



Professional virtues in the digital world: slow ethics for social work during Covid-19

Sarah Banks

This is an unpublished conference paper for the 9th Annual Jubilee Centre for Character and Virtues conference at Oriel College, Oxford University, Friday 10th – Sunday 12th September 2021.

These papers are works in progress and should not be cited without author's prior permission.

Jubilee Centre for Character and Virtues

University of Birmingham, Edgbaston, Birmingham, B15 2TT United Kingdom

T: +44 (0) 121 414 3602 F: +44 (0) 121 414 4875

E: jubileecentre@contacts.bham.ac.uk W: www.jubileecentre.ac.uk



Abstract

Covid-19 has accelerated trends towards digital communication in human services. This paper discusses the ethical challenges for social workers, for whom human relationships lie at the heart of their work. It draws on data from an international survey in May 2020 and an ongoing survey of UK social workers during 2020-21 to examine lessons from digital working during Covid-19 from a virtue ethical perspective. The paper advocates for 'slow ethics' in times of fast-moving crisis, and the virtues of courage, compassion and professional wisdom exemplified through the 'ethics work' of practitioners struggling to practise ethically in new and difficult circumstances.

Introduction

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

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. (Senior adoption social worker, UK)

The experience of living and working through the Covid-19 pandemic in 2020-21 has raised many ethical challenges for politicians, employers, employees and citizens generally. While being guided by 'the science' has been the explicit mantra adopted by UK politicians, nevertheless their policies, guidance and debates have also been couched in the ethical language of responsibilities, rights, freedoms, harms, benefits, trust and care, for example. Although commentators and the public may refer less to 'ethics' by name as a relevant subject area of expertise than to 'science', there is no doubt that responses to the pandemic have made more visible the ethical aspects of everyday life, leading to more explicit ethical deliberations and heightened moral emotions.

While frontline health and social care workers are no strangers to difficult ethical choices and feelings of guilt, blame and distress when their attitudes or actions contribute to harm, the Covid-19 pandemic has both intensified and broadened the ethical dimensions of their work. The intensity comes from the ongoing state of crisis, when everyone with severe health and care needs cannot be treated or supported adequately. The breadth derives from the fact that ordinary, taken-for-granted

routines and procedures, which would have been performed without question in ‘normal times’ (such as face-to-face meetings), suddenly become unavailable, potentially harmful, or require new risk assessments. The stress and burn-out experienced by these practitioners is not only due to long hours, complex practical procedures and being faced with severely ill and distressed people, but also what might be described as ‘ethical overload’: having to work out what would be right in new circumstances in an atmosphere of confusion and crisis. Many also are experiencing ‘moral injury’ (Shale, 2020), which can be conceptualised as damage to a person’s character through being implicated in actions that contravene their deeply held values and commitments (e.g. through refusing treatment to those in need or not allowing family visits to people who are dying).

This paper will focus on the ethical challenges faced by members of one human services profession, social workers, during the pandemic in 2020. It will pay particular attention to the shift from in-person to digital communication, the way social workers handled and viewed this move, and its impact upon their professional identities and conceptions of themselves as good social workers.

Background: face-to-face and digital social work

While social workers have various configurations of roles in different countries around the world, usually they work with people who have needs for social support or protection – including children, families, people with disabilities, community or neighbourhood groups. They often have statutory roles in relation to safeguarding children and people with serious mental health and capacity issues, sometimes undertake community development work, and may be employed by local government or by charitable or private organisations. Traditionally their work is very much focused on face-to-face encounters with the people with whom they work (service users). There is a stress on having in-depth dialogue with people using services to assess their needs and capacities, developing trusting relationships, and preserving confidentiality of personal and sensitive information to those that need

to know. In many types of social work, it is important for practitioners to be able to assess people's living conditions, family circumstances, support networks and overall environment. Home visits, therefore, are a key element of the work – enabling relationships to be built, family interactions to be observed and the state of the home to be evaluated. Ferguson (2016) characterises home visits as an 'embodied practice', meaning that social workers use all their senses (including smell and touch) to 'work the home'.

As in many sectors, digital working has developed in social work in recent years. However, the use of digital technology is somewhat less advanced than in some other fields (such as medicine or business). Factors influencing this lag include limited resources in social work, concern about ethical and legal considerations, lack of training and social work's traditional emphasis on face-to-face communication, including home visits (Berzin, Singer & Chan, 2015, p. 3). In some countries, and some areas of work, 'e-social work', 'tele-therapy' or 'e-counselling' is available (e.g. in North America and Australia, particularly in rural areas if internet/mobile phone access is good). Informal digital communication (e.g. email, text messaging) is often used to supplement in-person contact (Mishna et al., 2021), and in many countries in the global north assessment forms and records are digitised. Conversely, in parts of the global south, in rural areas worldwide with poor internet access and among service users without internet or mobile phones, there is little communication or assessment undertaken digitally with service users.

The promotion and development of the use of digital technology was an issue gaining attention in social work education and practice pre-pandemic (see Zgoda and Kryss, 2018; Goldkind, Wolf and Freddolino, 2019), but this has become much more pressing and relevant during the restrictions on face-to-face communication due to Covid-19. Taking the UK as an example, it was only in March 2020, just as the pandemic restrictions started, that a digital capabilities framework for social work

was published (BASW & SCIE, 2020). This framework offers a very broad definition of digital technologies, including electronic case management and business software systems, online resources, assistive technologies, social media, informatics, data protection systems, hardware, online learning, artificial intelligence and machine learning. In this paper I will focus on the ethical challenges faced by social workers across the world due to the rapid shift they had to make from face-to-face communication to digital or other alternatives, if available. This shift largely comprised communication by audio or video calls in place of face-to-face meetings, supplemented by e-mail or text messaging. Social workers' responses are drawn from an international survey conducted during May 2020 and follow-up interviews with UK social workers in December 2020.

The research

In May 2020, the Social Work Ethics Research Partnership (a group of academics working with the International Federation of Social Workers, IFSW) issued an online survey requesting information from social workers worldwide on the ethical challenges they were facing due to Covid-19. Invitations to complete the survey were distributed via the IFSW website, mailing lists of national associations and other networks. This drew 607 responses from 54 countries (for details of the methodology and overall findings, see Banks et al, 2020a). The survey was translated into several different languages, and comprised two substantive 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 survey described ethical challenges as 'situations that give you cause for concern, or when it is difficult to decide what is the right action to take' (Banks et al., 2020a: 2).

The survey captured social workers' experiences at one point in time when restrictions had been imposed in most countries, although the infection rate and types of restriction varied in different parts of the world. In many countries, social work offices were closed, social workers were working from home, in-person contact and travel were restricted, and facilities used by social workers to support people (such as contact centres for separated parents and children, cleaning services, volunteer befriending schemes) were closed. In some countries certain legal requirements on social workers were removed, such as duties to assess people for residential care (for example under the Coronavirus Act 2020 in the UK).

The survey responses were translated into English and analysed using generic thematic analysis to identify the main types of ethical challenge and the variety of different responses made by social workers to these challenges (see Banks et al, 2020a, 2020b). The 41 UK responses were subsequently analysed in more depth, using the qualitative data analysis package NVivo (Jackson and Bazeley, 2019) and four follow-up interviews were undertaken in December 2020 with UK social workers in diverse settings, inviting their reflections since May 2020 (for more details see Rutter and Banks, 2021). In this paper we draw on the international data, while also adding some more detailed insights from the in-depth UK analysis.

For the purpose of this paper, the data have been examined through the lens of virtue ethics, with a view to exploring how virtuous qualities of character are implied in respondents' accounts, what counts as being virtuous during the crisis conditions of a pandemic, and what virtues are called for in such conditions. Before proceeding with the analysis it is important briefly to indicate what I take virtue ethics to be, and what might be some of the virtues we would be looking for in social work. Here I draw on Banks and Gallagher (2009) and Banks (2018).

A virtue ethical lens

Virtue ethics is a philosophical approach that focuses on the excellent qualities of character or moral dispositions (virtues) of moral agents. Examples of virtues might include trustworthiness, courage or compassion. Often linked in Western philosophy with Aristotle (350 BCE/1954), virtue ethics is experiencing a recent revival in moral philosophy and a number of different theoretical perspectives have been developed (for some examples, see Arthur et al., 2017; Besser-Jones and Slote, 2015). It is often contrasted with principle-based ethics (including Kantianism and utilitarianism), which focuses on abstract, general principles of action that pertain to right conduct, and questions of how moral agents ought to act and what they ought to do. In contrast, the key ethical questions in virtue ethics are: ‘what kind of person should I be?’ or ‘how should I live?’

In the philosophical literature there is considerable debate about what counts as a virtue, including whether a virtue consists in good motives, good ends/effects or whether both are required (Battaly, 2015; van Zyl, 2015). I will use the term ‘virtue’ to refer to a moral disposition to feel, think and act in such a way as to promote human and ecological flourishing, entailing both a motivation to act well and, typically, the achievement of good ends. Virtues are often described as excellent traits of character, and entail a reliable disposition to act in certain predictable ways across contexts.

There is only a relatively small literature on virtue ethics in social work, although as in other areas of professional life, this is now growing (see, for example, Banks and Gallagher, 2009; Carr, 2018; Oakley and Cocking, 2001). Similarly, most national professional codes of ethics for social work are framed in action-oriented terms relating to professional duties and responsibilities, although there are now occasional mentions of qualities of character such as compassion, care, honesty and professional integrity (see Banks, 2021, pp. 120-122). As a framework to assist in interpreting social workers’ responses to the survey, this list of virtues relevant to social work might be helpful.

List 1: Some virtues for social workers (adapted from Banks and Gallagher, 2009)

Professional wisdom ('phronesis') is the excellence by which social workers deliberate well about what to do in their practice. A person of professional wisdom has a capacity to engage in practical reasoning, which includes: the ability to perceive and appreciate ethically salient features of situations; the exercise of ethical imagination; reflective and deliberative capabilities (to make judgements and act). This process of reasoning is used to make the appropriate practical choices that constitute good social work.

Care is about how one person relates to others, related to the goal of enhancing the existence of the others. A caring social worker is one who has a motive of attentiveness towards particular others with whom the practitioner enters into relationships of responsibility.

Respectfulness towards someone or something entails acknowledging the value of the person or thing, preserving and/or not destroying it and engaging with what is valued. Respectful social workers make use of the self in developing relationships and getting to know and understand the perspectives of those people with whom they work, respecting their dignity, privacy and choices as far as possible.

Trustworthiness is about not letting others down. A trustworthy social worker is someone who behaves as relied upon; is aware and accepts that they are liable to be held responsible for this behaviour; and is able to give a plausible performance as a reliable and responsible person.

Justice is associated with the fair allocation of benefits and burdens, and relies upon a capacity to make good judgements in weighing up how people should be treated. A just social worker is someone who has a disposition to act fairly in relation to individuals to whom she

or he owes a particular obligation and to act in a way that promotes and reflects just social arrangements.

Courage is, according to Aristotle (350 BCE/1954, 1115a6), ‘a mean with regard to feelings of fear and confidence’. By this he means that a courageous person, when facing situations of risk and danger, is neither cowardly and lacking in confidence, nor foolhardy and over-confident. We need to know what is the right thing to fear, and how much to fear. Courage is a complex virtue – with distinctions often being made between moral, physical and psychological courage, for example. Moral courage may be required as a social worker to face dangerous and risky situations or to communicate unwelcome news to people using services.

Professional integrity. In Aristotelian ethics, integrity was not regarded as a virtue *per se*, but as holding all the virtues together as a whole. In the context of social work, it means the overarching capacity or disposition to hold true to the values of the profession, and to balance other virtues as necessary. It might be regarded as a kind of moral competence or capacity that practitioners use to make sense of their ideals and actions as a whole and act accordingly.

–

Interpreting the survey responses through a virtue ethical lens

The survey asked respondents for an example of a specific ethical challenge, with prompts asking about emotions and reflections afterwards, but none specifically seeking reflections on character and virtues. Not surprisingly, the examples given are largely action-focussed. Therefore the connections with virtues need to be inferred in the analysis and interpretation. The accounts given often take the

form of ethical stories or narratives featuring the respondents as moral agents, telling what they had to do, chose to do, or tried to do and failed, and how they felt afterwards. They give a picture of what the respondents judged to be ethically good social work and, by implication, an ethically good social worker. For example, a UK social worker saying ‘it goes against the grain’ not to support a man living in very poor conditions when council cleaning services were unavailable, could be interpreted as telling us that he is a caring social worker. His account also demonstrates that he is able to make a professional ethical judgement, drawing on professional wisdom, about what would be the right course of action in this case (maintaining social work monitoring visits).

The ethical challenges

Analysis of the survey responses produced six main themes relating to the types of ethical challenge reported by social workers. Although the contexts in which they were working varied enormously between and within countries, the same types of high level ethical challenge were common worldwide.

List 2: Ethical challenges worldwide (taken from Banks et al, 2020a)

–

1. Creating and maintaining trusting, honest and empathic relationships via phone or internet with due regard to privacy and confidentiality, or in person with protective equipment.
2. Prioritising service user needs and demands, which are greater and different due to the pandemic, when resources are stretched/unavailable and full assessments often impossible.
3. Balancing service user rights, needs and risks against personal risk to social workers and others, in order to provide services as well as possible.

4. Deciding whether to follow national and organisational policies, procedures or guidance (existing or new) or to use professional discretion in circumstances where the policies seem inappropriate, confused or lacking.
 5. Acknowledging and handling emotions, fatigue and the need for self-care, when working in unsafe and stressful circumstances.
 6. Using the lessons learned from working during the pandemic to rethink social work in the future.
-
-

This paper will focus on the first part of the first challenge: how to create and maintain good relationships with people via phone or internet. Related to this are the difficulties associated with deciding, in periods of 'lock-down', whether and when face-to-face communication should be used due to unavailability of technology or inappropriateness of remote communication. This was the theme most commonly noted in the survey responses.

Practical challenges in the use of digital technology

During the pandemic there has been significant use of digital communication in place of face-to face social work, ranging from assessments by mobile phone or video call to multi-agency child protection case conferences and court custody hearings. As background to exploring the ethical challenges from a virtue ethical perspective, it is important to note some of the practical challenges in the use of technology. Indeed, many respondents did not distinguish the practical from the ethical, and some accounts made no reference to ethical concepts (such as rights, responsibilities, care, harm or welfare). This is not surprising, as in everyday life the ethical components are deeply

embedded in practical actions and are only abstracted and identified at times of thinking and reflection. The ethical implications are implicit in many of the accounts.

In some parts of the world, or areas within countries, access to technology has been problematic both for service users and social workers. This South African social worker sums up the broader context, in which technological difficulties compounded an already stressful situation:

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

Several social workers in Puerto Rico gave detailed accounts of the practical difficulties in trying to work remotely from home in the tropics, with no air conditioning, worrying about taking legal records home or storing service users' information on personal electronic devices, with some workers having no wifi and hence having to use mobile phone hotspots. This Puerto Rican forensic social worker described her ethical challenges as centred on the use of technology:

Not having a formal and professional means to carry out official procedures. Official documents NOT Digitized. The resistance of colleagues to technology and integration to it. Having to use my private phone number. I understand that the code of ethics should be amended in relation to technology and networks.

Problems with technology were mentioned by social workers in many countries, including North America and Europe, reflecting the point noted earlier that social work generally is less advanced in the use of digital technologies than other sectors. For example, in interview, a UK adoption social

worker described ‘technological nightmares’ with crashing video-conferencing software, showing ‘how woefully unprepared our local authority was for this kind of situation.’

Even if service users and social workers had access to technology, some service users were not comfortable using it. A social worker in mainland China reported that her organisation opened a helpline on instant messenger. However, a service user was suspicious when this social worker took over counselling from a colleague, and had consulted the chat history. Worried that the chat history might be captured, the service user ended the session and asked to return to the worker he had first contacted.

These practical challenges meant social workers had to be flexible, creative, and use their professional judgement about how to proceed. Practices that were not allowed under ‘normal’ circumstances (such as using personal mobile phones) might be judged acceptable in pandemic conditions. Some social workers reported using insecure digital platforms, such as TikTok, WhatsApp or Zoom, for example, especially in the early days of the pandemic. While in some agencies this was allowed as existing rules were relaxed (this was apparently the case in Canada, according to Mishna et al, 2020), in others it was not, for reasons of security and confidentiality. In Puerto Rico, therapy over the phone or internet was not included in service users’ medical plans, therefore could not be used. An Italian social worker in a drug addiction service reported creating a WhatsApp group to keep in contact with people who could not use the service and to propose support activities with them. The manager asked her to close the group, as WhatsApp was not approved for use by the service. The social worker decided to keep it going nevertheless, as it was her only way of keeping in touch. This social worker could be interpreted as using her professional judgement to override agency rules that she felt were hampering service users’ welfare and restricting her role as a caring social worker.

Digital working: not enough, uncaring, unjust, disrespectful and lacking professional integrity

Many social workers reflected on the profound impact of Covid-19 restrictions on relationships with service users, experiencing an inability to do 'proper' social work. The loss of social workers' skilled, caring in person presence was a common theme, encapsulated by this UK child protection social worker:

I worry about children on my caseload being considered 'safe' because I did a phone call or FaceTime 'visit'. These children are not getting the proximity and presence of me in their homes, and I am not able to check that their environment is safe, that dangerous people aren't in the home, that it doesn't smell of drugs in the house, and so on. I don't feel that I am protecting these children enough.

This point was echoed by a Dutch social worker who commented:

The dilemma I experience in four families is that I don't have a good view on the level of tension and - possibly - domestic violence ... My ethical dilemma ... is that I actually do too little. I don't know what to do, because it is obvious that all children in these families suffer more emotional damage than normal ... and don't get it prevented ... Video call conversations have far too little depth, take less time than a home visit would take.... I can't get the children out of their situation. That's what's bothering me.

The issue of privacy and confidentiality of video and phone calls was a big concern in work with people experiencing or at risk of domestic or child abuse. For example, it was impossible to tell if the perpetrator was in the home overhearing the conversation. This made it difficult to be fully respectful of people's privacy and choices. An Austrian family social worker commented that it was not always safe to do phone or technology-based interventions: 'In some circumstances ceasing

contact may be safer than doing work that would cause more harm than good, but neither option sits comfortably’.

Although the majority of social workers were clearly doing their best in adverse circumstances, this did not stop them feeling inadequate. As a Slovenian mental health social worker said: ‘People felt that a phone call saved them, but I constantly felt I am not doing enough.’ A Spanish mental health social worker commented:

I have worked from home, and I have felt bad for not doing it in person, as a worker in an essential service. I try to establish a balance between respect for my health and the duty of assistance to individuals and families. I feel that we have not given the maximum, working at a distance, and it generates discomfort and shame, but on the other hand I feel more protected at home ... It is complicated.

A UK child and family social worker went further, in describing current remote practice as ‘anti-social social work’, saying that it ‘fails families. Even though I understand the need to protect people; it has felt so unjust and oppressive.’ This is strong language and gives a clear message. This respondent was not simply saying she felt that she was failing to be a good enough social worker, rather, that she was doing the antithesis of social work: ‘anti-social social work’. Promotion of justice and anti-oppressive practice are key values in social work. Hence doing social work that feels ‘unjust and oppressive’ would be profoundly disturbing and damaging to professional integrity. ‘Unjust’ may refer not only to the fact that people deserve more care and attention, but also that in making assessments of needs or risks, the social workers did not feel they could obtain sufficient or reliable evidence from a digital encounter. An independent social worker, working with looked after children in the UK, reported deciding not to take on a new assessment that could only be done by Skype, commenting that it was ‘not right to do an assessment in this way, that could contribute to

life changing decisions such as permanent removal of a child'. She was anxious about being cross-examined on this basis and did not feel her evidence would be sufficiently robust.

Drawing on professional wisdom, justice, courage, care and other virtues

When faced with these challenges, what did social workers do and what could they have done?

Many of the accounts are stories of social workers' difficulties and how they felt bad about their inability to do good, proper, caring or just social work. In that sense the stories could be categorised as accounts of 'moral distress' (knowing the right thing to do, but being unable to do it due to institutional or other constraints, see Jameton, 1984; Weinberg, 2009). Some challenged their employers or managers if they felt institutional constraints could or should be changed, but often to no avail. Many stories illustrated ethical confusion (not knowing what was the right action to take, or how to decide what was right), citing lack of guidance or contradictory or unclear guidance.

Confusion is not surprising in the early stages of a crisis created by a pandemic, when usual ways of operating become unavailable and risky and new ways of working are untested or seen as counter to professional values and norms.

However, others sought creative and flexible solutions – drawing on professional wisdom to work out what might be the right course of action in particular circumstances. This involved taking the initiative, being prepared to practise outside the current rules or guidance, seeing new possibilities and having the courage to act on them. Such responses included individual social workers realising that existing systems were not set up for digital communication, so they needed to make adjustments to practise more ethically. For example, a Canadian social worker reported making up her own electronic consent form. A UK team manager working in mental capacity and Deprivation of Liberty Safeguards, whose team had to move from face-to-face assessments to use of video calls, reported in interview that he amended the forms to add a section justifying why the assessment was

not done in person. The manager also judged that he needed to include a note in the authorisations to say he was satisfied that the remote assessment met the requirements. He drafted something and checked it with the local authority legal team. Thinking his colleagues working across the country might find it helpful, he shared it:

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. And I thought, well, that’s great ...

Frequently the biggest challenge (often experienced as a dilemmatic choice) was in deciding whether or not to have an in-person meeting if digital contact was not possible or would be unsatisfactory. In some contexts it was reported that all face-to-face meetings were stopped. So if social workers did proceed with face-to-face work, it involved going against the rules or guidance. In other cases, face-to-face communication could only take place in ‘exceptional circumstances’. But what counted as ‘exceptional’ exercised social workers’ minds, as illustrated by this UK child protection social worker, who described the ‘extremely vague’ Department for Education guidance on home visits: ‘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.’ A Dutch social worker was equally exercised by the question of how to decide whether to do a home visit, showing herself thinking through the possibilities:

It is difficult and requires a lot of time and time again to consider whether visiting clients for prevention or support is appropriate. Colleagues deal with it in different ways, which leads to confusion. There is little guidance from the managers. [Here are some] examples:

- A service user who lacks daily structure and stays in bed all day.
- A service user who expresses experiencing constant fear.

- A service user who indicates that he is gloomy.
- A service user who has been out of contact for two weeks.
- A service who indicates that it is going well, whereas the gut feeling of the professional indicates something else.
- A man with autism and an intellectual disability who has lost his mother and who lacks social support.

This social worker laid out her thinking, but did not say what she would do in each case. By contrast, a Canadian mental health social worker reported taking two seconds to decide to visit a man:

I am teleworking, my employer forbids me to ... have face-to-face contact with my clients. However, during a crisis situation, I had to go beyond this instruction, because my client's life was perhaps in danger, being isolated, without a network, having only me with whom he has contact. I decided to go to him, with the necessary protection (gloves and mask), to do my intervention face to face in order to succeed in getting my client hospitalized ... What made me take this decision? I remembered the motto of my employer at the time ... The human first! My reflection lasted two seconds and I left the house.

While there is a danger of 'ethical paralysis' (being confused about what is right and unable to act at all) if social workers wait for clear guidance, or spend too long trying to work out priorities as outlined by the Dutch social worker, there is also a danger of making snap judgements based on intuitive responses, as described by the Canadian social worker. This is especially so if there is no pause to take account of new risks, and consider whether what might have been caring and responsible pre-pandemic, might not be so during the pandemic, given the health risks associated with human contact. This highlights the importance of professional wisdom, entailing slow,

deliberative work, employing both moral imagination and reasoning, and requiring ethical vigilance to ensure that fast intuitive responses are subject to scrutiny (see Banks, 2018).

A UK child protection social worker reported a case 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:

The Covid-related issues here were that 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 bind of the dilemma, and appeared to be a new idea for him at that time:

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.

Integrating digital and in-person working

As time went on, the use of garden, doorstep or walking visits became used more frequently, often interspersed with digital communication. Ferguson et al (2021), in their ethnographic research with UK child protection social workers during 2020, illustrate how social workers improvised during the pandemic, integrating various methods of communicating and relating. In fact, they often had no option, if they were to proceed with their work.

A children’s social worker in the UK gave an example of a specific situation that she had found ethically challenging during the first UK government lockdown, which shows her using both digital

and in-person working (including physical touch) in order to proceed with the fostering of two children. This is a summary from her much longer account:

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

The care order was granted, and the social worker decided to move the children in her own car, 'to limit the number of people involved', instead of following the usual practice of taking a taxi. She commented that she chose to expose herself and her partner to the potential risk of having the children in her car, as she felt it was better than exposing herself and the children to the risks from a taxi. Although she had gloves and a mask, she decided not to wear a mask 'as the children were scared and confused without having a stranger wearing a mask take them away'. She was unable to maintain a social distance from the children, having to carry the baby downstairs and hold the hand of the older one while crossing a road. She commented: 'there was no other option'. Similarly, she also came close to the foster carer. She 'made the choice to spend time with the children settling them in, as opposed to leaving', while recognising this increased the levels of risk to all parties. The social worker remarked that she felt 'anxious throughout', receiving little guidance or emotional support from her manager. She commented: 'I am used to assessing risk in others but now I

am a potential risk, and now I am at potential risk. This makes me feel very uneasy'. She concluded: '... despite how I was feeling I was determined to make the move as smooth and easy for the children as their move into foster care will be something they remember for ever'.

This example shows the social worker undertaking preparatory work digitally, making a video instead of introducing the children to the foster carers in-person. This was a caring and creative action, drawing on the social worker's sense of what would ease the transition and add some humanity and a personalised approach to the move. Her reflections indicate that she felt one video call was barely enough for her really to know what the children felt or wanted. However, when moving them in-person she gave of herself, using her own car, not using a mask, carrying and holding them and settling them into the foster home. This example illustrates how the use of digital technology enabled the move to happen and was integrated with physical presence. Preparatory thinking and careful logistical planning were required to accomplish this move, which show the respondent displaying the qualities of a good social worker – caring, thoughtful, competent, creative and committed to doing as good a job as possible.

The pandemic has called for a reworking and rethinking of what it means to be a good social worker, one key element of which has been to practise ethical creativity in integrating digital and in-person working.

Reflections on digital working during and post-pandemic

Four follow-up interviews were conducted with UK social workers in December 2020. These provided an opportunity for reflection on learning, and to hear how attitudes and practices had changed during the year and what might be the implications for social work in the future. Not surprisingly, social workers had become more used to, and competent in, digital communication and

were learning how to use it to good effect. The Deprivation of Liberty Safeguards manager, in common with other practitioners reported in recent literature (Pink et al, 2021; Ashcroft et al, 2021) concluded that for some people, especially young people and people with autism or communication challenges, on-screen assessment worked better. Whereas for others, particularly people experiencing confusion or dementia, it was challenging. His team planned to explore the advantages and disadvantages of online communication further, since it was important that this did not become the default option.

This theme was also picked up by a senior adoption social worker in interview, who by then had a lot of experience of working remotely. Talking about conducting online assessments with potential adoptive parents, she commented:

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 gave an example of a man with a lot of 'baggage' for whom online 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 to remote working, 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.

This adoption social worker encapsulates some of the advantages and disadvantages of digital communication in social work, which the pandemic has brought to the fore. With experience and reliable technology, and in the right context, digital communication can work well. However, its use

requires new skills and sensitivities in reading people's faces and voices, learning how to cultivate 'digital intimacy' and deciding when it would be potentially difficult or damaging to use it. Pink et al. (2021) point out the distinction between 'virtual social work', which was regarded by the Department for Education in the UK as comprising purely remote encounters to be used as a last resort because of the pandemic restrictions, and 'digital social work'. The latter, they argue, should be conceptualised as a 'hybrid' practice, in that it is both digital and physical simultaneously. The digital, they argue, is never separate from either the material (i.e. physical) environment and objects or social relations. Social workers making video calls, for example, are informed by what occurs in the physical world and everyday life. Pink et al (2021) further characterise digital social work as 'anticipatory' – with social workers thinking forward to future in-person visits. Their research also shows social workers sensitively and skilfully using both face-to-face and digital communication to pursue their work, including the use of more frequent communication between virtual or in-person visits via short digital messages (Ferguson et al, 2021). This is echoed in research by Mishna et al. (2020; 2021) in Canada, USA, Israel and UK, which shows widespread use of informal digital communication pre-pandemic in between, or to supplement, in-person contact, with an obvious increase during the pandemic.

Being a good social worker during a pandemic

Interspersing digital and in-person communication became more possible later in 2020 as not only had social workers gained more experience and confidence in the use of digital technology, but some rules on contact and travel were eased at various times in many countries, including the UK. However, the issue for our survey respondents in May 2020 was the rapid shift to digital communication as the default option, which severely challenged their deeply-felt sense of professional integrity – who they were as (ethically) good social workers and their sense of

themselves as caring, trustworthy, just and respectful. Social workers, along with many other professionals (and citizens communicating with families and friends), have had to learn how to develop trust, care and empathy online, and to make wise judgements about when face-to-face communication is necessary or beneficial.

If we regard social work as an embodied practice – involving being physically present for and with people, able to ‘contain and hold’ them (as the adoption social worker said), then careful consideration is needed in deciding the balance of digital and face-to-face working in the future. It will be important for social workers to be able to cultivate and use their professional wisdom to judge the right approach for particular people in particular circumstances to maintain trusting, caring and fair relationships for the future. This requires time, effort and a dialogical process with others – all of which have been in short supply during the pandemic. Yet it is precisely at such times that ‘slow ethics’ (Gallagher 2020) is important, that is: being prepared to make an effort, listen carefully, see and understand from other perspectives, consider alternatives and take action to change things.

Concluding comments

The survey responses showed many social workers in the early stages of the pandemic struggling with both the practicalities and ethical implications of digital technology. It seemed to offer limited and relatively impersonal communication, with no guarantee of privacy – a poor substitute for social workers’ physical presence, including the use of touch, smell and being there for people in distress. This challenged social workers’ conceptions of themselves as good social workers – caring, sensitive, trustworthy and ensuring confidentiality. However, as time went on, confidence with the technology grew and more in-person contact was permitted. This allowed for the possibility of both digital intimacy (as social workers became more skilled) and integration of digital and face-to-face working as judged appropriate.

The exercise of virtues is habitual and also requires sensitivity to context. The pandemic radically changed the context in which social work was practised. Whilst social workers generally knew what habitually counted as, for example, caring, respectful and just practice in ‘normal’ circumstances, in pandemic times many practices embodying these virtues became curtailed or unavailable. The contexts in which they were working were also in a constant state of flux, as infection rates rose and fell, new scientific information became available, and laws, policies and guidance changed. This meant social workers (along with everyone else), needed to be in an on-going state of *ethical vigilance*, to be alert to new ethical issues (such as being a risk themselves) and aware of the influence of their own stresses, fears and anxieties. This required much more cognitive and emotional effort in undertaking *ethical reasoning* than usual (including ethical creativity and imagination), to work out what would be a caring or just response in a particular situation, and above all, how to implement this in practice (*ethical logistics*). Intuitive professional responses could no longer be relied upon, and needed to be interrogated and questioned. These are all elements of ‘professional wisdom’ (phronesis in professional life). But the pandemic conditions of ‘ethical overload’ made more demands than usual on the exercise of professional wisdom, calling for a slower pace, more reflection and reflexivity, and the paying of particular attention to what our research identified as ethical vigilance, ethical reasoning and ethical logistics.

As mentioned in the introduction to this paper, the pandemic has both intensified and broadened the ethical dimensions of social workers’ practice. Hence professional wisdom needs to be cultivated for new and changing contexts. The concept of ‘cyber-wisdom’ developed by Harrison and Polizzi (2021) is certainly relevant to this broadening of scope, both for service users and social workers, drawing attention to the specific ethical issues raised by digital communication. What this study of social workers has also shown is the importance of measured and wise consideration of

when to use digital technology (as well as how), and when and how to integrate digital and in-person contact in order to be and become caring, just and respectful social workers.

Acknowledgements

I am grateful to the survey respondents and interviewees for giving their valuable time; Tian Cai and Nikki Rutter for research assistance; and IFSW, BASW and fellow members of the Social Work Ethics Research Partnership who worked on the international survey. The research was funded by Durham University through a small grant from the Economic and Social Research Council Impact Acceleration Account (reference ES/T501888/1).

References

- Aristotle (350 BCE/1954) *The Nichomachean Ethics of Aristotle, translated by Sir David Ross*, London, Oxford University Press.
- Arthur, J., Carr, D. & Kristjánsson, K. (2017) (eds) *Varieties of virtue ethics*, London, Palgrave Macmillan.
- Ashcroft, R., Sur, D., Greenblatt, A. and Donahue, P. (2021) 'The Impact of the COVID-19 Pandemic on Social Workers at the Frontline: A Survey of Canadian Social Workers', *British Journal of Social Work*, advance access, <https://doi.org/10.1093/bjsw/bcab158>
- Banks, S. (2018) 'Practising professional ethical wisdom: The role of 'ethics work' in the social welfare field', in Carr, D. (ed), *Cultivating Moral Character and Virtue in Professional Practices*, London, Routledge.
- Banks, S. (2021) *Ethics and Values in Social Work*, 5th edition, London, Red Globe Press.
- Banks, S., Cai, T., de Jonge, E., Shears, J., Shum, M., Sobočan, A.M., Strom, K., Truell, R., Úriz, M.J. and Weinberg, M. (2020a) *Ethical Challenges for Social Workers during Covid-19: A Global Perspective*,

- Rheinfelden, Switzerland, International Federation of Social Workers, <https://www.ifsw.org/wp-content/uploads/2020/07/2020-06-30-Ethical-Challenges-Covid19-FINAL.pdf>
- Banks, S., Cai, T., de Jonge, E., Shears, J., Shum, M., Sobočan, A.M., Strom, K., Truell, R., Úriz, M.J. and Weinberg, M. (2020b) 'Practising ethically during Covid-19: social work challenges and responses', *International Social Work*, **63**(5), pp. 569-583.
- Banks, S. and Gallagher, A. (2009) *Ethics in professional life: virtues for health and social care*, Basingstoke, Palgrave Macmillan.
- BASW (British Association of Social Workers) and Social Care Institute for Excellence (SCIE) (2020) *Digital capabilities statement for social workers*, <https://www.basw.co.uk/digital-capabilities-statement-social-workers>.
- Battaly, H. (2015) 'A Pluralist Theory of Virtue', in Alfano, M. (ed), *Current Controversies in Virtue Theory*, New York and Abingdon, Routledge.
- Berzin, S., Singer, J. and Chan, C. (2015) *Practice Innovation through Technology in the Digital Age: A Grand Challenge for Social Work*, Cleveland, OH American Academy of Social Work and Social Welfare.
- Besser-Jones, L. and Slote, M. (2015) *The Routledge Companion to Virtue Ethics*, Abingdon, Routledge.
- Ferguson, H. (2016) 'Making home visits: Creativity and the embodied practices of home visiting in social work and child protection', *Qualitative Social Work*, 17(1), 65-80
- Gallagher, A. (2020) *Slow Ethics and the Art of Care*, Bingley, Emerald.
- Goldkind, L., Wolf, L. and Freddolino, P. (eds) (2019) *Digital Social Work: Tools for Practice with Individuals, Organisations and Communities*, New York, Oxford University Press.
- Harrison, T. and Polizzi, G. (2021) *A Cyber-Wisdom Approach to Digital Citizenship Education: Insights from Adolescents and Parents*, Birmingham, Jubilee Centre for Character and Virtues, <https://www.jubileecentre.ac.uk/userfiles/jubileecentre/Final%20PDF%20Cyber%20Wisdom%20Report%20v2.pdf>

- Jackson, K. and Bazely, P. (2019) *Qualitative Data Analysis with NVivo*, 3rd edn, London: Sage.
- Jameton, A. (1984) *Nursing Practice: The Ethical Issues*, Englewood Cliffs, New Jersey, Prentice Hall.
- Mishna, F., Milne, E., Bogo, M. and Pereira, L. (2020) 'Responding to COVID-19: New Trends in Social Workers' Use of Information and Communication Technology', *Clinical Social Work*, <https://doi.org/10.1007/s10615-020-00780-x>
- Mishna, F., Sanders, J., Daciuk, J., Milne, E., Fantus, S., Bogo, M., Fang, L., Greenblatt, A., Rosen, P., Khoury-Kassabri, M. and Lefevre, M. (2021) '#socialwork: An International Study Examining Social Workers' Use of Information and Communication Technology', *The British Journal of Social Work*, Advance access, <https://doi.org/10.1093/bjsw/bcab066>.
- Oakley, J. and Cocking, D. (2001) *Virtue Ethics and Professional Roles*, Cambridge, Cambridge University Press.
- Pink, S., Ferguson, H. and Kelly, L. (2021) 'Digital social work: Conceptualising a hybrid anticipatory practice', *Qualitative Social Work*, Advance access, DOI: 10.1177/14733250211003647.
- Rutter, N. and Banks, S. (2021) *Rethinking Rights, Responsibilities and Risks: Ethical Challenges for UK Social Workers during Covid-19*, Birmingham, BASW, <https://www.basw.co.uk/system/files/resources/rethinking-rights-responsibilities-and-risks.pdf>.
- Shale, S. (2020) 'Moral injury and the Covid-19 pandemic: reframing what it is, who it affects and how care leaders can manage it ', *BMJ Leader*, 4, pp. 224-227.
- van Zyl, L. (2015) 'Against Radical Pluralism', in Alfano, M. (ed), *Current Controversies in Virtue Theory*, New York and Abingdon, Routledge, pp. 22-33.
- Weinberg, M. (2009) 'Moral Distress: A Missing but Relevant Concept for Ethics in Social Work', *Canadian Social Work Review / Revue Canadienne De Service Social*, 26(2), pp. 139-151.

Zgoda, K., and Kryss, S. (2018) 'Digital Literacy in Social Work Education: A Case Study Incorporating Technology and Social Media Within the Social Work Curriculum', *Journal of Nonprofit Education and Leadership*, 8 (1)