CHAPTER 3

MORAL CASE DELIBERATION IN EDUCATION FOR DUTCH CARE FOR CHILDREN AND YOUNG PEOPLE: A CASE STUDY

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Abstract

Professionals in care for children and young people face moral dilemmas. Moral case deliberation (MCD) supports professionals and future professionals by stimulating reflection and dialogue on moral dilemmas, following a structured method, guided by a trained facilitator. This article presents a description of an MCD in an educational context with future professionals in care for children and young people, structured in line with the dilemma method. The dilemma concerns how to deal with a pregnant woman with a mild intellectual disability: should one let her decide for herself, or intervene for the sake of safety of the unborn child? The paper describes the process of deliberation in the student group, following the steps of the dilemma method. The discussion presents reflections of three MCD facilitators involved in the teaching programme focusing on the role of experience in MCD with students, the role of supervision and MCD in learning to deal with moral issues, the added value of the step of making an individual judgment, and the reinterpretation of the concept of safety during the dialogue.

Keywords: Moral case deliberation, future professionals, education, care for children and young people
Introduction

Professionals in the care for children and young adults are confronted with moral issues (Banks & Williams, 2004; Keinemans & Kanne, 2013; Pelto-Piri, Engström & Engström, 2014). An example is the growing emphasis on child safety. In the beginning of the 21st century, incidents of child abuse shocked public opinion and policy makers in the Netherlands. As a consequence, the Dutch Youth Care Act (Jeugdwet, 2015) emphasized child safety as a leading principle for professional practice. The emphasis on principles like safety, however, may result in moral dilemmas, as it is not always clear how such principles should be applied in concrete situations (Nussbaum, 1986). Out-of-home placement may secure the child’s safety but may also threaten the presumably weak attachment bond between parents and child and therefore harm the child’s emotional health. On the other hand, leaving the child with the parents may also be detrimental to physical and emotional wellbeing. Dilemmas may also arise in other, less poignant issues. For example, a professional may hesitate between accepting a present from a 17-year-old client, or refusing it in line with institutional regulations. Not following the rules may endanger the professional’s self-interest, because he may be blamed. On the other hand, not accepting the client’s present may endanger the nascent but still fragile ability to trust other people, which is important for emotional well-being. Moral dilemmas may cause moral distress (Mänttäri-van der Kuip, 2016). Moral distress means that professionals may experience high tension because they have to decide in a situation where it is unclear what the best decision is. Moral distress eventually may affect the quality of care (Oh & Gastmans, 2015). Experiencing moral dilemmas can be difficult for professionals. Yet, it can also provide a starting point for reflection on good work and/or the right decision in concrete cases (Kessels, Boers & Mostert, 2013; Nelson, 1965). Reflection on and dialogue about moral dilemmas can provide valuable practice-based input for further development of the moral frameworks in which professionals work (Abma, Molewijk & Widdershoven, 2009). Several kinds of Clinical Ethics Support (CES) have been developed to help professionals to deal with moral dilemmas (Dauwerse, Weidema, Abma, Molewijk, Widdershoven, 2014). One of them is moral case deliberation (MCD) (Stolper, Dam, Widdershoven & Molewijk, 2010). MCD supports professionals and fosters moral competencies by stimulating reflection on and dialogue about moral dilemmas (Stolper, Molewijk & Widdershoven, 2016). Examples of MCD in different contexts have been described, such as mental-health care (Stolper, Molewijk & Widdershoven, 2016) or in forensic psychiatry (Voskes, Weidema & Widdershoven, 2016). Examples of MCD cases in care for children and young people or in education for care for children and young people are absent.

Goal of this study is to present an example of MCD in education for care for children and young people. First, the basic assumptions of MCD as a form of CES are described.
Subsequently, a case is elaborated in the context of education for care for children and young people to provide readers insight into the process and content of MCD. Finally, three facilitators reflect on the case, focusing on the use of MCD in an educational context, as well as on the insights developed in the dialogue between the students.

**What is MCD?**

Since the end of the 20th century, MCD is increasingly used in Dutch health care, elderly care, mental-health care, and care for the homeless and it has also been extensively evaluated (Dam et al., 2013; Janssens, Zadelhoff, Loo, Widdershoven & Molewijk, 2015; Weidema, Molewijk, Widdershoven & Abma, 2012; Spijkerboer, Stel, Widdershoven & Molewijk, 2017). The Dutch quality assuring organization for care for children and young people (SKJ) and the professional union for care for young people (BPSW) advocate the use of MCD in moral dilemmas in which organizational interests and professional autonomy collide.

Several methods can be used in MCD (Steinkamp & Gordijn, 2003). A well-known MCD method is the dilemma method (Stolper, Molewijk & Widdershoven, 2016). This method focuses on a concrete moral dilemma, experienced in practice, and aims to support joint reflection and dialogue.

MCD is structured in steps. However, although the steps structure the process, dialogue, joint reflection with the help of different perspectives, critical investigation, and deliberation are regarded as the most important ingredients of MCD.

An MCD facilitator is not necessarily an ethics expert. He or she may also be a trained care professional (Stolper, Molewijk & Widdershoven, 2015). The facilitator has the role of inquirer, facilitator, and midwife (Stolper, Molewijk & Widdershoven, 2016). As an inquirer, the facilitator is process oriented and does not advise or intervene in the content of the dialogue. In the role of facilitator, he stimulates participants in MCD to dialogically investigate, reflect and deliberate on the meaning of judgments, presuppositions, values and norms in concrete contexts, supporting participants to reach consensus, or to gain insight in differences in opinion. Finally, as a midwife, the facilitator tunes in with participants and their dialogue and, by accurate timing of interventions, supports the birth of participants’ insights and justifications.
Context and method

The MCD presented below was organized and facilitated by the first author. The description is based on the notes made during the MCD by the facilitator on a flip-over. 12 students, in their final year of the educational program leading to the Bachelor’s Certificate in social work with children and young people at the Leiden University of Applied Sciences, attended the MCD.

The MCD lasted 1 hour and 30 minutes.

The description follows the steps of the Dilemma Method (Stolper, Molewijk & Widdershoven, 2016).

Research ethics

Participants in the presented MCD were asked for verbal and written informed consent for giving permission to use the notes the facilitator made for the presentation of the MCD in this article. 11 of them gave their written consent, one of them consented verbally. Descriptions that would endanger participants’ or clients’ anonymity have been changed, such as the work domain concerned, professionals’ and/or clients’ age, gender, occupational, or family circumstances.

Case Example

Step 1:
The facilitator introduces MCD. Goals, expectancies, way of making notices of this specific MCD and the need of confidentiality are discussed.

Step 2: Presentation of the case.
A student in her final year of education for care for children and young people, working part-time in an ambulant care institution for children and young people, presents a moral dilemma she experienced as ambulant counselor of an 18-year-old female client with a mild intellectual disability. The client, who is 7½ months pregnant, does not always follow the institutional rules which prescribe that she keeps her appointments. The client’s behaviour alternates between being caring and friendly, or aggressive. She shouts at, and insults, other people at unpredictable moments. She has recently thrown a teapot with hot water at her mother and her mother’s current partner. The client’s aggressive behaviour worries the case presenter. The client’s father, who separated from her mother 5 years ago, believes that the client’s boyfriend has a bad influence on her. The client’s
mother agrees with her former husband’s opinion. A mental-health care organization that was asked to take care of the client because of her unpredictable behavior has refused to do so, because she lacks a diagnosis that would allow mental-health-care treatment.

The case presenter is invited by the facilitator to describe her moral dilemma and the moment within the case in which she experienced the dilemma most clearly.

The moment described by the case presenter concerns a discussion with the institution’s psychologist. The latter judges the situation unsafe for the unborn child, because the client does not stick to the institutional rules, which says that clients only deserve support from the institution if they keep to the rules. He fears that the client, showing no ability to meet the necessary institutional requirements, will also be unable to show the necessary skills to secure the child’s safe environment. He advises the case presenter to report the case to ‘Advice and Reporting Centre for Child Abuse and Neglect’ to initiate an investigation process, aimed at checking whether the child’s environment is safe enough and take any necessary measures.

The case presenter says she immediately felt angry and thought: ‘This is unfair! Reporting the case would not do justice to my client!’ She knew that the client wanted very much to have a child of her own, and was convinced that she had the intention of doing her best. Thus, the case presenter strongly felt the dilemma between reporting the case to ‘Advice and Reporting Centre for Child Abuse and Neglect’ or not.

**Step 3: Formulating the moral dilemma of the case presenter**

The case presenter is asked to formulate her moral dilemma, and to make explicit the potential damages which come with either of the alternative actions. The facilitator stimulates the case presenter to formulate the moral dilemma she experienced instead of formulating the dilemma in abstract terms. The presupposition behind this is that investigating the experience of the case presenter stimulates reflection on the emotions and thoughts that accompany the moral dilemma, supporting the case presenter to express his or her concrete considerations. These considerations are regarded as suitable starting point for joint reflection and deliberation on the moral question of what should be done in the case.

While describing the moral dilemma, the case presenter refers to the method of Signs of Safety (Turnell & Edwards, 1999). This method, developed in Australia and introduced in the Netherlands in the beginning of the twenty-first century, enables professionals to focus on clients’ and parents’ empowerment and on strengthening and monitoring clients’ educational skills and abilities to ensure their child’s safe environment.

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6 The Dutch ‘Veilig Thuis’ (former AMK) is comparable to the Advice and Reporting Centre for Child Abuse and Neglect. ‘Veilig Thuis’ reports, advises, initiates research and refers to other institutions when necessary.
The case presenter formulates her dilemma as follows:

A: I report the case to ‘Advice and Reporting Centre for Child Abuse and Neglect’. This means that the Centre will investigate the case and may advise some kind of support for the mother or out-of-home placement of the child when necessary. The possible damage is that the client might be prevented from raising her own child.

B: I do not report the case, but follow the steps of Signs of Safety. The possible damages are harm to the client’s self-confidence in case she fails as a mother, and the lack of safety for the child.

The case presenter is asked to summarize the issue in a moral question. She formulates the question as follows: What is ‘good’ empowerment of the client in this situation?

**Step 4: Questions for clarification**

All participants are invited by the facilitator to ask factual questions to understand the situation and to place themselves in the case presenter’s position. Placing oneself in the position of the case presenter stimulates other participants to feel involved in the case and responsible for the deliberation.

The first question concerns the client’s network: does she know, or have a relationship with the child’s father? The case presenter explains that, as far as she knows, the client ended the relationship with the father because he used to beat her, but she still sees him. Other questions concern the client’s relationship with her family. How is her relationship with her parents? Does she have any siblings, how is her relationship with them? The case presenter explains that the client sees both her parents from time to time. They live in the same town as their daughter. Her mother lives together with a new partner. She has an older sister, who has tried to help her in the past, but who does not want to be involved in the life of her sister anymore. Both parents seem to love her and seem willing to support her. A participant asks whether the client can reflect on her own behaviour. The case presenter explains that she feels ashamed by her behaviour and seems to be aware that it does not fit that of a future mother. She has expressed the need for help several times.

**Step 5: Analysis of the perspectives in the case in terms of values and norms**

Participants are invited to analyze values and norms of the perspectives in the case. What are important values for each of the stakeholders, and what action rules (norms) follow from that? The values and norms of each perspective are described below.
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The client’s perspective
Based on the story of the case presenter and her experience with the client, the MCD participants identify several values which appear to be important for her in this situation.

For the client, the values of independence, self-management, participation as a normal person, and the right to be a mother are clearly relevant. These imply the norm: the child should stay at home. These values also entail norms for action of the professional: the professional should listen carefully to her and stimulate her to talk about herself, her feelings, and her needs.

The client also appears to value the professional’s transparency. This implies that the professional should be open and honest about her intentions. Transparency is also linked to the professional’s duty to put effort in giving her the opportunity to talk about the troubles she experiences in raising her child. Participants further relate the value of transparency to another value: the client’s need to feel safe.

The value of safety concerns both the client’s own safety, and that of her child. The client’s safety could be enhanced by the professional remaining transparent and honest about her intentions and by being open to her experiences and troubles. The client’s wish to secure her child’s safety would require the professional’s support to establish a safe environment, for example, by educating her in emotion regulation skills, since she recognizes that she had problems in this area.

The perspective of the case presenter
An important value for the case presenter is justice. The norm associated to this value according to the case presenter is that the client should have the right to raise her own child.

Another, colliding, value is the future child’s safety. This value can imply different and opposed action-rules. For example, the norm could be to advise out-of-home placement, or, on the contrary, advising to keep the child at home, while strictly monitoring the child’s safety.

The perspective of the client’s mother
Participants agree to only investigate the perspective of the client’s mother and not that of her father, because the mother appears to be the most involved in the client’s life.

Based on the information of the case presenter, the participants regard the safety of the future grandchild an important value of the mother. To safeguard the grandchild’s safety, the client should be appropriately supported in acquiring educational skills.
Participants also consider the client’s well-being an important value for her mother. This implies that the mother should be prepared to help in order to adequately support her daughter.

The participants finally conclude that a good relationship with the client is an important value for her mother. This implies that the mother should work on this.

**The perspective of the psychologist**
Participants regard the child’s safety and professional responsibility as important values for the psychologist. For him, these two values imply a clear norm: he should advise the professional to report the case to ‘Advice and Reporting Centre for Child Abuse and Neglect’. The psychologist does not consider an alternative way to secure these values, for instance by taking appropriate measures to help the client establish a safe environment for her child and simultaneously monitor the child’s safety.

Keeping to the institutional rules and protocols is another important value for the psychologist. This value would mean that the case should be reported to ‘Advice and Reporting Centre for Child Abuse and Neglect’, because the client does not keep the institution’s rules.

Support for the professional bringing in the case is also considered to be an important value for the psychologist. For him, this means guiding her and deciding for her. Another way of providing support might be to discuss the case with respect for the professional’s view; this is, however, not the norm which the psychologists seems to adhere to.

After the investigation of the most important values and norms for each of the most relevant perspectives, the facilitator asks the participants to formulate the values they experience as the most clashing ones. Participants mention the conflict between the child’s safety and the future mother’s self-management. Two participants mention the clash between the child’s safety on the one hand and the client’s right to be a mother and the duty to do justice to the client as a mother on the other hand.

**Step 6: Exploring alternatives**
During step 5, participants are encouraged to think out of the box and to suggest alternative options (other than A or B). Participants mention the following alternatives: C. To try to convince the psychologist to talk with the mental-health-care colleagues again, and D. To (creatively) search for methods which could help the client next to, or in combination with, Signs of Safety.
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**Step 7: Making an individual judgment**

The facilitator asks all participants to make their own moral choice, and to express what each of them considers the most important value underlying this choice. They are also requested to consider the damage which comes with the choice they make. Eight participants choose to immediately report the situation to ‘Advice and Reporting Centre for Child Abuse and Neglect’ (alternative A). This decision is motivated by the core value of securing the child’s safety. According to some of them, it would also meet the value of keeping the institution’s rules, although this plays a minor role in their justification. Four participants choose for first motivating the client to accept the necessary help of family or care-givers in order to secure the child’s safe environment (alternative B). Although they stress the importance of safety for the child, they consider the value of the client’s self-management and her right to be a mother more important.

**Step 8: Dialogue about similarities and differences**

Next, the facilitator asks the group to reflect on the reasons behind the choices and to compare their moral views and considerations in a constructive dialogue (i.e. moral inquiry). All participants agree that the future child’s safety is important. That is why many chose to report the case immediately to ‘Advice and Reporting Centre for Child Abuse and Neglect’. Yet, the participants also agree that this would violate other important values, such as the client’s self-management, or the client’s trust. For some participants, this shows the need to look for alternative ways to foster safety. As a result, participants reach consensus that, before reporting the case, more should be known about what exactly Signs of Safety offers. In line with this, they also conclude that they want to know more about additional possibilities for to motivating the client to take responsibility for her child’s safety. The participants wish to know more about what Signs of Safety implies, and to get more understanding of motivational interviewing as part of Signs of Safety. The client should be supported in taking responsibility for the child. She should be trained in educational skills, while monitoring the child’s safety. Family members should also be asked to cooperate in supporting he client to take responsibility.

The group also considers that taking the client seriously enlarges her own feeling of safety, which in the end can help to secure the child’s safety. The client’s trust may result in her cooperation, and thus in improving the condition for the child. The question is raised whether trust can be fostered by transparency. Participants agree that transparency is an important professional value. Yet, the participants doubt whether it would be the professional’s duty to share her concerns with the client. The participants are not sure whether the client, because of her mild intellectual disability, would understand the full impact of the professional’s concerns. Therefore, the best way to share concerns seems to be to show involvement and carefully address the importance of providing a safe
environment for the child. Rather than being open about the worst possible consequence, namely out-of-home placement of the child, the professional should put effort in supporting the client in acquiring the necessary educational skills and helping to foster the client’s confidence in her educational abilities. She should investigate the options for help of family members or others, without stressing the possible consequence of out-of-home placement.

Participants also consider transparency towards colleagues an important value in this case. They think the quality of the justification of the decision in this case could be enhanced through further discussion with the psychologist or mental-health-care colleagues who previously refused to take care of the client. This would imply asking the psychologist and the mental-health-care colleagues to discuss the situation of the client together.

**Step 9: Conclusion**
After deliberation, the participants conclude that alternative B, combined with alternative C is the most suitable action to try first. If this fails, the case may be reported (alternative A). The case presenter explains that she presented her moral dilemma because it had bothered her for several weeks. Initially, she had tried option B, but in the meantime the decision to report the case to ‘Advice and Reporting Centre for Child Abuse and Neglect’ had been taken.

**Step 10: Evaluation**
Evaluating the MCD, participants mention that they got more insight in the moral dilemma by investigating the various perspectives in the case and having a structured dialogue about each other’s views and arguments. The case presenter says she has gained further support for her final decision, which was not to report. She feels strengthened as a professional, because of the thorough reflection and deliberation in the MCD. Because the case was presented in retrospective, the final decision about the case was already made and could not be altered. However, participants considered the outcomes of their reflections and deliberations to be useful for future, comparable, situations.

**Discussion**
This article presented an MCD, a structured method aimed at supporting professionals to deal with moral dilemmas, in an educational setting for future professionals in care for children and young people. In this MCD the dilemma method was used. The presented MCD was organized with students in the same way as this is usually done with professionals (Spijkerboer, Stel, Widdershoven & Molewijk, 2017). Although insights in the use of MCD
in education are still limited, experiences focusing on Socratic dialogue (another method used in MCD) in education (Goldstein, 2006) and especially social work education (Pullen-Sansfaçon, 2010) are promising. However, differences between students and professionals indicate some points for reflection when using MCD with students. Students for instance lack the experience and the extensive knowledge of methodology that professionals usually have. This discussion section first presents reflections of three MCD facilitators, involved in the teaching programme, concerning the relevance of MCD for educational purposes in the light of these differences and the role of supervision and MCD in learning to deal with moral dilemmas. Furthermore, the added value of the step of making an individual judgment, and the reinterpretation of the concept of safety during the dialogue are discussed. Finally, recommendations for future research and educational practice are presented.

**Is professional experience needed?**

MCD is based on the presupposition that moral reflection starts with experience (Aristotle, 2008). This raises the question whether students have enough experience to participate in MCD. Students are still in education and have no or one year trainee-working experience. Some students in the presented MCD were experienced in methods that were used in their trainee institution, such as Signs of Safety. Others were educated in the method Signs of Safety, but had no experience in applying the method in professional practice. This meant that participating students had different views on the potential of this method. One might argue that having sufficient knowledge about the method of Signs of Safety and experience in applying this method in practice should have been a precondition for attending this MCD. Yet, students are usually extra sensitive for implicit moral norms and dilemmas, when entering the field of social work. In addition, the lack of practical experience may also result in asking questions about issues that may seem evident to experienced participants. The presented MCD shows that the dialogue stimulated participants’ curiosity about Signs of Safety, their wish to acquire more knowledge, and to be trained in professional skills. Moreover, in practice professionals also differ in years of experience, knowledge, and skills. Nevertheless, the question of whether, or to which extent, experience and knowledge are presupposed in MCD remains relevant.

**Supervision and MCD**

Methodical guidelines support professionals to deal with moral issues. Methodology guides them to apply agreed moral standards, for instance to listen to the client and take into account the client’s wishes, even when these wishes oppose professionals’ preferences. Students are educated to apply professional methodology and in this way to deal with moral issues and to act according to agreed professional standards. However,
methodical guidelines do not solve moral dilemmas, in which participants have to choose between two alternatives, both of which involve feelings of remorse, regret or guilt (Nussbaum, 1986). For instance, the guideline which urges professionals to consider the clients’ wishes may create a moral dilemma when the client wants to take care for his/her child at home, but is not able to secure the child’s safety. In that case, the value of client autonomy collides with the value of the child’s safety. Next to be educated in application of methodology, students are therefore extra supported by supervision when dealing with the moral issues that may compromise their professionalism. Although in individual cases students experience some similarities between MCD and supervision, the aim of MCD differs from that of supervision. Instead of helping the case presenter and focusing on revealing underlying, personal values of the individual (Kanne, 2016; Anonymous 2016), MCD focuses on the moral issue at hand by means of a moral inquiry into the subject as a whole group. MCD involves the investigation of, and reflection and deliberation on, plural and often conflicting values, making use of the different perspectives that are represented by the views of different participants. MCD aims at deliberation on the various moral justifications of decisions and actions instead of easing them. Supervision and MCD may both support future professionals when dealing with moral issues, however, they do so in different ways.

The relevance of making an individual judgment

In step 6 of the dilemma method, all participants are invited to make an individual judgment. This forces participants to make explicit their own justifications after having viewed the moral dilemma from different perspectives, instead of joining others’ views. Moreover, it stimulates appreciation of each other’s judgments and investigation of the justifications of all participants in dialogue. It appeared in the presented MCD to be an important incentive to reflect on differences and similarities in views and to formulate conclusions. Further research may shed more light on the views of the participating students on the use of this step.

Reinterpreting the principle of safety in dialogue

The participants differ in their view on how the principle of safety might be applied in practice. Eight participants choose to immediately report the situation to ‘Advice and Reporting Centre for Child Abuse and Neglect’ (alternative A). Four participants choose to first motivate the client to accept help from family or care-givers in order to secure the child’s safe environment (alternative B). They consider the value of self-management and the right to be a mother of crucial importance. In the dialogue (step 8), more values are addressed. Participants discuss the client’s responsibility, her trust, and her own feeling of safety, as well as transparency towards the client and towards colleagues. All students
stress the importance of the child’s safety, but after exchanging their views in dialogue, they conclude that it is morally right to first motivate the client to take responsibility. In line with this conclusion, the students want to know more about how to motivate clients, using the method of Signs of Safety and other motivating methods. Thus, securing safety and fostering responsibility are not opposed to one another, but can be combined in practice.

**Recommendations**

Future research may shed light on the way supervision and MCD may support future professionals’ ability to deal with moral dilemmas and on the way MCD can best be organized in order to prepare students for dealing with moral dilemmas in practice.

In addition, clients’ perspectives might be presented directly in MCD in order to hear their view on the moral dilemma. Several authors described experiences with clients’ participation in different kinds of clinical ethics support, for instance in health care (Førde & Linja, 2015) and in mental-health care (Weidema, Abma, Widdershoven & Molewijk, 2011). It is important to organize MCDs with clients as participants and to investigate the contribution of such MCDs to fostering the students’ ability to deal with moral dilemmas.

**Conclusion**

This article presented a description of an MCD, structured in line with the dilemma method. It gives an impression of the process and content of moral reflection and dialogue in education for care for children and young people. The MCD focused on a moral dilemma around safety. The dialogue resulted in consensus about the importance of the unborn child’s safety and about the need to motivate the client to take responsibility. This resulted in the felt need to find out more about Signs of Safety, and other methods for motivating clients.

The facilitators involved in the teaching programme reflected on the use of MCD in education. This resulted in a deliberation concerning the level of experience required in MCD, the use of MCD as compared to supervision, the value of making explicit individual judgments for educational purposes, and the reinterpretation of the concept of safety during MCD. The reflections point at the need for further investigation of the contribution of MCD to learning to deal with moral dilemmas in an care-for-children-and-young-people educational context.
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