



THE ETHICAL IMPACT OF THE COVID-19 PANDEMIC ON SOCIAL PROFESSIONALS

Research report based on a survey

*‘To what extent can I openly
be critical of the national
policy, which is also
propagated by the
municipality I work for?
And to what extent can and
may I allow my own common
sense and professionalism to
prevail and thus not follow
guidelines?’*

The ethical impact of the covid-19 pandemic on social professionals

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This survey was carried out by two research groups of HU University of Applied Sciences Utrecht in the Netherlands: Debts and Debt Collection (lectoraat Schulden en Incasso) and Innovative Societal Service Provision (lectoraat Innovatieve Maatschappelijke Dienstverlening) as part of the project 'An ethical framework for social work' (Een ethisch kader voor sociaal werk). This project was made possible by a grant from ZonMw within the framework of the grant 'COVID-19: Science for Practice' (COVID-19: Wetenschap voor de praktijk). The project was realised between July and December 2020.

One of the authors of this research report participated in [an international survey](#) which provided insight into the ethical challenges that social workers faced during the covid-19 pandemic. However, this study did not show the prevalence of the challenges described. Were they widespread, or was it more a matter of individual cases? We conducted an additional survey among Dutch social professionals to shed more light on this matter, seeking an answer to our main question: what is the nature and extent of the ethical burden on social professionals in the Netherlands during the first phase of the covid-19 pandemic?

108 respondents participated in the survey. Respondents to the survey were recruited primarily in two different ways, namely via the channels of the Dutch Professional Association for Social Professionals (BPSW), and via actively approaching the professional network of one of the authors, Nadja Jungman, professor of Debts and Debt Collection. This two-pronged approach can be seen in the types of respondents who, except for 4 respondents, can be roughly divided into two groups. One group consists of 42 respondents who are active in the field of financial counselling. This category is clearly over-represented in this study. The remaining 62 respondents are a cross-section of the professional group. Of these respondents, 14 are active in broad and basic support, 18 work for people with disabilities and/or mental disorders and 12 counsel young people and their families if applicable. Other fields of activity include: outreach work, mediation, compulsion and coercion-related work (4x), homeless people (4x), guidance and support in employment (3x), community work and neighbourhood work (2x), social counselling (2x), nursing home care (2x), housing (1x), food bank (1x), crime and disturbances (1x), prevention (1x), refugees (1x), the elderly (1x), and informal care (1x). Please note that these categories are not mutually exclusive. Some respondents are classified in more than one category. In short, the respondents represent a decent cross-section of the social domain, albeit with a strong over-representation of the financial branch.

The research findings consist of qualitative and quantitative data. The qualitative data were collected by means of open-ended questions. These data are categorised according to the answers given. The number of respondents is shown for each category. These categories are also illustrated using a number of quotes from respondents. These quotes have been corrected for any typographical errors; a word has been added between square brackets on occasion for clarification. As respondents sometimes give composite answers, it may be the case that their response can be classified in more than one category. This causes the number of recorded responses to a question to generally exceed the number of respondents who participated in the survey.

The quantitative data are based on scores on a five-point scale, given in response to statements presented to the respondents. For the sake of convenience, the quantitative data are presented in percentages, even though this suggests a precision that cannot be guaranteed by the research design; after all, the sample is not representative. In other words, the quantitative data give no more than a rough indication of the extent to which the challenges described occur within the professional group. First, the percentage for all respondents is given with an accuracy of one decimal place, followed in brackets by the percentage for the group of 62 respondents representing a cross-section of the profession, rounded off to the nearest whole number. Only in the case of striking differences in the percentages between all the respondents and the subgroup mentioned would the following report explicitly pay attention to the score of the more representative group, but this turned out not to be the case for any of the questions. Incidentally, for an even more representative score, the average of the professionals who are active in the financial field would also have had to be taken into account slightly. Doing so would have reduced the deviation from the general average. But all these scores are only indications, so a precise determination would only lead to a false sense of accuracy. For the reader's convenience, the scores that are considered indicative of problematic situations in this analysis are underlined.

Two respondents commented on what they considered the suggestive nature of the questionnaire.

- *I think the questionnaire is a bit suggestive...*
- *What makes you assume that ethical choices are on the forefront now? I don't share that view. It's as if we're out of the pandemic now, but we haven't worked a normal day yet.*

The questionnaire is based on the international research which has unequivocally shown that the pandemic is paired with extra ethical challenges. The aim of this questionnaire was precisely to explore the extent thereof. Two choices were made to formulate the questions of the questionnaire in plain Dutch. Firstly, a choice was

made in terms of grammar, to only formulate the questions in the simple past tense and not to also integrate the present tense into the questions. Secondly, the open-ended questions did not explicitly ask whether there was a need to reduce the burden in the first place. Considering the responses to these questions, most respondents did not consider this phrasing suggestive but instead clearly indicated when the question did not apply to their situation, as will become apparent below. Several respondents also referred to the present when they felt it was relevant.

1.1 The relation between service users and social professionals

1.1.1 The relation: quantitative

A large majority of social professionals (70.4%) experienced the impact of covid-19 on the professional relationship as taxing. Half or more of these professionals experienced obstacles in establishing new contacts (61.1%), maintaining existing contacts (50.0%), assessing the situation (60.1%) and providing services (58.3%). Remarkably, only a small minority was affected by unclear rules (9.3%). According to the respondents, the emergency measures did not have as large of an impact on the privacy of the clients as expected, especially given the circumstances (14.0%).

[6] The changed rules of engagement were clear and unambiguous to me.

(Almost) not at all: 1.9% (3%)
Slightly: 7.4% (11%)
Moderately: 33.3% (27%)
Very: 29.6% (34%)
(Almost) completely: 27.8% (24%)

[7] The changed rules of engagement prevented me from making contact with new service users in a professional way.

(Almost) never: 9.3% (13%)
Sometimes: 29.6% (34%)
Regularly: 33.3% (24%)
Often: 22.2% (21%)
(Almost) continually: 5.6% (8%)

[8] The changed rules of engagement prevented me from maintaining existing contacts with service users in a professional manner.

(Almost) never: 11.1% (15%)
Sometimes: 38.9% (42%)
Regularly: 29.6% (23%)
Often: 16.7% (16%)
(Almost) continually: 3.7% (5%)

[9] The changed rules of engagement made it difficult for me to get a good overview of the state of service users and their situation.

(Almost) never: 5.6% (5%)
Sometimes: 34.3% (35%)
Regularly: 29.6% (31%)
Often: 22.2% (18%)
(Almost) continually: 8.3% (11%)

[10] The changed rules of engagement made it difficult for me to adequately provide the desired services.

(Almost) never: 6.5% (6%)

Sometimes: 35.2% (37%)
Regularly: 31.5% (31%)
Often: 17.6% (15%)
(Almost) continually: 9.3% (11%)

[11] The changed rules of engagement had a negative impact on protecting the privacy of service users.

(Almost) never: 48.1% (50%)
Sometimes: 38.0% (35%)
Regularly: 5.6% (6%)
Often: 5.6% (5%)
(Almost) continually: 2.8% (3%)

[12] To what extent did you experience all these obstacles as particularly taxing?

(Almost) not at all: 4.6% (7%)
Slightly: 25.0% (30%)
Moderately: 25.0% (22%)
Very: 36.1% (30%)
(Almost) completely: 9.3% (12%)

1.1.2 The relation: qualitative

[13] What would have helped you most to reduce this burden?

Some professionals put forward several solutions, while others did not mention any solution at all (27x), either because they did not answer the question (6x), because they did not know (3x), or because the question did not apply to their situation (18x). In some cases, professionals give an explanation as to why the question is not applicable to their situation, for instance because, in their view, there was no other way (9x), because things were going well anyway (2x), or because they went on home visits anyway (2x).

The solutions that professionals seek for the problems observed in light of professional relation mainly come down to three different strategies. Some of the professionals (43x) sought the solution primarily in the preconditions for their work. Another group of professionals (31x) pleaded for more contact with clients. A third group felt a need for clear guidelines (18x). A few also asked for more trust in professionals (2x) or more appreciation for professionals (1x).

Professionals' need for improvement of the preconditions for practising their profession is very varied. Better digital facilities stand out in particular, which are also to be used for the benefit of service users and for contact between professionals (17x). In addition, there is a particular need for an improved and quiet workplace at home (5x) or a safe workplace at work (7x), improved cooperation (6x), more support (5x), having resources available earlier (5x) and better service provision for users (3x). The need for more contact opportunities with service users is sometimes accompanied by an explicit demand for more security (7x). When it comes to the need for clear guidelines, rapid information provision (1x) or being kept up to date with job-specific information (1x) are incidentally among the aspects mentioned.

A few professionals briefly mention all three main categories, for instance:

- *Creating more opportunities for the service to be provided in an appropriate manner. Getting clarity more quickly on the rules that must be followed. Faster facilitation of resources.*

Another professional elaborates on some of these aspects more concretely.

- *Well-functioning office at home (internet network of organisation in order, keyboards distributed instead of working on laptop, budget for standing tables, good chair and good camera for video calls). Opportunities to meet with clients in other ways as well, for example by offering yoga and*

exercise activities for staff and clients or target groups together to keep fit and have a chat afterwards.

There are different opinions about the rules.

- *No restrictive measures. Freedom to deviate from the rules. No prohibition on direct contact. No obligation to work from home. The measures are not realistic. Yet I have to propagate them. That's a huge dilemma. Give us freedom in this respect as well.*

Other responses echo this sentiment in a less abstract and more substantive way.

- *It is impossible to help some clients without face-to-face contact.*

Cooperation was also a point of attention.

- *Increasing the togetherness. Professionals were too much focused on delineating their own tasks due to pressure, being afraid to act and tensions. They were not looking at the big picture, at what a family needs; they were not talking to the family and each other.*

Another perspective is involvement.

- *More involvement from the organisation; more frequent contact with the supervisor.*

And that can also be done differently.

- *What helped me a lot was an e-mail from my superiors, in which they clearly paid attention to our inner conflict and in which they expressed their appreciation for our commitment in this situation. This made me feel appreciated and it made me realise that we are doing our best in a situation that is unknown and complicated for everyone.*

1.2 Prioritising

1.2.1 Prioritising: quantitative

More than a quarter of the professionals (29.6%) were negatively affected by having to set priorities. Plausible explanations are that they were forced more than usual to make choices between service users (28.7%), were more limited than usual in their options for making a professional assessment (19.1%), and were able to help service users less than usual (35.2%).

It appears that the use of ethical guidelines increased slightly during the pandemic, while their use by a large majority of professionals (63.9%) did not change. It is striking that almost half of the professionals (48.2%) make little or no use of ethical guidelines in the assessment process and that more than a third of professionals do not or hardly receive support from their own organisation (40.8%).

[14] During the pandemic, I was forced (more than usual) to make choices between service users in my service provision.

(Almost) never: 42.6% (37%)

Sometimes: 28.7% (34%)

Regularly: 16.7% (18%)

Often: 8.3% (6%)

(Almost) continually: 3.7% (5%)

[15] During the pandemic, I was limited (more than usual) in my options for professionally weighing my choices between service users.

(Almost) never: 50.0% (55%)

Sometimes: 30.6% (29%)

Regularly: 13.0% (6%)

Often: 5.6% (8%)

(Almost) continually: 0.9% (2%)

[16] In the assessment process of choosing between different service users, I was supported within my team and my organisation.

(Almost) never: 16.7% (13%)
Sometimes: 24.1% (26%)
Regularly: 23.1% (24%)
Often: 13.9% (18%)
(Almost) continually: 22.2% (19%)

[17] In the assessment process, I used relevant ethical guidelines such as the professional code applicable to my occupation.

(Almost) never: 27.8% (29%)
Sometimes: 20.4% (23%)
Regularly: 23.1% (21%)
Often: 10.2% (15%)
(Almost) continually: 18.5% (13%)

[18] My use of relevant ethical guidelines during the pandemic compared with the period before that was:

Much less often: 6.5% (6%)
Less often: 3.7% (3%)
About the same: 63.9% (60%)
More often: 20.4% (23%)
Much more often: 5.6% (8%)

[19] During the pandemic, I have not been able to help clients who I otherwise could have helped.

(Almost) never: 29.6% (27%)
Sometimes: 35.2% (34%)
Regularly: 21.3% (23%)
Often: 11.1% (13%)
(Almost) continually: 2.8% (3%)

[20] To what extent have you found setting priorities to be extra taxing?

(Almost) not at all: 20.4% (18%)
Slightly: 19.4% (23%)
Moderately: 30.6% (32%)
Very: 23.1% (21%)
Extremely: 6.5% (6%)

1.2.2 Prioritising: qualitative

[21] What would have helped you most to reduce this burden?

With regard to setting priorities, three types of major needs have been identified. The first need concerns clear guidelines and communication (21x), mainly from their own organisation, but also from the government and other organisations.

- *That [the] government provides more support in terms of clear guidelines for vulnerable professionals so that fewer conflicts arise with parents with regard to contact.*

The second, equally widely shared need relates to consultation and support (21x), mainly from colleagues but also more generally from the organisation, and occasionally specifically for service users.

- *[It would help me] if there was more support and attention for how I was doing as a worker. I found it a lonely process and difficult to deal with complicated situations when colleagues and managers were not easily accessible.*

The third need concerns various preconditions for work (16x), particularly with regard to available resources and the quality of cooperation.

- *More caseload meetings and guidance on the steps to be taken in processes with service users.*
- *Joint responsibilities of care organisations and civil servants.*

Of course, these needs are interrelated.

- *More clear guidelines from the organisation. Better facilitation of digital and home working. Clear working and processing procedures. As an individual worker, we have had to figure out many things by ourselves, which also has to do with very different clients and their capabilities. We can never have a fixed working method, but these times require extra creativity.*

The large number of responses that do not contain a concrete answer to the question is striking: no concrete suggestions are made for reducing the burden (52x). The reasons for this vary. The question often turns out not to be relevant to the specific situation, for example because there is no burden, because sufficient support is available, or because the respondent tries to make the best of it (20x).

- *I did not experience this as a burden. I did wonder whether the right kind of help was provided, given the more limited communication options.*
- *N/A. I have been able to continue helping clients during this period. Only less face to face, but more by phone and email.*
- *Not, I could fall back on several colleagues.*

However, it also happens that respondents do not know what would have helped them (13x) or even believe that reducing the burden is not possible (2x).

- *No idea. I understand that it cannot be helped.*
- *There was nothing we could do about it, except hope for better times. We were able to support each other well in everything, as colleagues.*

It is often the case that there is no response (10x) or that respondents only underline their concerns regarding the service users (6x). Two respondents commented on what they saw as the suggestive nature of the question; this issue has already been addressed above.

1.3 Changes of rules and regulations

1.3.1 Changes of rules and regulations: quantitative

A large majority of the social professionals often or always follows the rules and regulations of the government (86.1%) as well as those of their organisation (87.1%). While more than three quarters of the professionals (77.8%) do not leave it up to the service users to follow the rules and regulations and many also instruct them on safe behaviour (62.1%), service users are often not supported in their decision-making process (50.0%) or their risky behaviour is not addressed (51.1%), and they are almost never corrected (87.0%). It seems that the more directive an intervention is by nature, the less it is used by social professionals.

[22] I have left it up to the service users themselves whether or not to follow the new rules of engagement.

(Almost) never: 41.7% (40%)

Sometimes: 36.1% (39%)

Regularly: 8.3% (8%)

Often: 11.1% (11%)

(Almost) continually: 2.8% (2%)

[23] I have supported service users in the process of deciding whether or not to follow the new rules of engagement.

(Almost) never: 14.8% (6%)

Sometimes: 35.2% (39%)
Regularly: 21.3% (18%)
Often: 16.7% (26%)
(Almost) continually: 12.0% (11%)

[24] I have instructed service users on safe behaviour.

(Almost) never: 8.3% (6%)
Sometimes: 29.6% (29%)
Regularly: 20.4% (19%)
Often: 20.4% (23%)
(Almost) continually: 21.3% (23%)

[25] I have addressed service users' risky behaviour and made them aware of their responsibilities.

(Almost) never: 24.1% (21%)
Sometimes: 37.0% (32%)
Regularly: 14.8% (19%)
Often: 8.3% (10%)
(Almost) continually: 15.7% (18%)

[26] I have corrected the risky behaviour of service users and imposed restrictions on their actions.

(Almost) never: 64.8% (61%)
Sometimes: 22.2% (24%)
Regularly: 6.5% (6%)
Often: 3.7% (5%)
(Almost) continually: 2.8% (3%)

[27] I have followed the rules and regulations of the government.

(Almost) never: 0.0% (0%)
Sometimes: 6.5% (10%)
Regularly: 7.4% (11%)
Often: 27.8% (26%)
(Almost) continually: 58.3% (53%)

[28] I have followed the rules and regulations of my organisation.

(Almost) never: 0.0% (0%)
Sometimes: 4.6% (8%)
Regularly: 8.3% (10%)
Often: 31.5% (27%)
(Almost) continually: 55.6% (55%)

1.3.2 Changes of rules and regulations: qualitative

The vast majority of social professionals deviate from rules and regulations when they consider this to be in the interests of the service users, and occasionally also for their own practical reasons.

[29] The main reasons for me to deviate from the rules and regulations when necessary were:

Notwithstanding one participant refraining from answering the question, only a small minority (17x) indicated that they never deviate from the rules and regulations.

Some workers deviate from the rules and regulations on the basis of their own perspective as professionals (17x), regarding, for example, practicability (5x), time pressure (1x) or appealing to common sense (2x).

- *In the interest of performance.*
- *That the situation made it impossible to keep a distance or that regulations contradicted each other. Used common sense.*

But social professionals also occasionally deviate from the rules and regulations because they do not want to be seen as a whiner (1x), because it is done out of habit (1x), or because they admit having been a little too lenient regarding rules (1x).

- *It took a long time to get instructions from the employer. And I have to admit that I sometimes deviate because the norm in the group is not to do a certain thing. It feels weird to use a mouth mask during a home visit. I would like to, but I am afraid of being seen as a whiner by clients or colleagues.*
- *By mistake, out of habit.*
- *When the rules were eased, I may have been too quick on the draw.*

However, the vast majority of professionals deviate from the rules and regulations in view of the interests of service users (77x). This regularly explicitly concerns serious and urgent situations, such as an escalation or a crisis (27x).

- *Personal conversations with service users. Body language is important in order to have a good conversation.*
- *Interacting on a personal level. For example, saying goodbye in a dignified manner when someone is dying.*
- *Circumstances in which it would be absolutely detrimental to the service user.*
- *Situations in which a person got into trouble and I, as a professional, consciously made a different choice.*
- *Acute situation requiring immediate action.*

1.4 Changes of professional tasks: quantitative

During the pandemic and the lockdown, tasks beyond professional contact seemed to be under pressure. Please note, however, that the data we collected do not allow for a comparison with the situation before the pandemic.

Collaboration was absent or virtually non-existent in a substantial minority of cases (39.9%). Furthermore, advocacy for the rights and interests of individuals or groups (46.3%), reporting alarming indicators to the competent authorities (46.6%) and the involvement of volunteers, networks or communities (54.6%) only occurred in about half of the professionals' activities.

[30] I have engaged volunteers, networks and communities to support service users.

(Almost) never: 18.5% (16%)

Sometimes: 36.1% (34%)

Regularly: 23.1% (26%)

Often: 11.1% (16%)

(Almost) continually: 11.1% (8%)

[31] I have been able to cooperate well with other organisations in providing services to service users.

(Almost) never: 9.3% (6%)

Sometimes: 30.6% (37%)

Regularly: 29.6% (27%)

Often: 23.1% (24%)

(Almost) continually: 7.4% (5%)

[32] I professionally reported alarming indicators about the negative impact of the pandemic and the lockdown on clients and populations to the competent authorities.

(Almost) never: 16.7% (13%)
Sometimes: 26.9% (23%)
Regularly: 25.0% (27%)
Often: 19.4% (24%)
(Almost) continually: 12.0% (13%)

[33] I have stood up for the rights and interests of service users and populations who have been adversely affected by the imposed measures.

(Almost) never: 19.4% (18%)
Sometimes: 26.9% (26%)
Regularly: 25.9% (26%)
Often: 16.7% (19%)
(Almost) continually: 11.1% (11%)

1.5 Support and self-care

1.5.1 Support and self-care: quantitative

A minority of social professionals experienced situations that put their health at risk, which situations were either compulsory (18.5%) or voluntary (29.7%). More than a third of the professionals experienced tensions between their own rights and interests and those of service users (44.4%), experienced stressful emotions more often than customary (38.0%), and had difficulty respecting their own limits (33.4%). Support appears to be seriously lacking for a substantial minority, not only in perceived recognition and appreciation (42.6%), but also in their own organisation (45.4%) and for a large majority in their personal lives as well (65.8%). The pandemic was a lonely undertaking for many social professionals.

[34] I was forced to balance the interests and rights of myself and of my service users.

(Almost) never: 24.1% (19%)
Sometimes: 31.5% (32%)
Regularly: 21.3% (23%)
Often: 18.5% (21%)
(Almost) continually: 4.6% (5%)

[35] I felt forced to carry out tasks that put my health at risk.

(Almost) never: 53.7% (52%)
Sometimes: 27.8% (27%)
Regularly: 8.3% (8%)
Often: 4.6% (6%)
(Almost) continually: 5.6% (6%)

[36] I felt prompted to provide services, even though they involved health risks for me.

(Almost) never: 40.7% (35%)
Sometimes: 29.6% (27%)
Regularly: 13.9% (15%)
Often: 6.5% (11%)
(Almost) continually: 9.3% (11%)

[37] I have experienced stressful emotions (more often than customary).

(Almost) never: 24.1% (23%)
Sometimes: 38.0% (37%)
Regularly: 15.7% (18%)

Often: 16.7% (16%)
(Almost) continually: 5.6% (6%)

[38] I was able to respect my own limits and distance myself from my work sufficiently.

(Almost) never: 1.9% (2%)
Sometimes: 31.5% (34%)
Regularly: 23.1% (23%)
Often: 31.5% (29%)
(Almost) continually: 12.0% (13%)

[39] I received solicited and unsolicited support in my personal life.

(Almost) never: 30.6% (34%)
Sometimes: 35.2% (26%)
Regularly: 17.6% (21%)
Often: 12.0% (15%)
(Almost) continually: 4.6% (5%)

[40] I received solicited and unsolicited support from my team and my organisation.

(Almost) never: 10.2% (8%)
Sometimes: 35.2% (34%)
Regularly: 22.2% (23%)
Often: 21.3% (24%)
(Almost) continually: 11.1% (11%)

[41] I experienced recognition and appreciation for my work under difficult circumstances.

(Almost) never: 13.0% (13%)
Sometimes: 29.6% (35%)
Regularly: 25.0% (18%)
Often: 15.7% (21%)
(Almost) continually: 16.7% (13%)

1.5.2 Support and self-care: qualitative

As far as their personal load is concerned, social professionals would have benefited from more attention and appreciation within the organisation, while the facilitation of their work could also have been better.

[42] What would have helped you most to reduce your personal load?

Some professionals did not answer the question (8x), while a few others indicated not knowing what would have helped them (6x). A group (27x) also states that this question is not applicable to their situation, as they have not experienced a burden for example or because they have experienced sufficient support at work and/or in their private life.

- *I did not feel personally burdened.*
- *The responsibility lies with yourself, you have to sound the alarm yourself, you cannot put this on your employer alone.*
- *Within our own team, we have always supported each other and thought along with each other.*
- *It took a while for everything to get going, but I have felt very supported and recognised in respect of our work together, but I am also someone who can easily go my own way. I know there are colleagues who have found that more difficult. At the same time, everything at home was on track, and that made a huge difference.*

Given the results of the quantitative part of the questions on support and self-care, it is not surprising that contact, attention and appreciation are mentioned as the things that would have helped the professionals the most (40x); this is not limited to personal conversations with colleagues, but a little bit of attention, understanding and appreciation from their managers are among the topics mentioned as well.

- *Contact with colleagues for consultation.*
- *Regularly discussing personal experiences and rising stress levels.*
- *Exchanging ideas and getting appreciation from your manager.*
- *Appreciation/recognition for all the work we have done and are still doing.*
- *Perhaps [if] more attention was paid to how someone's qualities and pitfalls emerged under pressure. So not only focused on: don't overwork yourself and taking breaks, [but also] focused guidance on those things that are now being magnified.*

Occasionally, social professionals also ask for better financial compensation and better support in relation to home.

- *More pay so I can go to the sauna regularly :)*
- *More support at home.*

Some professionals also need better facilitation of their work (32x). This mainly concerns achieving a better work-life balance by reducing or spreading the workload and more time for relaxation (14x) and a better workplace at home (5x). Better work facilitation also concerns the need for clear information and guidelines (7x) or adjustment of (the usage of) the guidelines (4x) and sufficient resources and support (4x).

- *The digital world causes you to always be 'on', even on days off. I find that annoying.*
- *Being able to do more fun things during time off.*
- *Difficult, working at home with young children mixed work and private life in a way that I would have preferred to avoid. I also found it difficult to stop working because [taking a break means] you are less efficient, and that eats away at you.*
- *A private workplace at home.*
- *Clear guidelines from the organisation, most considerations about whether or not to do something were left to the individual employee (even though you could always discuss it with colleagues).*
- *A schedule that does not change too much, sufficient breaks between shifts.*
- *Expectations in terms of accessibility and working from home. I work longer hours and if I take an hour's break, I'm told I'm not easy to reach. Doesn't feel good.*

1.6 Other issues

One professional argues for a new professional morality, with more attention to (soft) values.

[43] The foregoing has addressed some of the issues involved in the covid-19 pandemic. It is possible that other ethical issues are or have been of interest to you. You can describe them here.

A minority of the professionals gave a substantive response to this question (33x). Most of these responses relate to themes that were discussed in the study (22x), including rules of engagement, workload and privacy. In addition to these, themes were brought to light that this survey didn't encompass but which were already known from earlier research (7x), such as the impact on the most vulnerable groups or, on the contrary, that some service users turn out to be more capable than professionals had expected.

Three times, however, new aspects of a known problem are mentioned, namely that service users tend to ask questions about the professionals' private lives when working from home, that professionals set an example for service users, or that tensions can arise within organisations.

Three recommendations are also formulated: good preparation for the next lockdown, leaving it to the professionals whether or not to work, and a plea for a new professional morality by a social professional working in the field of coercion and compulsion in the supervision of families.

- *Would set a new agenda for a new morality. More attention for meaning and moral emotions. Ethicists and bioethicists can play an important role in this, by making explicit the (soft) values that are necessary in the process of social reorientation as a result of the pandemic.*

1.7 Conclusions and recommendations

The international research has provided insight into the main ethical challenges for social workers during the covid-19 pandemic. However, it is not possible to deduce from this research how widespread the problems outlined are. This Dutch survey has provided a first impression of the extent to which these ethical challenges occur in the Netherlands. There appear to be considerable differences between them. While more than 70% of the professionals experienced the impact on direct contact with service users as taxing, this applies to fewer than 30% when it comes to having to set priorities in respect of the interests of service users. This statistic varies between 30% to 70% for problems concerning self-care, depending on the aspect addressed.

The ethos of social professionals is perhaps most evident in the explicit motivation of more than 70% of the respondents to deviate from the prevailing rules and regulations of the government and their organisation, even though the majority (> 85%) usually follows them. This deviation is mainly in the interest of the service users (70%). It is striking, however, that almost half of the respondents make little or no use of ethical guidelines in the consideration process. Moreover, this concern of social professionals for service users is contrasted by more than 40% of professionals receiving too little recognition, appreciation and support from their own organisation; some 65% even receive too little support in their private lives. Social professionals are more likely to care for others than they are to be cared for. This is a matter of concern, particularly on this scale.

It is striking that more or less the same categories emerge for the three different areas of the question of what would have helped the professionals most. Whether it is the burden associated with the difficulty of establishing, maintaining and using professional contact for service provision, the burden associated with having to prioritise between the needs of the service users, or the personal burden associated with a lack of (self-)care, three main categories of contact, preconditions and guidelines can always be identified in the answers given. However, preconditions are most frequently mentioned in the case of professional contact, contact is most often mentioned in the context of (self-)care, whereas guidelines and contact are most apparent in relation to setting priorities. Furthermore, the nature of the desired contact varies: in professional contact, the need for direct contact with service users is key. In setting priorities, the need for consultation with other professionals is dominant. The need for attention and appreciation prevails in relation to (self-) care.

A recommendation to service organisations is therefore to keep a sharp eye on these three aspects in times of crisis, despite all the commotion and uncertainty.

- How can the preconditions for service provision be maintained?
- How can we ensure that applicable guidelines are tailor-made and support the work optimally?
- How can direct contact between service providers and service users be maintained as often and as well as possible?
- How can service providers continue to optimally perform other tasks such as networking, detection and advocacy?
- How can consultation between professionals internally and externally be maintained as well as possible or even improved if necessary?
- How can ethical frameworks be integrated in this?
- How can appreciation and recognition for the work of service providers under difficult circumstances, as well as attention and care for their burden, remain or become part of the daily routine of the organisation, especially in times of crisis?