CHAPTER 1

GENERAL INTRODUCTION
Motivation

As a former social worker in care for children, I often encountered moral dilemmas. Regularly, I discussed the moral dilemma with my colleagues, and sometimes we found a solution. A little girl, who desperately wanted to play with a doll, was told by her Islamic parents that she should refuse the Christmas present we gave her because she was not allowed to play with dolls or other representations of God. We felt caught between the desire to take the parents’ wishes seriously, and the desire not to disappoint the girl who visibly enjoyed playing with the doll so much. We found a compromise in which we agreed that the girl was allowed to play with the doll when she was in the institution, but that she was not allowed to take her present home. However, it was not always possible to find a solution, for instance when a child’s well-being was hindered by her/his parents lack of appropriate collaboration to secure a safe environment. Should we keep the child in care? Should we take more drastic measures that we all knew to be detrimental for the child in another way? These experiences brought me an indefinite feeling of inadequacy. In the years after, having become a tutor, educating future professionals in care for children and young people, I welcomed the well described methodologies and their (evidence-based) scientific grounding that had entered the work field since the end of the twentieth century. Having later been educated as a social scientist, I was familiar with the scientific grounding of theories and judgments on the basis of the falsification principle (Popper, 1959). Open discussion and piecemeal engineering, i.e. gradual adjustment of policy decisions, would help us social workers to create the fruitful environment necessary to develop realistic work processes, and to provide good work (Popper, 1959; 2003). We tried to formulate good work, to falsify our judgments, knowing that nothing was sure. Taking part in open discussion and critical thinking was a fine ethical stance, also concerning moral dilemmas. Moreover, the reading of critical voices on positivistic scientific aspirations (Feyerabend, 1975; Lyotard, 1987) gave me the pleasant feeling that I was able to critically assess all kinds of statements from a relatively safe distance. In daily practice, moral dilemmas were implicitly or explicitly suggested to be ‘questions you have to relate to as an individual professional’. However, somehow leaving professionals’ efforts with moral dilemmas to personal considerations did not satisfy my need to be a critical practitioner. Finding justifications for practice should be more than a private concern next to scientific and theoretical considerations, the more so, as scientific aspirations seemed to be under debate themselves. The reading of Schön’s ‘The reflective practitioner’ (Schön, 1983) supported me to value reflection as an important professional skill. But still I did not understand how reflection related to moral dilemmas could support responsible justification of decisions.
In the meantime, I felt increasingly ambivalent towards my obligation to teach future professionals the scientific basis of their profession by teaching them evidence based practices and guidelines, and providing no tools for moral reflection. One day a student explained to me that making an observation report of a child had to be done well and so should be the behavioral specialist’s task and not his. I wondered what had happened. Why were tasks that were, in my opinion, specialized tasks of the executive professional regarded as tasks belonging to scientifically educated professionals? I wondered whether I should, as a tutor, affirm the student in her seemingly self-chosen role or whether I should persuade her to oppose it. This situation alerted me to the question of the executive professionals’ responsibility in the care for children and young people. Moreover, I wanted to find out how these professionals could be responsible in an accountable way.

One day I participated in a moral case deliberation (MCD) (Dartel & Molewijk, 2014), a structured way of dealing with moral dilemmas and questions. One of the participants presented a moral dilemma I recognized strongly from my own experience. During the deliberation I tried to clarify my opinion to the other participants. Based on other participants’ reactions, my clarification apparently did not make sense. The MCD facilitator asked me to answer a question: can you explain what makes you say this, regarding this concrete situation? I was unable to answer the question. I felt I could not get away with easy answers and could not hide in my distant critical attitude. My inability to answer made me feel embarrassed, but to my surprise I also felt glad that I got the chance to take my responsibility to think. Somehow this fostered my self-respect. From that moment I wanted to know more about MCD.

These experiences and questions have led to this research project, aimed at investigating professionals’ experience of moral dilemmas, their ways of dealing with moral dilemmas, and the possible contribution of MCD to the ability of professionals in care for young people to deal with moral dilemmas in the context of current professionalization.

This introduction first presents the professional context of care for children and young people. Current approaches to professionalization are shortly introduced. Next the concepts of ethics, morality, moral issues, and moral dilemmas are described. MCD is introduced as a possible support for professionals who deal with moral dilemmas. Finally the research question and sub-questions are clarified, followed by an outline of the thesis.

1 In Dutch care for children and young people executive social workers/professionals are mostly educated as bachelors, whereas team managers and specialists have mostly a master degree.
Chapter 1

Context

Professional practice

Dutch professionals in care for young people work as specialized social workers in preventive, ambulant, or (semi-)residential care. They work in various settings, such as mental-health care for young people, forensic care aimed at (young) delinquents, social care for young people, women’s-shelter care, or care for homeless (young) people. Their clients are children, parents, or other legally responsible educators. Several characteristics of the professional practice color the reflection on dealing with the ethical challenges, such as moral dilemmas, which professionals face.

Being part of charity work until well into the 20th century, social professional action was ideologically and normatively inspired by different religious, social, and political views and was moralistic in nature (Reamer, 1998). For instance, social workers had to educate maladjusted people to behave as decent citizens. From the end of the 19th century, mental health and welfare gradually became regarded as a public task and governmental responsibility. This meant that professionals had to be educated in theoretical backgrounds of their work and in ethical theories. Ethical grounds of professional behavior had to be explicated. The first Dutch code of behavior for ambulant working social workers was formulated in 1962, describing core professional values.

Professionalization

Since the beginning of the 21st century, protection of children’s safety became a major issue in Dutch care for children and young people. Child abuse incidents that shocked public opinion and worried policy makers induced a period of increasing emphasis on professional accountability. A program aimed at professionalization was launched in 2008 (NJI, MOVISIE, HBO-raad, NVO, NVMW, Calibris, 2010). This program involved measures to strengthen the professional frame further. Education was adjusted accordingly and the legal frame has been tightened up. The Youth Care Act (2005, revised in 2015) directed the focus in care for children and young people towards prevention and to ensuring a healthy environment for the child in line with the International Children’s Rights Act (UN Convention on the rights of the Child, 1989). The revised code of behavior for social workers (Beun & Groen, 2013) provided guiding principles for professional behavior in care for children and young people. Principles such as supply-oriented instead of demand-oriented work, empowerment instead of dependency, and family-/community-based instead of residential care were emphasized. The body of knowledge was reformulated. The development of evidence-based practices (EBP) with clearly described methodical guidelines started, following the example of evidence-based medicine in medical
professions. Since 2015, all professionals caring for children and young people from formerly different work domains are subject to mandatory registration which binds them to a set of professional ethical standards (NJI, MOVISIE, HBO-raad, NVO, NVMW, Calibris, 2010). Following medical and legal professions, disciplinary law was introduced to help professionals to keep the professional ethical standards and to develop the ability to secure professionally legitimized use of discretionary power.

**Ethics, morality, moral issues, moral dilemmas**

Professional ethics refers to questions of, and reflection on, what is good practice in a moral sense. In answering these questions, professionals can make use of a professional frame in the form of behavioral codes, legal and institutional regulations, and methodical guidelines. However, despite the availability of a professional frame, professionals caring for children and young people face moral problems and dilemmas (Banks & Williams, 2004; Hem, Molewijk, & Pedersen, 2014; Keinemans & Kanne, 2013). A moral dilemma arises when professionals must make a decision in which moral principles collide with each other (Nussbaum, 1986). Professionals are bound to keep an eye on children’s safety (Jeugdwet, 2015), and protocols (e.g. Ministerie van Volksgezondheid, Welzijn en Sport, 2016) and newly developed guidelines help them to do so (e.g. Turnell & Edwards, 1999). Yet, they may be unsure which decision may best safeguard the child’s safety. Is out-of-home placement safer for the child? Or should the professional respect the mother’s wish to take care of the child herself, thus respecting the principle of client-centered work? Facing moral dilemmas may lead to moral distress (Silén, 2011; Fenton, 2015; Oy & Gastmans, 2015). Moral distress may corrode professionals’ ability to provide attentive care or may make professionals less willing to continue in their jobs, which may affect continuity of care. This may eventually affect the quality of care (Mänttäri-van der Kuip, 2016).

**Moral issues concerning care for young people between 16 and 24 years old**

Care for young adults between 16 and 24 years old entails specific moral issues. The youngsters often have light mental disabilities and have multiple problems, such as psychiatric disorders and behavioral problems and are vulnerable. Many of them suffer from various kinds of addiction. Some of them are cared for in by institutions exclusively aimed at minors. Others, older than 18 years, are cared for in institutions for adults. Judicial measures sometimes ensure that young adults older than 18 years are still cared for in institutions for minors. They are expected to benefit from these measures for a variety of reasons. They are estimated to need support in order to enable them to cope with the demands of adult life, or criminal justice for adults does not seem to do justice to the emotionally immature youngster. Despite efforts to tune care to youngsters’
needs, many of them are still not adequately helped. Once adult, they are often glad to flee tutelage and refuse to voluntarily sign up for psychiatric support from which they could benefit (Steketee, Vandenbroucke, & Rijkschroeff, 2009). Recent statements from the Dutch children’s ombudsman and the annual Dutch Children’s Rights Monitor (Kinderombudsman, 2015) show that despite promising methodologies that help professionals caring for young people to provide good care (Spanjaard, 2009), the needs of young people are not fully met.

**Reflection and collegial consultation**

In the Netherlands several authors have expressed their worry because professionals lack a clear mandate and moral frame to do their work properly (Doorn, 2008; Struijs & Doorten, 2008; Tonkens, 2009). Others point at the fact that professionals may feel reassured by guidelines, but at the same time develop a bureaucratic attitude that prevents them from taking true responsibility (e.g. Hassel, Tonkens, & Hoijtink, 2012). Various authors try to propose solutions. Baartman (2013) for instance takes explicitly account of the moral dilemmas professionals in care for children and young people face and pleads for emphasis on empowerment and solidarity with parents when children’s safety is at stake, or on the importance of professional learning from experience instead of being steered from above. Others advocate democratic moralization as an important means of empowering professional accountability and of counterbalancing top-down steered professionalism (Kunneman, 1998; Tonkens, 2009).

Several reports suggest reflection to be an indispensable professional competence (NVO, NIP, NVMW, JN, 2014) that may support to provide good work that meets clients demands and needs, or plead for reflection on the work floor (Commissie Samson, 2012). Next to reflection different kinds of collegial consultation, such as intervision², supervision and moral case deliberation (MCD), are recommended to support professionals to reflect and to exercise their discretionary power. However, clarity about which methodology can support professionals in dealing with *moral* dilemmas, is lacking.

Recently MCD, a methodology aimed at reflection and deliberation on moral dilemmas, has been introduced in many (mental-) health care institutions and in institutions for care for the elderly (Dauwerse, Weidema, Abma, Molewijk, & Widdershoven, 2014; Dam et al., 2013). Experiences and evaluation research focusing on MCD in education (Goldstein, 2004) and in Dutch (mental-)health care (e.g. Weidema, Molewijk, Kamsteeg, & Widdershoven, 2013; Dam et al., 2013; Janssens, Zadelhoff, Loo, Widdershoven, & Molewijk, 2014) are promising.

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² Dutch form of collegial peer consultation meant for discussing work issues.
Moral case deliberation

MCD as used in this thesis is a methodically structured and democratic form of deliberating on moral questions and dilemmas, starting from an experienced concrete case (Dartel & Molewijk, 2014; Kessels, 2009; Molewijk, Van Zadelhoff, Lendemeijer, & Widdershoven, 2008; Nelson, 1994; Weidema, Molewijk, Widdershoven, & Abma, 2012). It is regarded as a possible answer in the debate concerning the question of how to support professionals in taking responsibility for professional decisions and actions.

Background

MCD is inspired by Aristotelian (Aristotle (2008), hermeneutical, dialogical (Gadamer, 2010), and Socratic (Kessels, 2009; Nelson, 1994) stances. Knowledge, decisions and actions are regarded as judgments or as activities based on judgments. Judgments cannot be absolutely or objectively grounded by either theoretical concepts, principles or empirical findings alone. Decisions have therefore to be justified and require more than the application of rational decision-making rationales, methods or roadmaps alone.

Judgments and meanings people give may be implicit. However, they may also be made explicit during reflection on experiences and actions and during deliberation. In the investigation, reflection and deliberation process in MCD participants become aware of, and learn about, their own opinions, and about the (un)conscious opinions of others. Investigation of and reflection and deliberation on judgments is needed to be able to justify decisions in a specific context. By stimulating open questioning and empathizing with others, MCD supports this investigation of and reflection and deliberation on moral questions and dilemmas.

Focus on moral dilemmas

MCD focuses on moral questions and dilemmas and on moral reasoning and justification. Moral dilemmas are experienced when moral principles collide with each other and the possible options cause losses (Nussbaum, 1986). In moral questions and dilemmas basic beliefs are concerned; that is to say that ‘why’ questions instead of ‘how’ questions are deliberated on. Examples of moral dilemmas are: Should I stop care for the youngster if he refuses to cooperate? Do I adhere to my professional duty of confidentiality or do I report? Moral questions are for example: what is safety in this concrete case?

Experience as starting point

Reflection as fostered in MCD starts from experience. Experienced moral dilemmas and questions are seen as suitable starting points for reflection. Abstract principles are
supposed to become meaningful in practice, and judgments are supposed to unfold through concrete experience. The collision of principles in a concrete case can lead to unease or uncertainty. The experienced unease is supposed to urge the professional to reflect and deliberate on the question. Investigating the moment of unease and accompanied emotions may help to further understand the judgements and to reflect and deliberate on the meaning of judgments.

**MCD connects theory and practice**

Taking experience as a starting point implies that MCD connects theory and practice. Hypothetical cases or stances are not investigated, nor does MCD concentrate on abstract reasoning. This does not mean that theory or abstract principles do not play a role as guiding or valuable principles and truths. Theoretical principles are regarded as checkpoints that have to be investigated and reflected on for their meaning in the concrete case. MCD fosters investigation of the meaning of all those abstract concepts and values in concrete cases. Conversely, investigation of the meaning of abstract concepts and values in concrete cases contributes to the definition and understanding of concepts and principles that otherwise would remain ‘empty’.

**Investigating perspectives**

MCD supports joint investigation by making use of the different individual perspectives represented by the participants. That is to say that each participant’s presuppositions are questioned and each participant’s critical thinking and reasoning is fostered. For this reason MCD may be regarded as a joint learning process instead of a means of consultation which primarily helps the case bringer.

**Method**

Several methods can be used in MCD (Dartel & Molewijk, 2014). In this project the dilemma method (Stolper, Widdershoven, & Molewijk, 2014) and Socratic dialogue (Kessels, 2009; Nelson, 1994) were used. Both methods foster open investigation, understanding, empathizing, and dialogue. However, the dilemma method has the more practical aim to support professionals in dealing with a concrete moral dilemma. Socratic dialogue primarily aims at insight. Both methods aim at open reflection instead of reaching a specific goal.

**The role of the facilitator**

Facilitators of MCD do not function as advising experts but are process-oriented instead. They serve as Socratic guides, that is to say they support participants to explicate and
investigate their presuppositions which are regarded as important available judgments that reflect existing knowledge. They support participants to reflect and deliberate on these presuppositions and to vocalize the insights from their practical wisdom. They are trained in competences concerning stimulation and facilitation of dialogue and reflection (Stolper, Molewijk & Widdershoven, 2014; Abma, Molewijk & Widdershoven, 2009). Communication skills (asking open questions, being able to empathize) are regarded as dialogical skills that are conditional for reflection and deliberation in cooperation with other participants.

Facilitators use the methodical steps in MCD as tools that help to structure the investigation, reflection and deliberation process, without regarding them as the absolute prescribing procedure for decision making. Giving room to, and stimulating, professionals to investigate and reflect on moral questions or dilemmas is regarded as the most important ingredient of MCD. Facilitators aim to include all participants equally, regardless of their position or role, and each with their own view, so as to stimulate equal participation in the reflection process.

**Critical thinking**

MCD aims to foster critical thinking. Knowledge, scientific findings and principles reflect agreed judgments and morality. Being judgments without absolute power, they have to be reflected and deliberated on in the decision-making process. Reflection on the justification of decisions is not primarily aimed at coherence or correspondence of judgments with existing views or theories, but at critical investigation of and critical reflection on these judgments formulated in the process of interacting abstract concepts and empirical knowledge (Nelson, 1994). Nor is justification regarded as a matter of personal conscience. Personal interpretations are supposed to reflect theoretical or common presuppositions or judgments. Therefore, although reflection is often called self-reflection, this concept may be misleading. It may help to increase awareness of traditions, related judgments, and presuppositions that we are surrounded by. This requires joint critical reflection and deliberation on all kinds of presuppositions, judgments and values with others, who represent different perspectives and frames of reference instead of individual reflection with personal conscience as the only measure.

MCD supports the legitimation of actions or views by validation and critical investigation of views. Validation of views in MCD means in the first place that every view has the right to be expressed and investigated. Joint critical inquiry of, reflection and deliberation on these views by all stakeholders may lead to common validation and legitimation of views, or to the awareness of differences in views.
Chapter 1

Research questions

Some knowledge is available concerning moral dilemmas of social professionals in general (Keinemans & Kanne, 2013). Little is known about moral dilemmas of professional dealing with young adults. MCD has been evaluated in various contexts, but knowledge about the possible contribution of MCD in professional contexts concerning care for young people is lacking. Neither is it clear what MCD could contribute to the development of moral competences of future professionals in an educational context. This thesis focuses on professionals caring for or dealing with young adults between 16 and 24 and their families, their experience of moral dilemmas and the way in which they deal with them. Next, it investigates the contribution of MCD for professionals dealing with moral dilemmas.

The general research question of this thesis is:

What is the contribution of moral case deliberation for students’ and professionals’ way of dealing with moral challenges in caring for young people?

To be able to answer this question specific questions are:

1. Which moral dilemmas do professionals experience in caring for young people (16–24 years old)?
2. How do professionals caring for young people experience moral challenges?
3. How do they deal with those moral challenges?
4. What is the contribution of moral case deliberation (MCD) towards professionals’ and future professionals’ way of dealing with moral challenges?

Design

A mixed-methods design was used to answer the research questions. A mixed-methods design, using quantitative and qualitative research, starts from the assumption that both research methods each have their own merits and knowledge claims (Greene, 2007; Mertens, 2010).

The research on the first three questions was explorative and qualitative and was aimed at gaining descriptive knowledge concerning the content of professionals’ moral dilemmas and their experience of these moral dilemmas. It was presumed to be necessary to first focus on professionals’ experiences in line with the hermeneutic view that experiences reflect individual and valuable meanings which should be taken into account. The fourth question was answered using a mixed-methods-responsive design (Abma & Widdershoven, 2006). Evaluating in a responsive way means that researchers are responsive to questions posed and opinions/meanings given by stakeholders. Researchers
do not impose their opinion of the data, but discuss and evaluate meaning of the data in consultation with interested management and professionals. In practice this meant that the research question was first defined in collaboration with the management. Next, it meant that data were member checked several times: collected data were submitted to positive and critical stakeholders in order to find out their interpretation of the data. In this way conclusions were valid and meaningful in the institutional context. In addition, responsive evaluation facilitates the implementation process. Taking interpretations and opinions of stakeholders seriously includes them in the process. The fourth question was also answered using a mixed-methods design. It was expected that using both methods would make it possible to get a broader and more valid view on the contribution of MCD on the ability of future professionals in care for children and young people in an educational context to deal with moral dilemmas.

Outcomes of the research were compared and triangulated (Greene, Caracelli & Graham, 1989).

Methods
To answer the first three questions semi-structured interviews were carried out with 60 professionals who dealt with young people between 16 and 24 years old receiving care, and their families. To answer the fourth question, questionnaires were used to get insight in participants’ experiences of MCD. Semi-structured interviews were used to deepen these insights. As regards the contribution of MCD towards future professionals’ way of dealing with moral challenges, students’ ability to ethically justify their decision was investigated by comparing their ability before and after attending MCD.

Outline of the thesis
The first chapter presents the introduction to this thesis. The second chapter presents data concerning professionals’ experience of moral dilemmas in care for young people, on which moral dilemmas have a large impact and on which factors contribute to this impact. The third chapter presents an example of an MCD in an educational context. The fourth chapter presents the moral dilemmas professionals in care for the homeless face, the way they deal with them, and their need for support. The fifth chapter presents an implementation and evaluation study of a pilot MCD project in an institution for care for the homeless in the western part of the Netherlands. The sixth chapter presents an evaluation study of the contribution of MCD on the ability of students in education for care for young people to deal with moral dilemmas. In the final chapter (chapter 7) data are discussed against the background of the current Dutch professionalization debate. In the same chapter conclusions and questions resulting from this research are presented.
Chapter 1

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General introduction


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General introduction

