental illness, an insecure relationship with their parents/others close to them, or impaired school performance in the future. (Investigation 70)*

In some parts of the material, a clear rationale emerges: CWS assess a need for support, but the parents do not consent—or no need is identified, and this is reflected in the investigation report's content. However, this clarity is not consistent. It is not always possible to determine whether the decision not to propose intervention stems from an actual assessment of no need or from parental reluctance to accept interventions. The ambiguity in the investigation reports raises questions about how clearly the child

welfare officers communicated the relevant circumstances to the parents and children.

### Voluntariness over coercion

In practice, patterns related to voluntariness revealed that consent was not always freely given. While most parents who consented appeared to do so willingly, there were cases where consent seemed reluctant or even coerced. In situations where parents expressed negative attitudes towards CWS and interventions during the investigation but still consent to interventions, this could indicate a genuine change of perspective—or a sense of pressure to comply. In a few cases, documentation explicitly stated or strongly implied that parents consented against their will, as illustrated by the quote below:

*When the father states that he will continue to use child-rearing violence if necessary, the child welfare officer makes it clear to the father that if [the child] is to live and spend time with the father at all, all violence must cease [...]. The child welfare officer has also made it clear to both guardians that if the father continues to use violence and the mother does not protect [the child] from this, the child welfare officer will need to investigate the possibility of [the child] being able to live and grow up with one of its parents, that the cessation of all violence is a direct condition for [the child] to be able to live with the father. (Investigation 76)*

During the investigation, the father is described as being negatively inclined towards CWS while receiving support. However, the report concludes with a decision to provide support for both the parents and the child, to which the parents consent. In this case, the father consents to the intervention against his will. He does not consent because he believes it will benefit him or his family. Rather, he believes that not consenting will disadvantage him. While reluctant consent was clearly visible in a few cases, it was far more common for parents to not consent despite assessed needs from CWS. This contrast between rare reluctant consent and frequent non-consent illustrates the different ways in which voluntariness was expressed in practice.

### Partial consent

Consent was often partial rather than comprehensive. In many cases, parents consented to certain interventions but not others, or consented to interventions for themselves while declining interventions for their child, and vice versa. One example involves a girl at risk of violence from her father, but only when he is intoxicated, illustrating how consent could be limited to specific circumstances or types of intervention.

*Both [the child] and [the father] have expressed a desire for support from CWS. [The child] has said that she wishes to re-establish contact with CWS's in-house services. [The father] has also expressed a desire to resume parental support via CWS. [The father] also states that he expects support from the Child and Adolescent Psychiatry service based on the fact that [the child] may have a condition. [The father] is eagerly seeking help to make the home situation and the relationship with [the child] work. [The father] has, however, refused contact with CWS's substance abuse programme. (Investigation 6)*

Even in cases where parents do not acknowledge violence, interventions tend to focus on other problems than those that emerged during the investigation. The problem is reformulated, and the interventions tend to concern boundary setting or conflict management rather than violence.

*The mother and father have both been receptive during the investigation, but they both question whether it is a case of violence. Both parents are receptive to receiving support in their parenting role, especially when it comes to setting boundaries. (Investigation 47)*

It is also common for parents to consent to interventions only for themselves or only for their children. In cases where parents only consent to support for their child, they often seem to believe that the problem lies with the child and has nothing to do with them.

*Furthermore, the child welfare officer concludes that it would have been beneficial for [the child] to receive support to learn to manage her emotions in an age-appropriate way to benefit her development. [The child's] parents agree with the child welfare officer's assessment and wish for [the child] to receive support [ ... ] The investigating officer also sees a need for the parents to receive parental support in dealing with [the child] when she gets angry and in setting boundaries for her. The parents do not want any support in this regard at the present time, but it may become relevant in the future. (Investigation 35)*

When parents' consent to interventions targeting their child's behaviour but decline support to improve their own interaction with their child, children miss out on support through improved parenting.

## Discussion

Previous research has highlighted several challenges in obtaining valid consent in child welfare investigations. Studies have shown that children's perspectives are frequently excluded in assessments of their need for support and that child welfare officers may refrain from assessing children's needs when parents do not consent to interventions (Heimer and Pettersson 2023). Other research has pointed to the risk of parents consenting against their will due to pressure or lack of real alternatives

(O'Mahony et al. 2020; Storhaug et al. 2025). However, Heimer and Pettersson (2023) also found that parents often decline interventions despite assessed needs, suggesting that perceived coercion may not be the primary issue.

The present study confirms and extends these findings. It shows that the requirements for valid consent were often compromised through the exclusion of children and sometimes one parent, insufficient provision of information, and concerns about voluntariness. At the same time, the material includes several cases where parents declined interventions, indicating that voluntariness was often preserved. This study adds nuance by identifying partial consent as a distinct pattern—where consent was formally valid but did not cover all individuals in need or the full scope of the identified problems. Furthermore, it reveals that no interventions were implemented when only one parent consented, meaning the dissenting parent's position always prevailed. These findings suggest that even when consent is documented, it may not reflect a meaningful or sufficient basis for action. The following sections analyse these results using Lukes's three-dimensional theory of power and the concepts of autonomy and paternalism.

### Whose consent counts? Power and missing voices

One of the most striking findings is the near absence of children's voices in the consent process. Despite having a legal right to express their views, and in the case of children aged twelve or older, the right to consent independently, children's perspectives were rarely documented. Instead, consent was almost exclusively sought from parents, and in several cases the child welfare officer relied on parents' assumptions about the child's preferences rather than consulting the child directly. This aligns with earlier findings showing that children's viewpoints are routinely omitted in Swedish CWS assessments (Heimer and Pettersson 2023).

Against the backdrop of Lukes's three-dimensional theory of power, this omission can be understood as an exercise of covert or subtle power. When the child's consent is not raised as a legitimate question, the absence of their participation appears natural rather than as the result of structural or professional choices. This kind of agenda-setting power shapes what is perceived as appropriate to consider in the investigation and reinforces a norm that parents, rather than children, are the primary actors in decisions about support, even in cases where parents are suspected of abuse. In this sense, children's limited participation is not merely a procedural deficiency but a reflection of deeper institutional norms that shape whose voice counts.

Because the children are not asked, we can also assume that in many cases they are not informed about the available support. This means that they are unable to make an active choice even if they want to, because

they are unaware of their options. When child welfare officers and parents tacitly interact to obscure a child's choices, they reinforce their own autonomy while simultaneously exercising paternalism by contributing to the conditions for participation (cf. [Sandman and Kjellström 2013](#); [Zetterberg 2021](#)). However, a similar dynamic was evident in cases where the two parents disagreed: the non-consenting parent's decision always overruled the consenting parent's, effectively preventing interventions. This pattern further illustrates how structural power and norms about parental authority can overshadow the best interests and rights of the child.

### Ambiguous and insufficient information: the ambivalence of paternalism

Regarding the requirement that CWS provide adequate information to enable informed decisions, the study identifies cases where this may not have been fulfilled. In some cases, interventions were deemed to be in the child's best interest but were not implemented due to lack of parental consent. In others, the reasons for the absence of intervention were unclear; many investigation reports contained unclear assessments, contradictory explanations, or incomplete accounts of why interventions were not proposed, even when concerns were expressed. Consequently, it was difficult to determine whether the parents declined the suggested measures or whether there were simply no needs. From the standpoint of autonomy and paternalism, ambiguous information limits the capacity of parents and children to make informed decisions. At the same time, child welfare officers operate under a dual mandate to protect the child and to support the family. This dual role may result in well-intended forms of 'benevolent paternalism', where professionals emphasise certain information to encourage a decision they perceive as beneficial for the child. However, selective or unclear communication inadvertently reduces families' autonomy and may contribute to misunderstandings or mistrust. Through dialogue about different ways to address the problem, the potential consequences of untreated violence-related issues, and the rationale behind the proposed intervention, paternalistic tendencies can be reduced while autonomy is strengthened. The parents' refusal of services may be seen as a reaction to perceived paternalism and an attempt to reassert their own autonomy.

### Voluntariness between pressure and resistance

The findings also nuance the longstanding assumption that parents frequently consent under pressure. There are cases in the investigation reports where it is evident that parents are unwilling, or only partially willing, to accept interventions from CWS, yet they still do so. The

material suggests that one reason they accept interventions is that they believe they will be forced to comply. Nonetheless, more commonly, parents declined interventions despite identified needs, demonstrating that voluntariness was often preserved in practice.

In the few cases where reluctant consent was documented, expressions of paternalism on the part of the child welfare officer were particularly evident. This dynamic reflects the most visible form of power described by Lukes, where coercion or the threat of coercion becomes a motivating force. Such moments highlight the ethical tension between the child's right to protection and the parents' right to self-determination. This is a dilemma central to child welfare practice and previously described by O'Mahony et al. (2020) and Storhaug et al. (2025). The child welfare officers' behaviour must be understood in relation to their duty to support and protect the child, as well as the limitations of what they can do without consent. Based on what appears in the investigation reports, the child welfare officer may make a strategic choice to let the parents believe that compulsory measures will be applied as a way of avoiding their actual use, which would represent an even more pronounced form of paternalism. These empirical examples also represent the clearest forms of the overt exercise of power. Child welfare officers can act in their role as representatives of authority and enforcers of legislation, which legitimises their use of power. Their actions can be understood as aligned with the public interest, lending them further support. The parents' awareness that child welfare officers act with the backing of the law may contribute to their acceptance of restrictions on their autonomy. This also touches on what Lukes (2021) calls 'subtle exercises of power', where people sometimes choose not to make active decisions themselves but instead allow those they perceive as superior to decide for them. In this case, the difference between overt and subtle power is that overt power is characterised by fear of consequences, whereas subtle power involves an individual's implicit or explicit belief that someone else, an expert, knows better than they do. These two forms of power may interact and jointly contribute to shaping the kinds of situations that form patterns in the empirical material.

### Partial consent as a key contribution

One of the study's novel contributions is the identification of *partial consent* as a distinct and common phenomenon. Over half of the cases in which consent was given involved partial consent, where the consent did not cover all individuals with identified needs or did not address the full scope of the problems documented in the investigation report. For instance, parents often consented to interventions aimed at the child while declining interventions aimed at themselves, or they accepted certain

components of an intervention but rejected other essentials for addressing the underlying issues.

This finding extends earlier work on the relational and negotiated nature of consent (Enroos et al. 2021; Pösö 2022). Partial consent can be interpreted as a form of selective autonomy, where parents grant consent to interventions they view as legitimate or non-threatening while rejecting those that challenge their parenting or personal behaviour. From a paternalism perspective, partial consent reveals the structural limitations of a system in which each component of an intervention requires explicit approval, even when withholding consent undermines the intervention's effectiveness.

The criteria for valid consent are intended to protect the consenting individual; however, they are not fully adapted to situations where the consent concerns someone else. In such cases, child welfare officers may need to support children's autonomy to a greater extent and adopt a more directive approach towards parents. Assuming that parents always act in their child's best interest, and that decisions about continued interventions should rest solely with them, may be problematic, particularly in cases of suspected abuse where the child's perspective is not fully known. Instead, we wish to highlight what McDonald et al. (2017) write about the difficulties parents may face in making sound decisions when they feel their role as caregivers is being questioned. Previous studies focusing on the concepts of autonomy and paternalism have emphasised the importance of communication and (Pösö et al. 2018) time for dialogue between authorities and clients to increase client autonomy and reduce the risk of, or need for, paternalism (Kultgen 2014).

### Towards a deeper understanding of consent as a power-laden process

Taken together, the findings underscore that consent in child welfare is not merely a legal requirement but a socio-political practice embedded in unequal relationships. By applying Lukes's theory of power alongside concepts of autonomy and paternalism, the study reveals that (i) authorisation is shaped by hidden and structural power that limits children's participation, (ii) information is affected by both organisational norms and benevolent paternalism, (iii) voluntariness exists on a continuum and involves both resistance and compliance, and (iv) partial consent reflects the negotiation of legitimacy between families and professionals.

Consent that appears formally valid on paper may therefore be weak or incomplete, potentially compromising children's rights to support and protection. In practice, child welfare officers must navigate the tension between respecting parental autonomy and ensuring support for children—a task made more complex when parents hesitate or refuse interventions due to fear, mistrust, or other concerns.

The ACFI model provides a practical framework to address these challenges. While it encourages parental consent and early engagement, its use during times of crisis may sometimes prioritise obtaining consent over building the trust necessary for meaningful collaboration. Applied thoughtfully, however, ACFI can support both early intervention and respectful cooperation, helping officers balance ethical obligations with children's needs.

To strengthen practice, CWS would benefit from structured internal discussions and clear strategies for documenting consent-related dilemmas. Clarifying how consent is sought, assessed, and recorded—particularly when using models such as ACFI—can enhance transparency, facilitate early support, and better safeguard children's rights and well-being.

### Limitations and suggestions for further research

Child welfare investigation reports are produced for administrative purposes rather than research, which must be considered when analysing them scientifically. They often lack essential information about the individuals involved and the factors influencing decisions (Billquist and Johnsson 2007). Moreover, the investigation reports primarily reflect the perspectives of child welfare officers rather than the clients' lived experiences. As such, they represent institutional interpretations of consent shaped by administrative and legal conventions, which limit their suitability for exploring experiential dimensions.

It is important to distinguish between the investigation as an activity, the collection and processing of information about a case, and the report that summarises the conclusions of that investigation. The present study is based on investigation reports rather than the investigations themselves, and these investigation reports may function both as summaries of investigative processes and as justifications of the decisions made. This dual character influences what can be learnt from them: while they provide insights into how consent is documented and managed, they do not fully capture the processual or experiential aspects of the investigation.

Furthermore, these textual data were produced according to institutional rules and instructions, which shape their content and format. For example, investigation reports may follow guidelines about what procedural information to include or how consent is recorded, but these instructions are primarily designed to meet administrative aims rather than to facilitate research. As a result, the investigation reports selectively reflect what child welfare officers deemed relevant, which can constrain the scope of analysis. Analysing formal documents therefore requires careful consideration of their institutional context, intended purpose, and the conventions guiding their production. Although investigation reports that end without intervention do not always clearly document whether consent was given or if support was simply deemed unnecessary, consent is

consistently recorded in cases where it was provided. This makes child welfare investigation reports valuable for studying the dimensions of consent and its alignment with requirements for valid consent, as they offer insights into how consent is handled and documented in practice—insights that could not have been obtained solely through interviews with child welfare officers, for example.

Further research should develop theoretical perspectives that problematise how valid consent can be understood and defined in child welfare practice. A more in-depth conceptualisation is necessary to capture the complexity of the conditions under which consent is given. Only with deeper theoretical clarity can consent function as more than a procedural formality and instead serve as a meaningful safeguard for children and families.

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