

# Practising ethically during COVID-19: Social work challenges and responses

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**Abstract**

This article draws on findings of an international study of social workers' ethical challenges during COVID-19, based on 607 responses to a qualitative survey. Ethical challenges included the following: maintaining trust, privacy, dignity and service user autonomy in remote relationships; allocating limited resources; balancing rights and needs of different parties; deciding whether to break or bend policies in the interests of service users; and handling emotions and ensuring care of self and colleagues. The article considers regional contrasts, the 'ethical logistics' of complex decision-making, the impact of societal inequities, and lessons for social workers and professional practice around the globe.

**Keywords**

COVID-19, ethical logistics, ethics, inequities, pandemic, social work

**Introduction: Ethics and COVID-19**

COVID-19 radically changed many aspects of people's lives and livelihoods during the first half of 2020. Conditions have worsened for those with whom social workers usually work – people already on the margins of society, suffering poor health, poverty, racism and other forms of oppression and inequality. Social isolation has increased, jobs have disappeared and some social services have been reduced. Social workers have struggled to continue to do their work – having to adapt and innovate to meet new needs and reprioritise the most urgent and important aspects of their roles.

The pandemic raises many political, professional and personal challenges for policymakers, social workers and people who use social work services. At the heart of these challenges lie ethical questions such as the following:

- What kind of society do we value?
- How should we weigh the state of the economy against population health, or individual freedom against the public good?
- Who should be allocated scarce ventilators, hospital beds, food parcels, foster care or a place in a domestic violence shelter?
- How do we decide whether it is more caring and responsible to visit an isolated older person, or to stay away?

These are questions about matters of rights, responsibilities, justice, community, solidarity and care. In this article, we consider the ways in which these questions have implications for social work practice, particularly as they are answered by governments, employers, citizens and social workers themselves. We also reflect on how social work's core ethical values based on human rights, social justice and professional integrity (International Federation of Social Workers [IFSW], 2018) influenced the responses of social workers to the conditions created by the pandemic and may bring them into dialogue or conflict with health care and other professionals (McAuliffe, 2014).

**The study**

In May 2020, a group of social work academics in partnership with the IFSW conducted a study to gain a snapshot of the ethical challenges faced by social workers globally. Against a backdrop of diversity in the nature and practice of social work, the study took place at a point in time

characterised by variation across regions and nations in the impact of the virus and national responses. Some countries had imposed strict stay-at-home orders, while others had partial lockdowns or only limited precautionary measures. The respondents, therefore, represent social workers in a wide range of situations, although the study is based on information given at one point in time (6–18 May 2020).

There have been several international surveys and reports on how social workers are responding during the pandemic (e.g. IFSW, 2020; Truell, 2020), and many country-specific reports from member associations of IFSW (see [www.ifsw.org/updated-information-on-ifsw-and-the-covid-19-virus](http://www.ifsw.org/updated-information-on-ifsw-and-the-covid-19-virus)). The aim of this study was to focus specifically on the ethical dimensions of social workers' everyday practice amid COVID-19. 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.

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

## Study methods

An online survey form was used to ask two main questions (see Banks et al., 2020, 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'.

Invitations to participate were distributed electronically by IFSW and research team members via national and provincial associations and other professional and academic networks. Responses were received from 505 social workers, including 74 social work students, and several social work academics. Several of these responses were based on phone/video interviews using the survey questions. In addition to the 505 survey responses, 11 interviews were undertaken in Hong Kong, China, with social workers/managers. The Japanese Federation of Social Workers also translated one 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.

The original online survey form was available in Chinese (simple and complex), Dutch, English, French, Spanish and Slovenian. This inevitably influenced the responses gained from different parts of the world, details of which are given in the report (Banks et al., 2020). Respondents came from 54 countries. Almost 80 percent self-identified as female, with over half having more than 11 years' experience in social work. The respondents are not a representative sample, and we need to bear in mind that people replying would tend to be those with awareness of the study, Internet access, familiarity with the languages of the survey, and for whom the idea of 'ethical challenges' resonated.

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 native speakers. Questions of meaning and translation were checked within the group. One controversial issue

was how to refer to people who use or need social work services. Terminology 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 decided to speak of ‘service users’ in publications about the research (except when we are quoting respondents who used different terms). We recognise that the people we are referring to are people first and users/potential users of services second.

## **The variety of ethical challenges for social workers**

Based on our analysis of the responses, we identified six key themes relating to social workers’ ethical challenges, as summarised below. A much fuller discussion of each theme, illustrated with specific examples from the survey respondents, can be found in the research report (Banks et al., 2020):

### *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*

It is difficult to stay in contact with clients with lockdown in place . . . Our clients in townships and rural areas and informal settlements live in unhygienic circumstances . . . 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)

The most common issue raised worldwide reflected the difficulties caused by physical distancing requirements, particularly ‘teleworking’ from home via phone and Internet when privacy could not be ensured due to the presence of social workers’ and/or service users’ family members. Furthermore, some service users could not access or use the technology. Social workers reported difficulties with video calls, being unable to evaluate conditions in a home or detect potentially abusive relationships without being able to see people, look them in the eye, or smell and feel the living space. Even when face-to-face meetings could take place, the use of personal protective equipment (PPE) impeded 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.

### *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*

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. (Social worker, Puerto Rico)

Ensuring fair distribution of material resources and social worker time is always an issue in social work. However, in pandemic conditions, this became much more challenging and distressing, as demands increased while some services closed or were restricted, and social workers were instructed to prioritise urgent situations. Without being able to do home visits or face-to-face meetings, social workers reported it was much more difficult to assess needs fairly.

### ***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 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. (Social worker, UK)

Undertaking risk assessments and managing risk (including risk to self) is an expected part of social workers' roles. However, in COVID-19 conditions, many everyday social work activities (home visits, face-to-face meetings, escorting service users, working in residential settings) have become regarded as risky in terms of spreading or contracting the virus. Deciding when to have face-to-face contact, whether to breach government or agency policies and guidelines, weighing up the social welfare needs of service users against the health risks to all concerned (including the workers' families) were commonly expressed ethical challenges.

### ***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***

To what extent am I allowed to trust my common sense and professional senses and not follow these guidelines? (Social worker, The Netherlands)

Many social workers were strongly critical of government and agency policies and rules, particularly newly created procedures for operating during the pandemic, which diminished service users' rights to receive services and assessments or to give consent for interventions. In some cases, they reported deciding to break rules to visit an isolated person, transport foster children in their own cars, purchase protective equipment for service users with their own money or arrange hospital payments through their own bank accounts.

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

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. (Hospital social worker, Malta)

As would be expected in crisis conditions, social workers reported heightened emotions, ranging from fear and anxiety (about health risks), through grief and sadness (at people's loss and poor living conditions), to guilt and shame (at not being able to do more). They found particularly distressing occasions when they could not visit people in need and when they knew they were complicit in dangerous and unjust practices, such as supporting the discharge of hospital patients to care homes without the patients or care home staff and residents being tested for COVID-19. Feelings of stress and exhaustion and not being valued or recognised as key workers were commonplace. Some respondents reported more positive emotions, including joy and pride, when a risky practice was successful or a service user turned a corner.

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

I understand my country's system is not as efficient compared to others, [it has a] 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. (Social worker, Brunei)

In their replies to the study questions, the majority of respondents focused on their immediate ethical challenges and ways in which systems could be improved to support them in the here and now. However, several used the opportunity to step back and consider how social work services could be better equipped to operate in future pandemics and other crises. They also noted the need for strengthened social welfare systems, better inter-disciplinary work, more integrated health, social care and economic support systems and the need for greater recognition of the social work role.

Having briefly outlined the main types of ethical challenge faced by social workers, we will now discuss in more depth several issues identified by the research team as worthy of further exploration. These relate to the similarities and differences in the ethical challenges faced by social workers in different regions; the complex 'logistics' of ethical decision-making and sustaining ethical practice during the pandemic; the exacerbation of gross inequities in societies worldwide caused by the pandemic and government responses; and the need to rethink and reconstruct social work for the future.

### **Regional similarities and differences**

One of the questions the research team wished to explore was the extent to which social workers in different countries or regions experienced distinctive ethical challenges, influenced perhaps by culture, type of political and social welfare regime, and the way that social work is practised. Might differences in the balance of service provision by state, private or non-governmental organisations, or the balance of community work, group work or case work be reflected in the challenges reported by respondents? We concluded that all of these factors contributed to the context in which ethical challenges occurred and the options for resolving them, but the actual ethical concerns expressed by social workers (relating to rights, dignity and fairness, for example), were remarkably similar across countries and cultures.

In regions, countries and neighbourhoods with poor social infrastructure, sanitation, housing and income levels, social workers often undertake more social and community development work. During the pandemic this appears to have intensified. In Pakistan, for example, a social worker from a non-governmental organization (NGO) reported that 'Many older people in Pakistan are illiterate and religious. They did not accept the existence of COVID-19, regarding it as "fake news" and flouting the lock-down'. This social worker was distributing food and hygiene products to vulnerable groups, and his challenge, as a young man, was in trying to educate older people about how to take precautions against the virus. While this may seem a world away from urban Japan, a Japanese social worker working in a centre for people with disabilities reported a similar challenge: 'Some of our clients cannot fully comprehend COVID-19 risks and behavioural restrictions are stressful for them, therefore to prevent them wandering around and getting infected, we have to act proactively.' Staff quickly prepared a business continuation plan, constantly revising it according to the situation and letting service users and their families know about changes.

Concern about digital work becoming the norm was expressed as much in North America and Europe, where the use of 'teleworking' and agile working was common before the pandemic, as it was in Latin America, Africa and South Asian countries, where Internet connections are poor or non-existent for more people. As a social worker in Puerto Rico commented,

Some colleagues do not even have wifi to connect, and use the hotspot of their cell phone . . . those [service users] who do not have the means and do not have technology, may need to attend our offices . . . because they do not have . . . the financial and technical resources to use video conferencing.

In other places like this part of Puerto Rico, without access to the technology, some respondents reported continued face-to-face or in-home service delivery, giving rise to greater health risks for both social workers and service users. Even in places with good levels of technology, social workers reported efforts to keep offices and centres open where possible and resume services to people in greatest need. In a Hong Kong Community Service Centre, for example, due to social workers' concerns about the mental health effects of social isolation on older service users, many of whom do not use the Internet, some groups and programmes were restarted relatively quickly with physical distancing measures in place.

In many Asian, Latin American and African countries, not only did social workers offer education about hygiene and distribution of masks and sanitising products, but some were also involved in testing for COVID-19 and contact-tracing in local communities. In mainland China, for example, social workers were called upon by the government to help implement the lockdown, including taking residents' temperatures, checking digital health codes and making home visits to trace suspected cases and their contacts. While in China this role may be hard to contest, in some other countries social workers noted that their skills and expertise were not being properly respected, as they were being asked to take on basic public health roles when they are qualified in making therapeutic, clinical and community development interventions.

Despite great variation in social work roles and practice contexts internationally, many similar ethical struggles were reported. Common ethical challenges involved respecting people's rights and dignity when it is difficult to meet them or see their faces; fairly prioritising scarce resources; securing or improving living conditions; and challenging injustice in policies and practice. Although social workers in various settings and parts of the world acted differently when faced with the same ethical issue (e.g. the Pakistani social worker provided equipment and offered education to users of services, whereas the Japanese social worker also produced a business plan), their accounts showed many of them making great efforts to make considered decisions and take what they considered to be the right actions in the circumstances. Several social workers also expressed distress when political messages undermined professional guidance and put service users at risk, a factor that would particularly affect those under populist regimes, where political leaders denied the seriousness of the pandemic.

## **The logistics of practising ethically**

I am seeing the task of carrying on delivering social work during this period as a kind of intriguing puzzle that loads of very creative and determined people are trying to solve. (Independent social worker, UK)

The impact of the pandemic has, on the one hand, sharpened the focus on existing structural inequalities, disadvantage and human rights violations, while simultaneously creating an altered reality within which social workers negotiate practice. As discussed earlier, the 'new normal' in emergency pandemic conditions (as opposed to what might be a post-pandemic 'new normal') entails curtailing service users' rights, greater restriction and rationing of services. This occurs within a climate where taken-for-granted features of a social worker's every day role (home visits, face-to-face meetings, case conferences or referral to community-based services) entails consideration of numerous hitherto unexpected where taken-for-granted features of a social worker's every day role (home visits, face-to-face meetings, case conferences or referral to community-based services) entails consideration of numerous hitherto unexpected risks. The practical effort required to arrange and conduct a virtual or real home visit or meeting is matched by the ethical

work on the part of social workers and their managers to identify possible courses of action, judge which proposed course of action is right in the circumstances, decide whether and how to implement it, and then handle the emotions and stress it may generate for all concerned.

One way of encapsulating the complexity and strategic aspects of this process might be to think of it as involving a kind of ‘ethical logistics’. Logistics is a term used, originally in a military context, to refer to ‘the procurement, maintenance and transport of materials, people and facilities’ (Subramanian, 2018: 154). It is used in many fields, from disaster management to health care (Blandine et al., 2018), and certainly applies to the marshalling of equipment, medicines, facilities and expertise that has been taking place in all countries during COVID-19. Using the concept of logistics in the context of ethical decision-making in social work highlights the complexities and difficulties of this process, which requires the assembling of psychological, emotional and material resources strategically in the right place, at the right time, for the right reasons. In social work ethics, we tend to draw on concepts such as ‘professional ethical wisdom’ or ‘ethics work’ (Banks, 2016, 2018) to encapsulate the combination of ethical sensitivity, reasoning, emotion, identity and performance work that goes into the process of being an ethical practitioner and acting ethically. However, ‘ethical logistics’, used in a quasi-metaphorical sense, draws attention to the complexity of assembling all the pieces of the puzzle, the strategic work required to put them together and the interconnectedness of the practical and ethical components of any decision. It may not be the metaphor that fits the accounts given by all the study respondents, but it is one worth considering as a way of understanding ethical practice at this time. It emphasises the hard work, the many factors to be taken into account, the increased number of stakeholders that may be involved, and the need for thoughtfulness, forward planning and time to work things out ethically and practically.

Many accounts given by study respondents focused more on the practical side of implementing a difficult decision that has ethical implications, rather than the process of ethical reasoning that led to the decision or that could be used to justify the decision. However, practical and ethical aspects of a decision are inevitably intertwined and inseparable. An account given by a UK social worker illustrates the logistics of ethical practice in action, showing how a decision to move children into foster care during lockdown was implemented and highlighting some of the micro-decisions that would not normally be considered. The following is our summary of the social worker’s account, with some of the worker’s own words in quotation marks, and our brief commentary on the ethical work done by the social worker italicised in square brackets.

### *Moving children into foster care during lockdown*

A decision was made to apply for an Interim Care Order (a court order) to remove two young boys from their grandparents’ home into foster care, as the grandparents were no longer able to look after them. Anticipating the care order would be granted, the social worker made a video explaining the move and introducing the foster carers, ‘to help ease the transition’. [*Advanced planning, caring approach*] The social worker attended court via teleconference. She had only met the children via video call, as had the guardian *ad litem* (appointed to look after the children’s interests). When asked by the judge for her views, the social worker wondered ‘could we really advocate for their wishes and feelings?’ [*Reflection on roles and responsibilities*]

The care order was granted, and the social worker decided to move the children in her own car, ‘to limit the number of people involved’, instead of following the usual practice of taking a taxi. She commented that she chose to expose herself and her partner to the potential risk of having the children in her car, as she felt it was better than exposing herself and the children to the risks from a taxi. [*Calculation to minimise risk to children*] Although she had gloves and a mask, she decided not to wear a mask ‘as the children were scared and confused without having a stranger wearing a mask take them away’.



[*Balancing health risks against children's feelings*] She was unable to maintain a social distance from the children, having to carry the baby downstairs and hold the hand of the older one while crossing a road. She commented: 'there was no other option'. Similarly, she also came close to the foster carer. [*Recognising need for social distance, but judges it is impossible*] She also 'made the choice to spend time with the children settling them in, as opposed to leaving', while recognising this increased the levels of risk to all parties [*Considered choice to take risk*]

The social worker remarked that she felt 'anxious throughout', receiving little guidance or emotional support from her manager. [*Emotion, anxiety*] She commented: 'I am used to assessing risk in others but now I am a potential risk, and now I am at potential risk. This makes me feel very uneasy'. [*Reflecting on new sources of risk*] She concluded: '. . . despite how I was feeling I was determined to make the move as smooth and easy for the children as their move into foster care will be something they remember for ever'. [*Carrying out her role as well as possible in the interests of the children*]

The mental and physical effort illustrated in this one account is typical of the extra work undertaken by many social workers during COVID-19 just to continue to practise in abnormal circumstances. This social worker used her expertise and sensitivity to make the experience as positive as possible for the children, clearly working within an (unspoken) ethical framework of prioritising care, safety and well-being of the children and all concerned. Whether she took the right actions is hard for an outsider to judge. There were accounts from other social workers about deciding not to move children, not entering houses and meeting with children in a garden. There were also many other accounts of workers feeling, like this one, unsupported by managers and having to work things out for themselves. Given the ethical logistics involved in undertaking this particular move, and many other everyday practices in social work, the value of dialogue with colleagues and managers to talk through options and develop new ways of working is obvious. A very good example of this was given by a social worker in a community service centre in Hong Kong, who reported that concerns were gathered from colleagues about how to continue their work safely, and together they figured out what safety precautions would work best and formulated workable guidelines for service provision. Their motivation for continuing services as near-normally, yet as safely, as possible was the same as that of the UK social worker: a commitment to supporting people in need at a time when needs are greater and inaction risks greater harm. As an Italian social worker commented, 'Sometimes deciding is difficult, especially if the options are both unfavourable, but not deciding is leaving everything to maybe, to uncertainty [which] is even worse'.

## COVID-19 as a crisis of social justice

Viruses don't discriminate, societies and systems do. (Schalatek, 2020)

As with many global crises, the COVID-19 pandemic exposes the ways in which social safety nets are frayed. People who are dependent on government and NGO services for basic needs such as food and shelter are thus at increased risk when those services cease to function (Bauer, 2020; Berg-Weger and Morley, 2020; World Bank, 2020). Resource scarcity differentially affects groups without the social or financial capital to vie for goods. Similarly, risks of exposure to the virus through work and caregiving roles are borne more heavily by low-wage, female and minority persons (North, 2020). And the pandemic itself exacts a greater toll on already vulnerable, ill and disenfranchised groups (Rosalsky, 2020). The professionals who responded to our survey gave abundant examples of the ways in which the global pandemic has revealed and worsened existing social inequities. As a social worker in the United States 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.

Study respondents expressed concerns about how already at-risk service users would survive when necessary services were closed to mitigate spread of the virus, curtailed due to worker shortages, or converted to electronic service delivery. Examples they offered included food insecurity as a result of closed schools, isolation in the absence of community centres and the loss of in-home therapeutic services needed to sustain frail children and older people. For service users already vulnerable due to family abuse, drug or alcohol addiction, or suicidal ideation, the loss of support in the pandemic might have injurious, even deadly, consequences.

Not all citizens possess the ability to advocate for needed services or implement measures to protect themselves from the virus (Walter-McCabe, 2020). These distinctions can be linked to long-standing political, socioeconomic, racial and ethnic disparities. The respondents in our study identified the many ways these inequities emerged in the pandemic and the ethical dilemmas that resulted: crowded residential or home conditions, transfers to congregate settings where the rate of infection might be higher, and 'essential' (but often low-wage) workers who faced increased exposure to the virus on the job or via public transit. In our study and others, the ability to access needed tests, work from home or avoid public interaction to procure groceries or medicine was unequally distributed (Van Dorn, et al., 2020).

Another disparity revealed by the pandemic has emerged among those afflicted by COVID-19. Communities of colour, immigrants and the poor have had higher rates of infection and, when infected, more severe results (Oppel et al., 2020). Similarly, the effects of lockdown have been felt disproportionately by the world's poor, including people in low-paid, insecure jobs (Broadbent et al., 2020). While few social workers in the survey noted these population-based incidents, they did identify the underlying vulnerabilities that create disproportionate risk. In this respect, we find similarities with other data about the stratified risks embedded in the lack of basic health care, higher rates of underlying health conditions and entrenched biases about which groups in society are worthy of rescue. As North (2020) comments in relation to the United States:

Overall, the lesson of the pandemic so far is that while the virus itself can infect anyone, those hit hardest by the national and worldwide crisis around it are those who were already hurting – experiencing racism, housing instability, job insecurity, and other ills that disproportionately affect marginalized communities around the country.

## **Rethinking and reconstructing social work**

While many respondents focused on the immediate challenges faced during the COVID-19 pandemic, some reflected on the lessons learned and the implications for social work in the future, and for re-designing social policies to address more adequately the needs of people and communities and engage with general injustices. The need for more investment in social care and social and community development was a key theme. In many countries, the virus outbreak has exposed weaknesses in under-funded and under-valued social services. In countries where social workers felt their profession was not yet recognised (as described by respondents from Brunei, Congo, Guinea and Nigeria, for example), social workers were involved in strengthening community support networks, as the existing state and NGO services did not have the capacity to cope with the increased material, psychological and educational needs.

The experience of the pandemic has also highlighted the importance of community-based and voluntary support networks in neighbourhoods and communities of interest and identity in all parts of the world. The role of social workers and community development workers in facilitating these networks has been crucial (Deng, 2020; Truell, 2020). While this response might be easier in more communal societies with already-established formal or informal community infrastructures, social workers elsewhere expressed the need for more community-based work as well as for more interdisciplinary and inter-agency cooperation. The coordination between services is fundamental to address multi-dimensional problems and to improve services.

Social workers in many countries, including Canada, France, Spain, USA and Slovenia, pointed out that social work is both a value-based and science-based profession, and that rapid responses need to be developed collaboratively and tested with rigour before implementation. Yet while there were many examples of thoughtful and creative practice by individuals, as a Spanish social worker commented, 'The ethical challenge is more structural and organizational than personal'. The capacity to adapt to change should be one of the characteristics of social work. It is therefore necessary to learn from the pandemic, look for new strategies and consider what kind of profession social work should be. Several respondents reported that the procedural guidelines in place, often issued by central or local governments, were insufficient, confusing and detached from real-life situations. This is where social work could provide insights for policy planning, based on practitioners' expertise in understanding first-hand the needs of people and communities.

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 were highlighted. This was prominent both in countries where social work is still considered an emerging profession and in those with long-standing traditions of social work. In the former, the concern was to raise the profile of social workers as key professionals alongside health care workers. In the latter, a primary concern was how to maintain the autonomy of the profession and counter the dangers of managerialism, further bureaucratisation and the instrumentalisation of social work in the cause of the pandemic. A French social worker, referring to the practice of social workers being recruited to count and monitor COVID-infected people, vividly described them as 'brigades of guardian angels'. This respondent warned against social workers being employed in practices that are not the profession's own, and that may be more controlling than empowering and thus run counter to the profession's ethical principles. This thinking was echoed by a Dutch social worker, who noted that while the warm-hearted charitable provision of material and psychological support to the needy made social workers feel good, in the long term the charity approach is disempowering and may even impede the development of essential community-based networks and independent, sustainable community organisations.

Several social workers expressed concerns that practices developed during the pandemic involving little or no personal contact might linger on or be installed permanently, due to being relatively efficient and low in cost. The importance of guarding against what Aluffi Pentini and Lorenz (2020) call 'digital erosion' was regarded as crucial (p. 6). Many felt that the practice realities during COVID-19 have exposed existing weaknesses in the social work profession, thus providing an opportunity to reflect on the nature and practice of social work, how the profession might be better prepared for similar situations in the future and might regain its professional confidence. Amid social workers' concerns for the undermining of the profession's role and autonomy, on a more positive note, an Italian social worker suggested that there had been productive learning from the pandemic experience, describing the process of going from 'work as usual' to unusual ways of working. This social worker commented,

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.

While not all respondents shared the sentiments of hope expressed by this Italian social worker, it is important for the social work profession to identify the opportunities arising from the experience of the pandemic and to remain ‘vigilant and hopeful on human rights’ (O’Leary and Tsui, 2020: 417). We can learn from the creativity of practitioners around the world in advocating for greater social justice and working to re-invigorate social work as a community-based empowering practice with social change at its heart (see IFSW, 2020; Miller and Lee, 2020; Truell, 2020).

## **Concluding comments**

In asking for accounts of ethical challenges, we invited people to share their experiences of difficult situations, when they struggled to work out what was right, or were unable to treat people with respect, accord them the dignity they deserved or support them in the ways they needed. The ethical complexities of working in pandemic conditions of risk, uncertainty and stark inequities were vividly communicated, showing the efforts needed to assemble the required psychological and material resources to practise as ethically and effectively as possible – what we call ‘ethical logistics’. However, alongside accounts of exhaustion, anxiety and fear, there were also stories of creative responses, caring practice and pride at belonging to a profession whose members have a commitment to being compassionate, fair, resourceful and working for societal change. This is heartening, but as the social worker from Brunei quoted earlier said, ‘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’.

If social workers collectively are to play an effective role during the COVID-19 pandemic, other crises, and beyond, then international agencies, governments, professional associations and employers all have a part to play alongside social workers in creating the conditions for ethical practice. It is vital that governments recognise the critical role played by social workers, ensuring provision of necessary protective equipment and issuing clear guidelines on how to maintain social work services with a commitment to human rights and social justice during a pandemic. Professional associations, employers and social workers themselves must also be prepared collectively to rethink how to apply professional values and principles in new contexts, taking time to examine critically the full ethical implications of digital working, new types of risk assessments and the reconfiguring of welfare provision in the context of the exacerbation of the inequities experienced by people who use or need social work services.

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