Moral Dilemmas in Care for the Homeless: What Issues Do Professionals Face, How Do They Deal With Them, and Do They Need Ethics Support?

Ruth P. Spijkerboer, Ph.D. Candidate
Leiden University of Applied Science
spijkerboer.r@hsleiden.nl

Guy A. M. Widdershoven, Ph.D.
Institute for Health and Care Research, Amsterdam
g.widdershoven@vumc.nl

Jaap van der Stel, Ph.D.
Leiden University of Applied Science
stel.vd.j@hsleiden.nl

Bert Molewijk, Ph.D.
Centre for Medical Ethics, University of Oslo, Norway
a.molewijk@vumc.nl

Abstract

This qualitative study investigates/describes moral dilemmas faced by professionals working in care for the homeless in the Netherlands. It shows that moral dilemmas are related to rules, professional guidelines, care for the client's autonomy, coercion and maintaining the client's trust. Rules and guidelines also help professionals deal with their dilemmas, as does deliberation, individually or in consultation with others. The professionals are interested in ethical support.

Keywords: moral dilemmas, dealing with dilemmas, need for ethics support, care for the homeless, homeless youngsters, ethics support services

Introduction

Professionals in care for the homeless face, as in other care and service domains, various moral issues (Banks, 2012; Hem, Molewijk & Pederson, 2014; Kanne & Keinemans, 2013; McGrath & Pistrang, 2007; Renedo, 2013; Timms & Borrell, 2001). Often these issues take the form of moral dilemmas (Banks & Williams, 2004; Kanne & Keinemans, 2013). A dilemma is a situation in which a professional experiences the necessity to choose between two options, both with damage as a result and coupled with feelings of regret, guilt or remorse (Banks & Williams, 2004; Macintyre, 1990; Nussbaum, 1986). It is insufficiently clear which dilemmas professionals face in care for the homeless and how they deal with these dilemmas. The present research attempts to fill this gap by describing the dilemmas professionals in a Dutch institution for care for the homeless encounter, how the professionals deal with the dilemmas and whether ethical support is needed.

Homeless people often are confronted with multiple problems: psychiatric diseases and/or mental retardation, addiction, behavioral and financial problems and are seen as troublesome care avoiders (McGrath & Pistrang, 2007; Renedo, 2013; Schout, 2007). In addition, they rarely have a good family or other support network (McGrath & Pistrang, 2007). Homeless youths between 18 and 27 years old, sometimes bearing responsibility for their own young children, are seen as a difficult group to help (McGrath & Pistrang, 2007). They try to stay out of reach of tutelage of (sometimes forensic) youth care, while, at the same time they are unable to meet the challenges and responsibilities related to adulthood. Despite initiatives to solve this problem, care institutions do not seem to be able to reach the homeless youths. Some authors doubt whether homeless youths are adequately helped with problems in the field of mental health, substance use and physical/sexual abuse (McGrath & Pistrang, 2007; Steketee, Vandenbroucke & Rijkschroeff, 2009).

In caring for the homeless in general and homeless youths in particular, professionals experience dilemmas on the cutting edge, caught between human compassion and statutory demands (Banks, 2010; Renedo, 2013). One example of the many dilemmas: should care be given to a homeless boy, who will be exposed to contact with other, addicted, homeless adults, staying in the institution that night or not? Or should he be sent back to the streets, where other dangers may threaten him?

Two recent developments in the organization of Dutch care can change and even increase the moral dilemmas that professionals face. First, two new laws, the WMO (Social Support Act) and the Youth Care Act, came into force in 2015. This means that emphasis is and will increasingly be on recovery, empowerment, client-centered care and informal care. In addition, cuts in expenditures sharpen the conflict between striving to achieve good quality care and at the same time meeting the requirement of cost efficiency. This conflict may put professionals under increasing pressure, as is the case in the UK (Banks, 2010; McGrath & Pistrang,

2007). Second, at the same time organization of (youth) care is decentralized in order to make care tailor made. New methodological guidelines and organizational changes will force professionals of different disciplines and different organizations, with different views and methodological experiences and preferences, to adopt more outreaching roles. The professionals will have to cooperate in order to provide the most appropriate care. New professional roles and the need for multidisciplinary cooperation will likely confront them with additional dilemmas.

Codes of conduct and guidelines are supposed to help professionals perform their new roles in the current circumstances and in dealing with the moral dilemmas they face. Recently, the Dutch professional behavioral code for social professionals was reformulated (Beun & Groen, 2013). Guidelines, protocols and evidence-based methods aim to make professional action transparent and controllable and in line with the increasing demand for accountability from both government and clients. However, some challenges remain. Behavioral codes and guidelines do not suffice in preventing professionals from encountering dilemmas and can even cause new dilemmas (Banks, 2011; Timms & Borrell, 2001). Empowerment through strengthening the client-support network can, for instance, cause a dilemma for the concern for the client's well-being, when the family's readiness to support this client is questionable. Methodical guidelines, institutional or governmental rules and protocols are not applicable to every individual situation. Moreover, evidence-based practices are themselves value-loaded (Hopman, 2012; see also Putnam, 2002) and are seen by some as more prone to control life than to try to understand clients in the different and various circumstances in which they live. Evidence based practices can therefore not provide absolute guidelines for every single situation. As a result, dilemmas can be seen as inherently linked to professional work. Consequences of moral dilemmas can be uncertainty, disharmony in teams and moral distress, as shown by nurses' experiences in health care (Silén, 2011).

Recently, various kinds of clinical ethics support services have been developed in other social welfare and health care domains in order to support professionals in dealing with moral issues. Democratic and dialogical views of professional ethics and ethics support service such as moral case deliberation are advocated (Lindemann, Verkerk & Walker, 2009) and implemented (Molewijk, Zadelhoff, Lendemeijer & Widdershoven, 2008; Weidema, Molewijk, Widdershoven & Abma, 2012). These approaches are based on the assumption that professional practices and dilemmas professionals face are context-sensitive. Paying attention to and supporting the development of morality and wisdom in professionals' practice is useful, according to these views in addition to more top-down, principle-driven ethics support (Banks & Williams, 2004; Borry, Schotsman & Dierickx, 2008; Lindemann, Verkerk & Walker, 2009; Musschenga, 2005). This is in line with Aristotle's ethics (Aristotle, 2008) which focuses on experiential knowledge and practical wisdom.

From an Aristotelian perspective, dilemmas can be regarded as inevitable tragic events (Nussbaum, 1986), which serve as wake-up calls and starting points for reflection and normative dialogue. In order to be able to provide responsible and accountable care, dilemmas urge professionals to investigate and reflect on presuppositions that play a role in their normative stances. This is consistent with ethical reflection as advocated by Banks and Williams (2004) who plea for ethical reflection as part of professionalism, in order to help professionals to reflect on normative issues concerning good care in concrete situations.

Assuming that professionals face dilemmas, and that dilemmas are starting points for practical moral learning, it is therefore important to learn about the dilemmas professionals face and how they deal with them.

Thus, when the management of a Dutch institution for care for the homeless asked the first author to think along with them on possible ethics support services, it was mutually agreed upon to first explore the context. The present study presents the findings of this investigation. Three research questions will be addressed:

1. Which moral dilemmas do professionals in care for the homeless face?

2. How do professionals deal with the moral dilemmas they face?

3. Do professionals need support in dealing with the moral dilemmas they face?

In this article first the organizational context, then the methodology and results are described, after which results are discussed and conclusions are drawn.

Method
Context/background of the study
The institution for care for the homeless under study is located in the Western part of the Netherlands and provides ambulatory, crisis- and residential care to homeless people or people who might become homeless. Approximately 100 professionals work both as residential and ambulant social workers (next to managers, team coordinators, and workers with facilitating and advisory functions).

The research took place in the first half of 2012.

Research design, methods
Semi-structured interviews (Mertens, 2010) of 45-60 minutes each were conducted. Under the guidance of the researcher/first author, two student researchers, having finished their one-year traineeship in social work and doing the research as part of their final year in social work education, conducted the interviews. A total of 16 interviews were conducted; 15 of the 16 interviews were transcribed. For the 16th interview, notes were made immediately after the interview, because it appeared that the voice recorder had not functioned.

After having sent a call for participation by email, 16 professionals (see Table 1) voluntarily signed up as respondents. After having asked what

the respondents meant by the concept dilemma, in order to learn about the meaning they gave to the concept, a definition was given (a situation that leaves one with two choices which cannot be chosen at the same time, both of which have a negative impact), to ensure mutual agreement between interviewer and interviewee on the meaning of the word during the rest of the interview. Next, professionals' experiences of and dealing with dilemmas were openly questioned. After the specific topics concerning the kind of dilemmas (presupposed areas of conflicting values), the way professionals dealt with them were further investigated. Topics were based on (student) researchers' and seven other students' own experiences in social work with dilemmas as former professional (first author) or one-year trainee (students) in different social-work contexts. The topics were: experiencing moral dilemmas; which dilemmas (possible items: rules, client (system), cooperation); how often, weight of dilemmas (quantitative: 1=not serious, 10=very serious); currently dealing with these dilemmas (possible items: formal/informal consultation, rules); interest in support/support needed (see appendix: Interview questions).

In order to ensure anonymity for the interviewees, the student researchers signed statements of confidentiality. The student researchers were trained in two sessions in various interview techniques such as asking open-ended questions.

Participants

Participants differed in educational background, years of experience and age (Table 1).

Table 1: Background of participants

16 professionals	Education	Social Work: residential (4), ambulant (9) Psychology (1) Pastoral work (1) Management (1)
	Level	Master (1) Bachelor (12) Lower education (3)
	Experience	6 months-10 years
	Age	22-57 years

Analysis

Coding was done in an open way (Mertens, 2010) by former social work professionals, (student) researchers and supervisors.

Codes were first individually identified and described.

The first author collected the individually described sub-codes, compared them with each other and identified differences in views with the help of Atlas.ti. These differences were discussed, after which the final code list was determined.

Dilemmas, whose experienced seriousness was scored by respondents with ≥8, or that for instance were described by them as serious or troublesome, were considered as serious dilemmas. Dilemmas, scored with ≤5, or for instance described as "not so serious", were labeled as less serious dilemmas.

Research ethics

No IRB was required for this research. Participants were orally informed of the research goal, that anonymity of the data would be respected and that data would be anonymously stored. All gave their oral consent beforehand to use the questionnaire data for research. Interview respondents gave written consent. In order to respect respondents' anonymity, tasks or functions of respondents are not mentioned in this article.

Results

The following section describes the dilemmas professionals face, the way they deal with them, and the perceived need for support.

Which moral dilemmas do professionals face?

Respondents's definitions of a dilemma

Respondents gave different definitions of a dilemma. Half of respondents mention a difficult choice as characteristic of a dilemma. Others describe a dilemma as a problem, something related to emotions, something difficult, something that is not quickly solved, or something that one does not know how it should be dealt with. Half

of respondents doubt if dilemmas always cause damage. Some of the respondents see dilemmas as solvable by a creative solution, or think that causing damage is part of the treatment and can, in the end, bring positive results. Refusing care to a boy can result in the fact that:

> .....*he seeks contact with his parents, reason why in the end he will be better off. (R4)*

Others relate dilemmas to feelings of discomfort in themselves:

> ...*that they both cause damage? Sometimes I have a dilemma from within. That you are in a dilemma yourself. (R6)*

Themes and opposing values

Respondents mentioned just over one hundred dilemmas. Two-thirds of these dilemmas met our definition. The issues that did not meet our definition related to how to deal, for instance, with difficult behavior, or to a situation in which the respondent expressed unease and strongly disagreed with the state of affairs. These issues were *not* further explored in the interviews.

Themes that played an important role in the dilemmas were experienced differently. Whereas some respondents mentioned specific themes, others reported having no problems with the theme.

Often occurring dilemmas concern money (should I give the client extra money or not?), allowing use of alcohol or drugs, and giving or withdrawing care. Half of the respondents mention dilemmas in which young people or little children are involved. In the next section, dilemmas are described in categories referring to conflicting values. This does not mean that categories are mutually exclusive; some dilemmas can be placed in more than one category.

i. *Following existing law/rules/guidelines/ protocols or not.*

Many of the respondents feel dilemmas when institutional indication criteria force them to

do things that are, in their opinion, against the well-being of the client. A youngster's situation is often bad enough to cause concern, however, according to the rules, not bad enough to justify an indication for care. In the case of a boy, having no job and no money, sleeping on the streets, but not suffering from addiction and having no particular mental health problems, a respondent told he wanted, but was not allowed, to let the boy in for help:

> *....a youngster has many problems, and you see him slide down, but as an institution we cannot do anything. The [institutional] criteria state that he has to be really homeless [before letting him in], and there have to be other problems. (R3)*

Another respondent reports the dilemma of being compelled by governmental provisions to send clients to daytime activities, although clients do not want to go there:

> *..... you can't say to someone, off you go into a day activities project………. The moral thing is: can you force someone to go to such a project for no reason? (R4)*

A third respondent reports that she has the duty to report dangerous situations to the youth-care authorities. However, at the same time, she feels the duty to protect the safety of a child's life. In her view, reporting and giving the address of the mother to these authorities could create precisely this danger, because the address could be given to the dangerous father with parental rights.

Some respondents feel caught between their duty to keep clients abiding by the rules, when they want to stay in their temporary accommodation, and their concern for the client's well-being when the client does not succeed in doing so.

ii.   *Respecting or overruling autonomy.*
A point of great concern for many professionals is preserving respect for client's autonomy. A respondent reports about a client with a light intellectual disability:

> *....she rather suffers from mood swings, [………..], she wants to hold off everything [care], [.....], that is a dilemma. On the one hand, I think, if she doesn't want it, I should not do it [give care], because I can't force her to stay in care, but that would mean that she has to do it all by herself, she would be back to square one. On the other hand, it is her choice. (R13)*

iii.   *Maintaining or harming trust.*
Professionals express concern for maintaining a client's trust, which is essential in order to maintain the client's motivation and for the treatment to be successful. A respondent, describing the dilemma between allowing a light mentally disabled woman to refuse help with her financial problems, or forcing her to accept help, says:

> *If I force this decision, it can harm her trust, so that is a pretty big problem. (R13)*

A respondent, dealing with a client suspected of having committed a crime, asks himself if he has to report the crime:

> *We are not here to play the policeman, it depends on the seriousness of the offence, are you going to do this, with someone who trusts you, or not? (R6)*

iv.   *Entering possible conflict with colleagues or not.*
Some professionals describe dilemmas when confronted with disagreements with colleagues: "Shall I keep the issue silent or take the initiative to discuss the disagreement?". Others mention dilemmas related to cooperation with other institutions.

Some give clear examples of dilemmas in cooperation with institutions that work with different visions and regulations from their own. Mental health care institutions, bound to privacy regulations, sometimes will not give the necessary information the respondent wants in order to be able to provide "good care". Another respondent clashes with a mental health care institution, because the institution only takes care of clients who are able to formulate a clear request for help. She feels torn between doing nothing (harm for the client) and appealing again to the fellow institution (endangering cooperation).

Experiencing of dilemmas

Respondents experience dilemmas differently. Some see dilemmas as serious, others regard the same dilemmas as daily matters, by which they are not very affected. Some consider a dilemma as more serious when it occurs more often, while others think that a dilemma is less serious when it occurs more often, because they got used to it.

Dilemmas experienced as serious are often related to the well-being of the client. Some respondents mention situations in which the client's self-destructive behavior (sexual or addictive behavior) causes a dilemma. Dilemmas in which the professional feels obliged to refuse care or to send a client away are also felt as serious, especially when young children are concerned:

> *Yes, most of our clients have a bad network, so they count very much on your support, with some clients you can let it go easier than with others. This is rather a young boy, with little experience. You would like to take him home under your arm and give him the feeling that he is safe. That is why, with such a boy, that weighs a little heavier than with someone older, who can see things more in perspective. (R13)*

When a client's life is at stake, the seriousness of a dilemma is felt very strongly:

> *We cannot do anything. We have talked it over with him, but in the end it is his own choice to drink himself to death. [........] I really would like to let him be admitted, a mandatory admission or such, because he endangers himself. [........] These kind of things, I take home with me. (R5)*

Less serious experienced dilemmas are dilemmas related to material problems of the client: should the professional give the agreed amount of money, or more, when the client asks for it?

How do professionals deal with dilemmas?

i. *Rules as a help.*

While some respondents mention protocols and rules as the cause of dilemmas, many of the respondents also mention protocols and rules as helping them to deal with dilemmas.

Some explicitly think it is necessary to keep the rules:

> *When you face so many dilemmas, you have to think far too much about all the things you do. That is not good for any one, [........] but when you have to make these considerations daily, it drives me mad, that is impossible. There are protocols designed for [this], anyway, right? (R 1)*

ii. *Method as a help.*

When dealing with a dilemma, a methodical way of asking questions to clients may help. When hesitating to ask further questions to a client who is clearly embarrassed to express himself, a respondent says:

> *The solution is in the way of asking questions. (R3)*

Such an approach apparently helps the client to overcome his embarrassment.

Some respondents take refresher courses such as "How to deal with aggression," offered by the institution, and express that these methods help them learn to deal with dilemmas.

iii. Deliberation with colleagues.

Many respondents mention discussing their dilemmas with colleagues in formal or informal meetings. They put dilemmas on the agenda of multidisciplinary meetings, intervisions[1], or when transferring information to their colleagues. Some prefer to discuss their dilemmas with their superiors, or want their superiors to be responsible. Sometimes information is obtained from another institution, and such information is used as advice in dealing with the dilemma at hand. It is not clear whether all these kinds of consultations are especially aimed at dealing with dilemmas. Some respondents say explicitly it is important to hear what others would have done in their place.

iv. Following one's own principles.

Many respondents also make their own decisions in the dilemmas they face. Some of them explicitly follow their own principles, like the right to autonomy, or the principle of not endangering the safety of clients or colleagues. Others explain their own considerations in dealing with a dilemma, without explicitly referring to a specific value. A respondent says he will always follow a client's wishes, unless others will be harmed, or in the case of a criminal offence.

I think: the customer comes first. (R2)

v. Following intuition versus eliminating feelings.

Some respondents consider their intuition to be an important advisor in dealing with dilemmas. Others consider eliminating their feelings to be the most advisable way of dealing with dilemmas, thus apparently opposing their intuition.

What are professionals' needs for support in dealing with dilemmas?

When asked if they need support in dealing with dilemmas, professionals give different answers. Some report there is enough room to bring up their questions. They mention intervision, supervision, meetings meant for discussing clients, formal and informal gatherings with their team manager and/ or colleagues as opportunities to discuss their problems and dilemmas. Giving an example of such a problem or dilemma, a respondent says:

> *There are team meetings [..............]*
> *in which you can discuss dilemmas.*
> *You can make mention of aggression*
> *for instance, when you deal with*
> *that, and that is discussed, yes. (R3)*

Others experience dealing with dilemmas as their own responsibility. Help with dilemmas requires one's own initiative. This means that special attention for dealing with moral dilemmas is unnecessary, according to a respondent:

> *When I need support, I ask it and I*
> *get it. (R1)*

Some see the need for support as related to the number of years of experience as a professional:

> *For me personally, there is enough*
> *support. [........] The longer you work*
> *here, the more experienced you are*
> *and the less support you need. But*
> *when you just begin with this kind of*
> *work, it is quite different. (R2)*

Others consider the attention for dealing with dilemmas as insufficient, or explicitly express additional need for support in dealing with problems and dilemmas. They suggest intervision as a possible aid for discussing problems and dilemmas. Half of respondents welcome, or are interested in, the idea of having the opportunity to question ingrown habits in a moral case deliberation, if possible, or

---

[1]A Dutch method in which health-care professionals discuss problems related to their work in order to help each other practically and personally.

expresses the assumption that other people know more than they do.

> *I think it is only right. I mean, surely you're a little blind, you think you do everything right and you think you know everything, but you can always overlook things. (R6)*

> *It is always good to share things, and to view cases from different perspectives. You are often following your own single track. (R7)*

Some show no special interest in moral case deliberation, but give it the benefit of the doubt.

Discussion

First the findings concerning the dilemmas professionals face and the way they experience dilemmas are discussed. Subsequently, the way professionals deal with dilemmas and the need for ethics support will be discussed.

Experiencing dilemmas

Respondents experience different dilemmas and not all respondents experience dilemmas in the same way: what some call a dilemma, or even a serious dilemma, is less serious, or no dilemma at all, for others. This finding matches the findings of Banks and Williams (2004), Hem, Molewijk and Pedersen (2014) and Kanne and Keinemans (2013). Professionals' experiences and descriptions of dilemmas are apparently not identical, even when they discuss the same situation.

Banks and Williams (2004; Banks, 2012) and Kanne and Keinemans (2013), describe the way professionals talk about "ethically difficult situations", and distinguish between "issues", "problems/questions" and "dilemmas". It is possible that professionals in our study experience dilemmas as tensions, which they do not question in a moral way, when they speak of "problems", or when they describe dilemmas as not being serious.

Some ask themselves how to act properly, without explicitly expressing that they themselves feel urged to choose. The stances they take are or may be part of public or professional agreed morality, but nevertheless cause tensions. Hem, Molewijk and Pedersen (2014), describe the dilemmas mental health professionals face in their work, suggesting that the professionals they investigated intermingle ethical and professional questions. The data presented here confirm this image of intermingling different questions and of how professionals experience ethical issues in their work. Assuming methodical and professional questions to be value-loaded and intertwined with ethical questions, in line with the assumptions of Hem, Molewijk and Pedersen (2014), this is not surprising. In all cases, it seems to be necessary to enhance professional moral awareness, in order to help professionals recognize the different questions they have and to deal with moral dilemmas in particular.

From our data it follows that dilemmas and dealing with dilemmas are context sensitive. This is in line with the view of MacIntyre (1990), who argues that dilemmas cannot be seen as facts, independent of general moral reasoning and other existing theories and personal experience/view. This vision is consistent with hermeneutical visions, asserting that different persons give different meanings, even when confronted with the same facts. These meanings are dialogically framed in a historically developing context of many other meanings (Gadamer, 2004). This suggests that there is not one way of dealing with dilemmas and that professionals should first exchange and learn from the way they experience dilemmas, before being able to consider the best ways of dealing with them.

Which dilemmas?

Professionals experience dilemmas related to rules, to their endeavor to secure the feeling of autonomy of their clients, to trying to guarantee trust, and related to cooperation with their own colleagues or with other institutions.

They seem to be very committed to their clients and feel very responsible for the well-being of their clients. Professionals in our research feel most and serious dilemmas when they have to enforce rules, which they see as harmful to clients' or youngsters' well-being. McGrath and Pistrang (2007) and Renedo (2013) draw similar conclusions in their studies. They describe, among other things, the dilemmas which professionals in voluntary and community sector organizations experience. According to McGrath and Pistrang, professionals feel torn between their strong caring ethos, trying to include and empower the homeless, and the increasing reification and increasing governmental restrictions and regulations that prevent them to deliver the good care they want to deliver. Similarly, Renedo (2013) distinguishes, among others, enforcement versus support as a core theme in the tensions felt by both professionals and residents in homeless-youth care. Professionals want to provide the youngsters with emotional support but have, at the same time, the duty to enforce rules, which prevents them from giving this support.

Need for ethics support?

Experiencing dilemmas can, according to Silén (2011), increase moral distress, which can in turn affect job satisfaction and be harmful to the quality of care (Dalmolin, Lunardi, Barlem & Silveira, 2012). It is therefore important to investigate professionals' need for support when they face dilemmas.

Professionals feel supported by rules in dealing with dilemmas. It seems that rules and guidelines are useful in maintaining agreed morality, although apparently not for every concrete situation. Further research can possibly shed more light on the question under which circumstances professionals experience rules as helping them deal with dilemmas and under which circumstances they do not.

When dealing with dilemmas, many professionals deliberate with others. It is not clear whether or not these deliberations mean explicit moral deliberations, aimed at equivalent exchange of perspectives and joint research and reflection on presuppositions that are important in examining the moral question. It is also possible that the gatherings are aimed at asking for and giving advice to each other.

Professionals also make decisions by themselves, explicitly or implicitly making use of their own convictions.

Half of the professionals were interested in, or even welcomed, ethical support. Some did not, indicating that they have enough other means for consultation, such as in supervision, intervision or in other, informal gatherings. The professionals who expressed themselves while using the concepts 'problems' and 'dilemmas' as equivalent seemed to be less interested in additional ethical support. The existing means of ethical support seems to fulfill the role of implicit clinical ethical support; Dauwerse, Weidema, Abma, Molewijk & Widdershoven (2014) also described this. As assumed above, professionals seem to intermingle professional and methodical problems on the one hand and moral questions and dilemmas on the other. The conclusion that the degree of moral awareness, recognizing dilemmas as issues concerning conflicting values instead of as personal or professional questions, goes hand in hand with the perceived need for support in dealing with dilemmas, seems therefore justifiable. In that case it is necessary to enhance professionals' moral awareness. Enhanced moral awareness can possibly improve professionals' competence to ask for the appropriate support associated with the specific question. Professional and methodical issues on the one hand require reflection on problems and personal functioning within the existing framework, as intervision or supervision. Moral dilemmas and questions on the other hand require reflection on the professional framework itself, a view that is in line with the plea for "practising ethical reflexivity" as advocated by Banks & Williams (2004, p 21).

Limitations and Strengths

Like the research of Hem, Molewijk and Pedersen (2014), Kanne and Keinemans (2013), Renedo (2013), McGrath and Pistrang (2007), our research concerns context-dependent data and a limited number of participants. Although conclusions drawn in the studies mentioned and in the present study are not generalizable, conclusions

are comparable, and may confirm and strengthen, or weaken claims. They may also generate new research questions. General validity of the research findings can be enhanced in the future by investigating data in other care institutions for the homeless and homeless youth. In this way more can be said about context-dependent factors influencing the dilemmas experienced by professionals, the way they deal with them and the possible support they need in this specific care context.

Conclusion

Professionals in care for the homeless face many dilemmas, related to rules, client's autonomy and trust, and to cooperation with diverse colleagues. Dilemmas with homeless youngsters, even more when little children are concerned, are seen as very serious.

Professionals deal in different ways with their dilemmas. Codes and guidelines, deliberation with others or by themselves, and the use of intuition are means to help professionals deal with their dilemmas. Half of the professionals of the institution under study are interested in ethical-support means, although some feel sufficiently supported in dealing with their problems and dilemmas.

References

Aristotle. (2008). *Ethica Nicomachea*. (C. Hupperts, Trans.). Budel: Uitgeverij Damon.

Banks, S., & Williams, R. (2004). Accounting for ethical difficulties in social welfare work: Issues, problems and dilemmas. *British Journal of Social Work*, *35*(7), 1005–1022.

Banks, S. (2010). *Ethical issues in youth work*. New York: Routledge.

Banks, S. (2011). Ethics in an age of austerity: Social Work and the evolving new public management. *Journal of Social Intervention: Theory and Practice*, *20*(2), 5–23.

Banks, S., (2012). *Practicing social work ethics around the world.* London and New York: Routledge.

Beun, M., & Groen, A. (Eds.). (2013). *Beroepscode voor Sociaal Agogisch Werk. (Behavioral code for social professionals)* NVMW, Utrecht.

Borry, P., Schotsmans, P., & Dierickx, K. (2008). The origin and emergence of empirical ethics. *Empirical Ethics in Psychiatry* (pp. 37–51). New York: Oxford University Press Inc.

Dalmolin, G. L. de; Lunardi, V. L.; Barlem, E., L., D., & Silveira, R. S. da. (2012). Implications of moral distress on nurses and its similarities with burnout. *Texto contexto, 21*(1).

Dauwerse, L., Weidema, F., Abma, T., Molewijk, B., & Widdershoven, G. (2014). Implicit and explicit clinical ethics support in The Netherlands: A mixed methods overview study. *HEC Forum, 26*(2), 95-109.

Gadamer, H.-G. (2004). *Truth and method.* New York: Continuum International Publishing Group.

Hem, M. H., Molewijk, B., & Pedersen, R. (2014). Ethical challenges in connection with the use of coercion: A focus group study of health care personnel in mental health care. *BMC Medical Ethics, 15*(82).

Hopman, M. (2012). *Unraveling the hidden curriculum*. Retrieved from http://dspace.library.uu.nl/handle/1874/254581

Kanne, M., & Keinemans, S. (2013). The practice of moral action: A balancing act for social workers. *Ethics and Social Welfare*, *7*(4), 379–398.

Lindemann, H., Verkerk M., & Walker, M.U. (red.) (2009). *Naturalized bioethics: Toward responsible knowing and practice.* Cambridge: Cambridge University Press.

Macintyre, A. (1990). Moral dilemmas. *Philosophy and Phenomeno-logical Research, 1*(50), 367–382.

McGrath, L., & Pistrang, N. (2007). Policeman or friend? Dilemmas in working with homeless young people in the United Kingdom. *Journal of Social Issues*, *63*(3), 589–606.

Mertens, D. (2010). *Research and evaluation in education and psychology. Integrating diversity with quantitative, qualitative, and mixed methods*. Los Angeles: Sage publications.

Molewijk, A. C., Zadelhoff, E. van, Lendemeijer, B., & Widdershoven, G. (2008). Implementing moral case deliberation in Dutch health care;

improving moral competency of professionals and the quality of care. *Bioethical Forum*, *1*(1), 57–65.

Musschenga, B. (2005). Empirical ethics, context-sensitivity and contextualism. *Journal of Medicine and Philosophy*, *30*(5), 467–490.

Nussbaum, M. (1986). *The fragility of goodness*. Cambridge: Cambridge University Press.

Putnam, H. (2002). *The collapse of the fact/value dichotomy*. Cambridge: Harvard University Press.

Renedo, A. (2013). Care versus control: The identity dilemmas of UK homelessness professionals working in a contract culture. *Journal of Community & Applied Social Psychology*, *24*(3), 220–233.

Schout, G. (2007). *Zorgvermijding en zorgverlamming : een onderzoek naar competentieontwikkeling in de Openbare Geestelijke Gezondheidszorg (Care avoidance and care paralysis. A study in competence development in public mental health care)*. Retrieved from http://dissertations.ub.rug.nl/faculties/gmw/2007/g.h.schout/?pLanguage=en&pFullItemRecord=ON

Silén, M. (2011). *Encountering ethical problems and moral distress as a nurse. Experiences, contributing factors and handling*. Retrieved from http://hj.diva-portal.org/smash/get/diva2:450421/FULLTEXT02.pdf

Steketee, M., Vandenbroucke, M., & Rijkschroeff, R. (2009). *(Jeugd)zorg houdt niet op bij 18 jaar*. *(Care for youth does not stop at 18 years)*. Retrieved from http://www.verwey-jonker.nl/doc/jeugd/Jeugdzorg%20houdt%20niet%20op%20bij%2018%20jaar_2697.pdf

Timms, P., & Borrell, T. (2001). Doing the right thing – Ethical and practical dilemmas in working with homeless mentally ill people. *Journal of Mental Health*, *10*(4), 419–426.

Weidema, F., Molewijk, A. C., Widdershoven, G. A. M., & Abma, T. A. (2012). Enacting ethics: Bottom-up involvement in implementing moral case deliberation. *Health Care Anal*, *20*(1), 1–19.

Appendix: Interview Questions

1. Background information (function, education, years of experience, age, gender)

2. What does the word dilemma mean according to you? (followed by a definition of the word dilemma to work with during the rest of the interview: A situation in which you have to make a choice between 2 options: whatever you do, not doing the other option has always a negative consequence)

3. Do you encounter dilemmas in your work (possible items: 1. protocols/(methodical) guidelines; 2. Problems related to client (system); 3. Cooperation with other institutions/own colleagues)

   a. In general (examples, which damage?)

   b. With youngsters between 16 and 24 years old (examples, which damage?)

      i. How did you deal with the dilemma?

      ii. Evaluation?

      iii. Why was it good/not good?

      iv. What would you do next time, encountering the same dilemma?

      v. How heavily did you experience this dilemma on a scale of 1-10 (1=not serious, 10=very serious)?

      vi. How often do you encounter this dilemma?

4. Is there any focus on dealing with dilemmas in the institution (possible items: 1. formal consultation, like multidisciplinary meetings, intervision, supervision; 2. informal consultation; 3. protocols/ (methodical) guidelines, refresher courses/theme discussions)?

5. Would you want/prefer any/more different/less support in dealing with dilemmas?

   a. If yes: What do you need?

   b. Are you familiar with moral case deliberation?

   We thank Gineke Tromp and Inge Slot for their contribution as student researchers to this research.