

ORIGINAL ARTICLE

Child protection systems between professional cooperation and trustful relationships: A comparison of professional practical and ethical dilemmas in England/Wales, Germany, Portugal, and Slovenia[†]

Thomas Meysen¹  | Liz Kelly²

¹German Institute for Youth Human Services and Family Law, Heidelberg, Germany

²Child and Woman Abuse Studies Unit, London Metropolitan University, London, UK

Correspondence

Dr. Thomas Meysen, German Institute for Youth Human Services and Family Law, Heidelberg, Germany.

Email: thomas.meyesen@dijuf.de; thomas@meyesen.net

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Abstract

This paper explores practical and ethical dilemmas for professionals when securing the protection of children in the complex non-clinical setting of individual families. It is based on a cross-country study on cultural encounters in interventions against child physical abuse and neglect in four countries (England/Wales, Germany, Portugal, and Slovenia). Drawing on national reports of legal-organizational frameworks and socio-cultural backgrounds of European child protection systems, it also presents the results of a series of focus groups with professionals. Data were analysed to identify implicit and explicit discursive constructions as well as normative representations and from this deriving the key ethical issues and dilemmas. Despite a shared normative framework across Europe, intervention cultures vary across the four countries and between the different stakeholder groups. Although each child protection system faced widespread mistrust, policy approaches differ, some relying on strong and detailed guidance whereas others stress professional skill and judgement. We conclude that despite a shared commitment to the protection of children, deliberations and perceived ethical dilemmas suggest interdependency between differences in system cultures and policy approaches that inform the character of professional interventions in the four countries.

KEYWORDS

child protection (policy and practice), ethical values/issues, Europe/international, policy/management, professional ethics/issues, risk in social work

1 | INTRODUCTION

This paper presents the results of an in-depth comparative study of the practices of intervention against child physical abuse and neglect in the

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child protection systems of England/Wales, Germany, Portugal, and Slovenia. The research explored how cultural norms and values on the one hand, and policy frameworks on the other, shape the orienting frames and decision-making of practitioners across a variety of professions. It reflects on the values of professional cooperation and trustful working relationships with family members.

The protection of children who live within their family has to be accomplished in a non-clinical setting. Professional assessment and interventions take place in the individual cosmos of families as “moving targets”. They involve a multitude of stakeholders and systems with diverse responsibilities and with methods of limited reliability for

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predicting future developments. Professionals are embedded in national and regional contexts with specific legal and organizational frameworks, deeply influenced by professional tasks, roles, and training as well as national cultures and perceptions of family, violence, welfare, and protection (Bode & Turba, 2014; Welbourne & Dixon, 2013; Gilbert, Parton, & Skivenes, 2011a). Law and organizational structures provide the framework that contributes to the shapes of national systems. They have been characterized and clustered into family service-oriented child welfare systems within social democratic welfare states, conservative welfare states, or child protection-oriented child welfare systems within liberal welfare states (Skivenes, Barn, Križ, & Pösö, 2015). Further distinctions have been drawn between child focused/child-centred, family service, and child protection (Bühler-Niederberger, Alberth, & Eisentraut, 2014; Gilbert, Parton, & Skivenes, 2011b). Such typologies, although they may be enlightening on one level, are also reductionist and typically bracket out the historical context and underlying cultural premises that shape the diverse patterns of practice “on the ground.”

This research aimed to fill the gaps in the evolving international research on child protection systems (European Commission, 2010; Gilbert, Parton, & Skivenes, 2011a; Meysen & Hagemann-White, 2011; Nett & Spratt, 2012; Sheehan, Rhoades, & Stanley, 2012; Welbourne & Dixon, 2013; Skivenes et al., 2015; Burns, Pösö, & Skivenes, 2017). In addition to comparisons of legal-institutional frameworks, it takes into account the socio-cultural background. The research project Cultural Encounters in Interventions Against Violence (CEINAV) thus undertook comparative, context sensitive research. On the basis of previous research, the authors maintain that such “bracketing” misses a deeper understanding of how context shapes policy and practice. Implicit and explicit discursive constructions as well as normative representations were identified as well as the key ethical issues and dilemmas deriving from this. Insight was gained into how practitioners frame and interpret the challenges of child protection. The paper concludes with reflections on what the findings tell us about how the cultural context in the four countries shapes the understanding and implementation of intervention strategies and methods in practice and how child protection policy influences system cultures and vice versa.

The results presented are one of the outcomes of the 3-year project CEINAV, funded through the HERA (Humanities in the European Research Area) Joint Research Programme “Cultural Encounters” (9/2013 to 9/2016). It took a dual approach to cultural encounters in four European Union countries as they play out in ethics, justice, and citizenship. The five partners of the project (Prof. Carol Hagemann-White, University of Osnabruck, Germany (project leader); Prof. Liz Kelly, London Metropolitan University, UK; Prof. Vlasta Jalušič, Mirovni Inštitut/Peace Institute, Slovenia; Prof. Maria José Magalhães, University of Porto, Portugal; Dr. Thomas Meysen, German Institute for Youth Human Services and Family Law, Germany) multifacetedly explored why practices of intervention and rationales behind them differ; policies and decision-making in practice intended to ensure the “best interests of the child” are deployed differently, which may have divergent effects for disadvantaged minorities. The national teams followed ethics procedures in their respective countries, and full ethical clearance was provided by ethics committees of the universities of London Metropolitan and Porto.

2 | METHODS

The legal-institutional frameworks of intervention were analysed drawing on two previous studies alongside further desk research. The first study CEINAV built on surveyed the legal-institutional frameworks in the fields of violence against children, violence against women, and sexual orientation violence in 27 European Union Member States (European Commission, 2010), and the second on the organization of, and procedures in, child protection in nine European states (Meysen & Hagemann-White, 2011). In both studies, information was gathered by national experts following detailed guidelines. This knowledge was extended at the outset of the project by desk research to produce detailed country context papers, through which differing approaches to the protective role of the state were contextualized through the varying histories each country with respect to colonialism, democracy, migration, and diversity. A methodology was developed for the empirical work that permitted following the same guidelines while allowing differences to emerge. Here, we present results of eight multidisciplinary all day workshops in which participants had the opportunity to explore tensions and ethical dilemmas involved in child protection work. Focus group methodology (Kitzinger, 1994; Powell, Single, & Lloyd, 1996) using paradigmatic narratives aimed to encourage discussions and reflections that would articulate or suggest collective orientation patterns, thus giving access to the implicit cultural premises that shape intervention practice.

Participants were 75 professionals from a variety of stakeholder groups (see Table 1) to reflect both different roles and responsibilities and viewpoints. To ensure the exploration of tensions between what guidelines say and what workers actually do, inclusion criteria were that they were engaged in case work (directly or as supervisor of intervention teams); experienced; open to critical reflection on ethical issues; and that they were not work colleagues. A list of the professional positions was built, looking for equivalent positions across the four

TABLE 1 Participants of the workshops

Stakeholder group	England/ Wales	Germany	Portugal	Slovenia
Statutory sector social worker	5	4	3	1
Voluntary sector services/ NGO	2	6	5	2
Child care worker	1	1		
Teacher	1	2	3	2
Family court judge/ magistrate	2	2	3	2
Guardian ad litem/lawyer	1	2		
Police officer		2	7	2
Prosecutor		1	1	2
Paediatrician/health visitor/midwife	3	1	1	1
Forensic medicine		1	2	
Social security			1	
Total	15	22	26	12

Note. NGO = non-governmental organization.

countries. Participants were sought through associate partners, networks of specialized support services in each country. Participation varied among the four countries. Child care staff and guardians ad litem were only involved in Germany and England/Wales. Gaps also arose when participants cancelled at the last minute or could not take part due to work obligations (especially in England/Wales and Slovenia).

In dialogue with cooperating practitioners, a three-phase narrative was created that begins before the family enters the intervention system, so as to generate reflection on the threshold at which intervention could or should begin. Participants in the workshops were given the same phased case story (see Supporting Information), minimally adapted to fit the national context. Three sequences with a total of six "core questions" were introduced and led into open discussions, with moderators intervening only to facilitate the flow. The final section of the workshop explored what difference, if any, it would make if the family concerned was from a minority group/migrant background. The results of the latter deliberations will be published separately. Each workshop comprised two half-day sessions.

The workshop transcripts were analysed using frame analysis (Bacchi, 1999; Feree & Merill, 2000; Verloo, 2005) to develop a cross-disciplinary web of shared concepts, frames, and codings. Analysis was undertaken in three steps, concentrating on the professionals' implicit and explicit discursive constructions and normative representations. First, the expected pathway that intervention would traverse was extracted, supplemented as needed by the research team's background knowledge for clarity to enable cross-national comparison. In-depth analysis then looked at how the participants framed the situation, the issues it raised, and the actions that might be taken. "Frames" were understood to be conceptual tools that define the nature of a problem with implications for how it could be solved or dealt with. Thus, slapping a child might be framed as a crime, or as inappropriate discipline, each frame implying a different range of reactions. Frames could be a consensus within the group, or contested. In a third step, practical and ethical dilemmas were identified as practitioners (more or less explicitly) described them from their experience. The point was not to capture how the participating individual might resolve such a dilemma, nor to generalize from such a small group about how practice is implemented in each country. Rather our interest was uncovering the cultural premises shaping intervention, including what would be considered a significant dilemma or a difficult decision, whether practitioners from different professional groups agreed that this did, in fact, present a challenge, and what alternatives were considered.

A working paper was produced for each country, which summarized the analytical steps outlined above. The German, Portuguese, and Slovenian working papers were translated into English, including extracts from the workshop transcripts. This paper compares the findings and draws conclusions.

3 | POLICY FRAMEWORKS: STRUCTURES AND PATHWAYS OF INTERVENTION

In England and Wales, driven by serious case reviews of high-profile child death cases, the constantly adapted child protection system is characterized by a strong focus on assessment. Early intervention

programmes are broad, and have been promoted, but the primary orientation is responding to referrals. Despite there being no mandatory reporting, guidance stresses the duty to notify and share information where there is suspicion of harm. With the evolving multi-agency safeguarding hubs (MASH), where multi-professional teams assess cases and exchange all information about the family, the limits of confidentiality are even more evident. Lengthy guidelines, with multiple annexes, set a national framework for when and how to intervene in case of (potential) significant harm (Barn & Kirton, 2015; Munro, 2011; Parton & Berridge, 2011; Stafford, Parton, Vincent, & Smith, 2012).

In Germany, recent reforms put procedures and duties in binding and concrete terms. Professionals who work with children and parents are connected in a combined preventive and protective approach. The starting point is that (almost) all children and parents are regularly in contact with professionals in health care, child and youth welfare, and education where universal and targeted services, care, and treatment are available. Law and policy focus on cooperation between professionals and treat family members as primary partners. Policy calls for attentiveness in confiding relationships. In cases where there are "weighty grounds" that a child's best interests are endangered, the duty is not to notify statutory social services immediately but to discuss the situation with the family members first and encourage acceptance of support. Professionals in the private sector are only allowed, and some also have a duty, to break confidentiality in cases deemed an emergency, or if their efforts to motivate the acceptance of help fail and the referral seems necessary for protection in the specific case (Kindler, 2012; Meysen, 2014; Meysen & Eschelbach, 2012).

In Portugal, the youth and child protection system is based on a philosophy of community intervention through Child Protection Commissions: Professionals working with children, youth, and families are obliged to report to criminal courts children considered to be victim of public crimes such as domestic violence and child sexual abuse. An extended commission, including representatives of the local administration, social services, education, health care, police, and non-governmental organizations (NGOs), combine to provide preventative support services, with referrals to an "inner" commission consisting of representatives of the local administration and social services. This smaller group has case management responsibility for particular cases of child endangerment and, with the consent of the families, creates a child protection plan. If consent is not given, the case goes to the family court, but thresholds for out-of-home placements are very high. Portugal is still strongly rooted in family and traditional values: Both this and the influence of catholic traditions could be described as "familialistic." Core principles guiding intervention are minimum intervention, confidentiality, and zealous professional surveillance of potentially abusing parents.

Slovenia has yet to make explicit attempts to comply with international standards in child protection and relies on statutory Centres for Social Work and mandatory reporting. The Centres for Social Work have broad and strong legal authority to take protective measures in case of child endangerment: to place a child out-of-home and to withdraw parental rights from abusive parents. Notification duties are stipulated at two levels: All administrative institutions are obliged to

report crimes for which the maximum sentence is at least 3 years imprisonment; professionals in health care and education, alongside all citizens, are expected to immediately report violence against children to the Centre of Social Work, police, or prosecutor. Professional confidentiality is abrogated in such cases. Recommended guidelines set out procedures for Centres of Social Work and NGOs. Assistance plans and coordinated interventions with multidisciplinary teams are core elements in child protection work (Novak, 2008).

4 | CULTURAL NORMS AND ETHICAL FRAMINGS

All systems aim to manoeuvre the complexity of securing the protection of children. Across Europe, this involves a creative process in complex surroundings and increasingly precarious and parlous circumstances as resources for public services contract. Professionals face high social expectations: sometimes stressed through the term “eradication.” The “one child abuse/neglect case is one too many” trope sits alongside widespread mistrust of the system and an insufficient allocation of resources (Bode & Turba, 2014; Wolff et al., 2013). Failures often result in media scandals, with individual professionals scapegoated and vilified (Biesel, 2011; Colton & Welbourne, 2013; Fegert, Ziegenhain, & Fangerau, 2010; Lonne & Parton, 2014; Parton & Berridge, 2011). Uncertainty, as a structural characteristic of child protection interventions, is thus often met by rules and guidance at the organizational level and with normativity, ethics and individual coping strategies for workers (Bode & Turba, 2014).

In such contexts of pressure, insecurity and fearful concerns for the well-being of the child and for themselves, professionals nevertheless constantly seek more certainty (Barn & Kirton, 2015). Policy makers, in the attempt to guide the way, may or may not face their responsibilities with more or less cool-headed reactions (Meysen & Eschelbach, 2012).

Protection of children has to be conducted in an environment full of conflicting interests, including the ambivalences of children, parents, and other family members about their situation and possible interventions. Systems and professionals need orientations on how to engage and value trustful working relationships with family members and how to prioritize when tensions in multidisciplinary cooperation between professionals arise. Therefore, realities of practice cannot be understood without reference to the shared cultural representations, values, norms, and assumptions that the relevant actors draw on.

Values and ethics are essential to all professional interventions where the possibility of interpersonal violence in the family is at issue (Akhtar, 2013). Establishing an environment in which a child can live and develop free from violence could be considered a process of co-creation and change involving a range of professionals and all family members. This possibility is enhanced when interventions are based on an ethics of care and participation (Pluto, 2007). Contextualised and conceptualized trust in the care of others presupposes the values of goodwill, reliability, and accountability (Hagemann-White, 2015; Wapler, 2015). To meet parents and children with respect, maintaining their dignity, even if there are behaviours that are not acceptable, requires reflective professional self-understanding (Thiersch, 2011).

Surveillance of parenting and protective interventions in case of child abuse and neglect are a duty of the state (Article 19 United Nations Convention on the Rights of the Child [UNCRC]). Due diligence thus can place obligations on states to take actions regardless of the consent of children and/or parents. Such paternalistic actions require legitimation. Legal, institutional, or other requirements sometimes offer clear pathways and may even limit the space for professional judgement. Conflicts of interest might be decided generally and/or conceptually—personal and familial integrity, rights to privacy, informational self-determination, and to freedom from state intervention are all subject to conditions. Paternalistic interventions cannot be self-referentially justified post hoc (Brock, 1988). Therefore, the ethical foundation needs to be grounded in integrity and dignity (Ziegler, 2014), which is at stake in case of (potential) child abuse or neglect. Questions remain, however, as to how the multitude of conflicting interests are weighed and how interveners' values are reflected and negotiated in professional codes of practice, law, and policy (Akhtar, 2013). We present the dilemmas that participants struggled with and the ways they played out in similar and different ways in the four countries.

5 | DILEMMAS AND ETHICAL ISSUES

5.1 | Protection of children: A hazardous job

Professionals with child protection responsibilities are under pressure: In all four countries, the job was considered hazardous and/or unappreciated. Concerns about a child's well-being and safety were accompanied by fear for themselves: “It's a massive anxiety. I really struggle” (statutory sector social worker, England/Wales). The requirement to do everything possible to protect children can conflict with the urge to protect oneself, with some fearing harassment and rebuke by colleagues or their line managers. Fear of failures that led to investigation of the agency and/or public criticism loomed large for some: “Everyone is so risk averse and even in those finely balanced cases, you come down on the side of caution” (lawyer, England/Wales). Threats from family members and concerns of being held to account through complaints procedures were also referred to. These anxieties might result in choosing to take no action: “That they're afraid of procedures and threats by the parents and all that. Sometimes this is the reason for there not being more reports” (police officer, Slovenia).

5.2 | Less resources, less protection

That reduced resources result in less protection was noted in Portugal, Germany, and England/Wales. Professionals in Portugal reflected not only on the precarious conditions of families but also the lack of financial and human resources in institutions like schools and hospitals. In England/Wales, resources for children in need are especially reduced: Early intervention and support have contracted so much that some made cynical remarks: “you can make a referral but it might as well be to Father Christmas” (voluntary sector social worker, England/Wales). In Germany, the shortage of skilled professionals in statutory social services, and youth welfare offices,

came up: “we have a structural problem, currently and since years” (guardian ad litem, Germany).

5.3 | Tightrope walk: Too early or too late, too much or not enough

Safeguarding children was time and again deemed a “tightrope walk” in all four countries. Professionals fluctuated between whether they act too early or too late, too strongly or not strongly enough. In England/Wales, the system tries to limit this dilemma through demarcation, strictly distinguishing child protection from early intervention. The consequence that problems in the families are not picked up early enough was seen as: “one of the downfalls of the system” (voluntary sector social worker, England/Wales). In Germany, where transitions take place within the systems, professionals repeatedly weighed the appropriateness of intervention: “And then suddenly something hangs in the air, what’s possibly not confirmable and afterwards a process is set in motion which cannot be stopped” (child care worker, Germany). The dilemma of a potentially too strong response was directly linked to mistrust in the system in Portugal and Slovenia. Portuguese institutional care facilities were described as “child warehouses”, which created dilemmas when parents did not comply with the professionals’ invitations to change their parenting. Slovenian participants resignedly expressed doubts that interventions could bring positive changes in children’s lives: “That’s what interests me. What concretely can we do for those things not to happen in that family anymore?” (teacher, Slovenia). Others buoyed up their spirits with a sense of hope that acting was better than leaving children unprotected.

5.4 | Following rules and guidelines versus professional estimation or gut feeling

Following statutory provisions to the letter was thought by some to conflict with professional judgement about what might best promote a child’s best interests. Some openly or indirectly talked about “stretching” the rules: “I am not saying it is illegal, what I am trying to say is that we are walking on the edge” (social worker statutory social services, Slovenia). Tensions arose in a particular case when professional judgement suggested an alternative course of action, and professional judgement was valued especially highly by German professionals: “But this gut feeling develops out of many years of practice on the job. You can’t just deny it” (guardian ad litem, Germany). In contrast, Slovenian professionals sought clearer and more precise guidelines.

5.5 | Trustful working relationships with family members versus information sharing without consent

Weighing the necessity of building a trusting working relationship with parents/children against acting without consent played out differently in the four countries. In England/Wales, a country with multiple duties to notify and to share information, the potential conflict was resolved through reference to the guidelines: “(...) by the time it gets to conference level, the threshold’s been met to share information

because if you don’t, it’s detrimental to the child” (statutory sector social worker, England/Wales). Although some participants indicated that any concern would cause them to contact Children’s Services, others only “escalated” their actions where there was evidence of marks or bruises. Where children who disclose voiced their needs to professionals, the dilemma was more evident.

Expectations to fulfil reporting duties are high in Slovenia. For one prosecutor, confidentiality should always be overridden by the duty to protect. Even if a professional is “the boy’s confidant,” an immediate notification was expected, with the tension negotiated through the notion of transparency: “a child confides something to us and if we pass this information on, we’ll be abusing their confidence in a way, so I think it’s important to explain to the child” (NGO representative, Slovenia).

In Portugal, dilemmas with respect to consent were only mentioned as a trigger to call on the prosecutor who has to calibrate measures to achieve the compliance of parents, or alternatively can apply to family court for protection measures to be instituted without consent.

One of the striking findings was the importance given to the relationship of trust with the family in Germany, a country with notification duties only for the police. Building trust was considered essential for disclosure of information about the child’s situation, thus informing others without consent stood in direct contradiction with this basic principle: “(...) if I’m an NGO, afterwards would be very, very complicated. How much access will I have afterwards that enables me to still work with them?” (social worker emergency residential care, Germany). In health care, fear of losing the parents/child as patients led to a classical projection of the dilemma, the fear of violating data protection rules. The necessity of maintaining family members as first partners of cooperation, occasionally suggested avoiding legal restrictions.

For professionals in Germany and England/Wales, becoming aware of possible child abuse led immediately to a need to collect more information. A strong impetus to information gathering and sharing between professionals was evident in England/Wales: “I think the most important thing is picking up that phone to MASH or anyone else” (statutory sector social worker, England/Wales), grounded in the belief that more information means more protection: “The social worker has got to have as much information, you know, the more you give them (...) and the easier it is to safeguard” (paediatric midwife, England/Wales). This can be contrasted to the focus in Germany on engaging with family members, with a commitment to transparency about why professionals are approaching them and what their roles, reasons, and tasks are. Appreciation and participation of parents were considered central to intervention: “Well, once again, we have to remind ourselves how important it is to take your clients seriously, and to respect them” (social worker, statutory social services, Germany).

Consequently, the understanding of multi-agency approaches differed. In England/Wales, it was about reporting and information sharing to improve assessment: “It is very much about people getting together, professionals coming together to give their part of the story, their piece of the jigsaw (...) It’s all about information, we all need each other” (midwife, England/Wales). In Germany, case-related

collaboration was recognized as a crucial base for successful child protection. One of the main goals of cooperation was the coordination of support services as a primary measure to achieve protection: Participants were convinced that effective support required a relationship of trust with family members and that “every family has resources” (social worker, ongoing service, Germany). Support needs time and presupposes a willingness to collaborate. Participants had varying positions on giving parents time to commit to this process.

5.6 | Child's right to live free from violence versus child's right to live in his/her family

Decisions about an out-of-home placement for a child bring up the ethical dilemma between the child's right to live in his/her family (article 9 UNCRC) and their right to live free from violence (article 19 UNCRC). This was a key issue in Germany. Well aware that the effects of an out-of-home placement can (also) cause serious harm led to discussions about the right time for a removal: “And taking the child out of his family has depth, I can only say” (social worker emergency residential care, Germany); “(...) am I going to do more damage by putting this child in care or leaving the child at home?” (voluntary sector social worker, England/Wales).

The norm of “safety first and foremost” in England and Wales seemed to overrule the weighing of various potential harms: “(...) we need to make sure he's protected – and explain that we're doing this for him” (teacher, England/Wales). In the German discussions, where weighing of interests and professional judgement were core issues, the concept of “courage” was drawn on. This expresses an inner conflict as well as the personal effort to make a decision in one or the other direction. Responsibility for the child seemed to be very present: “And that is exactly our courage or no courage or what, our decision how we sometimes, do we address a problem, do we not address it, the reasons why we delay something, this is really difficult” (social worker residential care, Germany). Participants grappled with the fact that although abusive behaviour cannot be changed overnight, providing support services within the family might mean that the maltreatment continued.

In Portugal, on the one hand, the tardiness of procedures and the delayed removal of a child was criticized, while at the same time, residential care was labelled as “factories of psychopathologies” and therefore rarely considered an option that was in a child's best interests. Such placements also invited critique in Slovenia.

6 | DISCUSSION

6.1 | Guiding principle: Preventing the worst or achieving good outcomes?

All participants in the workshops were united in a shared goal to protect children and promote their development: This normative consensus is also shared by policy makers (Marthaler, 2012). Constant activity to improve the system and its outcomes in turn leads to modernisation paradoxes in which professionals face conflicting requirements: The situation of each child and family and the complexity of context is in conflict with the call for certainty (Höyneck & Haug,

2012), with the danger of overregulation emerging (Marthaler, 2012; Parton & Berridge, 2011). Defining and formalizing tasks and duties for all stakeholders shifts some of the burden off professionals when they have to weigh interests. But this diffusion of responsibility does not resolve the issues at stake.

The coping strategies of prioritizing self-protection and/or keeping to the rules (Bode & Turba, 2014) seem to be also ascribed to the phenomenon that failure is not accepted as sometimes unavoidable. It can be a route to public criticism and in the worst case becoming the subject of a high-profile media story. In such cases, blame is individualized, and it is increasingly accepted, in the workshops and beyond, that working in child protection is a precarious undertaking, which generates considerable anxiety (Barn & Kirton, 2015; Wolff et al., 2013; Colton & Welbourne, 2013; Lonne & Parton, 2014; Biesel, 2011).

As a result, professionals and policy framings vacillate between risk averse child protection and support-oriented child welfare, between safety first and taking a closer look before intervening further (Bode, Marthaler, Bastian, & Schrödter, 2012; Colton & Welbourne, 2013). An indicator of the level of anxiety might be whether the predominant frame is preventing the worst, as could be seen in England/Wales, or achieving good outcomes for children, as in Germany and Portugal.

The common feeling among professionals, of performing a “tightrope walk” between over-authoritarian and unwarranted actions and failing to protect children from harm (Colton & Welbourne, 2013), reflects the ethical dilemmas all interventions against interpersonal violence face. Preserving or restoring dignity, individual integrity and self-respect defines a corridor for legitimate paternalistic interventions (Ziegler, 2014) but does not provide clear guidance when to limit a child's or parent's/carer's autonomy (Hagemann-White, 2015).

Policy makers may take the heat off professionals by providing strong and detailed rules for when and how to intervene with or without consent of the clients. Actions are preset when the given criteria are met (England/Wales and Slovenia). This risks that the “gut feeling” that professionals draw on is subordinated to official guidance, the skills and sophistication of professionalism are undermined (Bode et al., 2012; Bode & Turba, 2014). The alternative is a guidance that sets a bar of procedural standards but leaves it to professionals to decide which path is most likely to achieve the desired goal (Germany, Portugal). This strategy hands responsibilities for professional judgement back and creates procedures that require professionals to weigh the ethical implications before making decisions (Höyneck & Haug, 2012) which brings up the questions if it demands too much.

6.2 | Information sharing duties as symbolic for taking action

Mandatory reporting or professional information sharing duties are symbolic of the demand and will to take action. They appear to offer safer ground through increased certainty, with obligations to notify child protection authorities and/or the criminal justice system setting the direction for child protection systems (Meysen & Hagemann-White, 2011; Svevo-Cianci, Hart, & Rubinson, 2010). But this is a limited shift if the impact of notification duties is only linked to the numbers of

reports and their substantiation (Mathews, 2015). As the findings of the comparison of the frames and ethical sensitivity in the four countries show, they can be directly linked to ethical issues of confidentiality, to the appreciation of professional helping relationships, and to the effects on achieving or maintaining the involvement or compliance of children and their families (Goldson, 2015; Lonne, 2015; Melton, 2005; Meysen, 2014; Meysen & Hagemann-White, 2011). Empathy and balancing interests in helping relationships are downgraded in notification and guideline-driven practice. When following the rules becomes primary value, professional judgement is delegated to predefined procedures. Pragmatic solutions to dogmatic rules presumably increase, in cases where a procedural standard is deemed inappropriate (Bode & Turba, 2014).

7 | CONCLUSION

What emerged from the workshops were four subtly different orientations of child protection systems. Though based only on non-representative workshops with a limited number of practitioners, ethics and how they play out in practice appear to be a magnifying glass that makes visible the effects of policy on the child protection systems and their cultures. Contrasting positions on ethical issues and dilemmas were evident. The distinctions point to correspondences between the legal-organizational framework of child protection systems, especially the concepts of information sharing and cooperation between professionals and the value of trustful helping relationships.

In Portugal, professionals expressed their lack of faith in the capacity of the system to reliably achieve protection with good outcomes. This seemed to lead to a moral compass of respecting or re-establishing the autonomy of the family. For some professionals, legal obligations, such as notification to the statutory social services, seemed to be seen more as a choice than a strict obligation. If a case was taken on, professionals tasked to provide support seemed to compete for contact with the family.

In Slovenia, the mistrust in the child protection and criminal justice systems was palpable. An emphasis on whether a criminal act had been committed meant there was limited engagement with children's well-being or potential pathways to work with parents towards changes. Professionals were aware of the obligation to report, but a sense that this was not always followed was evident. Criticism of other agencies could be considered an avoidance strategy, a resistance to exploring the tensions and difficulties they confronted. Stopping the forbidden, in the sense of charging and substantiating crimes, led the way in a system with high law and order normativity.

In England/Wales, formal guidelines acted as a primary and foremost frame of reference. Information sharing between professionals was a priority in measures to secure protection. The importance of intuition, ethical implications, and the involvement of family members were only referred to occasionally. Relationships and conversations between professionals, at times, seemed to supersede engagement with children and parents. Preventing the worst became the primary consideration in this guideline-driven system. Partly, it seemed as if the heart of social work had atrophied.

In Germany, one of the rare systems without mandatory reporting, participants identified or claimed cooperation with the family members to be a core task, in which different interests had to be weighed. Emphasis was placed on building relationships that enabled disclosure and working with families to improve the child's safety and well-being. The approach presupposes high levels of professional skills. In case professionals fall short, they tended to legitimize their actions with normative standpoints or take deliberate detours from the legal framework. The care for children and families to enable good outcomes sits on top of a system sailing close to the edge of excessive demands.

The CEINAV study revealed that despite a shared commitment to protecting children the starting points, deliberations and ethical dilemmas are not the same in four European countries, suggesting that there are cultural differences informed by policy, which inform the shape and content of child protection work.

ORCID

Thomas Meysen  <http://orcid.org/0000-0003-3904-5030>

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SUPPORTING INFORMATION

Additional Supporting Information may be found online in the supporting information tab for this article.

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