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Ethical Challenges for Social Work

This article examine some of the ethical challenges facing social workers and social work as a profession at the present time. The focus is on ethics in a professional context, that is, professional ethics. Professional ethics covers topics relating to how professionals should act in relation to service users and others and what kinds of people professionals ought to be.

Introduction

Social work by its very nature is fraught with conflicts and difficulties. In this article I will examine some of the ethical challenges facing social workers and social work as a profession at the present time.

I will use the term “ethical” in a broad sense to cover matters relating to how human beings treat each other and their environment – what actions are regarded as right or wrong and what traits of character are good or bad. The central questions in ethics are normative ones relating to: ‘what should I/we do?’ or ‘how should I/we live?’ This article has a particular focus on ethics in a professional context, that is, professional ethics. Professional ethics covers topics relating to how professionals should act in relation to service users and others (such as how much autonomy professionals should have or give or how they should distribute their resources of time and money) and what kinds of people professionals ought to be (honest, trustworthy, reliable, compassionate).

This article is based largely on experience in the UK and draws on some research interviews with professional practitioners. Whilst each

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country has distinctive laws, policies, professional cultures and systems of organising social work, there are nevertheless some common trends affecting social work in all European countries (see Lorenz, 2001). So it is hoped that the content of the article will be relevant more widely.

The question ‘What are some of the important ethical challenges facing social work and social workers today?’ will be considered in two parts:

- What are some of the broader trends and themes in society, social and public policy that have ethical implications for social workers and that have implications for our traditional conceptions of professional ethics?
- What are the ethical issues and dilemmas that individual social workers identify as problematic in their everyday practice?

I will conclude with some indications about how social work and social workers might respond to these challenges.

Ethical implications of broad trends in society, social and public policy

This section of the paper outlines some of the broad trends and policies that provide the context within which to locate the specific ethical problems and dilemmas reported by professional practitioners. It is argued that these trends and policies have significant ethical implications for the organisation and practice of social work.

1) Privatisation and the growing role of the market in social care

Harris (2003) describes social work as a ‘quasi-business’. In the UK a large proportion of the provision of residential and day care for older people and people with disabilities is now provided by the private sector as opposed to the state or charities. In some countries this is happening faster than others, but even in countries with a strong state sector or not-for-profit organisations, the principles of business are being applied, encouraging cost consciousness on the part of social workers, with a dan-
ger that efficiency may become more important than effectiveness or ethics. There is a concern with the distribution of resources – with the utilitarian principle of promoting the greatest good of greatest number of people – as social workers become managers of budgets and are concerned with the rights and needs of whole populations, rather than just one client. This provides the context for some of the dilemmas and problems experienced by practitioners in relation to maximising welfare and promoting distributive justice.

2) *The fragmentation and specialisation of social work*

The term ‘fragmentation’ is used to describe a number of trends, which lead to social workers doing increasingly differentiated and specialised jobs in a range of organisations. These specialised jobs may relate to criminal justice, community care, child protection, mental health, work with asylum seekers or minority ethnic groups, for example. There is a move away from the concept of the generic social worker. This can be regarded as a threat to the professional identity and professional values of social workers and causes uncertainties about professional roles.

3) *The growth of multi-disciplinary working*

Recent developments in health and welfare emphasise and require that members of different professional groups should work together. In the field of child protection, for example, this may involve social workers cooperating with police, doctors, health visitors and teachers. The aim is to improve services, to make better-informed decisions and to remove overlap or gaps in services. This can result in conflicts of values and loyalties between professionals in the team, and/or a blurring of boundaries (see Banks, 2004; Irvine, Kerridge, McPhee & Freeman, 2002; Mayo & Taylor, 2001). One of the issues raised by multi-disciplinary working is whether it is counter-productive for each profession to retain its own set of unique values or ethical principles. This also challenges the professional identity of social workers.
4) The declining public trust in professionals and a concern for more accountability

The decline in trust has led to the development of quality standards and procedures by government and employers, which have served to reduce professional autonomy and discretion. As one social worker commented: 'you can spend so much time ticking boxes that you can actually forget that there's people that need to be helped'. In the UK there has been a massive growth in recent years in detailed sets of government guidelines, procedures and checklists relating, for example, to how to conduct a risk assessment in a child protection case or how to assess needs and plan care packages (see Banks, 2004, Ch. 6). This can be regarded as part of what has been termed ‘the new managerialism’ (Clarke, 1998; Newman, 2000). In addition to government guidance, each social work agency is developing its own codes of practice and procedures, which specify what a social worker is required to do in order to conduct a proper investigation and assessment of a service user's needs.

5) The rise of the ‘consumer’ movement and demands for service user and community participation (consumerism and radicalism)

There are several trends at work here. Some are market-oriented, with a focus on consumer rights to complain or to choose alternative services. But there are also more radical demands for citizenship rights from minority groups, such as people with disabilities or minority ethnic groups. Demands for community participation, anti-oppressive practice and respect for difference are challenging the notion of professional power and expertise (Dominelli, 2002).

6) A growing concern with the responsibilities of citizens (‘communitarianism’)

The notion of ‘active citizenship’ is developing, with the requirement that professionals should not be paternalistic, but should encourage peo-
ple to take responsibility for their own lives (Etzioni, 1995). This leads to more stress on empowerment and the need for social work practitioners to have skills in community development and preventive work.

7) Questioning of universal values (‘postmodernism’)

Social work values tend to be based on the idea of universal rights and duties. Codes of ethics often refer to the United Nations Declarations on Human Rights and the Rights of the Child. However, the idea that there is one common set of values applying to all countries and cultures is being questioned. The universal values focus on respect for the individual regardless of ethnicity, gender, ability, religion, and so on. Yet it is increasingly recognised that individuals’ identities are formed through their ethnicity, religion and so on. Western individualist liberal approaches could be regarded as inappropriate for working with groups whose values reflect more collectivist traditions. This raises the question of how we should handle this relativism or pluralism.

The implications of these broad trends

The traditional model of the social worker as a professional practitioner with a unique professional identity, special expertise and adhering to a professional code of ethics is under threat from the trends outlined above. Many of the trends and policies can be characterised as ‘bureaucratic’ and ‘managerialist’. They represent an increasing emphasis on the use of procedures and guidelines, based on the notion of the social worker as a technician or manager rather than an independent professional. Increasingly the focus of the work is on agency guidelines and efficiency rather than professional values or the rights and needs of the service users. As part of the bureaucratic/managerialist trend, it could be argued that employers are now looking for social workers with the necessary skills and knowledge to perform particular functions and that professional values are either unnecessary or an impediment to effective working. The employer does not want a worker committed to promoting service
users' rights or to working for social justice. What is wanted is someone who can perform a technically correct risk assessment or maximise scarce resources, for example. The worker's loyalty should be to the employing agency rather than to the profession; guidance should come from agency codes and procedures rather than the professional code of ethics. The differences between these approaches can be summarised in Table 1, where they are characterised as the 'professional' and the 'bureaucratic/managerialist'.

Table 1: Models of social work practice  
(taken from Banks, 2001, p. 145)

<table>
<thead>
<tr>
<th>social worker as</th>
<th>professional</th>
<th>bureaucratic/managerialist</th>
<th>1 Committed/2 Radical</th>
</tr>
</thead>
<tbody>
<tr>
<td>power from</td>
<td>professional</td>
<td>official/technician</td>
<td>equal/ally</td>
</tr>
<tr>
<td>service user as</td>
<td>client</td>
<td>consumer</td>
<td>competence</td>
</tr>
<tr>
<td>focus on</td>
<td>individual</td>
<td>service</td>
<td>to handle situation</td>
</tr>
<tr>
<td></td>
<td>worker-user</td>
<td>provision</td>
<td></td>
</tr>
<tr>
<td></td>
<td>relationship</td>
<td></td>
<td></td>
</tr>
<tr>
<td>guidance from</td>
<td>professional</td>
<td>agency rules and procedures</td>
<td>personal commitment/ideology</td>
</tr>
<tr>
<td>key principles</td>
<td>users' rights</td>
<td>agency duties</td>
<td>1 empathy, genuineness</td>
</tr>
<tr>
<td></td>
<td>to self-determination,</td>
<td>to distribute resources</td>
<td>2 raising consciousmess, collective action</td>
</tr>
<tr>
<td></td>
<td>acceptance, confidentiality, etc.</td>
<td>fairly and to promote public good</td>
<td></td>
</tr>
<tr>
<td>organisational setting that would best facilitate this</td>
<td>private practice or large degree of autonomy in agency</td>
<td>bureaucratic agency in voluntary, statutory or private sector</td>
<td>independent voluntary agency or campaigning group.</td>
</tr>
</tbody>
</table>
Another challenge to the traditional conception of the professional social worker, is from a more radical position. The social movements seeking equality and justice for people who have traditionally been oppressed and excluded (people with disabilities, minority ethnic groups, lesbian and gay people, for example) are challenging social work to change its paternalist practices (often associated with professionalism). In addition, where state policies and institutional practices are contributing to inequality and oppression, the radical approach to social work would advocate that the social worker should take the side of the service user to become part of a movement for social change. However, the scope for such radical activity becomes less as the managerialist and business culture grows in social work.

The ethical challenges facing individual social workers in their everyday practice

I recently conducted some interviews with professional practitioners in the UK. I was concerned to ascertain their views about the ethical implications of the changes in professional practice in recent years. This involved conducting 32 individual and three group interviews with senior practitioners working in the social welfare field. (social work, youth work and community work). As shorthand I will refer to these practitioners as ‘social workers’, but it is important to bear in mind that I am using a broad definition of ‘social worker’ to describe those practitioners working in what we might term ‘the social professions’ (see Banks, 2004, pp 1-2; Lorenz and Seibel, 1999). This covers practitioners involved in social care and informal education/social pedagogic work with a range of vulnerable, troublesome or 'disadvantaged' user/client groups.

As part of the interview process, practitioners were asked to give examples of ethical dilemmas or problems experienced in their practice. I did not define ‘ethical’ or ‘dilemma/problem’, as I wished to hear practitioners’ own accounts of what they thought fitted this description.

In analysing the content of the accounts given by the practitioners, I considered the extent to which the ethical issues they were raising were new, or whether they were traditional issues manifested in the new or
changing context of the trends identified above. I concluded that the substantive issues are representative of the familiar themes and issues that have been identified in the professional ethics literature over the last two decades, but the details and complexities are different. In reading the ethical accounts, several broad themes were identified that are discussed below.

**Individual and community autonomy**

This is a very broad heading, which applies to many of the ethical accounts given by these practitioners. The question of how much choice, responsibility and power a service user or group of participants should have in a professional context is perhaps the most common ethical issue in professional practice. At an individual level it is often framed as a choice between promoting or respecting an individual’s choice versus a concern for their welfare and/or the needs and interests of others. The case of a man with alcohol problems who wished to remain at home despite the social worker’s judgement that he was at ‘significant risk’ is a good illustration. At a community or neighbourhood level, a manager reported having to decide between the preferences and choices of a small group of active residents and the broader and long-term interests of the wider community.

These dilemmas and problems inevitably lie at the heart of social welfare work, which operates within a framework of care and control, yet aims also to empower, educate and promote democratic participation. Although this is an ‘age-old’ conflict in the work, some of the tensions are further intensified in the current climate in which the pressures to promote the participation and self-determination of service users are increasing alongside the sometimes contradictory desire to reduce or eliminate risk (see Banks, 2003). The tensions between trends towards flexibility, local responsiveness and community and service user participation (communitarianism, consumerism, radicalism) on the one hand and the centralising regulatory state (bureaucracy and accountability requirements) on the other, furnish the context for these very particular dilemmas and problems.
Maximising welfare/distributive justice

Issues of rationing and prioritizing came up several times. For example, youth workers used to working with a broad age range of young people, questioned the recent requirement to target their time and resources at specific 'problematic' groups. A social worker commented on the frustrations of balancing the need to respond to crises (child protection) while maintaining close and trusting relationships with particular young people looked after by the social services department. Her job had just changed to involve child protection responsibilities as well as child care. The question of how to maximize the use of scarce resources is a constant issue for public services, but the growth of awareness of and emphasis on efficiency and effectiveness raises new challenges for practitioners.

The role of the professional practitioner

The question of where the boundaries of professional work lie is another traditional ethical issue for professional practitioners. It relates not just to the boundaries between being an ally/friend as opposed to a distant professional expert, but also to the question of what is one's professional duty? While the vexed question of defining and maintaining boundaries is a long-standing one, the precise nature of the debates does change over time as policies and priorities shift. Youth workers, social workers, nurses and police officers operating in the inter-professional context of a youth offending team reported issues arising from the blurring of boundaries between professional roles, including questions of how to handle confidential information. The demands for partnerships, inter-agency, multi-disciplinary and inter-professional working in the social welfare and regeneration fields are providing new contexts to test out the old-established boundaries of the different professions and their distinctive roles and ethical codes.

Professional values, professional autonomy and professional integrity

Several respondents mentioned value conflicts with colleagues and
their employing agencies. Whilst this is not a new issue, for some of
the practitioners working in multi-professional settings it may raise
conflicts, dilemmas and tensions that are less apparent in work in set-
tings dominated by a single profession, such as social services depart-
ments or youth work agencies (see Banks 2004, Chapter 5, for a dis-
cussion of inter-professional ethics). Again this was particularly
apparent in a youth offending team context, where a youth worker
reported having to choose between quitting the job or compromising
his own values about respect for young people. In another team, a
health professional found himself required to breach what he regarded
as his professional commitment to strict patient confidentiality. He
articulated this in terms of a threat to his professional judgment and
autonomy: ‘as an individual professional, you know, I have the right to
decide what is best for the interests of that person who I’m dealing
with.’

Poor/ineffective work

There were many accounts of practitioners being required/expected
to do work that was regarded as ineffective, unnecessary, ‘ridiculous’ or
damaging (for example, the stigmatizing effect of taking people into the
mental health system) and stories of poor practice by other professionals
(for example, the police undoing the good work of the community wor-
kers). Such stories about ‘other professionals’ are well-recognised ways of
performing moral aspects of professional identity (White and Stancombe,
2003, p. 112) and fall into the category of what Dingwall (1977) calls
‘atrocity stories’. These types of accounts sometimes take the form of
frustrations or challenges – that is, the practitioner giving the account
was often a passive observer, or a frustrated participant. Several practitio-
ners gave such accounts alongside comments like: ‘that’s what I’m expec-
ted to do’ (a social worker referring to that fact that service users have to
sign a contract for a service before they know the cost). Again, these
types of stories are nothing new, although they may reflect a growing
sense of frustration and powerlessness amongst practitioners (see Jones,
2001).
Concluding comments

There are no easy answers to the ethical challenges outlined in this paper. However, I will conclude the article with three points for further consideration.

1) The importance of critical reflection and debate

It is essential to encourage a culture of discussion and questioning amongst students on training courses; practitioners in their teams; and practitioners from different teams and different agencies. I have taught ethics to social work students in France, Finland, Portugal and Sweden. In all these places the students have appreciated the chance to discuss their own dilemmas and case studies with each other, and some have commented that that had never done this before (Banks, 2002). It is not necessary to have separate courses in ethics, but ethics does need to be identified and covered in the teaching and learning. Textbooks, discussion documents, case studies for discussion can all help (see Banks and Nøhr, 2003).

2) Supporting social workers to recognise and challenge their employers and central government about systems that inhibit good and ethical practice

It is important to develop skills not just in reflection, but to develop ‘reflexive’ and committed practitioners. Reflexivity entails social workers subjecting their own knowledge and value claims to critical analysis and becoming aware of the dominant professional constructions influencing their practice (Taylor and White, 2000, p. 35). It may involve recognising how they themselves are part of systems of domination and oppression. A commitment to a collective set of values that entails promoting social justice and challenging inequalities and oppression is essential if social work is to maintain its integrity. There is currently a need to raise the profile of the profession and redefine and reaffirm the values of social work.
3) Finding a balance between developing more and more procedures and rules, and recognising the need for good judgement.

It is important that social workers do not rely solely on procedures for doing ‘the right’ action and are prepared to modify or ignore them when necessary. As one of the senior managers in a social work office commented to me in an interview:

Procedures are guidelines, and not tablets of stone. You've got to use your intelligence, you've got to kind of look at them in the context of people, and in the context of situations, and procedures can't cover every eventuality. There are times when you just have to use your brain and judgement, and people say 'well, what if I get it wrong?' and I say, 'Well, you know, you get it wrong then'. If we're not paid for our judgement, then what are we paid for?

There is a tendency to regard ‘professional ethics’ as standards of behaviour, prescribed by a professional association, a regulatory body or employer in the form of rules (such as, 'do not have sexual relations with a service user'). However, this is just one aspect of what we might want to include under the heading 'professional ethics'. Other aspects of professional ethics might include the articulation and discussion of key values and principles underpinning the work of an occupational group (such as 'the promotion of the self-determination of service users') and the cultivation of workers with certain character traits or dispositions (such as trustworthiness or empathy). As the moral philosopher Peter Singer (1997, p. vi) comments:

The problem is that most people have only the vaguest idea of what it might be to lead an ethical life. They understand ethics as a system of rules forbidding us to do things. They do not grasp it as a basis for thinking about how we are to live.

It is the argument of this paper that in facing the ethical challenges inherent in social work today, it is very important that social workers develop the confidence and ability to make their own considered judgements, rather than to seeking always to follow a rule.
References


