



Pandemic Ethics and Beyond: Creating Space for Virtues in the Social Professions

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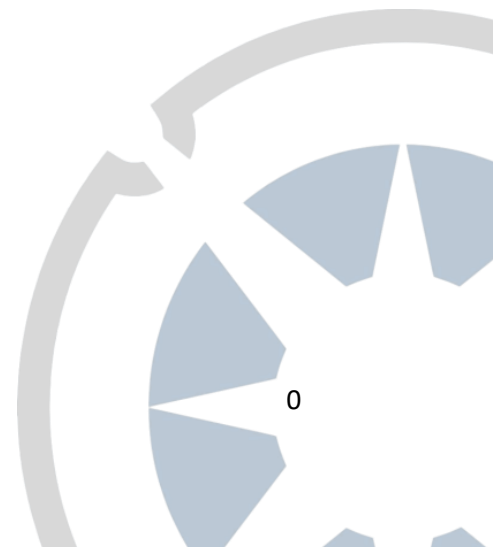
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Introduction

This paper draws on international empirical research on ethical challenges during Covid-19 conducted with social workers during 2020, illustrated with examples from the UK. During the pandemic, social workers, like many other professionals, operated in 'crisis conditions'. Some existing rules/protocols were not operational, many services were closed/curtailed, and new 'blanket' rules often seemed inappropriate or unfair.

These experiences provide fertile ground for exploring the role of virtues in professional life, and for considering the lessons learnt for professional ethics in the future. Although interest in virtue ethics in the professions has developed considerably during the last 10 years, stimulated by the work of the Jubilee Centre, in the social professions virtue ethics has tended to remain at the level of academic literature rather than being integrated into professional practice. Some theorists espouse a virtues-based approach to professional judgement and decision-making as an antidote to managerialism and rule-based codes and procedures, and policy reviews advocate greater space for professional discretion. Yet how can and do practitioners manage the apparently contradictory discourses and demands of professional discretion and public accountability?

This paper explores the ethical space created during the pandemic as practitioners drew more on their 'inner resources' and professional discretion than usual, displaying virtues such as professional wisdom, care, respectfulness and courage as they took account of the specific contexts of their work, rather than simply adhering to blanket rules. It argues that exploring ethical practice through a virtue ethical lens provides valuable lessons for 'building back better' in social work and many other professions.

The importance of virtues and virtue ethics during Covid-19: some views from the literature

Much scientific and political debate about how to respond to Covid-19 has tended to feature macro-level consequentialist arguments based on weighing up harms and benefits of various courses of action. Nevertheless, deontological, rights-based and virtue ethical concerns have also been very much in evidence in public discourse. Each blanket restriction introduced by governments or institutions for the 'public good' engendered debates not only about weighing public health against economic damage, but also protection of vulnerable people against the individual freedom of others and being just in the distribution of scarce resources against being caring to a particular person in need. According to virtue ethics, being just and caring in particular situations would be regarded as manifestations of the virtues of justice and care. Drawing on a broadly neo-Aristotelian view of virtue ethics, I regard a virtue as a good character trait or moral quality of a person that entails a disposition to feel, think and act to promote human and ecological flourishing, involving both the motivation to act well and, typically, the achievement of good ends. Virtue ethics takes the character of the person as a moral agent as its central focus, as opposed to consequences or actions (Banks and Gallagher, 2009).

Not surprisingly, there have been several calls in the literature to recognise the importance of virtues in general, and some virtues in particular, in coping with and responding to challenges generated by the pandemic (Hughes, 2020; Castillo, 2021; Galang et al., 2021; Fowers et al., 2021). This literature highlights the value of virtue ethics in both describing and prescribing the moral qualities, attitudes and actions of politicians, service providers and citizens. This entails shifting our focus from macro-ethical concerns at population level to micro-ethical practices of everyday life – how we treat each other, and what kinds of people we are.

Hughes (2020), a former UK medical consultant writing against the backdrop of dilemmas for health care professionals in 2020, comments: 'Now more than ever, in the midst of the COVID-19 pandemic, we need the virtues and the insights that virtue ethics afford us'. He suggests that medical professionals might ask themselves questions about whether they can be gentle and humane in the decisions they make, or brave in conveying bad news, for example. Two articles by theologians, writing in the field of public health, argue for the virtues of compassion (Castillo, 2021) and solidarity (Galang et al., 2021) in response to Covid-19. However, while calling for and asserting the importance of virtues and virtue ethics, none of these articles (which are relatively short blog posts or correspondence) offers a coherent account of the nature of virtues or virtue ethics. This gap is filled by Fowers et al. (2021) in a psychology journal article, which develops an in-depth and carefully argued case for the role of virtues during Covid-19. Fowers et al. highlight the roles of courage, justice and practical wisdom in pandemic conditions of increased risk, injustice and complexity. Arguing from the perspective of neo-Aristotelian virtue ethics, they draw on some of the research and scholarship of the Jubilee Centre for Character and Virtues over the last 10 years, in particular recent work on practical wisdom to which Fowers has contributed (Darnell et al, 2019; Kristjánsson et al, 2021).

The approach taken in this paper

The articles discussed above argue for the importance and usefulness of particular virtues and insights from virtue ethics based on generalised accounts of the challenges faced in health care, public health and everyday life during the pandemic. In this paper I take a different and complementary approach, drawing on empirical research on the specific, real-life ethical challenges reported by members of one profession – social workers. This enables understanding of the contextual details and dynamics of social professionals' lived experience of risk, injustice and complexity, and how virtues might be called for and manifested in daily practice. It is important to stress that the empirical study, which will be described in more detail later, was not designed as a study of virtues or virtue ethics *per se*. It was a study of the nature of the ethical challenges faced by social workers, based on self-reported written accounts given in May 2020. However, it has relevance to the interest in the role of virtues and insights from virtue ethics during the pandemic as it contributes both a picture of the contexts in which social workers were practising (specific situations embodying high levels of risk, injustice and complexity) and their micro-ethical responses and reflections. Given the importance of context and particularity in virtue ethics, hopefully this paper can make a contribution to the literature on virtue ethics and the Covid-19 pandemic. The articles mentioned earlier argue that the conditions created by Covid-19, including restrictions introduced in response, call for virtues. This paper will elaborate further on the nature of pandemic conditions illustrated by the experiences of the social work profession. These experiences have similarities with those of other professions, including health care, but also some unique features.

The role of social workers

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, charitable or private organisations. Traditionally their work focuses 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.

Different countries experienced rises in Covid-19 infection rates at different times and imposed restrictions on their services and citizens in varying degrees. However, by May 2020 the impact of Covid-19 was being felt, or anticipated, in most countries around the world, with many introducing restrictions on people's movement and contact. For social workers this often entailed offices being closed initially, with requirements to work from home and to undertake virtual or telephone meetings and assessments. Personal protective equipment was in short supply. Many support services to which social workers might refer people were unavailable, such as foster placements for children or day centres for people with disabilities (for a picture of conditions for social workers around the world and their responses see Truell and Compton, 2020; for the UK see Kong et al., 2021).

A qualitative survey on ethical challenges during Covid-19

In May 2020, the Social Work Ethics Research Group (an international group of academics) in partnership with the International Federation of Social Workers (IFSW), conducted an online survey of the ethical challenges faced by social workers around the world during Covid-19. It was designed to be simple to complete, with the aim of identifying the ethical challenges and preparing guidance for practising ethically during pandemic conditions. In addition to seeking demographic and employment-related information from each respondent, there were two main substantive questions:

1. Briefly describe some of the ethical challenges you are facing/have faced during the Covid-19 outbreak? (Ethical challenges are situations that give you cause for professional concern, or when it is difficult to decide what is the right action to take. This may be a situation facing you, or something you have come to hear about from others).
2. Please give more details of a particular situation you found ethically challenging. This might be 1 to 2 pages long and might cover:
 - a) *The background* to the situation: your role and responsibilities, the organisational context, any relevant legal or cultural issues.
 - b) *What happened* and who was involved: what you and others said and did.
 - c) *If you made a decision*, what was the decision and what was the reasoning behind it? Did you consult with anyone else?
 - d) *What was your emotional response* (e.g. any positive or negative feelings)?
 - e) *What further reflections* do you have on this situation afterwards?

Methodologically, the research took a narrative ethics approach – that is, seeking participants' own qualitative accounts of their experiences, framed within an ethical lens. Narrative ethics places value on the use of stories as a way of eliciting first-hand accounts of people's experiences of situations, which also serve to define and develop their ethical identities (Brody and Clark, 2014).

Invitations to complete the online survey were distributed via the IFSW website, mailing lists of national social work associations and other networks. There were 607 responses from 54 countries, which were analysed by members of the research team using generic thematic analysis (Braun and Clarke, 2006; 2022) to identify broad types of ethical challenges. Different members of the team

analysed data in different languages (all responses were also translated into English) drawing out key themes, discussing them in the group and agreeing the final typology (see Banks et al, 2020a; b). Subsequently I undertook a further analysis, focusing on the answers to question 2 (asking for details of a particular situation), to categorise the broad ways in which social workers reported responding to particular challenging situations they faced (see Truell and Banks, 2021). Their answers took the form of narrative accounts of problematic situations, usually featuring the teller as an ethical agent and sometimes including accounts of motivations, intentions, emotions, and reflections afterwards. Some were brief and sketchy, others were longer and more detailed. In examining each narrative as a whole, I considered its overall tenor as an account of ethical agency, what messages I picked up as a reader engaging with the narrative and, specifically for this paper, what virtues were manifested in the accounts. Since the respondents themselves were not asked to identify virtues, I interpreted their accounts through a virtue ethical lens, looking for evidence of actions and reflections that might be regarded as just, caring, courageous, etc.

As a backdrop to this paper, the already-published findings on social workers' ethical challenges and their responses are summarised in Lists 1 and 2.

List 1: Types of ethical challenge faced by social workers during Covid-19 (May 2020)

(Taken from Banks et al., 2020a; b)

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 are often not possible.
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.

List 2: Typology of social workers' responses to ethical challenges during Covid-19 (May 2020) (Taken from Truell and Banks, 2021; Banks and Rutter, 2021)

- *Ethical confusion* – not knowing what was the right action to take, or how to work out what was right.
 - *Ethical distress* – feeling negative emotions derived from knowing what would be the right course of action, but being unable to carry it out due to institutional or other constraints.
 - *Ethical creativity* – making extra effort to work out what would be right in new circumstances, and being flexible and imaginative in carrying it out.
 - *Ethical learning* – reflecting on learning from working during the pandemic and implications for ethical practice in the future.
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These broad typologies were drawn from analysis of the international data. In examining how the challenges and responses were manifested in practice, I will illustrate with extracts from some of the accounts given by the 41 UK social workers who responded to the survey, who were working within similar legal, policy and political contexts.

Illustrating the challenges in the UK context: issues of range, intensity and visibility

The headline types of challenge in List 1 are recognisable as those that would be experienced in 'normal' times by most health and social care professionals – building trusting relationships, prioritising scarce resources, and handling risks and emotions. However, the detail behind them, signified by references to digital working, personal protective equipment and unavailability of assessments, for example, indicates the extent of the changed (and changing) conditions for practice. The ethical challenges faced during the pandemic were magnified across several dimensions: range, intensity and visibility. I will discuss each of these in turn, illustrating with examples from accounts given in the survey by UK social workers.

In terms of *range*, everyday situations not usually regarded as ethically problematic suddenly generated dilemmas (e.g. deciding whether or not to undertake a home visit) and risks were identified where none existed before (e.g. the risk of social workers passing on the virus to service users and their own families). As an adoption social worker commented: 'I am used to assessing risk in others, but now I am a risk and potentially at risk'. Not surprisingly, situations like this could be found overwhelming, leading to ethical confusion not only over what was the right course of action, but also over what criteria should be used to decide what was right.

The *intensity* of the experience of ethical challenges also grew, as greater and more urgent needs, new demands and inability to meet demands caused heightened emotions and sometimes resulted in ethical distress. For example, during Covid-19 social workers who usually worked in hospitals and assessed people's coping and care needs prior to discharge, were no longer based in the hospitals, were unable to assess before discharge and were required urgently to find places in care homes without Covid-19 testing of patients in hospital or residents in homes. As a senior manager in adult social care commented: 'I have lost sleep over the decision-making I am seeing around me and the distress this is causing frontline workers, my managers, families and carers'.

Regarding *visibility*, underlying ethical contradictions, inequities and injustices in society and social work practice were both brought to the surface and exacerbated. People who were already experiencing poverty, discrimination or powerlessness often fared badly in terms of the impact of job loss, restrictions on movement or closure of services. Existing power imbalances, shortages of adequate resources and poor-quality services became even more apparent. For example, some residents in residential homes or other congregate settings were forbidden to leave home to shop or exercise, there was a shortage of foster placements and adequate accommodation for looked-after young people and some public services ceased. This meant social workers had to make a lot of effort to fill the gaps in services, respond to new and changing needs, challenge injustices, be more creative in finding solutions and be willing to accept inadequate or unjust solutions.

Responding to the ethical challenges: The opening and narrowing of discretionary spaces

In responding to these challenging conditions, social workers had to recognise and act on both the expansion and contraction of spaces for professional discretion in decision-making and action. 'Professional discretion' can be understood as reasoning that results in judgements and actions in conditions of indeterminacy (see Molander, 2016; Murphy, 2022). Evans (2010; 2016), writing in a social work context, distinguishes three types of discretion: *de jure* (power to act is officially sanctioned); *de facto* (having power to act, although not officially sanctioned); and entrepreneurial (acting outside policies and procedures, with managers informally allowing this). I am using the term 'discretionary space' to refer to the leeway for the use of professional discretion.

Pandemic conditions opened up some spaces for professional discretion where none had existed before, as offices closed, managerial guidance was limited and usual services and practices became unavailable. For example, a social worker in adult services, faced with a self-neglecting alcohol-dependant man referred by neighbours, decided to maintain welfare visits because the local authority environmental health team, which would usually deep clean such properties, was not operational. This was not in line with usual policy and practice, and therefore could be regarded as a case of *de facto* or entrepreneurial discretion, depending on whether the manager was aware and supportive.

At the same time, there was also a narrowing of other spaces, as blanket rules and restrictions were imposed where none had previously existed (e.g. restrictions on home visits and people's freedom to move around). This is illustrated in the account given by another adult services social worker, who had to challenge the deputy manager of sheltered accommodation for following new local authority policy and not allowing a resident to do his own shopping. This had resulted in the man moving to a hotel. This social worker undertook careful advocacy on behalf of the man, invoking human rights and arranging a family group conference. The social worker was, in effect, calling on the manager and local authority to reinstate the space for *de jure* discretion (giving the manager the power to decide if exceptions might be made to the policy based on professional assessment of the circumstances of each case).

Practising ethically, therefore, required a capacity and willingness by social workers to use discretion in these new open spaces, and/or to call for the use of discretion in the closed spaces of blanket rules.

Virtues at work

In so far as being virtuous and acting virtuously is about cultivating and exercising dispositions to act well in particular contexts rather than simply following rules or procedures, Covid-19 conditions created spaces for virtues to be exercised and recognised. Crisis conditions created vacuums in rules

and normal practices, and more isolated professionals had to make independent judgements and decisions without reference to managers, colleagues or rulebooks. The impact of Covid-19 also meant that formerly hidden and perhaps tacit processes of ethical evaluation and demeanour became explicit and visible. For example, a social worker working with a family to prepare them for adoption of a child and support them through the process cultivates a demeanour and does many small actions that embody fairness in assessment of parenting suitability and care in attending to the prospective adoptive parents' concerns and the child's needs. Yet only if a difficulty emerges does the social worker become consciously aware of some of these ethical practices, as they may have to reflect on how to do things differently or account for or justify what they have done. They may have to reconsider what matters most in a situation, and whether doing what the law or agency rules require will contribute to human flourishing. This is exemplified by a UK adoption social worker's account of the careful ethical decision-making and complex logistics involved in proceeding with a necessary and long-planned move of a baby from foster care to adoptive parents, in contravention of new 'lock-down' restrictions. The pandemic, therefore, offers the chance for us to explore virtues at work in the micro-ethical practices of everyday social work.

Everyday practice suddenly became problematic and required extra vigilance in seeing what the ethical issues were, rethinking what might be right in the new circumstances and how this could be implemented, bearing in mind the restrictions. The most obvious virtue required in such circumstances, and very much in evidence in social workers' accounts of their ethical challenges and responses, is practical wisdom or *phronesis* (Kristjánsson et al., 2021), often called 'professional wisdom' when used in the context of professional work, entailing deliberating well about what to do in practice. Professional wisdom is generally regarded as a meta-virtue, which plays a role in identifying the salient ethical issues in a situation, integrating various considerations and virtues, and undertaking a process of reasoning and working out how to put ethical judgements into action (Banks, 2018). Fowers et al (2021) also identified justice and courage as particularly important for life during the pandemic generally. Certainly, justice and courage were very evident in social work as practitioners strived to respond fairly and rectify injustices exacerbated by the pandemic, and acted courageously in making in-person visits and challenging or circumventing rules and restrictions. Further virtues for social work in 'normal times', which were also relevant during the pandemic, include care (noticing and responding to people's needs and concerns); respectfulness (acknowledging people's value); trustworthiness (behaving as relied upon) and integrity (holding to the values of the profession and balancing virtues) (see Aristotle, 350 BCE/1954; Banks and Gallagher, 2009).

Although I have argued that the pandemic created spaces for virtues and called for exercise of virtues to fill the bureaucratic and managerial gaps, being virtuous during the pandemic was harder than usual. It required not just extra effort to notice and anticipate potential harms and infringements of rights and think through the right course of action, but also to implement any course of action. The easier response to some of the challenges faced would have been to do nothing or stick with existing inappropriate procedures or follow new rules and guidelines despite their inadequacy. In case example 1 that follows, none of these options was possible, so the social worker had to use the discretionary space created by the pandemic. Case example 1 is an account of a particular case given by a male child protection social worker who responded to the survey.

Case example 1: Deciding to meet children in the garden

I have a case in court where the children were at a critical phase of care planning. Their mother had made some significant progress and we were planning to return these children home to her care with extra support in place. Shortly before the final hearing the mother

was involved in a serious police incident that meant it was clearly not safe enough to return the children to her care. 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 uncontainable, or potentially placing them at risk by visiting them. The guidance we have received from the Department for Education on home visits has also been extremely vague. It says we aren't to conduct visits except in exceptional circumstances, but it doesn't say what that is, so I had to rely on my professional judgement. 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.

A related issue is that I would normally have tried to deliver news like this alongside the children's mother as a united front. I am strongly committed to relationship-based practice and consider this kind of work crucial for helping children and families meet the reality of their situation in as positive and healing way as possible, so they have the best chance of preserving some kind of relationship in the future.

This is an account of the impact of the pandemic on this social worker's everyday practice. Although it would always be difficult to tell a mother and her children that they could not be reunited, the pandemic restrictions on in-person contact added further complexity to the social worker's decisions and actions. The social worker had to 'weigh up' communicating with the children via an 'impersonal' video call against making a risky home visit. This is framed as a dilemma, which could not be resolved by referring to the Department for Education guidance, as this did not specify the 'exceptional circumstances' in which a home visit could be conducted. The social worker comments that he 'had to rely on my professional judgement'. Although this is a fairly sparse account and doesn't give details of the social worker's emotions and reasoning processes, using the words 'had to' suggests he may have expected more specific guidance. Although discretion is frequently used in social work about when and how to communicate with people, in child protection work there is also a lot of guidance and mandatory procedures designed to manage and minimise risk. Given the health risks of Covid-19, the social worker probably expected more guidance. Nevertheless, he made his own decision, arranging a garden meeting that would be in-person but minimised risk. He also concludes that he was satisfied that it was right, so clearly did not have any misgivings or regrets.

Although he does not dwell on this, care is implied in the consideration given to not being impersonal or uncontainable (meaning he wanted to be personally present and supportive at this difficult time for the children). His reference in the last paragraph of the extract to his commitment to relationship-based practice suggests a concern for his integrity as a good social worker, trying to hold onto his values at a time when this was very difficult.

While the social worker in case example 1 had to fill the gap in the government guidance using his own judgement, the social worker in the next case example made great efforts to create space for discretion in the application of local authority restrictions on residents in children's homes. Case example 2 is an extract from an account given by a therapeutic social worker working with looked after children (LAC) in a local authority.

Case example 2: Challenging blanket rules in residential care: advocating for a looked after young person

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 ... 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.

This social worker clearly had a relationship of care with Lisa. He knew her, was attentive to her situation, concerned about her and felt responsible for her well-being. As a social worker, he respected the rights of all residents to be kept safe, but his role was to ensure that Lisa in particular remained safe and stable. Arguably the virtues of care and respectfulness were important in this case, alongside professional wisdom (judging how to approach the manager, working out what arguments to use). As with the previous case, extra effort had to be made to enable a usually easy everyday activity to take place.

These two short case examples give a flavour of the types of situation facing some social workers and how they responded. In reviewing all the accounts given by the UK social workers (and indeed the international respondents) three features of their responses stood out, identified by the research team as the deployment of: ethical vigilance; ethical reasoning; and ethical logistics. These could be regarded as constitutive of the overarching virtue of professional wisdom, encapsulating the specific challenges of practising in pandemic (or other crisis) conditions. While other virtues were

evident, particularly care, respectfulness and justice, professional wisdom is more discernible in the social workers accounts. This is probably because it underlies the process of moral evaluation and judgement and plays a role in coordinating the other virtues – adjudicating in cases of conflict.

There are many accounts of *phronesis* or practical wisdom, including the four-component neo-Aristotelian *phronesis* model developed by Kristjánsson et al. (2021). In their model, the functions of *phronesis* include moral sensitivity (constituting ethically salient aspects of a situation), negotiation or integration of virtues, providing a blueprint of flourishing, and emotional regulation. The threefold framework which emerged from empirical data based on social workers' accounts of their practice is compatible with their model, although is not designed to be a fully-developed model of professional wisdom.

This threefold framework was developed out of the survey research and subsequently presented with the aim of assisting social workers in thinking about ethical practice during the pandemic. It was published alongside case studies and questions for discussion as part of a continuing professional development resource by the British Association of Social Workers (Banks et al, 2021). The elements are described briefly below, along with questions to prompt practitioners' thinking and reflections, and a note about resonance with the two case examples given in this paper.

1. **Ethical vigilance** – being alert and sensitive to the ethical dimensions of practice, particularly when under pressure. This encapsulates 'moral perception' – the capacity to notice and foreground ethical issues that may be hidden, and to see situations from several perspectives. It also entails a heightened awareness of social workers' own stress and exhaustion and the need to counteract the tendency to rush, make judgmental remarks or fail to see potential harms or infringements of rights.

Questions social workers 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 anxiety?

In the case examples, both social workers were alert to the possible harms of proceeding without fully thinking through the implications for the people for whom they had professional responsibility.

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 social workers 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?

In the case examples, processes of ethical reasoning were clearly evident, with the child protection social worker working through possible options and the therapeutic social worker making an argument for Lisa's needs and rights.

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 social workers 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?

In the case examples, extra effort had to be made to ensure the ethical decisions could be implemented – arranging a garden meeting in the first case, and in the second case working with the team manager, writing to the local authority and suggesting safeguards like contacting the police.

Concluding comments

Conditions created by the Covid-19 pandemic demanded a rethinking of what counted as good decisions and right actions and how this could be achieved. This enabled aspects of the micro-ethics of everyday practice to be made visible both to practitioners themselves and to observers and researchers. The relaxation or inapplicability of many normally mandated procedures and expected ways of proceeding meant that many social workers (and other professionals) had to improvise, using their professional judgement and discretion. This created space for the exercise of virtues, as opposed to following rules, and demonstrated the importance of virtues during crisis conditions. This provides an opportunity to learn from these experiences and reconsider some of the recent trends towards managerialism and the circumscribing of professional judgment and discretion.

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