

CHAPTER 7

Family Group Conferences and Discourse Ethics in Child Welfare Work

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Abstract: Family group conferences (FGC) in child welfare (CW) services is a working model that has received much attention since the early 2000s. The basic idea in the model is that the families themselves should find solutions to challenges in their children's care situation, so that professional CW workers act more as facilitators than decision-makers. In academic literature, FGC have been linked to discourse ethics – the idea that shared knowledge and arguments for and against alternative courses of action should underlie decisions, so that power relations and roles are downplayed. At the same time, the link between discourse ethics and FGC has not been discussed in depth. The aim of the chapter is to explore the link further. I first argue that discourse ethics is incompatible with FGC if CW workers use normative CW principles to lay down premises for what counts as 'good' courses of action or 'appropriate' information and arguments. However, FGC can be used in a more neutral way that better fits discourse ethical ideals. This can be done if legitimate use of power or professional intervention happens independently of the dialogue in FGC. In fact, this possibility is acknowledged in FGC guidelines that allow CW workers to set aside families' preferences if they conflict with principles of safety for children. I argue, more generally, that discourse ethics can often be an ideal for professional communication and cooperation in FGC. Discourse ethics can help prevent and solve conflicts, and help exploit the potential of dialogue towards agreement. At the same time, there are tensions between discourse ethics and some forms of CW work, which make it problematic to implement discourse ethics as a general ideal in FGC and other forms of communication with families.

Keywords: family group conferences, discourse ethics, participation, communication, rationality

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Introduction

The family group conference (FGC) is a working model that is often used in child welfare work. It is a form of network meeting, organised as a structured dialogue between professionals and families about problems in their children's care situation. A basic idea in the model is that the 'extended family' should find solutions to care problems, and that they should experience ownership, motivation, and commitment to specific plans for how these solutions should be realised. Knowledge sharing, participation, and downplaying of power relations are considered crucial for the success of FGC (Thørnblad et al., 2016; Edwards & Parkinson, 2018; Bredewold & Tonkens, 2021).

In professional literature, these ideals in FGC have been linked to the idea that what the parties in dialogue can talk about on 'equal' terms should be important, as opposed to interests, roles, or professional ownership of justifications. The decision-making process itself should be implemented as a deliberative discourse, in which relevant information and arguments for and against relevant courses of action are central (Frost et al., 2012). These ideals are also central to philosophical discourse ethics (Metselaar & Widdershoven, 2022). It has therefore been argued that normative principles in FGC correspond to normative principles in discourse ethics (Eide, 2005, 2019).

The aim of this chapter is to explore the connection between discourse ethics and FGC in more detail. I do this in two ways. First, I argue that discourse ethics is incompatible with use of FGC that is saturated with normative interpretations of CW principles. Next, I discuss whether discourse ethics can fit into a more neutral use of FGC, as a model for facilitating deliberative communication with families and in families.

The chapter is a theoretical chapter falling under critical philosophy, and more specifically, applied ethics. Methodologically, the chapter uses conceptual analysis and critical discussion of texts and arguments as a form of philosophical method.

Family group conferences

FGC as a working model originates from New Zealand where it was developed in partnership with the Māori people, the country's native population. In the 60s and 70s, Māori children were overrepresented in child welfare services, and many children and young people were moved away

from their homes. The Māori people often perceived the child welfare services' interventions as a discriminatory practice, in which their values and views on family were not adequately considered. By including families and networks of the children in decision processes, solutions to problems in children's care situations became better grounded in shared understanding and agreement (Mcelrea, 1998; Frost et al., 2012).

Later, the model from New Zealand, which we know today as FGC, has been exported to a number of countries. The more specific design may vary, as may the name and characterisations of the model (Merkel-Houlgin & Marcynyszyn, 2014). However, the basic idea is the same: Professional CW workers should, first and foremost, be decision-making facilitators for children and their families (Thørnblad et al., 2016). In Norway, the use of FGC is specified in *Family Group Conferences: A Handbook for Municipal Child Welfare Services*,¹ published by the Norwegian Directorate for Children, Youth and Family Affairs (Bufdir, 2023a). The descriptions given in this handbook largely represent international understanding, and I will use them as a starting point.

The very basis of FGC is formulated in the handbook as an idea for involving children, their families, and larger networks as 'extended family':

Family group conferences are a decision-making method intended to ensure that children, families and their extended networks are involved in the work of finding good solutions for the child. The goal is for the family to make a plan for how they can change the child's situation for the better. The child welfare service then prepares an action plan that supports the family's own plan. Family group conferences are a voluntary measure, and it is the family themselves or public employees who initiate the meeting. (Bufdir, 2023a)

An important goal is to secure involvement of the child and the family, and to give the child, the extended family, and the child's network increased participation and co-responsibility by using the extended family's own resources. Family group conferences have been associated particularly with the concept of empowerment – helping others to make more autonomous decisions and take control of their own lives. As Bredewold and Tonkens (2021, p. 2174) observe, FGC fall under the more general paradigm that

1 The quotes from this handbook are my translation.

Citizens are increasingly expected to be self-reliant and assume responsibility for their own care needs, as well as those of others close by. As family group conferences fit in well with these tendencies it is widely embraced by governments, committed social workers and (social work) researchers.

FGC in CW work, and social work more generally, have not only been regarded as a model that emphasises the significance of involvement. More fundamentally, the model is linked to the importance of respecting families' own right and ability to address challenges in their child's care situation, so that they gain 'ownership' of solutions that affect themselves and their own lives (Thörnblad et al., 2016).

Practical implementation

FGC can be used in different phases of a CW case. These may include issues such as mobilising people who can provide practical help in everyday life, finding a foster home for a child, emergency work, or work in institutions. The contextual details will vary in these situations, but the basic structure is similar (Bufdir, 2023a).

During the preparation phase, the background reasons for FGC should be described and communicated. The family must give an informed, voluntary consent to participate. Specific questions are then prepared for the family to answer. It is emphasised that 'the questions should focus on the child and youth, and should be aimed at finding solutions' (Bufdir, 2023a). The information and questions must be understandable to the family and relate to specific challenges in the child's care situation.

A coordinator who does not work in CW services, and who has no prior knowledge of the family, is engaged. The coordinator's tasks include contacting everyone who will participate, providing information, and preparing the practical aspects before the meetings. The coordinator shall be an independent person, whose task is to help families plan and implement the meetings and structure of FGC (Bufdir, 2023a, 2023b). The family should decide who will be part of the 'network' that will come together and discuss the care situation of the child.

The meeting itself is divided into three parts. In the first part, all participants are gathered for dialogue. The coordinator chairs the meeting, and CW workers and other professionals (if relevant) provide and clarify information about the child's situation. In the second part, professionals and the coordinator leave the meeting, and the family discuss the care

situation and answer the questions to be addressed. This should result in a plan with clear practical responsibilities for those involved in it.

In the final part of the meeting, the family's plan is presented to CW workers, who make a professional assessment of it. The plan must be realistic and the tasks and responsibilities clear, so that the CW workers can use it to prepare an action plan. Here it is worth noting that CW workers can intervene if the family's plan is incompatible with principles of protection: 'The case manager takes a position on the plan, and looks in particular at whether it safeguards the safety of the child/youth' (Bufdir, 2023a). As long as this requirement is met, the case manager will provide feedback that the plan has been accepted.

Discourse ethics

As long as the basic idea of FGC is that families should be involved, and that the goal is to find solutions that all parties can accept, it is interesting to compare the model with philosophical discourse ethics. The fundamental idea in discourse ethics is that human beings have a common ability to understand what is right and wrong, and that there will be agreement about this if dialogue follows certain principles of rationality (Benhabib & Dallmayr, 1990; Habermas, 1990; Metselaar & Widdershoven, 2022).

As Eide (2005, p. 133) points out, 'discourse ethics emphasises our ability to think sensibly and present factual arguments.'² In the discourse, the dialogue-based discussion, 'there should be nothing but the substantive weight of the argument that has an impact' (Eide, 2005, p. 129). The idea is that

the reasons people involved have for their positions will be investigated further. Such an investigation asks what adhering to the norm in question leads to, what positive and negative consequences the norm has for all involved. (Eide, 2005, p. 125)

Here 'the norm in question' is not understood as a universal rule of action, as this type of ethical rule is central in some classical normative ethical theories, like rule utilitarianism. In discourse ethics, a norm refers to an action alternative – a specific description of how it is possible to act in the context of a discussion (Finlayson, 2005). The discussion of the norm

² Quotes from Eide are my translation.

should be based on a shared understanding, and open discussion of relevant arguments.

This does not mean that discourse ethics presupposes that the discussion must have a neutral starting point. Beliefs about what is right and wrong may form the basis for the dialogue. Such beliefs can sometimes be the norms to be tested, but they can also form the background for the dialogue without being tested, because (more) relevant norms are developed in the dialogue. What is important in discourse ethics is that dialogue both about which norms one should test, and the norms chosen to be tested, follow the principles of argumentation (Finlayson & Rees, 2023). It is only the strength of arguments that should be decisive (Steinbock, 2009). This also means that participants should not have a hidden agenda for achieving a specific goal that serves their interests.

What is conceived to be tenable justifications for norms being tested can vary. Discourse ethics does not set out specific requirements for the actual content of ethical argumentation. It is the procedure that takes centre stage: ‘The point is that everyone should be heard, all aspects of the norm should be on the table. There are factual requirements for the arguments’ (Eide, 2005, p. 127). This means that no one should form beliefs based on ‘external’ pressure. Everyone should form as autonomous wishes as possible and be prepared to choose the most rational conclusions.

Two forms of rationality

In discourse ethics, it has been common to distinguish between two forms of rationality, which refer to two forms of understanding and improved ethical insight (Habermas, 1986).

Communicative rationality refers to processes in which communicators achieve a better and shared understanding of what they are talking about. The main aim is to understand other persons in dialogue, and therefore the meaning of language, as language is used by the different persons ‘there and then’. When we are concerned with communicative rationality, we are, as Lauvås and Handal (2000, p. 141) point out, concerned with

what we mean by what we say and do, whether we misunderstand each other, and if so, what the misunderstandings are, what we actually agree, and possibly disagree, on when we have come so far that we really understand each other.
(My translation)

Critical rationality refers to the process of addressing and finding justified solutions to challenges and problems. The goal is to find new insights by examining one's own and others' points of view. Both relevant existing information, and new information should govern the process. This requires a willingness to accept that existing perspectives can be incorrect, to see new solutions, and to base actions on shared understanding. Logical understanding should bring the process forward, not personal interests or unchallenged practices or paradigms. This means that it is necessary to identify and critically address assumptions that are taken for granted, and also to consider information that weighs in favour of actions that are incompatible with pre-existing ideas.

Both with regard to communicative and critical rationality, the fundamental aim is to question established understandings and practices that may not be adequately rooted in knowledge and critical reflection on the best arguments. According to discourse ethics, if participants in dialogue share relevant information, understand each other, and achieve a common understanding of the strength of the relevant arguments, they will agree on the justification of the norms being tested. Basically, the idea is that since human beings essentially have the same logical understanding of what constitutes a good argument, participants in an adequate ethical discourse will also agree on what the best actions are (Steinhoff, 2009).

As with many other philosophical positions, there are different understandings of the details of discourse ethics (Gamwell, 1997; Finlayson, 2015). It would fall outside the limits and purposes of this chapter to compare the various understandings. For the present purposes, the important aim is to relate the basic ideas above to FGC.

Family group conferences and discourse ethics

Theorists who have been concerned with FGC and discourse ethics have observed that ideals in FGC for participation, influence, and open discussion have some striking similarities to the ideas in discourse ethics on 'equal' dialogue and shared understanding.

In particular, the basic idea in discourse ethics about informed and justified communicative agreement is also central in FGC. Fundamentally,

the idea is that CW workers should accept the family's plan (given the abovementioned qualifications) because, on the whole, they believe it is justified to follow the plan. The fact that the family has made the plan is formally the reason for approving it, but the family's ownership of the plan and motivation for implementing it is also part of the total argumentative basis for accepting the plan.

More specifically, a striking feature of FGC is that the model appears to be consistent with the abovementioned concepts of communicative and critical rationality in discourse ethics. In FGC, the dialogues should focus on finding 'good solutions' to challenges in the child's care situation – this is the 'factual issue' to be discussed. As shown, the model is based on principles of facilitation, information exchange, and principles of reasoning. There are no other substantive 'external' normative constraints on how families need to think and reason, except that an action plan must be prepared. The nature of the plan should emerge from the dialogues.

Obviously, CW workers have limited influence on some of the discussions among the members of the extended family. But the relevance of discourse ethics should not be connected to this. The relevance should rather be related to the professional possibilities, to how CW workers can do their best, in their communication with the family, to use and advocate discourse ethical ideals. And from this perspective it is natural to conclude, as Eide (2005, p. 133) does, that the use of FGC in CW work is a method development where we see 'lines between practice and discourse ethics'. The intention behind FGC is to facilitate practical and content-related conditions for good decision-making processes. 'The procedures must ensure that the views concerned are expressed, and that the chosen alternative appears to be the result of a process between the parties' (Eide, 2005, p. 133). As professionals, CW workers should provide factual information, and they can also set aside action plans if they involve too much risk to the child. Beyond this, CW workers should not provide normative action-guiding input in the process.

At the same time, the connections between FGC and discourse ethics have not been examined in more detail. This is where I want to contribute further in this chapter. I am concerned with two main questions. The first is how discourse ethics fits in with normative beliefs and interpretations of CW principles in FGC. The second is more generally how discourse ethics should underlie FGC, and similar symmetrical collaborative relationships in CW work.

Value principles in child welfare

It goes without saying that resource constraints and other practical factors can make it challenging to realise discourse ethical ideals in all social work. In FGC, limited time to give and ensure that a family understand relevant and sometimes quite complex information can be an obvious difficulty. But this kind of problem, related to practical implementation, is at least apparently, not a problem of principle. I will focus on a more fundamental philosophical question: How can the ideals of argumentative rationality in discourse ethics be compatible with CW work as a value-laden professional practice?

The fact that CW work is value-laden is not, in itself, something that distinguishes CW work from other forms of professional work with people. Different forms of professional work are governed by different (but also many of the same) values. What is special about CW work is its idiosyncratic values, and the fact that these values are so central. The principle of the 'best interests of the child' is the core. The basic task of CW workers is to find solutions for children that are best for them, as opposed to interests of other parties involved in a case. The principle is part of legal and ethical frameworks in different ways in different countries, but the basic idea relates to the UN Convention on the Rights of the Child, and in particular Article 3, paragraph 1, which states that 'In all actions affecting children, whether undertaken by public or private welfare organisations, courts, administrative authorities or legislative bodies, the best interests of the child shall be a fundamental consideration' (Ministry of Children and Family Affairs, 2023).

Within the fundamental consideration of the best interests of the child, there are other important value principles in CW work. The principle of protection is particularly important. For example, after the quote above from Article 3 of the UN convention, paragraph 2 further states that the bodies referred to in paragraph 1 'undertake to ensure to the child the protection and care necessary for the child's well-being'. A third principle discussed in the convention is the 'biological' right to family life. Paragraph 9 states the following:

States' parties shall ensure that a child is not separated from his or her parents against their will, except when competent authorities, subject to judicial review, in accordance with applicable laws and procedural rules, decide that such separation is necessary in the best interests of the child.

As many of the chapters in this book illustrate, how principles like 'protection' and the 'right to be with parents' should be understood and balanced against each other in CW work has been much discussed. For the purposes here, it is not necessary to engage in this discussion. The point is that it is generally recognised that the principles should legitimately govern CW work as professional practice. But the principles are value concepts, elements of an ideological framework that CW workers should safeguard and realise. So how can this ideological dimension of CW work be compatible with the ideals of rationality in discourse ethics? This question is then also relevant in FGC. If normative interpretations of value principles influence communication between professionals and families, or lay down premises for what the family is 'allowed' to suggest as 'solutions' to 'problems' as CW workers have defined this, how can dialogue in FGC follow rational norms of reasoning like communicative and critical rationality?

Given the above description of FGC in CW work, the ideals of rationality can be undermined in several ways. One can imagine, for instance, that professionals' understanding of the care situation, which forms the basis for the meetings, is coloured by a strong preconception of what is best for the child. The care situation is basically the 'issue' to be discussed, so if information about this is clearly normative, the family can be pressured into a specific understanding already from the start, because they believe that they have 'no other choice'. Even apparent 'agreement' between CW workers and families on 'factual matters' or the relevance of 'problems' and 'questions' can be pseudo agreement, because the family do not, in fact, agree even though they say they agree.

And even if a family really agrees with a value-laden description of the care situation of the child, further dialogue can be influenced by this description in a way that does not match the norms of communicative or critical rationality. Value principles can influence the dialogues if the family are pressured to accept certain constraints on what constitute 'good' answers to the questions addressed, or 'good' practical plans for improving the child's care situation. This can happen if such constraints are based on a strong normative understanding of how the best interests of the child, or other child welfare principles, should be action-guiding. Professional communication can be angled towards a certain solution, so that information that supports other possible solutions is downplayed, or at worst, ignored. In that case, the requirement in discourse ethics that both pro and con arguments should be balanced rationally is not met.

The coordinator's role can also be crucial. As explained above, the coordinator is supposed to be neutral, but this is not necessarily so in real life. If the coordinator has a substantial preunderstanding of what constitutes a 'good solution', it can be challenging to fulfil the role as intended. The coordinator's communication may be of such a nature that a particular solution is implicitly favoured, and the coordinator is not necessarily aware of this. The coordinator may also have implicit ideas about who should be part of the 'extended' family, and how meetings should be arranged (so that there is an increased chance that the solution the coordinator prefers will be supported). Such ideas may influence the family's decision. If so, the coordinator actually contributes to undermining discourse ethical principles.

On the whole, there are many possible ways in which normative beliefs about what is best for the child can influence communication in FGC. It is important to emphasise that the extent to which this happens is an empirical question. Here I am more concerned with a fundamental point: *If* normative beliefs about what is best for the child dominate the communication – whether they are interpretations of child welfare principles or have other sources – then it is difficult to see how FGC can be compatible with discourse ethics. Note, however, that this is a conditional. It does not imply that the model necessarily is incompatible with discourse ethics.

A main reason why this is an important point is that one can try to avoid the above problems by defining discourse ethics as a communicative ideal. Someone who wants to defend the legitimacy of discourse ethics in FGC might accept that it is very challenging, and perhaps impossible, to fully realise the demanding norms of communicative and critical rationality. But one can still suggest that CW workers should realise them as well as realistically possible.

Understood in this way, discourse ethics can be relevant to CW workers' understanding of how FGC should be implemented, in the sense that CW workers can do their best to ensure that alternatives of action – the discourse ethical norms of action – are discussed according to the principles of discourse ethics. Likewise, discourse ethics may seem relevant in communication that can stimulate the family to think critically about possible action alternatives and justifications for these alternatives. This possibility of keeping strong normative interpretations of what is best for the child out of the dialogue itself is, in fact, acknowledged in the abovementioned guidelines on conclusions of FGC (Bufdir, 2023a). As shown, CW workers

must assess whether the family's plan conflicts with the child's safety, so that the plan can be set aside if that is so.

So why not think of this as a more general possibility – that discourse ethics is used and 'advocated' as an ideal in dialogue with the family, as well as is realistically possible?³ This suggestion is compatible with the above argument that a very normative use of FGC fits in poorly with discourse ethics. It is also compatible with the view that there is always some normativity involved in the overall use of FGC. Discourse ethics is consistent with this, if it is the dialogue that is the important thing, and since the norms to be tested are relevant even in the dialogue. But are there still any principled tensions between FGC and discourse ethics, no matter how one tries to use discourse ethics as well as realistically possible?

Roles and knowledge power

A first possible problem, no matter how discourse ethics is used as a model for family group conferences or other 'symmetrical' network meetings and collaborative communication, is that CW work is based on the constitution of positional roles and asymmetrical power relations. Will not this be concealed in an unacceptable way if CW workers seek to realise discourse ethical ideals of dialogue?

Obviously, achieving 'equal' argumentative dialogue with families can be a significant challenge. But it is not obvious that this has to be concealed from families, or that discourse ethical ideals should be set aside. That is, it is far from clear that the concepts of communicative and critical rationality cannot be an explicit goal of professional communicative practice in FGC. Professionals can use the concepts, and they can encourage and contribute to helping families discuss the questions to be addressed in accordance with them. And discourse ethics does not presuppose that the participants in decision-making processes have the same arguments or positions in the first place. Who provides information and arguments is not decisive. It is how the information and arguments are discussed and given weight that matters.

Of course, CW workers and other professionals have their views on what it is relevant to convey about the child's actual or possible care situation.

3 Note that a working model can be used as an ideal even if it is not possible to fulfil the ideal fully. This is a relevant point here, since it is a good question whether it is possible for professionals (and families) to avoid being normative at all in communication.

How the family perceive the child's care situation and possible changes from their idiosyncratic perspectives can be very different. But such differences in perspective are not really crucial within a discourse ethical approach. It is not possible to say in advance that information from some persons is more important than information from others. Discourse ethics implies that what is relevant emerges 'there and then', as relevant to the contextual action alternatives that are addressed. The only thing required is that the information can be conveyed, in a language communicators have a sufficiently similar understanding of. Meeting this communication condition can sometimes be challenging. But again, it is not a problem of principle.

It would therefore also be unjustified to claim that discourse ethics is unable to recognise the importance of 'special' knowledge that professionals have. This knowledge can play a crucial role. But neither 'professional' knowledge nor the 'private' knowledge families have, if it is correct to make this distinction at all, has an *a priori* advantage. Discourse ethics is inconsistent with the assumption that it is possible to define one kind of knowledge as most important, independently of a given dialogue. But this assumption is by no means obviously correct.

Discourse ethics can, more generally, incorporate the very important fact that CW work is contextual, that child care problems are complex, and that it is often necessary to think comprehensively by taking many different perspectives into account (Munroe, 2008; Devaney & Spratt, 2009; Munroe et al., 2017). It would therefore also be inconsistent with discourse ethics to claim that a specific type of scientific knowledge, such as research-based knowledge (in some sense), should have a special privileged status in FGC. Discourse ethics is flexible with regard to which 'academic' considerations and 'issues' are important in FGC. Even different beliefs about language meaning can be subject to deliberation – as long as there is a communication channel (and this can even involve interpreters). How a linguistic expression is to be understood may be discussed in the spirit of communicative rationality.

Power and requirements for protection

What about situations in which CW workers believe that it is impossible to accept families' solutions? As shown above, the FGC model allows CW workers to set aside families' action plans if they threaten principles

of safety. Similarly, the coordinator has a ‘duty to report in special situations’ (Bufdir, 2023b). The coordinator must notify CW workers if information emerges indicating the necessity to take immediate action to stop ongoing serious neglect, such as physical violence. These possibilities acknowledge that it can sometimes be justified to act paternalistically – to do something against the family’s expressed wishes. So does this not mean that discourse ethics does not really fit with the basic ideas of FGC after all?

But this objection is also unconvincing. First, in cases of paternalism, it will always be a good question as to whether the previous dialogue has been adequate – whether the potential for good communication towards shared understanding has been exploited in the spirit of discourse ethics. Second, and more importantly, discourse ethics does not imply that paternalism is always unjustified. The reason is that discourse ethics is compatible with restrictions of choice and autonomy that are common in applied ethics (Wulff et al., 1990). Consider as a rather extreme example from a rather different area a psychotic person, who has cut himself severely so that he is about to bleed to death. A discourse ethical approach will not, obviously, recommend that one should sit down and discuss at length arguments for and against action alternatives with this person. If possible, the bleeding should be stopped against the person’s expressed will, to avoid very serious negative consequences.

There are, more generally, two factors that govern justified judgments of paternalism in legal and ethical frameworks. The first is how autonomous others’ expressed wishes are. The second is what the negative consequences will be of letting others act in accordance with their wishes, and what the risk of these consequences is. As with other ethical traditions, proponents of discourse ethics can hold that the more a person has lost, or not acquired the ability to make autonomous choices, and the greater the negative consequences of letting the person decide for himself are, the more justified is paternalism.

There can of course be disagreement between CW workers and families about the ‘harmful’ consequences an action alternative can have. But this does not mean, obviously, that CW workers should always accept the family’s plan when there is disagreement about this. And proponents of discourse ethics can accept this as well. What they will insist on is that when there is time and opportunity to secure dialogue in accordance with the norms of rationality, this should be tried as well as possible, before more power-laden communication is considered. In a reasonable sense,

discourse ethics fits in well with the principle of least intervention, and the idea that unnecessary use of power should be avoided. But the context in question must make dialogue appropriate.

At the same time, some might argue that the very idea of FGC as a working model is based on the idea that professionals have the 'final word'. And should not CW workers always be entitled to conclude how CW principles should be weighted in a given case? Some might argue that if the principles of discourse ethics are used in FGC, then they should be used in all kinds of dialogues with families, and that this undermines the professional autonomy of CW workers in an unacceptable way. Discourse ethics is, after all, a general position.

It is true that discourse ethics is incompatible with the idea that CW workers should have decision power in general. But independently of this, we must ask how justified that idea is. It seems more reasonable to argue that CW workers should, as well as realistically possible, try to communicate with families in ways that can lead to informed agreement. Giving priority to this kind of communication is in the spirit of discourse ethics. Furthermore, discourse ethics implies that professional input can play a dominant role in decision processes. But that is because it turns out to be rational to do so, not because the input is professional *per se*.

Remember also that when paternalism seems justified, the professional goal should normally still be to try to communicate with families, to create a better shared understanding and possible revision of judgements. This can work both ways – it can also happen that CW workers revise their initial judgement. Families and children are experts on their lived lives, and can present information that radically changes professional understanding. Thus professional views on what is harmful to a child can change in light of information provided by parents or children.

Even the philosopher Aristotle, who was concerned with *phronesis* – practical wisdom as a form of developed ethical competence, would argue that families' judgements can be just as important as those of CW workers. It is not given in advance, before meetings with CW workers, that professional judgements on the best interests of the child are more 'correct' than the judgements of family members. This is so, even when the judgements are expressed by parents who have been thought to provide inadequate care for their children.

Obviously, a professional judgment can often be more 'formal' than a family's judgment, in the sense that it is more explicit, and typically

grounded in various considerations related to documentation, law, and CW principles. But the extent to which a justification is articulated in language is not the crucial point for Aristotle. He believed that *phronesis* is a form of ethical understanding, which cannot be fully reduced to explicit justification in language (Aristotle, 2012). So even when a family does not present a systematic justification for why an action alternative should be chosen, their justification can be just as valuable as a formal justification.

This does not mean that there should not be a focus on arguments in discussions of a child's care situation. It is an important point, for Aristotle too, that justifications for ethical judgements can and should be formulated as well as realistically possible (Burnyeat, 1980). In a discussion where judgements contradict each other, the aim is to clarify what can be formulated in language and explanations, so that communicators, as well as possible, can achieve a shared understanding. Understood like this, the Aristotelian analysis of *phronesis* is not only a perspective that is consistent with basic ideas in discourse ethics. It can also help to explain how discourse ethics can be used as an ideal in FGC – for clarifying as much as possible – even if one accepts that the ethical justifications cannot be fully expressed in language.

The limitations of discourse ethics?

I have argued that discourse ethics is more flexible than one might think. Discourse ethics can incorporate the fact that professionals and families often meet each other with very different but equally 'valid' horizons of understanding. In fact, even if a family does not want to discuss a specific issue, this 'meta view' is something one can attempt to discuss argumentatively.

Nevertheless, there is a limit to what can be accepted as discourse ethical communication. Saying that communication is discourse ethical if one wants it to be discourse ethical is to take the expression 'discourse ethical' on holiday, as the philosopher Wittgenstein would say. It becomes a term with no real content in our common language. What clearly does not fit in with discourse ethics are situations where it is unwise to use the concepts of rationality to discuss what is right and wrong. An example from CW work can be a conflict situation where communication is so emotionally laden that there may be a risk of unrestrained behaviour. In such situations,

using principles of de-escalation and safety for professionals (or others) can be crucial in the dialogue.

More generally, relational communication is often important in CW work. This is communication that aims to establish and secure adequate relations for dialogue. During the start of FGC, it might for instance be necessary to make families feel more secure, in order for them to be fully able to grasp and digest information given by the professionals. The goal thus becomes something other than aiming for communicative and critical rationality.

This, however, does not constitute a fundamental objection to using discourse ethics in FGC. Discourse ethics does not imply that all communication should match discourse ethical principles. Just as professionals need to be paternalistic in some situations, it will sometimes be appropriate to give priority to relational communication. What discourse ethics implies is that when an appropriate relational context has been created, then it is relevant to focus on arguments and alternative courses of action. And relational communication can help create a good context for dialogue.

At the same time, discourse ethical dialogue can itself strengthen and secure communicative relations. More information about a child's care situation can sometimes make families feel more secure and less anxious about possible interventions. Relational communication is therefore not just communication in which professionals express virtue ethical attitudes like respect, sympathy, and kindness. Conveying good explanations and listening to family narratives can also be crucial. This can be so, even when dialogue seems difficult. The potential for discourse ethical argumentative dialogue towards agreement can easily be underestimated, also in situations where there is conflict and risk of significant negative consequences for the child. Very often there is something that all parties can agree on, so that professionals can use this as a platform for trying to achieve a more comprehensive shared understanding and agreement about decisions.

Value preferences

I have so far found no objections in principle to using discourse ethics as a communication model for decisions processes in FGC, and other forms of 'symmetrical' dialogue. I end this chapter by briefly considering what I think might be a more fundamental problem.

I have emphasised how CW work is value-laden, and this works both ways. Conflict situations where families' value preferences contrast with CW workers' assessments are not uncommon. And in such situations there seem to be limits to how rational dialogue can solve the conflicts. The reason is that, contrary to thoughts and beliefs, value preferences are not true or false (Wallace, 2005). It is not possible to show persons, by giving rational arguments, that their values are false. Value preferences are direct attitudes towards practices – to what Wittgenstein (1998) calls 'ways of living'. Value preferences can be individual – a person can, in principle, have a value preference without anyone else having it. But people often experience more entitlement to their value preferences when they are rooted in a community, and perceived as social capital. Value preferences that very many people share, such as those incorporated in the human rights convention, are normally considered to have a very strong normative force.

In one important sense, FGC as a working model can accept value pluralisms along all these dimensions. A family's action plan developed towards the end of the process can be shaped by individual, cultural, or general values that do not correspond to personal or system based values that CW workers have. But CW workers can only, as shown above, interfere with the family's plan if it conflicts with the specific value principle of safety for the child. Other plans should be respected.

However, values related to ways of living, such as religious practices, understanding of care, or forms of upbringing can also surface in the earlier communicative processes in FGC. Values can shape the information given, choices made, and other forms of verbal and nonverbal communicative acts of all parties. Therefore, if families' values are fundamentally different from the values professionals lay down as 'premises', then this communication does not seem to match the rationality ideals of discourse ethics. In terms of value preferences, there is no common truth or rational agreement to be found – nothing rational to accept as objectively correct descriptions. This is also the case in strongly value-laden communication in FGC.

At the same time, it would be unreasonable to claim that all dialogue shaped by value preferences falls outside the realm of rationality. Values often rest on beliefs that may be subject to discussions of truth. More information about the nature of a possible action alternative can lead to revised judgement – a family can think of the alternative as more valuable than what they did. For example, misunderstood beliefs about what 'after-school care' is, or what 'homework help' at school entails, can sometimes

be corrected so that parents begin to see these activities as more valuable than they did before. Value preferences can change if the beliefs they are grounded in change.

However, using such informative communication is not always a promising approach. Sometimes value preferences are, to a very limited extent, based on beliefs. Value preferences can be directly related to what Wittgenstein (1953) calls 'language games' or other practices. They can be rooted in actions, or desired actions if it is not possible to act in accordance with one's own value preferences, without resting on a set of thoughts or beliefs.

This suggests that there is at least one fundamental tension between discourse ethics and FGC. Views expressed by families (or professionals) in FGC can be based on value preferences grounded directly in practices. Then there are no beliefs or thoughts to discuss as true or false, no 'rational arguments' that can create agreement. When this is so, it seems problematic to use discourse ethics as a normative framework for dialogue. Typical examples might be situations where key aspects of families' horizons of understanding of their children are deeply rooted in cultural frameworks that differ radically from professional understanding.

Consider a family who has a practice of punishing their children that is culturally conditioned, and that this practice conflicts with what CW workers believe is acceptable. If FGC is used to focus on the care situation of the children, discourse ethics implies that CW workers should attempt to communicate in a balanced way – about facts, possible consequences, and other relevant matters – so that the family is led into an informed position and is encouraged to consider relevant arguments. But if the family's practices of punishment are directly grounded in their way of living, and not based on beliefs and thoughts that can be shown to be incorrect, then there is little hope that information will lead the family to 'rationally understand' that their practices are wrong.

Conclusion

I have argued that discourse ethics does not fit in with dialogue in FGC if normative beliefs about children's care situation dominate the dialogue. But this does not imply that discourse ethics is incompatible with all dialogue in FGC. If one thinks of the core of FGC as a process, in which informed arguments for and against alternatives for action should be at the centre,

then this is also the basic idea of discourse ethics, both within communicative (understanding) and critical (problematising) rationality. A number of practical limitations can make it challenging to fulfil these norms of rationality. But using them can still be a professional ideal in many communicative contexts. The potential and benefits of informed argumentative reasoning can easily be underestimated.

This does not mean that discourse ethics can or should be used as a normative framework in all communication between CW workers and families. In some situations, like escalating conflict situations, it may be necessary to communicate in other ways than what discourse ethics recommends. The second and major limitation is more principled: Situations in which judgements are heavily influenced by value preferences may simply fall outside the domain of rationality.

It should be emphasised that the arguments in this chapter have been tentative. Discussing connections between discourse ethics and FGC in more detail falls outside the present scope. The aim has been to explore connections to a greater extent than has been done in the academic literature. It is possible to explore them further, and I have presented some initial arguments, which may serve as points of departure for further analyses.

Author biography

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