Contents

Ethical challenges in social work

CHAPTER OVERVIEW

This chapter explores how we conceive of the domain of the 'ethical', including discussion of the distinctions and relationships between ethical, technical and legal matters. It then discusses the nature of the ethical challenges inherent in social work, and how and why questions of ethics arise, linked to the place of social work as a human services profession largely within state-organized systems of welfare. Finally, consideration is given to the guilt and anxiety often felt by social workers and whether the blame allocated to them for outcomes of what are essentially moral decisions is justified. The chapter ends with an exercise to encourage identification of ethical issues and a case for discussion from Austria about a social worker who received a suspended sentence and fine for neglecting to perform her professional duties in relation to safeguarding a child.

Introduction

There is general agreement among social work practitioners and academics that questions of ethics, morals and values are an inevitable part of social work. The majority of social workers, when asked, have no difficulty in offering examples of ethical problems and dilemmas. The literature of social work is also very clear: 'Moral issues haunt social work', says Jordan (1990, p. 1); according to Reamer (1999, p. 3): 'social work is among the most value based of all professions'; while Healy (2001, p. 101) comments: 'value commitments and ethical principles are at the core of social work as a profession'.

In the Introduction, I discussed the meanings of the terms 'ethics' and 'values' and offered working definitions. I discussed the fact that religious and political values often form part of our sets of

personal values and professional social work values. Before examining the nature of the ethical challenges that are inherent in social work, I will first consider how we demarcate the realm of the 'ethical' from related domains covering technical and legal matters.

The ethical, the technical and the legal

Frequently in the social work literature values are distinguished from knowledge, and ethical/moral issues from legal and technical matters. Such distinctions can be useful, as long as it is not implied that knowledge can be value-free, or that legal and technical decisions can be made without recourse to ethics. For example, when considering what action to take in relation to a person with a severe psychiatric problem, a social worker might say: 'It is essentially a legal question whether to detain this person in hospital under the mental health legislation.' Yet, as Braye and Preston-Shoot (2010) point out, the law is rarely clear, and has to be interpreted by the social worker. The law in Britain and many other countries tells us that if we make the technical (and ethical) judgement that the person concerned is suffering from a 'mental disorder', such that it is in the person's interest to be detained in hospital, then we have the legal powers to bring that about. Laws do not tell us what we ought to do, just what we can do. The laws in operation nationally and internationally themselves reflect the particular values and norms prevalent in the societies where they apply, some of which we may regard as immoral, for example in the case of laws that regulate immigration, abortion or human cloning. Most decisions in social work involve a complex interaction of ethical, political, technical and legal issues, all of which are interconnected. Our values will influence how we interpret the law.

Giving another example, when asked to assess the needs of an older person with mobility problems for home care support with shopping and cleaning, a social worker might say: 'It is a technical matter to decide whether this person is eligible for the home care service.' The social worker assesses the person according to the defined criteria and makes a judgement using her professional skill and knowledge. The social worker might only consider that ethical issues were involved if she had to consider whether she ought to recommend a particular service even though the person did not quite meet the criteria. This is a helpful distinction between the

technical and the ethical. However, a judgement might be regarded as a technical one not because only technical questions of measurement and assessment were involved, but because the social worker chose to see it in that way, as she might if it were a relatively straightforward case that did not present any ethical problems or dilemmas. However, the process of assessing needs for a home care service is not devoid of ethical content. The criteria of need that determine who should get the service will be based on ethical judgements about social duties to reduce some of the disadvantages caused by disability, or about how to distribute a scarce resource efficiently and fairly, for example. The social worker may judge that the criteria are not fair or do not result in resources being allocated to the most needy people. This is what Jordan (1990, p. 1) means when he says that moral issues haunt social work.

Ethical issues, problems and dilemmas

The preceding discussion suggests that all aspects of social work have ethical dimensions, even if they are not always identified as such. It is important that social workers recognize this and are aware not only of their own power in relation to service users, but also of the source of their power and their contradictory roles within society. Very often we associate professional ethics with dilemmas and problems – the making of difficult judgements and decisions in cases where the rights, needs and interests of different parties conflict. But it is also important to see ethical issues as deeply embedded in the construction of social work as an occupation, its location within state systems of welfare and the everyday practice of its members. Thompson et al. (2000, pp. 6–9), writing about nursing ethics, distinguish ethical problems (difficult choices have to be made, but it is clear what is the right action to take) and ethical dilemmas (difficult choices have to be made and it is not clear what is the right course of action). Many of the case examples in this book are constructed as problems and dilemmas. However, I would argue that it is important also to see the whole of social work as comprising ethical dimensions and to focus on the ethical issues in practice as much as the ethical problems and dilemmas (Banks, 2009a).

In the light of the discussion above, it may be useful to distinguish between ethical issues, ethical problems and ethical dilemmas, as outlined in List 1.1.

List 1.1 Ethical issues, problems and dilemmas

1. *Ethical issues* pervade the social work task (including what appear to be 'legal' or 'technical' matters), in that social work frequently takes place in the context of state systems of welfare, premised on principles of social justice and public good, where social workers have professional power in the relationship with service users. So, although making a judgement about whether to recommend home care services for a person with a disability in a case that is straightforward may not involve a social worker in agonizing over a ethical dilemma, it is not devoid of ethical content.
2. *Ethical problems* arise when a social worker sees a situation as involving a difficult moral decision, but is clear what is the right course of action, for example when she decides to turn down the application of a very needy person for home care services because this person does not fit the criteria.
3. *Ethical dilemmas* occur when a social worker sees herself as facing a choice between two equally unwelcome alternatives, which may involve a conflict of ethical values, and it is not clear which choice will be the right one. For example, should the social worker bend the criteria for allocating home care services in order to help a very needy person, or stick to the rules and refuse the application of someone who really needs support. She is faced with a conflict between the interests of this individual and the public interest in having rules and criteria that apply to everyone.

What is regarded as a technical matter for one person (simply applying the rules) may be an ethical problem for another (a difficult choice, but it is clear what action should be taken) or a dilemma for a third person (there appears to be no solution). It depends on how each person sees the situation, how experienced they are at making ethical judgements and decisions and how they prioritize different values (see Banks and Williams, 2006 for a detailed discussion of practitioners' accounts of ethical issues, problems and dilemmas).

What are the ethical challenges in social work?

In collecting examples of ethical difficulties experienced by qualified and trainee social workers in Britain and various countries across the world, I identified four main themes, as summarized in List 1.2.

> ## List 1.2 Ethical challenges in social work
>
> 1. *Individual rights and welfare:* service users' rights to make their own decisions and choices; social workers' responsibilities to promote the welfare of service users.
> 2. *Public welfare:* the rights and interests of parties other than service users; social workers' responsibilities to their employing agencies and to society; the promotion of the greatest good for the greatest number of people.
> 3. *Equality, difference and structural oppression:* balancing the promotion of equality with due regard to diversity; the social worker's responsibility to challenge oppression and to work for changes in agency policy and in society; managing religious and cultural differences and conflicts.
> 4. *Professional roles, boundaries and relationships:* deciding what role the social worker should take in particular situations (counsellor, controller, advocate, assessor, campaigner, ally or friend); considerations of issues of boundaries between personal, professional and political life.

Any categorization is obviously artificial, and does not do justice to the complexity of the issues within each category and the overlap between them. Frequently there are conflicts between rights, responsibilities and interests both within and between these categories. However, this framework may be a useful starting point for exploring issues of values and ethics in social work practice. Short case examples from four practitioners talking about everyday issues in their practice may illuminate our discussion.

Rights and welfare of the individual

> **Practice focus**
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> Case example 1.1: Should I persuade Mrs Brown to accept help?
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> Mrs Brown, an 80-year-old woman, was referred to a social work agency by a local hospital after a fall at home. A student social worker visited her in her home to assess her needs and felt that Mrs Brown was finding it hard to look after herself – her house was dirty and untidy and it was clear that she was not eating much. She

lived alone, and her son visited twice a week to deliver shopping. The social worker suggested to Mrs Brown that she should consider having a home care assistant to help her on a daily basis, but she categorically refused. The social worker met the son and it was clear he was not willing to offer any more support to his mother. The social worker visited Mrs Brown a second time, but Mrs Brown was still adamant she did not want any help. The social worker commented:

> It was difficult to know how far to try to persuade or even coerce Mrs Brown to accept the offer of a home care assistant, or whether just to leave her alone and hope she would manage to survive. This was one of my first cases as a student social worker and I felt very concerned for Mrs Brown's safety.

Here the focus of the student social worker's concern is the service user's welfare. The social worker wants to respect Mrs Brown's own choices about how to live her life, yet the worker also wants to ensure that Mrs Brown feeds herself properly and is checked on regularly in case she falls again. The social worker experiences a conflict between the promotion of Mrs Brown's welfare and her right to make her own choices.

Public welfare

Practice focus

Case example 1.2: Should we help the police to catch a sexually exploitative man?

Sally was a 12-year-old girl who looked much older. She had recently come into a care home because her parents felt her behaviour was out of control. She had been having sexual relations with a 50-year-old man who supplied her with money in return for sexual favours. On arrival at the residential care home, restrictions were placed on Sally's movements to prevent her from meeting this man. One day two police officers visited the care home to ask the staff to assist them in their attempt to arrest the man. One of the residential care workers made the following comment:

> The police were near to catching the man, and asked staff to lift restrictions on Sally leaving the [residential care] unit in the hope of catching him in the act. Should we have refused because we were allowing Sally to put herself at risk, or was catching the culprit and preventing further risk to herself and other girls a priority?

The care worker sees that it will be in the best interests of everyone if this man is caught, yet feels uneasy about using the young girl in this way, both because of the deception involved, and the responsibility if any harm comes to Sally when she is allowed out of the care home. This case is presented as involving making a decision about whether the public interest in catching the man outweighs the deception involved and the short-term risk to Sally.

Equality, difference and structural oppression

Practice focus

Case example 1.3: How can we ensure young Bangladeshi men have equal access to our services?

The staff of a drop-in centre for young people based in a small rural town in Wales were concerned that the young Bangladeshi people living in the neighbourhood were not using the centre. They made big efforts to make contact with the young people and eventually quite a large group of young men of Bangladeshi origin (from Muslim families) started to use the project, which offered a range of services including an IT suite, summer projects, outreach work and sexual health advice. The sexual health provision, which offered confidential advice, information and free condoms, was the most well-used service at the centre. The staff team was aware of potential issues with the use of this service by the young Bangladeshi men, as their religion forbids sex outside marriage and the service might be viewed as promoting promiscuous behaviour. However, they felt that young people from any background should be entitled to services that support their needs and issues.

According to one of the youth workers:

> It was the consensus among the staff that denial of any service to a young person who wanted to access it was a denial of their human rights and against the moral, ethical, theoretical and practical notions of anti-oppressive youth work. It was thus agreed that working towards what was right for a young person was a greater concern than respecting a community's religion or culture.

However, after a year, the young Bangladeshi men stopped coming. The sexual health worker received a complaint from the parents of one young man, as they had found condoms in his school bag. A community meeting was called at the mosque and all young Bangladeshi people were banned from accessing the project. A review was held at the youth centre, as there was concern that a whole community of young people were now not able to access the drop-in centre. Speaking about the situation four years later, the same youth worker commented:

> The main discussion was about what could have been done differently. At the time an agreed new strategy was never formulated and the dilemma about how to resolve the situation has remained ever since.

The staff team at this youth project was clearly committed to promoting equality of access and supporting all young people, regardless of their ethnic origin or religion, in exercising their rights to make their own choices and decisions. Yet, despite their best intentions and a brief period of 'success', no young Bangladeshi people are currently using the project. From the information given, it sounds like the approach of the youth workers – to support and promote the young people's freedom of choice – was too simplistic, given that the young people lived in a fairly tightknit community, where adherence to Muslim values was paramount. This case highlights the complexities of working with ethnic and religious diversity and the need for long-term neighbourhood work based on dialogue, bridge-building and compromise.

Professional boundaries and relationships

Practice focus

Case example 1.4: How can I maintain my professional boundaries without being too harsh?

A student social worker was undertaking a fieldwork placement in an agency working with families and children in the UK. A recently arrived Ethiopian woman with two young children was referred to the agency by the asylum seekers unit in the local social services department. This woman had recently been relocated to the area as part of a government policy of dispersal of asylum seekers, and seemed very depressed and isolated. Her seven-year-old daughter was reported to be withdrawn and unhappy at school and both mother and daughter cried during most of the first home visit. The student also felt that the family was being subjected to 'low level racism in the area' where they lived. The student visited the family at least once a fortnight over the next three months, during which time the situation improved and mother and daughter appeared much happier. When the student's placement was due to end, she reported feeling some discomfort about how the family viewed their relationship with her:

> I was aware that the woman viewed me as a friend, and although she was aware that I was a worker, when I told her that I would be finishing the placement soon, she became upset. She made a number of comments on numerous occasions asking me to visit her whenever I was in the area and invited me to her son's birthday party in four months time. I felt that I did not deal with this effectively, as I tended to use the fact that I did not live in the same city as an excuse for not being able to maintain contact, and I felt that this blurred the professional boundaries. I found it extremely difficult to maintain these boundaries and although I felt guilty for giving the impression of being a family friend, I also felt that it would be extremely harsh to tell her that she was a 'service user' rather than a friend.

This student obviously developed a good relationship with a very vulnerable family. As a student, she may have had a relatively small caseload and so could afford to spend time and energy with this family and to develop what was perceived (and/or desired) by the woman as

a close and caring relationship. This case highlights the dangers of the caring role of the social worker being misunderstood and misinterpreted by service users and the importance of clarity at the outset and honesty during the course of a relationship. This situation was still concerning the student after the placement ended and had clearly caused her to reflect on what she might have done differently, as she commented: 'I didn't sit down and explain in an honest way.'

The above descriptions have simplified the issues arising in each case. In many cases, issues in all four categories arise. Some of the problems and dilemmas workers face are about balancing different sets of rights, interests, responsibilities and commitments. Social work is a complex activity, with many layers of duties and responsibilities, for example to one's own professional integrity, to service users, to the agency and to society. These often conflict and have to be balanced against each other. There are no easy answers to such ethical challenges. They are part of the everyday life of social workers. Some will handle them more easily than others, depending on experience, moral sensitivity and their own value positions. Often, it helps to discuss difficult cases with colleagues, or in supervision sessions, to gain a range of different perspectives on the issues involved and possible courses of action. For example, in discussing Case example 1.2, many students have said that the dilemma identified (whether to respond to the request of the police) would not arise for them, as it would be clear that the strategy proposed by the police was inappropriate (it could be regarded as 'entrapment' and hence might not stand up in court) and/or unethical (it involved treating Sally as a means to an end and breached the social work relationship of trust with her). Vignettes like the short case examples given here and longer cases like those at the end of each chapter can be useful as a focus for reflection and student discussions, to encourage rehearsal of issues and actions (see also the cases in Chapter 7; Banks, 2001a, 2005; Banks and Nøhr, 2012; Banks and Williams, 1999).

In the remaining sections of this chapter we will explore how and why questions of ethics are an integral part of social work practice.

Social work as a human services profession

Social work may be regarded as a 'human services' profession along with other occupations that focus on human relationships such as

those in the field of healthcare, teaching and the law. Social workers have special powers, knowledge and expertise and must be trusted by service users to act in their best interests. The relationship between social workers and service users is an unequal one, in that social workers are more powerful. Social work, therefore, along with law, medicine, nursing, counselling and other similar professions, has a code of ethics that is designed, among other things, to protect service users from exploitation or misconduct. Some commentators have described the relationship between social workers and service users as 'fiduciary', that is, based on trust (Kutchins, 1991; Levy, 1976, pp. 55ff.).

While there are many similarities between social work and professions such as law and medicine, there are also several ways in which social work is different. The degree of individual autonomy exercised by social workers over how to perform their work and the scope of the decisions they can make tends to be more limited than that of doctors and lawyers. Many social workers are employed either directly or indirectly by local authorities or municipalities; they may have a social control function and therefore their primary aim is not straightforwardly to work in the best interests of the service user. In many countries, social work is part of a 'welfare state' or at least a state-organized system of welfare, which is itself based on contradictory principles and undergoing a process of questioning and change, as is the role of the profession generally.

Social work and state welfare systems

Social work may be delivered by public, voluntary/not-for-profit or private sector organizations or by individuals in private practice. Its services may be offered as part of the provision of state welfare or control, as services motivated by independent philanthropic concern, or as services to be purchased directly by customers/service users. In the UK and many other countries in the global North and West, from its charitable origins in the nineteenth century, social work grew rapidly in the mid-twentieth century largely as part of a state-organized and state-funded system for distributing goods and services to meet certain types of social need of individuals, families, groups and communities, and to cure, contain or control behaviour that was regarded as socially problematic or deviant. It became part of a state-sponsored welfare system that included a range of other social services, including education, health, social security and

housing. These are collective services that, in principle, benefit the whole community. However, social services are often regarded as different from other public services (such as police, army, roads and refuse collection), in that they are seen as a means of transferring resources to people who are not able to meet their own needs independently, through, for example, sickness, old age, childhood, unemployment or disability. They are also a way of attempting to redress, in small-scale ways, the inequalities, social exclusion and discrimination faced by people in poverty and people whose differences and social circumstances are not well tolerated in society.

Developed state welfare systems are allied to capitalist economies and have a redistributive role through taxation, compulsory social insurance and the direct provision of services. They can be seen as compensating for defects in the market system in the allocation of goods and services. Even in countries like the USA and Japan with relatively weak welfare states, state social workers are employed in a range of settings from welfare offices to hospitals and courts of law. As state welfare systems contract, this results in more self-help, private sector and non-governmental organization (NGO) provision, although many of these organizations still rely on public funding or contracts with public bodies to deliver services.

Many commentators have analysed the nature of welfare states in terms of contradictions. Marshall (1972) saw the tensions inherent in welfare capitalism between the values of social justice and equality and the competitive individualism of the market, although he recognized that the aim of the welfare state was not to remove inequality of income, rather it was to eradicate poverty and give everyone equal status as citizens in society. According to O'Connor (1973, p. 6), welfare states have two contradictory functions in capitalist societies – accumulation (enabling private capital to remain profitable) and legitimation (of the existing economic and social order). Moon (1988, p. 12) succinctly summarizes the contradictory principles upon which the welfare state is based:

> The welfare state embraces the market, but at the same time seeks to limit and control it; it incorporates ideas of rights, especially rights to property and the fruits of one's labor, but asserts a right to welfare, a right to have one's basic needs met; it is based on a conception of the person as a responsible agent but recognizes as well that many of the conditions of one's life are due to circumstances beyond one's control; it is premised upon sentiments of sociability and common interest, but its very success

> may undermine those sentiments; it seeks to provide security, but
> embraces as well a commitment to liberty.

Moon suggests that this is one reason why the concept of the welfare
state appears to be so vulnerable to criticism. Others might disagree
that it is the contradictions per se that make it vulnerable (Offe,
1984, Ch. 5), but there is no doubt that the whole concept of the
welfare state – its aims, functions, methods and outcomes – is the
subject of questioning and criticism from various quarters, both
right and left (Pierson, 2006; Roger, 2000). The economic recession
of the mid-1970s gave rise to a sustained critique of state welfare
provision from rightwing politicians and theorists, and this was
reinforced by the recession of the late 1980s/early 1990s and the
economic crisis of the late 2000s. First, the burden of taxation and
regulation imposed on capital was claimed to serve as a disincentive
to investment. Second, welfare benefits and the collective power of
trade unions were said to amount to a disincentive to work. The
argument has also been made from a communitarian perspective
that family values and responsibilities, a sense of community and
moral obligation may, in fact, be undermined by systematic state
welfare provision (Etzioni, 1995, 1997). Criticisms from the left
tend to focus on the ineffectiveness and inefficiency of the welfare
bureaucracies, which have done little to redistribute income between
classes and do not tackle the fundamental causes of poverty and
unemployment. Feminist and anti-racist critiques have been increas-
ingly vocal as many aspects of the state welfare system have been
shown to reinforce gender and race stereotyping, discrimination
and oppression. The welfare state is also seen as a repressive
instrument of social control, through individualizing problems and
distinguishing between people who are deserving and undeserving.

These various critiques, along with fiscal pressures and demo-
graphic constraints, especially the increasing proportion of older
people in the global North, have led to changes in welfare systems,
often resulting in an increasing role for markets, private provision
and new forms of management and governance, including service
user and citizen involvement (see Clarke, 2004 and Chapters 5 and
6 for further discussion).

This account of social work as part of the state-organized welfare
provision is important as it helps us understand how some of the
ethical issues are inherent in the role of the social worker. Insofar as
social work is what Johnson (1972) called a 'state-mediated profes-
sion', it is based on contradictions and societal ambivalence. Social

work contributes towards expressing society's altruism (care) and enforcing societal norms (control); it champions individual rights as well as protecting the collective good. Social workers are regarded as wimps (caring for those who do not deserve it) and as bullies (wielding too much power over individuals and families). As the welfare state is questioned, undermined and reformed, so the role of social work is also subject to question and change. While systems of state welfare vary enormously in different parts of the world, and in some countries the majority of social workers are not employed by the state, social work is very often at least partially funded and hence controlled through government sources. Social work is intimately connected with politics, as resources for welfare services and the role of welfare professionals are linked to policies and programmes for the distribution of wealth, taxation and the conferring of citizenship.

Blame and guilt in social work

Social workers are often at the interface between the state and civil society, working with people who are needy, vulnerable, socially excluded or marginalized. In this position they frequently bear the brunt of blame for certain unpalatable societal problems such as child abuse. One of the most publicized areas of social work is child protection or safeguarding. In this context, if a bad outcome occurs, social workers usually get the blame. A bad outcome can be either that children left at home suffer or die, or that children are removed from home unnecessarily. Franklin (1989) demonstrates how the press often portray social workers either as indecisive wimps who fail to protect children from death, or as authoritarian bullies who unjustifiably snatch children from their parents. Either way, the social workers are to blame. As Franklin (1989, p. 1) comments:

> Press reporting of child abuse, paradoxically, rarely focuses upon the abuse of children. It quickly regresses into an attack on welfare professionals, particularly social workers who, in their turn, seem to have become a metaphor for the public sector.

Social workers can be seen as symbols of state welfare, simultaneously representing two of its much criticized facets – bungling inefficiency and authoritarian repression. All professionals are blamed, but social workers offer a soft target when their interventions fail and they are often pilloried in the press (Aldridge 1994,

p. 70; Butler and Drakeford, 2005). This may be connected partly with the more ambivalent and morally charged role that social workers play in society. For example, doctors treat people who are sick; and sickness might be regarded as an unfortunate state that generally affects individuals through no fault of their own. Social workers often work with people whom society regards as 'undeserving', idle, feckless or deviant. Social workers have a control as well as a care function. It is their job to protect society from deviant or morally dangerous people; if they fail to do this job, they are committing a moral crime. Physical and sexual abuse of children, particularly by their parents, is a threat to social stability and the idea of the family as a good and caring setting. Child abuse in families, therefore, must not happen. It must either be prevented by social workers (and therefore barely exist) or not exist at all. Social workers' vilification by the press and public is partly due to their role as welfare professionals in a society that is ambivalent about state welfare. It also reflects the particular role they play within state welfare systems, which includes both the care and the control of people whom the family or other state agencies cannot help and who may be regarded as difficult or deviant.

Taking the child protection role of social workers as an example, social workers tend to feel that they should not always take the blame in cases where children are abused or die. The situation is complex: resource constraints mean that social workers cannot always provide the services required; decisions regarding how to handle children at risk are usually taken by interprofessional groups at case reviews and are a shared responsibility; and assessing the nature of risk of child abuse is an uncertain art and even the most skilled and competent professionals who follow all the guidelines and procedures may find that a child dies. Obviously, if workers fail to follow the procedures correctly or neglect to carry out specified duties, then they are culpable. Yet if a worker does the best she can in the circumstances, surely she should not be blamed?

In a provocative article, Hollis and Howe (1990) argue that taking on the job of a social worker is rather like being asked to drive a car in the knowledge that its brakes are faulty. If someone takes on the role of social worker, then she must expect and accept moral blame when bad outcomes occur (as they inevitably will). Yet this analogy does not capture the complexity of social work practice. First, while this may not exonerate the social worker, it is important to note that it is not her job to service the car. Second, while she may be in the driving seat, there are plenty of others in the

car map-reading or directing. Third, while objective observers like Hollis and Howe may claim that the brakes are faulty, the rest of society regards such a state as the norm, and is certainly not prepared to pay to improve the brakes. If social workers take moral responsibility, they are, in effect, allowing others to scapegoat them and avoid taking blame, and hence to avoid recognizing the variety of contributing factors that cause a child's death and the need to change some of these factors. Also, if social workers always take the blame for outcomes that are largely outside their control, they become personally and professionally undermined and stressed. It may be appropriate to take some responsibility, and hence blame, but certainly not all of it. Otherwise the retreat into 'defensive' social work (following rules and procedures) becomes even more necessary and appealing as a survival strategy.

One of the purposes of this book is to enable social workers to gain an understanding of the nature of ethical decision-making and hence to feel less unnecessary guilt and blame for the outcomes of decisions and actions with which they are involved. Very often in connection with ethical challenges in social work (and indeed the caring professions generally), the term 'dilemma' is used. As has already been noted, a dilemma is usually defined along the lines of 'a choice between two equally unwelcome alternatives', which seems to sum up quite well how it often feels to be a professional in a 'no-win' situation. Let us consider a child protection case, as briefly outlined in Case example 1.5.

Practice focus

Case example 1.5: A case review meeting about a child at risk

The father of a young baby has been violent to his partner (the baby's 17-year-old mother) on several occasions in the past. Recently the baby has suffered bruising three times. The mother explains that the baby fell from his cot twice and on one occasion her partner accidentally dropped him. Despite input from a social worker and health visitor, it has not proved possible to support the parents to any great extent in coping with looking after the baby. The social worker has been working with the mother for over a year, during which time the couple have split up several times. When the father is not present, the mother seems to cope quite well. The social worker is keen to give the young mother a chance to look

after the baby, but is concerned about the risk to the child from the father. A case review meeting with the parents and the various professionals involved is called to consider what to do to ensure the baby is protected.

Very many factors will be taken into account during the case review in coming to a decision about what level of intervention is necessary and possible as well as legally and ethically justified in order to protect the baby. The professionals will be mindful of the infringement of parental rights and the potential damage and unhappiness that may be caused if the child is removed from the family. Yet if the child remains with the family, there is a chance that the child will suffer physical abuse from the father and may be injured or even die. The way to resolve the dilemma as identified above is to try to work out whether one of the alternatives is more unwelcome than the other and then act on that. Of course, participants in the case review also need to try to work out how likely it is that each of the unwelcome outcomes will occur, using various protocols and procedures for assessing and predicting risk. They might decide that it is more unwelcome (indeed, it would be tragic) for the child to die, than to be unhappy.

However, let us assume that the consensus of opinion at the case review is that it is highly unlikely that the father will seriously injure or kill the child. Participants also judge that there is scope for more intensive work with the parents to improve their parenting skills and to cope with some of the pressures that may lead to the baby suffering further harm. So it is decided to leave the child with the family. The professionals involved know it is a risk – a moral risk as well as a technical one – which is why the situation is described as a dilemma. There are not welcome outcomes, only less unwelcome ones; when the choice is the lesser of two evils, whichever one chooses is an 'evil'. This is a constant problem for the social workers and other professionals involved such cases. If the professionals have carefully thought through all aspects of the dilemma, and made a decision to act in order to try to avoid the worst outcome, then they have acted with professional integrity.

I will return to the issue of the guilt and blame felt by social workers in Chapter 7, in the light of the more detailed discussion of ethical and value issues in the next few chapters. In the meantime, the case for discussion at the end of this chapter gives an account of

a case from Austria where a child died and the lead child protection social worker was found guilty by a court of neglecting her professional duties, given a suspended sentence and fined.

Conclusions

This chapter has set the scene for the discussion of questions of ethics in social work. I have argued that ethical problems and dilemmas are inherent in the practice of social work. The reasons for this arise from its role as a public service profession dealing with vulnerable and marginalized service users who need to be able to trust the worker and be protected from exploitation; and also from its position in many countries as part of state welfare provision, which is itself based on contradictory aims and values – care and control, capital accumulation and legitimation, protection of individual rights and promotion of public welfare – which cause tensions, dilemmas and conflicts. The current 'crises' of welfare capitalism, which entail a questioning of the role of state welfare, are increasing the tensions and dilemmas for social workers, who often find themselves the victims of media attacks and public blame. It was argued that this blame is often unjustified and it is important that social workers both understand the essential tensions in their role and consider how moral decisions are actually made in social work, in order that they are not consumed by unnecessary guilt about the unfortunate, tragic, or unwanted outcomes of cases in which they have been involved.

Putting it into practice

Identifying ethical issues

Aims of the exercise: to encourage readers to identify ethical issues in their own practice and to reflect on and clarify their own ethical stance.

1. Briefly describe a situation/incident/event in your experience as a practitioner that raised ethical challenges for you.
2. List the ethical issues involved in this situation.
3. What does your view of this situation/event tell you about the important values and ethical principles that underpin your practice as a social worker?

Practice focus

Case for discussion 1: A social worker is fined in a high-profile child abuse case in Austria[1]

A 17-month-old boy died of a brain oedema (swelling) in a hospital in Austria. Several months before his death, the boy was given medical treatment in two different hospitals. Suspicions were aroused that he might be subject to ill-treatment and sexual abuse. So the child protection team based in one of the hospitals, in accordance with its legal responsibility, informed the local childcare agency about its concerns. The childcare agency has a responsibility to assess and monitor cases where children are thought to be at risk.

When the childcare agency is informed about a case of suspected child abuse or neglect, it then follows prescribed standards for risk assessment. Two social workers have to contact the parent(s). Following this meeting, the case must be discussed with a supervisor at the start and at the end of the casework process, as a minimum. The social worker on the case must have personal contact with the child (at least once) and with the legal guardians (at least once). In the case of children under six years old, compulsory home visits have to be made. All children under three years old must be referred to a physician. The casework process must be accurately documented.

In this case, meetings were organized between childcare social workers and the boy, his mother and his mother's new boyfriend. The boyfriend lived in another district, which meant that a second childcare agency was also involved. This complicated the assessment process. There was some exchange of information with the hospitals involved and between the two childcare agencies in order to manage the risk assessment.

The boy's father, who was living separately from the family, had contact on several occasions with the childcare agency because he had a suspicion that the boy was being ill-treated by the mother's new boyfriend.

The doctors at the hospitals to which the boy had been sent, at the request of the mother, on two previous occasions did not

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confirm the suspicion of ill-treatment by the new boyfriend. The boy's mother denied the suspicion. She explained that her son's wounds were caused by accidents.

The leading childcare agency decided that the risk for the child was not high enough to remove the child from the family. Instead, the mother was forbidden to visit her new boyfriend with the child, but the boyfriend was allowed to visit them both at their home.

This relatively 'mild' condition placed on the family was based on what is written down in the Austrian child protection law, which forms the basis of two core values followed within the childcare assessment process:

- Safeguarding the endangered child in an effective way by using the mildest method of intervention, in order to protect the parents' rights as legal guardians.
- Using the mildest method is judged necessary in order not to endanger cooperation between the social worker and parent(s) and others involved (new partners, grandparents).

Nevertheless, even the 'mildest method' (the condition that the mother and child should not visit the new boyfriend together) has to be monitored. This puts pressure on the family and endangers the cooperation built primarily on trust. It is not known how closely the condition was monitored in this case.

When the boy was hospitalized for the third time, he was so seriously injured that he died two days later. Following the court case, the boyfriend was sentenced to life imprisonment in an institution for mentally disordered offenders, for sexually abusing and causing the death of the boy. The boy's mother was sentenced to one year in prison for child neglect. Finally, for the first time in Austria, the social worker from the childcare agency who had worked with the family also stood trial and was given a suspended sentence and a fine of €1,200 for 'neglecting' to provide the professional help required. The social worker's supervisor appeared in court as a witness and confirmed that the social worker had followed all the steps of the assessment process correctly.

In the media reports on the verdicts, the Austrian Association of Professional Social Workers argued against charging social workers, denied that social workers were guilty, asked for the responsibility of other professionals involved to be taken into account and demanded additional resources in order to establish better working conditions.

As a direct consequence of this case, more crisis intervention centres, child protection teams in hospitals, and an obligatory period of fieldwork for young lawyers in childcare agencies have been installed. Furthermore, the childcare agency introduced a workshop for social workers on the following topic: how to protect and defend yourself in case of being on trial. This is a consequence of the fact that the pressure caused by negative and one-sided media reports led to a growing fear among social workers of being made publicly responsible for mistakes concerning the selection of interventions that could be judged to be too mild. This led to a significant increase in the removal of children from their families too quickly.

Afterword

After an appeal, the case was then heard by the supreme court. This process took almost a year. The social worker was found 'not guilty' by the higher court and the sentence imposed on the social worker was cancelled. There was very little coverage of this decision in the media.

Questions for discussion

1. What ethical issues does this case raise?
2. Do you think social workers who are judged to have neglected to fulfil their professional responsibilities in the way described here should be subject to fines and (potentially) prison sentences? What do you think should be counted as 'neglect of professional responsibilities'?
3. Do you agree with all or some of the arguments and demands of the Austrian Association of Professional Social Workers?
4. Why do you think there was little media coverage when the social worker was found 'not guilty'?
5. Although this case happened in Austria, do you recognize common features with similar cases in your own country?

Further resources

Dominelli, L. (2004) *Social Work: Theory and Practice for a Changing Profession*, Oxford, Polity Press.
   Overview of the nature of social work, taking a global perspective, in the context of current uncertainties and challenges. Argues for a new relationship between social workers and service users based on ideas of citizenship, solidarity and reciprocity.

Smith, R. (2005) *Values and Practice in Children's Services*, Basingstoke, Palgrave Macmillan.

Offers a useful discussion of the different value positions inherent in laissez-faire and interventionist approaches to child protection, an account of practice dilemmas and a framework for action.

Warnock, M. (1998) *An Intelligent Person's Guide to Ethics*, London, Duckworth.

Written by a moral philosopher, who has herself been involved in the UK public policy-making process, and designed to introduce the layperson to ethical thinking covering topics such as death, birth, rights and freedom.

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