


Pandemic ethics: Rethinking rights, responsibilities and roles in social work

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Abstract

This article explores responses of 41 UK social workers to ethical challenges during the COVID-19 pandemic, utilising UK data from an international qualitative survey and follow-up interviews in 2020. Challenges ranged from weighing individual rights/needs against public health risks, to deciding whether to follow government/agency rules and guidance. Drawing on a narrative methodology to explore ethical agency, four broad types of response are identified: ethical confusion; ethical distress; ethical creativity and ethical learning. The article considers conditions that promote ethical creativity and learning: time and slow ethics; teamwork and co-creating the future and professional judgement and ethics work. It examines cognitive and emotional efforts required to make professional judgements in new conditions, when existing practices and procedures are unavailable, showing how the concept of ‘ethics work’ assists in identifying the invisible labour behind judgements and decisions in challenging circumstances. Whilst some practitioners sought clearer guidance from above, others made tailored professional ethical judgements about what would be right under particular circumstances for particular people. This capacity underpins good professional practice, and has been highlighted during the pandemic. It is important that social work post-pandemic reclaims the role of professional ethical judgement, which has been undermined by decades of managerialism and procedure-driven practice.

Keywords: COVID-19, ethics, ethics work, pandemic, slow ethics, social work

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Introduction

Literature is rapidly growing on COVID-19's impact on social work globally, including work-related stress and burn-out (Ben-Ezra and Hamama-Raz, 2021; Peinado and Anderson, 2020), exacerbation of existing inequities (Dominelli, 2021; Farkas and Romaniuk, 2020) and the use of digital technology (Mishna *et al.*, 2020; Pink *et al.*, 2021). These developments have ethical implications affecting the rights, responsibilities and well-being of people using or needing social work services, and those working with them. This article explores the impact of COVID-19 on UK social work practice specifically through an ethical lens, considering: what counts as ethical practice during pandemic conditions; how this is attempted and/or achieved and lessons from examining the 'ethics work' accomplished during the pandemic for professional ethics more generally.

'Following the ethics'

In plotting the way through this pandemic, we need to follow the ethics, not just the science (Fritz *et al.*, 2020).

This comment is a timely reminder that tackling COVID-19 goes beyond simply 'following the science'—a mantra adopted by UK politicians to deflect blame. However, the injunction 'follow the ethics' raises questions about what counts as '*the* ethics', and where to find it? (We are using 'ethics' as a singular noun to refer to a subject area, like 'science' or 'sociology', and using the adjectives 'ethical' and 'moral' interchangeably.) Ethics is a way of conceptualising thinking and action, with a focus on rights, responsibilities and relationships. It is about matters of right and wrong conduct, good and bad qualities of character and responsibilities within relationships. It encompasses both human well-being and the flourishing of the eco-system (Banks, 2021, p. 7).

'Ethics' in this sense is an abstraction from practice. Indeed, ethics does not exist until we examine practice through an ethical lens, making visible features that fit our understandings of ethical concepts such as: confidentiality, distributive justice, rights to choice, individual and public good and professional responsibility. Many social work practices (underpinned by laws, policies, procedures and guidance) have ethical norms embedded. For example, mental health assessments should be conducted so people being assessed have opportunities to express their views, are treated with respect, and assured that personal and sensitive information remains confidential. Social workers may not actively consider all these issues, as they are built into the process. It is only if a specific situation arises (e.g. it may be impossible to have a private conversation in a

hospital ward) that ethical issues are foregrounded, requiring re-evaluation of what is right in particular situations.

During COVID-19 routine practices, including many assessments usually conducted by social workers, were disrupted. Some practices could not take place; some happened partially; others were done differently. In rethinking how to practise, the ethical components were made visible: metaphorically speaking, they were thrown up in the air. As interview rooms (with privacy embedded in the door and walls) were no longer available, privacy was left free-floating and had to be re-embedded in a hospital ward, a garden meeting or video call. However, curtains around the bed, a garden hedge or video encryption might not prevent overhearing by a neighbour in the adjoining bed or garden, or a family member in the kitchen. Whilst the right to assessment might trump guarantees of privacy, work was needed to think through how to minimise lack of privacy.

This suggests that ‘following the ethics’ is not straightforward. *The* ethically right responses to challenging situations cannot simply be found in rulebooks, codes of ethics or statements of ethical principles. Just as the science does not exist, waiting to be uncovered, nor does the ethics. Both are in a continual process of being contested and re-made. What works or is considered right in one context, may not be so in another. In this article, our aim is to examine the re-working of social work ethics by UK practitioners during the pandemic as experienced in 2020, drawing on data from an international survey. Whilst previous publications analysed the nature of the ethical challenges experienced globally (Banks *et al.*, 2020a,b; Truell and Banks, 2021) this article focuses on UK social workers’ responses, particularly their cognitive and emotional efforts to practise ethically.

COVID-19 in the context of disaster social work

The experience during the COVID-19 pandemic has similarities with, and differences from, social work during other disasters and conflicts. The sudden unavailability of services and resources, emergence of new risks, increased need for assistance and concomitant ethical challenges are common during epidemics, pandemics, other disasters and crises (Alston *et al.*, 2019; Maglajlic, 2019). Much can be learned from viewing COVID-19 in this context, as exemplified by the special edition of this journal on ‘Social Work, Pandemics and Disasters’ (Alston and Chow, 2021). Some ethical challenges faced by social workers (especially the need for ‘triage’ in rationing resources, balancing new risks, blurring of professional boundaries and acting outside normal roles) are common across different types of disaster (Soliman and Rogge, 2002; Sweifach *et al.*, 2015; British Association of Social Workers (BASW) England,

2019). Yet, there are also significant differences between UK social workers' experiences of COVID-19 (this article's focus) and more localised natural and human-made disasters. Restrictions were imposed across the whole country, it was not regarded simply as a short-term emergency, new legislation was enacted and digital infrastructure was more heavily relied upon than ever before. This article aims to examine the nuances of UK social workers' responses to the ethical challenges raised during COVID-19, recognising that many challenges were intensifications of everyday ethical issues in social work in 'normal' times, and also variations on generic challenges experienced worldwide during disasters.

COVID-19 in the UK

The UK government response to COVID-19 from March 2020 was to see it as an epidemic (later pandemic) in public health terms, taking measures to prevent its spread by restricting human contact and prioritising treatment for people seriously ill with the virus. Social workers were classed as essential frontline key workers, although they did not necessarily receive adequate protective equipment in the early months of the pandemic. Many offices and services closed when the first 'lock-down' commenced on 20 March 2020, with employers and social workers often taking their own initiatives to create safer working conditions until a new law was passed (The Coronavirus Act, 2020) and government departments issued guidance. Some statutory duties were removed, in-person contact was restricted to 'exceptional' circumstances and many social workers practised from home during Spring 2020. Further details of the overall impact of COVID-19 on social workers in the UK can be found in [Kong *et al.* \(2021\)](#).

The international survey

This article draws on 41 responses from UK social workers, academics and students to a larger international qualitative survey in May 2020 (607 responses), and 4 UK follow-up interviews in November 2020. The international research was conducted by a partnership of academics, coordinated by Durham University, with the International Federation of Social Workers (IFSW). The UK follow-up project was conducted by Durham University with BASW. The survey comprised two substantive questions, in addition to demographic and employment-related information:

1. Briefly describe some of the ethical challenges you are facing/have faced during the COVID-19 outbreak? (Ethical challenges are

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

2. Please give more details of a particular situation you found ethically challenging. This might be one to two pages long and might cover:
 - a. The background to the situation: your role and responsibilities, the organisational context, any relevant legal or cultural issues.
 - b. What happened and who was involved: what you and others said and did.
 - c. If you made a decision, what was the decision and what was the reasoning behind it? Did you consult with anyone else?
 - d. What was your emotional response (e.g. any positive or negative feelings)?
 - e. What further reflections do you have on this situation afterwards?

The study was designed to be conducted rapidly, with minimal funding, aiming to identify the ethical challenges faced and produce ethical guidance for social workers practising during pandemic conditions. Questions were open-ended, to allow participants to express themselves, whilst few in number to encourage participation in a stressful period. In terms of methodology, the research took a narrative ethics approach—that is, seeking participants' own qualitative accounts of their experiences, framed within an ethical lens. Narrative ethics places value on the use of stories as ways of eliciting first-hand accounts of people's experiences of situations, which also serve to define and develop their ethical identities (Brody and Clark, 2014).

Invitations to complete the online survey were distributed via the IFSW website, mailing lists of national associations and other networks. Analysis of the international data-set comprising 607 responses led to publications identifying the nature of the ethical challenges faced globally (Banks *et al.*, 2020a,b; IFSW, 2020).

The UK respondents

The UK responses were subsequently analysed separately by the authors of this article to identify the nuances of the UK ethical challenges and how social workers reported responding to these. Of forty-one UK responses, forty provided useable data. Respondents were diverse, from first year social work students to a qualified practitioner with forty-seven years' experience. There was a higher proportion of men, managers and

Table 1 Respondents' self-reported characteristics

Gender										
Female (F)			Male (M)				Not given (N)			
26 (65%)			11 (28%)				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*	LAC [†]	Hospital	Children & families	Academic	SEND [#]	Prison	Adults	Drug & alcohol	Care leavers	Mental health
5	8	3	8	2	3	1	5	2	1	3

*Deprivation of Liberty Safeguards

[†]Looked After Children

[#]Special Educational Needs and Disabilities

children and families social workers than in the general workforce. [Table 1](#) summarises their characteristics.

The UK responses were analysed during October–November 2020. Given the changing working conditions since the survey in May 2020, we invited six respondents from diverse settings, who had given substantial and reflective accounts, to undertake semi-structured online interviews to give a fuller picture of their experiences since May 2020. Interviews are more dialogical and enable richer reflections. In the end, four social workers participated in interviews, conducted following Durham University research ethics protocols. Interviewees were asked to elaborate on ethical challenges they described in the survey and add new examples. Details of the interviewees are in [Table 2](#). ‘Respondent number’ refers to the anonymous number allocated to survey respondents.

UK data analysis

Responses were organised using the computer-assisted data analysis package NVivo, undertaking line-by-line thematic coding to identify types of challenge. Underpinned by a social constructivist approach,

Table 2 Details of Interviewees

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

line-by-line coding can assist in deconstruction of pre-conceived notions that exist in the consciousness of researchers, facilitating the reconstruction of data through smaller units (Thornberg and Charmaz, 2014). This fitted the current study, given that ethical social work practice, which is usually embedded in existing processes and procedures, was being ‘unpicked’ by social workers as they developed new ways of working. This approach was used to identify the nuances of the ethical challenges faced by the UK social workers, which were the subject of a report to BASW (Rutter and Banks, 2021).

For the purposes of this article, a second analysis was undertaken, involving reading the accounts more holistically as ethical narratives of problematic situations facing, or witnessed by, the respondents. This counteracted the risk of missing holistic representations through the analytical practice of line-by-line coding (Chenail, 2012), and was more suitable for studying social workers’ responses to the ethical challenges (what they felt, thought and did). Respondents’ written texts were viewed as accounts of ethical agents experiencing and responding to situations they found ethically challenging. An ‘ethical agent’ is an active participant in a situation, who may do all or some of: analysing, interpreting and reflecting upon the situation; making an ethical evaluation (e.g. ‘I have a professional responsibility to visit this person’); making an ethical decision (‘I will visit this person because of my responsibility’); and taking action (visiting with protective equipment). These narratives sometimes included accounts of motivations, intentions, emotions and reflections afterwards. Some were brief and sketchy, whilst others were longer and more detailed. In examining each narrative as a whole, we asked: what is its overall tenor as an account of ethical agency; and what messages are picked up by the reader as they engage with the narrative? This moved the research into a more interpretative or hermeneutical paradigm (Rennie, 2012), with the researcher engaging in conversation with the text. We examined these narratives with the concept of ‘ethics work’ in mind, that is, the efforts respondents put into ‘seeing ethically salient aspects of situations, developing themselves as good practitioners, working out the right course of action and justifying who they are and what they have done’ (Banks, 2016, p. 36).

Limitations of the study

The non-dialogical nature of the survey, compared with interviews or focus groups, limited the degree of detail and reflection given by respondents. Respondents were self-selecting, and hence a representative sample of work settings and personal characteristics was not generated. The international scope of the survey meant it was impossible to ask questions relating to ethnicity or class that would make sense worldwide. Those responding to the survey might also be more likely to be aware of, and concerned about, ethical issues. Notwithstanding these limitations, the study revealed valuable qualitative insights into social workers' ethical responses and reflections in a variety of work settings.

Responses to ethical challenges

The main ethical challenges social workers faced related to: undermining professional identity and integrity, maintaining trusting and safe relationships whilst working remotely, balancing new risks to different parties, prioritising needs, deciding whether to follow or resist organisational policies and handling emotions and stress. These are detailed in [Rutter and Banks \(2021\)](#). For this article, we explored how social workers reported responding to these challenges, linked to their ethical agency. We identified four broad types of response:

- Ethical confusion—not knowing what was the right action to take, or how to work out what was right.
- Ethical distress—feeling negative emotions derived from knowing what would be the right course of action, but being unable to carry it out due to institutional or other constraints.
- Ethical creativity—making extra effort to work out what would be right in new circumstances and being flexible and imaginative in carrying it out.
- Ethical learning—reflecting on learning from working during the pandemic and implications for ethical practice in the future.

Some accounts were predominantly about one type of response, others featured several, particularly when the examples were stories of events developing over time, during which respondents' ethical agency grew. The following sections offer brief descriptive illustrations of the four types of response, drawing on the survey and interview data.

Ethical confusion

Many people reported confusion about what they were required to do, could do and should do, especially early in the pandemic—a common

experience in crisis and emergency situations. By May 2020, some government and agency guidance had been issued, and a new law (The Coronavirus Act, 2020) was introduced, removing some of the usual statutory requirements for social workers (BASW, 2020). Nevertheless, UK social workers reported lack of clear guidance, mixed messages and dilemmas where none existed before. Dilemmas entail impossible choices between equally unwelcome alternatives. For example, home visits, at the core of much social work, became a source of risk. Visiting service users' homes risked spreading the virus, whilst not visiting could be considered uncaring and might result in missing evidence about home conditions or family relationships. A child protection social worker (R27, M) described the 'extremely vague' Department for Education guidance: 'It says we aren't to conduct home visits except in exceptional circumstances, but it doesn't say what that is, so I had to rely on my professional judgement.' This social worker (and others) therefore faced dilemmas about whether to conduct home visits, which he would not have faced, he implies, if guidance had been clearer.

Uncertainty was not confined to frontline workers. A manager of a mental capacity and Deprivation of Liberty Safeguards (DoLS) team reported his own 'confusion and uncertainty':

I was confident in my understanding of the legal framework before the Covid-19 emergency, but now I am 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 (R16, M).

Interviewed six months later, he reflected on March 2020, when there was no guidance:

... the first week or so immediately prior to the lockdown was pretty chaotic ... by lunchtime I was contradicting the advice I'd been giving in the morning. And people were just ignoring it anyway ... making up their own minds about what they needed to do.

Ethical distress

Ethical distress goes a step beyond ethical confusion, as the person experiencing the distress does have a view about what is right. Often called 'moral distress', this concept has attracted particular attention in nursing ethics. In Jameton's (1984, p. 6) original formulation it occurs 'when one knows the right thing to do, but institutional constraints make it nearly impossible to pursue the right course of action'. Recent critiques led some researchers to broaden the concept. Morley (2018) redefines it as 'experience of psychological distress' caused by 'the experience of a moral event'. However, for this research we retain the

original formulation, as it captures a specific response from social workers practising during COVID-19, who felt powerless in the face of institutional and government policies and guidance.

In survey respondents' accounts, sometimes the right action that could not be done was the 'old' action (pre-pandemic)—for example, inability to continue ongoing work, undertake home visits, assessments or break bad news in person. On the other hand, some were concerned at being asked to proceed with 'business as usual' (e.g. undertaking in-person home visits), or to follow new procedures (such as rapid discharge from hospitals to care homes), which they considered unsafe. Finally, the right action might be judged to be a new type of response which was not allowed under existing or new rules (such as buying and delivering food to service users).

Indications of ethical distress were often signalled by negative emotions (highlighted in italics). A student social worker (R9, F) working in a voluntary sector organisation reported having to stop supporting people in prison abruptly, 'without a proper face-to-face explanation of withdrawal of contact', adding: 'it has been *upsetting* to think of the disruption to strengthening the family ties we have been working so hard to maintain'. A statutory social worker working for a health and social care partnership (R10, F) was asked to organise an Adult Protection Case Conference for someone she did not know. She reported feeling 'quite *annoyed* about this as I don't feel that I will have the time to work in partnership with the person or even develop a relationship'. Despite articulating misgivings to senior social workers in the team, she was told to proceed. Another student (R11, F), on placement in a drug and alcohol service, reported concern when the agency decided to give service users two weeks' supply of their prescription drugs, to reduce pharmacy visits. The student reported: 'I was so *worried* as many of our clients are unstable, and being put in charge of their own medication in such large quantities, from having a supervised daily collection, could lead to them being unsafe.'

Some social workers reported stronger moral emotions. A looked after children (LAC) social worker (R19, M) reported that COVID-19 pressures meant a seventeen-year-old looked after young person was moved into an unregulated placement:

I feel *guilty* that despite trying to be something different for this young person, offering intensive input and support, we failed and they have had yet another move to yet another strange town.

A senior manager in adult social care (R24, F) recounted 'bullying' in an acute hospital, where the primary drive was to meet the patient discharge target of three hours from being assessed as medically safe. If patients were unsafe to return home without support, they were placed in care homes, without assessment of patients' or homes' COVID-19

status. This resulted in patients transferring COVID-19 to care homes and developing COVID-19 once placed in an infected home. The manager commented:

I escalated my thoughts on how this was implemented, but it has gone unheard ... I have *lost sleep* over the decision-making I am seeing around me and the *distress* this is causing frontline workers, my managers, families and carers.

Here, the ethical distress experienced is verging on ‘moral injury’, when someone’s sense of their moral self is damaged by actions they have had to take, often in the course of their work (Shale, 2020). This manager reported making the difficult decision to leave social work at the end of the pandemic, after a long career.

Ethical creativity

Some social workers experiencing ethical distress attempted unsuccessfully to change institutional constraints, or voiced their concerns. Others described breaking rules, developing new ways of working or succeeding despite challenges. We have characterised these accounts as ‘ethical creativity’. According to Narvaez and Mrkva (2014, p. 25), creativity is ‘the ability to generate ideas that are original and unexpected, but are considered useful or important’. Creativity involves both a cognitive-emotional process of generating a novel idea or product, as well as a social process requiring its recognition and acceptance by others (Moran, 2014, p. 2). We use ‘ethical creativity’ here to refer to creating new solutions to ethical problems experienced during the pandemic. When everyday procedures or routines with ethics in-built became unavailable in the usual format, new ones needed to be devised, which re-embedded the important ethical features, such as preservation of privacy, confidentiality and dignity of service users, alongside public protection.

A mental capacity and DoLS manager (R13, M) commented in an interview that the emergency coronavirus legislation covered neither the Mental Capacity Act in England, nor DoLS (subsequently guidance was issued). Nevertheless, his team had to implement the Act, identifying the ‘single, biggest, biggest challenge’ as being unable to see people face-to-face. They developed ways of working ‘pragmatically’. When doing assessments remotely, they felt they needed to justify why they had not gone to see the person. The manager also judged that he needed to note in the authorisations that he was satisfied the remote assessment met requirements. He drafted something, checking it with the local authority legal team. Thinking his colleagues working across the country might find it helpful, he shared it and ‘people started putting it on their websites and incorporating it into their training’.

A child protection social worker (R27, M) reported a situation in which children who had been removed from their mother were at a critical phase of planning, expecting to be returned to her care. However, before the final court hearing the mother was involved in a serious incident, meaning it was unsafe for the children to return:

... I had to weigh up telling these children that we were now scrapping the rehab[ilitation] plan by video call, which felt very impersonal and uncontain[ing], or potentially placing them at risk by visiting them.

This is framed as a dilemmatic choice between two equally unwelcome alternatives. In the end, using his 'professional judgement' he created another option, which broke out of the 'horns' of the dilemma:

I decided to visit these children and speak to them in the garden from a safe distance. This felt a bit strange but I was satisfied that it was the right thing to have done.

Ethical creativity may also entail questioning, bending or breaking institutional rules and norms. There is a long tradition of resistance in social work, and during COVID-19 restrictions many social workers pushed back against new laws, procedures and guidance they judged unfair or damaging, and implemented alternative solutions.

A senior local authority adoption social worker (R40, F) reported deciding to proceed with the adoption of a baby boy that was in progress when her department was told to work exclusively from home, and the UK went into 'lockdown':

We were then faced with the dilemma - do we cease introductions to comply with the lockdown and create uncertain delay or do we carry on as planned so he can be properly placed two days later, which will mean the prospective adopters and foster carers needing to go against the 'lockdown'? We opted for the latter, and the foster carer and adopter carried on with introductions. I oversaw Placement Day by standing outside the foster carer's home ... watching the adopters come out the door with him in a baby carrier and getting them to sign the last of the placement paperwork in the car.

A therapeutic social worker (R2, M) working with LAC reported that local authority policies meant young people in residential care could only exercise outside the home once a day. This caused difficulties for one young woman who required outdoor walks several times a day to manage her emotions. The social worker wrote to the local authority, arguing that many LAC have experienced trauma and need routines to manage their emotional reactions:

The main issue at hand I felt was for the local authority to adopt a more flexible and understanding response to particular young people.

Ethical learning

At the time of the survey in May 2020, with social workers immersed in adapting to new conditions and struggling to keep services going, only a few reflected on their learning or lessons for social work in the future. However, the survey itself prompted some to pause, and think about the significance of what they were doing.

The senior adoption social worker (R40, F), who had proceeded with an adoption during the first days of the UK lockdown, remarked:

I have to say that it is not until I have written this all down that I have realised how ethically fraught this situation was. It will be a good case to look at with students in the future when discussing ethical dilemmas.

A social work academic (R6), in a university with ninety-five students on placement as lockdown started, reported deciding how to proceed in each individual case, keeping as many students in placement as possible. Despite almost not responding to the survey due to pressure of work, she reflected:

I found writing this quite cathartic – it made me stop and think about everything I and my team have achieved over a very short period of time, and gave me pause to reflect on how well we have all pulled together.

By the time of the interviews, more experiences were shared about further adaptations of policies and practices. The issue of governments and agencies adopting blanket rules to keep everyone safe, and whether/when exceptions should be allowed, has been one of the ongoing ethical challenges of the pandemic, as in all disasters. Over time, it was recognised that people with specific needs and disabilities needed more flexibility. But this took time to happen and was achieved through the actions and advocacy of people like the therapeutic social worker mentioned previously.

The DoLS manager (R13, M) talked in interview about some professionals speaking up to get guidance changed so people with support needs could maintain routines. He reflected that he could have spoken up, but did not. He prioritised his efforts. Sometimes he accepted what the guidance said and ‘made the most of it’. On other occasions he thought ‘I don’t care what it says, we’re going to try and do something else.’ He raised the question:

Why accept certain things and why push against other things? ... [I’m] not sure what conclusions I would draw, but that’s certainly something that’s coming to me now from talking about it again, from thinking it through again.

Follow-up interviews provided opportunities to reflect on learning, and recount how attitudes and practices had changed during the year.

The DoLS manager, in common with other practitioners reported in recent literature (Ashcroft *et al.*, 2021; Pink *et al.*, 2021) concluded that for some people, especially young people and people with autism or communication challenges, on-screen assessment worked better, whereas people experiencing confusion or dementia found it challenging. His team planned to explore the advantages and disadvantages of online communication further, since it was important this did not become the default option.

This theme was also picked up by the senior adoption social worker (R40, F) in interview, who by then had a lot of experience of working remotely:

We're asking some deeply personal stuff in our assessments ... We do have to kind of wonder if ... this is the right forum to be picking those scabs Is this even right? I am not even sitting there to be able to contain or hold somebody.

However, she also described a man with a lot of 'baggage' for whom on-line communication seemed helpful, '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'. However, although she felt social workers in her service had adapted better than she thought they would, she commented:

What I have learned is that this is not the way I want to practise social work ... this isn't how I want to work with my service users. I want to be in their homes, I want to see their kids for real, you know, I want to be there for them more than this.

Much learning is being gained about the benefits and pitfalls of remote working and the advantages of hybrid working (Pink *et al.*, 2021). Yet, despite the possibilities of 'digital intimacy', the social workers' physical presence on some occasions is still regarded as important. Furthermore, in some cases, such as Mental Health Act assessments, it is legally required. The issue is about social workers being allowed and able to judge the right approach for the particular circumstances.

Discussion

Social workers' accounts of their ethical evaluations and reflections illustrate both their difficulties in working out what was right, and the efforts made by many to practise ethically in challenging circumstances.

'Ethics work', the cognitive and emotional effort made by practitioners to be ethically good social workers, to work out what is right and take action accordingly, is an integral part of everyday social work practice (Banks, 2016). Often this work is invisible, only surfacing when justifications or reflective accounts are required. Much of the work may be

'intuitive' (based on well-rehearsed previous responses and professional ethical wisdom). Practising during COVID-19 has intensified the depth and extended the range of ethics work needed to do social work at all, let alone while maintaining professional ethical integrity. This study, therefore, offers further insights into the nature of ethics work as social workers became more conscious of themselves as ethical agents, struggling to work out their professional responsibilities, including whether and how to deliver services in adverse and changing conditions.

Hence, the lessons from COVID-19, while important when considering how to support social workers' ethical responses in future pandemics and crises, are perhaps just as important in helping us think through how to support social workers as ethically resilient practitioners in whatever circumstances they find themselves. We will now consider some possible measures to assist social workers to see beyond the ethical confusion, work through their moral distress and develop capacities for ethical creativity and learning.

Time and the importance of 'slow ethics'

It takes time to adapt to new circumstances. Ethical and practical confusion, distress and stress are inevitable early in a crisis. Analysis of an ongoing BASW survey of UK social workers identifies different time phases associated with the pandemic, as policymakers, employers and social workers adjusted to changing conditions (Kong *et al.*, 2021). Another different temporal message is the importance of slowing down the pace of decisions and actions, taking time to reflect upon the range of possibilities and their practical and ethical implications. This can be characterised as 'slow ethics' (Gallagher, 2020), which entails being prepared to make an effort, listen carefully, see and understand from other perspectives, consider alternatives and take action to change things. Whilst this might seem to describe what ethics should entail anyway, in the current climate much of what passes as 'ethics' may be less than careful and reflective. The idea of slow ethics comes from the slow movement (Honoré, 2004), associated with taking time and letting go of end-gaining, as an antidote to the stress of fast-paced life, fragmentation of concentration, superficiality, lack of care and short termism.

Most examples of ethical creativity during the pandemic involved evaluating the situation at hand, use of moral imagination and careful thinking. This does not mean creativity cannot be spontaneous or come as a flash of inspiration or an intuitive response in the moment. But many accounts in this research involved effort and time, both in thinking through judgements and decisions and carrying out actions.

Teamwork and co-producing ethics

Relationships of support and sharing with colleagues, and trust and openness with service users, are vital for making good decisions and developing ethical competence, as well as mitigating ethical distress. Yet, many respondents felt very isolated, especially when working largely from home, and some noted lack of guidance, support and supervision from managers. A hospital social worker (R3, M) emphasised the need for weekly periods of team reflection ‘so that they don’t get emotionally bogged down, feeling unsafe, lonely and under-valued’. It is also important to stress the role of what might be called ‘collaborative moral imagination’. Moral imagination is a vital adjunct to ethical creativity, involving ‘not only the ability to generate useful ideas, but also abilities to form ideas about what is good and right, and to put the best ideas into action for the service of others’ (Narvaez and Mrkva, 2014, p. 25). As Narvaez and Mrkva elaborate:

The moral life involves co-authoring the future with others through dialogue and feedback on imagined alternatives, but also developing keen perception and flexible responses to each situation (Narvaez and Mrkva, 2014, p. 26).

If regular online meetings are organised, as Cook *et al.* (2020, p. 260) argue, the team can provide a ‘secure base’ for emotional containment during remote working, ‘which restores the capacity for workers to think clearly about their work’, enabling informal discussion that provides a frame for sense-making and decision-making.

Professional judgement and ‘ethics work’

Many respondents reported having to use their own professional judgement in situations where there was little or confusing guidance, or when they disagreed with existing guidance or policies. This was sometimes in a team context, more often on their own. The use of professional judgement based on expertise is traditionally a hallmark of a profession. That some respondents considered this noteworthy during the pandemic signifies the extent to which ethical practice has become equated with, or tied into, following rules, procedures and guidance. It also reflects that during a crisis, working in new circumstances adrift from colleagues, it is more difficult to decide what is right and there is more fear of getting it wrong. As a children’s services social worker (R31, N) commented: ‘The outbreak of Covid-19 has placed a lot of responsibility on individual social workers to make decisions that might have serious consequences.’

Manthorpe *et al.* (2021, pp. 1892–93) reinforce this point in their research on adult social work in England in 2020. They recommend that

policy and guidance should take account of, and (by implication) validate the use of professional judgement and discretion in making decisions about face-to-face meetings and assessments. Whilst Manthorpe *et al.* do not elaborate on the nature of professional judgement, it is usually associated with making a considered evaluation of a situation or person based on knowledge and experience linked to one's occupation. Professional ethical judgements relate specifically to evaluations of harms, benefits, rights and responsibilities, and require effort to make and act upon (Banks, 2016, pp. 218–24). The ethics work this entails has been harder and made more visible due to the disruption of routines and necessity of re-working, re-imagining and re-visiting what counts as an ethical response in new circumstances. There has been a heightened role for ethical vigilance (to identify new issues) and ethical logistics (to work out how to implement ethical judgements and decisions in constrained circumstances). This research highlights the importance of developing and supporting social workers' individual and collective capacities to do the work of making professional ethical judgements, and to do it slowly and with care.

Concluding comments

The crisis caused by the pandemic has foregrounded the ethical issues that *matter* to social workers. This is evident in the extra effort, imagination and flexibility in many of their accounts. These have not been about 'following the ethics', but rather using and trusting their own professional judgements and doing 'ethics work'—entailing the often invisible but important emotional and cognitive effort that contributes to ethical practice, and taking time to reflect on the implications for future practice ('slow ethics').

It may seem strange to argue for 'slow ethics' in a time of crisis, when fast policy and practice responses are needed to deal with sudden gaps in services, unplanned pivoting to remote working and high levels of need. However, 'slow' is not just about chronological time. It is also about care, attentiveness, taking a wide political perspective and drawing on reasoning and logic as well as fast intuition or simply rule-following. 'Slow' is important in everyday practice and even more necessary during crises and ongoing pandemic conditions, as well-rehearsed or intuitive responses and existing or new rules may not fit changing circumstances. This research not only shows the importance of doing slow ethics work, but also illustrates what it entails, as unexpected situations have necessitated more ethical effort than usual to recalibrate rights, wrongs, risks, roles and responsibilities.

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