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'Informed consent' in consensual child welfare: some reflections on its controversial nature

'Tietoon perustuva suostumus' yhteisymmärrykseen pohjautuvassa lastensuojelussa: joitakin huomioita sen kiistanalaisesta luonteesta

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ABSTRACT

The article examines the nature of consent in the context of Finnish care order decision-making as described by social workers, parents and young people, all personally involved in care order decision-making, albeit in different roles: on the one hand, an authority asking for the view about a child removal, and on the other, a party expressing a view which has huge legal, social and moral implications for their family relations. Based on qualitative data, the analysis examines two criteria for informed consent: adequate information and freedom from undue influence. The findings highlight the messy and blurred nature of consent that is found in other fields of practice as well. There are, however, some distinctive features relevant to consensual services in child welfare which need to be further elaborated. In particular, family relationality shapes the nature of consent through intra-familial power and emotions, differently for parents and children. Critical awareness of the nature of consent is also important for an understanding of service-user participation and self-determination.

TIIVISTELMÄ

Artikkelissa tarkastellaan suostumusta suomalaisessa huostaanottopäätöksentekokontekstissa, jossa vanhempien ja lasten antama suostumus määrittää päätöksentekoprosessia. Suostumusta lähestytään empiiristen havaintojen pohjalta sosiaalityöntekijöiden, vanhempien ja nuorten näkökulmista. Osapuolet toimivat tilanteessa eri rooleissa: sosiaalityöntekijöiden vastuulla on selvittää, mikä on asianosaisten kanta huostaanottoon ja asianosaiset puolestaan joutuvat ilmaisemaan näkemyksensä huostaanotosta, jolla on merkittäviä oikeudellisia, sosiaalisia ja moraalisia vaikutuksia heidän perhesuhteisiinsa. Analyysissä tarkastellaan laadullisen tutkimusaineiston pohjalta kahta tietoisuuden suostumuksen kriteeriä: riittävää tietoa ja suostumusta, johon ei kuulu epäasiallista vaikuttamista. Tuloksissa nousee esiin suostumukseen liittyvä sotkuisuus ja hämäryys, johon lastensuojelukonteksti tuo erityisiä vapaaehtoisuutta monimutkaistavia piirteitä. Esimerkiksi perhesuhteisiin kuuluvat valtasuhteet ja tunteet vaikuttavat lasten ja vanhempien suostumiseen monin tavoin. Suostumiseen liittyviä reunaehtoja onkin syytä tarkastella kriittisesti pohdittaessa osallisuuteen ja itsemääräämiseen liittyviä kysymyksiä.

KEYWORDS

Informed consent; child welfare; service-user participation; decision-making

AVAINSANAT

tietoon perustuva suostumus; lastensuojelu; (palvelunkäyttäjien) osallisuus; päätöksenteko

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Introduction

According to Reamer (2015), the notion of informed consent has been the centrepiece of professional social work practice due to the long-standing commitment of social workers to the principle of client self-determination. Self-determination is indeed a core value that underlines the right of autonomous individuals to make decisions in their life according to their own wishes (e.g. Akbar, 2019; Furlong, 2003; Hepworth & Larsen, 1993; Reamer, 1983). In addition to self-determination, the notion of informed consent embodies other ethical principles, such as autonomy, beneficence, non-maleficence, and justice (Gambrill, 2008). However, it has been argued that analytical reflection on informed consent has been largely absent from social work to the extent that one could speak of 'conceptual neglect' (Kaplan & Bryan, 2009; Regeher & Antle, 1997). This differs from the medical field where the theory and idea of informed consent have been intensely elaborated for years (Berg et al., 2001). Our literature review on informed consent supports that argument as we have found only a few publications relating to informed consent in social work, mainly from the US and concerned with social work in health care settings, but hardly any studies in child welfare (e.g. Burkemper, 2004; Didcock, 2007; Phillips, 2013; Reamer, 2018).

One exception is the recent study by O'Mahoney et al. (2020) which examines informed consent in the context of Irish child welfare and its provision of voluntary care. While studying the role and nature of consent given by parents in voluntary placements, they recognise the shortage of studies on voluntary arrangements and indirectly highlight some possible reasons why the notion of informed consent has been neglected in child welfare research. Interestingly, child welfare literature has been more occupied with coercion and involuntary clients than with voluntary services wherein clients become voluntarily engaged in services and their consent plays an important role (e.g. Burns et al., 2019; Calder, 2008; Leviner & Lundström, 2017). When consensual practices are included in the studies, the legal and ethical contradictions are often highlighted as to underline the 'grey area' of voluntariness in child welfare (Leviner, 2014; Lynch & Boddy, 2017).

In this article, we explore the notion of consent in the context of child welfare decision-making in Finland, where consensual removals of children are common (Pösö & Huhtanen, 2017). The Finnish case allows us to explore the position of children as well as that of adults in consenting to a removal called 'a care order', as consent given by a child 12 years or older to a care order proposal has the same bearing as that of his/her parents, described in more detail later. However, the nature of consent in those decisions has escaped systematic research and even legal analysis (Huhtanen, 2020). We approach the notion of consent as an idea and practice and examine it empirically as seen by social workers, young people and parents, the key actors in obtaining, expressing and interpreting consent. In doing so, we wish to challenge the 'conceptual neglect' regarding informed consent and argue that the manner in which consent is sought and given should be of major moral, practical, and political interest in child welfare and its consensual services.

The notion of informed consent

Informed consent is a legal doctrine but also an idea of ethical justifications, embedded in ethics and law as well as the context of practice, typically that of medicine (Berg et al., 2001, pp. 11–12). The tenets of informed consent, presented in (mainly medical) literature, are broadly summarised by O'Mahoney et al. (2020) as follows: decision-making capacity, voluntariness and full information. These tenets are also included in a more detailed way in the six standards which Frederic Reamer proposed in 1987 for social workers to obtain valid consent from their clients. They are as follows: (1) the absence of coercion and undue influence; (2) the client's capacity to give consent; (3) the client's consent to specific procedures; (4) valid forms of consent; (5) the right to refuse or withdraw consent, and (6) the client's decisions are based on adequate information (Reamer, 1987). Reamer noted at the time that there was only limited knowledge of the manner in which client consent is obtained in practice, the kind of circumstances in which consent is required, and the permissible

exceptions to client consent. Nevertheless, he claimed that the protection of clients' rights through informed consent is essential for practice.

Unsurprisingly, the manifestation of informed consent in social work practice is questioned in the literature. Eileen Gambrill (2008), for example, lists several obstacles. In her view, knowledge is not neutral and issues related to information are politically shaped – the access to information in particular. Children and parents in statutory child welfare do not necessarily have the resources to find out external information and to weigh it up against the information provided by agency workers. Paternalism is not absent from practice either (Reamer, 1983), and therefore practitioners may limit some information 'in the parents' or the child's best interest'. The child's best interest principle itself may provoke paternalistic tones in the relationships between practitioners, children, and parents (e.g. Sandberg, 2018). Conflicting interests and views among different parties have an impact on informed consent. Gambrill (2008) also points out that practitioners themselves may lack knowledge, skills, attitudes, and other resources to acquire informed consent. They may result in difficulties in, for example, communicating with children as service-users (e.g. Bijleveld et al., 2015; Handley & Doyle, 2014) or in assessing children's maturity for expressing consent (Hultman et al., 2019).

In addition, the critical views often discuss the imbalance of power relations in acquiring and giving informed consent and overoptimistic views of freedom are attached to the position of a service-user in statutory services (e.g. Regeher & Antle, 1997). Informed consent is viewed as belonging to the autonomous individual but in child welfare there is a constant need to balance the autonomy of individuals and their relation-based obligations and emotions as family members (e.g. Ferguson, 2017; Mantle et al., 2007). Thus relational autonomy is stated to be more prominent in social work practice as compared to individualistic autonomy (Banks, 2006). Some authors view consent sceptically because of the public power used in child welfare. They claim that 'voluntarism in child welfare' cannot be free from coercion, as the lack of consent may eventually mean coercive measures or exclusion from services (Leviner, 2014; Lynch & Boddy, 2017).

Nevertheless, despite sceptical views on informed consent, there is a strong consensus in social work that service-users should be included in decision-making as part of ethical decision-making (e.g. Lonne et al., 2016) and rights-based social work, and that this should also include children as the UN Convention on the Rights of the Child (CRC) sets definite criteria for including children in decisions regarding their lives (Falch-Eriksen & Backe-Hansen, 2018). Consequently, the exploration of the notion of informed consent may provide some insights into the conditions for involvement, participation, and maintaining rights in those child welfare services that rest on voluntarism.

Finnish child welfare as the context for asking and giving consent

In cross-country categorisations of child welfare systems and their orientations, Finnish child welfare clearly emerges as having a strong focus on providing a variety of (voluntary) family services with an increasing emphasis on children's rights (Gilbert et al., 2011) in both in-home and out-of-home services. From the point of view of asking and expressing consent, there is a particular point in the decision-making process of taking the child into care at which the parents and children should inform practitioners about their view about the proposed care order (Child Welfare Act 417/2007, section 42). If the parents and the child aged 12 years or older give their consent to the care order proposal and the proposed substitute care, the care order decision will be made by a social work manager in the municipality with no court involvement. If any party objects to either proposal, the decision-making authority is given to the administrative court. In both cases, the thresholds, legal norms, and legal implications are the same as are the restrictions on the parents' and children's basic and human rights; only the decision-making body – social workers in the municipality or judges in the court – is different (Pösö & Huhtanen, 2017). The majority of decisions (3/4) are based on consent.

In Finnish legal literature, the general conditions for valid consent build on the following criteria: the person giving consent should be given enough information, (s)he should understand all the information relevant to his/her consent, the consent should be based on voluntariness and the

person should have the capacity to give consent (Huhtanen, 2020). However, with regard to care order decision-making, the legal doctrine of informed consent is not explicitly included in the present Child Welfare Act, nor its predecessors (Huhtanen, 2020). Instead, the legal regulations specify objection. Consequently, consent is defined as a lack of objection (Huhtanen, 2020), which, however, provides a very narrow understanding of the nature of consent in a decision of child removal. There are, however, a variety of legal norms in the Child Welfare Act (2007) and Administrative Procedure Act (2004) about how to include and hear the parties in care order preparations (including an 'administrative hearing' organised by social workers) (Huhtanen, 2020). On the other hand, although the national code of ethics for social work (Talentia, 2019) does not specify informed consent, it focuses on the self-determination given to service-users and the responsibility of practitioners to empower service-users to practise that self-determination.

Despite the commonness of consent-based care orders, research provides only scattered information about the nature of consent (Pösö et al., 2018). Consent is more studied in Finland in the context of disability services and health care (Pollari, 2019) and research ethics (e.g. Aaltonen, 2017), echoing the trends of research as described at the beginning of this article.

Data and method

We explore the nature of consent in the context of Finnish care order decision-making as described by social workers, parents and young people, all personally involved in care order decision-making, albeit in different roles: on the one hand, an authority asking for the view about the child removal, and on the other, a party expressing a view which has huge legal, social and moral implications for their family relations. They provide a view from 'the street-level' on which the legal and policy parameters are put into practice in decisions regarding individual children and families (cf. Lipsky, 1980).

Interviews and group discussions

The study is based on two types of data: social workers' individual interviews and group discussions with young people and parents in 2018–2020. The individual interviews were carried out with 29 social workers in charge of care order preparations in three Finnish municipalities. In these interviews, social workers were asked to tell a story of one child's care order preparation process of their selection. At the end of the interviews, we asked them about the nature of consent through three questions: whether, in their view, the parents and the child were well informed about the care order, were free from pressure to express their view and were competent to give their view. Our analysis here focuses on the two first elements as there is a separate analysis about competence (Korpinen & Pösö, 2020).

The views of parents and young people are based on ten group discussions: five groups of 21 parents whose children had been taken into care and five groups of 22 young people who have been taken into care. The participants were recruited via NGOs with groups of experts by experience in which both the parents and young people were active. The strength of this recruitment method was that we were able to reach to people who were actively involved in reflecting on child welfare practice and who had a peer-group with whom they could also share their thoughts afterwards. We encouraged them to focus more on the shared knowledge and views than their individual experiences. Nevertheless, we did not ask them to exclude their individual experiences or to be uniform in their views but rather emphasised that we were interested in the variation in the views. As a result, the group discussions are grounded both in the participants' own experiences and views as well as in those they had shared with their peers in other situations, as is typical for focus group data (Morgan, 1997). The interview scheme was similar with both groups. We presented four statements about care order preparations and asked them to elaborate on the statements. Two statements focused on giving consent and they are of interest here: 'The opinion of children and parents is always based on adequate, sufficient and understandable information about the

reasons for the care order and the implications of the care order', and 'The members of the family can independently express their opinion about whether to give consent to the care order or whether to object to it'. The group discussions varied between 45 min and two hours in length.

The social workers who were interviewed were between 28 and 57 years of age and had considerable experience of child protection: 24 of them had worked in child protection for longer than three years and they had all been involved in several care order preparations, the minimum being 2–5 and maximum more than 50. The parents were between 20 and 59 years of age. Apart from one father, all the parents were mothers. The majority of them (13 out of 21) had experience of one consent-based care order, three of them had experience of an objection-based care order and four of both types of care orders (several children had been taken into care). One parent could not recall the type of decision. The young people, between the ages of 18–29, including 19 women and three men, had mainly experienced consent-based care orders (13 out of 22), two had experienced objection-based care orders, one had experience of both (two care orders) and six of them could not remember or did not want to disclose the type of their care order. We did not ask the parents or young people to describe the reasons for the care order or any other similar topics as the emphasis in the group discussions was on their views and reflections on consent in care order decision-making in more general terms.

This data was gathered as part of a larger study examining consent in Finnish child welfare. The study has been through an ethics review by Tampere University and the municipalities and NGOs gave their research permissions to invite social workers and experts by experience to join the study. Participation was voluntary, resulting in self-selection in many respects.

Analysis

Although the types of data from the individual and group interviews differ, we have analysed all data similarly using the method of thematic analysis (Braun & Clarke, 2006). We first selected the responses to the statements described above and read them from the point of view of what they say about consent. The descriptions were given codes and they were listed under 'social workers', 'parents' and 'young people' and contrasted with each other. We acknowledge that giving and asking for consent may have a variety of latent meanings, and scrutiny of underlying assumptions, ideas and silent experiences would be further needed to cast light on consent. However, in this exploratory analysis we limit our focus to the semantic or explicit content of the data (Braun & Clarke, 2006). The first step of the analysis – the selection of the units of the data and coding – was done mainly by one researcher only, whereas two more researchers participated in the final step of the analysis.

The results are presented in two sections: the first one presents the findings about adequate information and the second one looks at freedom from undue influence. This means that the findings focus only on two standards of informed consent. The sections present the social workers' perspectives first, which are followed by and contrasted with the group discussions with the parents and young people.

Findings

Consent in the light of adequate information

From the point of view of adequate information, a common standard for informed consent, the interviews with social workers, parents and young people highlight that information is shared in care order preparations but the challenging element is what kind of information is involved and how it is given. Legal information is the most common type of information. The social workers report that they provide information about the 'legal paragraphs' of the Child Welfare Act to the parents, children and other people involved. The parents and young people equally report that they received legal information.

However, in the group discussions, the relevance of legal information is marked with hesitation in two respects. First, legal information is only one part of adequate information as parents and children also need other types of information. The young people want information about such topics as schools, friends and contact with one's family that are influenced by the decision, and the parents speak about the decision's impact on their everyday life. The lack of that kind of information results in limited understanding of the decision at hand as described by three parents in one group discussion:

Parent 1: I don't know any parent who would have known what would follow from the signature.

Parent 2: No. And these things are not talked about.

Parent 1: These things are not talked about.

Parent 3: It is a black hole for the family. And for parents, the information is in fact difficult to ask for, when you don't know what to ask. (Group of parents)

Later in the same group discussion, the participants note the need to learn more about the impact of the care order on the parents' emotions and identity as well as about the uncertainty of what follows after the decision.

Secondly, the parents and young people describe the challenges to understand the given information regarding the care order due to an emotionally turbulent situation and personal crisis. One young person describes the information-related challenges in the following way, supported by the fellow participants in the group.

I feel that children are not usually told in simple terms what really happens and what it means in practice. And probably the situation for parents, at the time of a care order, is somehow so confusing that they might have difficulties to understand what they are told. (Group of young people)

Young people elaborate on the difficulties in understanding the information by noting the issues of parents who are addicted to drugs and their problems in understanding information, and children who are so concerned about – or frightened of – their parents that they say what they expect their parents want them to say.

All informants speak about the ways in which information is given. The social workers describe that they give information by talking: they meet the parents and children to explain their proposal for a care order and relevant legal issues and provide them opportunities to ask for more information. Some social workers recommend internet-based information about care orders to parents and encourage them to contact peer-groups of parents in a similar position. Such suggestions are based on social workers' own initiatives rather than agency-based practices. In situations in which the parents or children withdraw from face-to-face contact and talking is not possible, the social workers describe other methods such as sending letters including essential information, or asking other practitioners working with the family to relay information. In the group discussions, the limits of information given by social workers is noted by parents who emphasise how important it is to get information from other sources as well. Legal advocates are occasionally mentioned but it is mainly information from other parents that would help the parent in question to work out what giving his/her consent to a care order 'really' means as parents in a similar position know the emotional and everyday impact of the decision. The young people speak more about the nature of the relationship with their social worker as being the most relevant factor for access to adequate information: a good relationship with trust makes information understandable and accessible. This difference is evident throughout the groups: the young people emphasise contact with the social worker as essential for adequate information whereas parents emphasise the role of their peers.

Consent free from coercion and undue influence

The social workers emphasise their attempts to provide opportunities to parents and children to express their views freely. Instead of forcing a certain type of view, they say that they give the parties time to familiarise themselves with the care order and to ask questions but point out that individuals behave differently. The social workers say that some parents and children are 'ready', 'willing' or 'strong' enough to express their true view whereas others fear the authorities so much that they do not want to say what they really think. In this way, social workers note that there may be obstacles to the free expression of one's view. There may be a lack of other options to solve the problems, as pointed out by the following social worker.

As for the father, yes, I think he is free to consider it. This girl maybe-, yes, I think she had her back against the wall somehow. She was somehow forced to express an opinion, of course she could have remained silent. I can't honestly say it was her genuine opinion, if she could, well, have chosen from all the possible options in the world. (Social worker)

The social worker speaking in this extract acknowledges the father's view being free and the complicated view of the child: one cannot speak about a 'free view' if the options are non-existent. Instead of being 'free', the view is forced.

Further, the social workers speak about the power imbalance within the families influencing the views. Children's love and loyalty towards their parents are often mentioned. In addition, children's feelings of responsibility to take care of their parents (in particular in cases of mental health issues or substance abuse) and parents' concerns of their child's reactions to the parents' views and their emotional dependency on their children are talked about. The relations between the family members and their impact on the children's views are discussed at length in the groups, with the young people highlighting the limited opportunities for children to express their own view:

I feel that many children can take the side of their parents even though they disagree, because of the great survival instinct and children don't want to be mean to their parents but to protect them from something. Even if the child disagrees. And because the parent can sit next to the child. (Group of young people)

From the point of view of the young people, it is not only the emotional dependencies which social workers mention but also the power relations that matter: children may be forced to express the view which their parents want them to express. Although hearings are organised individually and children can speak freely there, their view will be recorded in the hearing reports and made known to their parents. The young people frequently discuss the parents' impact on the children's views in the groups but this topic is absent from the parents' groups.

Although the groups hardly mention any direct use of coercion by social workers, the participants speak about the expectations of social workers towards parents and children. Those expectations could be seen as forms of undue influence or indirect coercion. As pointed out by both the young people and parents, social workers could say that 'it would be easier for you to give your consent so you would not have to go to court'. In a group with young people a social worker's explicit expectation is described as follows:

They always say ... put pressure on you that if you don't consent now it will turn out to be a very difficult legal issue, and then we need to do this and that and we need to prepare the papers and send them. There is so much work for me, so could you just consent. (Group of young people)

The social worker's message above, as presented by the group of young people, is not forcing a certain opinion directly but it is saying that consent as an option would be much easier for her/him and for the child as the lack of consent would make the case a 'legal issue'.

Discussion

The insights provided by the social workers, the parents and young people as parties involved in care order preparations highlight the extreme complexity of asking for and giving consent. Informed

consent is indeed far more than a binary state and more like a continuum, as stated by Gambrill (2008); in child welfare, it rather seems to be a dynamic hybridity.

We have studied consent above by looking at the role of information and the absence of coercion and found that the challenges regarding these two criteria are described extensively by the social workers, parents and young people. The social workers recognise that the information needs to be given so that it meets the receivers' needs; they do it mainly by talking (see also Eronen et al., 2020). The parents and children report receiving legal information but not necessarily the information relevant for their every-day life; in addition, they report struggles to understand the information due to the emotional impact of the crisis situation. When speaking about coercion, the findings underscore the absence of direct formal coercion by social workers but highlight undue influence that is created by relations of power and emotions within the family and the relations between the families and social workers. What do these empirical findings inform us about the characteristics of informed consent in Finnish child welfare and in child welfare in general?

Firstly, Finnish care order preparations employ a binary approach to the view which influences the decision-making process: yes or no. However, instead of being purely binary, the view might be messy, as it is influenced by vulnerabilities, interdependencies, uncertainties, and emotions. The binary form of informed consent forces individuals' views into something that may not be experientially fair. 'Not-knowing' should be an option for children as well as parents for these humanely, emotionally, socially, and culturally difficult situations (Dore, 2018). This option exists in a way in the present practice as some children and parents withdraw from expressing their view. This withdrawal may be interpreted as a lack of objection, that is consent, and the decision can be made in the social work domain. However, the lack of a view can also be interpreted as objection so that the decision should be made by the administrative court. Our data reveal both interpretations, and both are formally correct (Huhtanen, 2020). A clearer framework for consent (and objection) would guide and unify practice and inform children and parents of what the absence of a view would mean in their case.

Secondly, in the child welfare context, the very notion of one individual giving consent is challenged by the fact that consent is given by individuals as members of a family. Introducing the option of a care order implies that the family is not a safe place for the child to grow up in; yet family relations and family relationality still exist (e.g. Ribbens McCarthy et al., 2013; Enroos & Pösö *in review*). Relationality may cause intra-familial pressure as 'undue influence' and further influence the identities and emotions of the people involved (Broadhurst & Mason, 2020; Buckley et al., 2011). How can I as a mother meet my child after I have given consent for my child to be taken away? Instead of seeing consent as the stand of one individual, a relational approach to consent would be more than relevant in the child welfare context. In particular, as the position of children as consent-givers is especially influenced by family relations and the power therein, the findings suggest that social workers should recognise the interdependencies in which the child expresses his/her view: on some occasions the child's view is not 'free'. It may also not be safe for a child to express his/her view. According to the CRC, the child's right to express his/her views and have them taken into account is vital in any decision-making; nevertheless, the responsibility for making decisions lies with the adults (Sandberg, 2018). Future elaborations of the notion of informed consent in child welfare should include these complexities in relations and how they can be included in statutory processes.

Thirdly, informed consent is obviously influenced by social workers and how they interact with children and parents. This is to say that the way in which social workers carry out the procedures of the care order preparations is meaningful when it comes to the nature of consent (Venables & Healy, 2019) and it may be especially important for children in situations in which they rely on social workers more than on their parents. However, the relationship between social workers, children and parents is not 'good' in any simple way in this context. For example, according to Regeher and Antle (1997), the therapeutic alliance that might develop between the social worker and the different family members affects the freedom to object, as parents or children might

assume that the social worker will provide information and opportunities that are in their best interests, and this may not always be the case. Too much trust might blur the nature of consent given by children and parents if social workers misuse their position. The group discussions also point out that there is no way to provide *all* relevant information needed for consenting to a care order because some of the implications of the decisions are unknown or so personal that the social worker cannot predict them. Thus, at the same time as presenting some relevant information, a social worker should also underline the limits of the information provided.

Fourthly, although informed consent is given and received in interactions of different kinds, those interactions are not free from organisational and legal structures. Children and parents cannot withdraw from care order preparations without consequences, as the legislation obliges child welfare authorities to act, if necessary, without the parents' and children's consent. It is fair to state that the very nature of the statutory system of child welfare undermines – if not fully erases – the full meaning of consent. Therefore, the findings suggest that one has to rethink whether it is feasible to operate on a different idea of consent.

Limitations

The analysis did not aim to establish empirically whether informed consent takes place in Finnish child welfare or in the individual practices or experiences of the informants. The data with social workers is all too limited to do so (e.g. it is from only three municipalities) and is based on the social workers' self-selected cases. Equally, the data with young people and parents covers only a fraction of the groups of experts by experience and is a mixture of their personal and shared experiences. Although care order preparations are complex processes of social work and law (Eronen et al., 2020), the analysis treats the process in a simplified way, ignoring a variety of elements. In addition, due to the limits of one paper, the analysis focused only on two elements of informed consent. The analysis does, however, provide an explorative insight into the characteristics of consent in the child welfare context in which asking for and giving consent is an integral part of the decision-making process. Although that particular process is specific to the Finnish child welfare system, the dynamics of the negotiations between the private family relations and the statutory child welfare practices may cast light on consent also elsewhere.

Concluding remarks

Asking for and giving consent is controversial in child welfare in Finland – and most likely in any other child welfare system as well. This statement follows from what has been said about informed consent in other fields of human services: it is messy and blurred (e.g. Barnett, 2007; Welch et al., 2017), but it is even more so in this context due to the nature of child welfare. Based on the interviews with social workers, young people and parents, we have highlighted four particular challenges: the binary nature of informed consent, which may not reflect children's and parents' experiential view of care orders; the relational elements of informed consent in family matters challenging the individualistic approach to informed consent; the multifaceted nature of adequate information, and consent being given in a statutory context in which the public authorities have the power to use coercion.

Despite the messiness, the findings do not suggest that child welfare policy and practice should overstep the notion of consent and the views, opinions, and wishes of parents and children. Quite the contrary: they should be given a fair status as procedural elements and manifestations of human rights and ethics. The crucial challenge is to recognise the complexities and controversies therein (Gambrill, 2008; Venables & Healy, 2019). If they are not recognised and considered in practice, the involvement of children and parents is an illusion in any type of 'voluntary services'. The present emphasis on service-user participation or self-determination in decision-making in general should be addressed with the same concern. Conceptual elaborations of the existing

standards of informed consent and adapting them to the current child welfare contexts are highly needed. In particular, the inclusion of children's rights in the notion of informed consent is especially urgent as is the recognition of the relationality of family members.

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