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Ethics and Racial Equity in Social Welfare Policy: Social Work's Response to the COVID-19 Pandemic

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ABSTRACT

The COVID-19 pandemic has been particularly overwhelming for communities of color in the United States. In addition to the higher levels of underlying health conditions, circumstances related to a history of oppression and unequal access to opportunities and services are apparent. Social service programs will need to be re-developed to accommodate a new reality, both in terms of how people connect with services and how social work professionals provide them. Professional social work organizations' codes of ethics are analyzed, along with the theoretical framework of structural competency. It is an ethical imperative that social welfare policy and practice advance as culturally competent, racial equity, and empowerment-based programs. Child welfare is portrayed as an example where the pandemic could provide an opportunity to learn from the past to construct a more compassionate, competent, and ethical future.

Introduction

In response to the COVID-19 pandemic, a crisis that has devastated most aspects of life in the United States and around the world, the social work profession must institute the intentional inclusion of racial equity as an ethical imperative in social welfare policy. The impact of COVID-19 has been particularly overwhelming for communities of color, evidenced by the disproportionate number suffering from virus-related illness and, most disturbing, the proportion of fatalities, with the Black/African American death rate at approximately double that of Whites (Centers for Disease Control and Prevention [CDC], 2019). Explanations for these disparities focus on the underlying health conditions that many people of color have, as well as barriers to accessing healthcare. Equally pertinent are the circumstances related to the history of limited opportunity, oppression, and discrimination that contributed to people of color living in urban areas with fewer fresh groceries and medical care resources (CDC, 2019, Gaines, 2020). Exposure to COVID-19 is also connected to occupational conditions, with African Americans comprising 12% of the working population but 30% of licensed practical and vocational nurses (CDC, 2019).

Now is the time to build a culturally competent, racial equity-based system of social welfare policy, programs, and services. The approach proposed includes respect, partnership, empathy, engagement, and a collective approach to a more equitable and relevant, thereby more ethical system of services. Social work professionals must engage with leaders across disciplines to eliminate systemic barriers that oppress and disempower our communities (Bent-Goodley, Fairfax, & Carlton-LaNey, 2017; McPhatter, 2016). COVID-19 has caused an already overburdened social service system to slow to

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a near-stop. Rebuilding will provide a chance to advance social work policy and practice in this new world order, that is ethical, equitable, competent, and compassionate.

Ethical social welfare policy: critical cultural competence

The profession of social work in the United States has included ethical considerations in guidelines for practice and policy development since the 1960s. Schools of social work advance the National Association of Social Workers (NASW) Code of Ethics, which includes social justice as an ethical principle and states that as social workers we should challenge injustice to all people (NASW, 2008). The effort to raise awareness for emerging social workers in the area of social justice is important, as are the affirmations that discrimination in any form is unethical. As we enter a new decade, after recent years of heightened polarization related to race, culture, immigration status, and gender, it is important to acknowledge the intersectionality among them. These issues along with marriage equality, gender identity, differently abled persons accommodations, and a myriad of other cultural frameworks, it is critical that we consider race and cultural context more broadly, as an ethical approach to social welfare policy.

Ethics definition

Ethics principles are found in various industries, businesses, and professions. There are many definitions for the word ethics. Ethics, or ethical, is a derivative of the Greek word "ethos," which means character. The Lexico.com Dictionary defines ethics as "Moral principles that govern a person's behavior or the conducting of an activity" (Oxford University Press, 2019).

Dictionary.com defines ethics as:

> 1) a system of moral principles: the ethics of a culture, 2) the rules of conduct recognized in respect to a particular class of human actions or a particular group, culture, etc.; medical ethics, Christian ethics, 3) the moral principles, as an individual, and 4) the branch of philosophy dealing with values relating to human conduct, with respect to the rightness and wrongness of certain actions to the goodness and badness of the motives and ends of such actions. ("ethics", 1995)

These definitions describe ethics at the micro-level. In contrast, the business dictionary views ethics as the " . . . basic concepts and fundamental principles of decent human conduct. It includes study of universal values such as the essential equality of all men and women, human or natural rights, obedience to the law of the land, concern for health and safety and, increasingly, for the natural environment" (Ethics.BusinessDictionary.com, 2020) WebFinance, Inc., n.d.)). This definition not only focuses on individual conduct but expands the characteristics to include rights, societal law, well-being, and the ecosystem.

Crosswalk: professional ethics of social work organizations

Many professional organizations have ethics statements or principles to identify membership characteristics and to guide their members' behaviors. Several social work organizations have developed codes of ethics to reflect their values and beliefs, including the International Federation of Social Workers, the Canadian Association of Social Workers (CASW), the National Association of Black Social Workers, and the National Association of Social Workers. This section will provide a brief overview of these organizations and will compare their mission, purpose, and practice.

The International Federation of Social Workers (IFSW) is a worldwide organization that "advocate for social justice, human rights and social development through plans, actions, programs and the promotion of best practice models in social work within a framework of international cooperation" (IFSW, 2016). The IFSW Code of Ethics advocates for social change, social development, human rights, human dignity, harm reduction, freedom, and professional conduct (IFSW, 2014).

The Canadian Association of Social Workers (CASW) views ethics in social work practice as differentiating the profession's values from other professions. According CASW, the underlying basis for the social work profession are three areas: 1) social justice, 2) equitable distribution of resources, and 3) embracing the best interests of the client (Turner, 2005).

Social work ethics in the United States has evolved from its formative stage, known as the morality period (late 19th Century), to the current period, known as ethical standards and risk management. The current period relies on codes of ethics and ethics-related malpractice to guide social work practice (Rea, 2008). In the United States, there are two predominant professional social work organizations: the National Association of Social Workers (NASW) and the National Association of Black Social Workers (NABSW). Each of the organizations represents different constituents.

Organized in 1955, the NASW focuses on developing its members' skills, maintaining credentials, compliance with regulations, and advocating for social policy. Membership is open to students enrolled in an accredited program and individuals who have graduated from an accredited school with a Bachelor of Social Work (BSW), Master of Social Work (MSW), Doctorate of Social Work (DSW), or Doctor of Philosophy (PhD) degree.

In contrast, the NABSW was founded in 1968 at a time when other Black professional organizations were created to address the racial disparities in the Black community (Jaggers, 2003; Johnson, 1978, NABSW, n.d.). The NABSW stated purpose is to "promote the welfare, survival, and liberation of the Black Community; and to advocate for social change at the national, state, and local level" (NABSW, n. d.). Recognizing its primary goal as the liberation of African descendants, particularly in the U.S., NABSW membership is open to individuals of African ancestry from all professions interested in improving the health and welfare of the Black community (Bent-Goodley, 2017; Brice & McLane-Davison, 2020; Gilbert, 1974; Jaggers, 2003; Johnson, 1978).

The unique perspective of each organization, professional development versus liberation, is reflected in their individual preamble, purpose, and mission statement. The following section provides a crosswalk of each organization's values and practice philosophy using an ethics framework based on the six core social work values. These core values recognized by the social work profession are "Service, Social Justice, Dignity and Worth of the Person, Importance of Human Relationships, Integrity and Competency" (Bent-Goodley, 2017; NASW, 2008). Each organizations' purpose, principles, or professional practices as written in their code of ethics is referenced in Table 1 and aligned with the core social work values. To preserve the organizations' intent, the ethics statements are included verbatim.

Theoretical framework

Structural competency, structural vulnerability, and ethical markers

Structural competency

Structural competency asserts that there is an interdependent relationship between person and environment inclusive of human bias and vulnerability, and encompasses structural inequity, structural racism, and structural stigma (Bourgois, Holmes, Sue, & Quesada, 2017; Metezel & Roberts, 2014; Metzl & Petty, 2016). As a more recent framework for understanding health justice, the approach builds on cultural competence, which emphasizes the social constructs of race, class, ability, and sexual orientation. The introduction of structural competency offers the consideration of implicit and explicit environmental stressors as the result of social policies' influence on "economic and political conditions that (re)produce racialized inequality in health" (Metzl & Petty, 2016, p. 354). Additionally, structural competency emphasizes social location as markers of health equity, as inequities are manifested as a part of health markets, institutions, and healthcare delivery systems (McLane-Davison & Hewitt, 2016). Historically, hierarchical social orders reproduced power relationships between communities, individuals, and health providers "differentially within political, economic, and legally sanctioned institutional spaces impacting health outcomes" (Bourgois et al., 2017, p. 4).

Table 1. Crosswalk: professional ethics of social work organizations.

	CASW[1]	IFSW[2]	NABSW[3]	NASW[4]
Preamble/Guiding Principle/Mission Statement	"The social work profession is dedicated to the welfare and self-realization of all people; the development and disciplined use of scientific and professional knowledge; the development of resources and skills to meet individual, group, national and international changing needs and aspirations; and the achievement of social justice for all."	"Social work is a practice-based profession and an academic discipline that facilitates social change and development, social cohesion, and the empowerment and liberation of people. Principles of social justice, human rights, collective responsibility and respect for diversities are central to social work. Underpinned by theories of social work, social sciences, humanities and indigenous knowledge, social work engages people and structures to address life challenges and enhance wellbeing."	"In America today, no Black person, except the selfish or irrational, can claim neutrality in the quest for Black liberation nor fail to consider the implications of the events taking place in our society. Given the necessity for committing ourselves to the struggle for freedom, we as Black Americans practicing in the field of social welfare, set forth this statement of ideals and guiding principles."	"The primary mission of the social work profession is to enhance human well-being and help meet the basic human needs of all people, with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty. A historic and defining feature of social work is the profession's focus on individual well-being in a social context and the well-being of society. Fundamental to social work is attention to the environmental forces that create, contribute to, and address problems in living."
Values/Definition	CASW[1]	IFSW[2]	NABSW[3]	NASW[4]

(*Continued*)

Table 1. (Continued).

	CASW[1]	IFSW[2]	NABSW[3]	NASW[4]
1) Service to Humanity " … concerned with people who are poor, vulnerable and oppressed, as well as those who are coping with the problems and vicissitudes of living." (Hare, 2004, p. 413)	"The social work profession upholds service in the interests of others, consistent with social justice, as a core professional objective. In professional practice, social workers balance individual needs, and rights and freedoms with collective interests in the service of humanity. When acting in a professional capacity, social workers place professional service before personal goals or advantage, and use their power and authority in disciplined and responsible ways that serve society. The social work profession contributes to knowledge and skills that assist in the management of conflicts and the wide-ranging consequences of conflict."	"Social workers respect and promote people's rights to make their own choices and decisions, provided this does not threaten the rights and legitimate interests of others. Social workers work toward building the self-esteem and capabilities of people, promoting their full involvement and participation in all aspects of decisions and actions that affect their lives."	" … as Black social workers we commit ourselves, collectively, to the interests of our Black brethren … "	"Social workers' primary goal is to help people in need and to address social problems. Social workers elevate service to others above self-interest. Social workers draw on their knowledge, values, and skills to help people in need and to address social problems. Social workers are encouraged to volunteer some portion of their professional skills with no expectation of significant financial return (pro bono service). "

(*Continued*)

Table 1. (Continued).

	CASW[1]	IFSW[2]	NABSW[3]	NASW[4]
2) Social Justice – "an ideal condition in which all members of a society have the same basic rights, protection, opportunities, and social benefits" (Barker, 2008)	"Social workers believe in the obligation of people, individually and collectively, to provide resources, services and opportunities for the overall benefit of humanity and to afford them protection from harm. Social workers promote social fairness and the equitable distribution of resources, and act to reduce barriers and expand choice for all persons, with special regard for those who are marginalized, disadvantaged, vulnerable, and/or have exceptional needs. Social workers oppose prejudice and discrimination against any person or group of persons, on any grounds, and specifically challenge views and actions that stereotype particular persons or groups."	"Social workers have a responsibility to engage people in achieving social justice, in relation to society generally, and in relation to the people with whom they work. This means: 3.1) Challenging Discrimination and Institutional Oppression, 3.2) Respect for Diversity, 3.3) Access to Equitable Resources, 3.4) Challenging Unjust Policies and Practices, and 3.5) Building Solidarity."	"I regard as my primary obligation the welfare of the Black individual, Black family, and Black community and will engage in action for improving social conditions for people by any means necessary. I give precedence to this mission over my personal interest."	"Social workers challenge social injustice. Social workers pursue social change, particularly with and on behalf of vulnerable and oppressed individuals and groups of people. Social workers' social change efforts are focused primarily on issues of poverty, unemployment, discrimination, and other forms of social injustice. These activities seek to promote sensitivity to and knowledge about oppression and cultural and ethnic diversity. Social workers strive to ensure access to needed information, services, and resources; equality of opportunity; and meaningful participation in decision making for all people. "

(*Continued*)

Table 1. (Continued).

	CASW[1]	IFSW[2]	NABSW[3]	NASW[4]
3) Dignity and Worth of the Person – "all human beings possess equal and inherent worth and therefore ought to be accorded the highest respect and care, regardless of age, sex, socioeconomic status, health condition, ethnic origin, political ideas, or religion." (Andorno, 2014, p. 45).	"Social work is founded on a long-standing commitment to respect the inherent dignity and individual worth of all persons. When required by law to override a client's wishes, social workers take care to use the minimum coercion required. Social workers recognize and respect the diversity of Canadian society, considering the breadth of differences that exist among individuals, families, groups and communities. Social workers uphold the human rights of individuals and groups as expressed in The Canadian Charter of Rights and Freedoms (1982) and the United Nations Universal Declaration of Human Rights (1948)."	"Social workers recognize and respect the inherent dignity and worth of all human beings in attitude, word, and deed. We respect all persons, but we challenge beliefs and actions of those persons who devalue or stigmatize themselves or other persons."	"If a sense of community awareness is a precondition to humanitarian acts, then we as Black social workers must use our knowledge of the Black community, our commitments to its self-determination, and our helping skills for the benefit of Black people as we marshal our expertise to improve the quality of life of Black people. "	"Social workers respect the inherent dignity and worth of the person. Social workers treat each person in a caring and respectful fashion, mindful of individual differences and cultural and ethnic diversity. Social workers promote clients' socially responsible self-determination. Social workers seek to enhance clients' capacity and opportunity to change and to address their own needs. Social workers are cognizant of their dual responsibility to clients' interests and the broader society's interests in a socially responsible manner consistent with the values, ethical principles, and ethical standards of the profession."
4) Importance of Human Relationships (... supports working together and building relationships ... " (Bent-Goodley , 2017, p. 294)	"In establishing a professional relationship, the social worker takes into account relevant contextual issues, such as age, culture and gender of the client, and ensures the dignity, individuality and rights of the person and vulnerable members of society are protected."	"Social workers recognize the biological, psychological, social, and spiritual dimensions of people's lives and understand and treat all people as whole persons. Such recognition is used to formulate holistic assessments and interventions with the full participation of people, organizations, and communities with whom social workers engage."	"I adopt the concept of a Black extended family and embrace all Black people as my brothers and sisters, making no distinction between their destiny and my own. I stand ready to supplement my paid or professional advocacy with voluntary service in the Black public interest."	"Social workers recognize the central importance of human relationships. Social workers understand that relationships between and among people are an important vehicle for change. Social workers engage people as partners in the helping process. Social workers seek to strengthen relationships among people in a purposeful effort to promote, restore, maintain, and enhance the well-being of individuals, families, social groups, organizations, and communities. "

Table 1. (Continued).

	CASW[1]	IFSW[2]	NABSW[3]	NASW[4]
5) Integrity – "the quality of acting in accordance with relevant moral values, norms, and rules" (Lasthuizen, 2011)	"Social workers demonstrate respect for the profession's purpose, values and ethical principles relevant to their field of practice. Social workers maintain a high level of professional conduct by acting honestly and responsibly and promoting the values of the profession. Social workers strive for impartiality in their professional practice, and refrain from imposing their personal values, views and preferences on clients. It is the responsibility of social workers to establish the tenor of their professional relationship with clients, and others to whom they have a professional duty, and to maintain professional boundaries. As individuals, social workers take care in their actions to not bring the reputation of the profession into disrepute. An essential element of integrity in professional practice is ethical accountability based on this Code of Ethics, the IFSW International Declaration of Ethical Principles of Social Work, and other relevant provincial/territorial standards and guidelines."	"It is the responsibility of national associations and organizations to develop and regularly update their own codes of ethics or ethical guidelines, to be consistent with this Statement, considering local situations. It is also the responsibility of national organizations to inform social workers and schools of social work about this Statement of Ethical Principles and their own ethical guidelines. Social workers should act in accordance with the current ethical code or guidelines in their country. Social workers must act with integrity. This includes not abusing their positions of power and relationships of trust with people that they engage with; they recognize the boundaries between personal and professional life and do not abuse their positions for personal material benefit or gain."	"I hold myself responsible for the quality and extent of service I perform, and the quality and extent of service performed by the agency or organization in which I am employed, as it relates to the Black community. I accept the responsibility to protect the Black community against unethical and hypocritical practice by any individual or organizations engaged in social welfare activities. Our activities will be guided by our Black consciousness, our determination to protect the security of the Black community, and to serve as advocates to relieve suffering of Black people by any means necessary."	"Social workers behave in a trustworthy manner. Social workers are continually aware of the profession's mission, values, ethical principles, and ethical standards and practice in a manner consistent with them. Social workers act honestly and responsibly and promote ethical practices on the part of the organizations with which they are affiliated."

Table 1. (Continued).

	CASW[1]	IFSW[2]	NABSW[3]	NASW[4]
6) Competence – "(i) is composed of knowledge, skills and a series of components related to personal abilities and attributes; (ii) allows the professional to select or combine components in order to maintain standards of performance, and (iii) constitutes a guarantee for the community or society that the possessor will be able to perform to acceptable standards. (Fernandez, 2012, p. 361)	"Social workers respect a client's right to competent social worker services. Social workers analyze the nature of social needs and problems, and encourage innovative, effective strategies and techniques to meet both new and existing needs and, where possible, contribute to the knowledge base of the profession. Social workers have a responsibility to maintain professional proficiency, to continually strive to increase their professional knowledge and skills, and to apply new knowledge in practice commensurate with their level of professional education, skill and competency, seeking consultation and supervision as appropriate."	"Social workers must hold the required qualifications and develop and maintain the required skills and competencies to do their job."	"I will consciously use my skills, and my whole being as an instrument for social change, with particular attention directed to the establishment of Black social institutions."	"Social workers practice within their areas of competence and develop and enhance their professional expertise. Social workers continually strive to increase their professional knowledge and skills and to apply them in practice. Social workers should aspire to contribute to the knowledge base of the profession."

[1]Canadian Association of Social Workers (CASW)
[2]International Federation of Social Workers (IFSW)
[3]National Association of Black Social Workers
[4]National Association of Social Workers Codes of Ethics

Within this new theoretical framework, Metezel and Roberts (2014) give credence to evidence-based research that confirms the impact of structural racism including: 1) racial discrimination linked to high levels of stress; 2) positive correlation of high-stress and resource-poor environments contributing to transgenerational risk-factors for disease; and 3) high poverty and social segregation as impairments of brain functioning. Documenting these medical advances, with their inclusion of structural racism, provides an alternative to assessing individuals in a manner that considers their physical health outside of, and apart from, personal pathology and race-based health status (Metezel & Roberts, 2014; Roberts, 2011). Furthermore, the theory of structural competency introduces a new perspective for understanding the interlocking systems of institutions, ideology, and policies that contribute to and create negative health outcomes for certain populations.

Structural vulnerability and ethical markers

Structural vulnerability is exacerbated at the intersection of socioeconomic inequality and social constructs of difference, such as race, ethnicity, sexuality, different ability, and citizenship status, as well as attributed differences based on location, zip codes, worthiness, credibility, and "normality" (Bourgois et al., 2017). The vulnerability of populations in these intersectional matrixes of inequities

replicates real ethical concerns that linger from our history regarding unscrupulous, inhumane, and often illegal public health and medical practices (Bourgois et al., 2017; Judson, 1999; McLane-Davison & Hewitt, 2016; Roberts, 1997; Roberts, 1997, Washington, 2008). America's intentional violation of human rights based on structural vulnerability is well documented. The convenient sampling of people considered "others" serves as indicators (McLane-Davison & Hewitt, 2016).

A well-known and chilling example, "The Study of Syphilis in the Untreated Negro Male," also known as the "Tuskegee Syphilis Study," conducted from 1932 to 1972, is a historical marker of structural vulnerability and ethical breach based on race, economics, location, and public health. In this study, the United States Public Health Service charted the progression of the Syphilis disease over a period of 40 years by purposefully withholding treatment to a group of African American share-croppers. As a result, African American men, their families, and their communities experienced death and birth defects of their offspring. The disposability of their lives and loss of economic earnings were sanctioned as casual loss in the name of scientific advancement (McLane-Davison & Hewitt, 2016; Roberts, 1997; Washington, 2008).

As early as 1910, the Eugenics Record Office introduced Darwinist terms such as "well born" as an ideological and economic framework for understanding a "mathematically predictable mixture of well, ill, and carrier offspring" (Washington, 2008, p. 190). The American Eugenics Society in 1923, also championed "racial hygiene" as a public health policy to rid society of "black, ugly by Anglo-Saxon standards, wiry black hair, unflatten noses, and prognathous profiles" (Washington, 2008, p. 191). The Eugenics Movement provided scientific "evidenced based" language which became infused in public health and social services policies whose eligibility standards were rooted in inherent superiority (Price & Darity, 2010; Washington, 2008). "Highly educated persons of good social class" were considered eugenically superior; the poor, the uneducated, people with criminal records, recent immigrants, blacks, and those with developmental challenges were "eugenic misfits" (Washington, 2008, p. 191). The wide acceptance of scientific "good in birth" theory, based on physiological attributes, provided the necessary validation for population control in an effort to produce a superior society. Sterilization, disease experimentation, and genocide were the preferred health promotion policy to rid the masses of "inferior" groups (Price & Darity, 2010; Roberts, 1997; Washington, 2008).

Black women, poor whites, and the mentally impaired were particularly targeted for selective breeding as a part of the Eugenics Movement. Coerced sterilization, a common practice in southern states, disproportionately impacted Black women. According to the North Carolina Eugenics Commission, Black women accounted for 39% of the sterilizations performed between 1929 and 1968 (Price & Darity, 2010). An extension of this deep rooted racial hygienic philosophy is evidenced in the court ordered use of Norplant as a contraceptive for women who tested positive for HIV or crack cocaine use (Roberts, 2011). Public sentiments supported the idea of "worthiness," as politicians argued the wastefulness of providing social welfare resources on inferior groups "arguing that the time may come when such persons would be considered enemies to the state" (Roberts, 1997, pp. 59–60).

The use of social workers and public health nurses as state agents of "Black extermination" prompted a rallying cry for social justice by the NABSW. In 1973, NABSW asserted that the discriminatory practices of "threatening to remove children" and withholding prenatal care and economic and food resources were tactics used to pressure Black women in South Carolina, Alabama, Mississippi, and Georgia into consenting to being sterilized (Williams, 1973). Citing "moral protection" as policy, removing Black girls from their homes and sterilization were both common practices of the time. The sterilization case of the Relf sisters, May Alice (age14) and Minnie Lee (age 12), was a focal point of targeting poor, rural, Black girls based on eugenic principles. As a result, the Relf family filed a class-action suit against the United States Department of Health, Education, and Welfare. NABSW's president joined with other civic and professional organizational representatives to champion the case as unacceptable biases in health and social welfare practices (Roberts, 1997; Williams, 1973).

The reproduction of economic and political stressors on health outcomes are documented throughout America's public health and social welfare histories (Howard, 2017; Roberts, 1997; Washington,

2008; Wells-Wilbon, McPhatter, & Vakalahi, 2016). During the public health outbreak of tuberculosis in 1914, black communities were demonized as disease carriers. Legalized inequality controlled access to healthcare based on racial segregation (Carlton-LaNey, Hamilton, Ruiz, & Alexander, 2001; Judson, 1999). The Neighborhood Union, founded in 1908 as a part of the Settlement House Movement, focused on addressing the human suffering of the Negro population (Bent-Goodley, Snell, & Carlton-LaNey, 2017). Lugenia Burns Hope, a trained social welfare professional and founder of The Neighborhood Union, utilized her affiliation as part of the Black Women's Club Movement to galvanize a response to the epidemic (Bent-Goodley et al., 2017; Judson, 1999). Hope challenged the prominent "black inferiority" response of public policy by emphasizing the connection between the residential and racial segregation as influencers of community health (Bent-Goodley et al., 2017; Carlton-LaNey et al., 2001). Access to public funding and the denotation of blacks as "second class" citizens reinforced their vulnerability (Judson, 1999). In the absence of government accountability and legalized discrimination, the Black Women's Club movement coordinated a multi-tiered response to the Tuberculosis epidemic. Their response included community responsibility for keeping their neighborhoods clean and political pressure to address governmental sanitation. Additionally, mobile health clinics through private sponsorship provided accessible mutual aid and care (Carlton-LaNey et al., 2001; Judson, 1999).

Structural competency as a theoretical framework offers a context for operationalizing social justice as a product of health policy and social welfare. America's history is populated with instances of indifference and disregard of human suffering and exploitation (Howard, 2017; McLane-Davison & Hewitt, 2016; Roberts, 1997; Washington, 2008). The historical markers mentioned above document the use of abusive power by public health authorities and institutions. Structural vulnerability provides a lens for understanding how experimentation and neglect have resulted in genocidal health outcomes for specific populations (Bourgois et al., 2017). Structural competency offers an opportunity for checks and balances that push for egalitarian and ethical responsibilities for public health officials and social policies.

The COVID-19 crisis will certainly cause repercussions that will impact professional expectations for direct service workers, administrators, and policy analysts in order to address its effects on individuals, families, and communities. The structural vulnerability described sowed seeds of mistrust, which will be a challenge for both social work and public health professionals. Child welfare policy and practice provides an example for analysis and for change that is applicable across an array of interdisciplinary programs, services, and resources.

Child welfare policy and practice considerations during the COVID-19 pandemic

The term child welfare is traditionally used to describe the network of policies and programs that are designed to support families, and ensure the safety, permanence, and well-being of children (Child Welfare Information Gateway, 2013).Child welfare services are most often provided when families are in crisis or to determine whether there is risk of harm to children in the home; however, the intent is to keep families together whenever possible and to ensure that services and supports are provided to stabilize the crises and partner with families to make sure that their needs are met. Child welfare services may also involve the separation of children from their parents for a time if it has been determined that there is evidence or risk of harm, and plans are made to enable the family to be reunited as a first choice. Until such time as reunification occurs, substitute services and care include providing another family or environment for children including kinship care, foster care, and group/residential care are provided. If a return home is not a viable possibility, then services to facilitate adoption by a relative or non-relative family or independent living services are offered.

The COVID-19 pandemic has created a different reality in the world of child protection and family support services. This new reality in which children are at home with families often stressed by economic insecurity and no longer connected on a daily basis with teachers and other professionals is contributing to an increase in unreported instances of child maltreatment (Welch & Haskins, 2020).

Further, other fundamental aspects of the child welfare system such as home visits, court hearings, and parenting education programs are suspended or operating at a lower capacity online, including videoconferencing caseworker visits (U.S. Department of Health and Human Services, Office of Administration for Children & Families, 2020), impeding the goals of ensuring the safety and well-being of over three million children (Welch & Haskins, 2020). States develop their own protocols for child abuse and neglect investigations (U.S. Department of Health and Human Services, Office of Administration for Children & Families, 2020). The programs that were designed to ensure safety and well-being and strengthen families may instead allow higher risk. It is important to be vigilant and make sure that African American and other families of color are not assessed unjustly because of their risk of exposure to COVID-19 due to living in densely populated areas, relying on public transportation, and working in service jobs now classified as essential. As we pursue dignity for all of the individuals, families, and communities we serve, the social work profession must incorporate a racial equity agenda in our direct servicers, our management and administration, our legislative advocacy, and in preparing emerging social work professionals in all academic levels.

An ethical issue that has persisted in child welfare services is the disproportionate number of children of color in the child welfare system well before the pandemic. In 2016, the children in care were 44% White, 22% African American, and 21% Latino, while the general population was 77% White, 12% African American, and 17.5% Latino (Child Welfare Information Gateway, 2016). In order to determine the reason for this overrepresentation, the Children's Bureau of the U.S. Department of Health and Human Services (Child Welfare Information Gateway, 2016) sponsored a qualitative study which conducted site visits to nine child welfare agencies to talk with various levels of staff. The response to the question of this overrepresentation yielded the following responses: poverty, need for services, lack of resources, negotiating a complex child welfare system, vulnerability of African American families, over-reporting of child abuse/neglect, lack of experience with other cultures, and confusion with MEPA requirements (Child Welfare Information Gateway, 2016). Interestingly, questions regarding the social worker's decision-making process were not included. The COVID-19 pandemic will challenge us to address this issue in a straightforward fashion as we approach the systemic changes that must be made in a holistic and ethical manner.

The COVID-19 pandemic has changed the world in most aspects, most certainly in child welfare policy and practice. Referring to the underlying assumptions, beliefs, and principles of urban social work, McPhatter (2016) states clearly that "society is not color-blind," so it will always be necessary that we consider race, ethnicity, culture, disability, language, and sexual orientation as competent social workers. As we move toward re-opening our organizations and institutions, we must learn from our past challenges and mistakes, focusing clearly and intentionally on racial equity as an ethical imperative, with equal opportunity and access to services and resources.

There are clearly issues related to ethics that must be addressed in child welfare services. In terms of disproportionate representation of children of color, social work professionals review prior child welfare history, mental health needs, poverty, and chemical dependency, among other issues, which are appropriate. However, the possibility of discrimination in worker decision-making must also be reviewed and studied in order to make the necessary corrective actions in policy, practice, counseling, and training of staff and management to achieve a fair and just system of assessment and evaluation for all children and families served in child welfare programs. Similarly, when placement decisions must be made, the Inter-Ethnic Placement (IEP) provisions of the Multi-Ethnic Placement Act (MEPA) require that no placement decisions may consider race, rather than prohibiting placement solely on the basis of race, under the threat of loss of federal funding. Due to the high percentages of African American children in the child welfare system, Africentric values of extended family, communalism, collective identity, and spirituality should all be considered in placement decisions (Mills, Usher and Leshore, 2004; Everett, Chipungu & Leshore, 1994).

A child welfare program that has demonstrated an ethical, racial equity, and culturally competent approach is kinship care, placing children with those who have family relationships with the children needing care (Bent-Goodley, Fairfax et al., 2017; Brice & McLane-Davison, 2020; Hill, 1999; Wilson, 2020). Kinship care has the advantages of cultural continuity in most situations, stability in the home

with kin, the ability to maintain connections between the children, parents, and kin caregivers, and it is often a less expensive alternative for states (Gleeson, Wesley, et al. 2009). Kinship care may pose a challenge during the pandemic, however, as multi-general living arrangements have to include planful addressing of health risks for vulnerable age and groups with underlying health conditions. This must not be generalized in order to avoid kinship care arrangements; it is a consideration for a child welfare program designed to empower families and enhance and promote a healthy family environment. In our aim to achieve evidence-based policy and practice, we must advance a research agenda that is comprehensive and includes social worker decision-making in the interest of ethical child welfare policy development.

The challenges related to COVID-19 are unprecedented, and the child welfare system, consistently under the threat of insufficient funding, will have difficulty meeting expectations. The Child Welfare League of America (CWLA, 2020) brought attention to the fact that while many businesses closed to protect their workers and clients, the child welfare system must meet their mandate to keep children safe. There must be an increase in funding for the Federal Medical Assistance Percentages (FMAP), determining the matching funds allocated to medical and social services programs, and Title IV-E to support temporary Medicaid, foster care, and adoption assistance and Title IV-B for child welfare services for basic needs, data improvements, and training (James-Brown, 2020). It is also vital to expand the Child Abuse Prevention and Treatment Act (CAPTA) grants and the Community-Based Child Abuse Prevention program to support family support services, community resource centers, and other programs as determined appropriate by the communities. The COVID-19 pandemic has exposed a need beyond resources, however. We must be able to assure our communities that our values, beliefs, and indeed our ethical center will guide us to ensure social welfare policies and programs that serve humanity with empathy and compassion, advance social justice, ensure the dignity and worth of all people, demonstrate integrity, and assure competence.

Discussion/implications

Throughout history in the United States, there have been examples of institutionalized oppression that continue to present time. This oppression has been directed toward defined populations of people by race, economic status, physical and intellectual ability, educational and social status, sexual orientation, gender identity, and other means of separating and classifying people. This article's focus is on racial equity and ethics, yet the concepts may be applied to any disenfranchised group. Now, during this COVID-19 pandemic, is the time to build a system of social welfare policy and programs that is racial equity-based and empowerment-based, a more ethical system of services.

Policy, whether professional, national, state, or local policy, is based on values. Policies reflect the values of the policymakers. We have witnessed the devastating effects of unethical policies meant to undermine, exclude, disenfranchise, victimize, subjugate, and impoverish populations based on race. The theoretical framework discussed structural vulnerability and confirmed it's impact, linking discrimination to high stress levels, resource-poor environments contributing to chronic illnesses, and poverty contributing to impaired brain functioning. Whether these populations are in vulnerable positions as a result of historical circumstances, institutional racism, location, economic status, or deliberate social policies, we must as ethical professionals take this moment to assure that we will not continue on this path.

The COVID-19 pandemic will require us to some extent to re-create and design a new blueprint for how we develop and administer social welfare programs and services. This is an opportunity to divest ourselves of policies that are entrenched in bias and inequity and forge a new path toward a new ethical reality. There have already been reports of using the pandemic to make unethical choices as a matter of policy. Hospitals may decide to provide treatment only for those under the age of 60, or to those who do not have underlying health conditions, or to those whose health insurance with cover them, or to first responders or to certain levels of first responders. We would like to think that the conscious decisions made during the Tuskegee Study would not happen again, yet we cannot assume that this is

true. We must set a plan for ethical policies that ensure social justice. How we will do this has already been prescribed.

The core social work values recognized by the profession are our roadmap. Specifically, if we focus on social justice, dignity and worth of the person, and integrity as the values on which we will re-build social welfare policy, we are headed in the right, ethical direction. If we proceed intentionally, ethical and socially just policies and programs can be developed across the spectrum of human services.

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