

Children's quest for love and professional child protection work: the case of Norway.

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Abstract

Central actors in the child protection field in Norway argue that children in public care should not only receive care and support, but also love. It is hard to disagree that children need love. However, there is reason to question the **situation that may arise if children's need for love is translated into requirements** that must be safeguarded and handled by child protection workers in the child protection services. In this article, I analyse this 'requirement of love' both with **regard to the increased focus on children's rights in discussions on children's life** conditions and to the history of the professionalisation of social work; having the gendered features of social work and its partial professionalisation in mind. Due to the challenges this requirement represents, there may be good reasons to revisit the debates on care and care work among feminists who have theorised care as work within professional contexts. I try to show how the field of social work and child protection may utilise the critical potential in care feminist thinking by connecting it to their own emphasis on emotional awareness and knowledge of self as a prerequisite for professional child protection work.

Keywords

Child protection, feminist ethics, care, love

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Introduction

In Norway, a large number of articles and books have been written about what child protection workers in various positions can and should do differently. Often, the starting point is that many children and parents suffer in their encounters with the child protection services, feeling insulted and subjected to major and minor violations by, among others, municipal child protection caseworkers and child protection workers in institutions (for example Andenæs, 2004; Søftestad, 2005; Brottveit, 2007; Christiansen 2012). Part of this literature addresses the tensions between power and care and the dilemmas of child protection workers in their support and work for vulnerable children and their families, both on the personal and systemic levels (Ericsson, 1995 and 2009; Skau, 2003; Bunkholdt and Sandberg, 2007; Vetlesen, 2012). This literature also includes analysis of how child protection work can be done with bigger, better and broader knowledge, higher ethical standards in the work and the protection of user interaction (cf. Omre and Schjelderup, 2006; Hærem and Aadnesen, 2008; Halvorsen, 2009; Angel, 2010; Hoel and Rønnhild, 2011).

Concurrently, there is a paucity of literature that takes the structural and institutional context of child protection workers as its point of departure (Dahle and Hennum, 2008; Ferguson, 2005; Munro, 2008; Smith, 2010). There is also a paucity of literature that scrutinises the part of child protection work that relates to emotional stress and examines the importance of dealing with those feelings to be able to exercise good, professional care (Munro, 1998; Forsberg and Vagli, 2006; Vagli 2009). An important exception in a Norwegian context is Kari Killén, who has emphasised the importance of emotional awareness and work on the self as a crucial aspect of doing good social work (Killén, 1999 and 2004).

Over the past ten years, we have witnessed a shift in the public critique of the child protection services in Norway, from the above mentioned weaknesses in child protection work including critique of the lack of a strong child centred focus, towards an inclusion of the concept of love (Thrana, 2016). This shift connects, as I will return to shortly, to the United Nations Convention on the Rights of the Child (UNCRC), and was firmly put on the public agenda by The Norwegian Panel on Child Protection Services (Barnevernpanelet) in 2011.

Barnevernpanelet (the Panel) delivered its recommendations on how child protection can be better organised to the Minister of Children, Equality and Social Inclusion (Barnevernpanelets Report 2011). The Panel consisted of 22 publicly appointed persons ranging from academics to politicians and practitioners, many of them known through public debate on the child protection **services in Norway. The Panel's main concerns were that it takes too long to investigate and take action within the child protection services, that the threshold for introducing help is too high in many municipalities, and that the**

help measures to be implemented often are not of sufficient quality. They saw this situation as due to many connected factors, including: the attitudes of child protection workers, a heavy workload coupled with lack of resources and a professional knowledge that is not always adaptable to the challenges of work, and little provision of guidance and supervision. They also emphasised that there **is insufficient consideration and involvement of children and adolescents' opinion** in decisions taken around their lives.

Additionally, the Panel noted that vulnerable children and adolescents need love, given – and developed – in stable and healthy relations with trusted adults. The Panel also connected the concept of love to the help and support that should be provided by professional child protection workers in the municipal child protection services, to vulnerable children and adolescents. They did so, however, without discussing, what this requirement of love may imply for child protection workers, nor did they question the ethically troubling aspects of a child developing a love relationship with a professional caregiver, where significant aspects of the relationship include its temporary nature and dynamics of power.

In the discussion that follows, I specifically have in mind municipal child protection caseworkers and child protection workers in institutions. Although municipal caseworkers and institution workers are positioned very differently in their relations with children, adolescents and their families, it is especially these groups of workers that have been targeted when, for example, vulnerable children and their families criticise how they are met, treated and violated by the Norwegian child protection services (Barnevernet) (see, for example, Hagen, 2001; Ericsson, 2009).

Later developments in Norway have strengthened this focus on love and **children's entitlement to be loved. A central** promoter of love is the Factory of Change (Forandringsfabrikken), an organization which in 2014 engaged 15 municipalities (caseworkers) and four University Colleges throughout Norway to change their practices and teachings accordingly (Forandringsfabrikken 2016). The idea behind the Factory of Change, which was founded in 2004, is to give a voice to children who have had personal and often painful experiences with different parts of the child protection services. Central to their feedback to the child protection system, and to the professionals working within these systems, **is that they should take children's experiences seriously, respect and listen to** their opinions about decisions concerning their lives, and give them love (see also Backe-Hansen, 2011; Storø, 2016). In an appeal to Norwegian legislators they argue that: 'all children need love in order to grow and to feel safe, and all grown-ups working with children and youth must work with love and provide children with love' (Forandringsfabrikken 2016, my translation). They emphasise that love should be a core value in all child protective work, and that the word

love should be included in the new Child Protection Act (see also the Official Norwegian Report NOU 2016: 16, p.53).

Both the Panel and the Factory of Change articulates a message that is central in the UNCRC. The UNCRC was ratified by Norway in 1991, and in 2003 it became part of Norwegian law. The preamble forms an important basis for the interpretation of the articles of the Convention (Kjørholt, 2008, p.65). It says, inter alia, that:

[The Parties are] Convinced that the family, as the fundamental group of society and the natural environment for the growth and well-being of all its members and particularly children, should be afforded the necessary protection and assistance so that it can fully assume its responsibilities within the community, ...recognizing that the child, for the full and harmonious development of his or her personality, should grow up in a family environment, in an atmosphere of happiness, love and understanding (UN Convention on the Rights of the Child, p.6).

It should be pointed out that this text is written as an introduction to a document that implies a legal regulation of the relationship between family and state and is intended to be valid across countries and a variety of cultural conditions (see Neumann, 2014). Although the family is the explicit frame of reference for the concept of love, in the context where the parents or guardians fail to give their children adequate care, the state has a duty to intervene and to care.

The Panel maintained a very ambitious standard: namely, that vulnerable children and adolescents shall receive care, assistance, support and respect in their meetings with child protection workers, in all part of the child protection services. Precisely because of this, the Panel added many guidelines on child protection work that, if followed, sets out a good framework for high ethical **standards in child protection workers' professional practice** and the exercise of good care (see Utsvedt, 2011). It is the use of the word love, which the Panel and Factory of Change use in this context (see Thrana, 2016), that makes me think it is important to discuss whether it is reasonable and prudent to expect that a professional child protection worker should produce and 'deliver' the feelings associated with parental-like love, for the child she will help provide care for within a professional child protection context. This means, I think, we need to discuss what it does to professional care work if it is anchored in such an ethical position – feeling love – as distinct from a deontological position, or an ethics of duty orientation, like in that of the Good Samaritan. The Good Samaritan saw the suffering, did what had to be done, and went, without expecting thanks. He offered help because it was his duty to provide care and because he empathised with the wounded person, not because he felt something special for the person he helped.

By this I am not implying that acting from an ethical position of duty cannot include personal feelings of love. Rather, I am aiming at a position where love should not be framed as an emotional requirement for acts and interventions within a professional context of care work.

To better prepare the context for this discussion, I raise another question: how can it be that it is possible to set love as a requirement for professional child protection work? Does the 'love requirement' slip more or less unnoticed into the discourse of child protection work because of the gendered history of social work as a profession?

Before shifting into the discussion, I will first give a very short example of how the focus on the concept of love has been associated with professional primary care and follow-up work and is a term that must constitute one criterion, albeit obscure, of limitation or demarcation between care that is given and received in various professional and private contexts.

Love and professional caregiving

When the notion of love is discussed in a religious or philosophical context, the starting point is the distinction between eros and agape, where eros denotes erotic love and agape (caritas) divine love or charity (see Ulstein, 2003; Bolstad, 2012; Zarri, 2015). In cultural-sociological research it is often in relation to analyses of loving relationships between partners and the relationship between parents and children that the notion of love is discussed and examined as the emotional basis for the relationship (see e.g. Swidler, 2001; Hennum, 2002; Felmlee and Sprecher, 2005). Agape, or charity, was important in the early professional development of, for example, nurses through the 'call to service' championed by Florence Nightingale, even if she herself later went against this way of thinking with her efforts to professionalise nursing as a discipline (see e.g. Martinsen, 1989; Carpenter, 2010). **Love (of one's neighbour), or charity,** thus appears to have had an equivocal relationship with the development of the professional caregiver since the beginning of the development of modern professional caregiving, not only in nursing (see Martinsen, 1990), but also in social work. The religious codes and discipline, which heavily influenced Norway and other parts of Europe in the 1840s and 1850s, contributed to the mobilisation of middle- and upper-middle class women into voluntary social work (Schiøtz, 2003) and prepared the ground for the notion that unpaid caregiving was better than paid caregiving. I will return to this later.

In a Swedish PhD thesis about the care given by home care workers, Renita **Sörensdotter (2008) discusses the caregivers' borderline decisions between** being professional, being private, and being too private in their work with older people and those in need of help. The conflict between feeling real love and the duty-based ethical professional ideal are treated here as the tension between

differential and equal treatment of patients. Conflicts arise between colleagues when someone establishes close, familiar, loving relationships with some of those they care for. The professional requirement is that rules must be the same for everybody in order to ensure that all those needing help are given the same treatment. It is not only erotic love which is forbidden in professional caregiving; the familial love which can arise between carer and patient is also regarded as problematic (Sörensdotter, 2008, p.109). Although there is reason to believe that the dilemmas between differential and equal treatment in child protection settings are more flexibly managed than among home carers (Thrana, 2016; Neumann, 2017) - a flexibility also actively advocated by some researchers on ethics in social work (Orme, 2002; Parton, 2003) - tensions may surface both with regard to the dangers of sexuality and sexual emotions, or represent challenges in a residential setting, where one child receives special care or treatment at the expense of other children. As I see it, there is no inherent reason why appropriate boundaries could not be maintained in a professional context, whilst acknowledging strong feelings between children and professional child protection workers. My preliminary suggestion is that these tensions have to be acknowledged, and that the acknowledgement of feelings must be coupled with specific and theoretical knowledge about children, childhoods, class, ethnicity and gender, professional responsibility and awareness of self (Munro, 1998, Ch.4).

The requirement for love stipulated by the Panel, and even more strongly by the Factory of Change, could be understood precisely as a demand that familial love should be the norm for relationships between professional child protection workers and the children to whom they give care. In the UNCRC, the notion of **love is presumed to be "seamlessly" transferrable from the parent-child** relationship to the relationship between the professional and the child who depends on the state for its care. As I will discuss below, my presumption is that the background to this can be found in the history of the child protection profession.

The professional history of child protection pedagogues as background to the requirement of love in Norway

It is not within the remit of this article to give a comprehensive account and analysis of the professional history of child protection pedagogues in Norway. I will, however, outline a few main features, based on the work of Gerd Hagen (2001) and Rannveig Dahle (2010). Hagen, who has written the history of the Norwegian child protection services, describes its development as 'a piecemeal development of child welfare initiatives' and as a field which has found itself in the borderland between 'criminal policy, school policy and social policy' (Hagen, 2001, p.106, my translation). As far as the development of the training of child protection pedagogues is concerned, she says that it came about 'in a splitting

up of the social sector, the health sector and the educational sector' (Hagen, 2001, p.149, my translation; see also Messel, 2013).

According to Hagen: 'education and training for the social sector were neglected before the war, when there were few jobs and little understanding of the importance of such education in local municipalities. A warm heart and common sense were the required qualifications' (2001, p.151, my translation). The professional platform of social sector workers (social workers and child protection pedagogues) was established and came together in the Norwegian State College of Local Government Administration and Social Work, Norges kommunal og sosialhøgskole, in 1980. Like Dahle, Hagen strongly emphasises the link between the state and the development of professional child protection work, **which after WWII was a development driven by the welfare state's need to protect, assist and control its population** (see Martinsen, 1989).

The key features of this development which are important in my context, and which Dahle (2010) has specifically arrived at thorough her analysis, concerns first the widespread female gendering of the field of professional social work, including child protection pedagogues, and second, the fact that the establishment of the profession was fought for as the professionalisation of a commitment to social engagement and activity, which mostly were the domain of the women of the bourgeoisie towards the end of the 19th century, in Norway as well as in other European countries (Carpenter, 2010). One obvious difficulty inherent in this development is that in parallel with the professionalisation of social work there were forces that felt that there was no need for this professionalisation because such work was mainly carried out by women, and women already knew how to provide care (Wærness, 1992; see also Parton, 2003). In this connection it should also be said that many considered unpaid welfare work more worthy than paid welfare work, something which became clear in the debates about the establishment of caregiving as a profession in the US and Europe in the second part of the 19th century. Dahle, citing the sociologist Paula Dressel, puts it thus:

Dressel also noted that in the 20th century, unpaid care work was regarded as far superior to paid such work, based on the assumption that work involving giving care to others and spreading love could not be carried out for money (2010, p.45, my translation).

From the above it is clear that the professionalisation of the field was controversial and ambiguous right from the start, in marked contrast to, for example, the development of medicine (Abbott, 1988; Carpenter, 2010). The result was that social work was only partly professionalised. As I see it, this partial professionalisation is one of the reasons why it is possible to impose a 'love requirement' on child protection pedagogues, a requirement which in addition contributes to maintaining the ambiguity in the relationship between

care, care work and knowledge. Also, women's gender-based subordination plays a significant part in this (England, 2010).

Care and rationality

The feminist perspectives on professional caregiving, and the debate about the type of ethical foundation upon which such work should be built can, as I see it, give reason both to investigate this (continued) subordinate positioning of **women's professional care work and to explore the content of care work and** what the knowledgebase of ethical issues of caregiving should be. In Norway, this research led to the crystallisation of an important position which first and foremost was articulated by Wærness (1992) through the notion of 'the rationality of caring'. Research on this position consisted partly of naming and clarifying the concrete conditions and structural and institutional limitations of the execution of professional caregiving (e.g. Wærness, 1992 and 1995; see also Sørensen, 1982; Hamran, 1996; Ve, 1999), and partly of specifying the scientific-theoretical basis for the meaning of care and the execution of care in relation to different forms of rationality. It was emphasised that the actual professional caregiving - for example in nursing: **taking time, and being given time, to hold a patient's hand, to talk to her when she's being given an injection,** to comfort her when she is afraid - requires a different rationality from that of technically-oriented caregiving tasks and care-related administration work.

The starting point of the notion of 'the rationality of caring' and for Wærness's understanding of caregiving is, that it is about activity and about feelings. According to Wærness, caregiving involves a relationship between at least two people, and the person who provides care shows concern, feelings, devotion and consideration towards the one receiving care. She distinguishes three forms of care: care in a symmetric relationship characterised by equality and reciprocity; care in a subordinate or service relationship; and care in a dependency relationship where the person receiving care is dependent on the person providing it. It is this last relationship that Wærness calls professional caregiving and it is within this relationship that she develops the notion of 'rationality of caring'.

One important concern in Wærness's work is why the care provided in care work loses some of its care content when it is given in a public, institutionalised context. According to Wærness, the answer can be traced back to the influence of science on the reproductive field, where, from the mid-19th century onwards, the medical profession took over, gave a scientific form to, and masculinised, what until then to a large degree had been the domain of women: the bringing up of and caring for children, housework, childbirth, etc. When women were

pushed out of the medical-scientific field, they also lost their authority and control over the reproductive field.

According to Wærness, another consequence of this exclusion was that women were ambivalent in their encounter with science. The rationality of the medical field felt incompatible and antagonistic to emotions, which women regarded as their own (Wærness, 1992, p.217). It is important to Wærness to examine the contexts in which professional caregiving is carried out when studying care in theory and practice. Traditional scientific notions and models need to be challenged, for example by giving more space to the notion of rationality, and social actors have to be understood in a different way.

The basis for linking the notions of care and rationality in Wærness' s work is an understanding of the individual as a 'sentient actor', taken from Hochschild (1975), where the social actor is understood as emotional and unconscious and conscious and cognitive. Wærness further elaborates this concept by claiming that caregiving is something that has to be learnt. Providing the 'right' kind of care has nothing to do with instinct; rather it implies some form of learning, and there are certain rules for how to proceed. For that reason, it also incorporates a certain kind of rationality. As the ideal type of how one acquires the rationality required in the execution of care, Wærness uses the way a mother learns to provide care. Learning rationality of care implies that the learning develops from an insider position, where one must think and act based on the particular and the individual, and this requires the ability to be flexible and to continually adjust to the child's development.

The feminist care ethics project has been described (and critiqued) as a struggle for upgrading values traditionally held by women, such as closeness/intimacy, orientation towards others, sensitivity and responsibility as values that are equally, or even more, important than the male ideals of objectivity, reason and impartiality (Holst, 2009). However, as I understand Wærness, she is not saying that there is incompatibility between care and reason, rather she challenges the difference: the reason given for the coming together of the notions of rationality and care was exactly that it is rational to exercise care when engaged in professional caregiving. When caregiving is carried out as paid work in hospitals or nursing homes, it is irrational to bureaucratise and mechanise the hospitals when the result is that patients are not given the care and solicitude they need; the patients become anxious – and their health deteriorates – when they find themselves in care systems where the caregivers are so busy that they do not have time to talk to and care for the patient, in the sense of taking their feelings seriously (Wærness, 1992).

Also within the child protection field we find parallels to the thinking that it is rational or sensible to give care to vulnerable children and adolescents and their guardians (Nordstoga, 2004; Parton, 2003; Veland, 2004). The Panel was arguing precisely for the importance of high ethical standards in child protection

workers' professional practice in all parts of the child protection services, and that this should consist of good, caring methods towards children and their guardians. This is sensible because interventions based on sensitive, respectful, caring and knowledgeable approaches can prevent the development of further problems in the child. The Factory of Change gives this an even stronger emphasis by replacing care with love. Even if I do support this both- as a line of thinking, I still think it is important to ask on which basis care should be given, and that the 'new' requirement of love actualises this question in the child protection field. Below, I will discuss how other contributions within feminist theorisations of caring – as well as elements of professional child protection training – may be used in the clarification of what kind of understanding of caregiving ought to be the basis of the professional caregiving in the child protection services, for professional child protection workers as well as those receiving the care.

Care, feeling, responsibility

An important point for Wærness was to maintain and upgrade the traditionally feminine rationality of care - with maternal care as an ideal type – in the interests of the practitioners as well as recipients of professional care. In feminist research on care work in the 1980s and 90s that related to women, who were now liberated to engage in paid work, there was also a major cause for concern and argument about women not being expected to perform the same immersive, boundless care work that they had performed for their husbands, children and elderly family members, either at home or in professional employment contexts.

The American sociologist **Arlie Russel Hochschild's book *The Managed Heart* (1983) is about women's emotional work in various service occupations, with a focus on flight attendants in particular. Based on these women's experiences in a** job where it was expected that they would show up and give heartfelt care for the male passengers, Hochschild problematised the personal cost this had for flight attendants. She focused partly on the gendered expectations and subordination mechanisms that legitimated this as a requirement for their work, and partly on the emotional exploitation that took place and which is justified by the profit-oriented system this work contained. Against this background, she developed the concept of 'emotion work', a concept that has since gained influence in fields as diverse as research on fashion models (Entwistle and Wissinger, 2006), on care workers in service occupations (Amble and Gjerberg, 2009; Amble, 2010), in nursing professions (Martinsen and Wærness, 1991), but far less in professional social work.

Although Hochschild's thinking was developed within another empirical context, in my view it is relevant here. Both child protection workers and flight attendants

working in their field require that workers speak with and exhibit a specific set of positive feelings, and also withhold difficult feelings like irritation and anger. The contents of work and overall performance is determined to a great extent by the relationship between worker and care recipient, and as with other professional care work, it is the **employee's responsibility to ensure that the care recipient thrives and gets the service he or she is entitled to.**

Inspired by the thinking of Hochschild, the Norwegian sociologist Arnlaug Leira (1992) **challenged Wærness' anchoring of care work in the ethics of virtue and feeling:** that the care is given with the correct feelings of kindness and intimacy, using maternal love as a reference for the pursued ideal type. Leira explored questions regarding whether an experience of duty – it is my responsibility to provide care – can be as good as the care given on the basis of a claim of being in the right state of mind – I have good feelings for the patients, therefore I give good care.

Her criticism of Wærness' **justifications for the concept of the rationality of caring was a continuation of Hochschild's question about what kind of feeling claim is reasonable to inform (women's) care work in a professional context.** Leira thematically addresses the distinction between care founded on the ethics of 'virtue' versus 'responsibility' in relation to recipients, in a critique of the assumptions Wærness assumed for the quality of care work. On the one hand, to set up maternal love as an ideal type is problematic, Leira contends, partly because there are many mothers who do not initially have any particularly powerful feelings of love for her offspring and do not develop these feelings in the future. On the other hand, in a parent-child relationship it is an open question whether the care provided from a position of duty needs to be inferior to the recipient of care, than the output from a mind-set dominated by the right feelings of love, kindness and proximity.

The care provided within the Norwegian Child Protection Services (Barnevernet) is specifically aimed at vulnerable children and adolescents. Therefore, it is perhaps even more important than in other professional contexts to clarify - and possibly replace - the ideal-type maternal- or parent-child love as a normative model of the care that should be provided. The ethical position of virtue Wærness assumed for her concept of the rationality of caring carries in itself caring ideals that are feminine and 'natural', even though she claims that care is something that must be learned. By decoupling care practice from ethics of virtue, and instead taking a deontological position as Leira suggests, care is opened up to be explicated, examined and clarified; in other words, care work becomes knowledge-based and open to scrutiny (see also Munro, 1998 and 2008; Macdonald 1999). I think there is untapped potential here, in linking this discussion to something that already has a stronghold in the child protection field - the significance of an assessment of the professional care **practitioner's** ability to empathise and to exercise good professional judgement.

Taking care of emotions

The work to understand one's own feelings in relation to clients, the work to become aware of the relevance of your childhood (experiences and traumas) and, although to some lesser degree, your classed-, gendered- and ethnical background, is part of the training to become a social worker and a child protection worker across several educational institutions in Norway today (Nordstoga, 2004; Killén, 2004; Aas, 2007; Røkenes and Hanssen, 2012). Killén has focused on the emotional cost of working with vulnerable children and their families for the social worker, and has been keen to describe and clarify the importance of emotions for professions conducting care work. Sigrid Nordstoga adds to Killén's thinking based on her chapters on the exercise of professional judgment in a textbook on child protection (2004), much in the same way as Erik Grønvold and Jan Storø (2012) do. Nordstoga emphasizes Killén's understanding that the social worker must be familiar with her own history, her own feelings, and that while she is involved and meeting with clients, needs to distinguish between her own emotional reactions to the client's situation and the client's experiences and emotions. For Nordstoga, this emotional awareness and demarcation between you (the client) and me (the social worker) is a prerequisite for being able to exercise empathy and good professional judgment (see also Munro, 1998). Without such an awareness, constructive and supportive work with the client will be at risk of collapse because of the danger that the social worker's own emotions will risk overriding the help and support needed (Munro, 1998; Neumann and Neumann, 2012).

This work to understand one's feelings and emotions, which is included in many types of therapeutic trainings (e.g. Hundeide, 2004; Hostrup, 2004; Dyrkorn and Dyrkorn, 2010), is grounded in the recognition and acknowledgement that when help and support is provided in a professional, and not private, context, it is the social worker's responsibility that the relationship functions well. Should the social worker's capacity to take responsibility in a proper manner, recognising that it is her and not the child nor the parents who control the formal power relations, and that it is she who is there to help or assist the others and not conversely, she must have clarified many of her own feelings, especially relating to difficult and challenging events in her own life. Only by having clarity of this may she have her feelings under control in meetings with clients. That is partly why the Panel's report put so much weight on the recommendation that child protection workers should receive regular supervision from colleagues and other professionals. There is not, nor should there be, room for them, as professionals, to be received by the other, the child, the young person, the family and to process their own strong emotions like grief, anger and despair.

In this context – and not least in light of the new requirement of love promoted in the child protection field – I think it is important to draw attention to the importance of emotional awareness and knowledge of oneself also in terms of

how child protection workers act on strong 'good' feelings like tenderness, affection, warmth and love during the meetings with their clients. These feelings, not just the 'difficult' ones, must also be handled with great awareness. This can **be precisely linked to Liera's questioning of Wærness' s argument for maternal love as the ideal type of the rationality of caring in professional care work:** in a professional context, professionals must manage their feelings and emotional reactions in encounters with challenging children and their families that elsewhere (in private contexts) may have triggered a response. What primarily characterises the professional care work relationship is, as Wærness and others points out, a power skewed dependency relationship, and that the help and support is there for the needy to receive care, not the care giver. With 'family-like' love as a model of professional care work - and a down-scaling of the therapeutic parts of the professional child protection education, as suggested by the Factory of Change - there is a risk for a transfer of the **child protection worker's own unresolved feelings and needs from their own childhoods, to** interfere with their work as professional care workers.

An unproblematic 'implementation' **of the Convention on the Rights of the Child's** recognition of love in a family environment as a context for the implementation **of children's rights outside the family, currently supported by the Norwegian** government, can eventually involve a requirement that child protection workers should provide love for vulnerable children and adolescents. Simultaneously, this suggests that the unpaid care and love that parents give their children is best and should apply as the standard for care given and received in officially regulated relationships. If the expectation of providing love manifests itself as an emotional requirement for child protection workers, my worry is that it will involve a de-professionalisation of child protection work, partly because it is in direct contrast to the weight that is currently applied to work with emotional clarification and self-knowledge as the basis to develop empathy and to exercise good professional judgment in child protection work.

Furthermore, it is difficult to see how to feel love, or to 'produce' emotions like love, can be adjusted in a professional environment, because this kind of love is something that occurs spontaneously in close relationships between people who ideally have a fundamental and long-term commitment to each other. By this I am not saying that strong emotions like love should not be allowed in child protection work. What I resent is that love has become an emotional requirement. As Hochschild (1983) has already shown, being expected to display and manage feelings you do not feel, may come with a high personal cost. An expectation to extend love may also be deeply problematic to some of the recipients of care in child protection work, partly because one risks obscuring the power relations and the temporary nature of the relationship between vulnerable children and adolescents and staff and case workers. What happens when the professional child protection worker, who has managed to establish a relationship with a vulnerable child based on warmth and love, changes jobs,

takes a leave of absence or moves to another part of the country? And what about those vulnerable children who either is loved, or do not want to be loved by someone other than their parents? Just as important as saying that children need love is to say that children should not be forcibly loved by people they might only have occasional contact with, as could be the case with their relationships with municipal child protection caseworkers.

Conclusion

That professional care practitioners in various institutional contexts may host warm feelings of love for some of their vulnerable clients, users or patients - including children and adolescents - has been discussed in various contexts. My concern here is not to assess whether this is good or not, or in what ways and in what situations these warm personalised feelings may be legitimate. However, in this article I have argued that an unproblematised requirement that child protection workers must provide children with parent-like love may intersect with a current neo-liberal international tendency towards de-professionalisation, that may have problematic consequences for both providers and recipients of care in the child protection services (see Shaw and Kendrick, 2016).

In Norway, the 'new' requirement for love may primarily be understood as part **of the field's response to the fact that many vulnerable children and adolescents** have not been adequately taken care of, respected and listened to when they have been in contact with the child protection system. When the requirement of love is now forcefully promoted, the field should take the opportunity to initiate a discussion that, while acknowledging this criticism, also takes the work situation, the knowledgebase and the emotions of child protection workers seriously. To best ensure that children and adolescents are met with the respect and care they are entitled to from child protection workers, the Panel emphasised the importance of supervision and guidance from colleagues. That child protection workers are regularly given the option of more training and reflection on self and others, and that they receive the guidance and supervision they need in order to provide children with good professional care, should also be considered by those who request love. Securing the emotional welfare of child protection workers may be one of the most efficient ways to secure the quality of care offered to the vulnerable children and adolescents in the child protection services.

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