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In Conversation with a Case Story: Perspectives on Professionalism, Identity and Ethics in Social Work

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ABSTRACT

In this co-authored article, one contributor presents a case story from an interview with a social worker in Slovenia, while five others offer commentaries on ethical aspects of the case. The story comes from a practitioner working with a pregnant young woman, arranging for adoption following birth. The social worker respected the woman's request to keep her identity secret, hence not registering her in the institutional records. However, whilst the social worker was on holiday, the baby was born and anonymity was not maintained. Commentaries 1 and 2 evaluate the story through its form: as a narrative with a tempo and plot; and as a performance that creates its narrator as an agent with an ethical identity. Commentary 3 uses a normative moral philosophical framework (virtue ethics), while the final two commentaries take a more grounded approach. Commentary 4 views the social worker as using discretion to act in a space void of rules (there is no provision for anonymous birth), whereas Commentary 5 foregrounds the Slovenian code of ethics as a source of ethical standards unremarked upon by the social worker. The article ends with reflections on the value of exploring multiple perspectives and engaging in dialogue in developing ethical understandings and actions.

KEYWORDS

Social work ethics; professional identity; virtue ethics; narrative ethics; discourse analysis; code of ethics; ethics case story

Introduction

This article views a Slovenian social worker's case story through the lens of ethics, offering different analytical perspectives on matters of harms, benefits, rights, responsibilities, moral virtues, and vices.

We (the authors of this article) offer a brief overview of the use of cases and narratives in professional ethics before introducing the background to this case story, including how social work is organised in Slovenia. We then present the case story as a verbatim,

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translated extract from an interview, and give commentaries from five perspectives (written by authors from different countries) followed by reflections on the process.

Cases and narratives in professional ethics

Sarah Banks

The use of cases is common in learning and teaching professional ethics. There is even a genre known as ‘the ethics case’ (Chambers 1997). An ethics case is usually an account summarising a situation in professional practice in which ethical issues are at stake, designed to stimulate discussion of what might be the right course of action by the professionals involved. Often cases are quite short, and are either completely fabricated or constructed from real life events, with people and organisations anonymised, and certain ethical issues or dilemmas foregrounded. Such cases take the form of a short narrative – an account of a reportable event, in which action occurs, where the end of the case may reveal what happened or may invite the reader to bring closure by saying what should happen (Chambers 1997, 180). There also may be an explicit lesson or moral drawn from the story.

There are many limitations of such short ethics cases (Banks 2012; Banks and Nyboe 2003; Chambers 1997), including de-contextualisation from the places and institutions in which they are located and a focus more on action than the characters, motivations, and emotions of those involved. Hence, longer, first person accounts, with no editing or summarising by a third party, while still constructed by the tellers for a purpose, usually give more details of context and character. They allow deeper engagement with readers, enable analysis using more situated approaches (such as virtue or care ethics), and encourage ethically salient analysis of the discourses used to frame and construct participants and situations. To distinguish the practitioner’s account presented here from the more traditional, short ethics cases, we will refer to it as an ‘ethics case story’.

In English, the term ‘story’ refers to characters and events (story told) and also the mode of telling (the narrative form in which it is told) (Currie 2010, vi). In learning and teaching professional ethics, and theorising about ethics more generally, interest has grown in ‘narrative ethics’ (Baldwin and Estey-Burttt 2012; Brody and Clark 2014; Montello 2014; Newton 1995; Wilks 2005) as a counter-weight to more impersonal principle-based ethics that focuses on deductive, rational decision-making based on abstract moral principles from Kantian or Utilitarian philosophy. Patient narratives have been of particular interest in medicine and bioethics (Dekkers, Uerz, and Wils 2005; Frank 1995, 2004), along with the use of fictional literature (Hawkins 1997) and other creative activities in the medical humanities to expand moral horizons, encourage empathic understanding, and develop ethical and cultural sensitivity.

In this article we focus on a social worker’s narrative – but in more depth than often occurs in social work ethics literature. This enables each one of us to have a conversation with the case story – interpreting it from our own perspectives and/or from particular regional, theoretical, or practice-based frameworks, highlighting certain features and drawing distinct lessons. In this sense, we are engaging in a hermeneutic exercise of second order reflection (Caputo 2018, 5–6) on the interpretations offered by the social worker telling the case story. This involves taking ambiguity and variation in perspectives seriously (Widdershoven 2005, 58)

Since the case focuses on difficulties arising from arranging adoption of a child whose birth mother wished to remain anonymous, before presenting the case, Ana Sobočan (the

researcher who conducted the interview) offers a brief account of social work in Slovenia. She includes information on how adoptions are organised in Slovenia in order to contextualise the case in its local setting.

Background: social work in Slovenia

Ana M. Sobočan

The case story presented here is an excerpt from a narrative interview with a social worker, conducted as part of doctoral research on social work professional practice and ethical decision-making in Slovenia in 2011 (Sobočan 2013). The interviewee was a woman, a qualified social worker, employed in the statutory sector for 31 years, who had worked in child and family protection services for over two decades.

The interviewee worked in a social work centre (*Center za socialno delo*), one of the then 62 public institutions in Slovenia that by state decree provide various services locally, including initial assessment of needs, financial assistance, child and adult placements, preventive work, and home assistance. Individuals fall under the jurisdiction of their local centre and can only ask to have their jurisdiction changed under special circumstances. Based on their statutory authority, social work centres issue legal orders, such as the 'Order on Adoption'.¹

As professionals, social workers in Slovenia are ethically bound by the 'Code of ethics of social workers in Slovenia' (Društvo 2006) and as employees in the field of social care and welfare by the 'Code of ethical principles in social welfare' (Socialna 2014). Social workers in statutory settings are obliged to pass the professional examination in social welfare. Social work centres include professionals from several disciplines, the most dominant being social workers, but others include: psychologists, social and special pedagogues, sociologists, lawyers, and economists.

Any conversation a social worker has with service users (by telephone or face-to-face) needs to be documented, and services provided should be accompanied by detailed documentation, and recorded in the information system for services. The Ministry for Work, Family, Social Affairs and Equal Opportunities in 2010 set up a central information system for social work centres (*Informacijski sistem centrov za socialno delo*, ISCS). ISCS is linked to the Central Population Register (owned by the Ministry for Internal Affairs), and uses as its base a central directory of people who are in any way connected to any of the state-provided welfare services. After birth, new-borns are officially registered nationally (based on information from the birth clinic), enabling a number of rights for parents (and babies) to follow. New-borns receive a birth certificate and personal registration number; it is the obligation of the (birth) parent to provide the personal name and information about the residence of the child. In cases where the birth parent does not want to be identified in the documents, the process is delayed.

The procedure of 'adoption' undertaken in social work centres is required to follow various legal and professional steps. When the birth parent(s) decide they wish to give a child for adoption, the social worker's task officially is to talk to the parent(s) about the motives and consequences of this decision, explore alternative solutions and possible assistance, and provide time to reflect on the decision (parents do not need to see/meet the child during this time). A professional team then issues a professional opinion about the adoption. If the mother is under-age (under 18), but is able to make her own decisions,

a court can grant her legal capacity. Alternatively, the parents or carers of the birth mother are involved in the process. Currently, there is no legislation on anonymous birth in Slovenia; there can be a delay in issuing the birth certificate, so that it will include only the parents who adopted the child, but the birth mother will be registered at least when accepted at the maternity clinic for delivery.

The case

Translated by Ana M. Sobočan

This extract from a research interview was transcribed from an audio recording and translated into English.² The interviewee described her field of work, elaborated upon why she became a social worker, and explained what in her view makes a good social worker in child welfare. The case story was occasioned by a question from the interviewer, which occurs at about 33 minutes into the interview. The service user referred to was almost 17 years of age when the situation occurred.

1 *So, you mentioned before you had a case that kept you up at night recently? Can you tell me about it?*
2 (Interviewer)

3 I came back from leave. Before I went on my leave, a young woman, a **girl** was referred to me, from
4 another town, who was pregnant, had decided to give the baby up for adoption, she wanted to remain
5 anonymous. **Our centre** is responsible for the people who live in our area. **How** to handle this
6 situation? She wants to remain anonymous, and was referred to me by staff at the gynaecological
7 clinic, because we already had a **good** experience of = cooperation.

8 This path is not described **anywhere**, I am now for the **first** time on this path, in such a situation. And
9 even to me, this situation brings uncertainty, so you can imagine, how **uncertain** the girl must have
10 been! I met with her: she was so locked into her emotions, because nobody at home knows, only **one**
11 friend knows, and she is determined there are **no other** options for her. I knew **I had** to protect her. Of
12 course, what was helpful to me was that I have worked with a colleague from the gynaecological clinic
13 before; we have **good** experiences of cooperation, good, so I knew that we could also in this case have
14 a good relationship.

15 Then the girl asked if also the mail for her can come not to ... instead of to her home, to my name, and
16 we have we have arranged that too.

17 And then – **during** my absence – the girl gave birth prematurely, and the child has **many** health
18 problems, the little one is **not** healthy, needs an operation, **examinations**. This is a major complication
19 for her, for the whole situation.

20 *Yes, mhm.* (Interviewer)

21 **What** is our role now, **me** as a social worker, and our centre? We **have**: started the process of
22 adoption, but also guardianship of the child, while we of course we want to work for **absolute**
23 anonymity. However, the girl gave birth in an emergency; in a hospital where the social worker, when
24 she **saw** that the child would go up for adoption, she then she automatically called the centre
25 responsible for social work there in that area. So I was faced with a question, how far, how far can **you**
26 guarantee, anonymity? I **cannot** promise anonymity **in all** respects in my work, I can guarantee it, of
27 course, but life is such, we are **all recorded** in the system, we are, and it discloses somewhere, it will.

28 *Mhm. Mhm.* (Interviewer)

29 I was, I was in **such** distress, when I heard that, when the social worker said, 'I just called them'. I
30 said, '**What**: have you done?' I was not angry, but it is terrible.

31 She said, then, she, 'then I immediately called back and explained'. But Slovenia, we are **really** just a
32 small, little land. You see what can happen. How we have to be really careful.

33 I realised that I **felt** very **responsible** for this girl. I wanted to protect **her** as a mother, but I cannot no.
34 I can, as a social worker, through professional paths.

35 And now, what to do? I would act informally, if this was a social work centre where there was a
36 colleague with whom I'd had good experience of cooperation, and I'd just consult this person. Since
37 there is no one I know, I said to myself: 'if I call there, I'll make extra hullabaloo'. We **first** react as
38 humans, yes. If something heavy happens, we react as people first, with distress, impulse.
39 Immediately, simultaneously or with a delay everything else follows.

40 So I asked the director [here] to call the director: there, because the girl asked **for anonymity**, because
41 the baby was born prematurely, and we do not know, whether adoption will be possible, or how will
42 we **handle** it. In the case of adoption, the biological mother can be guaranteed anonymity, because for
43 example adoptive parents want to choose the name and surname of the child. But here, while the child
44 is in guardianship, in foster care, the biological mother is the one that will be in the **computer system**.
45 There is no anonymity.

46 *Mhm, mhm.* (Interviewer)

47 This girl has otherwise done everything, which she could, she acted with maximum responsibility, but
48 here her anonymity will not be secured.

49 At the very beginning, when we had the first interview, I did not record it in the computer system,
50 because she **wished** to remain anonymous. There, there, I could provide it, well, I did put it on myself,
51 as a human, but I could follow her wishes. The regulations require of me to record everything in the
52 system, but the ethics of my profession **demand**, that I did what I did. What I did was needed, I am
53 bound by ethics, and I did not record our meeting, no. I am not breaking the law, but I did go around
54 the law. But if the child went into foster care, everywhere will be visible, who is the **mother**.

55 *Mm.* (Interviewer)

56 That day I felt sad; affected, how far, how far this girl, yes, even **that** happened to her, this premature
57 birth, hasn't she suffered enough, deciding for adoption, and **now**: one more thing. How now, what are
58 our **responsibilities**? How do I maintain the anonymity? How will the centre accept that, will **they** say
59 we think we are better than anyone else is and don't need to follow the rules?

60 Then I slept over it, I talked with a colleague who referred the girl to me. We talked about this, we
61 were on the same: emotional level, and I felt, yes, felt better. And also, I have learned that
62 responsibility is on many levels, that it is **not all** in my hands, and our centre has, it has assumed
63 jurisdiction because the director gave consent, and the ministry has, it has approved the transfer of
64 powers. We sat together with a lawyer, [and the] directors, to consider how to decide, how to proceed.

65 So I asked the director to call the director at that other centre, yes. They understood **why** this girl has
66 decided as she did, because they know the family and it is clear why someone would decide like this
67 Today it is **no longer**: shameful to be unwed, single parent, there is no more tribal mentality of
68 exclusion, but there are other heavy things, which the girl could not (...).

69 The girl's need for anonymity was also agreed at that centre immediately and taken into account. At
 70 the same time **we agreed**: if necessary for the welfare of a child, and to protect the anonymity of the
 71 girl, we will sit down and work together: for the best outcomes.

Commentary 1: Background – the social worker's narrative

Sarah Banks

This extract from an interview involves a social worker telling a story about a case that kept her awake at night. Bearing in mind the duality in storytelling between the story told (characters and events) and the mode of telling (narrative) (Currie 2010, vi), my comments start by focussing on the narrative.

In narratology, including narrative ethics, theorists tend to break down narratives into elements. For example, Montello (2014, 55) identifies: voice (who is the narrator?); character (who is at the centre, whose story is it?); plot (the sequence of events, including surprises); and resolution (progress towards 'consonance' or a way to go on). Chambers (1997) also includes tempo (the pace of the narrative, including compression of time and gaps in the story). In this commentary I focus more on tempo, plot and resolution, as later commentaries consider voice and character, and focus more on the story told. Seeing this account first as a narrative draws attention to how it is constructed and the relation of its form to the content.

Although occasioned by a question from an interviewer, the only contributions from the interviewer are short affirmations ('Mmm'). Hence the extract takes the form of a single-authored narrative account. On first reading, it is not easy to follow, as the telling is not a straightforward temporal progression; also more descriptive parts (what happened, who did what) are interspersed with more reflective commentaries on the nature of the situation and the social worker's emotions. Although the case has, apparently, kept the social worker awake at night (etched on her memory as difficult), perhaps she has not very often recounted it as a complete story to outsiders.

She characterises the situation early on as bringing 'uncertainty' (9), saying 'this path is not described anywhere, I am now for the first time on this path, in such a situation' (8). The narrative mirrors this uncertainty, as it meanders a little and retraces its steps, returning to 'the very beginning' at line 49 to disclose more information about the first interview with the young woman. Here a critical piece of information, which probably lies at the heart of the reason the case developed as it did, is that the social worker did not record the first interview in the computer system, because the young woman wished to remain anonymous. The reader can sense the emotions in this account, not only in the words 'I was in such distress' (29), 'I felt sad, affected' (56), but also in the barrage of questions the social worker lists (57–59), which by implication are the challenges that she was facing, creating the impression of the overwhelming nature of the situation. The account, until line 60, reads like one given by a person facing uncertainty, trying to work out what to do for the best (going back and forth over options) and feeling distressed.

The tempo changes at line 60 when the social worker says: 'Then I slept over it ...' We then hear that she talked to colleagues, learned about the multi-level nature of responsibility (it is not just in her hands) and worked with Directors of the two Centres and lawyers to seek the best outcome. This section gives an account of the resolution of the crisis – both psychologically for the social worker ('I felt better', 61), and practically in terms of

organisational responses. What seemed irresolvable, messy and tragic in the early part of the account, is now resolved in an apparently sensible, clear way at the organisational level.

The reader is left to draw out the moral of the tale. What I take from this account in terms of voice and character is that this social worker had a strong sense of what it meant for her to be a social worker: protecting service users, respecting their wishes and taking individual responsibility for doing this in ways she thought best (including not following procedures). She feels she can justify this in terms of what 'the ethics of my profession' demand, as opposed to the regulations of the system. This conflict is commonly expressed in social work, and, indeed, all professions; and in some cases it is arguably justified not to follow organisational rules (Banks and Nøhr 2013). The situation in this case, according to the social worker, was not one experienced before – a remark offered, perhaps, to explain why she made up her own rules and took personal responsibility for the case, even allowing mail for the young woman to come to her own address. Other commentaries will engage with the substantive features of the content of the social worker's account.

Commentary 2: A discourse analytic perspective

Merlinda Weinberg

Using discourse analysis, we can examine social workers' understanding of themselves as ethical in their professional lives. Discourse analysis is a theory and method that argues that language produces what we take as 'truth'. Analyzing discourses allows us to examine how social practices and versions of the social world are constructed (Willig 2008). This approach unearths inconsistencies and alterations as workers struggle with how to present themselves as ethical professionals. We can explore the tensions caused by structural elements that often are at odds for workers, making the task of ethical conduct rife with struggle. In narratives, such as a research interview, a component will be an attempt to 'convince' those involved that a worker is an ethical being. This is part performance, not meant in any pejorative way, but recognising that, as humans, we are always in the process of constituting ourselves as particular kinds of subjects for ourselves and others.

There are several ethical problems for the participant to resolve in this narrative. The one that appears of most concern for the practitioner is her wish to maintain the service user's anonymity (4–5), which given the complications of the birth (17–19), the worker is unable to do (42–45). The strength of one's word is at stake here. A second ethical struggle is that, by regulation, her responsibility as an employee was to record everything in the system, yet she decided not to (which flouts policy) (49–50). The third decision, which could be seen by others as a boundary violation, was allowing the service user's mail to come to the social worker, rather than to the young woman's own address (15–16). While this may not have been an issue for the worker, it could potentially be an ethical concern for others hearing this narrative.

To justify and resolve these contraventions that could possibly construct the worker as 'unethical', several subject positions are taken up. Subject positions, namely 'ways of being an individual' (Weedon 1997, 3), permit us to understand what constitutes being an 'ethical professional' for the worker and how she attempts to manage the discrepancies in her identity. The first is the worker as *protector* (11) to justify what she did. Given that

one of the primary responsibilities of helping professionals is to protect the interests of service users, this subject position is very important in laying claim to an ethical professional identity. From what is she protecting the service user? The answer is: suffering (57). She is also concerned about ensuring the child's welfare (70). While the worker denies that there would be any shame in being unwed (67–68), the disclaimer makes me wonder whether this too was motivating her need to protect the identity of the mother?

Another subject position for the participant is as a *good co-operator* (7). A good co-operator implies consultation, which both exonerates her in her decisions and potentially protects her from liability since it indicates that others were aware of, and possibly in agreement with, the route the worker took in this case. However, some utilisation of others' input came after the fact and thus appears more as a way of protecting herself, rather than preceding her decisions, as one might expect for solid social work protocol.

Finally, the fluctuating positions of the worker in terms of professional versus non-professional (*human*) subject positions are complex. An identity can be viewed as 'troubled' when there are contradictions and those inconsistencies need to be defended (Taylor and Littleton 2006). The worker justifies straying from professional procedures when she states, 'I did put it on myself, as a human' (51–52). She is implying that the professional path does not provide her with the ability to prevent the suffering (33–34). What is also signalled is that professional obligation is dehumanising while acting as a human, rather than as a professional, is a higher good. However in the following line, that subject position is contradicted. Contradictions, especially in close proximity, often represent troubled identities that need repair. She remarks, 'The regulations require of me to record everything in the system, but the ethics of my profession demand, that I did what I did' (51–52). Is this a reference to codes of ethics? It is unclear. The two uses of the term 'ethics' are the only times she uses the language of morality, suggesting the heightened need for this as justificatory strategy to repair her identity as an ethical professional. With these discursive moves, I think she is doing three things: she is making a distinction between organisational and professional values; reasserting her professional identity as separate from agency constraints; and repairing the potential dismissal of the 'professional' component of her identity.

Commentary 3: A virtue perspective

Ed de Jonge

A virtue is a character trait that is highly valued (within a certain culture and a specific period). Think, for instance, of the courage to face death in a life-threatening situation (a Greek warrior or a Christian martyr) or the courage to survive under inhumane circumstances (slavery, racism, abuse). Some virtues (though not all) can be regarded as the internalisation of values. Justice, for instance, can refer to a value or an ideal (a just society), but also to a virtue or a character trait (a just person). Or, becoming aware of one's ecological footprint can be the start of the virtuous embodiment of the value of sustainability (De Jonge 2017).

An excellent professional identity in an ethical sense is largely based on the virtuous embodiment of a set of professional values, for instance as formulated in the global definition of social work (IFSW 2014). Accordingly, a 'virtue-based approach to

professional ethics shifts the focus onto the professional practitioners themselves: the kinds of people they are and could or should become, their commitments and competencies and their roles as public service professionals' (Banks and Gallagher 2009, 2–3). A virtue perspective is essentially developmental, simulating social workers to flourish as professionals and as human beings. Such an approach ideally takes shape as an open and reflective dialogue with all the parties involved, but this article merely offers scope for a single consideration. Since responsibility appears to play an important role in the case and is an important aspect of a caring relationship, I will confine this reflection to the virtue of care.

An important theme in the case appears to be the complexity of professional responsibility. The social worker gradually starts to realise that she cannot control everything (61–62). Furthermore, the social worker seems somehow trapped in the 'drama triangle' (Karpman 1968, 2007). Karpman states that three roles are required for a drama: a persecutor, a victim, and a rescuer. He furthermore stresses that a switch in these dramatic roles is not unusual. Consider, for example, how the Pied Piper (in the German fairy tale) switches from rescuer to victim and finally persecutor. These roles impede responsible behaviour: rescuers take too much responsibility for others, victims take too little responsibility for themselves, and persecutors do not take any responsibility at all. The social worker first takes the role of the rescuer (11, 33), which she (at least in hindsight) seems to realise ('as a mother'). This leads to a precarious situation in which she herself could become a victim (29), requiring others to rescue her: primarily the director, also the ministry, the lawyers, and the other centre.

According to Banks and Gallagher (2009, 96–110), care can be regarded as a virtue. In line with the ethics of care (Tronto 1993), responsibility is part of this virtue. As illustrated above, the social worker assumes responsibility for caring for the service user, but a reflective dialogue could address the question whether this happened in a professional way. The worker, for instance, guarantees the service user's anonymity, but this implies a prediction about the future, including unforeseen events and unpredictable behaviour by others, as the story indeed goes on to illustrate. Agreeing on confidentiality, which is a promise that is limited to the future behaviour of the professional herself, would probably have been a more professional way of protecting the value of privacy, which is 'the right to be left alone'.

In addition, like all virtues in Greek philosophy, care is also about competence. Several parts of the story suggest that the social worker (at least in hindsight) is somehow aware that her professional competence fell short (5–8). However, this does not appear to play any role in her reflection on her professional responsibilities. Furthermore, care as a virtue not only encompasses and integrates responsibility and competence, but also attentiveness and responsiveness. In this regard, the story forces us to wonder whether any professional dialogue to analyse the young woman's situation occurred between the social worker and the service user. The worker seems to act solely according to the service user's preferences and her own immediate personal responses to these.

A reflective dialogue about care as a virtue and a value could stimulate the development of the ethical identity of the social worker as a caring professional, regarding care as a 'species activity that includes everything that we do to maintain, continue, and repair our "world" so that we can live in it as well as possible' (Tronto 1993, 103).

Commentary 4: the organisational perspective

Teresa Bertotti

This commentary focuses on the influence of the organisational dimension on the representation and enactment of professional behaviour, which is developed through a complex dialogue (real or imagined) with regulations and the culture of the organisation. It broadly refers to Lipsky's (2010) work on the special position of 'street level bureaucrats', working in public services, engaged in implementing regulated policies in direct contact with citizens. It also refers to literature on professionalism examining possible contrasts and tensions between professional and organisational mandates, which have characterised debates on the role of social work as a profession, cross nationally, since its establishment.

Research shows that social workers' relationships with the rules is complex, including resisting, rejecting, bending and adapting rules (Evans 2013; Weinberg and Taylor 2014; Banks and Nøhr 2013; Sobočan 2013; Bertotti 2016). In this case, we can identify at least two apparent tensions between 'professional behaviour' and organisational dimensions. The first relates to absence of established rules, procedures and clear guidelines, and the resulting need to make decisions in a space void of institutional indications; the second regards the reliance on the system to deal with individuals' errors and mistakes.

In the case, the lack of rules regulating anonymous birth creates distress for the social worker. To her, a seasoned social worker, this situation is absolutely new (8–9). Feeling personally responsible for the girl (5–6) the social worker therefore finds herself in the position of *filling the space that she regards as void of the laws and procedures*. In this *empty space*, she makes the first decision: that it was 'right' to support the girl's wish to give birth in anonymity. This decision is made on the spot, driven by the conviction that she 'had to protect her' (11), based on the information she has, the references to values and the knowledge of the context (the 'good experience of collaboration') she had with the colleague from the hospital (13). Thus the social worker makes her decision, occupying spaces of independence afforded to professionals employed in an organisation and exerting her 'technical-professional autonomy', a defining trait of the profession. She makes this decision herself, without consultation with others, guided by the strong (undiscussed) belief that this was in the 'best interest of the girl'.

We can assume, despite the uncertainties, the social worker feels justified in her decision. Later (49–50) we understand that this decision affects another aspect of the organisation: the information system (that does not allow for anonymous entries). Here, the social worker makes a second decision: not to record the case in the system and to provide the organisation's address for correspondence. This decision it is not a response to an empty space, as was the first one, but it is clearly in conflict with the rules. It might be considered 'rogue' behaviour (Weinberg and Taylor 2014), motivated by her initial decision (42–43) and her distrust of the 'system' and recording tools.

The second professional-organisational tension results from the social worker's decisions. As the choices she made turn out to be problematic, the practitioner seems to rely on the organisation and the manager's support to deal with the error. The dilemma goes up to the manager, who is pulled between the duty to enforce the regulations, the acknowledgment of the gaps in the rules, and empathy for the practitioner's position. The subject position of managers becomes central in taking further action, in

sanctioning the social worker's behaviour, or in using the incident to try to expand social interventions and recognise new needs emerging from service users (Aronson and Smith 2010). In this case, it seems that an attempt to scale up the problem from the micro level of this particular incident to the mezzo or organisational level is started (69–71).

This commentary highlights how individual decisions interface with organisational obligations. The errors of the case are systemic as a single behaviour is connected with other implications. A decision about whether to depart from the rules, even if in the perceived best interest of the service user and the existing law and based on internalised values, is influenced by anticipated support from the profession and management. In the decision-making phase, the attitude of the professional is rather individualistic and self-reliant, working *around* the organisation. Afterwards, facing unexpected outcomes, the social worker sees herself as a person *belonging* to an organisation and in need of the manager's support to address the outcomes.

Furthermore, belonging to a wider organisation allows scaling up of the problem and possible changes in policies and procedures, more coherent with both the law and the interests of the service users. In this way, a single incident may also become a source of learning and change.

Commentary 5: an accountability approach

Kim Strom

This commentary considers the role of national ethical codes in guiding and regulating the behaviour of social workers, drawing on the current ethical code for social work in Slovenia. These codes are created by professional associations, regulatory, licensing or accrediting bodies, and employing organisations. While they vary in specificity and none can anticipate the full array of dilemmas in professional practice, social work codes have many common features. Their standards provide guidance on professional boundaries, provision of informed consent, protection of confidential information, and honest, competent, and trustworthy conduct. Social work codes commonly set expectations for relationships with colleagues and fellow professionals, and emphasise the importance of understanding and influencing adverse social and organisational conditions. Codes help standardise professional behaviour and guide decision-making. They distinguish unethical behaviour and thus may be used to hold members of the profession accountable. In some countries, these standards are used to adjudicate unethical, negligent, or harmful practice (Congress 2013; Strom-Gottfried 2000). As a result, social workers' errors, whether of omission or commission, can result in disciplinary action, fines, mandatory supervision, practice limitations, and even license revocation. Standards may also be used in civil actions against supervisors or employing organisations failing to foster ethical practice by employees, and thus harm clients (Reamer 2018).

The prevailing code for Slovenian social workers consists of 33 guidelines addressing privacy protections, conflicts of interest, informed consent, objectivity and competence, and autonomy of clients and professionals (Društvo 2006). Slovenian social work centres are obliged to also utilise a code of ethical principles for social protection binding their employees and volunteers (Socialna 2014). Like the Code of ethics, the Code of ethical principles contains several provisions relevant to this story. For example, workers are

expected to respect service users' wishes, practice with honesty and trustworthiness, inform beneficiaries of their rights and options, use supervision, and avoid letting ideological or personal considerations influence their professional judgement.

Examining this case through the lens of regulation and accountability reveals a number of problematic decisions and actions by the worker. To be sure, the worker swiftly and compassionately responds to the plight of the service user (10–11, 15–16) and demonstrates collegiality with the gynaecological clinic in accepting the referral for service (12–14). These efforts are congruent with typical principles to place primacy on the needs of service users, support human dignity and autonomy, and engage in professional collaboration. However, the worker's actions appear to diverge from the ethical standards in several significant respects.

Criteria of informed consent suggest that the worker should have anticipated the risks of secretly taking the case from another region and should have discussed them with the service user, finding a way to assuage her concerns in light of existing policies. Though the worker cites uncertainty and novelty in this case (8–9), social workers are regularly confronted with situations in which service users' desires clash with organisational capacity. Professionals must strive to reconcile these conflicts ethically and intentionally, rather than doing so 'informally' (35). In this case, the divergence from accepted practices, including the failure to keep records on the case (49), jeopardised the beneficiary and her child. Without the understanding intercession of the director, the worker and her organisation could have been harmed as well.

The worker acknowledges competing demands in this case, between protocols for anonymity and the familiarity of relationships in Slovenia (31–32), and between regulations and ethical imperatives (51–52). Standards requiring supervision and consultation are intended to assure ethical, competent practice. Social workers are responsible for self-regulation and seeking assistance. In this case, the worker explicitly avoids seeking advice (35–39) either prior to the agreement of secrecy or upon immediate reflection. Ironically, after the crisis of the premature birth, consultation results in an acceptable compromise for managing the case. Not only might earlier consultation have avoided negative outcomes when the secret was inadvertently revealed (22–27) but it might also have helped the worker to explore case decisions and spurious logic, such as the distinction between breaking the law and 'going around' it (53–54).

The final significant infringement of ethical standards involves the failure to maintain professional neutrality and boundaries. The story suggests that the worker felt that only she could 'protect' the service user (11) and that the only way to do so was to align with her (accepting her mail 15–16, not recording the case 49–50). The worker only belatedly recognised that her desire to 'protect her as a mother' was at odds with her role and resources as a social worker (33–34). Perfect professional objectivity is impossible, of course, but social workers are expected to recognise when personal or ideological perspectives are affecting their judgement. Further, as the Slovenian Code of Ethics notes social workers are expected to use 'professional knowledge and skills; all other tools or ways only if they are not contrary to the former and if they are beneficial to the service users' (Društvo 2006).

Ultimately, the strict application of ethical standards to this story serves as a cautionary tale to avoid the tangled webs of deception. The worker's decisions and actions were not only in conflict with the rules of her profession and her workplace, but they risked greater

harms to the young woman and her child as the premature delivery and health issues threatened to uncontrollably reveal that which she had tried to hide.

Reflections on the commentaries and concluding remarks

Each commentary looks at the case story from a different perspective – some from specific methodological and theoretical standpoints (narratology, discourse analysis, and virtue ethics) and others through focusing on a specific feature of the case (use of discretion in the absence of rules, and foregrounding a hidden code of ethics as a source of rules). They are not necessarily mutually exclusive, although we would be unable to see and understand the case and the actors in it through all lenses simultaneously. The commentaries show the value of applying different lenses to see in more detail particular features of the case, looking at it from different angles, noticing nuances and fine textures, as well as surveying the bigger picture of social work in Slovenia and worldwide, of which this case story is part.

While contributors have deliberately narrowed their spheres of attention for the purpose of this article, no one of us could or would have imagined all the different perspectives or salient points gathered together by this joint effort. This shows the value of taking account of multiple perspectives, highlighting new features or raising important questions about a case, and of being willing to look again and reconsider initial framings and assumptions. The first two commentaries remind us that the case story is an account, created for a purpose (research interview) and therefore can be evaluated in terms of its narrative form, and as a performance that creates its narrator as an agent with an ethical identity. The minutiae of the structure of the social worker's narrative and her discourse shed light on her construction of her situation and her identity. Commentary 3, examining the case through a normative moral philosophical framework (virtue ethics) takes the focus to the moral character of the social worker. This leads the author to argue for the importance of the virtue of care (which also embodies responsibility), and recommend dialogical reflection on care as a way forward for the social worker in this case.

The final two commentaries take a more grounded (less theoretical) approach, and provide an interesting contrast. Whether the case is framed as occurring in a space empty of rules (Commentary 4) or within a professional context defined by a set of ethical standards (Commentary 5) makes a difference to our ethical evaluations of the social worker's attitudes and actions. In Commentary 4, the author can be more sympathetic to the social worker seen as a well-meaning person adrift without rules, than the author in Commentary 5, who sees her as ignoring the standards of professional accountability as articulated in an existing code of ethics. This author brings in from the background and makes visible a feature of the case unremarked upon by the social worker herself. How useful the code can be in this context (especially as it does not seem to be well-known or used, unlike the equivalent in the USA) is a very valid question to ask. Nevertheless, seeing the code as a player in this game is very important.

Each commentator has not only engaged in a conversation with the case story, but inevitably we have had conversations amongst ourselves about how we have interpreted the social worker's account, and what we can learn from this process. Analysis in this case highlights the importance of context in understanding ethics. The situation in Slovenia is significantly different from that in many other countries in western Europe

and North America, leading to distinct ethical struggles and solutions available to workers. Our own epistemological and theoretical positionings influence what becomes foreground and what background when we analyse the case story. Ethics can be examined at different levels, including: the character and motivations of individual workers (virtues); discursive interactions, between workers and others; and institutional regulations, codes, and rules (or their absence). No one lense will ever capture all of what is transpiring, so we need to come to our analyses with humility and reflection about our omissions. One worker's perception of what is right ethically might be very divergent from another person's perspective, requiring consultation around fraught ethical challenges. As a group of authors, our own process mirrored what we think might be useful for ethics – namely examining a case from multiple perspectives. Ethical reflection, in theory as well as in practice, thrives on diversity: diversity in standpoints, backgrounds, and people.

Notes

1. Since the end of 2018, courts issue adoption orders.
2. Words that are underlined signify that the speaker emphasised a particular word, and those in **bold** indicate strong emphasis. A colon (:) indicates a short pause in the speech.

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