Rethinking social work ethics during Covid-19 and beyond: A BASW ‘think piece’

On the one hand we are learning ethics and values in college (now virtual) but for the other 4 days a week we are in placement having to side-step and circumvent statutory legislation. (Student Social Worker)

I just feel that ‘anti-social social work’ (as I call it) fails families. Even though I understand the need to protect people; it has felt so unjust and oppressive. (Child and Family Social Worker)

Social work ethics and Covid 19

Over the last few months Covid-19 has had rapid and profound effects on society and the economy. The Code of Ethics for Social Work is one of the most downloaded of BASW’s resources. But what is the impact of Covid-19 on social work ethics? BASW has been working with Sarah Banks at Durham University and her international team of researchers to look at social work ethics during Covid-19. Sarah is author of the popular textbook Ethics and Values in Social Work (Red Globe Press, 5th edition due October 2020) and has researched and written widely in this field.

This ‘think piece’ explores some of the ethical challenges faced by social workers during the Covid-19 pandemic and beyond. It draws on responses from the UK, which form part of a wider international survey on this topic conducted during May 2020. It invites readers to pause, take stock, and consider some critical questions about the ethical implications of Covid-19 for social work now and in the future.

Striking at the heart of the social work relationship

The Covid-19 pandemic has many similarities with other national crises (such as environmental disasters or armed conflict), which create risks in delivering services and a need to find new ways of working. However, a distinctive feature of this global health pandemic is the requirement for social distancing (maintaining a 1-2 metre distance between people), the risks of shared space (e.g. visiting people), and the use of personal protective equipment (PPE) when closer contact is unavoidable. This strikes at the heart of social work: the quality of the relationship between social workers and service users, and the importance of face-to-face, personal contact. It challenges social workers’ abilities to practice with respect, empathy and confidentiality.

Exacerbating social injustices

The pressures on people caused by job loss, social isolation, ill health, bereavement and closure of some welfare services also mean more demand on social worker time and resources, and added complexity to dilemmas over how to meet competing priorities. This challenges the social justice mission of social work and the call to advocate strongly for all individuals, families and communities in need and at risk. At the same time social workers themselves are experiencing social, economic and health pressures. Many are working from home alongside other family members, which means personal and working lives become less separate.

Practising in uncertainty

In the UK, the ‘lock-down’ introduced in March 2020 led to considerable uncertainty about safety in the workplace, staff working from home in many cases, reduced services, a widespread shift to online and phone contact, and disruption to social work student placements. While restrictions are now being eased as the prevalence of the virus declines, nevertheless many measures remain in place. As time goes by, some ways of working that were not allowed at the height of the infection may be permissible (working from offices operating social-distancing, more home visits and proceeding with placements, for example). Governments, agencies, managers and social workers are becoming more used to new ways of working and are creating more comprehensive guidance and, hopefully, building personal confidence based on their experience. Yet the situation is constantly changing, with new easing and precautionary measures being introduced, and dropped, quickly and unpredictably. Social workers responding to the ongoing BASW survey (www.basw.co.uk) are still reporting confusion and lack of clarity. Hence service users, social workers, students, managers and employers have to adjust to the ‘new normal’, which entails both a more socially distanced practice and constantly changing and evolving ways of working. It involves living with uncertainty, risk and, depending on circumstances, a degree of persisting unease, distress and loss.
Social workers’ accounts of their ethical challenges

In order to understand better the range and detail of the ethical impact of Covid-19 for social work, a group of academics worked in partnership with the International Federation of Social Workers (IFSW) and national social work associations to conduct a survey during 6th-18th May 2020 (www.ifsw.org). 41 individuals from the UK took part. Respondents were asked to give accounts of their ethical challenges, particularly: “situations that give you cause for professional concern, or when it is difficult to decide what is the right action to take”. The main types of ethical challenge experienced worldwide were as follows, illustrated by examples from the UK respondents:

1. Creating and maintaining trusting, honest and empathic relationships via phone or internet with due regard to privacy and confidentiality, or in person with protective equipment.
   Several social workers in voluntary and statutory settings discussed the difficulties of working with people experiencing violence and abuse via video calls, fearing confidentiality might be compromised, not knowing if the abuser was present or whether the service user was giving an honest picture of the circumstances, and finding it hard to build trust with a new contact.

2. Prioritising service user needs and demands, which are greater and different due to the pandemic, when resources are stretched/unavailable and full assessments are often not possible.
   A social worker in a local authority Children’s Services Duty and Assessment Team described a challenge of distinguishing between ‘children in need’ and ‘children at risk’ and prioritising the latter. This meant closing cases of children in need, who would usually have been offered early help services, so potential warning signs of abuse and neglect might well go unnoticed.

3. Balancing service user rights, needs and risks against personal risk to social workers and others, in order to provide services as well as possible.
   A man with alcohol addiction and health problems was neglecting himself and his home, which was covered in bottles, faeces and urine. Neighbours no longer felt able to help and the council’s environmental health service (which would usually have been called in) was not operating due to Covid-19. Despite risks of contracting or spreading the virus, the social worker involved decided to continue welfare visits, saying “it goes against the grain to watch people remain in conditions such as the above”.

4. Deciding whether to follow national and organisational policies, procedures or guidance (existing or new) or to use professional discretion in circumstances where the policies seem inappropriate, confused or lacking.
   A service user living in his own apartment in extra care sheltered accommodation was not allowed by the care provider to shop for himself. Angry and upset, he decided to stay in a hotel. The social worker involved advocated for the service user’s rights and recommended a family group conference in order to draw on his strengths and networks.

5. Acknowledging and handling emotions, fatigue and the need for self-care, when working in unsafe and stressful circumstances.
   A student social worker on placement commented that too much had been expected of him: “when working from home happened I was not equipped to manage the workload and struggled to gain support that met my learning needs. The emotional fallout was substantial stress and depression. It has deterred me from taking a post as a social worker and soured my experience and perception of the role.”

6. Using the lessons learned from working during the pandemic to rethink social work in the future.
   An experienced social worker responsible for hospital discharge in adult social care recommended that: “all teams need to have weekly periods of reflection (virtually given the times we are in) and having an environment where they can offload so that they don’t get emotionally bogged down, feeling unsafe, lonely and under-valued. It’s important to encourage daily or weekly debriefing via video conferencing to ensure everyone is ready and feeling safe and well. If contact is poor, workers may feel disconnected, isolated or abandoned”.


Social work at a distance: unjust and uncaring or doing the right thing?

Many social workers reported not only stress and exhaustion, but feelings of discomfort, unease and guilt at what the social work role had become. The social worker quoted above made this comment after giving an account of having to telephone a mother, rather than meet her face to face, to inform her that her children were going to be removed. The social worker knew telephone contact was least preferred by the mother as a means of communication.

**Individual rights versus the public good**

These feelings were echoed by many others, and are captured in the reflections of a student social worker, following a decision not to conduct a mental capacity assessment before extending the stay of a woman in a care home: “It feels uncomfortable to stretch the law, even if it’s for the greater good.” The student added another very perceptive remark:

> On the one hand we are learning ethics and values in college (now virtual) but for the other 4 days a week we are in placement having to side step and circumvent statutory legislation.

This student and many social workers regret the loss of service user rights to have their circumstances properly assessed, to be involved in decision-making about their lives, and to receive meaningful and respectful support from their social worker. The measures put in place during the pandemic seem callous, uncaring and dismissive of each person’s rights to respect, dignity and self-determination. Yet both the social worker quoted earlier and this student acknowledge the new measures are there “to protect people” and “or the public good”.

There are different approaches to ethics. It is worth reflecting that social work values and principles include both those derived from Kantian ethics (named after the philosopher Immanuel Kant) which include respect for individuals’ rights to respect, dignity and self-determination, and those derived from utilitarian or consequentialist ethics, concerned with promoting the greatest good of the greatest number of people. The actions and reflections of these practitioners exemplify one of the classic ethical conflicts in social work: that between respecting and promoting the rights of the individual service user versus promoting the public good. This is also a common conflict in life and in public policy, which government responses to Covid-19, including the emergency Coronavirus Act 2020, exemplify. It is hard for social workers to accept what is essentially a utilitarian approach, which tips the balance much further towards considerations of public good, in circumstances where social workers’ key role is usually to communicate respectfully, and with care, and to support and empower people in making their own individual decisions and choices.

**Prioritising life or taking a risk?**

A different perspective was offered by a senior manager in a charitable fostering service, who decided to suspend home visits and face to face contact for children over a week ahead of government guidance, despite pushbacks from children’s services social workers. He explained that his assessment of the situation as unsafe in terms of risk of the parties involved spreading/contracting the virus “required me to be brave and do the right thing”. This manager referred to the European Convention on Human Rights arguing that Article 2, the right to life, must come before Article 8, the right to family life, “because you cannot exercise Article 8 when you are dead.” This shows how we can see this situation not just in terms of an abstract notion of public good, but also in terms of each individual’s right to life. The lives of the children, foster carers, social workers and others involved are all important, and the overall level of risk to lives was judged to be too high.

In contrast, social workers in other agencies reported proceeding with new fostering and adoption placements in exceptional circumstances during lock-down. A senior local authority social worker working in adoption assessment gave an account of a decision to go ahead with an adoption, despite the lock-down having been announced by government. She judged it would be more harmful to the child and all involved to stop the process at that point. The social worker commented that she felt the risk was worth it, noting that she may not have made the same choice with another adoptive family. This is a good example of professional discretion taking precedence over policy and procedure.

These different perspectives are useful to hear and equally vital in contributing to ethical responses in difficult situations. It is important for social workers to engage in ethical reasoning, weighing different values and principles, and questioning whether and when the new circumstances mean it is right to restrict services.

In terms of theoretical approaches to ethics, virtue ethics and the ethics of care also have an important role to play in understanding what it means to act ethically in difficult times. This may involve asking questions like: what would an ethically good social worker do in these circumstances, how can I be as compassionate and fair as possible, what are my responsibilities to this person in the here and now, and how can I care for, with and about them? This requires considerable effort, and a commitment to being a good enough social worker, rather than an “anti-social” social worker. If social workers are not to turn into callous and uncaring utilitarians, then retaining a sense of regret at not being able to treat people as well as they deserve is important, provided the regret does not turn into overwhelming guilt.
When everyday situations create ethical dilemmas

One of the striking themes of the UK and other survey responses from the global North related to agonising decisions about whether or not to make a home visit. Was the situation exceptional or an emergency? How much risk would be involved to the people meeting and their families and colleagues, some of whom might be medically vulnerable? The home visit, a routine part of many social workers’ lives, which they might normally take for granted, has suddenly become an ethical and practical nightmare. A social worker meeting children in a garden to tell them they were not going to be returned to their mother commented that it felt strange but it was “the right thing”. What might previously have been regarded as ethically dubious and compromising of privacy, was now the right course of action. It takes time to work this out and to come to terms with the strangeness.

The ethical challenges described in the previous section all involve making difficult ethical judgments and decisions, often involving infringing one person’s rights and interests in order to protect those of another or others. Situations giving rise to this type of judgement and decision are common in social work. And when there is no obvious answer as to which course of action is right, then we call the situation a ‘dilemma’. Experienced social workers in familiar circumstances may find making such decisions problematic, but they nevertheless know what is right based on learning from past experience. So genuine dilemmas are experienced less frequently by experienced social workers.

In the new circumstances created by the pandemic, these ‘dilemma situations’ are more frequent, since formal or informal guidance and ‘practice heuristics’ (mental shortcuts) have not yet been worked out. Such dilemmas are all the more challenging, as quick responses are often required and there may be no colleagues available to consult. Often social workers refer to their ‘gut instincts’, which are in reality based on commitments to a clear value base and years of experience in similar situations. But are gut instincts always reliable guides to ethical action on their own in radically new situations, and how do we know when to question them? In crisis circumstances, there is always the potential danger of risk-averse inaction on the one hand, or overly ‘heroic’ action on the other. Decisions about what to do may need to be tempered with collective professional wisdom developed with colleagues. The processes of ‘slow ethics’ and careful ethical reasoning are even more important in a pandemic.

Concluding comments: Slow ethics and the need for ethical vigilance

[The pandemic] necessitates a much higher level of ethical vigilance than I typically need to do my work ethically and well. I am tired, overwhelmed, and emotionally drained. It takes more energy to be vigilant about confidentiality, not making the thoughtless or snarky remark, and to focus on all the implications of every choice – the things I normally find it so natural to consider. (Hospital Social Worker)

This very perceptive and honest remark highlights:

- the sheer physical and emotional exhaustion generated by working during the pandemic;
- the sense of professional responsibility to continue to practice ethically and competently;
- the effort and self-knowledge required to maintain confidential and respectful relationships;
- the time and mental energy needed to consider all the implications of every choice and decision, some of which were previously regarded as routine.

The idea of ethical vigilance reminds us of the need to be constantly alert and aware, not only of all the ethical implications of a situation or decision, but also of our own capacity to see the ethical issues at stake, make a considered choice or decision about what to do, and carry it out thoughtfully and carefully. It requires what I call ‘ethics work’. As the social worker mentioned earlier, who arranged an adoption during lock-down, commented: “It is not until I have written all this down that I have realised how ethically fraught this situation was”.

While it may be very hard to take time to reflect, to have a rest or consult colleagues, it is important to make some time. Practising ethically is a collective endeavour, which social work as a profession and social work agencies and teams are involved in promoting and supporting, alongside individual social workers. Some of the ethical challenges faced by individual workers are caused by inadequate, ill-thought out and discriminatory policies and guidance and a failure to understand and appreciate the social work role. Governments and policymakers also have a responsibility to recognise the vital but often invisible part played by social workers, as key workers, in maintaining the social infrastructure and advocating for socially just change.