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# ESSENTIAL MORAL SOURCES OF ETHICAL STANDARDS IN CHILD AND YOUTH CARE WORK

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*ABSTRACT: It is proposed that an ethical framework for child and youth care practice should take into account the differences between descriptive ethical inquiry on the one hand and normative and analytical ethical inquiry on the other. This will help us avoid the error of deriving our ethical principles from our practices, when in fact what we need is a moral criterion originating outside our practice that is not based on efficiency. Mattingly (1995) suggests this in recommending that we "Develop an ethical vision." This ethical vision should take into account the domains of morality proposed by Taylor (1989), including respect for human life, issues of what makes a rich, meaningful life, and ideas about dignity. Doing so may provide a moral foundation not just for a code of ethics, but a moral framework for evaluating the entire range of our practice with children and youth.*

Garfat and Ricks (1995) rightly point out that a guide for ethical decision making in child and youth care work should be more than a prescription of rules. Following the rules, according to Kohlberg (1972), is a lower level of moral thinking. It has also been characterized as "bad faith," similar to losing the self in a role and thereby avoiding responsibility (Sartre, 1947). With this in mind, Garfat and Ricks say, "Ultimately ethical practice is moderated through and driven by the self as opposed to being driven by external variables."

To this I want to say yes, and let us remember that ethical practice is "dialogical." There are existing frames of reference, or horizons, that can help us choose wisely. Ethical practice is driven by the self in engagement with others. Ethical practice is not a self-referential conversation with the self; it is a "conversation" between the self and the "other(s)." In our case, the others are clients, other staff, the rules and organizational values that Garfat and Ricks refer to, and it is also a conversation with the tradition of ethical decision making within the child and youth care field. Mattingly (1995) points out that this conversation is impoverished. That impoverishment may lead one to believe that the ethical decision making experience is lonely.

Given the substance and content of our field, Mattingly's observation is striking. Why is it this way? One answer is that the moral sources of our practice have not been clearly articulated. In other words, discussion of ethics is uncomfortable because the origins of and justifications for our ethical beliefs are unclear to us, so

to talk about ethics is to expose ourselves. Does the emperor really have no clothes? Second, we have been not been trained to think about our practice in moral terms. Instead, we think about our effectiveness.

Garfat and Ricks frame two questions that it is important to keep separate: "Am I doing the right thing?" "Am I being effective?" (p. 393). It is likely, although unfortunate, that in practice the former comes to mean the latter. In the process, moral frameworks are pushed aside. The worthiness of the goal is unquestioned. (The meaning of "effectiveness" is often unclear as well.)

I want to propose frameworks, borrowed from others, first for the task of understanding ethical thinking in its historical settings, and second for articulating moral sources for our practice. The former should help us articulate what an ethical code or standard is about and the latter should help us articulate what moral practice is about.

## WHAT IS MORAL THINKING ABOUT?

Frankena (1973) distinguishes between three kinds of moral inquiry, each of which is connected to the other.

1. There is descriptive empirical inquiry, historical or scientific, such as is done by anthropologists, historians, psychologists, and sociologists …

2. There is normative thinking of the sort ... that anyone does who asks what is right, good, or obligatory. This may take the form of asserting a normative judgment like:

   - "I ought not to try to escape from prison,"
   - "Knowledge is good," or
   - "It is always wrong to harm someone," and
   - giving or being ready to give reasons for this judgment …

3. There is also "analytical," "critical," or "meta-ethical" thinking … It asks and tries to answer ... questions like the following: How can ethical and value judgments be established or justified? Can they be justified at all (pp. 4-5)?

What Garfat and Ricks (1995) have described is of the first sort: Descriptive empirical inquiry. They provide a very good description of the kinds of phenomenological considerations that contribute to the experience of ethical decision making and can often be difficult or painful. The goal of their contribution is to make ethical practice "authentic" and responsible, which are crucial considerations. The field is in great need of more empirical description of the ethical decision making process. Doing so in both general and concrete terms, as they have done, is a wonderful contribution toward reducing the loneliness of the decision maker.

To provide a complete moral framework, however, the self-driven model needs to be complemented by a moral criterion, for "… authenticity itself is not a criterion … But rather an ideal which stands in need of criterion" (Conn, 1986, p. 5). This becomes clear in the Garfat and Ricks discussion of the Jones family. Their list of questions is an excellent guide to the necessary considerations for authentic and responsible decision making, but in the end the actual choice is unique to this case. Not only that, but they imply that the choice is ultimately not only personal, but private. This can only be true if 1) each decision making situation is so unique that it cannot be compared with any other, and/or 2) the situation is impossible to articulate.

It is proposed here that in practice this descriptive difficulty is a consequence of a lack of a moral criterion (without suggesting that it is immoral!). Moral criteria are not equivalent to rules, but they serve the same purpose of providing a guide to the decision maker. In the language introduced above, the decision maker is in conversation with explicit moral criteria order to make an authentic and responsible decision. Each situation may in fact be unique in some way, but it is probably unique in ways that can be articulated.

Toward this end, Mattingly (1995) introduces some projects that are developing the second component of moral inquiry, normative ethical standards. One of the vital steps in doing so, as she points out, is "Developing an ethical vision: guiding practitioners to the recognition that there is, in fact, an ethical universe and more specifically a professional ethical viewpoint that is distinct from personal beliefs, law, and regulation" (p. 389). In other words, she is pointing to the fact that there are domains of ethical conversation that can and have been articulated. Taylor (1991) calls these "horizons of significance" (p. 39). This is the framework that makes ethical thinking meaningful. Without these horizons there is little point to ethical discussion, since we have no basis for making value decisions.

As noted earlier, questions of morality tend to be framed as questions of effectiveness. Establishing a moral framework for our work places the criterion of effectiveness in its proper place. But MacIntyre (1984) says that effectiveness is really about "successful power" (p.26), an inappropriate moral criterion. What is needed is to "reconnect the *processes* of therapy in company with thinking about the *goals* of therapy (Kegan, 1982, p. 288). When these are disconnected from each other, as MacIntyre (1984) points out, the therapist"... represents in his *character* the obliteration of the distinction between manipulative and nonmanipulative social relations ... In the sphere of personal life" (p. 30). This is so because,

> The therapist … treats ends as given ... his concern is with technique, with effectiveness in transforming neurotic symptoms into directed energy, maladjusted individuals into well-adjusted ones. [The therapist does] not engage in moral debate (p. 30).

The goals of our practice and our interventions must become part of our sub-

stantive conversations about morality and ethics. To reconnect the processes with the goal, Kegan (1982) says that" ... psychology must be able to address what should be considered its two most important questions: What are the processes on which the therapist attends? Why is that attention justified?" (p. 288). In our contexts, we must ask ourselves,"What are the processes on which our programs attend? Why is that attention justified?"The justification must be extra-psychological; to be valid it must originate from another source, a moral source, and it must address the goals of our programs. That will allow us to apply those criteria to the means as well.

The warning for us here is that many of the activities we are involved in, such as developing lists of professional values, ethical dilemmas, and other descriptive work, will be incomplete unless we also developed an ethical framework (in Frankena's [1973] language,"normative" and"analytic") that has its origins outside this important descriptive work. For our values cannot be justified or validated by consensus or by simple description.

Garfat and Ricks (1995) use several apt metaphors to suggest how ethical decisions are made, including the self as the"driver"and the"filter"in the decision making process. Their information-processing based model describes the phenomenological experience of ethical practice. They also say that the practice of ethics must strive for the well-being of the self. This, I think, is problematic, but not because ethical practice does not lead to the well-being of the self. There are at least two other difficulties. One is that"well-being is an extraordinarily difficult quality to define, and it includes many non-moral issues such as physical health or feeling of happiness which, however worthy or helpful they may be, are not necessary for ethical reflection or action. The second is that there are situations in which the practitioner must put his or her own well-being aside for the sake of the well-being of the youth.

For example, engagement with a suicidal or hostile youth is almost never"good" for one's well-being. In these situations we do it because we are putting our own well-being aside with the goal of enhancing that of the youth. Let me suggest that in making an ethical or moral choice, our well-being is enhanced by the result of the choice, not as a criterion of the choice. Authentic and responsible ethical decision making requires that we"transcend" (Conn, 1986) ourselves by putting the best interests of others first and by choosing moral values that originate outside ourselves. Garfat and Ricks (1995) recognize this, by pointing out the importance of stepping outside one's framework (p. 400). Doing so means looking at the situation from other ethical perspectives. When we ignore those perspectives, we become blind to our self-serving motivations and actions.

## THE DOMAINS OF MORAL PRACTICE

An ethical code serves the function of protecting children and youth by clearly outlining practices that are harmful. The overt nature of the code puts the responsibility on the practitioner and agency to publicly justify any deviations. This negative function is important, but it is also not enough, as Garfat and Ricks implicitly point

out. It is their "rule-based" decision making that is equivalent to the application of a code, and as they point out, a code or a rule cannot cover all of the potential situations and applications. But does ethics need more than simply this negative function, and if so, can ethics be helpful in the development of the field?

Taylor (1989) says that there are three "axes" of morality. One is the domain of "moral beliefs which cluster around the sense that human life is to be respected and that the prohibitions and obligations which this imposes on us are among the most weighty and serious in our lives" (p. 14). Second, there are issues of what constitutes a "rich, meaningful life" (p. 14). Third, morality is concerned with the "range of notions concerned with dignity" (p. 15). The first category is usually what underlies ethical codes, but it is the latter two that may have the most profound implications for our practice, especially for those domains that have to do with "Quality of Care," the subtitle of Mattingly's article. Quality of care has much to do with the "good life" and with dignity.

One reason why this is important is that it is possible to have good programs that do not follow all of the rules and to have bad programs that follow all the rules but provide an impoverished human life and repeatedly violate the dignity of children. We have a moral obligation to challenge these problematic programs and we need a moral foundation for doing so. Presently, we are only able to critique them on the grounds of efficiency, as in "That is an inefficient way of serving children." Many program evaluations are based on criteria of efficiency, without reference to moral criteria. But as noted above, efficiency is not a morally adequate criterion. An ethical statement that explicitly addresses all three domains would challenge services on all levels, not just on their ability to follow the rules.

Programs that serve children and youth, especially residential programs have special moral obligations because they control and structure the entire environment and life space of the child, at least for a little while. With control comes responsibility. Their moral obligation is to provide the healthiest, most developmentally appropriate environment possible; in so doing it will meet the obligations of dignity and a good life. Ethical standards ought to be explicit about how to do this.

Legislative and judicial attempts to regulate the human service domain have largely failed. It is impossible to write enough rules to ensure a quality program and, in fact, it is widely lamented that the time and resources devoted to document rule-following takes away from service to youth and takes away from creative responses to the needs of youth. Here in Minnesota, it has reached the point where programs are frequently not known by their ideological orientation but by their legal classification, such as, "A Rule-Five program," or "A Rule-40 program." An ethical code that explicated the domains of what it means for a child to have a rich, meaningful, dignified life would decrease the need for legislating every trivial behavior.

This would, of course, be viewed as objectionable by some, who would see it as unconscionable interference with their autonomy. But I would argue that our autonomy is largely illusory. We are not free to do whatever we want. We work with

and for persons, and persons make moral claims and demands on us. We are only free to do whatever we want if our moral criterion is that of "efficiency," a criterion that has been rejected here. If we accept moral sources for our work, than we are bounded by notions of respect, the good life, and dignity.

While it is not my purpose here to explicate just what all the implications are, an example may help. In most states, child and youth care practitioners are required to undergo training in physical restraint. This is important, but it has been observed that once learned, physical restraint can easily become a program intervention tool rather than a protective mechanism for staff and children, and frequently does.

It is intuitively clear to most people that physical restraint is harmful to kids. The ethical principle of "dignity" might help us explain why. The experience of being restrained as well as the experience of providing restraint violates the principle of dignity for both staff and youth. It is impossible for the youth or the worker to have any pride in the experience of restraint. Restraint undermines the dignity of all parties.

This example is not speculative. My personal experience is that direct care workers, including myself when I had that position, find restraint distasteful and feel that it makes their work unsatisfying. These are aesthetic and consequential reasons for not approving. But I recently discussed physical restraint with a youth-worker from Holland, and her objection rested on moral grounds. She refused to do it, not because she was not capable, not because she thought it was inefficient, but because she thought it was immoral. And if you accept the moral premise, it is difficult to argue. That she had a moral premise for her argument was refreshing.

Does this mean that we can never do restraint, even if she would not? Of course not. The practical demands of our work may make it necessary at some point to protect other people. In those cases, other moral values supersede the principle of dignity. It means, though, that our moral obligation is to seek ways to avoid it. Some programs violate their moral obligations by ignoring evidence that their programs use physical restraint too much, by not searching for alternative ways to handle situations, and by ignoring other programs working with the same type of youth who do not need to use physical restraint.

These three dimensions—respect for life, meaningfulness, and dignity—require us to think about the ethical implications of everything we do, not just the situations in which we experience conflicts among moral demands. The entire program can be evaluated not just by whether it works or is efficient, but by whether it enhances the dignity and quality of life of children.

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