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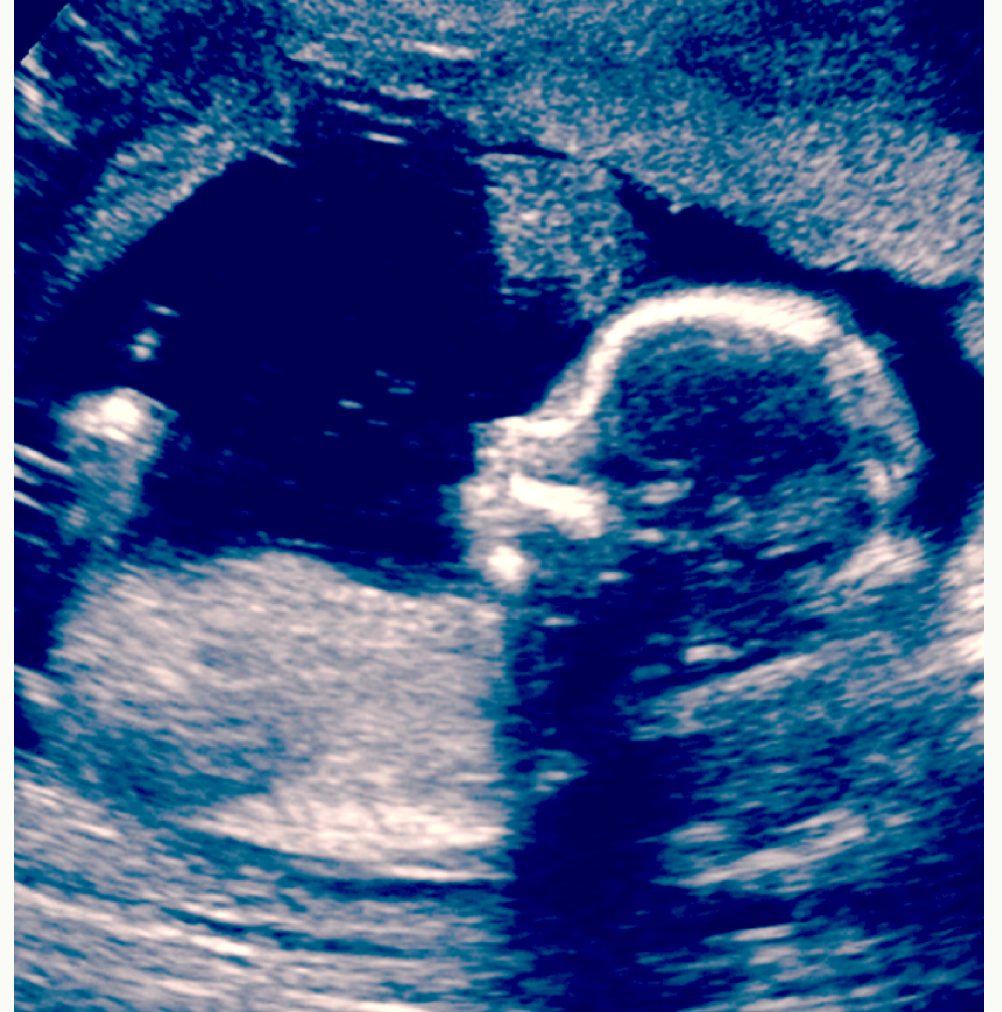
Dawn and twilight:

**Moral distress,
resources and social
work in pre-birth
assessment and
end-of-life care**

Dr Cally Bleasby and Carrie
Phillips

Pre-birth assessments in social work

- Pre-birth assessments are completed when there are concerns about a parent's capacity to care for their unborn child, with the goal of identifying risks and planning appropriate interventions (Barlow et al., 2019; Lushey et al., 2017). They are underpinned by the Children Act 1989.
- Child and family social workers work as part of multi-disciplinary teams to make decisions about unborn babies care after birth (Critchley, 2018; Mason et al., 2022).
- Pre-birth assessments are arguably one of the most challenging areas of practice (Barlow et al., 2019) and include more subjectivity than other areas of child and family social work assessment (Hart, 2001).
- The full scale of pre-birth assessment work is not known but there has been an increasing trend of statutory intervention within the first week of life in the UK (Alrouh, et al.; 2020; Bilson and Bywaters, 2020; Broadhurst et al, 2018; Broadhurst and Mason, 2020; Pearson et al., 2020; Raab et al., 2020) and across the western world (Harrison et al., 2020; Hestbæk et al., 2020)



Hospital social work and end-of-life in England

- Hospital social workers are often employed by the local authority but work into NHS hospitals. Their main role is to facilitate safe and timely discharge from hospital, and to fulfil statutory functions under the Care Act 2014 and the Mental Capacity Act 2005.
- 16% of adults over 75 years who were admitted to hospital in the last year of their life, had five or more admissions in that year (Public Health England, 2020), and for the age group 90+, there are over 14,600 annual admissions per 10,000 population (NHS Digital, 2023).
- The most common place of death is hospital, at 42.8%, and 8.6% of deaths occur during a temporary stay in a care home, often following discharge from hospital (Office for Health Improvement and Disparities, 2025).
- People discharged from hospital with a 'rapidly deteriorating condition' which 'may be entering a terminal phase' should receive ongoing 'Fast Track' funding from the NHS via Continuing Healthcare (Department of Health and Social Care, 2022, p76).



Cally's Study

Exploring the experiences of social workers undertaking pre-birth assessments

- Qualitative study
- Partial insider positionality
- 10 participants
- North East focus
- Data collected in 2022
- **Semi-structured interviews**
Timings ranging from 45 mins to 2 hours
- **Reflexive thematic analysis**





Carrie's Study

Investigating the impact of structure on the practice of individual social workers and teams

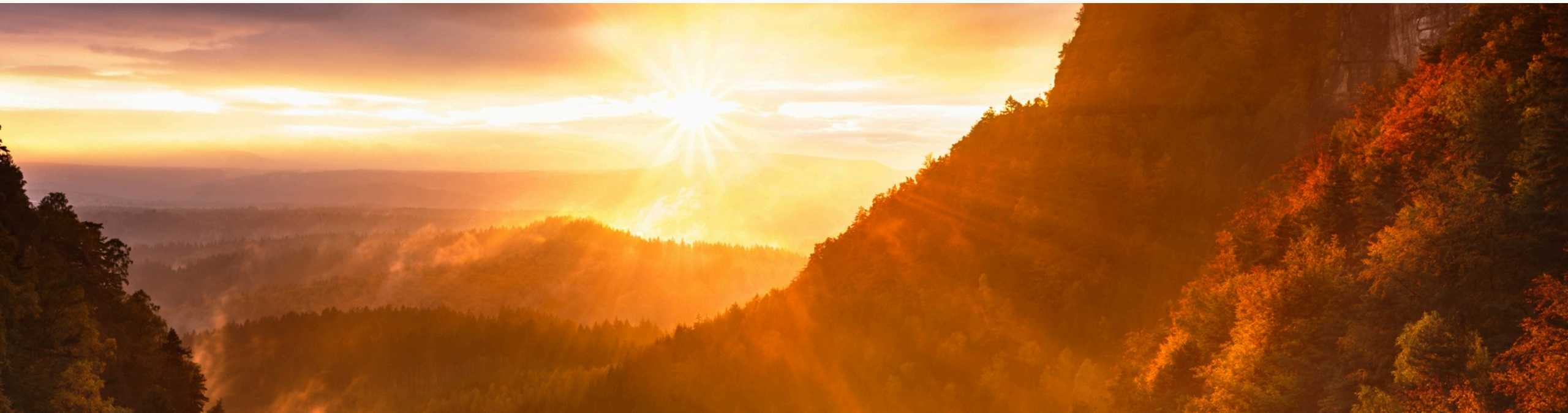
- Mixed-methods study
- Partial insider positionality
- 108 participants
- UK-wide
- Data collected 2022-2023
- Semi-structured interviews and surveys
- Flexible deductive thematic analysis

Synergy and Synthesis

Despite different methodologies and participant groups, we noticed significant similarities in our findings

We completed a re-analysis of our data through the lens of moral distress and moral injury

We used a dialogic method of reframing and refining, to identify the similarities and differences between our findings



The Impact of Moral Distress and Moral Injury

Moral injury often entails **guilt**, **shame**, or a **sense of betrayal**—sometimes betrayal by the system or authority figures who forced the worker into an ethical corner.

(Richardson et al. 2020)

Unlike acute moral distress which is situation-bound, moral injury can have **lasting effects** on a social worker's identity and integrity, 'undoing' their sense of themselves as a moral practitioner.

Moral injury has been called an **“existential-ontological wound”** that can damage core virtues like trust, empathy, and integrity if not addressed.

(Hodgeson and Carey, 2017)



Resources as a source of distress

Gaps in resources

A lack of resources is the most significant predictor of moral distress (der Kuip, 2016)



“It was almost like err you just know this is going to happen. And that was a huge gap in services because **once they didn't have children they weren't the responsibility of children's services**... And so you get into that repetitive kind of pattern. Once parents no longer have children, **they fall through the gap**, nobody has responsibility to put those recommendations into practice. Like, children and families' social workers can't be doing parenting work with a parent who doesn't have children.”

Annie - Pre-birth participant

“If someone needs a care package to go home and they're isn't one... **it's the most depressing part of the job**. It's got a lot worse recently because it's wrong. It's wrong. There's one I was dealing with a couple of days ago and the son was saying, 'we know my mum's not got long, she's got dementia and she's deteriorating' but she would be suitable to go home with a care package, but there isn't one. And so she's gone to a temporary placement and who knows if she will get home, or... **he wants her to be able to enjoy time at home for as long as possible, but we can't facilitate it**, and the family all live away, sons and daughter all live away, so they're not around to support her.”

Rachel - Hospital participant

Resources as a source of distress

Power

Latimer et al (2023) Betrayal and powerlessness are significant triggers of moral distress.

“I couldn't write the report I wanted to write and make the recommendation I wanted to write **when you've got an IRO saying we're not supporting that and the manager saying I'm not supporting that. You couldn't do it.**”

Bonnie - Pre-birth participant

“**I feel mostly powerless.** Especially during covid we had to make **quick decisions which didn't always seem to be in the best interests of the patient.** The hospital is always so busy and stretched and no one on the ward has time to speak to families that social services end up dealing with all of the upset and angry relatives who are frustrated by a lack of communication.”

Holly - Hospital participant



Resources as a source of distress

Time

Not having the time or prescriptive timeframes for processes can be a source of moral distress for social workers.

Sometimes they lack the time to "do the right thing".

(Jaskela et al, 2018)

“You can fall into a trap of doing it like you're just **churning machines**. We started this week, they have three conferences before the birth and this is how we do it.... And **that lack of flexibility, I think that will never work for anybody really.**”

Daniel - Pre-birth participant

“Discharge is a conveyor belt of stack , pack and rack of people, no choice or control, it's all about Key Performance Indicators and **is not person centred**. Ward staff want everyone discharged into 24 hour care, as opposed to what that person wants to happen and can be supported to do...”

Jesse - Hospital participant

Coping with moral distress

Teams

Having a supportive team has been shown to alleviate some of the impact of moral distress (Fantus et al., 2023).

“I always felt that there was someone in the team I could go and speak to... So I was probably reasonably lucky like that... **Having a supportive team around you**, not necessarily formal supervision, but informal supervision conversations [were] just as important.”

Jake- Pre-birth participant

“[I want to highlight] the importance of **having good team manager**, in retaining staff and **promoting resilience**, I am very lucky to work in a supportive social work team and have supportive managers who advocate for the team and try to protect staff in whatever way they can from a case load point of view or difficulty which may arise with other health professionals.”

Autumn - Hospital participant





Coping with moral distress

Externalising

Internal moral conflict may be resolved by the individual externalising blame for their actions (Williamson et al., 2020).

“Emotionally to me it's still an incredibly difficult decision to make... I know that **I don't make that on my own** and that management and head of services, like **they're the ones who ultimately have the authority to make that decision**...And the court.”

Chloe - Pre-birth participant

“Obviously now there's investigation isn't there, into Matt Hancock [then health secretary] and how they just threw people out into care homes. And **you feel a bit guilty that you're part of that**. And **it doesn't feel right**, you were making people do things they didn't want to do. And where do you, **where do you put that in your head?** But also Covid was new to all of us...”

Jordan - Hospital participant

Coping with moral distress

Leaving

“It definitely impacted on my decision to leave, as **I definitely felt I'd taken one too many babies**. I know that's just a flippant saying but erm, I find it quite sad... I have the numbers but **I can't remember the babies. And whether that's a coping strategy**.”

Annie - Pre-birth participant

“I've been doing this job for over 15 years. Over time **my passion has eroded** though, primarily due to frustrations (with a lack of resources and hostile reactions from bed managers to delayed discharges), as well as the attitude of the government regarding continually reduced NHS funding year-on-year. Due to this **I am permanently leaving my post** at the end of the summer and **leaving social work and the NHS altogether**.”

Denny - Hospital participant

Moral distress and moral injury have been linked to high turn-over in social work and people choosing to leave the profession (Palma Contreras and Pardo Adriasola, 2024)

Coping with moral distress

Moral Courage

Moral courage is standing up for what you believe to be right and moral beliefs, even where this has the potential to negatively impact you (Sasse et al., 2022)

“I couldn't write the report I wanted to write and make the recommendation I wanted to write... So **the only thing you could do is step away** and say, well, **I'm not doing this** and this is not, **this will not have my name on.**”

Bonnie - Pre-birth participant

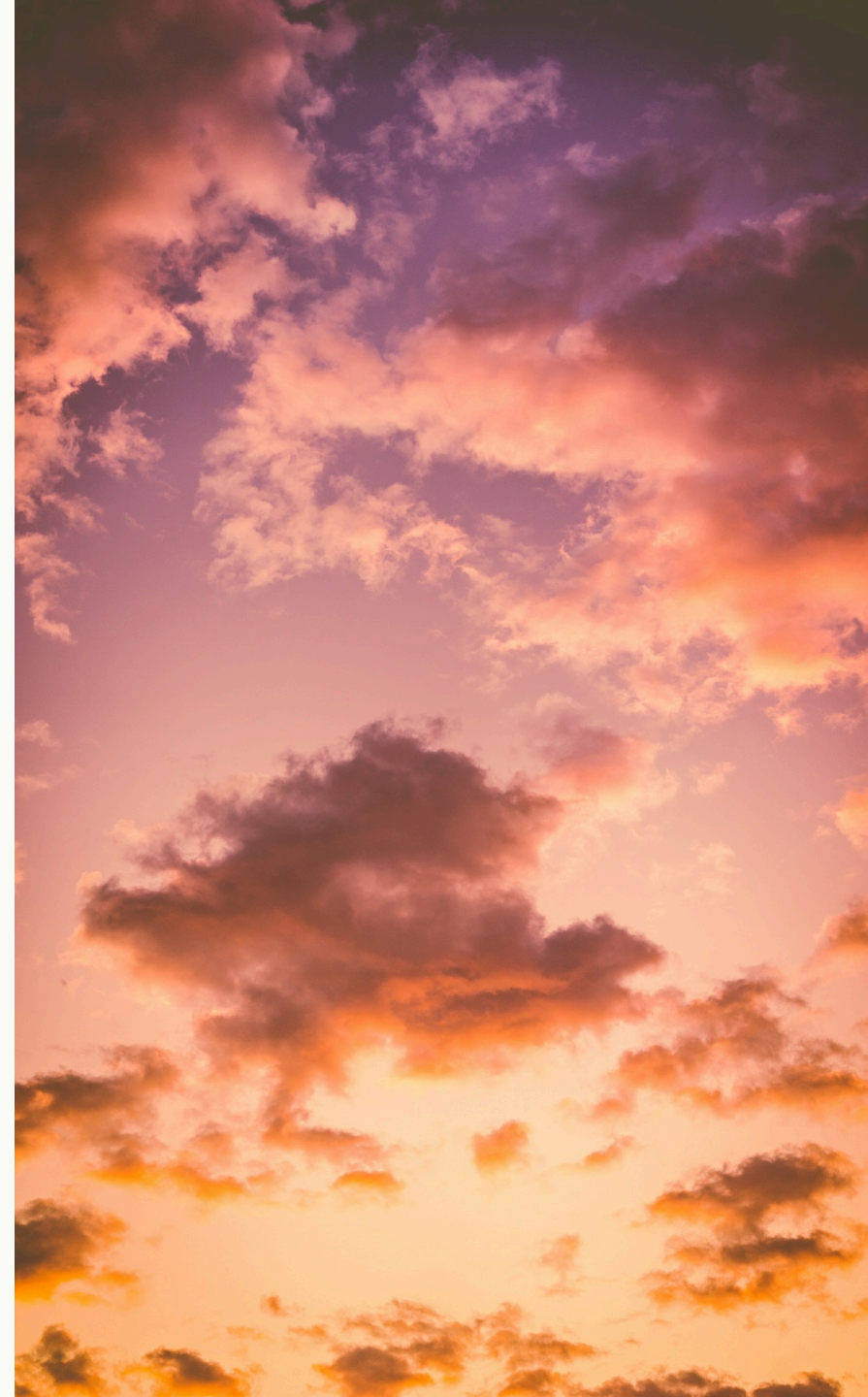
“The MDT is often, if they don't think [patients] have capacity or there's dementia or anything like that, it's like 'they need a placement', straight away, which is erm, it's hard to, **you feel like you're overruling it don't you?** And like, **as a student that's hard to be like 'actually, no'.**”

Sophie - Hospital participant



Conclusions and messages for Practice

- **Recognition of the potential for moral distress**
It's a job but it's not just a job
- **Safe spaces for discussion/reflective supervision/support**
- **The importance of teams**
- **Systemic challenge and social justice as a core social work value**



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