Moral Case Deliberation in Education for Dutch Care for Children and Young People: A Case Study

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Abstract

Professionals caring 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 learning to care for children and young people, structured in line with the dilemma method. The dilemma related to 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 program. The reflections focus on the role of experience in MCD with students, 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 caring for children and young adults are often confronted with moral issues

(Banks & Williams, 2005; 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 (2015) emphasized child safety as a leading principle for professional practice. Such an 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 can also arise with other, less poignant issues. For example, a professional might 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 or she may be disciplined. On the other hand, not accepting a client's present may endanger the nascent but still fragile ability to trust other people that 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 must make a decision 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, but 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 deal with moral dilemmas (Dauwerse, Weidema, Abma, Molewijk, & Widdershoven, 2014). One of them is moral case deliberation (MCD) (Stolper, van der 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 remain absent.

The goal of this study is thus to present such 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 (van der Dam et al., 2013; Janssens, Zadelhoff, Loo, Widdershoven, & Molewijk, 2015; Weidema, Molewijk, Widdershoven, & Abma, 2012; Spijkerboer, Widdershoven, Stel, & Molewijk, 2017). The Dutch quality-assurance organization for care for children and young people (SKJ) and the professional union for care for young people (BPSW) advocate the use of MCD with 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 that has been experienced in practice and aims to support joint reflection and dialogue. MCD is structured in steps. Although these steps structure the process, dialogue, joint reflection, 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 or she stimulates participants in MCD dialogically to 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 about 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' own insights and justifications.

Context and Method

The MCD presented below was organized and facilitated by the first author. This 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, which 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 were changed, such as the work domain concerned, professionals' and/or clients' age, gender, occupational, or family circumstances.

Case Example

Step 1

The facilitator introduced MCD. Goals, expectancies, way of making notices of this specific MCD and the need of confidentiality were 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 (outpatient) care institution for children and young people, presented a moral dilemma she had experienced as ambulant counselor of an 18-year-old female client with a mild intellectual disability. The client, who was 7½ months pregnant, does not always follow the institutional rules which prescribe that she keeps her appointments. The client's behavior alternates between being caring and friendly, or aggressive. She shouts at and insults other people at unpredictable moments. She had recently thrown a teapot with hot water at her mother and her mother's current partner. The client's aggressive behavior worried the case presenter. The client's father, who had separated from her mother 5 years ago, believed 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 was 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 concerned a discussion with the institution's psychologist. The latter judged the situation unsafe for the unborn child, because the

client did not stick to the institutional rules, which stipulate that clients may only receive support from the institution if they keep to the rules. He feared that the client, showing no ability to meet the necessary institutional requirements, would also be unable to show the necessary skills to secure the child's safe environment. He advised the case presenter to report the case to "Veilig Thuis" (Safe at Home), the Dutch agency that since 2015 reports, advises, initiates research, and refers such cases to other institutions when necessary, to initiate an investigation to determine whether the child's environment is safe enough and take any necessary measures.

The case presenter said 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 the presenter was convinced that the client had the intention of doing her best. Thus, the case presenter strongly felt the dilemma between reporting the case to "Veilig Thuis," or not.

Step 3: Formulating the moral dilemma of the case presenter

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

While describing the moral dilemma, the case presenter referred 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.

The case presenter formulated her dilemma as follows: either A: I report the case to "Veilig Thuis," with the possible damage that the client might be prevented from raising her own child; or B: I do not report the case but follow the steps of Signs of Safety, with the possible damages of 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 was then asked to summarize the issue in a moral question. She formulated the question as follows: "What is 'good' empowerment of the client in this situation?"

Step 4: Questions for clarification

All participants were 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 concerned the client's network: does she know, or have a relationship with the child's father? The case presenter explained that, as far as she knows, the client had ended the relationship with the father because he used to beat her, but she still sees him on occasion. Other questions concerned 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 explained 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. The client 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 of the client's parents seem to love her and seem willing to support her. A participant asked whether the client can reflect on her own behaviour. The case presenter explained that the client 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 were invited to analyze values and norms of the perspectives in the case. What were important values for each of the stakeholders, and what action rules or norms followed from that? The values and norms of each perspective are described below.

The client's perspective

Based on the story of the case presenter and her experience with the client, the MCD participants identified several values which appeared to be important for the client in this situation. For the client, the values of independence, self-management, participation as a normal person, and the right to be a mother were clearly relevant. These supported the norm that the child should stay at home. These values also entailed norms for action of the professional, especially that the professional should listen carefully to her and stimulate the client to talk about herself, her feelings, and her needs. The client also appeared to value the professional's transparency. This implies that the professional should be open and honest about her intentions. Transparency was also linked to the professional's duty to put effort into giving herself the opportunity to talk about the troubles she experiences in raising her own child. Participants further related the value of transparency to another value: the client's need to feel safe.

The value of safety encompassed 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 own intentions, and by being open to the client's 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 recognized that she has had problems in this area.

The perspective of the case presenter

An important value for the case presenter was justice. The norm associated with this value according to the case presenter was that the client should have the right to raise her own child. Another possibly conflicting value was the future child's safety. This value could imply different and opposed action-rules. For example, the norm could be either to recommend out-of-home placement, or to keep the child at home, while strictly monitoring the child's safety.

The perspective of the client's mother

Participants agreed to investigate only the perspective of the client's mother and not that of her father, because the mother appeared to be the most involved in the client's life. Based on the information of the case presenter, the participants believed the safety of the future grandchild to be an important value for the client's mother. To safeguard the grandchild's safety, the client should be appropriately supported in acquiring educational skills. Participants also considered the client's well-being to be an important value for her mother. This suggested that the mother should be prepared to help, in order adequately to support her daughter. The participants finally concluded that a good relationship with the client was an important value for the client's mother. This implies that the mother should work on this relationship.

The perspective of the psychologist

Participants regarded the child's safety and professional responsibility as important values for the psychologist. For him, these two values determined a clear norm, to advise the professional to report the case to "Veilig Thuis." The psychologist did not consider an alternative way to maintain these values, such as taking appropriate measures to help the client establish a safe environment for her child and simultaneously to monitor the child's safety. Adhering to institutional rules and protocols was another important value for the psychologist. This value would mean that the case should be reported to "Veilig Thuis," because the client did not follow the institution's rules. Support for the professional reporting the client's case was also considered to be an important value for the psychologist. For him, this meant guiding her and deciding for her.

Another way of providing support might have been to discuss the case with respect to the professional's view; this is, however, not the norm to which the psychologist seemed to adhere.

After the investigation of the most important values and norms for each of the most relevant perspectives, the facilitator asked the participants to articulate the values they experienced as the most clashing ones. Participants mentioned the conflict between the child's safety and the future mother's self-management. Two participants mentioned the conflict 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 were encouraged to think out of the box and to suggest alternative options (other than A or B). Participants mentioned the following alternatives: C. To try to convince the psychologist to talk with the mental-health-care colleagues again, and D. To search (creatively) for methods which could help the client next to, or in combination with, Signs of Safety.

Step 7: Making an individual judgment

The facilitator asked all participants to make their own moral choice, and to express what each of them considered the most important value underlying this choice. They were also asked to consider the damage which might come with the choice they made. Eight participants choose immediately to report the situation to "Veilig Thuis" (alternative A). This decision was 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 played a relatively minor role in their justification. Four participants chose to motivate 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 stressed the importance of safety for the child, they considered 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 asked 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 agreed that the future child's safety is important, which is why many chose to report the case immediately to "Veilig Thuis." Yet the participants also agreed that this would violate other important values, such as the client's self-management, or the client's trust. For some participants, this showed the need to look for alternative ways to foster safety. As a result, participants reached consensus that, before reporting the case, more should be known about what exactly Signs of Safety offers. In line with this, they also concluded that they wanted to know more about additional possibilities available for motivating the client to take responsibility for her child's safety. The participants wished to know more about what Signs of Safety implies, and to develop a greater understanding of motivational interviewing as part of Signs of Safety. The client should thus be supported in taking responsibility for the child, and 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 considered 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 was raised whether trust can be fostered by transparency. Participants agreed that transparency is an important professional value, yet the participants doubt whether it would be the professional's duty to share her all of concerns with the client. The participants were not sure whether the client, because of her mild intellectual disability, would understand the full impact of the professional's concerns. The best way to share concerns, therefore, seemed 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, participants argued that 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 considered transparency towards colleagues to be an important value in this case. They thought 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 require asking the psychologist and the mental-health-care colleagues to discuss the situation of the client together.

Step 9: Conclusion

After deliberation, the participants concluded 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 explained 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 "Veilig Thuis" had been taken.

Step 10: Evaluation

Evaluating the MCD, participants mentioned 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 explained that she had gained further support for her final decision, which was *not* to report. She felt strengthened as a professional, because of the thorough reflection and deliberation in the MCD. Because the case was presented in retrospect, the final decision about the case was already made and could not be altered. Participants considered the outcomes of their reflections and deliberations, however, to be useful for future, comparable, situations.

Discussion

This article presented an MCD, structured with the dilemma method, in an educational setting for future professionals in care for children and young people. The following discussion describes some reflections of the three MCD facilitators (the first, third and fourth author), employed at the educational institution concerned, on the relevance and value of MCD for educational purposes. The reflections focus on the role of experience in MCD with students, the added value of the step of making an individual judgment, and the reinterpretation of the concept of safety during the dialogue.

Is professional experience needed?

MCD is based on the presupposition that moral reflection starts with experience (Aristotle, 2005). This raises the question of whether students have enough experience to participate in MCD. Students are still being educated and have no or only one year of trainee working experience. Some students in the presented MCD were experienced with methods that were used in their trainee institution, such as Signs of Safety. Others were educated in the method of 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. Still, such a lack of practical experience may also result in asking valuable questions about issues that may seem evident to experienced participants. The presented MCD shows that the dialogue stimulated participants' curiosity about Signs of Safety, along with their wish to acquire more knowledge, and to be trained in professional skills. Moreover, practicing professionals also differ in years of experience, knowledge, and skills. Nevertheless, the question of whether, or to which extent, experience and knowledge should be presupposed in MCD remains relevant.

The relevance of making an individual judgment

In Step 6 of the dilemma method, all participants were invited to make an individual judgment. This forced participants to make explicit their own justifications after having viewed the moral dilemma from different perspectives, instead of joining others' views. This step also stimulated 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 differed in their view on how the principle of safety might be applied in practice. Eight participants chose immediately to report the situation to "Veilig Thuis" (alternative A). Four participants chose first to motivate the client to accept help from family or care-givers in order to secure the child's safe environment (alternative B). They considered the value of self-management and the right to be a mother of crucial importance. In the dialogue (Step 8), more values were addressed. Participants discussed the client's responsibility, her trust, and her own feeling of safety, as well as transparency towards the client and towards colleagues. All students stressed the importance of the child's safety, but after exchanging their views in dialogue, they concluded that it was morally right first to motivate the client to take responsibility. In line with this conclusion, the students wanted 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 were not opposed to one another, but can be combined in practice.

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 concerning 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 program reflected on the use of MCD in education. This resulted in a reflection on the level of experience required in MCD, on the value of making explicit individual judgments for educational purposes, and on the reinterpretation of the concept of safety during the 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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