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Child-safe organizations and the ethics of empowered inclusion

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Abstract

The emergence of the 'child-safe' organization requires close attention to practices that contribute to children's wellbeing and safety. Based on data collected in schools, residential care and disability services, this article argues for a more nuanced understanding of the ethical frameworks informing practice in these settings. Findings suggest both young people and adults predominantly describe ethical practice in terms of intersubjective relations. This ethical relationality is understood, less in terms of vertical responsibilities of care (largely the domain of adults and shaped by institutional norms), and more in terms of vertical and horizontal (interpersonal) relations, giving way to more empowered inclusion.

KEYWORDS
childism, ethical practice, ethical theory, ethics, relational ethics

BACKGROUND

The emergence of 'child safety' as a national policy priority in Australia, as in numerous other international jurisdictions, has been accompanied by a plethora of policies, principles, frameworks and guidelines across all sectors with responsibility for the wellbeing, care, safety and support of children and young people. To date, however, little research has explored the *ethical* dimensions of practices intended to ensure improved safety. This article presents findings from the qualitative phase (Phase 2) of a mixed method Australian Research Council Discovery (ARC-D) project,

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which involved interviews and focus groups with staff and young people in schools, residential care and disability services in three Australian states (New South Wales, Victoria and South Australia). The overall study employed a framework based on relational ethics, recognition theory and the theory of practice architectures, to explore the ethical dimension of practices within these three sector contexts that are intended to support safety and wellbeing (Phase 2) and to identify which of these are positively associated with recognition, safety and wellbeing (Phase 3). Our endeavours were certainly inspired by important and timely legislative and policy developments seeking to change and improve practice, largely aided by compliance obligations. However, the interest of our inquiry was in looking beyond whether such practice might be safe, to whether it is also *ethical*. That is, we sought to understand what it means for children and young people not only to be protected but also to be recognized, empowered and included.

While some of these findings have been reported elsewhere (Graham, Canosa, et al., 2022; Robinson et al., 2022), this paper gives critical consideration to the significance of applying an ethical lens in the analysis of practices seeking to improve children's safety. It focuses on the following central question: *How do children and practitioners in different institutional settings understand and experience 'ethical' practice with regard to children's safety and wellbeing and what do they perceive to be the challenges, barriers and enablers*? In doing so, the discussion not only provides a nuanced insight into the ethical frameworks informing child safe practice but also draws on these to illuminate ethical aspects of the practices identified in the fieldwork.

We employ the theory of practice architectures, hereafter TPA (Kemmis et al., 2014) to support this analysis. TPA provides a site ontological view of what ethical practice is, how such practice is mediated, and how practices relate to each other. It is an analytical resource for revealing the ways practices are enabled and constrained by the conditions in which they occur, and a transformational resource for finding ways to change practices where current practices are untoward. Practitioners' agency is understood to be enabled and constrained within organizational, cultural, institutional, and knowledge-producing practices, by material and economic conditions, by relations of power and systems developed over time (Kemmis et al., 2014). Practice traditions develop over time, grounded in tacit knowledge and coming to be recognized as 'the way we do things around here'. The way practices happen is always shaped by the conditions of a particular site at a particular point in time; they do not unfold from 'predetermined scripts' (Kemmis et al., 2014, p. 33).

In Australia, the term 'child safe, child friendly' was first promoted by the NSW Commission of Children and Young People in the early 2000s. The inclusion of discourses surrounding 'child safe/friendly' was a reminder to organizations that their task is not just risk detection and mitigation, but one of providing protective and responsive environments (Smallbone, 2017). It was not until the Royal Commission into Institutional Responses to Child Sexual Abuse (hereafter 'Royal Commission'); however, that Australian organizations working with children were required to implement standards laid out in the *National Principles for Child Safe Organizations* (2018). These National Principles are underpinned by a 'child-rights approach to build capacity and to deliver child safety and wellbeing in organisations, families and communities' (Australian Human Rights Commission, 2018). The remit of these principles is to support and guide organizations to create a culture, adopt strategies and take action to promote child safety and wellbeing (see Figure 1 below). Framed at a high level given diverse organizational contexts, sizes and capacities where these are now being implemented, these principles reflect ten elements considered central to ensuring an organization is safe for children.

A number of these National Principles arguably have an ethical emphasis. One example is the principle of recognizing children's rights: 'children and young people are informed about their rights, participate in decisions affecting them and are taken seriously'. On the ground, though,

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FIGURE 1 Wheel of child safety. Source: The National Principles for Child Safe Organizations, 2018.

the associated practices, largely informed by ethical decision-making, are usually complex with no clear-cut steps. This means that ethical decision-making as a 'craft' may not be easily acquired (Pawlukewicz & Ondrus, 2013). Furthermore, the institutional context and practice environments in which one operates often give rise to a range of ethical questions.

While these aims for child safe and child friendly practices are an important development, it is unclear whether they actually make contact with children's and practitioners' experiences of the ethical issues encountered in every day routine settings. General principles may or may not operationalize within particular and different organizational contexts. Furthermore, the principles themselves might not capture the full range of ethical concerns at play. For example, the idea that children and young people "actively participate in the organisation" could potentially obscure children's tokenism, silencing, or lack of real power to influence outcomes. Promoting "equity and diversity," while laudable, could end up prioritizing certain diversities over others. As a result, our study aims to unpack the underlying ethical questions inherent in issues of child safety in order to understand both the possibilities and the barriers to their implementation in practice.

CONSIDERING SAFETY THROUGH AN ETHICS LENS

Ethics is commonly defined as 'the branch of philosophy concerned with living a good life, being a good person, and doing the right thing' (Freeman, 2000, p. 30). As a discipline, it involves both the study of our values and their justification as well as the actual values and standards of conduct

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by which we live (Freeman, 2000). Ethical theory, on the other hand, brings together a collection of ethical concepts and principles 'into a coherent whole in order to answer an ethical question or solve an ethical problem' (Mizzoni, 2010, p. 5). It seeks to develop guidelines that could be useful in addressing difficult or controversial social issues. Theories can change over time and develop into new strands which are encompassed by a particular 'ethical tradition,' traditions that sometimes conflict but can also be complementary Goodwin and Rossow-Kimball (2012).

For this study, we recognized that several ethical theories potentially help to shed light on practices in organizations seeking to uphold children's safety and wellbeing. Figure 2 provides an overview of what are commonly understood in philosophical ethics to constitute the four major contemporary types of ethical theory: consequentialist ethics, deontological ethics, virtue ethics and relational ethics. These are not the only possibilities and each contains many internal variations. However, as the primary possibilities informing ethical theory today, they provide a valuable starting framework for analysis. They can be understood as providing four different theoretical lenses or tools for examining the underlying ethical dimensions of practice.

In a consequentialist ethics framework, moral practices are evaluated in terms of how well they advance good consequences or outcomes. Consequentialism is usually thought to promote the greatest happiness for the greatest number of people (Mill, 1998). That is, what is most important in ethical action is whether it advances the well-being, or reduces the suffering, of anyone it impacts. This approach can be termed 'teleological' in that it is focused on *teloi* or ends, aims, consequences of actions. 'Rightness or wrongness depends on the consequences of personal actions ... what is right produces good consequences' (Brockett & Hiemstra, 2004, p. 21). For example, will children having a say in designing school curricula improve educational outcomes? Different versions of consequentialism might focus on maximizing each involved individual's self-interest (ethical egoism) or the larger well-being of the group overall (utilitarianism). In any case, consequentialist ethics focuses on the question of what course of action produces the best overall outcome.

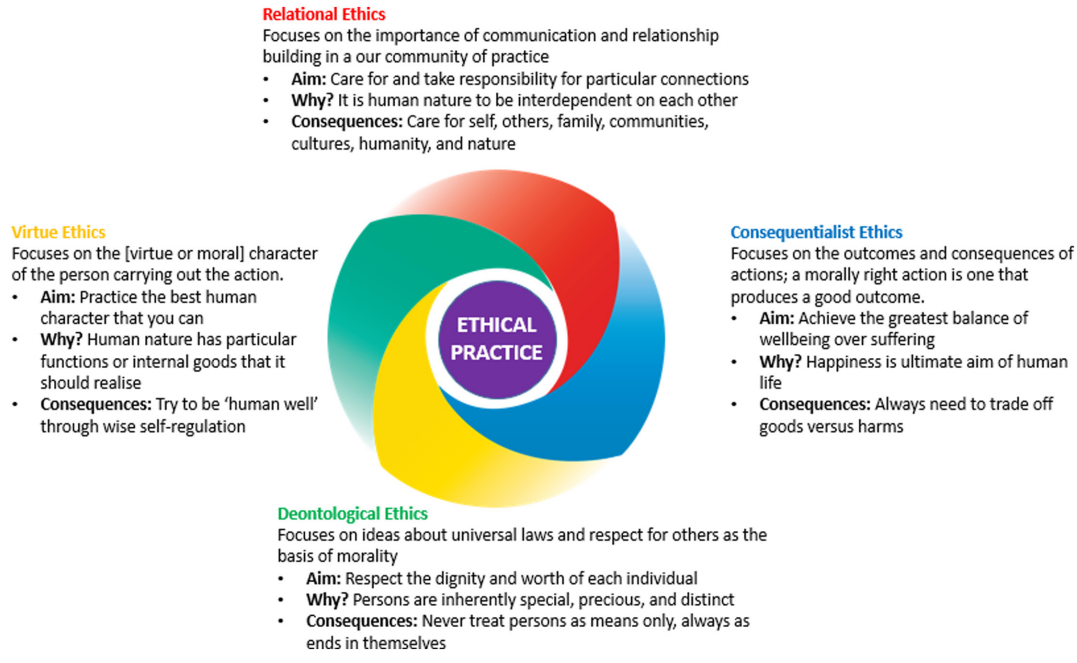

FIGURE 2 Ethical frameworks. Source: Authors.

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In contrast, deontological theories evaluate ethical practices in terms of how well they adhere to duty (*deon*) or obligation. They hold that 'consequences should not be viewed as a criterion for determining what is right', but rather 'fulfilling personal duty, regardless of the consequences' is key (Brockett & Hiemstra, 2004, p. 21). Based on the principles of Immanuel Kant, this approach places importance on following what is implicitly just, rational, or, as Kant puts it, universalizable. Others should be treated as you would like to be treated: as respected and dignified human beings. For example, would children having a say in curriculum design better respect their dignity and capacities? Deontological theories are often referred to as 'rule-based thinking' and inform the universal rules and laws that govern our respect for ourselves and others (Brockett & Hiemstra, 2004, p. 21).

Virtue ethics, differently again, frames moral questions around the goodness of a person's moral character. Character refers here to one's roles and responsibilities as a human person among others and in relation to wider culture, traditions, and community (Thiroux & Krasemann, 2007). Virtue ethics derives from Aristotle's *Nicomachean Ethics*, according to which, 'actions are right when they stem from good character, or the disposition to be just, benevolent, or courageous in situations where someone is in need of help' (Goodwin & Rossow-Kimball, 2012, p. 298). The 'goodness of an act is determined not by its consequence or adherence to established rules but primarily by the qualities of the agent performing the act' (Freeman, 2000, p. 89). For example, would children participating in designing school curricula help them exercise good character and play an appropriate role in the school community? Virtue ethics prioritizes the question of whether a person is acting with good or bad character.

Finally, in a relational ethics framework, moral practices are evaluated in terms of how well they care for and enhance the relationships and responsibilities that connect persons to one another. Following the work of Carol Gilligan (1982), Noddings builds on the notion of an ethic of care to propose a 'relational ethics' which is centred more upon the 'moral quality of relationships than upon individuals' (Liaschenko & Peter, 2003, p. 36). From a relational ethics framework, 'relationships are built upon the principles of engagement, embodiment, mutual respect, and environment,' the latter of which is construed as a 'relational space' (Cloutier et al., 2015, p. 768). Good moral practices are not most fundamentally about individual interests, duties, or character, but instead about relationships of care, recognition, inclusion, and mutual responsiveness. For example, would children's involvement in developing school curricula enhance or diminish relations of care and responsibility among students and with teachers? Relational ethics locates the basis of moral life in the quality of human connections.

In this paper, the practices identified in the study (see Graham, Canosa, et al., 2022; Robinson et al., 2022) will be critically examined in light of these ethical frameworks. Each framework or theory provides a useful lens for understanding ethical practice. None captures everything of relevance. However, they can be used to understand the ethical complexities involved in the actual practices and thinking of children, young people, and staff themselves. And they can therefore also help to illuminate what might in reality contribute in organizational settings to child safety and well-being.

STUDY METHODOLOGY

Site selection and sampling strategies

Young people, staff and leaders were recruited from three sector contexts (government, Catholic and independent schools, residential care and disability services) across two metropolitan

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(Melbourne and Adelaide) and two regional areas in Australia (Northern NSW and Limestone Coast, SA). The selection of contexts was intended to provide access to a diverse sample of participants in different areas of geographical remoteness (as determined by the Australian Bureau of Statistics), a factor considered important given regionality and rurality in Australia has been linked to staff shortages and less access to resourcing, such as professional development opportunities (Cosgrave et al., 2019; Cuervo & Acquaro, 2018). Diversity was also sought in terms of size of organizations, socioeconomic status, and cultural characteristics of participants. Due to the COVID-19 pandemic, the number of organizations accessed was lower than anticipated with some of the interviews and focus groups facilitated online via Zoom. Recruitment in the disability sector was particularly challenging given recent systemic changes to the mode of delivery of services following the National Disability Insurance Scheme (NDIS) in Australia. A total of 11 organizations participated in the qualitative phase of the research, involving 85 young people (aged 12–18 years) and 33 adult staff members (a mix of leaders, managers and frontline workers).

Focus groups with children and young people

Consistent with the guidelines from previous studies, focus groups were conducted with young people of similar ages (Gibson, 2007) and were predominantly facilitated in schools. In total 9 focus groups were carried out across the five schools. Generally, no more than 7 students participated in each focus group. In total, 58 students participated in focus groups across the three states. A total of two focus groups were also conducted in the disability sector (total of 8 participants) and one in the residential care sector (total of 3 participants). Two researchers co-facilitated the 60-minute focus groups and invited children and young people to reflect on the practices that helped, or did not help, in feeling happy, safe and well in the specific organizational context (mapping activity 1). Subsequently, participants were asked to reflect on the practices they viewed as having an 'ethical' dimension, discussing their views on the word *'ethical'* (mapping activity 2). The children and young people then suggested changes to practices that might support them to feel happy, safe and well (mapping activity 3). The use of post-it notes assisted in capturing participants' views which were then visualized on whiteboards or large sheets of paper. The wording of the interview questions for young people was developed in close consultation with our Young People's Advisory Group (YPAG), a group of six young people aged between 12 and 18 years, some of whom identified with disability.

Interviews with children and young people

In the disability ($n = 6$) and residential care settings ($n = 10$), children and young people were interviewed one-on-one to accommodate their individual needs and ensure confidentiality and anonymity. The interviews followed a similar format to the focus groups with the mapping activities adapted for comprehension and interest. After introducing the research team and reiterating our ethical responsibilities, participants were asked to identify their personal interests to create an environment of trust and put each young person at ease. The interview then moved on to cover the three areas mentioned above: (1) practices that help/do not help in feeling happy, safe and well, including gentle probing about the role that support workers play and ways they influenced practices in specific sites; (2) the *ethical* dimensions of practices; and (3) how practices might be improved.

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Interviews with staff and leaders

Interviews with staff and leaders were undertaken in schools ($n = 15$), disability services ($n = 9$) and residential care services ($n = 9$) in the three geographical locations. One leader (principal or deputy principal in schools and managers in other settings) and two other staff members were invited to participate in the interviews. The semi-structured interviews each took between 40 and 60 min, and participants were asked to describe the setting they worked in, their role and level of experience. Following this, and similar to the young people's focus groups, staff were asked to reflect on the practices that support the safety and wellbeing of children and young people. Staff were then asked to identify and elaborate on the *ethical* dimensions of these practices and how things could be improved in their organization.

Data analysis

With participants' consent the interviews and focus groups were audio recorded and subsequently transcribed, coded and analysed using QSR NVivo12, a qualitative data management and analysis software (Bazeley & Jackson, 2013). TPA was employed as an analytical tool to explore young people's lived experiences of the practices that support their safety and wellbeing in the three organizational contexts ('zooming in'), and the ethical dimensions of such practices to understand how these are enabled and constrained by the conditions at each site ('zooming out'; Kemmis et al., 2014; Nicolini, 2012). Using a TPA lens in coding the data allowed us to move beyond just identifying these practices at a microlevel to simultaneously reflecting on conditions that often constrain practices in these contexts. The ethical practices identified below acknowledge that people encounter each other in intersubjective spaces and that these spaces are pre-configured by site specific conditions. These conditions may be cultural-discursive ('sayings'), material-economic ('doings') and social-political ('relatings'; Kemmis et al., 2014).

Data analysis involved comparing and reviewing the text assigned to each theme/node. Reflective field notes were also analysed and particularly useful for young people with higher support needs who were unable to fully engage in the interview process. Visual representations such as mind maps were also helpful for organizing and refining themes and seeking feedback from the YPAG members.

Institutional ethics approval was obtained from the lead University's Human Research Ethics Committee (approval number: ECN-19-047) and relevant government and non-government school systems (approval numbers: 2019-759078; 2019-0611). Parental informed consent was also obtained where possible. In the residential care setting, blanket approval was provided from the relevant Government Department in each State in addition to young people's individual informed consent. The core ethical principles of the International Ethical Research Involving Children (ERIC) Charter and Guidance (Graham et al., 2013) were employed to guide the research processes.

FINDINGS

Children, young people and staff in schools, residential care services and disability services identified several practices that contribute to child safety and wellbeing in these institutional contexts. When viewed through a lens of 'what is the most 'right' thing to do?' particular prac-

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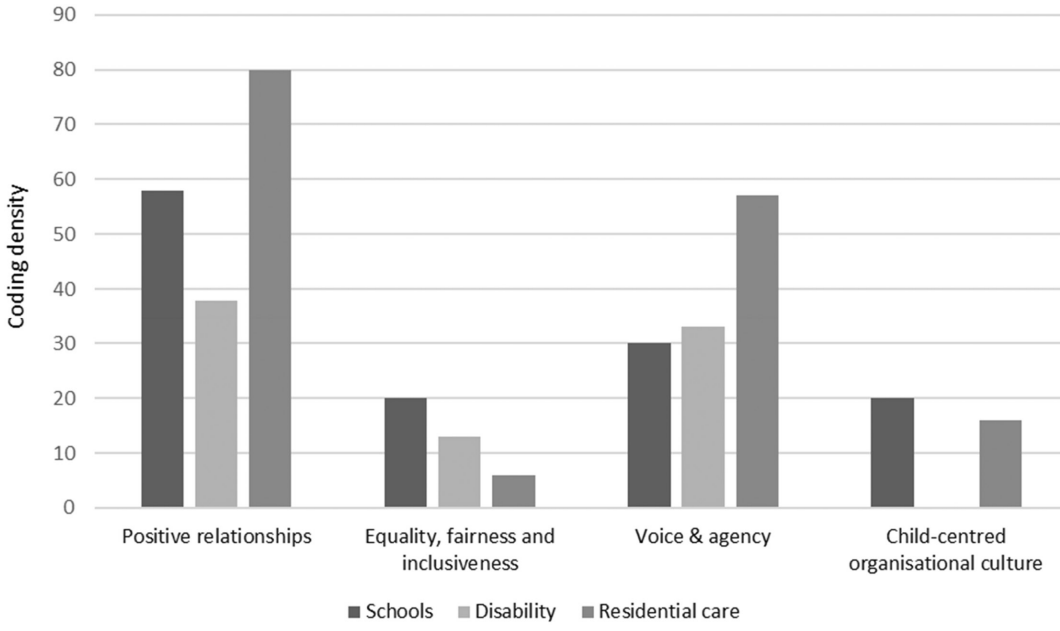

FIGURE 3 Coding density for young people data in the three sectors.

tices emerged which participants identified as having an ethical dimension. These were consistent across all three sectors and included: (i) building positive relationships with peers and staff; (ii) Having a say and influencing practice; (iii) being treated equally, fairly and inclusively; and (iv) building an authentic child-centred organizational culture. Given our interest in profiling children's voices, the findings are presented according to coding density of the young people data (see Figure 3) with discussion of the similarities and differences with the adult data in the three sectors (see Figure 4). In addition, the TPA lens allowed for analysis of site-based conditions that enable and constrain these practices. At the end of the findings section, we discuss how these practices are broadly aligned with the ethical frameworks previously identified.

Building positive relationship with peers and staff

Building positive relationships with peers and staff was the most prominent theme in the young people data across all sectors (see Figure 3). Trust and respect were central issues, with young people identifying staff who were encouraging and took the time to get to know them as being more successful in building positive relationships. These relationships were primarily described in recognition terms, aligned with being cared for, respected and valued. Participants in one secondary school focus group described such trust in terms of staff knowing them and being there to support them:

> 'My teachers encourage me to do my best. My teacher notices when I'm unhappy and makes me feel good' (Mapping activity 1, 13–15 years, focus group secondary school B1).

This was particularly important for children and young people in the residential care sector who identified positive relationships with peers and staff as far more important than any other practices (see Figure 3). They often commented on the ideal worker being someone who is not there 'because

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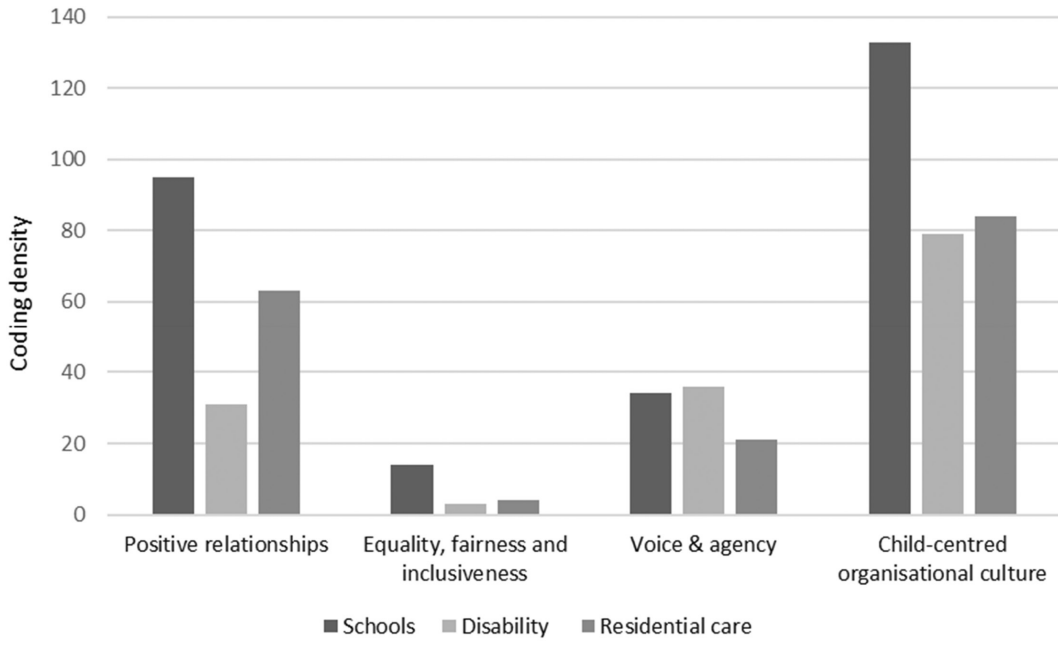

FIGURE 4 Coding density for adult data in the three sectors.

it's a job but because they want to help and they want to give the kid a life, that they enjoy making the kid feel safe, loved, and cared for. And that they won't go until that kid is stable' (16 year old boy, residential care service A). Likewise, young people in the disability sector described feeling safe and well when support workers were genuinely warm and empathic in their interactions with young people: 'I don't know how to describe it much. He [support worker] makes me happy. He enjoys working with us...He is like a nice guy; likes hanging out with us' (Oliver, 13–15 years, interview, disability service A). In addition, young people in disability services also raised the importance of peer relationships more so than in other contexts. The solidarity they felt from spending time with peers who had similar lived experiences was very important in building trust and feeling safe.

While adults provided similar conceptualisations of the practices that supported positive relationships with young people in their care, they often discussed some of the barriers and challenges experienced due to compliance, administrative and systemic obligations (see Figure 4). Across all three sectors staff often felt 'overworked' and 'overburdened' and unable to nurture positive relationships with young people:

> Realistically with all these other outcomes and everything on top along with your assessment, your reporting, and just all those compliance issues, and sometimes you get bogged down in that and forget about the little person on the other side.'
>
> (Interview, leader primary school A)

> 'What I find isn't helpful is the absolute administrative burden ...You don't really have a great relationship with the kids or their families. There's a trade-off.'
>
> (Interview, leader 2 residential care service A)

> 'We come into someone's life, and we want to connect people to services, whether they're mainstream or funded support. You come into someone's life, and you build

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> up a relationship of trust. And that takes a long, long time...but we don't have a heap of time or a heap of funding to be able to do that.'
>
> (Interview, staff 2 disability service B)

Such experiences evidenced the tensions identified by staff across all three sectors as they sought to deliver on their compliance and administrative obligations, which most regarded as something of a *fait accompli*, while acknowledging the impact of diminished time for developing meaningful relationships with young people.

Having a say and influencing practice

Having a say and influencing decisions was the second most important theme emerging from the young people data across all three sectors but particularly for young people in the residential care sector (see theme 'voice & agency' in Figure 3). In residential care, this was discussed in terms of balancing young people's needs for autonomy and independence and their need for safety. In schools, students highlighted the importance of having the opportunity to regularly put forward ideas and work toward shared goals, articulated by one young person in this way:

> 'In one of my classes, one of the teachers helped us, we made our own four class rules, and we all had the input on what those rules would be... I've really enjoyed that because most of the class works well now because we all know what the rules are because we made them.' (Cheetah, 13–15 years, focus group secondary school A1).

Young people in the disability sector also discussed the importance of having a say, particularly in day-to-day decisions regarding the activities they were involved in (i.e., cooking classes, excursions and planned games). However, young people in this sector also spoke of the difficulties in influencing practice. For example, several young people highlighted that staff turnover and the instability in care received was destabilizing. This was a systemic problem which they felt they could not change.

Staff identified 'listening' and valuing young people's opinion as a critical dimension of ethical practice contributing to their wellbeing and safety. While staff in the three sectors identified mechanisms to elicit young people's views, they seldom discussed how these views were acted upon. Staff in the residential care sector, in particular, often highlighted the tricky balancing act of supporting children's and young people's autonomy while also looking out for their best interests and safety. These staff reported having to deprioritize young people's wishes in order to keep them safe, as the following view underlines:

> 'When it comes down to a child's safety, all of those ethical dilemmas that are in your mind, safety needs to trump [them]' (Leader, residential care service B).

Being treated equally, fairly and inclusively

Being treated equally, fairly and inclusively was a practice identified as having an ethical dimension and raised more often in conversation with students and staff in schools. As the views of primary school students in the following mapping activity suggest, teachers' attitudes and the

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way they were able to create a welcoming and inclusive environment was viewed as foundational in creating the cultural conditions for children to be well and feel safe:

> 'Teachers care for everybody, no one is left out. You are respected, included, cared for, loved by everyone. Everybody needs to be included no matter how you look/are.'
> (Mapping activity 2, 11-12 years, focus group secondary school A)

Conversely, bias and discrimination—enacted by peers and/or staff—were identified as a barrier in achieving the fairness and inclusivity necessary for a felt sense of safety and wellbeing. While issues connected with being treated unfairly or inequitably were not articulated openly by young people with disability, the interviews and reflective notes suggest that these practices were distressing for them. Two examples in the disability sector show how young people were excluded from accessing the service because they had behaviour outbursts in response to changes to rules which restricted what they had previously been able to do during their time with the service.

While less prominent in the staff data across the three sectors, treating young people equally, fairly and inclusively was identified as an ethical practice (see Figure 4). In schools this practice was discussed in terms of clear, open and transparent communication with students and respect for their dignity. As one Principal in a primary school suggests, students feel as though they are treated equally, fairly and inclusively when teachers genuinely value them: 'I think it's around making sure that the kids know that we are here for them, we do value them, we care for them, and we respect them, so that's just not in words, it's in how we treat them, it's in whatever we do with them so that they can see it in action all the time' (Interview, leader primary school A).

In the disability sector, staff and leaders argued that providing the spaces necessary for young people with a lived experience of a disability to come together and feel as though they belong was fundamental in contributing to a culture of equality, fairness and inclusiveness. Practitioners in the disability sector also discussed how they often take on an advocacy role to ensure children with disability are not treated or spoken to unfairly, often by their own families. In the residential care sector, practices which were identified as being 'ethical' and promoting equality, fairness and inclusiveness included among others inclusive language and modelling these behaviours with the young people in their care. As the following residential care worker argued, inclusive and non-discriminatory language was important to promote the safety and wellbeing of young people:

> 'Having a zero tolerance for discrimination. I feel like LGBQTI+ is quite a big thing so having gender-inclusive language is a really important thing and culturally-appropriate language. So we role model it. Sometimes they'll say something racist and you'll challenge them on what they just said because they can't even say why they think it. So I think it's important to challenge them as well.'
> (Staff 1, residential care service B)

Building an authentic child-centred organizational culture

While organizational culture was talked about more often among staff and leaders in the three sectors, young people referred to the kind of environment conducive to feeling happy, safe and well. Such an environment was a place where children and young people were placed at the 'centre' and where 'relationships' with staff and peers were based on mutual trust and respect, 'voice and agency', 'fairness, equality and inclusivity.'

For staff and leaders, organizational culture was the most prominent theme across the three sectors (see Figure 4). They referred to an authentic child-centred organizational culture as one

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with a shared ethos that values children and young people as individuals with rights and dignity. Staff also talked about the importance of a child-centred culture being led 'from the top' and staff supported in their role to place children's needs at the centre of practices: 'I just think in terms of what I was saying before about the culture of the school and the type of school you want to be, and I think it stems from our leadership team' (Interview, teacher primary school A).

In the disability and residential care sectors, particularly, mechanisms such as recruitment, induction and professional development were seen as important in promoting a shared understanding of the organizational ethos and in equipping staff to deal with ethically challenging situations in their everyday practice. In one residential care service, ethical dilemmas were presented to potential employees from the outset to gauge their suitability for the job:

> 'When we do the interview to get the job, they try and understand your ethics. What would happen to you if a kid said that Jesus isn't real? How would you feel about that? And then it's like, well, this is how I'd cope with it. I think that's how they get an idea of what a person is like.'
>
> (Interview, staff 1 residential care service C)

In the disability sector, probationary periods were often implemented to test the suitability of practitioners to work in child-centred and ethical ways: 'We learn pretty fast if there are people that aren't actually really here for the children or for the support needs of the clients, so they tend to be taken out on probation because we don't want that here' (Interview, staff 1 disability service A). The building of authentic child-centred organizational cultures was thus inextricably linked to, or bundled with, 'relational' practices and the personal qualities of staff. This suggests that 'child-centredness' is strongly related to practitioners' ethics of care, as well as their character, and their commitment to promoting children's wellbeing and safety.

DISCUSSION

We return now to consider whether and how the practices identified by the young people and staff in this research resonate with the different ethical frameworks discussed earlier, these being consequentialist, deontological, virtue, and relational (Table 1 below).

Consequentialist ethics plays a significantly more important role for adults than it does for children and young people. It is most evident in adults' desires for a child-centred organizational culture that places a high value on achieving the best possible outcomes for children and young people. This is clear also in adults' expressions of concern for young people's avoidance of outcomes that are unsafe or harmful. Adults also emphasize adhering to administrative and compliance imperatives as key to keeping children safe. Children and young people themselves, while concerned to do well and avoid harm, tend not to prioritize this type of ethical language.

In contrast, a deontological ethical framework is prominent among young people and adults both, though interestingly for different reasons. Children and young people place a greater emphasis than staff in the three sectors on the importance of being included, welcomed and treated equally without bias or discrimination. They also value respect for their diversity and difference and 'doing what is right.' Staff, in contrast, emphasize the importance of being supported in critically reflecting on ethically challenging situations, given there is often more than one 'right way' to do things. Albeit significantly less than children, they do value children's voices and agency.

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TABLE 1 Practices that align with the ethical frameworks.

Ethical theory	Practices	Practice elements
Consequentialist	Children and young people are benefitted and not harmed	• Prioritization of good outcomes • Measures toward safety and well-being • Effective compliance imperatives • Consequences are consistent and just
Deontological	Children and young people are treated equally and with dignity	• Inclusive and welcoming environment • Lack of bias and unfairness • Respect for children's dignity and humanity • Valuing of diversity and difference
Virtue	Children and young people exhibit, develop, and are treated with good character	• Value placed on strong moral compass • Clear roles and responsibilities • Relatability • Self-reflectiveness
Relational	Children and young people build and take part in positive relationships	• Mutual care, responsiveness, and trust • Positive and open connections • Strong communication • Advocacy and support

Notably, however, staff are much less concerned than children with issues of equality, fairness, and inclusiveness.

It appears that virtue ethics plays the least important role among ethical frameworks for all groups involved. It does appear in preferences among both young people and adults for strong moral character in staff. It is also arguably evident in the way children and young people refer to staff and practitioners who are more 'relatable' and thus better suited to working effectively with them. However, neither young people nor staff refer to moral character or community responsibilities as central aspects of ethical practice.

Finally, the most prominent ethical framework among children and young people, as well as being an important framework for adults as well, is relational ethics. Both groups view young people's safety and well-being as strongly dependent on the quality of child-adult connections, care, and trust. Across all sectors of schools, residential care services, and disability services, children and young people, in particular, stress the importance of being cared for and supported by means of strong intersubjective relations. Staff and leaders similarly view children's positive growth as grounded in an ethical relation of mutual trust. Across schools, residential care services, and disability services, all groups view child safety and wellbeing as strongly dependent on the quality of child-adult connections, care and trust.

Such findings underline the importance of using a range of ethical frameworks to interpret how children, young people and adults understand and experience ethical practice. Clearly, the participants are not philosophers who have adopted one ethical framework which they adhere to or are consistently guided by; rather their practices reflect different ethical angles, often bundled together, to address particular issues. Relational ethics is by far the most discernible ethical approach in the way that both children and adults place great value on connections of trust and care. At the same time, consequentialist ethics emerges in the way adults seek the best possible outcomes for children and young people by promoting a child-centred organizational culture. Deontological ethics is evident particularly in children and young people's desire to be treated equally and inclusively and in adults' need for support in critically reflecting on ethically chal-

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lenging situations. And virtue ethics, while the least visible of the frameworks, emerged in the way both young people and adults place importance on the strong moral character of staff in working effectively with children and young people.

In terms of the implications of this research for improving policy and practice, the findings give further weight to the growing evidence around the importance of *relationships* for ethical practice—something that has been advocated repeatedly in social work (see Ingram & Smith, 2018), in education (e.g., Bingham, 2001) and in relation to services for disabled children (Jacobs et al., 2021). These authors point to the ways in which relationship work can be impeded by organizational imperatives, as well as by overly goal-oriented assessments. Our research suggests that the most important ethical practice for children's safety and well-being is the cultivation of caring, responsive, and mutual relationships between children and adults.

Another implication of these findings for further consideration is the importance children and young people place on having a sense of voice and agency, as we also identified in previous research (Graham et al., 2018). Inquiries into historic child abuse have, over many years, drawn attention to the crucial importance of listening to children in preventing and detecting abuse (e.g., Levy & Kahan, 1991; Moore et al., 2016, 2017; Waterhouse, 2000); however, safety is not merely a matter of protection from abuse. It also embraces a wide range of harms, including in relation to mental health, if children are not listened to and/or are unable to identify a trusted adult who can help facilitate their voice and agency. Our research suggests that promoting children's agency and protecting children from harm are two expressions of an underlying ethical value of treating children with equal recognition and respect.

Consistent with our earlier research, young people and staff place high value on relationships of mutual recognition (Graham, Anderson, et al., 2022). The term "recognition" could be said to capture the strong overlap in our findings between relational and deontological ethics. Recognition of the importance and value of others is a way of building strong and caring relationships, but it also calls for respecting each other's experiences, voices, and agency (Thomas, 2012). The findings in this study suggest, then, that mutual recognition involves care, respect and valuing of one another's dignity, made possible through strong ethical relationships. This association with relational ethics is further investigated in Phase 3 of the research where we quantitatively test which of these practices are positively associated with Honneth's (1995) three modes of recognition—love, rights and esteem (translated as being cared for, respected and valued).

One could also frame this combination of relational and agentic values with the notion of children's empowered inclusion. This term has been used in childhood studies research to describe an ethics of "recognizing [persons'] deep interdependency by taking steps to empower them actively" (Josefsson & Wall, 2020, p. 1052). Inclusion is a relational term arising out of feminist ethics and refers to the ethical responsibility to overcome the marginalization of historically suppressed experiences by opening up new ways for those experiences to gain agency and be voiced (Young 2000). The notion of *empowered* inclusion recognizes, in addition, that children and other marginalized groups are best included, not just as individual agents, but interdependently, that is, as members of mutually supporting ethical relationships. In this way, the concept of mutual recognition may actually be complicated by consideration of the experiences specifically of children. It is understood as intentional and dynamic. That is, mutual recognition involves adult caregivers actively making efforts to empower children's voices so that children themselves are able fully and equally to impact child-adult relationships. Or, to put it as a general or universal ethics of empowered inclusion: Marginalized groups call for mutually interdependent relations that empower their otherwise normatively excluded voices.

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Children in care settings reveal in this way an important ethical truth for us all: That humans are thoroughly interdependent beings who deserve both to be included in impacting, and to be empowered by, their relations to one another. Each of us is both vulnerable to systemic harm and capable of exercising agency in relation to others. What is more, for children as much as for adults, this empowered inclusion is intersectional. Marginalized persons are marginalized in many different possible ways that interact with each other, not only by age but also by gender, race, class, sexuality, disability, and much else. Honneth's concept of recognition gets at this point by naming what is to be recognized as not just a self but also an "other." Selves are both agents and recipients of diverse systemics of othering. As children especially make clear, this means that mutual recognition is a dynamic and interdependent process of simultaneously including and empowering one another. It is beyond the scope of this article to discuss in depth the challenges of making this concept real, in particular with groups of children who are marginalized in multiple ways, or in different cultural contexts; but a fundamental starting point must be to heed the call of Josefsson and Wall (2020: 1054), that 'institutions need to become more actively self-critical'.

CONCLUSION

Informed by theories of ethics and practice architectures, this research explored the practices that contribute to children's wellbeing and safety in schools, residential care and disability services. There is much to be learned from the different perspectives of young people and adults as expressed in our study. While the sector-specific findings are reported in-depth elsewhere (Graham, Canosa, et al., 2022; Robinson et al., 2022), this article provides a more nuanced insight into the different ethical dimensions of practice in these settings.

The broadest conclusion that can be drawn from this study is that the participants are most likely to link children's safety and well-being to relational ethics, followed closely by deontological ethics. They are least likely to draw upon consequentialist or virtue ethics. These findings suggest that children's safety and well-being are viewed as primarily dependent on an ethics of what could be called mutual recognition or empowered inclusion. Consistent with previous findings from this research, an ethics of recognition is important for fostering deep connections of care that are also just and equal. As we see here, these connections also foster children's own power and agency. To put it differently, both the children and the adults in our study see children's safety and well-being as rooted in their empowered inclusion.

At the same time, although they concurred on the importance of equal and caring relationships, children talked much more about voice and agency, while adults emphasized organizational culture (even more than relationships). We suggest that one important learning here is the inherent value of including different perspectives. It is not that young people are right to emphasize voice and agency, or that adult staff are wrong in paying more attention to organizational culture; it is rather that each group has access to information and understanding from their positioning and lived experience which can potentially be shared to give a more complete and rounded picture. In other words, while it is instructive to look at these different aspects of ethical practice as distinct, this should not obscure the extent to which they are actually interwoven. Strong relationships are attentive to children's (indeed everyone's) views, equally inclusive, and consequently fully child-centred.

The findings suggest that both children and adults predominantly describe ethical practice, then, in terms of the quality and equality of intersubjective relations. This ethical relationality is understood, less in terms of vertical responsibilities of care and protection (largely the domain

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of adults and shaped by institutional norms), and more in terms of simultaneously vertical and horizontal interdependence. Both the children and the adults in our research appear to agree that children's safety and well-being is principally a matter of children's mutual recognition and hence of empowered inclusion.

AUTHOR CONTRIBUTIONS

All authors contributed to the study conception and design. Material preparation, data collection and analysis were led by Prof Anne Graham and Dr Antonia Canosa. The first draft of the manuscript was written by Prof Anne Graham, and all authors commented on previous versions of the manuscript. All authors read and approved the final manuscript.

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The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

ETHICS STATEMENT

The ethical aspects of this research were approved by the Southern Cross University Human Research Ethics Committee (approval number: ECN-19-047) and relevant government departments.

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