

This is a post-peer-review, pre-copy edited version of an article published in *Families, Relationships and Societies*. The definitive publisher-authenticated version is available online at: <https://doi.org/10.1332/204674321X16294377606424>

Family relatedness: A challenge for making decisions in child welfare

By Rosi Enroos and Tarja Pösö

Abstract

This article examines children's and parents' positions as rights-holders and family members in child welfare decision-making as seen by social workers who prepare child removal decisions. The study is based on qualitative interviews with social workers, each of which includes the story of one child's case. The interviews were conducted in Finland, where the consent or objection expressed by parents and children of a certain age determine the decision-making process, as each of them can independently express a view about the removal proposal. The study highlights how family relatedness shapes the parties' autonomy and self-determination through intergenerational, interparental and other dynamics of emotional and power relations. Relational autonomy is emphasised more than individual autonomy in the social workers' descriptions. It is suggested that self-determination needs to be refined so that it acknowledges family relatedness as well as individuals as rights holders.

1. Introduction

There are circumstances in which the public authorities have the right and obligation to intervene into the autonomy of the family, an otherwise highly respected unit in democratic societies. These circumstances include situations when children need to be protected from their parents' failure of care. Child welfare systems have a variety of ways of protecting children – they give support, guidance and services to parents and children, and, as a last resort, they separate children from their parents' care and take them into public care. Separation with or without consent is the most intrusive measure any child welfare system can undertake. The thresholds for separation differ

across jurisdictions, as do the preparation and decision-making processes, but a common sentiment is that families should be involved in the preparation and decision-making of the separation (which we from now on call care orders) (Burns, Pösö, and Skivenes 2017; Berrick et al. 2015a). Children and parents are involved in care order preparations both as individual rights holders in a statutory decision-making process and as members of families whose relations, identities, emotional bonds, and inter-dependencies are at stake. This presents social workers – who typically carry out the preparations – with a challenging task: when involving parents and children, they should respect the children’s and parents’ autonomy and their right to self-determination even when a non-consensual separation is under preparation. On the other hand, children and parents are asked to practise their right to self-determination in situations involving conflict, stress and emotional turmoil (Buckley et al. 2011; Gibson 2019).

In this article, we study social workers’ descriptions of care order preparations and look specifically how these two positions – that of an individual rights holder and that of a family member – manifest themselves in the care order preparations carried out by social workers. We consider what kind of autonomy is embedded in those manifestations. We will argue that self-determination and autonomy should be re-defined to recognise family relatedness in this particular context. Such a re-definition is needed not only for child welfare but also for any decision-making practice dealing with family troubles. Before presenting the empirical findings of the interview study with Finnish social workers, we first set out our conceptual approach to self-determination and autonomy in child welfare decision-making and describe the context of care order decision-making.

2. Self-determination and autonomy in child welfare decision-making

Self-determination, one of the iconic principles of professional social work, marks the autonomy of individuals and the individuals’ right to make their own decisions (Reamer 1983; Furlong 2003a and b; Akbar 2019). Despite its key role in social work ethics and values, it is acknowledged that the fulfilment of individual autonomy is rather difficult for a variety of reasons: the individual’s values and norms may clash with those of society or with those individuals the person is related to; the complex mechanisms of social vulnerability and inequality affect self-determination; individuals never make choices completely independently and thus self-determination exists in conjunction with others; and, on some occasions, the public authorities may use their power over the individuals regardless of the individual’s views or wishes (Furlong 2003a and b; Gambrill 2008;

Walter and Ross 2014; Reamer 2016; Pelton 2016; Gupta et al. 2016; Juhila et al. 2020). In contrast to an individualistic interpretation of autonomy, it has been claimed that autonomy is more relational than individualistic, as persons are socially embedded and their identities are formed within the context of social relationships (e.g. Mackenzie and Stoljar 2000; Banks 2006; Furlong 2003a). The relational view on autonomy is especially relevant for child welfare, which in a broad sense is very much about the relations between children, their parents and the state (Fox Harding 2013).

With more or less clear boundaries, families are systems in which individuals relate to each other in many ways. The relations may manifest themselves in shared residence and legal arrangements (such as ‘marriage’ or ‘custody’) as well as in identities, intimate emotional connections and obligations towards each other (Vetere 2013; Smart 2007; Ribbens McCarthy 2012). Although being a parent in a family is different from being a child, both parties are bound by family relatedness. Family relatedness may have a range of meanings and should not be seen as a fixed or stable category: people make sense of family in a variety of ways, and family changes over time and contexts, and it may include relations in addition to the ‘formal’ definitions of family or kin (e.g. Mason and Tipper 2008). In cases of abusive and neglectful family relations, family relatedness is likely to include social, moral and existential dilemmas (Ribbens McCarthy 2013). The dilemma may be in some situations, for example, that children are being harmed by a parent, although love and care are still part of their mutual relations. When examining the need for a care order, social workers often work with a variety of dilemmas and complexities of family relatedness that are bound to influence the self-determination of family members. Due to the fluid nature of family relatedness, they also need to consider the mechanisms between family relatedness and self-determination in a case-specific manner.

Although self-determination has typically been seen as a feature of adults, and, in family contexts, parents have been assumed to make decisions on their children’s behalf or to facilitate their children’s self-determination, the current legal norms and international treaties and related human rights-based social work agendas also emphasise the child’s right to autonomy and self-determination (Daly 2018; Falch-Erikssen and Backe-Hansen 2018). Consequently, when working with ‘families’ and assessing whether children should be separated from their parents’ care, social workers also need to consider the children’s right to self-determination, and thus to work with a variety of agents of the ‘family’ exercising self-determination and individual autonomy.

We have found surprisingly little research highlighting autonomy and self-determination in which social workers work with family members with their individual rights in the statutory context of child welfare. Based on a literature review, Akbar (2019) suggests that self-determination is difficult to operationalise, which could explain the shortage of research in child welfare decision-making. However, research on involving children and parents in decision-making is constantly expanding, highlighting service-user experiences and different methods of involvement, and often focusing only on parents or only on children (e.g. Healy 1998; Dumbrill 2006; Buckley et al. 2011; Berrick et al. 2015b and 2017; Munro and Turnell 2018; Gibson 2019), or just speaking about ‘families’, e.g. family engagement or family group conferencing (Duffy, Collins, and Kim 2018; Asscher et al. 2014). We found research in health and disability care with a more specific focus on autonomy, highlighting also the dynamics caused by family relations (e.g. Walter and Ross 2014; Wehmeyer 2014). Walter and Ross (2014) recognised that the decision-making regarding family-related issues in health care employs two models of autonomy: one is based on individualistic autonomy (emphasis on rationality), and the other is based on relational autonomy (emphasis also on emotional and embodied involvement of the family members). The tasks and roles for practitioners differ with respect to the recognition of individual and relational autonomy: in the former model, practitioners work with ‘one rational individual’, whereas in the latter, practitioners work with family relations and a variety of emotional issues.

3. The inclusion of children’s and parents’ views in care order preparations

Care order preparations start when there is a reason to assume that the child cannot safely stay in his/her parents’ care and should thus be removed from his/her parents’ care. The task of carrying out the preparation process is in the remit of social workers (Burns et al. 2017), and thus the professional norms, theories and values of social work interact with the legislation guiding the process. Consequently, the preparatory process is a mix of psychosocial and bureaucratic social work (Egelund 1996; Eronen et al. 2020). As for any type of social work, the inclusion of service-users is essential. This is done for reasons of ethics and effective practice as well as for legal and policy reasons (O’Sullivan 2011, 43–45; Lonne et al. 2016; Duffy et al. 2018). It is not, however, always clear who the service-user is. Therefore the distinction of primary and secondary clients is helpful. Primary clients are the persons whose welfare is the central objective, while secondary clients are persons who have a central role in the life of the primary client (O’Sullivan 2011). Although the child’s best interest principle guides every child welfare measure, and children are

thus seen as the primary clients, parents are more than just secondary clients in care order preparations: children and parents are interdependent clients as their relations in care, upbringing and other similar issues are examined during – and influenced by – the preparation process.

The inclusion of children's and parents' views in the care order preparation process is of particular importance in Finland, where legislation grants children and parents a range of rights holder positions. Similar to many other countries, the Finnish Child Welfare Act (417/2007) requires that children (of any age) and parents (and people close to them) should be included and consulted in the process, and their wishes and views should be considered. In addition, there is a specific legal requirement to hear the views of children and parents at the end of the preparations: children aged 12 years or older and parents having custody of the child(ren) should be formally heard in the proposal of the care order and the placement (Section 42). As a result of this formal hearing, their views – either giving consent to the order and placement or objecting to both or one of them – have an impact on the decision-making process (Pösö and Huhtanen 2017). If everyone agrees to both proposals, the decision will be made by the leading social welfare authority (social worker) in the municipality without any court involvement. If there is any expression of disagreement, the administrative court will examine the case and make the decision in its legal arena. In both cases, the threshold, preparatory process and legal implications of the decision are the same. The hearings are organised by social workers and typically attended by two social workers and one family member at a time, along with any support persons or legal representatives the person in question invites (Välikoski et al. 2020). For the family of a child aged 12 years or older who has two (custodial) parents, there would be three hearings, as each individual is given the right to express his/her view independently from the other family members, and each member should be given all relevant information about the care order, its reasons and its personal impact (Välikoski et al. 2020).

The task of the social workers in the formal hearing is to provide adequate information for everyone to express their view independently. Prior to the care order preparations social workers typically aim to support the family as a unit and a care order should be considered only if other services are not relevant in solving the family's problems (Pösö and Huhtanen 2017). In the care order preparations and in the formal hearing in particular, children and parents are given the opportunity to practise their right to self-determination as individuals with their own interests. However, the view expressed has an influence not only on the person expressing it, but also on the family relations. Given the family relatedness of the care order, children and parents giving an independent and autonomous view on a care order is likely not to be straightforward.

4. Data and method

In this article, we explore how the two positions of children and parents – as individual rights holders and as family members – are established in the care order preparations carried out and seen by social workers. In more detail, we study how social workers describe the views and opinions of different family members with whom they prepare the care order proposal, and in particular, how the characteristics and dynamics of the views are described. The view of consent or objection is not the key focus but rather the factors and mechanisms, if any, which are seen to influence the view.

The study is based on 30 narratives of care order preparation processes in three Finnish municipalities, presented by 29 social workers in interview situations. They were asked to tell about one care order preparatory process of their own choosing that they thought would be informative from the point of view of consent and objection. We guided the story of the preparations: we first asked the social workers about when the care order preparations had started and when the formal hearing had taken place. We illustrated this by drawing a timeline on a piece of paper. We then asked them to recall what happened between the start and end points in their own words and interrupted this story as little as possible. At the end of the interviews, we asked a set of questions on the consent and objection relating to care orders.

The interviews varied in time (40–180 minutes). Some social workers described the parents' and children's thoughts and responses to the care order proposal throughout the story, while at other times their view was presented only as the one expressed in the formal hearing. The stories include 33 children with the average age of 11, ranging from newborns to 17-year-olds, 17 of them being 12 years or older. In the majority of the cases (18 out of 30), there were two parents with custodial rights either living together (16) or separated (2) with joint custody. In 11 cases, only one parent had custodial rights (8 mothers and 3 fathers) and in one case, the aunt of the child had guardianship over the child with custodial rights. Thus, there were 48 adults with custodial rights who had a formal say in the process. Most of the families had already been known to the child welfare agencies long before the preparatory process began, and consequently, they had received in-home services for several months or years. The actual care order preparations had taken 2.2 months on average. The outcome of the care order preparations was that 21 of the care order proposals resulted in consent being given by all parties and nine of them included an objection by one or more parties.

The emphasis on consensual care orders is typical for Finnish child welfare (Pösö and Huhtanen 2017).

The interviews were carried out as part of a larger study examining consent and objection in care order decision-making, including also other types of data collection (e.g. observations of hearings, case files, stakeholder discussions; all excluded from this analysis). The study received ethics approval from Tampere University and permission from the municipalities in question. Each social worker joined the study on a voluntary basis. The majority of the informants were very experienced: 16 of them had worked in child welfare for more than five years and had been involved in more than 10 care order preparations each, while interviewees had been involved in fewer care order preparations. They were all female apart from one (as is typical for Finnish child welfare) and, apart from six temporary workers with unfinished university degrees, they were all qualified social workers with an MA degree in social work (the requirement for qualifications in social work in Finland).

The thematic analysis of the data (Coffey and Atkinson 1996) started with reading through the transcripts. The information about each family member described by social workers was collected and categorised regarding their formal role in the care order preparation. After that, those thematic parts which included any descriptions of the children's and parents' views were isolated from the data corpus for further analysis. As the terms 'autonomy', 'self-determination' or 'rights-holders' were not used by the social workers, we looked broadly at any descriptions of the views and the individual and family-related factors which were described as influencing the views. The selected thematic sections were further divided into two: those in which social workers describe the child's (12 years or older) view about the proposal and those in which they describe the parents' views. Codes were assigned to the themes within those sections. After the systematic coding had been done by one researcher, the last round of the analysis was carried out by two researchers. The joint analysis gave the opportunity to discuss the thematic categories, their linkage to the transcripts as a whole and to our research questions, in other words, to be more engaged with the qualitative features of our data (Ellingson and Sotirin 2020) as well as to double-check the original coding. The interpretation of the codes, based on their shared content, resulted in three categories: 1) intergenerational relationality in the views, 2) interparental relationality in the views, and 3) relationality to relatives and other family members. All categories rely on factors attached to relations instead of individuals. The categories will be presented in the following sections with some data extracts to illustrate them.

Limitations

The interviews reveal the social workers' interpretations about autonomy and family relatedness. The issues of relations and autonomy might have looked quite different if we had asked the children or parents. It is known from previous Finnish research (Pekkarinen 2016) that the relations between social workers and families are shaped by partnership as well as aggression and withdrawal in care order preparations, which are similar to the findings in other countries as well (e.g. Gibson 2019; Diaz 2020). The nature of relations between social workers, parents and children may have had an impact on the selection of the stories as well as on how social workers told us the story and the parties' views. As the cases were self-selected and narrated retrospectively, it is more than likely that they did not include any major professional, interactional or moral controversies. The findings cannot be generalised to represent the Finnish social workers' approach to autonomy either, as social workers from only three (out of 310) Finnish municipalities were involved, all of the municipalities being very research minded. Furthermore, the social workers' descriptions about the parental views and their struggles to form their view dominate the data, and therefore the analysis is more limited regarding children's positions, which, however, is elementary for good care order preparations in Finland and elsewhere (e.g. Diaz 2020; Stabler et al. 2020).

Nevertheless, in an explorative study of a scarcely studied topic, the data is informative, as it highlights how social workers approach children's and parents' self-determination as part of a general presentation of their work with care order preparations. If we had asked explicitly about self-determination, the interviews would most likely have echoed social work ethics, emphasising individuals' right for self-determination. Social workers are in charge of care order preparations and regulate the space for children and parents to practise self-determination. The space given to children and parents as rights holders and the obstacles for social workers to act are, however, country-specific, and that is why some features of the findings may not travel well to different countries and child welfare systems (Duffy et al. 2018). Nevertheless, the controversies of the autonomy of the 'family' in child welfare decision-making should be relevant to other child welfare systems, as should the questions of how to make fair decisions and judgements with and about children and parents in child welfare (e.g. Masson and Dickens 2013; Benbenishty and Fluke 2021).

5. Findings

5.1. Intergenerational relationality in the views

The category of intergenerational relationality includes social workers' descriptions of the child-parent relations' impact on the views expressed. The relations shape the views via two mechanisms: emotions (emotional struggles) and power (subordination and intertwined views). In this data, the mechanisms function in two ways: both children and parents influence the other party and also their own views are shaped by intergenerational relationality.

Emotional struggles

Social workers describe extensively the parents' emotional struggles and difficulties to express a view about the care order proposal. The emotional struggles are especially prominent in stories in which the parent sees the need for a care order and wants the child to receive good care, but is still hesitating whether it is the rights decision to place the child into care voluntarily. The extract below summarises a typical description of hesitation of this kind.

The mother certainly had a lot of internal struggles as to whether it was possible for her, as a mother, to have the view that it is best to put her own child into care and give consent. And how the child would see it – whether he would feel abandoned. (18)

The mother is described as being worried about the child's feelings: would the child feel abandoned by her if she voluntarily gave up her parental role and responsibilities? Concerns over the potential harms for the parent-child relationship, such as a child's mental wellbeing or a teenager's aggression towards his/her parents, are often described as part of emotional struggles. The following extract highlights further the parents' struggles and hesitation. While the child poses a threat to the parents and the parents hesitate over the care order, the social worker describes her actions as diminishing the parents' responsibilities when she takes a stand: instead of the parents, it is her responsibility to make the decision.

When the parents tried to restrict the boy, he attacked the parents physically, and I think that there was some fear there, as well. The boy put a lot of blame on the parents, and that was partly a reason... but also it was difficult for the parents to admit that 'we cannot do it and we cannot take it anymore' [...] The parents thought a lot about how it would affect the boy if they consented to their own child's care order.

So, even though the parents had taken the initiative, and they said they cannot take care of the boy anymore, I took the responsibility and said that in the end this is a social worker's decision. (4)

Emotional struggles are not associated with the parents only, as children are described as having them as well. One example of the emotional struggles of a child is in the following extract, where the girl is described as actively giving her independent view, but at the same time, being worried about her mother and that her mother might hurt herself.

It was the girl who wanted to see me. She had thought about the care order while she was in a temporary placement and had a strong feeling that she did not want to go back home. When I met her, she was very afraid of what her mom would think about it, and what would happen when her mother would find out...would the mother hurt herself. (9)

Emotional struggles initiated by the child's wish to be taken into care – the reasons for which are not known by the social worker – are described below from the mother's point of view.

The mother was quite broken about this process, especially because her child wants to get away from home and she doesn't actually know why, and we do not know either. (29)

The extract crystallises the category of emotional struggles well: they are embedded in the concerns about parent-child relations and their impact on the view of the care order proposal.

Subordinated and intertwined views

Within the family and its intergenerational relations, views about the care order are not free of power relations. Social workers address two types of power relations in particular: power related to the context in which the view is expressed and which provides very few alternatives, and power related to the bonds within the family.

Care order preparations take place in complex situations, and the proposal for a care order is made when other forms of services would not be helpful. The situation is sometimes characterised by a

lack of choices, with children and parents giving their view when no other options are available. In that sense, it is a somewhat forced view as children need to be looked after by adults. In our data, social workers approach the lack of choices as an issue of everyday life, as highlighted by the following extract. The view of the girl in question is a mix of free choice and submissive acceptance, as she cannot stay in her parents' care and no other family-related forms of care are available, and, to the best of her knowledge, she would be taken into care anyway.

The girl (14) had a very tough year behind her. First, her main carer died suddenly, and then she moved in with her father, then moved to a placement and back to her father's again, and then to the emergency placement where she wanted to stay. [...] She wanted to fill in the form, and to my surprise, she ticked the consent boxes. When I asked why, she said that she prefers to stay where she is, and it is better than somewhere else, that she would be taken into care anyway, no matter what boxes she ticked. [...] This girl had her back against the wall. Somehow she was forced to give a view. Of course, you can be silent, but... I honestly cannot say that it was her genuine choice, if she was able to choose from all the possible solutions in the world. (7)

In some descriptions, the pressures from within the family are given weight: directly or indirectly, family bonds influence the views of different family members. Loyalty in particular is often remarked on. When being loyal towards one's parent, the child's view becomes less independent and more intertwined with the other party's view. When talking about intertwined views, the social workers suggest that the view is not independent but instead given to please the other party or to avoid any conflict. Intertwined and subordinated views are then an outcome of child-parent relations.

5.3 Interparental relationality in the views

Interparental relationality includes descriptions in which the relations between the parents of the child in question influence the view. Sometimes social workers describe the parents as being like-minded like a unit, or having great loyalty, trust or support for each other and giving each other space to express their own views. However, there are also descriptions in which social workers see one parent as not being free from the other parent's influence due to parental conflicts, power relations, bitterness, fear or custody disputes. Those conflicts are reflected in the ways in which the parties can express their views about the care order proposal.

In the first extract, the social worker describes a situation in which the mother, in the social worker's view, does not express her individual view, but a forced one. In the second extract, the disputes between the parents result in a shared view about the care order proposal. However, it is believed the consent is motivated by the desire to ensure the child would not reside with the other parent. One parent's view about the proposal is thus influenced and, in fact, determined by the other parent's view.

The mother had a coercive relationship with the father of the child, and she was between a rock and a hard place, so I don't believe that... she had been such a kind and submissive person for many years, so I don't know if she would have been capable of expressing her own view. (3)

The parents did not object to the care order, as they both somehow wished that the boy would not live with the other parent. It has been a bit sad... I have been thinking about the reasons for all of this. Do the parents really think that the care order is good for the boy? And does the care order help the boy? Or is it only that they wish that the other parent doesn't get the boy? [...] The parents hate each other, and they do not cooperate. Their relations are non-existent, hostile and inflamed. And, from my perspective, they have continuously competed over who will have the boy and who will win. (16)

In some stories by the social workers, there are parents who have custody of the child but are absent from the child's life and do not become engaged in child welfare either. The following extract includes a case in which the mother has withdrawn from the child's life but expresses her view about the care order proposal because it is asked as part of the formal process of the care order preparation.

The mother exists, but she is not involved. She lives in another town, but because of the relationship between the parents, the parents' background and history, she has moved away. She is a custodian and has a formal role, but she is not involved in any other way. The young person and his dad objected to the care order, and the mother, who is a custodian, consented, but she is not genuinely involved in the child's life. (28)

The case demonstrates how an absent parent is positioned as a rights holder, even though she is described as ignorant about the present state of her son's life. The interparental dimension shaping the view of a care order is thus a mix of legal positions as well as diverse relational commitments and tensions.

5.2. Relationality connected to relatives and other family members

Although siblings, non-custodial parents, stepparents, grandparents and other relatives and members of the extended family do not have a formal say in the care order preparations, they are described occasionally by social workers, as they are included in the preparations in other ways. When they are mentioned, they are said to be influential in the views of the rights holders, as they may support or disagree with the person whose view is to be included in the formal process. This category highlights that the views about the care order may be influenced by family relationality beyond the parties legally included in the care order preparations. In the descriptions of support, an older sister, for example, may come to the formal hearing of the young child and function as a support person to encourage the child to express his or her view. A relative may be involved in informal talks with the parents as well as in the meetings with social workers and influence the views, as described in the extract below.

Especially the mother's sister, who had been following their life, has been very supportive of the mother. She has talked with her in a very friendly and kind way, but she is very straightforward. And both of the parents, the sister, and us, we saw that there was no other option [than a care order], if we want to bring up a healthy child.
(5)

The extract underlines the uniformity of the views among the adults involved, excluding the child's view, influenced and supported by the mother's sister. Indeed, other family members can strongly influence the views of the parties. In one episode, the social worker describes how the father's view was shaped by his mother's understanding of what was the right thing to do. The paternal grandmother did not want her grandchild to be taken into care and insisted that the father should take care of the child and object to the care order proposal. The father viewed the situation differently, but he did not want to challenge his mother's opinion and thus was against the social

worker's proposal. According to the social worker, the father could give his consent only when the grandmother agreed to the relevance of the care order. In the social worker's words, 'the father got permission from his mother'.

6. Discussion

The social workers approach children's and parents' views about the care order proposal as being prominently influenced by relations within the family. Family relatedness involves a range of emotions, varying from concern and love to fear and aggression, not to mention the direct or indirect use of power. According to this analysis, children and parents form their views with the recognition of other people and less so as individuals free from family relations. When the views are described as being more autonomous, the descriptions concern absent parents without constant contact with the child in question, parents practising their legal duties as custodians, and teenagers wishing to be taken into care for reasons unknown.

Emotions are especially seen by social workers to shape children's and parents' agency in using their right to express their view on the care order proposal. Previous studies have highlighted how emotions, such as shame and humiliation, shape experiences in child welfare (Warner 2015; Hiltunen 2015; Gibson 2019). This analysis suggests that emotions are also embedded in the ways in which children and parents exercise their right to self-determination. Love may influence the view strongly. The emotionally motivated view can differ from the cognitive one and even be coerced, as it may lead to the expression of a view in alignment with other family members to avoid conflict (e.g. O'Leart Wiley and Baden 2005 about views on adoption).

Nevertheless, it is crucial to remember that our findings come from the social workers' stories of complex cases. Sometimes the talk of emotions communicates things about the phenomenon that are difficult to verbalise otherwise (Munro 2008, 12–14). In this study, talking about emotions so much may be a tool to approach the diffuse elements of self-determination heard by social workers. It can be a way to neutralise the complexities that children and parents experience in the preparatory process and which may be linked with disagreement, uncertainty or a lack of information (cf. the neutralisation tendency by Dingwall et al. 2014, 77–85). We have also presented one description in the data in which the social worker describes the parents' emotional struggles as so difficult that she told them that she had the authority to make the decision without their view. This description is a mundane demonstration of the step taken from respecting the parents' self-determination towards

paternalism (cf. Reamer 1983), justified by the parents' emotional struggles. There is, indeed, a risk that the talk of emotional difficulties will diminish the agency and capabilities of parents and children. On the other hand, the talk of emotions may inform us about the nature of social work practice in care order preparations: the preparations are not only about legal and administrative issues. As the rights embedded in the care order decisions are so important and unique for children, parents and other family members, social workers become very aware of the emotional relations and their impact on the parties' ways of expressing their rights.

It is, as a whole, inevitable that social workers speak more from the point of view of relational autonomy and restricted self-determination than from that of individual autonomy. The space for autonomy and self-determination decreases when there is pressure to form a certain view about the care order proposal. In addition to emotions, power relations matter. The agents of power are parents, spouses, other members of the (extended) family and, in some situations, children. This finding completes the existing knowledge base, which so far has emphasised the power imbalance between the family vs social workers and the state (Lynch and Boddy 2017; Corbett 2018). Although children's and parents' choices are limited by the system of child welfare and they are not free to practise full autonomy or self-determination because of the nature of child welfare (Pelton 2016; Huhtanen 2020), this study suggests that power originating from family relatedness needs to be recognised as well. Power functions in many ways, and especially the descriptions of the children's use of power (physical violence towards their parents) and its influence on other people's inclusion in the decision-making process, touch upon issues rarely included in decision-making literature.

The imbalance of the descriptions emphasising relational autonomy over individual autonomy contrasts with the platform set by the Child Welfare Act, which treats the parties as individual rights holders whose views on the care order proposal should be heard by social workers during the care order preparations. In their stories about their practice, social workers describe children and parents views differently: as those being related to family and its relations, emotions and social bonds. Aoife Daly (2018) writes about children, autonomy and the courts in favour of the recognition of relational autonomy:

As adults, at the end of the day, we pride ourselves on our autonomy. In reality it is a limited, relational type of autonomy where we are restricted by our circumstances, and often prioritise the interests of our loved ones as we do our own. What we do not seem to realise is

that children are no different in this regard – they pride themselves on this kind of autonomy also. (Daly 2018, 4.)

Daly's remark downplays the centrality of individual autonomy as a cultural notion, echoing the messages from the social workers' descriptions. There is, however, a moral (and legal) risk if individual autonomy, especially that of children, is ignored in child welfare. Therefore we argue that there is a need to build a bridge between individual autonomy and relational autonomy, and to acknowledge the variations of self-determination in the issues related to family conflicts and family relatedness.

7. Concluding remarks

The interconnections between family relatedness and self-determination contrast with the idea of children's and parents' involvement in child welfare decision-making as individuals with their own rights, interests and wishes. The analysis demonstrates that power functions also through family-related mechanisms and that the emotions, bonds and identities attached to family relations shape the autonomy of different rights holders. This specific nature of self-determination suggests that when a child's separation is at stake, a complex understanding of self-determination is – and should be – employed. Perhaps the term 'family self-determination' would address the complexity in which different parties with their interdependencies are interwoven in family matters encountered in child welfare. The challenge for practitioners in child welfare is to establish such practice which acknowledges individuals, children and adults alike, and their rights as well as their different social, moral and emotional positions regarding family-relatedness.

Funding details

This work was supported by the Academy of Finland under Grant 308 402.

Conflict of interest statement

The Authors declare that there is no conflict of interest.

References

Akbar, G. (2019) Thinking critically about self-determination: Literature Review, *Journal of Social Work Values and Ethics*, 16(2): 2–9.

Asscher, J., Dijkstra, S., Stams, G., Dekovic, M. and Creemers, H. (2014) Family group conferencing in youth care: characteristics of the decision making model, implementation and effectiveness of the Family Group (FG) plans, *BMC Public Health* 14(154): <http://www.biomedcentral.com/1471-2458/14/154>

Banks, S. (2006) *Ethics and values in social work*, Basingstoke: Palgrave Macmillan.

Benbenishty, R. and Fluke, J. (2021) Frameworks and models in decision-making and judgement in child welfare and protection. In J. Fluke, M. López, R. Benbenishty, E. Knorth and D. Bauman (eds.) *Decision-making and judgement in child welfare and protection*, New York: Oxford University Press, 3–26.

Berrick, J., Peckover, S., Pösö, T., & Skivenes, M. (2015a) The formalized framework for decision making in child protection care orders: A cross-country comparison, *Journal of European Social Policy* 25(4): 366–378. DOI:10.1177/0958928715594540

Berrick, J., Dickens, J., Pösö, T. & Skivenes, M. (2015b) Children’s involvement in care order decision-making: a cross-country analysis, *Child Abuse & Neglect* 49, 128–141. DOI:10.1016/j.chiabu.2015.07.001.

Berrick, J., Dickens, J., Pösö, T. & Skivenes, M. (2017) Parents’ involvement in care order decisions: A cross-country study of front-line practice, *Child & Family Social Work* 22(2): 626–637. DOI: 10.1111/cfs.12277

Buckley, H., Carr, N. and Whelan, S. (2011) ‘Like walking on eggshells’: service user views and expectations of the child protection system, *Child & Family Social Work* 16(1): 101–110.

Burns, K., Pösö, T., & Skivenes, M. (Eds.) (2017) *Child welfare removals by the state: A cross-country analysis of decision-making system*, New York: Oxford University Press.

Campbell, L. (1997) Family involvement in decision making in child protection and care: Four

types of case conference, *Child and Family Social Work*, 2(1): 1–11.

Coffey, A. & Atkinson, P. (1996) *Making Sense of Qualitative Data. Complementary Research Strategies*, Sage Publications: London, Thousand Oaks, New Delhi.

Corbett, M. (2018) Children in Voluntary Care: An essential provision but one in need of reform, *Irish Journal of Family Law* 21(2): 9–16.

Daly, A. (2018) *Children, Autonomy and the Courts: Beyond the Right to be Heard*, Leiden: Brill.

Diaz, C. (2020) *Decision Making in Child and Family Social Work*, Bristol: Policy Press.

Dingwall, R., Eekelaar, J. and Murray, T. (2014) *The Protection of Children*. Second edition, New Orleans: Quid Pro Books.

Dumbrill, G. C. (2006) Parental experience of child protection intervention: A qualitative study, *Child Abuse & Neglect* 30, 28-37. doi:10.1016/j.chiabu.2005.08.012

Duffy, J., Collins, M. and Kim, S. (2018) Linking family engagement with a rights perspective: macro factors influencing practice, *European Journal of Social Work* 21(1): 45–60.

Egelund, T. (1996) Bureaucracy or professionalism? The work tools of child protection services, *International Journal of Social Welfare* 5(3): 165–174.

Ellingson, L. and Sotirin, P. (2020) *Making data in qualitative research*, London: Routledge.

Eronen, T., Korpinen, J. and Pösö, T. (2020) Social workers as relational actors: descriptions of care order preparations in Finland, *Nordic Social Work Research* (Early view) DOI: 10.1080/2156857X.2020.1811137

Falch-Eriksen A. and Backe-Hansen E. (eds.) (2018) *Human Rights in Child Protection: Implications for Professional Practice and Policy*, Cham: Palgrave Macmillan.

Fox Harding, L. (2013) *Perspectives in Child Care*, Oxon: Routledge.

- Furlong, M. (2003a) Critiquing the goal of autonomy: Towards strengthening the 'relational self' and the quality of belonging in casework practice, *European Journal of Social Work*, 6(1): 5–18, DOI: 10.1080/01369145032000099611
- Furlong, M. (2003b) Self-Determination and a Critical Perspective in Casework. Promoting a Balance between Interdependency and Autonomy, *Qualitative Social Work* 2(2): 177–196.
- Gambrill, E. (2008) Informed Consent: Option and Challenges. In M. Calder (Ed.) *The carrot or the stick? Towards effective practice with involuntary clients in safeguarding children work*, Lyme Regis: Russell House Publishing, pp. 37–58.
- Gibson, M. (2019) Shame and shaming of parents in the child protection process: findings from a case study of an English child protection service, *Families, Relationships and Societies* 9(2): 217–233.
- Gupta, A., Featherstone, B. and White, S. (2016). Reclaiming Humanity: From Capacities to Capabilities in Understanding Parenting in Adversity, *British Journal of Social Work*, 46(2): 339–354.
- Healy, K. (1998) Participation in child protection, *British Journal of Social Work*, 28(6): 897–914.
- Hiltunen, Tarja (2015) *Äitiys, huostaanotto ja voimaantuminen [Motherhood, care order and empowerment]*, Jyväskylä Studies in Education, Psychology and Social Research 541, Jyväskylä: Jyväskylän yliopisto.
- Huhtanen, R. (2020) Suostumus huostaanottoon. [Consenting to the taking of a child into care]. *Lakimies* 3-4/2020.
- Juhila, K., Ranta, J., Raitakari, S. and Banks, S. (2020) Relational Autonomy and Service Choices in Social Worker–Client Conversations in an Outpatient Clinic for People Using Drugs. *British Journal of Social Work* (2020) 0, 1–17. doi: 10.1093/bjsw/bcaa011

Lonne, B. & Harries, M. & Featherstone, B. & Gray, M. (2016) *Working ethically in child protection*, London: Routledge.

Lynch, C., & Boddy, J. (2017) *Cooperation or coercion? Children coming into the care system under voluntary arrangements*. Retrieved from: <https://www.frg.org.uk/images/YFYV/KI-Report-10.07-final.pdf>

Mackenzie, C. and Stoljar, N. (2000) *Relational autonomy: feminist perspectives on autonomy, agency, and the social self*, New York: Oxford University Press.

Mason, J. and Tipper, B. (2008) Being related. How children define and create kinship, *Childhood* 15(4): 441–460.

Masson, J. and Dickens, J. (2013) Partnership by Law? The pre-proceedings process for families on the edge of care proceedings. <https://research-information.bris.ac.uk/ws/portalfiles/portal/191632784/Report.pdf>

Munro, E. (2008) *Effective child protection*, London: Sage Publications.

Munro, E. and Turnell, A. (2018) Re-designing Organizations to Facilitate Rights-Based Practice in Child Protection. In: *Human Rights in Child Protection. Implications for Professional Practice and Policy* (eds. A. Falch-Eriksen & E. Backe-Hansen), pp. 89–110. Palgrave Macmillan, Basingstoke.

O’Leart Wiley, Mary and Baden, Amanda L. (2005) Birth Parents in Adoption: Research, Practice, and Counseling Psychology, *The Counseling Psychologist* 33(1): 13–50.

O’Sullivan, T. (2011) *Decision-making in social work*, Basingstoke, UK: Palgrave Macmillan.

Pekkarinen, E. (2016) Toivottu, kiistelty ja torjuttu: Lastensuojelun avohuolto huostaanottoasiakirjoissa. [Wished, contested and rejected. Child welfare support measures in care order documents.] In R. Enroos, T. Heino, & T. Pösö (Eds.), *Huostaanotto - Lastensuojelun vaativin tehtävä [Care order – The most challenging task in child welfare]*. Tampere: Vastapaino, 103–125.

Pelton, L. (2016) Separating coercion from provision in child welfare. *Child Abuse & Neglect* 51: 427–434.

Pösö, T., and Huhtanen, R. (2017) Removals of children in Finland: A mix of voluntary and involuntary decisions. In K. Burns, T. Pösö and M. Skivenes (Eds.), *Child welfare removals by the state: A cross-country analysis of child welfare systems*. New York, NY: Oxford University Press, pp.18–39.

Reamer, F. (1983) The concept of paternalism in social work, *Social Service Review* 57(2): 254–271.

Reamer, F. G. (2016) Evolving ethical standards in the digital age, *Australian social work*, 70(2), 148-159. 10.1080/0312407X.2016.1146314

Ribbens McCarthy, J. (2012) The powerful relational language of ‘family’: Togetherness, belonging and personhood, *The Sociological Review*, 60, 68–90. doi:10.1111/j.1467-954X.2011.02045.x

Ribbens McCarthy J. (2013) What is at stake in family troubles? Existential issues and value frameworks. In J. Ribbens McCarthy, C. Hooper and V. Gillies (eds.) *Family Troubles? Policy Press*, 327–354.

Smart, C. (2007) *Personal life: New directions in Sociological Thinking*, Cambridge: Polity.

Stabler, L., Wilkins, D. and Carro, H. (2020) What do children think about their social workers? A Q-method study of children’s services, *Child & Family Social Work* 25(1): 118–126.

Turney, Danielle (2012) A relationship-based approach to engaging involuntary clients: the contribution of recognition theory, *Child & Family Social Work* 17(2): 149–159.

Vetere, Arlene (2013) What supports resilient coping among family members? A systemic practitioner’s perspective, In Jane Ribbens McCarthy, Carol-Ann Hooper & Val Gillies (eds.) *Family troubles? Exploring changes and challenges in the family lives of children and young people*, pp. 279–289.

Välilikoski T.-R, Pösö T. and Huhtanen R. (2020) Kuulemistilaisuus institutionaalisenä

vuorovaikutuksena lapsen huostaanoton valmisteluprosessissa. [Administrative hearings as institutional communication as part of care order preparations], *Janus* 28(4): 323–340.

Walter, J. K. and Ross, L. F. (2014) Relational autonomy: Moving beyond the limits of isolated individualism, *Pediatrics*, 133(S1): 16–23.

Wehmeyer, M. L. (2014) Self-Determination: A Family Affair, *Family Relations* 63(1): 178–184
DOI:10.1111/fare.12052