

Introduction

This continuing professional development resource comprises vignettes depicting ethical challenges faced by social workers in the UK during the Covid-19 pandemic. Each vignette is accompanied by a series of questions that can be used to stimulate reflection by individuals, or by groups in professional supervision/support meetings and education and training contexts.

The learning objectives are for participants to:

1. Develop their skills in ethical analysis (identifying ethical issues in complex scenarios and deliberating possible judgements and courses of action); and
2. Gain new perspectives on the nature of ethical practice and the value of taking time for slow, reflexive deliberation in contexts where social workers may feel pressure to make quick decisions and take action.

'Slow ethics' involves taking time to stop, analyse, reflect, and, if necessary, reconsider initial reactions and emotional responses in situations where matters of rights, responsibilities, harms and benefits are at stake. It entails noticing and taking account of specific features of people and circumstances that call for a tailored response (see Gallagher, 2020; Banks, 2021, ps 224, 232). It also requires consideration of professional ethical values and principles relating to human rights and social justice and attention to professional integrity (consistently upholding professional values). The BASW (2021) code of ethics outlines the important values and principles, but how they are prioritised and put into practice is a matter for social workers to work out in each situation.

During pandemic conditions, our habitual judgements and responses may be compromised as we encounter new risks, services are restricted, existing practices and policies may be unfeasible and new ones regarded as unfair. The weight given to certain values may need to be changed. For example, promoting the health and safety of individuals and the public may have to come before respect for people's dignity and confidentiality. The ethical guidance published by the International Federation of Social Workers (IFSW, 2020), based on responses to a global survey on ethical challenges, is useful in suggesting how new considerations might be taken into account and values may need to be reprioritised.

The vignettes are based on accounts of ethical challenges during the pandemic given by UK social workers in response to an international survey in May 2020 (for reports on the international survey and on the UK responses, see Banks et al, 2020a, 2020b; Rutter and Banks, 2021). Some vignettes are largely as written by the social workers, others have been summarised. All the situations depicted are real.

Use of the vignettes in groups. In a group supervision or training session, one or two vignettes might be selected as a focus for discussion. Participants could also be invited to share examples from their own practice that raise similar or related issues, with due regard for anonymity of the people involved and confidentiality of sensitive information. It is helpful to have a facilitator who can move the discussion on and ensure there are some ground rules regarding respectful group processes and confidentiality of disclosures. Further guidance on group process and facilitation is in the practice toolkit published by BASW (Kong, Noone, Shears et al, 2021).

A threefold framework for thinking about ethical practice is outlined below. The questions attached to each vignette draw on this framework.

1

Ethical vigilance – being alert and sensitive to the ethical dimensions of practice when under pressure. This entails a heightened awareness of our own stresses and the need to counteract the tendency to rush, make judgmental remarks or fail to see potential harms or infringements of rights. This encapsulates ‘moral perception’ – the capacity to notice and foreground ethical issues that may be hidden, and to see situations from several perspectives.

Questions we might ask include:

- What are the ethical issues in this situation?
- Are there unusual ethical issues due to contextual factors (e.g. Covid-19) that we need to look out for?
- Is there a danger of reacting too quickly and judgementally due to our own stress and work pressures?

2

Ethical reasoning – deliberating about how to balance different needs, rights, responsibilities and risks; weighing harms and benefits; judging what is the right approach or course of action; and justifying any decisions made. Due to new risks and reduced services, more weight may be placed on public good, safety and minimising health risks than in ‘normal’ circumstances. Hence the practice of slow, ethical reasoning is more important, as a process of rethinking and recalibration of values and principles has to take place.

Questions we might ask include:

- What is the right approach or course of action in this situation?
- What reasons or arguments might we use?
- Bearing in mind the risks and restrictions, how do we balance the rights and responsibilities of all parties?

3

Ethical logistics – working strategically and practically to act on ethical judgments and decisions, promoting service users’ welfare and respecting their dignity and rights as far as possible in constrained circumstances. This often involves complex work-arounds and time-consuming processes, including making efforts to resist unfair or unnecessary restrictions and find creative solutions to resource shortages.

Questions we might ask include:

- How can we carry out the right course of action?
- In the context of risks and restrictions, what creative strategies and new resources are needed?

The vignettes

The vignettes are arranged in sections under two broad themes, while a third section offers a framework for analysing an example drawn from social workers' own practice:

- I. Risk-taking, safety and safeguarding
- II. Rights and responsibilities
- III. An example from your own practice

To aid reflection on the ethical challenges and critical thinking about how to navigate them, we have provided some guidance for questions, underpinned by the threefold framework: *ethical vigilance*; *ethical reasoning*; and *ethical logistics*.

Section I: Risk-taking, safety and safeguarding

Social workers are accountable for their actions to the people with whom they work, their colleagues, employers and professional associations. They also work within legal frameworks. The IFSW *Global Statement of Ethical Principles* states that "these accountabilities may conflict, which must be negotiated to minimise harm to all persons" and that decisions should be "informed by empirical evidence; practice wisdom; and ethical, legal and cultural considerations" (IFSW, 2018).

In this section, the vignettes feature risk-taking, safety and safeguarding as key issues for debate and analysis as follows:

- Vignette 1.** Challenging blanket rules in residential care: advocating for a looked after young person.
- Vignette 2.** Deciding whether to proceed with an adoption at the start of a national lockdown.
- Vignette 3.** Expressing concerns about changes to prescriptions at a drug and alcohol service.

Vignette 1. Challenging blanket rules in residential care: advocating for a looked after young person

This scenario is from a therapeutic social worker working with looked after children in a local authority.

One of the primary concerns of people caring for looked after children has been the removal of 'structure' - routines that are important for predictability and consistency. Many looked after children have come from environments with the opposite atmosphere - tension, hostility, high degrees of inconsistency or lack of supervision. This leads to difficulties with emotional regulation, usually responses that are angry in nature. With support, the children and young people can find a strategy to manage this.

I work with a 15-year-old girl, Lisa, who is living in residential care. She has experienced significant domestic violence over a sustained period and has had a number of one-to-one sessions with me to help her manage the impact of this. Lisa has become conscious of the impact that experiencing domestic abuse has had upon her emotions and ability to regulate big feelings. One of Lisa's strategies in managing anger was to go for a walk outside around the locality of the residential home. Following the lockdown in the UK, walking has been restricted to once per day. The young people in the residential home were advised that if they left unauthorised, they were likely to be arrested by local police. The policy of the local authority was to ensure that the young people firmly adhered to the 'stay at home' advice. Lisa complained that she needed to leave the home for a walk on the odd occasion that she felt anger rising. She cited the fact that staff in the home usually went with her or encouraged her to do so, and was therefore upset that this could not take place.

I agreed with Lisa's position, that she needed to go for a walk outside when she felt herself getting angry and communicated with the team manager about Lisa's concerns. The manager advised that the restriction on walking outside was the policy of the local authority management. However he had some sympathy, given that children with disabilities such as ASD were exempted from the rule. He requested a written response with my thoughts about challenging this. Following a discussion with my colleagues/peer professionals, I submitted a response, which included the following:

Looked after Children (LAC) have all experienced developmental trauma to some degree and their emotional reaction and responses to any external stressful situation (such as this) are likely at times to be lacking the kind of understanding and reaction we would want. If we consider further that as LAC, they will have attachment difficulties; their own particular attachment strategy will be triggered when feeling stress or a sense that they are not safe in some way. This can be maladaptive, but as the young people are well known to staff, it is generally managed: e.g. needing to go for a walk around to cool off, if feeling angry.

The main issue at hand I felt was for local authority to adopt a more flexible and understanding response to particular young people. I also suggested a conversation with the neighbourhood community police officer to ensure no unnecessary intervention was made. I imagined this situation being replicated across the country. Although there is a need for health and safety, I was concerned that some young people were not trusted to leave the home and return without having close contact with others. If this happened and they did not return or flouted any social distancing rules, then a sanction would be necessary but not beforehand. Some looked after children are highly stressed by the Covid 19 outbreak, and being creative and flexible around supporting them is very important in my view.

Vignette 1: Questions for discussion

- 1. Ethical vigilance:** What do you think are the ethical issues in this scenario (matters of rights, responsibilities, harms and benefits)? Consider the perspectives of the various parties involved.
- 2. Ethical reasoning:** Do you think Lisa has a right to walk outside the home more than once a day? What reasons would you give for your answer? Consider the safeguarding risks if Lisa does/does not have an option to walk when she is feeling stressed; and the risks to the public and other residents if she does go out more frequently.
- 3. Ethical logistics:** The social worker had to take several steps to advocate for Lisa's rights and manage the safety of Lisa and others. If you were Lisa's social worker, what might you have done differently in this situation?

Vignette 2: Deciding whether to proceed with an adoption at the start of a national lockdown

This scenario was written by a senior social worker with a local authority adoption service.

I work with a family of prospective adopters who have waited over four years for a match. They have had a very heart-breaking adoption journey and have had some significant disappointments along the way. However, I have always felt that they have a great deal to offer a child. I identified a potential match for them in Autumn 2019. It was a very good match in terms of what they can offer, and the child's needs. This is a rare relinquishment, so birth mother has given written consent to the adoption and the child is a young baby boy, Jordan. The couple was successfully matched at our adoption panel in late February 2020 and this was ratified three weeks later.

During this time, Covid-19 started spreading in the UK and it looked increasingly likely that the country would enter into some form of a 'lockdown' shortly. On top of this, the baby's foster carer took ill (not Covid-19) and was hospitalised for several days. Discussions were had amongst social workers, the adopters, foster carers and managers about what to do if a 'lockdown' happened, and it was agreed to bring the start of the introductions period forward a few days. While the foster carer was still recuperating, she was willing to proceed as she didn't want there to be any further delay. She had prepared her four-year old daughter for the baby to be moving on the following week. Just prior to this, our Department was told to work exclusively from home. The child's social worker was able to oversee the start of introductions, but we could not have in person meetings (add to this that one social worker involved was heavily pregnant and I am on immune suppressing medication, so both at higher risk).

Introductions started well and it was very positive, but four days into the introductions, 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 Jordan 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 on the pavement and watching the adopters come out the door with Jordan in a baby carrier and getting them to sign the last of the placement paperwork in the car.

Our reasoning was that we had no idea how long the lockdown would last (we are now well into week six of this, week seven for those of us told to work from home the week before), so we would be creating significant delay. Jordan was only six months old, so in six weeks, we would have had to start introductions all over again as he would not have remembered them. The foster carer would have then been trying to explain to her four-year old why the baby wasn't moving next week as planned and would have had to go through the process of preparing her again. On top of that, as she had not been well, she (reluctantly) knew that she needed the break from fostering to recover and it was better that he moved as planned. Stopping introductions would have been devastating to my adopters who have waited so long and have already experienced heart-break throughout their adoption journey. Another consideration, and easy to forget, is that birth mum agreed to the adoption. She is very young and very much wanted things done quickly so she could move on with her life. Delay wouldn't just cause delay for the child, but for her too. The introductions process builds up day by day with the adopters gradually taking over care from the foster carers. If we moved him the day of the lockdown start, that would have cut into the process of handing over care (and at that stage, he hadn't been to the adopter's home yet), and would have been more disruptive. Sticking with the plan and moving him two days later gave him the time to adjust to being cared for by his new family.

Everyone was complying with other preventative measures such as frequent handwashing and minimising contact with those outside of the home anyway. The two families didn't live far from one another, so journey times would be minimal. So in essence, we told the adopters and foster carers to go against government guidance on social distancing in order for him to move as planned. (Legislation hadn't actually passed through Parliament at this stage, so I would hesitate to say that we encouraged them to break the law). I had advised my couple that if they were stopped by police travelling between their home and the foster carer's home to have the police ring me directly and I would explain that their journey was essential and sanctioned by the Local Authority. Thankfully that didn't happen, but the anxiety was there.

The placement has gone very well, all things considered. The adopters are homebodies, so staying at home most of the time with their new son is everything they could have wished for. But in the meantime, they have not been able to introduce him properly to the rest of his new family, and have not been able to rely on any practical support from their support network. Neither myself nor the child's social worker have been able to physically visit him since he was placed. While we have both been speaking with the family regularly through video calls, can we really assess how a baby is when we can't physically be present or pick him up? Is that potentially creating undue risk? Is it right in my role as an adoption support social worker to put adopters in the position of being new parents when they can't physically access their support network? Even doing routine things like registering him with their GP has been difficult in the current crisis.

Vignette 2: Questions for discussion

- 1. Ethical vigilance:** What are the ethical issues this scenario raises? Think about the perspectives of not only the social worker, but also the foster carer, the adoptive family, the birth mother and baby Jordan.
- 2. Ethical reasoning:** Do you think the social worker made the right decision, and why? Consider what social work values and principles underpinned the social worker's decision, and what might be the arguments for and against proceeding with the adoption?
- 3. Ethical logistics:** What are your thoughts about how the social worker's practice enabled the adoption to go ahead? Would you have done anything differently?

Vignette 3: Expressing concerns about changes to prescriptions at a drug and alcohol service

This scenario was written by a social work student.

My second-year placement was working at a drug and alcohol service as a care coordinator. The service is responsible for over 300 people, many of whom are on prescriptions. To reduce the number of people visiting pharmacies [during the first Covid-19 lockdown], clients were given two weeks supply of their prescription at a time. In some cases this meant giving people two litres of methadone, therefore risking re-sale, overdose and potential poisoning to children or other vulnerable people. This decision was made by the top levels of the organisation, with the consultation of clinical experts. It was then handed down to our service's doctor and NMP [non-medical prescriber], who had to change every single prescription, and sign their name to the changes, knowing that if anyone was harmed from the increased prescription they'd be held responsible. It was then up to myself and the other care coordinators to contact each client and have a discussion about the script changes and how important it is that they are responsible. 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.

Vignette 3: Questions for discussion

1. **Ethical vigilance:** What are the ethical issues raised in this example in terms of risks, safety and safeguarding? Consider the perspectives of all the people and organisations you think have a stake in this situation.
2. **Ethical reasoning:** Do you think it was ethically right to give a prescription for a two-week supply? What are the arguments for and against this course of action?
3. **Ethical logistics:** From a social work perspective, what other ways might there be of dealing with this situation?

Section II: Rights and responsibilities

As the BASW (2021) *Code of Ethics* points out, ethical problems often occur because social workers have to manage conflicting interests and rights, and have a role to support, protect and empower people, as well as having statutory duties and other obligations that may be coercive and restrict people's freedoms. However, social workers should only take actions that interfere with people's civil or legal rights if it is ethically, professionally and legally justifiable.

The following vignettes illustrate such tensions between the rights of service users, and the responsibilities of social workers. The vignettes offer the opportunity to reflect on how to navigate difficult ethical decision-making:

Vignette 4: Responding when personal care needs are unmet.

Vignette 5: Decision-making in changing conditions: arranging care for an older woman at home.

Vignette 6: Deciding whether to challenge racism.

Vignette 7: Handling issues of capacity and self-determination.

Vignette 4: Responding when personal care needs are unmet

This scenario is from a hospital social worker, who was required to transfer his work to a community setting

George had recently been discharged back home after a short visit to the acute ward in hospital. Since the Covid-19 pandemic, the multi-agency hospital teams and therapeutic interventions have stopped and patients are discharged back home, some with Covid-19, within the first 24 hrs under the discharge to assess pathway. This pathway ensures that everyone has a package of care at discharge which is not costed to them at point of delivery.

George has been supported at home with his care needs through a care provider, although this is limited to three times a day. I have been instructed to carry out discharge to assess part B assessments whilst wearing PPE and observing the two-metre distance requirements. I visited George at his home in the community and found him soiled due to incontinence. I called the care provider immediately who stated there was no carer available at present and someone would call around later that day to help him.

It was unclear how long it would take the carers to visit George that day, and leaving him soiled was not respectful of his dignity. However assisting him in his personal care needs – when I am not a carer – was also not ideal in respecting his boundaries. We had been instructed to remain two metres apart when completing assessments, and I have no training in moving and handling, which would limit risks to both George and me.

Nevertheless, I decided to break the two-metre rule and help George. I did not want to leave him soiled for potentially a prolonged period of time and increase his discomfort.

Vignette 4: Questions for discussion

- 1. Ethical vigilance:** What are the ethical issues in this case? Consider the perspectives of George, the social worker and the care providers.
- 2. Ethical reasoning:** Do you think the social worker made the right decision, and why? Consider the arguments for and against helping George, including the role of the social worker's duty of care and other social work values and principles relevant to this scenario.
- 3. Ethical logistics:** In order for the social worker to carry out his decision to assist George in his personal care needs, what might the social worker actually say and do in order to preserve as much dignity and privacy as possible for George? Were there any other alternative courses of action the social worker could have taken?

Vignette 5: Decision-making in changing conditions: arranging care for an older woman at home

This scenario is from a student on placement in local authority adult services.

Nadia is an older woman with dementia, who can't speak. She lives at home with her son, who is her main carer. He has mental health problems himself. Nadia is assisted four times a day to get up, wash, dress and go to the bathroom by carers from an agency and her son. Nadia's desire has always been to stay at home, but her mobility has been reduced so much that she needs two caregivers to move around. Family and professionals involved in the case have stated that it is in Nadia's best interest to remain in her home.

During the Covid-19 lockdown, shortages of staff at the agency meant it was impossible for them to continue to assist Nadia. So, she moved temporarily to a residential care home while I made a decision in her best interest about how to address her needs permanently. I faced a dilemma in deciding between two options: 1) permanent transfer to a residential home where continuous professional assistance would be ensured; or 2) stay at home with some assistance from the care agency and help from her son.

My decision was that she should remain in her home with the assistance of agency carers and her son. This was based on the opinions of other professionals involved in the case, and the willingness of Nadia and her son to make this option work. As a student, my decision was supported by my placement supervisor.

One week later, Nadia has lost more mobility and the care agency cannot get her out of bed. She remains in bed day after day, and because of Covid-19, the agency reduces her hours of assistance, resulting in increased family assistance. This in turn increases the mental stress on her son as the main carer, with the consequential impact this can have on Nadia. I wonder now whether my decision was the right one, or would she have been better served in a permanent residence?

Vignette 5: Questions for discussion

- 1. Ethical vigilance:** What are the ethical issues in this case? Consider the perspectives of Nadia, her son, the care providers, and staff and residents in any potential residential home. Consider how Covid-19 adds an extra element of uncertainty and complexity to this scenario.
- 2. Ethical reasoning:** Do you think the student made the right initial decision, and why? What reasons would you give? Consider the social work values and principles relevant to this scenario.
- 3. Ethical logistics:** If you were supervising this student, what steps would you take to support their decision-making? Consider what would have to happen if the student (in consultation with the son and supervisor) decided that it was now in Nadia's best interests to move into residential care: how would Nadia's safety and dignity be prioritised?

Vignette 6: Deciding whether to challenge racism

This scenario was written by a social work student, working for an NGO. The student identified as a BAME man.

I am making befriending phone calls to Geoff, who is clearly isolated and has history of depression. He is somewhat racist towards BAME, which I am. I am the only person calling him, as he has no one else to ring him. Should I report him as being racist, he'll be dropped from the service, effectively meaning zero contact with the outside world. I don't like him being racist, but I want him to be able to express himself. If I inform him that I am BAME, I fear he might withdraw. If I report him, I fear he will be dropped and extremely isolated. If I keep it going, I feel I am encouraging him. I decided to keep it going until the lockdown is over, before reporting it.

Vignette 6: Questions for discussion

- 1. Ethical vigilance:** What are the ethical issues in this scenario? Consider what might be the perspectives of George, the student and the student's practice teacher (not mentioned in the vignette). Consider how Covid-19 adds an extra element of uncertainty and complexity.
- 2. Ethical reasoning:** The social work student identifies three courses of action:
 - a) Inform the man that the social work student is BAME.
 - b) Report the man to the NGO.
 - c) Say nothing about being BAME and keep going until the lockdown ends.

What would you do if you were the social work student: a), b), c) or some other course of action? What reasons would you give? Consider what social work values and principles are at stake in this scenario.

- 3. Ethical logistics:** If you were the student's practice educator, what advice would you give to him about how to tackle this situation now? If you were the student, how would you plan to handle the situation after lockdown?

Vignette 7: Handling issues of capacity and self-determination

This scenario is summarised from an account given by a Mental Capacity Act/Deprivation of Liberty Safeguards Team Manager working for a local authority.

My team was asked to assess a young man, Tom, who had diagnoses of learning disabilities and hearing impairment. Tom was living in a care home supported by the local authority. There had never been any previous restrictions on his movement, and he had always been able to go to the local shops when he wanted. When the Covid-19 emergency started in the UK, public health restrictions were imposed, requiring people to remain at home except for specified purposes. Tom did not want to abide by the restrictions and wanted to continue to go out into the community as previously. The care home manager was concerned that Tom would be putting other residents at risk of Covid-19 infection if he continued to go outside. The manager also became concerned that Tom did not have the mental capacity to make decisions about whether to follow the restrictions. The care home manager applied for a Deprivation of Liberty Safeguards (DoLS) authorization for Tom.

The assessment process, I think, for that man worked pretty well. I asked a particular assessor to do the assessment for a number of reasons. Firstly, he's a qualified Approved Mental Health Professional, so he's got a broad understanding of mental health issues. Secondly, he's male, and I just had a feeling that having a male assessor for a young man might work better and encourage him to open up. And I knew that he was probably the most technologically savvy member of the team. So, if there was some issue about getting technology to work, then he was the person to do it.

The DoLS assessor spoke to the local authority's Sensory Team to find out more about Tom. The advanced practitioner in the team advised the assessor that Tom could communicate via British Sign Language (BSL) but was sometimes reluctant to do so, as he did not always want to identify as Deaf. The DoLS assessor spoke to Tom via Skype with a BSL interpreter, as they were able to get Tom on screen, plus the BSL interpreter, plus the assessor and it worked well.

The assessor's view was that Tom did have the capacity to understand the restrictions, but was unwilling to follow them. This was before the government guidance changed around lessening the restrictions on people with support needs, who might be particularly disadvantaged if their routines were to be changed significantly.

Vignette 7: Questions for discussion

- 1. Ethical vigilance:** What are the ethical issues in this case? Consider the scenario from the perspectives of Tom, the care home manager, the DoLS manager, the assessor, the interpreter and the other residents in the care home.
- 2. Ethical reasoning:** What do you think is the right course of action in the situation described at the end of the vignette, after Tom was assessed as having capacity? Bearing in mind the risks and restrictions, how do we assess and balance the strengths, needs, rights and responsibilities of the different stakeholders?
- 3. Ethical logistics:** Undertaking the assessment to ensure it was as fair and informative as possible was a complex operation. What might be the impact of digital technology on the assessment, both as an enabler of communication and as a barrier?

Section III: An example from your own practice

Now think about an example from your own practice that raised ethical issues for you. Prepare a brief summary of the main points. You may wish to explore this using the ethical framework given at the start of the document. You can do this by yourself, or as part of a group discussion or training session. If the latter, then ensure your example is anonymised and there is a group understanding about confidentiality.

Questions

- 1. Ethical vigilance:** What are the ethical issues in this situation? Are there unusual ethical issues due to the pandemic that we need to look out for? Is there a danger of reacting too quickly and judgementally due to our own stress and anxiety?
- 2. Ethical reasoning:** What is the right approach or course of action in this situation? What reasons or arguments might we use? Bearing in mind the risks and restrictions, how do we balance the rights and responsibilities of all parties?
- 3. Ethical logistics:** How can we carry out the right course of action? In the context of risks and restrictions, what creative strategies and new resources are needed?

Reflecting on the outcomes

If the example you have chosen is in the past (rather than being a current ethical problem or dilemma), and you are reflecting on it yourself, then you might ask some further questions (adapted from IFSW, 2020):

1. Did the situation turn out as I had hoped?
2. If it did not, is there anything I can do now to remediate the situation?
3. Is there any option I overlooked or wish I had done differently?
4. Were ethical principles well-served by my actions?
5. What learning can I take from this and apply in the future?

Alternatively, you may wish to complete and upload your regulator's CPD template to reflect on practice, outcomes, and learning. Considering your example through the lens of an ethical framework, personal reflection, discussion with colleagues, or conversation with service users helps to build social workers' ethical competence and inform future decisions.

Supporting resources & references

Supporting resources *(full details in References)*

- British Association of Social Workers (2021). *Code of Ethics*, BASW: Birmingham, www.basw.co.uk/codeofethics forthcoming
- International Federation of Social Workers (2018). *Global Social Work Statement of Ethical Principles*, www.ifsw.org/statement-of-ethical-principles/?hub=main
- International Federation of Social Workers (2020). *Practising during Pandemic Conditions: Ethical Guidance for Social Workers*, www.ifsw.org/practising-during-pandemic-conditions-ethical-guidance-for-social-workers
- Rutter, N. and Banks, S. (2021). *Rethinking Rights, Responsibilities and Risks: Ethical Challenges for UK Social Workers during Covid-19, A report*, www.basw.co.uk forthcoming
- Kong, S.T. et al. (2021) *Practice Toolkit for Social Workers in Times of Transformation: A Reflective Activist Approach*, www.basw.co.uk forthcoming

References

- 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, 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): 569-583, <https://doi.org/10.1177/0020872820949614>
- British Association of Social Workers (BASW) (2021) *Code of Ethics*. BASW: Birmingham, www.basw.co.uk/codeofethics forthcoming
- Gallagher, A. (2020) *Slow Ethics and the Art of Care*, Bingley: Emerald Publishing.
- International Federation of Social Workers (2018) *Global Social Work Statement of Ethical Principles*, Rheinfelden, Switzerland, International Federation of Social Workers, www.ifsw.org/global-social-work-statement-of-ethical-principles
- International Federation of Social Workers (IFSW) (2020). *Practising during Pandemic Conditions: Ethical Guidance for Social Workers*, Rheinfelden, Switzerland, IFSW, www.ifsw.org/practising-during-pandemic-conditions-ethical-guidance-for-social-workers
- Kong, S.T. and Noone, C. with Pharoah, C., Quintana, A., Roberts, W., Shears, J., Sildatke, K., Thanki, V., Wills, D., Banks, S., Charnley, H., Hawkes, S., Smith, R. and Stepanova, E. (2021) *Social work during COVID-19: learning for the future. Challenges, best practice and professional transformation*, Birmingham: BASW, www.basw.co.uk forthcoming
- Kong, S.T., Noone, C., Shears, J., Roberts, W. and Banks, S. with Charnley, H., Hawkes, S., Pharoah, C., Quintana, A., Sildatke, K., Smith, R., Thanki, V. and Wills, D. (2021) *Practice Toolkit for Social Workers in Times of Transformation: A Reflective Activist Approach*. Birmingham: BASW, www.basw.co.uk forthcoming
- Rutter, N. and Banks, S. (2021) *Rethinking Rights, Responsibilities and Risks: Ethical Challenges for UK Social Workers during Covid-19, A report*, Birmingham, BASW, www.basw.co.uk forthcoming

Acknowledgements

Thank you to all the social workers, students and academics who took time away from their busy lives to share their insights and experiences, from which this resource is derived.

We are also grateful to BASW for support and for distributing the survey in the UK, and Durham University for financial assistance via the Economic and Social Research Council Impact Acceleration Account.

Published by BASW, May 2021

Cite as: Banks, S., Rutter, N. and Shears, J. (2021) *Ethical reflections in challenging times: A resource for social work practitioners and educators* Birmingham: BASW.

Users are welcome to quote from this document so long as the source is correctly cited as above. Unattributed quotes are forbidden under copyright protection.

www.basw.co.uk