

Rethinking Rights, Responsibilities and Risks:

Ethical Challenges for UK Social
Workers during Covid-19

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Contents

Executive summary	<u>3</u>
Introduction	<u>4</u>
Details of the UK respondents	<u>5</u>
Ethical challenges: Seven themes	<u>7</u>
1. Handling challenges to the ethical identity and status of social work, and the fluidity required in the changing expectations of employing organisations, service users and social workers themselves.....	<u>7</u>
2. Creating and maintaining trusting, honest and empathic relationships via phone or internet with service users, their families, and wider stakeholders	<u>9</u>
3. Balancing service user rights, needs and risks against personal risk to social workers and others whilst working to provide services as well as possible	<u>11</u>
4. Prioritising service user needs and demands, which are greater and different due to the pandemic, when resources are stretched, or unavailable, and full assessments or reviews are often impossible	<u>14</u>
5. Recognising and navigating tensions between organisational policies, procedures or guidance (existing or new) and the autonomy of social workers and service users	<u>15</u>
6. Acknowledging and handling emotions, fatigue and the need for self-care, when working in unsafe and stressful circumstances	<u>19</u>
7. Reflecting on the nature of the core challenges faced during the pandemic, reconsidering priorities, and re-envisioning social work in the future	<u>22</u>
Further reflections on social work during Covid-19	<u>23</u>
Concluding comments	<u>26</u>
References	<u>28</u>
Acknowledgements	<u>28</u>

Executive summary

This report analyses accounts given by UK social workers of their experiences of ethical challenges during the Covid-19 pandemic in 2020. It draws largely on 41 UK responses to an international survey conducted during 6-18 May 2020 by the International Federation of Social Workers with the Social Work Ethics Research Partnership.

The findings show that social workers made great efforts to act ethically in the face of new health risks, restricted services and remote working. Many held onto a vision of good social work as a rights-based, relational and social justice-focused profession. They worked to advocate for, and respect, people's rights, choices, dignity and confidentiality as much as possible in very constrained circumstances. Practitioners had to: rethink what counted as ethical; rely more on professional discretion than usual; work harder to find creative solutions; and manage their own and others' emotions. This required not only the capacity and time to undertake ethical reasoning (balancing different rights, risks and needs, and weighing harms and benefits). It also called for ethical vigilance (being alert and sensitive to the ethical dimensions of practice when under pressure), alongside the deployment of ethical logistics (working strategically and practically to promote service users' welfare and respect their rights). The presence of moral distress and potential for moral injury were also clearly evident in situations when social workers were aware what would have been the right response in 'normal' circumstances, but were unable to carry this out in pandemic conditions.

Implications for policy and practice

Findings relevant to governments, employers and social workers show the importance of:

National governments

- Recognition of the essential worker status of social workers, including ensuring the provision of adequate protective equipment and resources to enable them to work safely and fairly.

- Recognition of the need for essential welfare services to operate where feasible, and the importance of respecting and protecting the rights of service users.
- The provision of clear guidance for employers and social workers, while being open to amendments as circumstances change.

Employers

- Peer and managerial support and supervision to enable social workers to share distress and stress, maintain heightened ethical vigilance, work together to find creative solutions and learn from experience.
- Clear local guidance for social workers, which also allows for professional discretion in new and changing circumstances.

Social workers

- Revisiting the ethical values and principles outlined in the BASW code of ethics, acknowledging that while the values and principles remain constant, their application in practice may change in new circumstances.
- Discussing ethical dilemmas and challenges with colleagues, gaining different perspectives on possible decisions and talking through options for action.
- Engaging 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.
- Remaining 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.
- Raising 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 making proposals for improvements.

Introduction

This report provides an analysis of accounts given by UK social workers of the ethical challenges they faced during the Covid-19 pandemic in 2020. It draws largely on 41 UK responses to an international survey conducted during 6th-18th May 2020 by the International Federation of Social Workers (IFSW) with the Social Work Ethics Research Partnership. An online survey form posed two main questions:

- 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.**

The background information given to participants described ethical challenges 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.

This was a deliberately broad description of 'ethical challenges'. Not surprisingly, many social workers gave accounts of challenges that were as much practical (how to do something) as ethical (working out the right thing to do); and were as much about describing barriers to practice as they were about ethical decision-making and action. This report analyses the responses as given, which did not always specifically highlight the ethical dimensions.

Invitations to complete the online form were distributed via the IFSW website and mailing lists of national associations (including the British Association of Social Workers, BASW), and also by members of the research team reaching out through other international, national and local networks. Publications from the international study (Banks et al., 2020a; 2020b; IFSW, 2020) provide further details of the methodology and the international findings.

The aim of undertaking a more detailed analysis of the UK data was to highlight the nuances of the ethical challenges created by the pandemic in the UK context, and consider lessons for UK policy and practice. BASW has been very active during the pandemic, issuing much advice, including ethical guidance (BASW, 2020a), holding webinars and undertaking a large, ongoing survey. This report supplements BASW's other activities by focussing specifically on ethics, and undertaking a detailed, systematic qualitative analysis of the UK data. To supplement the UK survey data, we undertook in-depth qualitative interviews with four of the survey respondents in December 2020, seeking their longer-term reflections on working during the pandemic. The research with BASW was coordinated by Sarah Banks (Durham University) in partnership with Jane Shears (BASW). UK data analysis and interviews were conducted by Nikki Rutter (Durham University).

Details of the UK respondents

Of the 41 UK responses to the survey, 40 provided useable data, from a diverse range of people involved in social work. The average length of experience was 14 years, ranging from social work students in their first year of training to qualified practitioners with 47 years' experience. Compared with the profile of the profession of social work as a whole, the respondents comprised a higher proportion of men, managers, and children and families social workers. Below is an overview of the self-reported characteristics of the respondents.

Gender

Female (F)	Male (M)	Other (O)	Not given (N)
26 (65%)	11 (28%)	0 (0%)	3 (7%)

Sector

Statutory	Independent	Academic	Charity
30 (3 students) (75%)	4 (10%)	2 (5%)	4 (2 students) (10%)

Role

Strategic manager	Manager	Academic	Senior social worker	Social worker	Apprentice	Student
1	6	2	15	10	1	5

Field

DoLs ¹	LAC ²	Hospital	Children & Families	Academic	SEND ³	Prison	Adults	Drug & alcohol	Care leavers	Mental health
5	8	3	8	2	3	1	5	2	1	3

The UK responses were collated and analysed during October-November 2020. Given the changing working conditions during the period since May 2020, we decided to request follow-up interviews with a small number of survey respondents working in diverse settings in order to gain a fuller picture of their experiences during the whole of 2020. We invited six respondents who had given substantial and reflective accounts, or who had highlighted specific challenges about which more information would be enlightening, to undertake video interviews. In the end, four social workers participated in interviews, conducted following Durham University research ethics protocols. Their details are in the table below. 'Respondent number' refers to the anonymous number allocated to the survey respondents.

1 Deprivation of Liberty Safeguards

2 Looked After Children

3 Special Educational Needs and Disabilities

Interviewees

<i>Respondent number</i>	<i>Service</i>	<i>Role</i>	<i>Gender</i>	<i>Ethnicity</i>
<i>R3</i>	<i>Hospital discharge</i>	<i>Social worker</i>	<i>M</i>	<i>Black</i>
<i>R13</i>	<i>DoLS</i>	<i>Team manager</i>	<i>M</i>	<i>White (British)</i>
<i>R18</i>	<i>Disability (Children)</i>	<i>Strategic manager</i>	<i>F</i>	<i>White (British)</i>
<i>R40</i>	<i>Adoption</i>	<i>Senior social worker</i>	<i>F</i>	<i>White (Other)</i>

The survey responses were imported into NVivo, the computer assisted qualitative data analysis software, and line-by-line coding was performed (Gibbs, 2007; Siccama & Penna, 2008). The coding started from the existing thematic framework created through analysis of the international data set (see Banks et al., 2020a), with adjustments according to the specificities of the UK responses. We did not separate ethical from practice-based challenges, as these are inter-twined in real life, and many practitioners' accounts focussed on practical issues and dilemmas as much as on the explicitly ethical. Themes 2-7 are broadly similar to those identified in the international analysis. Theme 1 was added as a further strong theme prevalent in the UK responses. Brief descriptions of the seven key themes relating to the UK social workers' ethical challenges and their responses are as follows:

- 1. Handling challenges to the ethical identity and status of social work, and the fluidity required in the changing expectations of employing organisations, service users and social workers themselves.**
- 2. Creating and maintaining trusting, honest, and empathic relationships via phone or internet with service users, their families, and wider stakeholders.**
- 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. Prioritising service user needs and demands, which are greater and different due to the pandemic, when resources are stretched, or unavailable, and full assessments or reviews are often impossible.**
- 5. Recognising and navigating tensions between organisational policies, procedures, or guidance (existing or new) and the autonomy of social workers and service users.**
- 6. Acknowledging and handling emotions, fatigue and the need for self-care, when working in unsafe and stressful circumstances.**
- 7. Reflecting on the nature of the core challenges faced during the pandemic, reconsidering priorities, and re-envisioning social work in the future.**

It is important to note that remote working, including issues linked to working from home, is a thread that runs across all themes.

We will now briefly summarise the ethical challenges identified in the survey under the seven themes, illustrating the UK-specific challenges based on sub-themes identified within each main theme. We have labelled survey respondents numerically with the prefix 'R', with details of gender (M/F/N) and job title. Following the analysis based on the survey, we briefly cover further issues identified from the interviews, and then offer some conclusions and recommendations.

Ethical challenges: Seven themes

1. Handling challenges to the ethical identity and status of social work, and the fluidity required in the changing expectations of employing organisations, service users and social workers themselves

Sixteen survey respondents articulated that social work was more than just a job, or a set of tasks, for them. Respondents implied that to be a social worker is to embrace social work values, leading to two key challenges during the pandemic:

- A. Challenges to their ethical identity, as social workers faced difficulties in adapting to unexpected changes to practice.**
- B. Lack of recognition by others of the role and responsibilities of social workers and their status as essential workers.**

A. Challenges to their ethical identity, as social workers faced difficulties in adapting to unexpected changes to practice

Nine survey respondents explored how the practice of social work during Covid-19 not only challenged their performance of their roles as social workers, but also threatened their self-identities as ethical social workers committed to core professional values. As one respondent commented:

I am strongly committed to relationship-based practice and consider this kind of work crucial for helping children and families meet the reality of their situation in as positive and healing way as possible, so they have the best chance of preserving some kind of relationship in the future. Unfortunately, there are no facilities open where I could do this. (R27, M, child protection social worker)

Values also featured in responses that focused upon how social workers interacted with service users, and the importance of being part of the network that connects, relates with, and supports families rather than an external body holding power over them.

Several respondents directly explored how their roles had changed, either due to policy-based expectations, or through following guidance from their own values. A contact supervisor (R4, F) explained she and her colleagues were unhappy as professionals that they needed “to start cleaning as part of our jobs”. Whereas one hospital social worker, following transfer to a community base during the pandemic, explained that he had no option but to undertake personal care tasks:

If a social worker visits the discharged patient in the community and find them soiled or incontinent, they can't leave the patient without being attended to. When this happens, the social worker role changes from assessor, commissioner to care provider (carer) and the need to keep the two metres distance becomes theoretical. (R3, M, hospital discharge social worker)

B. Lack of recognition by others of the role and responsibilities of social workers and their status as essential workers

The majority of social workers continued to work during the pandemic and social work was included in the list of essential workers. Requests were made for people retired or with recently lapsed registration to return to practice. Eight respondents reflected on the tensions they experienced in being categorised as essential workers, but not being treated the same as other key workers. One respondent reflected on her frustrations that social workers continued to provide face-to-face contacts without the same safety provisions allocated to health-based colleagues:

Despite mainstream media reports that more social workers have died than nurses during this pandemic, BASW and the Principal social work network seem to have been the only drivers for social work recognition as an essential profession. Every night my neighbours clap for the NHS, whilst my staff and colleagues are out visiting families without somewhere to wash their hands and without PPE. (R23, F, independent children and families team manager)

A more significant issue articulated by some respondents was how to respond in situations that contradicted their values, their expectations of the services for which they worked, and their expectations of themselves. One respondent described feelings of disempowerment:

I chose this profession to empower the disadvantaged and to ensure the safety of vulnerable children but I feel that as a profession, we been left voiceless, with no thought for our physical safety and oppressed by the very system that we work tirelessly for. I do not believe we are even a thought let alone an afterthought. I feel guilty that I may be spreading a virus that could cause harm to the children I have sworn to protect. (R31, N, children and families social worker)

Many respondents gave examples of occasions when they felt prevented from offering the type of relationship-based practice upon which they prided themselves. This was compounded by perceived re-interpretations by some service providers about the purpose or responsibilities of social work interventions, such as when social workers provided services around infection control or intimate care, for which they were not prepared or trained.

Some social workers reported a cognitive dissonance whereby their previous experiences of connecting with service users through being present with them in person were reframed through absence and performing unfamiliar, and therefore uncomfortable, practices. One respondent raised concerns around what being a social worker could mean in the future:

Whilst Social Workers have always valued the role of social care officers their role has been eradicated completely to the detriment of the mental health service in recent years. Only now that staff are being 'retasked' to meet the complex demands of the many people isolated and struggling in the community under the demands of Covid 19, have Management belatedly 'reinvented' the role, and are finally promoting what we all fought to keep for so long. (R34, N, adult mental health social worker)

2. Creating and maintaining trusting, honest and empathic relationships via phone or internet with service users, their families, and wider stakeholders

This was a comprehensive theme, covering barriers to creating relationships as much as the tools to create them. There were three key strands in this theme:

- A. Promoting relationship-based practice in the context of restrictions.**
- B. Building and maintaining relationships within and between families.**
- C. New digital modes of communication and the implications for the privacy and dignity of service users.**

A. Promoting relationship-based practice in the context of restrictions

Despite employers limiting or preventing face-to-face contact with service users, 23 respondents mentioned physical presence as a key element in their practice. They felt that being present was essential when having challenging conversations with service users, particularly when raising concerns with family members, as this respondent described:

Sometimes in the nature of my job it is necessary to deliver painful news to people who are not psychologically in a good place to receive such news. While there is no regulation or policy that requires it, it has long been my practice to deliver that news myself and to do so face to face. This enables me to utilise my clinical skills most effectively and in the event that a patient were to decompensate beyond my ability to support on my own, this ensures that I have the maximum access to resources to facilitate safety and support. (R7, F, special needs co-ordinator)

When social workers made a professional decision to speak or contact service users face-to-face, some reported a lack of PPE, while others mentioned difficulties in deciding whether and how to use PPE when available. Social workers reported using professional discretion to determine the appropriate time to wear masks when supporting service users, particularly children. Some social workers placed the perceived needs of service users above the guidance of their organisations and the risks to themselves, as this respondent describes in relation to moving children to a foster placement:

I chose not to wear a mask as the children were scared enough as it is. I also couldn't maintain any social distance as I had to carry the baby and hold the hand of the older child. (R22, M, children's social worker)

Several respondents reflected that offering a person-centred service is difficult if policies are universal. Some residential services, for instance, had policies for all residents, which were not flexible enough to take account of the individual needs of service users. One social worker gave an account of a child living in a residential setting, whose needs were not recognised as constituting a disability:

The manager advised that this [a ban on outdoor exercise] was the policy of the local authority management. However he had some sympathy, given that children with disabilities such as ASD [Autism Spectrum Disorder] were excepted from the rule... It would be interesting to have a view on what constitutes a 'disability' in the context of LAC. All have to some degree, attachment difficulties which impact on social and emotional regulation. I do not feel that this is fully appreciated or recognised... we must adopt a more flexible and understanding response to particular young people... [and] being creative and flexible around supporting them is very important in my view. (R2, M, LAC consultant social worker)

B. Building and maintaining relationships within and between families

Fourteen respondents specifically discussed the importance of creating relationships with whole families, and promoting relationships between family members, as families can be key to recovery and rehabilitation. As one adoption social worker explained in the context of trying to complete an adoption placement involving an unwell foster carer, a baby boy, and an awaiting new family:

We told the adopters and foster carers to go against government guidance on social distancing in order for him to move as planned. (R40, F, adoption social worker)

Restrictions also affected group work, causing difficulties in facilitating face-to-face contact between family members, especially when social workers had moved to working from home. The closure of contact centres, which otherwise would have facilitated contact between parents, delayed or prevented assessment of risk associated with children or adults returning to their homes. One social worker stressed the benefits of groups for service users:

Using a family group conference [can] transform such situations and encourage practitioners and providers to focus on empowering people like my client to draw on his strengths and networks. (R13, M, DoLS team manager)

The pandemic affected contact between separated families, family group conferences and introducing new family members as a component of child placements. One respondent described how he took a person-centred approach, advocating for face-to-face contact between family members:

I feel that these might sound like unimportant situations to the general public compared to the work in health and other fields. To these children and their family, it is a life-changing moment that they will remember and feel the consequences for the rest of their lives. (R27, M, child protection social worker)

C. New digital modes of communication and the implications for the privacy and dignity of service users

Twenty-one respondents discussed issues relating to use of digital modes of communication. The distanced nature of practice during Covid-19 raised ethical challenges in terms of when it was appropriate to use different forms of communication with service users. Respondents gave examples of situations involving social workers reading subtleties in body language and facial expressions, which could not be picked up over the phone, or onscreen. In particular, they reported remote child protection conferences and video visits as difficult, especially when service users were reliant on expensive internet/phone data packages, or they were not comfortable with this form of communication. This was particularly problematic when a family was new to a social worker, and the worker was attempting to build a relationship or make an assessment decision without meeting in person, as discussed by this DoLS practitioner:

Even people I have managed to speak to by phone - it is difficult to explain DoLS without being able to read body language - communication is more than just verbal! We have only been completing renewals at the moment and so there is a reliance on the previous information being accurate and that the care providers are up to date with care plans and know the resident well. It is not a comfortable feeling relying on third hand information. (R8, F, DoLS assessor)

Visiting homes and care homes virtually gave cause for concern, particularly when there were connectivity issues, as mentioned by one social worker attempting to do virtual visits in care homes:

Virtual visiting has proved inconsistent and this has created additional pressures. Compliance data input has placed immense stress due to connection issues. (R18, F, children's disability strategic manager)

Furthermore, virtual assessment visits were not accessible to all service users and, as one respondent reported, virtual visits could be more distressing for service users, hence making an assessment impossible:

Although some homes have capacity to set up a SKYPE or equivalent meeting, quite often the resident concerned cannot contribute effectively and it can even have a negative impact on their mental health (having a talking screen addressing them). Even then it is hard to read body language in this unreal and unsettling situation. (R8, F, DoLS assessor)

The lack of privacy when communicating with service users digitally or via the phone whilst working from home was also expressed as challenging, as family members in both service users' and social workers' households might be able to overhear conversations. Social workers had to work out how to find space to work where the privacy and dignity of service users could be protected, as well as co-ordinating appointments so there would not be disruption or disturbances during work periods.

3. Balancing service user rights, needs and risks against personal risk to social workers and others whilst working to provide services as well as possible

In the context of the rapidly changed legislation brought in through the Coronavirus Act (2020), many respondents referred to the limits this placed on the rights of service users. For example, the new Act removed the need for some assessments, including requirements on local authorities in England to assess adults with disabilities, vulnerable older people, carers, child carers and children with disabilities (BASW, 2020b). The impact of the new legislation on both social workers and service users was complex, with different services and practitioners adapting differently. This required creative problem-solving in how social workers assessed safety, as some organisations opted to cease all face-to-face contact to protect staff, service users and the wider community, with the aim of reducing virus transmission. There were three sub-themes relating to how social workers navigated these challenges:

- A. Providing safety and consistency for service users experiencing emotional distress and loss.**
- B. Managing the risks of social workers and service users transmitting the virus.**
- C. Promoting human rights-based practice.**

A. Providing safety and consistency for service users experiencing emotional distress and loss

Twenty respondents reflected upon the impact of people's life histories on their emotional, physical and psychological wellbeing. The provision of a safe, consistent environment was difficult as the anxiety around the unknown pandemic precautions increased. One respondent reflected upon how Looked After Children (LAC) in residential care had specific needs due to their backgrounds:

[A concern] of those caring for LAC has been the removal of 'structure' - routines that are important for predictability and consistency. Many LAC have come from environments with the opposite atmosphere - tension, hostility, highly inconsistent or lack of supervision. This leads to difficulties with emotional regulation, usually responses that are angry in nature. With support, the children and young people can find a strategy to manage this. (R2, M, LAC consultant social worker)

Many respondents referred to the emotional distress experienced by service users, particularly when co-produced strategies between the social worker, service provider, and service user became impossible to implement due to lockdown measures. Some service users did not understand why they were expected to restrict their movements outdoors during the lockdown, sometimes for the first time. As one respondent commented:

This is particularly challenging when the service user lacks the mental capacity to understand the guidance, and the proposed restrictions are for the benefit of others rather than the individual concerned. There is a clear need to prevent cross-infection within care homes and other congregate care settings. But restrictions on particular individuals for 'public' benefit can be difficult to accommodate within a best interests framework. (R13, M, DoLS team manager)

Many institutions, including prisons and youth offending institutions, also restricted visits from the outside in an attempt to reduce the risk of introducing new Covid-19 infections. However, often residents relied on visits as a component of rehabilitation and connection:

It was the decision of the [prison] governor to reduce domestic visits, then to stop them altogether as the lockdown came into force. I understood why the risk of infection being spread within the setting needed to be reduced, and managed in the way it was, but it has been upsetting to think of the disruption to strengthening the family ties we had been working so hard to maintain. Hope is a strong motivator for individuals within the setting. (R9, F, student social worker)

B. Managing the risks of social workers and service users transmitting the virus

Fourteen respondents gave accounts of their experiences of trying to provide a service, whilst also attempting to reduce virus transmission rates. Many agencies stopped face-to-face visits, and curtailed full assessments. A student working in drug and alcohol services reported concern for the well-being of service users, exacerbated by lack of co-ordination with those who knew the service users best:

Clients were given two weeks supply of their prescription at a time. In some cases, this meant giving people 2 litres of methadone, therefore risking resale, overdose and potential poisoning to [others]. (R11, F, student social worker)

In cases like this, consultations tended to happen at the strategic management level, rather than with care co-ordinators, thus limiting opportunities for challenge or review of decisions.

During the pandemic, how children were understood as being at risk was reported as having changed, along with the expectations placed upon parents. One respondent made the decision to restrict contact between a child and parent because of the parent's lack of social distancing:

I have also had to make the decision to stop physical contact between a LAC child and the parent due to the child's vulnerabilities. The parent in this particular case was continuing to misuse substances and was not adhering to social distance so there was a risk to the child's health. (R31, N, children and families social worker)

Some respondents also referred to the work they were doing with residential care providers in both adult and children's services. On some occasions, the liberty of service users was restricted due to service provider anxiety, and social workers were required to mediate between the two parties. One respondent worked with a residential provider and service user when the service user continued to shop for himself, despite the residential service providing home shopping:

[My client] was staying in a hotel rather than returning to his own apartment in Sheltered Accommodation ... I called my client. I could hear his anger on the phone... he had been offered a shopping service by the [housing] provider but then was subsequently 'Not allowed' out to shop himself ... [After contacting the provider] We all came to the agreement that if the provider felt that Client is putting himself and others at risk by not adhering to the [rule] they would discuss this with him and me, and discuss the situation with their allocated (and friendly) Police support who would then clarify the situation with my Client. (R13, M, DoLS team manager)

C. Protecting human rights-based practice

Sixteen respondents reflected on their practice as underpinned by human rights, with some citing the Human Rights Act (1998). In many cases, respondents articulated their frustration at the breaches of human rights caused by Coronavirus Act (2020), described by one as "*hastily drafted legislation*" (R20, F, independent social worker for LAC). However, simply invoking human rights does not necessarily resolve ethical dilemmas. For several rights may be in conflict, as exemplified by the reasoning of this manager when deciding whether to close a fostering service:

Article 2 Right to Life must come ahead of Article 8 Right to Family Life because you cannot exercise Article 8 when you are dead. (R33, M, head of fostering)

In another instance, a team manager used a human rights-based approach when working with the managers of a residential setting proposing to restrict the movements of an adult service user, arguing:

The Client has the same rights to liberty as anyone else and that the right to liberty under the Human Rights Act (Article 5) may be restricted only in explicit and finite circumstances. (R13, M, DoLS team manager)

These human rights vulnerabilities were heightened in cases of tension between an individual's right to liberty to make unwise decisions, and the risk created for other community or household members and the professionals working with them. This was compounded when multiple agencies were involved with different organisational responses to risk. Nevertheless, respondents judged that the needs and rights of service users should be balanced against the risks, and the human rights perspective was continually being utilized and reviewed, as explained by this respondent who described:

... applying human rights principles [and] discouraging 'blanket' application of restrictions and trying to keep additional restrictions under regular review. (R13, M, DoLS team manager)

4. Prioritising service user needs and demands, which are greater and different due to the pandemic, when resources are stretched, or unavailable, and full assessments or reviews are often impossible

For service users who had experienced loss, trauma and abuse, social workers reported that the government-based restrictions were very challenging, and social workers often had to balance the needs and demands of already anxious people. How social workers navigated ethical challenges around prioritising service user needs during the pandemic fell into two categories:

- A. Identifying gaps in provision, which came to light through, or were emphasized by, the pandemic conditions.**
- B. Challenges in understanding the full needs of service users when reliant upon third-party information and unable to complete full assessments.**

A. Identifying gaps in provision, which came to light through, or were emphasized by, the pandemic conditions

Fourteen respondents discussed this issue, showing how social workers needed to be creative, adaptable and innovative in some of their approaches to supporting families, particularly when services were paused due to the pandemic. One respondent identified that the barriers to providing early interventions could increase risk to some children:

Children in need who would ordinarily be offered early help services aren't being offered this, instead cases are being closed. This again poses ethical dilemmas and sits very uneasy [with me, because] of potential risks without preventive services. (R29, F, student social worker in an assessment team)

Another respondent described a case of an adult man who was self-neglecting. Social workers had to commit to frequent welfare visits for an unspecified amount of time, because deep cleaning services were not available:

The gentleman appeared not to be eating well so social work support focussed on... providing food packages. The gentleman has mobility difficulties and whilst he is able to go to the shop he can only carry a certain amount and he prioritises alcohol. Attempts were made to set up deliveries [which] were cancelled by the supplier due to the property conditions. In non covid times... environmental health would support with cleaning the property due to the condition. A meeting was held due to self-neglect with all relevant agencies and due to furlough of staff deep cleaning services are not currently operative. For this reason, the welfare visits continue until a time when services are reinstated. (R15, F, adult team manager)

B. Challenges in understanding the full needs of service users when reliant upon third-party information and unable to complete full assessments

Ten respondents raised concerns about the process of completing assessments without face-to-face contact. They emphasised the fact that communication is more than verbal and social workers develop skills in noticing the non-verbal signals used by a service user. These signals could be subtleties such as body language, or their interactions with other members of the family, which might be hidden in phone or video calls. To be making potentially life-changing decisions without meeting a service user and/or their family in person was an ethical limitation not every respondent was willing to accept, as identified by an independent social worker:

I had to decide whether or not to take on a new assessment that could only be done by Skype. I decided that it was not right to do an assessment in this way that could contribute to life changing decisions such as the permanent removal of a child. (R20, F, independent social worker for LAC)

Identifying the needs of service users was not always so clear. For those requiring assessment there was no opportunity to read facial expressions or body language. There was also a reliance on others to assist in completing the assessment through historical reports or feedback from care homes or family members. One respondent reflected upon the difficulties of assessing risk without seeing the whole environment. It might not only be impossible to use the Home Environment Assessment Tool (HEAT) to assess the living situation, but there might also have been someone in the home placing the family at risk of harm. Social workers described the following difficulties:

Trying to safely assess risk when not being able to go into people's home. How can I determine if a bed smells of urine, the food in the fridge is out of date, is a violent individual in the house but just out of the video shot or a parent is under the influence of substances if I cannot be there in person. (R22, M, children and family social worker)

I am finding it challenging completing assessments without actually meeting the person. There is much more reliance on information gathered from care homes/family. (R8, F, DoLS assessor)

One respondent articulated frustration at the lack of access to a service user in a care home, who had initially struggled to settle:

The lady has a Lasting Power of Attorney (son). I consulted via telephone with son and care home manager. Lady is said to lack capacity by both and also reported to be happy and settled despite initial agitation on admission. Ordinarily a MCA [mental capacity assessment] would be conducted to formally establish capacity or lack of to make an informed choice around such a large decision, but due to restrictions of Covid 19 it was not possible to achieve a face to face discussion and telephone contact with the person herself was not felt by manager or son to be appropriate. The contract was extended by 3 months. (R30, F, social work apprentice)

5. Recognising and navigating tensions between organisational policies, procedures or guidance (existing or new) and the autonomy of social workers and service users

The unprecedented nature of the Covid-19 pandemic created confusion for many services regarding how to navigate government guidance. Whilst essential activities were still permitted, differing interpretations meant that many were left wondering whether service users should be accessing support in person, or if remote working was compulsory. As the guidance issued in March 2020 stated all should work from home if they could, this was the position taken by most employers, with social workers expected to adapt their practice accordingly, as explored in these sub-themes:

- A. Balancing organisational policies against human need.**
- B. Handling lack of guidance or conflicting interpretations of guidance.**
- C. Co-working with others and handling the tensions arising from differing organisational policies.**
- D. Acknowledging autonomy of social workers and service users and their capacity to make decisions.**
- E. Social workers recognising when they are unqualified to make decisions and accessing support mechanisms to navigate these challenges.**

A. Balancing organisational priorities against human need

Nine respondents highlighted that one of the key organisational-based ethical challenges faced by social workers was working within the priorities and new policies of organisations, which often failed to provide flexibility through recognising the individual needs/risks of the service users. A LAC social worker discussed the implications of a children's home placing a blanket ban on outdoor exercise, which particularly affected a young resident (M) who used this as a coping strategy:

One of M's strategies in managing anger, which she was able to recognise 'building', before she became out of control, was to go for a walk outside around the locality of the residential home. Following the lockdown in the UK, walking has been restricted to once per day. The young people in the residential home were advised that if they left unauthorised, they are likely to be arrested by local police. The policy of the local authority was to ensure that the young people firmly adhered to the 'stay at home' advice ... The main issue at hand I felt was for local authority to adopt a more flexible and understanding response to particular young people. (R2, M, LAC consultant social worker)

Government messages urging services, practitioners, and clinicians to *protect the NHS*, was a key issue influencing some of the ethical challenges facing social workers. Discharging patients from hospital became a priority, which had profound implications for some hospital social workers:

Therapeutic intervention has stopped, and patients are discharged under the new Covid-19 discharge process, which takes away the need to work within the legal framework enshrined in the Care Act (2014). (R3, M, hospital discharge social worker)

In some cases, in order to free up hospital beds for more Covid patients, older hospital patients were discharged into care homes and the community without full discharge needs assessments. Furthermore, as one respondent explained, many people discharged into care homes unknowingly took Covid-19 with them:

Older people [have been] coerced into care homes to free up hospital beds. This process happened extremely fast, when ethical issues such as choice of care home or availability normally take considerable time and result in so called 'bed blocking'. I believe that social workers may therefore have been directly implicated in introducing infection into care homes and contributing to deaths. (R28, F, social work academic)

B. Handling lack of guidance or conflicting interpretations of guidance

Sixteen respondents reflected upon the lack of guidance provided to them and how they were not only unclear of what they *should* do, but differing interpretations and lack of clarity meant they often did not know what they *could* do. The differing interpretation of government guidance produced different responses across agencies. Some respondents criticized the lack of flexibility offered by local authorities, with social workers expected to continue "business as usual" (R19, M, LAC social worker). This meant face-to-face visits were continuing, and children on child protection plans were expected to attend school. This increased the number of people with whom the families came into contact and hence the likelihood of transmission to already disadvantaged groups:

There are significant questions over the 'othering' of families who receive statutory interventions and the inflexibility of services to adapt to crisis and stick within the organisational comfort zone of inspect and scrutinise. (R19, M, LAC social worker)

Some respondents referred to their own role in offering support and guidance to service users, particularly during the pandemic. In one case, a respondent reported raising concerns about how ethical it was to ask foster carers to facilitate contact between children and their families:

I raised the issue re 'unintended consequences' of asking foster carers to facilitate contact with children and birth parents with no guidance or thought about the impact on children – especially those in court proceedings. I asked the organisation and the LA [local authority] for guidance for carers. It appears that was not a priority for either. (R5, F, LAC social worker)

The head of a social work education programme reported similar lack of guidance regarding whether or not to proceed with student placements:

The advice from Social Work England was slow to arrive and not particularly helpful. Advice from the university was pretty much non-existent. In the run-up to lockdown, students were all wanting to continue their placements without interruption, but some placements were saying that they could not continue to support a student. (R6, F, social work academic)

C. Co-working with others and the tensions arising from differing organisational policies

Twenty respondents reflected upon their experiences of tensions in inter-agency working to provide good outcomes for service users. Some of the ethical challenges arose due to conflicting policies between different agencies during the pandemic, some came from the way social worker roles changed, and others came from unfamiliar processes. One respondent reflected upon how he had previously felt like a necessary and integrated part of a hospital team. However, new ways of working during the pandemic meant he was unable to engage in the same way:

Prior to the Covid 19 Pandemic, hospital social workers were based in hospital as part of the multidisciplinary team (MDT) attending ward MDT meetings, assessing patients from the bedside and engaging with families too. (R3, M, hospital discharge social worker)

While multi-disciplinary hospital teams and integrated discharge teams are designed to utilise the skills and knowledge of social workers, several respondents reflected upon how organisational priorities meant that differing models of need created tensions between health and social care practitioners. Some respondents noted that social and health services prioritised different pathways, particularly in relation to discharge. Concerns regarding risk were heightened for those supporting multiple service users within residential settings, where individual risks needed to be applied to community-based living. One social worker explained how he worked with staff at sheltered accommodation when a service user moved into a hotel after being told not to go shopping, and that deliveries would be arranged:

I called the [accommodation] Deputy Managers and spoke to each... I immediately noted their anxiety and their commitment to protect all their clients. I acknowledged their fear and told them that I appreciated all the work they were doing with their vulnerable clients during the coronavirus pandemic. I shared their concern about my client. I used subjective language and said that I realised that they must be 'Understandably anxious' that their clients are protected and safe; in terms of shared values, I stated that I supported their efforts. However, I wanted to be clear on procedures and I stated that it was 'Great' that they were offering a shopping service to their residents. I tried to establish evidence further, saying that I understood that having offered this service to my Client, they now wished to 'Protect him' and others by preventing him going out and were (in his words) 'Blocking access' at the main door. I said my understanding was that this had produced an escalation with the Client staying at a hotel and almost homeless. (R13, M, DoLS team manager)

Working with other services remained a key factor in promoting the rights of service users, and this included working out when and how to include interpreters in assessments. One DoLS manager explained how an assessor in his team worked with a British Sign Language (BSL) interpreter to complete a deprivation of liberty assessment for someone he called J:

The DoLS assessor spoke to the local authority's sensory team to find out more about J. The advanced practitioner in the team advised the assessor that J could communicate via British Sign Language but was sometimes reluctant to do so. The social worker's impression was that J was ambivalent about identifying as Deaf – sometimes he was positive about doing so but not always. The DoLS assessor spoke to J via Skype with a BSL interpreter on screen as well. The assessor's view was that J did have the capacity to understand the restrictions but was unwilling to follow them. It would not be possible to authorize DoLS for J as he did not meet the criteria. (R16, M, DoLS manager)

D. Acknowledging the autonomy of social workers and service users and their capacity to make decisions

Six respondents reflected upon how they navigated the challenges of knowing when and how to make decisions, particularly when this could involve challenging the decisions of others. One respondent reported his experience of making a management decision prior to advice from government, when he judged a lockdown was imminent:

By 13 March, and about to go on leave for a week, I had to leave my service with instructions that would keep them safe. At least a week ahead of advice from government and placing authorities I suspended home visits and face to face contact for children in our care. My staff and our foster carers were grateful for the clarity. (R33, M, head of fostering)

Keeping on top of the rapidly changing guidance was difficult for all social workers. Many felt obliged to make their own professional judgements when organisational policy seemed inappropriate or unclear. Some respondents described successfully challenging management decisions that they believed were harmful and contrary to the roles and responsibilities of social workers. The majority, however, felt that they had no power to challenge, or that their challenges were going unheard, as described by one respondent:

I escalated my thoughts on how [hospital discharge] was implemented but it has gone unheard – and still the government will not admit the scale of Covid and its impact on Care Homes. (R24, F, adult services team manager)

E. Social workers recognising when they are unqualified to make decisions and accessing support

Nine respondents reflected upon occasions when they felt unsupported to, or incapable of, making decisions during the pandemic. A student, commenting on the difficulties of working from home whilst on placement, identified that support might have changed his experience:

[I was in] a bad placement where I was not trained or inducted effectively, meaning that when working from home happened I was not equipped to manage the workload and struggled to gain support that met my learning needs. The emotional fallout was substantial stress and depression. It has deterred me from taking a post as a social worker and soured my experience and perception of the role. (R12, M, student social worker)

These difficulties were not surprising, given even some highly experienced and qualified social workers struggled to understand the new expectations and procedures, as described by a service manager:

My own confusion and uncertainty when advising the DoLS assessor and the social worker. I was confident in my understanding of the legal framework before the Covid 19 emergency, but I am now much less sure. I feel that the advice I am currently giving is based on guesswork and some pretty free adaptations of pre-existing ethical and legal concepts, rather than based on a well-established framework. I have shared these thoughts with colleagues in other authorities and their experiences have been similar. (R13, M, DoLS team manager)

One respondent commented on the responsibility placed on social workers in the new circumstances and the need for adequate supervision and advice:

The outbreak of COVID-19 has placed a lot of responsibility on individual social workers to make decisions that may have serious consequences and my main concern is that we are not protected by legislation. (R31, N, children and families social worker)

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

Promoting social workers' mental wellbeing during the pandemic was recognised as a priority by the World Health Organisation (2020), not least because this would improve their capacity to carry out the required tasks. Four sub-themes were identified as relevant to how respondents acknowledged and handled the impact of the pandemic on their emotional health and wellbeing:

- A. The lack of emotional or spatial boundaries when working from home.**
- B. Managing increased workload.**
- C. Validating emotions of others and having your own validated.**
- D. The importance of teams and additional support.**

A. The lack of emotional or spatial boundaries when working from home

Five respondents specifically mentioned difficulties in creating boundaries between home and work. As one commented:

It is a challenge because the home environment has multiple purposes, the social worker's office and a family home. I think more needs to be put into consideration with this way of working. (R3, M, hospital discharge social worker)

Many respondents reported conflicts in parenting effectively when working at home, trying to be present with their children to promote attachment, whilst also engaging fully with their work and service users. One social worker reflected on how she had put strategies in place to maintain confidentiality when her children were in the home:

[Maintaining confidentiality] has been difficult while my children are home because I have one child old enough to understand much of what I need to discuss and prone to coming to me throughout the day for assistance with tasks or for connection. In order to mitigate the risk of my children interrupting sensitive calls or overhearing confidential content, it has been necessary to schedule calls to take place when my son is occupied with specific online lessons or activities, and sometimes to provide additional scheduled activities so that he will not come to me during those times. (R7, F, special needs co-ordinator)

B. Managing increased workload

Five respondents reflected upon how their experiences of Covid-19 meant increasing workloads for themselves and others. One respondent explained how their role as assessor had been extended, so they were now holding onto cases, due to the lack of available social workers.

Although my caseload should only be that of assessments, due to the LA's shortage of social workers I often hold on to my cases and so at the time of the outbreak of COVID-19 I had a caseload of 4 child protection cases, 3 child in need, and several assessments to complete. (R31, N, children and families social worker)

Some respondents were unable to undertake visits because of their own health needs, which impacted upon them emotionally. One respondent reflected upon how she felt about working from home, as a clinically vulnerable individual:

I also feel somewhat guilty that other colleagues are then expected to visit people on my behalf and feel this adds extra pressure on their already busy workload. (R36, F, adult mental health social worker)

Whereas another respondent recognised that the number of staff available to undertake face-to-face visits was significantly reducing due to shielding practices, which meant those who could undertake visits had an increased workload, and service users deemed less vulnerable were not getting visits:

Staff shortages due to social workers being highlighted within the vulnerable COVID category has left limited numbers of staff available to undertake visits. (R18, F, children's disability strategic manager)

C. Validating emotions of others, and having your own validated

Fifteen respondents commented on the importance of having their emotional states validated, and their own responsibilities in recognising the emotions of colleagues. When respondents referenced their own anxieties, many acknowledged that similar concerns and anxieties were also shared by other social work practitioners, and people working in other services more generally. They also commented that it was easier to co-work with other service providers and organisations when all parties were able to recognise each other's anxieties, particularly when there were concerns around transmitting the virus.

Sharing these emotions provided a sense of community and acceptance, which allowed social workers to fulfil their roles more effectively. One respondent working in a hospital also commented on the increased cognitive capacity required to complete otherwise simple tasks during the pandemic:

It takes more energy to be vigilant about confidentiality, not making the thoughtless or snarky remark, and to focus on all the implications of every choice – the things I normally find it so natural to consider. (R7, F, special needs co-ordinator)

Some acknowledged that better mental health in practitioners also resulted in better decision-making practices. One respondent reflected that when her negative emotional state escalated due to lack of support, this could harm service users:

My emotional response is that I am not able to do my job as effectively as I might or as I should. This will inevitably affect the service received by the person I am assessing – the risks are greater that they may disengage, not allow support, and their health and wellbeing may then suffer as a direct consequence. I feel ineffective and limited in what I can do. And I worry that vulnerable people are being abandoned at a time of high risk. (R38, F, drug and alcohol social worker)

Validating the emotional states of others, and having one's own emotional states validated, is clearly an important aspect of promoting wellbeing in social workers. However, to achieve this when working remotely required some new ways of working. One respondent gave several examples:

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 which will affect stress levels and mental health. The platform to communicate and offload should be open and free to everyone, it is important to avoid minimizing how others feel. (R3, M, hospital discharge social worker)

D. The importance of teams and additional support

Fifteen respondents emphasized the importance of teams, and having supportive team working practices to promote the wellbeing and care of service users. Social workers' experience of mental distress, or lack of support in their role, were attributed to poor decision-making and poorer service provision. Working from home did not facilitate good team working practices in many cases, so it was judged important that social work teams had methods to promote good co-working and supervision.

One of the challenges of virtual reflection and supervision is that new members of the team, (staff or students) have not had the same opportunities to meet colleagues in person. To provide support to one another virtually often requires a different skill set. An independent social worker explained how she looked for advice online when she did not have access to a team:

I did not feel that there would be sufficient safeguards in place for me if I continued to work without being part of a large organisation and uncertain about how to assess the risk of Covid accurately. I did not want to risk catching or transmitting the virus. I looked at the discussion on the BASW site and other forums and spoke to colleagues. Luckily, I was in a position where I could find other work and returned to work for the local authority as an agency worker in fostering. I feel protected here and can work remotely. (R20, F, independent social worker for LAC)

When making ethical decisions in the context of the pandemic, one of the challenges was that there was no objectively right way to respond. Given many decisions made by social workers would have life-long implications for service users, several respondents expressed a fear that they might make the wrong decision. Having the opportunity to discuss these ethical challenges with other members of the team created a consensus that the decision made was the best decision at the time. One respondent reflected upon her experience of changing an adoption schedule plan through working with colleagues as a team:

Discussions were had amongst social workers, the adopters, foster carers and managers about what to do if a 'lockdown' happens, and it was agreed to bring the start of the introductions period forward a few days. (R40, F, adoption social worker)

Working remotely did not necessarily mean having to work in isolation. One respondent commented that he believed social workers needed to model the behaviours expected of service users, such as connection and relationship-based practice:

We have to be mindful that we are all diverse in all aspects and we respond to incidents in different ways especially during these difficult times ... With the current remote way of working it is important for the team members to keep connected in any form or another with fellow colleagues as this helps to maintain a sense of belonging and team morale. This kind of working is evidence of [a] relationship-based approach, which is very important as a way to keep the team moving forward focused. (R3, M, hospital discharge social worker)

Another respondent reflected on some of the tensions she experienced in her role as an independent children's guardian. Her position outside the team structure meant she did not have to navigate practice decisions she disagreed with, but it also resulted in frustration when she could only observe outcomes and not directly work within teams to make progress:

[I] have great empathy for the frontline social workers working with such a defensive, risk averse management ... the foster carers took the children thinking it was a permanent placement, which it is not. They have been placed in a very difficult situation ... the reasons the children were in care were dissipated some three years ago and there is no legal reason they should be in care, except that they have been there three years and reports suggest that they are settled, not an assessment that I have been able to corroborate in my own investigations. This is not an issue local authority managers are prepared to discuss ... The feeling is frustration! (R35, F, independent child safeguarding social worker)

7. Reflecting on the nature of the core challenges faced during the pandemic, reconsidering priorities, and re-envisioning social work in the future

The pandemic served to highlight many pre-existing shortcomings in welfare services. Fifteen respondents commented on the negative impact of the cumulative lack of investment in health and social care on service users and services during the pandemic. At the time of the survey in May 2020, there was hope that normal service would resume soon, which led to many assessments being paused. When it became clear that restrictions would last longer than a few weeks, employers had to invest in the digital technology to facilitate the work that needed to be done by social workers.

There were also barriers to being able to access service users and their families in person due to a lack of PPE made available to social workers. One respondent explained that she felt that families were kept apart to reduce the risk of transmission in response to the lack of capacity within hospitals. If there had been effective measures and funding in place prior to the pandemic, this need not have happened:

As long as the NHS struggles with the situation and not enough appropriate medical treatments are available I have the impression, that the government and the NHS were unprepared for such a situation despite scientific warnings years before the outbreak in 2019. The government needs to stop the austerity and needs to start investing appropriately in health and social care system. (R4, F, contact supervisor)

Some social workers reflected on how the pandemic had changed their priorities within the service and made them reflect on work practices prior to the pandemic. One team manager reflected on how she thought referral numbers had changed and what that could mean for families, for communities, and the future of the service:

Over the last two months, we have seen a drastic decline in referrals for children and families needing help and protection. This leaves a few questions: 1. Are children and their families suffering in silence and not reaching out to local authorities for help?; or 2. Are children and families over-referred and therefore are we disproportionate in our interference into children and families lives and breaching basic article 8 rights?; or 3. Are children and families reaching out to the various community support groups springing up and therefore after the pandemic [this may] lead to an improved community response to social need. (R23, F, independent children and families team manager)

Further reflections on social work during COVID-19

Four survey respondents were interviewed in December 2020 to gain in-depth insights into their longer-term reflections on social work during the pandemic. In addition to the themes identified from the survey, significant themes from the interview discussions were:

- A. The use of professional discretion.**
- B. The impact on social work education and personal development.**
- C. The development of practical tools, which may continue to be used in the future.**

A. The use of professional discretion

Professional discretion was used by social workers to navigate the changing landscape and policies implemented by organisations. One respondent, a team manager, reflected upon how he had become more discerning about giving advice and began to make a more critical analysis of its relevance and value. He explained that he understood why social workers needed to use their professional judgement to make their own decisions during the pandemic:

And the first week or so immediately prior to lockdown was pretty chaotic. I mean ... I was in the position of having ... by lunchtime, I was contradicting the advice I'd been giving in the morning. And people were just ignoring it anyway, you know, they were making up their own minds about what they needed to do. (R13, M, DoLS team manager)

Often social workers felt they needed specific guidance regarding procedures to protect social workers and service users in the completion of their work. One interviewee explained that she felt the guidance was too generic, and it was difficult to make decisions about essential visits, particularly when service users were clinically vulnerable:

There was no real specialist guidance in terms of what do we do when we're going and seeing a disabled child, it was all very generic. It felt a bit too generic; you know, we were absolutely scared to death that we were going to kill one of our own children just by virtue of visiting them. (R18, F, children's disability strategic manager)

Some respondents explained that they had developed their own policies and guidance when government advice and guidance were not forthcoming. A team manager explained that he utilised existing national networks, in this case a national DoLS leads group, to share what was working for his team, and what strategies they had developed, independently of government agencies:

If we're going to be doing ... assessments remotely, then we need to put some wording in the assessments to say what we've done, we need to justify, we need to give a reason why we've not gone to see the person. So I said ... I need to put something in the authorizations as well, note that that's how this assessment is being done, but I'm satisfied that it meets the requirements ... So I drafted something, showed it to them [team members], showed it to our legal team. And then I thought, well, my colleagues [nationally] are probably in the same boat, they might find this helpful. So I shared it with them. And I believe the expression is 'it went viral', you know. Everyone started using it. And people started putting it on their websites and incorporating it into their training ... We're all facing the same problem. (R13, M, DoLS team manager)

B. The impact on social work education and personal development

In response to a specific question from the interviewer, prompted by comments from some of the survey respondents, the interviewees commented on the impact on student placements. Many students had to work remotely and hence missed out on learning from the variety of perspectives that might have been encountered through observations and conversations in the office, as one interviewee commented:

In adult services you're working with doctors, physiotherapists, occupational therapists. And they've all got their own ideas about risk and independence and freedom and decision making. [It can be difficult] to actually organize a debate between those different professionals to kind of agree on how we're going to disagree about something and what we do about it. Too often, it's just people just talking past each other. So, some experience of that when you're a student, [to be] in a room with a group of physios and OTs [occupational therapists] or nurses and have an argument about independence, I think could be really useful. (R13, M, DoLS team manager)

How practice educators were managing to support students on placement was also a concern, with inconsistency between institutions. Whilst one interviewee reflected upon the negative impact of not having students on placement for both students and the service, she could not see how they could adapt their current provision to provide students with appropriate support:

I've really struggled to see how I can take a student in this format. [That's] not good for training up the new generation of social workers. It's not so great for our service ... I can't see how to do this in a quality way at the moment for students. (R40, F, adoption social worker)

Another interviewee spoke about how having social work students on placement was not only beneficial to the students, but it also provided opportunity for learning opportunities and personal development more broadly, for all members of the team:

I am relying on these new newly qualified social workers and students to teach me stuff. I want to know what they're all learning at Uni, I want to know what the new things are [such as] the new theorists, who were saying what about attachment today, and who saying what about this today. And it's important to me, as the service manager to keep updated and to keep up-skilled. (R18, F, children's disability strategic manager)

Other types of training and learning were also affected by the shift to remote working. One interviewee gave an example of how she was expected to provide training to families and other social workers, but transferring the training online was hampered by a lack of investment in technology:

We've got a lot of technical problems with what we're using as well ... We've got a license for MS Teams, it's the only one we're allowed to use. And it's shit. And our VPN is not set up for it. And so it crashes. I've led trainings and have been thrown out four times from training and leading, and had just started all over again, like it's just technological nightmares. But I think it's you know, I'm saying after the first lockdown is that one thing it did prove was how woefully unprepared our local authority was for this kind of situation, you know, like, who would have anticipated that the network was going to need that level of video conferencing? I don't think that the IT people had any intention of this. (R40, F, adoption social worker)

C. The development of practical tools, which may continue to be used in the future

This subtheme was not identified until the interviewing stage, potentially because the time between the survey and interviews (nine months) allowed social workers to find what worked for them, their team and service users. Nevertheless, at the interview stage, all interviewees identified tools, which they felt would continue in use even after the removal of restrictions on face-to-face meetings. Despite some respondents regarding face-to-face contact as essential for difficult conversations, an adoption social worker suggested some service users found digital communication more accessible:

In some ways, this format, I think, actually helped him [service user] open up because he feels a bit like he's just talking to the wall about it, rather than actually having to sit and look at somebody. (R40, F, adoption social worker)

There has been a time-saving element to the remote and digital practices, which has meant a bigger uptake in multi-agency meetings, particularly ones which would require several hours travel time. Furthermore, some neuro-diverse service users seemed to manage better digitally, as this disability social worker remarked:

My colleagues have said to me that for some people ... assessment in this kind of way actually works better, you know, particularly ... younger people, people with ... autism, with communication challenges ... they're actually quite happy or happier, ...having an assessment or review in this kind of format than if there were eight professionals in the room. (R18, F, children's disability strategic manager)

A DoLS team manager also acknowledged that, for his service, being unable to achieve face-to-face contact with service users is common. Following their experience during the pandemic, he felt team members would be more confident in the future to use their skills around remote assessments, rather than waiting several weeks to see a service user:

... we have norovirus outbreaks in care homes and places where we can't go in for a week or two until that clears ... If we're in a position in the future, where that's happening, we think that we still do need to assess this person, then we've got that confidence ... in the skills and the knowledge that we've built up around remote assessment. (R13, M, DoLS team manager)

One interviewee spoke about how her service had adapted to the needs of families accessing disabled children's services, and how the service as a whole was creative in providing its own form of a short-break service:

We realized that the short breaks clubs and everything was closed. And we thought about what can we do where we can be as socially distanced as we need to be, but we still provide in some sort of resource for the kids ... the ones parents really did need a break from. So, we negotiated with the activity centre, we rented it from them, because we could socially distance and we could provide outdoor activities to keep these kids safe. (R18, F, children's disability strategic manager)

The strategies employed by this service also included employing staff, working with parent groups, and diverting direct payments to adaptations to homes and gardens which would provide a good space for families.

Concluding comments

Social workers' responses to the survey and interview questions illustrate the breadth and depth of the ethical and practical challenges encountered during Covid-19. Analysis revealed that social workers made great efforts to act ethically in the face of new health risks, restricted services and remote working. This involved advocating for, and respecting, people's rights, choices, dignity and confidentiality as much as possible in very constrained circumstances. Practitioners had to rethink what counted as ethical, use more professional discretion than usual, work harder to find creative solutions and manage their own and others' emotions. Many were holding onto a vision of good social work as a rights-based, relational and social justice-focused profession.

The detailed accounts and profound reflections given by the respondents about their everyday practice offer useful insights relevant to the conceptualisation and interpretation of the ethical work practitioners were doing during the pandemic. In particular, we have identified three important components of the psychological and practical processes reported by social workers as they responded to the ethical challenges they faced. These are relevant to practice in all circumstances, but have particular nuances under pandemic conditions.

1. Ethical vigilance – being alert and sensitive to the ethical dimensions of practice when under pressure. This was well-illustrated by one social worker, who referred to the importance of heightened awareness of her own stress and exhaustion, and the need to counteract the tendency to rush, make 'snarky' remarks and fail to see potential harms or infringements of rights. This encapsulates 'moral perception' – the capacity to notice and foreground ethical issues that may not have been visible initially, and to see situations from several perspectives.

2. Ethical reasoning – deliberating about how to balance different needs, rights, responsibilities and risks; weighing harms and benefits; judging what is the right approach or course of action; and justifying any decisions made. Due to new risks and reduced services, policymakers, managers and many social workers placed more weight on promoting the public good, individual and collective safety and minimising health risks than in 'normal' circumstances. Hence the practice of slow ethical reasoning became more important, as a process of recalibration of values and principles and rethinking priorities had to take place. Many respondents gave explicit or implicit accounts of having to weigh up additional risks to themselves, their colleagues and families, and of justifying their decisions to break or bend rules and guidance (e.g. deciding to make a home visit to a very isolated person during lockdown).

3. Ethical logistics – working strategically and practically to act on ethical judgments and decisions, promoting service users' welfare and respecting their dignity and rights as far as possible in constrained circumstances. This often involved complex work-arounds and time-consuming processes. Some respondents gave detailed accounts of efforts they made to resist unfair or unnecessary restrictions and find creative solutions (e.g. ensuring an adoption went ahead despite government restrictions on contact; working with a residential care provider to mitigate the effects on a service user of a ban on outdoor exercise).

It is also possible to detect signs of 'moral distress' and 'moral injury' in some of the social workers' accounts. Moral distress involves knowing what would be the right course of action or response, but feeling unable to carry it out. Moral injury occurs when someone has acted in a way they know is wrong, and they experience what amounts to damage to their ethical identity. It is a concept commonly used in relation to military personnel in war zones. The comment from one social worker that social work practice under Covid-19 amounted to 'anti-social social work' graphically explains the distress felt by many at the restrictions in their relationships with service users and their inability to accord them their rights to fair assessments, high quality services, involvement in decision-making, privacy and confidentiality. Some respondents reported feeling powerless and exhausted, including finding themselves implicated in practices they regarded as unethical (e.g. discharge of Covid-positive hospital patients into care homes), which could lead to moral injury. Some social workers seemed to feel paralysed, unable to pursue alternative courses of action. In these cases, peer and managerial dialogue and support are vital, as is the opportunity to highlight the issues causing the distress and injury with managers and policy makers in order to seek better solutions where possible.

Implications for policy and practice

The findings of the research have implications for national governments, employers and social workers, showing the importance of:

National governments

- Recognition of the essential worker status of social workers, including ensuring the provision of adequate protective equipment and resources to enable them to work safely and fairly.
- Recognition of the need for essential welfare services to operate where feasible, and the importance of respecting and protecting the rights of service users.
- The provision of clear guidance for employers and social workers, while being open to amendments as circumstances change.

Employers

- Peer and managerial support and supervision to enable social workers to share distress and stress, maintain heightened ethical vigilance, work together to find creative solutions and learn from experience.
- Clear local guidance for social workers, which also allows for professional discretion in new and changing circumstances.

Social workers

- Revisiting the ethical values and principles outlined in the BASW code of ethics, acknowledging that while the values and principles remain constant, their application in practice may change in new circumstances.
- Discussing ethical dilemmas and challenges with colleagues, gaining different perspectives on possible decisions and talking through options for action.
- Engaging 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.
- Remaining 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.
- Raising 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 making proposals for improvements.

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