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SOCIAL WORK  
RESPONDS  
TO COVID-19

A photograph of a rusty, weathered faucet is the central visual element. A metal bowl is placed under the spout, and a small stream of water is dripping from the faucet's tip. The background is a textured, light-colored wall. The entire image is overlaid with a semi-transparent blue filter. The title text is positioned at the bottom of this image area.

# ETHICAL CHALLENGES FOR SOCIAL WORKERS DURING COVID-19: A GLOBAL PERSPECTIVE

**Sarah Banks, Tian Cai, Ed de Jonge, Jane Shears, Michelle Shum, Ana M. Sobočan, Kim Strom, Rory Truell, María Jesús Úriz, Merlinda Weinberg**

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# Executive summary

This report summarises the findings of an international study of the ethical challenges faced by social workers during the Covid-19 pandemic, undertaken during 6th-18th May 2020. 607 responses from 54 countries were received via an online survey, additional interviews and local surveys. Six key themes relating to social workers' ethical challenges and responses were identified:

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.
2. Prioritising service user needs and demands, which are greater and different due to the pandemic, when resources are stretched or unavailable and full assessments often impossible.
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.
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.
5. Acknowledging and handling emotions, fatigue and the need for self-care, when working in unsafe and stressful circumstances.
6. Using the lessons learned from working during the pandemic to rethink social work in the future.

The study concludes that Covid-19 and measures to control and prevent its spread have restricted the services and responsibilities usually carried out by social workers, while generating new needs and demands. Social workers have both struggled and worked creatively to meet needs in risky and uncertain situations, and to respect people's rights to privacy and involvement in important decisions about their lives. Policy and practice recommendations to create better conditions for ethical practice in social work during pandemic and crisis conditions include:

**Social workers** need to: rethink how to apply professional values and principles in new contexts; engage in ethical deliberation with colleagues; be aware of the impact of exhaustion and emotion on their capacity to see the full ethical implications of situations and to treat people with respect, empathy and compassion; and raise with employers, professional associations and policymakers the serious harms and inequities experienced by people during the pandemic, the difficulties in delivering social work services and proposals for improvements.

**Social work employers** should: ensure all social workers and students on placement are supported through regular supervision and team meetings; develop guidance with frontline workers about how to operate safely and ethically; monitor levels of stress amongst staff and ensure adequate rest and recuperation: provide necessary hygiene equipment and safety measures; advocate to governments and draw attention to gaps in welfare systems and the need for improvements.

**National and international associations of social workers (including IFSW)** have key roles in: highlighting systemic factors putting some populations at risk and the vital role of social safety nets; intensifying efforts to collect evidence on conditions for social workers and service users; advocating strongly with employers and governments to recognise social work roles and provide better guidance for maintaining services; and continuing to develop ethical guidance for social workers and employers and spaces for peer support and learning about ethical dilemmas in practice.

**Governments** need to: recognise the critical role played by social workers in providing and supporting social and community-based care during a pandemic; acknowledge social workers as key workers; ensure provision of the necessary hygiene and protective resources; issue clear guidelines on how to maintain social work services during a pandemic, keeping services open while operating as effectively and safely as possible.

# Introduction

*It is difficult to stay in contact with clients with lockdown in place. Social workers are fearful to conduct home visits, in case they get the virus. Our clients in townships and rural areas and informal settlements live in unhygienic circumstances anyway. So, the chance of them contracting Corona[virus] is high. Yet telephonic counselling is challenging due to poor reception. Many clients also change their cell phone numbers so you can't get them. None of them have landlines. Skype, etc, is not viable due to data costs and reception. (Social Worker, South Africa)*

*In the latest weeks I've listened to a lot of people crying ... and I can't stay near those people ... and often and always I asked to myself if I can cry with them. For them. (Social Worker, Italy)*

This report summarises the findings of an international study of the ethical challenges faced by social workers during the Covid-19 pandemic, undertaken during 6th-18th May 2020.

The study was conducted by a group of academic researchers, in partnership with the International Federation of Social Workers (IFSW) (See Appendix 1). A small grant for research assistance was received from Durham University (UK). The aim was to gain qualitative insights into matters relating to ethics in practice, rather than quantify the incidence of different types of ethical challenge.

The objectives were to understand and identify:

- the specific ethical challenges arising in the circumstances of Covid-19;
- how social workers were responding;
- the moral impact on social workers;



- what further guidance could be given to support ethical decision-making in a crisis.

The background to the pandemic and the role of social workers around the world is given in the IFSW publication by Rory Truell, *Covid-19: The struggle, success and expansion of social work*, published on 18<sup>th</sup> May 2020 ([www.ifsw.org/covid-19-the-struggle-success-and-expansion-of-social-work](http://www.ifsw.org/covid-19-the-struggle-success-and-expansion-of-social-work)). This document builds on that report, focusing specifically on the ethical dimensions of social workers' everyday practice. It sheds a spotlight on the often invisible labour undertaken by social workers to respect people's rights, weigh up risks, be fair and compassionate, and advocate for socially just change ('ethics work').

## Methods

An online survey form was used to ask two main questions (see Appendix 2 for more details):

1. Briefly describe some of the ethical challenges you are facing/have faced during the Covid-19 outbreak.
2. Please give more details of a particular situation you found ethically challenging.

Ethical challenges were described as:

situations that give you cause for professional concern, or when it is difficult to decide what is the right action to take. This may be a situation facing you, or something you have come to hear about from others.

Invitations to complete the online form were distributed via the IFSW website and mailing lists of national associations, and also by members of the research team reaching out through other international, national and local networks. A webinar co-hosted by the IFSW and the Social Work

Action Network on 14 May 2020 on 'Ethical challenges for social workers during Covid-19' ([www.ifsw.org/iv-webinar-ethical-challenges-for-social-workers-during-covid-19](http://www.ifsw.org/iv-webinar-ethical-challenges-for-social-workers-during-covid-19)) also gave an opportunity to publicise the study and gain perspectives from around the world. Additionally, an IFSW Africa webinar on 'Covid-19: social work practice, ethical dilemmas and human rights concerns' on 4<sup>th</sup> May 2020 ([www.ifsw.org/ii-ifsw-africa-webinar-covid-19-social-work-practice-ethical-dilemmas-and-human-rights-concerns](http://www.ifsw.org/ii-ifsw-africa-webinar-covid-19-social-work-practice-ethical-dilemmas-and-human-rights-concerns)) provided useful insights to augment the survey responses from Africa.

Responses to the survey were received from 505 social workers, social work students and several social work academics, supplemented by several phone/video interviews based on the survey questions. In addition, 11 interviews were undertaken in Hong Kong, China, with social workers/managers in a range of settings. This was due to cultural norms and the current political situation in Hong Kong, meaning social workers were wary about completing an online form. The Japanese Federation of Social Workers also translated into Japanese the question about what ethical challenges were being faced, and 91 additional responses were received via the four Japanese associations. The Hong Kong and Japanese responses were analysed along with the 505 main survey responses, making a total of 607. A further set of three accounts of experiences during their fieldwork placements from social work students in Finland was also received. Although these were not specifically in response to the survey questions, their insights have been taken into account.

The original online survey form was available in Chinese (simple and complex), Dutch, English, French, Spanish and Slovenian. Due to the small amount of funding and rapidity of the survey, we were unable to translate into more languages. This inevitably influenced the responses gained from different parts of the world as shown in Appendix 3. We received some responses in other languages, including a significant number in Italian. These were translated into English for analysis. Responses came from 54 countries. Almost 80% of respondents self-identified as female, with well over half having over 11 years' experience in social work. 74 respondents were social work students. The respondents are not a representative

sample, and we need to bear in mind that respondents would tend to be those with access to the internet and to the languages of the survey, and for whom the idea of ‘ethical challenges’ resonated. Future research conducted at a slower pace will take steps to facilitate greater involvement from the Arabic-speaking world, Russia and a wider range of countries in the global South.

Research team members shared the task of undertaking preliminary analyses of survey responses, with those in languages other than English being read and summarised by the native speakers in the group. Six key themes emerged from the responses, which have been used to structure the account of the findings in this report.

## A note about terminology

When speaking of people who use or need social work services we have adopted the term ‘service users’. This terminology is contested, and usage varies between countries and organisations – including ‘clients’, ‘patients’, ‘customers’, ‘consumers’, ‘people with experience’, ‘experts by experience’ or simply ‘people’. To avoid cumbersome or ambiguous language, we will use the term ‘service users’ (except when we are quoting a respondent who used a different term). We recognise that the people we are referring to are people first and users/potential users of services second.

## Commonalities and differences

The role of social workers in countries around the world varies enormously, depending on: the balance of employment in state and non-governmental organisations; whether social workers are recognised and regulated as professionals; the balance of casework, group work and community development work; and the cultural, religious, political and

economic regimes in which they work. The work undertaken by social workers during Covid-19 reflects these variations, with social workers in many countries in the global South undertaking community development work to support communities to help their members, and offering education about hygiene and distribution of masks and sanitising products. In mainland China, many social workers were called upon by the government to help implement the lock-down and to conduct duties in the community, including taking residents' temperatures, checking digital health codes and conducting home visits to trace suspected cases and close contacts. In the global North social workers were more commonly working to maintain existing services with individuals and families, and finding ways around the new constraints. In all countries social workers had to adapt rapidly and invent new ways of delivering services. As reported in IFSW's overview report (2020, p. 14):

On a practical level, social workers around the world were innovating at an unprecedented rate: setting up new systems to support homeless people to access shelter, starting helplines to address signs of increased domestic violence, providing online family counselling, ensuring that community leaders understood social hygiene ...

Despite the great variation in social work roles internationally, many of the ethical struggles reported were similar, although the contexts in which they occurred were very different. At the heart of the ethical challenges lie issues relating to: how to respect people's rights and dignity when it is difficult to meet them or see their faces; how to prioritise scarce resources fairly; how to improve and change people's inadequate living conditions; and how to challenge injustice in policy and practice now and in the future.

## Discussion of findings

Based on the findings, we identified six key themes relating to social workers' ethical challenges and their responses to these challenges.

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.
2. Prioritising service user needs and demands, which are greater and different due to the pandemic, when resources are stretched or unavailable and full assessments are often impossible.
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.
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.
5. Acknowledging and handling emotions, fatigue and the need for self-care, when working in unsafe and stressful circumstances.
6. Using the lessons learned from working during the pandemic to rethink social work in the future.

We will now briefly summarise the ethical challenges and possible solutions identified by the respondents under the six headings, illustrated with several specific examples given by respondents. Our aim is to show the range of challenges and some of the qualitative details of what these meant in practice.

### **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.**

During the height of the pandemic many social work offices, centres and services closed their premises. Some services were withdrawn completely, but in many cases social workers operated from home, contacting service

users by phone or internet. Many respondents highlighted the challenges or impossibility of moving to digital/phone contact. In tropical climates, working from home without air conditioning is uncomfortable and unsustainable. Some service users do not have access to the technology, are not able to use it, or do not find it conducive. In some countries in the global South, social workers themselves do not have internet connections. Social workers noted the difficulties of building trusting relationships remotely with new service users, keeping contact with some service users who go 'off the radar', maintaining meaningful participation of children and families in virtual case conferences and the heart-breaking impact of breaking bad news (a death or a child removal) over the phone. It is hard to assess conditions in a home, the state of all family members or to detect potentially abusive relationships or whether service users may be lying or exaggerating without being able to see people, look them in the eye in real life, or smell and feel the living space.

Difficulties in maintaining privacy and confidentiality were noted, as family members in a social worker's or service user's home may overhear sensitive, personal conversations. This is particularly problematic in service users' homes where perpetrators of domestic abuse are co-habiting, making it almost impossible for those at risk to ask for assistance. Social workers in Hong Kong expressed concern about service users covertly recording video conversations and posting on social media, while a social worker in the USA commented on service users probing details of the worker's family life as she was working from her own home. Even when face to face meetings do take place, the use of personal protective equipment (PPE) impedes communication, the ability to pick up non-verbal cues, the experience of empathy and the possibility of using touch as a gesture of caring or reassurance.

- A social worker in mainland China reported that her organisation opened a helpline on instant messenger. However, a service user was suspicious when this social worker took over counselling from a colleague, and had consulted the chat history. Worried that the chat

history might be captured, the service user ended the session and asked to return to the worker he had first contacted.

- A Dutch social worker commented: “The dilemma I experience in four families is that I don't have a good view on the level of tension and - possibly - domestic violence ... My ethical dilemma ... is that I actually do too little. I don't know what to do, because it is obvious that all children in these families suffer more emotional damage than normal ... and don't get it prevented ... Video call conversations have far too little depth, take less time than a home visit would take.... I can't get the children out of their situation. That's what's bothering me.”
- A Canadian social worker holding an ‘assistance in dying’ meeting with a woman in a hospital ward commented: “we tried to discuss with her, her end of life wishes while being masked - she could not see our faces, hardly see our eyes, we could not touch her, she could hardly hear us at the best of times!”

### ***Seeking ethical solutions***

The ethical issues identified here – maintaining and promoting trust in the social work relationship, privacy, confidentiality, and personal-professional boundaries – are familiar challenges in everyday social work practice. However, Covid-19 has created new conditions in which these are played out, and social workers, their employers and service users are having to find creative ways to maintain ethical relationships, while also rethinking the priority that can be given to, for example, privacy, when facing a life-threatening situation or crisis conditions. While one response is to devise new rules for communication using digital media or in person with PPE, it may also be necessary for individual workers and teams to go back to first principles and engage in ethical reasoning relating to each case. It is important to ensure that the requirements for physical distancing do not lead to 'anti-social work' as a UK social worker described it, which excessively compromises people's rights, and social workers' attitudes of respect and care. In some countries there have been campaigns to keep services open. Examples of adaptive approaches to action and attitudes include:

- A social worker in Costa Rica described having to assess convicted drug dealers to inform decisions about whether to change their sentences. Interviews would usually be conducted with the person in their community context, but during pandemic conditions this was difficult. The social workers involved nevertheless decided to evaluate the situation in the community, with health precautions, because they did not want to make biased judgments.
- A French social worker stressed the need for careful reflection about different types of distance, and that distance imposed by regulations may be problematic, whereas 'ethical distance' that involves stepping back to allow people to make their own decisions is important. This social worker commented: “With the pandemic, the question of distance becomes central. But in reality the need is twofold. It is necessary both to go towards [the other person], to respond to the isolation, but also reflect on the need for distance ... it is difficult to find the balance between 'work in withdrawal' and 'go towards' ”.
- A Ugandan social worker reported that national government closed the Ministry responsible for the protection of children, older people and people with disabilities. The national association of social workers advocated on social media for the role of social workers and for the importance of taking into account Indigenous factors based on local evidence rather than “one approach for all”.

**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 impossible.**

The impact of the pandemic has hit hardest the people with whom social workers usually work – those who are already vulnerable, marginalised and living in poverty, poor housing and insanitary conditions. The closure of many services, including some face-to-face social work services, community-based day centres, schools, youth centres, local advice agencies, domestic abuse refuges, respite care services and family contact centres, makes it difficult for people to get the support they need. Yet the needs and demands are exacerbated as people face unemployment,



family stress due to confinement in the home, bereavement, ill-health, isolation, and increased racism and prejudice. The role of social workers in assisting with the prioritising of discharge of hospital patients to unsuitable home conditions or residential care homes, without knowing if Covid-19 was present, was particularly distressing. Several respondents noted that the pandemic was exposing cracks that have been in the health and welfare systems for years due to policies of marketization and under-funding.

- A social worker in Puerto Rico commented: “we are running into many cases of depression, anxiety and homeless people, without medical plans and without family members. Worse still, on many occasions we have contacted many government agencies to seek help for our service users and we have no response”.
- A UK social worker commented on the challenge of distinguishing between ‘children in need’ and ‘children at risk’ and prioritising the latter. This meant de-prioritising work with children in need, who would usually have been offered early help services, so potential warning signs of abuse and neglect may go unnoticed, and children in need might become children at risk without a social worker knowing.
- A social worker in the USA leading a domestic violence programme commented: “It is clear that the current public health crisis is highlighting what we have known for decades, the division between those who have and those who have not is enormous. Trying to balance compassionate accountability, be a part of a criminal legal response to domestic violence, help create safety for survivors and victims AND navigate a global pandemic ethically has been overwhelming”.

## ***Seeking ethical solutions***

The ethical issues relating to these conditions were frequently about the challenge of prioritising fairly the distribution of scarce time and resources to reach the people in greatest need. This is particularly difficult if it is not possible to carry out detailed assessments and gain sufficient evidence due to policies of not undertaking home visits or having in-person contact. It also means some people with a legitimate call on services in normal times, are losing out. New types of need have been generated by the pandemic, or underlying social problems and inequalities have been exacerbated, which current service provision or existing funding priorities may not recognise.

- A social worker in India reported difficulties in addressing the needs of inter-state migrants at their starting points and in transit, as donors focus on distributing help at the final destination. The worker described the solution: “I have taken an alternative option by having close discussions with our partners and asked them to [broaden] their inclusion criteria as well to come up with an operational definition about their target population which was justified and with right rationale enabled us to reach the unreached”.
- Workers in a Hong Kong home and community care service decided to prioritise medical escort services for hospital out-patient visits only for people with no family members available to do this, and provided shower facilities at the centre for volunteers.
- A German worker with an international organization with a social justice focus reported that his agency had decided to shift the distribution of food for people on the street to a food truck.

### **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**

Some social workers reported being asked to do tasks they thought unsafe (e.g. undertaking home visits without protective equipment), while others decided to take risks with their own and service users' health in order to meet a pressing need (e.g. taking a child to emergency foster care in the worker's car, visiting a very vulnerable person to check if they were coping). In communal living spaces such as domestic violence refuges, residential homes for older, disabled, young and homeless people, tensions between preventing people going out and protecting other residents and the general public arose – creating conflicts between individuals' right to choose how they lived their daily lives versus the collective right to protection. Some service users did not comprehend the risks, or chose to ignore them, leaving social workers with difficult choices between allowing them to exercise their freedom of choice, or curtailing their freedom for their own and/or the greater good. Social workers also reported facing difficult decisions, or having to support service users to make difficult choices, about whether to allow visits from outside for very isolated and even suicidal people at the risk of them contracting or spreading the virus. Several social workers commented that their managers were "out of touch", only managing "by statistics", failing to provide adequate guidance and support and requiring "new duties without adequate training". Yet responses from some social work managers revealed the huge dilemmas they were facing, including whether and how to withdraw and change services and how to support staff.

- A project manager from Germany working with substance abuse in homeless accommodation described being "faced with the choice of protecting my team from infection (and thus minimizing the risk of my project having to close) or providing a much needed service to the residents of the project".

- A Canadian social worker reported a triple edged choice about whether to place a service user in respite hospital care. She was balancing the needs of the family for respite versus the dangers of having a family member in hospital versus the need for hospital beds available for Covid-19 patients.
- A social worker working for an NGO in Taiwan providing relief for disadvantaged households – money, household products and emotional support – reported that this work was even more needed during the pandemic as many people’s income had decreased. However, the social worker, together with his colleagues, was worried at the risks they faced to their own health and wellbeing as their manager insisted they should conduct home visits.
- A social worker from an NGO in Pakistan reported that he was distributing food and hygiene products to vulnerable groups, trying to educate people about how to take precautions against the virus. Many older people in the rural areas are illiterate and religious. They do not accept the existence of Covid-19, regarding it as ‘fake news’ and flouting the lock-down. As a young man he was powerless to make them change their minds, but he carried on trying to convince people to use PPE and hand sanitiser, seeing it as his duty as a social worker in his role to promote public safety.

### ***Seeking ethical solutions***

Making difficult ethical decisions, which result in infringing one person’s rights and interests in order to protect those of another or others, lies at the heart of social work. When there is no obvious answer about which course of action is right, then we call the situation a ‘dilemma’. In the pandemic context, in new circumstances, dilemma situations are more frequent and quick responses may be required. Often there may be no colleagues immediately available to consult. Nevertheless, several of the solutions listed below were the result of careful and considered reasoning between colleagues, which is an even more necessary and important

process to go through in risky, previously uncharted and uncertain situations.

- A Japanese social worker working in a centre for people with disabilities reported that some service users could not fully comprehend Covid-19 risks and behavioural restrictions were stressful for them. “Therefore to prevent them wandering around and getting infected, we have to act proactively; in fact, we quickly prepared a business continuation plan and are constantly revising it according to the situation, also letting service users and their families know about changes”.
- In Hong Kong, despite social distancing rules, social workers in a community service centre decided to resume some groups and programmes for older people whose health and wellbeing was declining due to social isolation caused by lack of social contact. The senior social workers decided to serve as role models and take the lead to conduct home visits. After witnessing what the leaders did, individual social workers started to feel comfortable to participate in the service delivery.
- A UK social worker discussed the removal of structure and routines caused by the pandemic, giving the example of a 15 year-old girl living in a local authority children’s home who was used to managing anger by frequently walking around neighbourhood. Then she was restricted to once a day. The social worker challenged the local authority and encouraged them to be flexible: “Some looked after children are highly stressed by the Covid-19 outbreak and being creative and flexible around supporting them is very important in my view”.

**4. Deciding whether to follow national and organisational policies, procedures and guidance (existing or new) or to use professional discretion in circumstances where the policies seem inappropriate, confused or lacking**

Many respondents reported lack of guidance about how to operate in the changed circumstances, and therefore feeling confused, anxious and

having to rely on their own professional discretion and “a need to make it up as we go along”. Sometimes employers required them to continue to operate as usual when circumstances did not allow it. However, over time, many governments, organisations and individuals developed new laws, policies and guidance relating to health and social care during the pandemic. In some countries, for example, emergency legislation has permitted social workers and health care staff to bypass the normal requirements for assessment, which means curtailing service users’ usual rights to involvement in decision-making or to give consent. Some workers reported finding the new legislation or guidance did not fit the situation they were facing, or they thought it too harsh or unethical. They therefore used their professional judgement to decide whether to bend or break the rules or laws.

- A social worker in Switzerland in a residential home for people with learning disabilities reported having a tormented conscience when deciding to follow policies and not responding to residents’ requests for hugs, “when some colleagues are doing this”.
- A social worker in Spain who was working with women experiencing serious issues relating to prostitution, sexual abuse and gender violence had been available 24 hours a day to facilitate women’s access to the emergency centre. Her boss decided to stop the 24 hour service, meaning that a woman requiring emergency accommodation on Friday could not be admitted until Monday. The social worker asked: “Do I have to wait till Monday to follow the established procedure with which I do not agree?”
- In the Netherlands several social workers questioned the overpowering emphasis on avoiding risks related to physical health, with one employed by the municipality asking: “to what extent am I allowed to trust my common sense and professional sense and not follow these guidelines?”

## ***Seeking ethical solutions***

This theme focuses very much on ethical decision-making and the question of when, if ever, it is right to act outside the law, policy or agency procedures. Most professional codes of ethics include a responsibility on the part of social workers to draw to the attention of those in power any injustices or inadequacies in policies and practices. Social workers have a role to advocate for service users and for socially just change. The issue is what to do if these courses of action do not work, or there is no time to pursue them. It may be difficult to engage in overt resistance and whistleblowing during a crisis. Furthermore, in a new situation, it may be hard to decide what is right and wrong, there may be more disagreement than usual as bodies of experience and evidence of positive and negative impacts have yet to be built up. Nevertheless, many social workers reported individual acts of covert resistance, ignoring or bending the rules, as well as more overt protests and creative and democratic solutions.

- A Nigerian social worker reported that during the pandemic there was no cash withdrawal from the banks and therefore the relatives of hospital patients were unable to pay for services in the hospital. Social workers gave their personal account details to relatives so they could transfer the money needed, enabling the social workers to withdraw the monies through an ATM (cash machine). This was against the hospital rules.
- A Slovenian social worker reported difficulties in deciding what was urgent. She chose to “walk the thin line” and meet service users with the highest needs in town.
- An Australian social worker reported that service users did not have access to masks and were at risk of contracting Covid-19 when attending medical and other appointments. The social worker therefore shopped, picked up medications and provided other types of assistance to help them stay at home. The social worker: “decided not to ask my manager for authorisation to do this ... Sometimes it is better to ask for forgiveness than for permission”.

## **5. Acknowledging and handling emotions, fatigue and the need for self-care, when working in unsafe and stressful circumstances**

Social workers reported a wide array of mainly negative emotions, including: helplessness, anger, grief, guilt, anxiety, fear, shame, sadness and disappointment. Some reported feeling positive emotions such as pride, joy, relief or hope, for example, when social workers took a stand against injustice, a service user turned a corner, a risky practice turned out to succeed or lessons seemed to have been learned about how to support vulnerable people or shift towards a more socially just world. Many reported emotional and physical stress and exhaustion. The sense of moral distress was palpable in some cases - when social workers knew what the right course of action would be, but were unable to take it. In some cases social workers could be described as experiencing 'moral injury' – having had to take action that damaged their sense of their moral selves (for example being complicit in discharging elderly people prematurely from hospital to care homes where the virus was known to be prevalent). Some spoke about the need to care for themselves and their own families and the importance of both self-care and collective care for the profession as a whole.

Many social workers were working from home during the height of the pandemic, sometimes with personal caring responsibilities and handling illness or even death in their own families. This placed extra pressure on them as the boundaries between professional and home life had become unexpectedly and increasingly blurred. Some social work students who continued to undertake their fieldwork placements also reported feeling stress, particularly when working from home with little support or guidance, while university staff agonised over whether to continue or cancel placements. On the other hand, one student from Finland reported feeling excited at learning new methods to do social work remotely. Some social workers expressed the view quite strongly that social work was not valued sufficiently in their country, which contributed to their stress and disillusionment - e.g. that social workers were not acknowledged as key workers and were not given adequate protective equipment. Several



respondents noted societal racism towards social workers and service users from minority ethnic backgrounds, which generated both anger and stress.

- A hospital-based social worker in Malta reported working in a setting where social work was not valued: “The result is that we are feeling helpless, pointless, unheard and unsupported ... Hospital management are absolutely failing to back up the multi-disciplinary team. Social workers are broken down.”
- An Italian social worker described the complex emotions associated with a case involving a very difficult ethical decision to place children with foster parents, explaining that afterwards “I still felt in trouble and worried. Emotionally I felt powerless because of the pandemic condition, grateful for the availability of the resource and guilty because of the potential risk of contagion.”
- A social worker in a social welfare centre in Greece reflected on the inadequacies of welfare support for citizens facing turmoil, and the implications of this for social work support: “This new normality requires a high sense of ethics and empathy, towards citizens that are worried about the situation afterwards ... awareness and vigilance is much more preferred than the comfort of being complacent and stagnant.”
- A Vietnamese student in Australia spoke of her fear of racism and being isolated from people around her: “I’m concerned that most people will judge my background, as Asian myself, and try to stay away, from the aftermath of the pandemic”.

### ***Seeking ethical solutions***

Emotions are always present in social work, as practitioners work with people experiencing pain, loss and injustice. Moral emotions such as compassion, guilt, regret and shame are to be expected. Yet the desperate conditions created by Covid-19 for people wanting and needing to use social work services, and the inability of social workers to respond as usual, have brought the emotions to the fore and highlighted the

importance of valuing, supporting and protecting frontline staff in a range of different ways.

- Social workers from several agencies in Hong Kong reported providing financial and other rewards, better protective equipment and recognition in the media for frontline staff, including those required to carry on home delivery services or work in a shelter, in order to recognise their contribution and maintain services.
- A Dutch social worker gave an account of making a choice to continue supporting an emotionally and physically fragile man of 39 with autism and a mental disability, despite the employing organization not allowing home visits and colleagues advising against it. “However, my team leader gave me the green light: she has absolute confidence in my judgement. It gives me a good feeling and strengthens me that I am given the confidence to rely on my professionalism”.
- A UK hospital social worker commented: “These are stressful times to front line social workers. I think 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”.

## **6. Using the lessons learned from working during the pandemic to rethink social work in the future**

While many of the responses focused on the here and now and the challenges faced during the Covid-19 pandemic, some reflected on the lessons learned and the implications for social work in the future. The need for more investment in social care and social and community development was a key theme. In many countries, the virus outbreak exposed weaknesses in under-funded and under-valued social services. It highlighted the crucial role of social workers in working with the social,

psychological and household-level economic impact of the virus, and the need for greater respect and visibility for the role of social work. Some of social workers' biggest ethical challenges related to whether to take risks to make what they saw as essential contact with service users in conditions where they had no or inadequate PPE and little guidance or support. Social workers are not only vital in supporting health care services in discharging patients, but have a role in their own right in maintaining family support to mitigate the effects of lock-down and job losses, and in drawing attention to injustices and advocating for changes in policies and practices affecting the most marginalised people in society. Several social workers noted the importance of reflecting on the nature and practice of social work, and how the profession might be better prepared for similar situations in the future and might regain its professional confidence.

The experience of the pandemic also highlighted the importance of community-based and voluntary support networks in neighbourhoods and communities of interest and identity and the role of social workers and community development workers in facilitating these networks. The social work response in many of the African countries entailed social workers contributing to the strengthening of community support networks, recognising that the existing state and NGO services do not have the capacity to cope with the increased material, psychological and educational needs. This response is easier in more communal societies, which already have established community infrastructures, whether formal or informal. But there are lessons for all countries, which apply not just to pandemic conditions, but to a post-pandemic context which is likely to see the implications of a global economic downturn lingering for several years.

- A social worker in Brunei commented on the need for more inter-agency cooperation: "I understand my country's system is not as efficient compared to others, lack of resources unlike other countries. But the system we have needs to step up further with or without Covid. As a social worker, it is not a work of one, it needs togetherness

and cooperation from different agencies to help with the decision making”.

- A Dutch social worker commented on the conflict between giving social aid versus community building. This worker argued that many social workers are involved in social aid, which is nice and warm, but charitable in its approach: “Confronting [social workers] with this causes furious counter-reactions. Because you touch their heartwarming [role]. But the one-way traffic of social help causes dependency, erosion of community and networks. And it is anti-empowering”.
- An Italian social worker felt that there had been productive learning from the pandemic experience. This worker described the process of going from “work as usual” to unusual ways of working, concluding: “I believe that on the whole, from my personal and professional point of view, the difficulties caused by the emergency have brought more innovation and farsightedness rather than negative consequences”.

## Conclusions and recommendations

Covid-19 and the measures introduced to control and prevent its spread have restricted the services and responsibilities usually carried out by social workers, while simultaneously generating new needs and demands. In turn, these have created numerous practical and ethical challenges as social workers struggle to continue their work, meet needs in risky and uncertain situations, and respect people’s rights to privacy and to be involved in important decisions about their lives as best they can. They have had to take important decisions without being able to make face-to-face assessments, often with little guidance and support from managers and governments. Social workers and managers have had to invent new rules as they have gone along, use their professional discretion according to the circumstances of each case, and find new ways of supporting people experiencing distress and material hardship.

New and challenging ethical dilemmas are expected during a pandemic, and often it is necessary to use professional discretion and act in the moment. However, based on the learning from experience so far, there are some recommendations for developing policy and practice that might help create better conditions for promoting ethical practice in social work and reduce the moral stress and injury experienced by social workers and the hardship faced by service users in the future.

## **Creating the conditions for ethical practice**

### ***Social workers***

- Revisit the ethical values and principles outlined in the international statement on ethics and national codes of ethics. These values and principles remain constant, but how they are applied in practice may change in new circumstances.
- Discuss ethical dilemmas and challenges with colleagues or professional associations, gaining different perspectives on possible decisions and talking through options for action.
- Engage in reflective processes of ethical deliberation to work out what might be the right (although difficult) action, taking time to consider what social work values and principles are at stake before deciding what to do in a particular case. Consider if a decision that might be ethically right in normal times (e.g. prioritising service user choice or confidentiality), might now be regarded as ethically wrong (since heightened risk means principles of service user welfare or the public good have to come first).
- Remain ethically vigilant, that is, aware of the impact of exhaustion and emotion on social workers' capacity to see the full ethical implications of a situation and their ability to treat people with respect, empathy and compassion.
- Raise with employers, professional associations and policymakers the serious harm and inequity experienced by people during the pandemic, the difficulties in delivering social work services and make proposals for improvements.

### ***Social work employers***

- Ensure all social workers and social work students on placement are supported through regular supervision and team meetings, with opportunities to share ethical dilemmas and challenges and discuss together alternative courses of action and priorities.
- Develop guidance together with frontline social workers about how to operate safely and ethically, including guidelines for ethics in remote/digital working and agreeing when it is acceptable for privacy and confidentiality standards to be changed and services restricted, for example.
- Monitor levels of psychological and moral stress and distress amongst social workers and social work students and ensure that they have permission to take time for rest and recuperation, and to recover from their own and family illness.
- Ensure provision of necessary hygiene equipment and safety measures to enable social workers to carry out their roles in a way that protects both workers and service users.
- Advocate to governments and draw attention to gaps in welfare systems and the need for improvements.

### ***National and international associations of social workers (including IFSW)***

- Draw attention to the systemic factors that put some populations at risk, the vital role of social safety nets, the need for universal basic services such as health care, sanitary provision, housing, and communications, all of which are exacerbated in a health care crisis.
- Intensify efforts to collect evidence from social workers and social work organisations about conditions for social workers and service users, and advocate strongly with employers and governments for recognition of social work roles and better guidance for maintaining services.

- Continue to develop more detailed ethical guidance for social workers and their employers, and create spaces for peer support and learning in relation to tackling ethical dilemmas in practice.

### **Governments**

- Recognise the critical role played by social workers in providing and supporting social and community-based care, which is as vital as health care in enabling individuals, families and communities to function during a pandemic.
- Acknowledge social workers as key workers and provide them with the necessary protective equipment, digital technology and other resources to do their jobs.
- Issue clear guidelines on how to maintain social work services during a pandemic, keeping services open, while operating as effectively and safely as possible.

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# Appendix 1: The Social Work Ethics Research Partnership

## The research team

- Sarah Banks (Coordinator), Durham University, UK, [s.j.banks@durham.ac.uk](mailto:s.j.banks@durham.ac.uk)
- Tian Cai (Research Assistant), Durham University, UK, [tian.cai@durham.ac.uk](mailto:tian.cai@durham.ac.uk)
- Ed de Jonge, University of Applied Sciences, Utrecht, Netherlands, [ed.dejonge@hu.nl](mailto:ed.dejonge@hu.nl)
- Jane Shears, IFSW Ethics Commission, [jane.shears@basw.co.uk](mailto:jane.shears@basw.co.uk)
- Michelle Shum, Hong Kong Baptist University, Hong Kong, [mhyshum@hkbu.edu.hk](mailto:mhyshum@hkbu.edu.hk)
- Ana M. Sobočan, University of Ljubljana, Slovenia, [AnaMarija.Sobocan@fsd.uni-lj.si](mailto:AnaMarija.Sobocan@fsd.uni-lj.si)
- Kim Strom, University of North Carolina, USA, [ksg@unc.edu](mailto:ksg@unc.edu)
- Rory Truell, IFSW Secretary-General, [rory.truell@ifsw.org](mailto:rory.truell@ifsw.org)
- María Jesús Úriz, Public University of Navarra, Spain, [ivan@unavarra.es](mailto:ivan@unavarra.es)
- Merlinda Weinberg, Dalhousie University, Canada, [Merlinda.Weinberg@Dal.Ca](mailto:Merlinda.Weinberg@Dal.Ca)

## Advisor

- Teresa Bertotti, University of Trento, Italy, [teresa.bertotti@unitn.it](mailto:teresa.bertotti@unitn.it)



# Appendix 2: The survey questions

## Part 1 Consent

I have read the information about the research, and I consent to the information I give being used in publications to publicise the ethical dilemmas in social workers' experiences under Covid-19 conditions. Research participants' names, organisations and identifying details will not be revealed in any publications. Please tick *either a) or b)*.

- a. I consent OR
- b. I would like to have a discussion first about how the information I provide will be used.

## Part 2 Questions about ethical challenges

1. **Briefly describe some of the ethical challenges you are facing/have faced during the Covid-19 outbreak?** (Ethical challenges are situations that give you cause for professional concern, or when it is difficult to decide what is the right action to take. This may be a situation facing you, or something you have come to hear about from others).
  
2. **Please give more details of a particular situation you found ethically challenging.** This might be 1 to 2 pages long and might cover:
  - a) **The background** to the situation: your role and responsibilities, the organisational context, any relevant legal or cultural issues.
  - b) **What happened** and who was involved: what you and others said and did.
  - c) **If you made a decision**, what was the decision and what was the reasoning behind it? Did you consult with anyone else?
  - d) **What was your emotional response** (e.g. any positive or negative feelings)?
  - e) **What further reflections** do you have on this situation afterwards?

### 3. Is there anything else you would like to add?

#### Part 3 Your details

The International Federation of Social Workers, and national associations of social work, are wanting to build up a picture of what is happening globally and some further details from you would really help us do this. You do not have to fill in all your personal details if you prefer not to. All details will be anonymised in any publications.

1. Your name (for contact purposes only)
2. Email (so we can contact you for any further information)
3. Country where you work
4. Telephone number with country code (if you would like us to contact you)
5. Please give your job title and describe your role
6. What type of organisation do you work for? (please check one box)
  - i. Statutory (run by the state)
  - ii. NGO (e.g. a charity)
  - iii. Private
  - iv. Other
  - v. I am independent/self employed

If you answered 'yes' to iv) or v) please describe your work

7. How many years' experience do you have in social work?
8. Are you a social work student?
9. Do you identify as
  - i. male
  - ii. female
  - iii. other

If you answered 'yes' to iii) please describe your identity

# Appendix 3: The respondents

**Total number of responses to the online survey: 505**

## **Countries: 54**

Argentina (1), Australia (11), Austria (2), Belgium (3), Brazil (1), Brunei (1), Canada (78), Chile (2), China (6, comprising mainland China, 2, Hong Kong 2, Taiwan 2), Colombia (2), Costa Rica (1), Croatia (1), Finland (2), France (34), Germany (6), Ghana (1), Greece (1), Guatemala (1), Guinea (1), Iceland (1), India (6), Ireland (2), Italy (49), Japan (1), Lesotho (1), Lithuania (5), Malaysia (3), Malawi (1), Malta (1), Mexico (1), Netherlands (37), New Zealand (3), Nigeria (4), Norway (2), Pakistan (1), Peru (1), Philippines (1), Portugal (6), Puerto Rico (28), Democratic Republic of the Congo (2), Romania (1), Rwanda (1), Senegal (1), Slovenia (15), South Africa (2), Spain (57), Sri Lanka (1), Switzerland (1), Sweden (1), Uganda (1), UK (41), Ukraine (1), USA (57), Zimbabwe (1), No country given (13)

## **Type of organisation**

Statutory:	241 (47.7%)
NGO:	60 (11.9%)
Private:	69 (13.7%)
Other:	90 (17.8%, universities, research institutes, hospitals, health centres, students, unemployed, hybrid organisations).
Independent/self-employed:	21 (4.2%)
No response:	24 (4.8%)

## **Experience in social work**

Less than a year:	13 (2.6%)
1-5 years:	87 (17.2%)
6-10 years:	87 (17.2%)
11-15 years:	66 (13.1%)

More than 15 years: 217 (43.0%)  
No response: 35 (6.9%)

**Social work students:** 74 (14.7%)

**Gender identity**

Male: 77 (15.2%)

Female: 403 (79.8%)

Other: 4 (0.8%, world citizen, captain, non-binary person, group person)

No response: 21 (4.2%)

**Additional responses:**

11 interviews from Hong Kong

91 modified survey responses from Japan

