Information Technology in Psychiatric Social Work: The impacts of ICT use on psychiatric social work practice and psychiatric social worker-service user relationships

Abstract

This study collected primary empirical data on psychiatric social worker perceptions of the impacts of Information Communication Technology (ICT) use on their professional practice, their capacity to execute their work effectively and their relationships with service users. The digitalisation of social work per se is an established and ever-accelerating trend, as it is in all aspects of social and public service delivery, and the study explores the impacts of intense, increased use of ICTs in psychiatric social work. Former research has focused on children and families social work, and to a lesser degree on elderly care social work, so the inclusion of psychiatric social work into the body of literature is vital. The study used a questionnaire survey comprised of both qualitative and quantitative items to collect data from a sample of 108 psychiatric social workers employed in the United Kingdom. The findings showed that the respondents perceived ICT tasks to be cumbersome and to detract their time from the service users whom they had been trained to build relationships with and support in recovery. Some benefits to ICT use and digitalisation were articulated, but the study found that ICT use dominated their working time, constrained their ability to execute professional discretion, impeded the establishment and maintenance of therapeutic relationships, negatively affected their mental and physical health, and at times exacerbated their clients' paranoia and alienated service users. This study links these findings with older literatures on the bureaucratisation and standardisation of social work. A range of evidence-based recommendations are made in the conclusion, targeted at policymakers and IT programme designers.

Contents

Introduction

This chapter introduces the present study's background, rationale, research aims and research significance. This study explores the impacts of Information Communication Technology (ICT) use (also referred to as 'IT') and digitalisation in psychiatric social work, investigating the perceptions of psychiatric social workers regarding the effects of digitalisation on relationships with service users, decision-making and use of working time. It also explores attitudes to using computers, including anxieties around learning how to use them, and how this interrelates with the other considerations. Problems (as well as possible solutions) emerging from the digitalisation of psychiatric social work take place against a backdrop of worsening working conditions. The working conditions of social workers have been said to be 'operating at poor levels', with 'high levels of stress, job dissatisfaction and intentions to leave' (Ravalier and Boichat, 2018: 5). Increasing demand for social worker services and decreasing funding are placing significant pressures on psychiatric (and other) social services. The application of digital technologies has been purported to create 'opportunities to transform services so that they are better able to cope with these pressures in the current job and the social work profession as a whole' (Maguire et al., 2018: 3), but older research into the bureaucratisation of social work practice, when combined with the concept of 'digitalisation' borrowed from sociological critiques of other professions, indicates that digital solutions to working condition pressures may in fact be to the detriment of social worker-service user relationships and of social work intervention effectiveness. The present study examines the effects of increased ICT use in psychiatric social work in both interpretive and statistical detail. This chapter gives a brief overview of the context behind the study,

presents the rationales for the study, clarifies the research aims and objectives of the study, and articulates the significance of the study against the backdrop of the wider academic literature on the topics covered. It concludes with an overview of the proceeding chapters of the thesis.

Background

Blaug (1995) and Hudson (1991) produced scholarship in the 1980s and 1990s focused on the increasing *bureaucratisation* of social work. They pointed to private sector management models and accountability crises resulting from social service failures as key drivers of this process of bureaucratisation. These works on bureaucratisation predate an important trend in social work practice: the increased use of Information Communication Technologies (ICTs) in social services (also referred to as 'digitalisation'). The digitalisation of all spheres of social, economic, and personal life has picked up pace exponentially since the 1990s (Schou and Pors, 2019). In psychiatric social work in the UK, needs assessments, case supervision and care planning are increasingly managed via computational systems and software (Schou and Pors, 2019). The Topol Review's (Foley and Woollard, 2019: 11) sub-report on digital technologies in mental healthcare states that 'technology has been identified as critical to the future of the NHS. Digitally enabled care is to become mainstream'. The rationale for the inculcation of these technologies into social work call for providers to follow standardised procedures using digital tools rather than trusting working knowledge and intuition, and this call is justified on the basis that these digitalised modes of social work practice help to execute procedures more efficiently. But this may translate into limited time being spent with patients face-to-face (Matarese & Caswell, 2017). Budgetary constraints and limited funding are worsening this situation. In psychiatric healthcare settings, social workers have increasingly had to conduct administrative duties because of a dramatic reduction in funding.

Because of ‘a reduction in admin staff, social workers are spending more time on admin and less on face to face (interaction with clients), and more complex areas of social work’ (BASW, 2012: 3). Meanwhile, management tiers have been reported in social worker surveys as being ‘not honest, as they are ‘budget led and not service user led’ (BASW, 2021: 3). Limited budgets entail increased use of ICTs and reduced face-to-face interaction because the former is thought to increase efficiency and the latter are considered time costly (Foley and Woollard, 2019).

The ideology and political agenda of ‘New Public Management’ - a version of public sector management whereby organisations are instructed to adopt the same efficiencies, target-driven processes and competitive practices as the corporate private sector – has further driven the design and implementation of ever more sophisticated digital systems and software. These are intended to facilitate greater effectiveness, increased efficiency and improved performance in social work practice, in alignment with the dictates of New Public Management. New Public Management (NPM) has come to dominate discourse and practice in social services (Leicht et al., 2009), and its effects on the provision of quality social work/care, as well as on the identities, discretional powers and confidence of social workers, have been highlighted by some scholars (Rogowski, 2011; Lorenz, 2012). As Gillingham (2014) claims, the ‘logics’ of NPM have been inculcated and institutionalised in the kinds of ICT systems used in many aspects of social work. These include systems designed to organise transparent decision-making, trace accountability, exact control and oversight over service user care, structure assessment objectively and evaluate ongoing care plans throughout the social work process.

The present study places focus on psychiatric social work specifically, seeking to discern how increased ICT use in psychiatric social work has affected social worker-service user relationships, the focus of social worker time, and service user outcomes and staff morale,

intersecting this analysis with the factors of computer anxiety and demographics. In doing so, this study both updates the literature on ICTs in social work to include psychiatric social work practice in its remit, and it expands on the wider literature pertaining to the bureaucratisation of social services by including the trend of digitalisation in its analyses.

Rationale

I wanted to add to the literature surrounding digital obstacles and enablers (both real and perceived) to service user-social worker communication because I have become increasingly concerned about the limited amount of time I am able to spend with service users. I have noticed that whilst information communication technologies are designed to free up time and reduce costs by centralising, ordering and managing client data, the time spent doing the job that I set out to engage in has *decreased* in spite of this. Costs may be reduced by information management systems, but this appears to be to the detriment of face-to-face interaction between the social worker and service user.

Given the long-standing concerns amongst academics and practitioners alike about bureaucratisation in social work practice, it is surprising that there is, to date, little exploration of whether ICT use in psychiatric social work settings comprises a form of deepened bureaucratisation. ICT use in psychiatric social work has not been analysed or evaluated to determine its impacts on practice including its effects on service user-social worker relationships. Studies have covered the impacts of ICTs on children and families social work, but not on psychiatric social work. ICTs have been promoted to address precisely the kinds of issues that bureaucratisation has worsened. These include inefficient use of time and funds; poor lines of communication between and across professionals; distractions from client-focused tasks – what they [social workers] are “paid to do”; wasted resources; and loss of accountability. Yet their effects on psychiatric social work practice

have not to date been comprehensively explored, evaluated and analysed. Some scholars (Gillingham, 2014; Hill and Shaw, 2011) have pushed for a deepening of our understanding of how ICTs can improve, impede or otherwise influence practitioner and service user experiences, identities and practices. This study address both the researcher's personal interest in the topic of digitalisation in psychiatric social work and the identification of a deficit in scholarship on this subject.

Study objectives and research questions

For its objectives, this study seeks to identify the following:

(i) What the extent and scale of ICT use in psychiatric social work are;

(ii) How using ICTs impacts psychiatric social work practice and social worker-service user relationships;

(iii) What aspects of the ICTs used by psychiatric social workers are perceived as beneficial, and what aspects are perceived as being constraining or ineffective;

(iv) How the COVID-19 pandemic has affected the use of ICTs in psychiatric social work;

(v) What role peer learning and support plays in terms of psychiatric social workers' perceptions and experiences of ICT use;

(vi) What the relationships are between key demographic factors, computer anxiety and perceptions of ICT use in psychiatric social work; and

(vii) What improvements can be implemented to ensure ICT use is a driver of social work effectiveness and improved social worker-service user relationships.

Deepening academic understanding of these phenomena is especially pertinent given the context of the coronavirus and the pressure it is placing on social work and care staff. From

early 2020, the COVID-19 virus spread globally, and an epidemiological crisis ensued. In response to the disease and large-scale hospitalisation and mortality, states across the world imposed strict lockdown measures that included injunctions to avoid physical proximity between people. Crises such the COVID-19 pandemic make the efficient and confident use of ICTs even more imperative because the pandemic placed extreme constraints on "traditional" face-to-face social work practices.

The study seeks to obtain answers to the following eight research questions:

1. What are the perceived impacts of ICT use on psychiatric social work practice?
2. What are the perceived impacts of ICT use on relationships between psychiatric social workers and service users?
3. What are the perceived effects of ICT use on the quantity and quality of time spent with service users by social workers?
4. What aspects of ICT systems comprise benefits for psychiatric social workers, and which ones present challenges and constraints for them?
5. What is the perceived role and value of peer learning and support among psychiatric social workers when it comes to using ICTs to conduct their work?
6. What improvements do psychiatric social workers believe could be made to the ways ICTs are used in psychiatric social work to ensure ICT use is beneficial to both social workers and service users?
7. What effects have the COVID-19 pandemic and associated social distancing had on the use of ICTs in psychiatric social work?
8. What effects do the demographic factors of gender, age, professional band level and duration of employment have on the other variables?

Significance of the study

This study expands the scope of the existing literature pertaining to digitalisation and its impacts on children and families social work (which is well-covered) to cover ICTs and their effects in *psychiatric* social work. It is pertinent to the current period in history because it examines ICT usage in social work and its impacts on relationships with service users during the COVID-19 pandemic. This period has seen a profound increase in the use of digital software, media and tools in social work practice, and the lockdown conditions have radically constrained the practise of standard face-to-face social work. Finally, the study is unique amid the wider body of scholarship insofar as it combines quantitative and qualitative data. Studies to date in this area have used one or the other, but by conducting a mixed methods data collection and analysis, this study seeks to unearth the experiences of psychiatric social workers from both interpretive and objective angles.

Study overview

This chapter has introduced the study's background, rationale, research aims and research significance. The next chapter comprises a literature review, analysing and critiquing the academic and policy literatures pertaining to the history of digitalisation in social services, the role of NPM, the effects of ICT use on social work practice across various dimensions, computer anxiety, and the impacts of the COVID-19 pandemic. The proceeding chapter details the methodology of the study, outlining its data collection method, its sampling and recruitment techniques, its methods of data analysis, key ethical issues arising in the study, and the philosophical foundations of the study. After the methodology, Chapter 4 presents the findings of the study, combining the presentation of the results of statistical analyses with qualitative analyses and written statements by social workers. Chapter 5 discusses these results against the backdrop of the wider literature to date, identifying congruencies, contradictions with former studies' findings and new themes picked up on, as well as framing

the findings within various theoretical frameworks. The final chapter presents a conclusion of the thesis overall, reflecting back on the previous five chapters and drawing some iterative policy and practice conclusions, as well as identifying limitations to the study and potential areas for fruitful future research.

Literature Review

This chapter identifies, analyses and discusses the academic literature to date pertaining to the bureaucratisation of social work, new public management (which is a driver of social service digitalisation), the history of social work digitalisation, the impacts of digitalisation on social work practice (including its effects on social worker-service user relationships, professional discretion, and time spent using ICTs), the nature of social work computerised systems and software, ICTs and social work education, and the relationships between the COVID-19 pandemic and social work digitalisation. Throughout the review of the literature, the chapter explores how the underpinning values of social work exist in a dynamic with ICT use that is not always harmonious. All studies to date, whether they proclaim ICTs to be enabling of more effective social work or are critical of the role of ICTs in social work, recognise the ambiguous relationship between fundamental social work values, built on interpersonal notions of social work practice, and digital methods of service delivery. The findings of this literature review will be used to design the ensuing empirical survey of psychiatric social worker perceptions of the impacts of ICT on their work.

Introduction

Steyaert and Gould (2009) posit that there have been three stages in the inculcation of Information Communication Technologies (ICTs) into social work practice, the first occurring in the early 1990s, the second in the late 1990s and into the 2000s, and the third in the late 2000s and 2010s. In its initial stage, client-based systems were used to manually insert records and documentation into computers. In the second stage, ‘stand-alone’ databases began to be developed, which performed some limited analytical functions (for example

checking that assessment forms had been completed fully). In the later stage, ICTs have been used to form integrated management tools, steering social workers through the processes of needs assessment, care planning and care delivery and semi-autonomously monitoring progress and performance (Steyaert and Gould, 2009). This third stage comprises the situation at this point in time (with the kinds of ICT systems and software deployed to practice social work nowadays being precisely these types of integrated and semi-autonomous ones).

Even at the earlier stages, Phillips and Berman (1995) raised concerns that the emerging knowledge management functions of ICT systems were serving to overly control the professional practice of social workers, During the middle stage, Henman and Adler (2003) pointed out that ICTs used as a standardised management mechanism can serve to decouple the social worker (and indeed the client) from the care process and its trajectory, as the technologies were increasingly used to surveillance staff time and client compliance. In the past decade, scholars have pointed to the ways that ICTs entrench a decreasing trust in practitioners to make their own decisions within the working contexts they occupy (Gillingham, 2015). Managers 'increasingly trust expert systems for monitoring and evaluating professional work' (Gillingham, 2015: p. 590).

This is the context within which Parton (2008) argued back in 2008 that social work 'now operates less on the terrain of the 'social' and more on the terrain of the 'informational' (Parton, 2009: 718). Both Parton (2008) and Gillingham (2015, 2014, 2014b) claim that the increased dominance of digitalised systems of information management and decision-making are, in a sense, stripping a socially situated profession of its human, interpretive and subjective dimensions. In other words, social workers, once trusted to use their cognitive and sensory faculties to interpret, analyse and react to their clients and their clients' worlds, are increasingly being told to resort to digitally mediated information to practice their profession.

> *'Using [electronic] Information Systems to structure work activity and configure the actions of users (...) has created 'obstacles' to good social work practice.'*
>
> (Gillingham, 2014b: 324)

The following literature review first contextualises the rapidly and seismically increased inculcation of ICTs in social services generally (and mental health social work specifically) by exploring the literatures on globalisation as it relates to mental health social work, New Public Management in relation to social services and efficiency-driven models of practising social work. It then covers the literature on the impacts of increased use of ICTs on clients and social workers, exploring the impacts on relationships, discretion, professionalism, accountability and the quality and quantity of time spent with clients. It then examines the literature on ICTs in social work training, education and skills. It refers to the COVID-19 pandemic and the interactions between this phenomenon and the trend of digitalisation, and it concludes by identifying the critical gaps in the research to date which this study is intended to address.

Globalisation, neoliberalism, New Public Management and ICTs in social services

Reamer (2015) highlights that some private mental health services (such as counselling) began to move online in the 1980s, but these were relatively informal and not administered or owned by official social services agencies (Reamer, 2015). By the 1990s a range of counselling practitioners and therapists had begun to create web-based clinics, offering online counselling to members of the public (Skinner and Zack, 2004). In terms of social work practice, it appears to be later in the evolution of the Internet and digital technology (from the 1990s onwards) that electronic tools began to be explored by policymakers, with social workers increasingly having to use computers to organise their work, record and monitor

their cases and communicate with colleagues and external agencies via email (Schoech, 1999). They were also able to access and engage with online chat rooms alongside other professionals and use the Internet to gather certain limited forms of information (Martinez & Clark, 2000). It was not until the 2000s and into the 2010s that social workers had access to, and almost invariably had to use, a range of digital tools and media to design and deliver services (Kanani & Regehr, 2003; Lamendola, 2010).

New Labour governments (1997-2010) were critical to developing and maximising the use of ICTs in social services because they viewed ICT usage in all public services as being a driver of efficiency and value for money (Reamer, 2015). The administration's focus on New Public Management (NPM) subtended the concomitant utilisation of ICTs as an effective means of enhancing organisational capabilities in the emerging 'internal market' of social service delivery. The empirical practices of NPM and its conceptual underpinnings emerged in the literature pertaining to increased ICT use in social work practice (see King and Cotterill, 2007). The trend towards the purposive use of private sector (specifically corporate) modes of operational, governance and competitive performance evaluation in public service organisations formed a stimulus to increased ICT use.

NPM refers to the deployment in public sector organisations of a managerial culture, governance structure and operational strategy which involve 'continuous increases in efficiency, the use of ever-more-sophisticated technologies, a labour force disciplined in productivity, clear implementation of the professional management role, managers being given the right to manage' (Walsh 1995, xiii). NPM was a key driver of increased ICT usage in social work practice because its operational focus on task/process dissection (whereby labour in social services is increasingly divided to maximise efficiency), its underpinning principle of competition and its conception of the organisation as a business are naturally

aligned to the use of ICTs. ICTs can be used by NPM organisations as means of minutely and systematically managing people, money and information.

NPM is a public sector offshoot of neoliberal ideology (Connell, Fawcett & Meagher, 2009), which proposes the use of a marketized model of organisation to be realised in public sector frontline (as well as in central policymaking) organisations. Neoliberalism is a political and economic ideology that has pervaded politics in the UK (and elsewhere) since the advent of the Thatcher administration (Springer, Birch and MacLeavey, 2016). It posits that free markets and private sector competition should be promoted in all aspects of social life, and that the state should recede and be reduced to a minimal apparatus. Neoliberalism also posits that the mode of organizing resources and power that is prevalent in the private sector is far more efficient and effective than in the public sector, so neoliberal ideologues de facto purport that corporate, private sector-style modes of management and organization should be adopted in the few public sector organisations that remain intact (Knafo, 2020).

NPM in mental health social work deploys the full range of practices, strategies and management practices that private sector corporate businesses use (Schedler & Proeller, 2003; Gruening, 2001). These include practices such as operational standardization (going through procedures in replicable ways every time), internal processes such as target-based performance surveillance, the establishment of financially focused deliverables, the inculcation of competition between different authority jurisdictions (through, for example, the allocation of rewards or punishments – e.g. special measures – to individual Trusts or other organisations), and the introduction of corporate models of management (as opposed to laterally organized models which empower individual workers to practice discretion) (Knafo, 2020).

West and Heath (2011) add consideration of the trend of globalisation to their analyses of technological changes and their impacts on social work practice. They note that social workers operate in NPM-oriented work environments, characterised by a decreased valuing of practice wisdom and the subjective judgements of social workers, and abundant with the outsourcing ideology, measurable outcomes and efficiency focus of neoliberalism. Yet they add that 'many of our theories and models were developed at a time when social structure, political ideology and economic underpinnings were different' (2011: p. 209). West and Heath (2011) called for an updating of these theories of social work to reflect the technology-saturated, market-oriented era of globalisation in which social workers now work. They remark that 'ICT provides both infrastructure for, and key propulsion of, the phenomenon of globalization' (2011: p. 211), and they argue that people's experiences of time and space have changed due to technologies such as the Internet, computers, emails, mobile telephones, text message facilities and social networking websites. These changes include a rapid increase in the pace of communication and information exchange, and a decoupling of people and their physically local environments (with citizens and consumers capable of communicating and trading with locations very distant from their own).

For example, social workers can liaise with colleagues and other agencies in real time, swiftly sharing information about clients and making immediate decisions based on that information. The lived world of the client is also highly distinct from that of a client prior to globalisation – clients often now engage in online groups, whether mental health support groups or other association groups, and their lives online are now deeply relevant to the social workers whom they are cared for by. The shrinking of perceived space has also altered the lived experiences of both clients and social workers, with both parties being able to learn about and engage with social and economic events via newsfeeds and social media in rapid time. This interacts

with mental health because some scholars have found that exposure to global events via online media can drive the onset of anxiety (see Dobrean and Păsărelu, 2016).

West and Heath (2011) develop a theoretical framework for explaining the effects of globalisation on social work that combines consideration of these spatial and temporal changes with the factor of what Ritzer (2007; 2009) terms 'McDonaldisation'. McDonaldisaition refers to the deployment of managerial, economic and organisational processes originating in the fast-food industry in increasing numbers of industries and public sector activities, including human services generally and social services specifically. For West and Heath (2011), this trend compartmentalises tasks in extreme detail, mechanises both jobs, tasks and the organisation of processes, de-skills human labour by automating and standardising process of service delivery or production, and evaluates outcomes according to economic effectiveness and cost efficiency (2011: p. 214). This devalues and limits the importance of practising interpretive, intersubjectively formulated judgement and evaluation. Emphasising the importance of understanding globalisation as, among other things, being characterised by variable local responses to global patterns and events, they argue that new theories of social work practice must be developed that harness the salience of globalisation to the local communities within which social workers work. This, for West and Heath (2011) means re-interpreting the social worker as a professional who sees, and engages with, the ways that contextually specific communities are dealing with, and often struggling with, the effects of technologies associated with globalisation.

I have encountered precisely these kinds of struggle in local communities. Young people's expectations, for example, are, in my experience, intimately influenced by portrayals of desirable life found in social media and mass media online. Acute stress can ensue among young people especially because of the rapidity of communication in the globalised age, with the pressure to maintain rapid-response contact with others and to present oneself online in

favourable form exacerbating mental illnesses. Vannucci, Flannery and Ohannessian (2017) collected survey information on social media use and anxiety symptoms and related impairment in a representative sample of 563 young adults from the USA. They found that 'given the ubiquity of social media among emerging adults, who are also at high risk for anxiety disorders, the positive association between social media use and anxiety has important implications for clinicians' (p. 163). The researcher herein also frequently encounters the negative effects of technological modernisation on people's work lives and employability, with significant numbers of socio-economically deprived people becoming alienated from contemporary labour markets because of their digital illiteracy or the irrelevance of their skills to the digital economy. The deleterious effects of globalisation are many in number and wide in range and must, as West and Heath (2011) argue, be considered theoretically central factors in a social worker's values and actions. Theoretically construing social work practice as having a facilitative and supportive role in helping communities and individuals to limit damage wrought in their lives by globalisation will enable social workers like the researcher to conduct interventions that are politically relevant to wider societal and global events. Andreassan et al. (2016) used the Bergen Social Networking Addiction Scale (BSNAS) to evaluate the impacts of addictive usage of social media on mental health disorders among 23,533 individuals. They found that 'addictive use of social media was positively related with being female and single, lower age, ADHD, OCD, anxiety, and lower levels of depression' (p. 252). Studies like this show us that intense use of ICTs (like social media platforms) can negatively impact the mental well-being of people living in a globalised, tech-driven world. It also indicates that professional groups such as social workers, when instructed to use ICTs to conduct their practice, may experience deleterious mental health impacts.

Backed by the (neoliberal) contention that the public sector is de facto inefficient and wasteful, NPM was (and remains) espoused as the solution (Ömürgönülşen, 1997). Like corporations, NPM organisations set standardised procedural guides for as many activities in the organisation as possible (Kirkpatrick & Ackroyd, 2003). They establish, monitor and revise key performance indicators, mainly focused on driving down costs and increasing disciplined resource allocation rather than client needs or practitioner discretion (Brignall & Modell, 2000). They draw up and track intensely traceable lines of accountability using a conventional corporate governance model; and they ensure that all activities, whether frontline or back office function, are recorded as data pinch points for the purpose of developing data analyses that can improve service efficiency and productivity (Spolander et al., 2016).

NPM has emerged in the literature as a contentious method for the delivery of social services (Leicht et al., 2009; Rogowski, 2011). There is a growing role for non-practitioner managers, defined as those who are not trained and qualified as healthcare professionals in social work, or nursing, or clinical psychology etc., but rather are generalist managers trained in management studies. This expanded role is thought by some to be causing the setting of social work standards to be geared less to addressing client needs through professional discretion and more towards ensuring that budget targets and quantifiable delivery milestones have been achieved (Lorenz, 2012). This follows from the detraction of the social, and of the subjective human, from the practice of social work (Gillingham, 2015; Parton, 2008). It means that the generic management style increasingly used in social work settings is pre-determining numerically articulated objectives (for example the number of out-patients seen in a working day, or the number of care assessments made in a working week) and appraising the effectiveness of the organisation based on these criteria, rather than meeting client needs. Producing an ‘abundance of processes, procedures, monitoring and audit systems’ (Burton &

van den Broek, 2009, p. 1328), NPM has facilitated the increased use of ICTs from its outset. Burton and van den Broek (2009) state that 'the introduction of new public management coupled with developments in computing and other technologies constitute, we propose, substantial change in expectations and accountabilities' (2009: p. 1327).

NPM's firm focus on operational efficiency, task standardisation and detailed information management are logically thought to be served well by the computational design structures of ICT programs and software. Some scholars subscribe to the notion that ICTs have the potential to 'create [social work] practice that includes flexible, on-demand, personal, and individually paced services' (Berzin, Singer & Chan, 2015: p. 3). NPM's commitment to standardising social work predated the recent rapid increase in the use of information systems in social work practice (Gillingham, 2014; 2014b), but ICTs are thought by some to entrench a decreasing trust in practitioners to make their own decisions within the working contexts they occupy. Managers, Gillingham (2015) argues, 'increasingly trust expert systems for monitoring and evaluating professional work' (2015: p. 590). This is the context within which Parton (2008) argued that social work 'now operates less on the terrain of the 'social' and more on the terrain of the 'informational' (Parton, 2009: 718).

Effects of ICT on social work practice

ICTs in social work and relationships

The vitality, strength and longevity of relationships between social workers and service users are central to effective social work practice. Featherstone, Morris and White (2014) invoke the 'moral legitimacy of support' in arguing that the establishment and nurturing of

psychosocial support and dialogue is as critical as, and highly distinct from, the importance of intervention. For them, effective social work is a relationships-based discipline. Howe (1998) notes that the psychosocial qualities of a relationship between a social worker and a service user comprise major drivers of service effectiveness and positive outcomes. He adds that 'the psychological selves of both practitioners and users acquire many of their characteristics, including personality, esteem, efficacy and defensive behaviours, within relationships throughout the lifespan', and argues that when relationships are poor and psychosocial connectedness is weak, service users are far less likely to succeed and benefit from social work interventions (p. 45). For several scholars enquiring into the effects of increased ICT use in social work on relationship building and client-worker dialogue, ICTs compromise the future of social work because a huge number of relationships and dialogues are now mediated via some form of ICT (Perron et al., 2010). Emails, SMS, social networking platforms, video chatting and online forums constitute just some of the ways that clients, as occupants of a wider society characterised by deep digitisation, organise their social lives and personal relationships (Perron et al., 2010). These digital forms of relationship involve different communicative processes to traditional face-to-face mediated relationships, with Bargh, McKenna and Fitzsimons (2002) claiming that online relationships can create an intimacy and sense of liberation that exceed those of offline ones. Their grounding in mutual interest as opposed to physical closeness is, for the researchers, the reason behind the richness of online relationships (Bargh, McKenna and Fitzsimons, 2002). For Perron et al. (2010), social work ethics are congruent with the principles of relationship building and maintenance in the digital age, so long as social workers comprehend and adapt to the different norms and behaviours that prevail in online relationships. Online support groups, chat forums and self-help groups, for Perron and Powell (2008), comprise more accessible and anonymous services that are better geared to social service clients in a digital era. The present study

explores how social workers perceive the benefits and drawbacks of digitised communicative norms when it comes to accessing, liaising with and caring for clients, as well as building and strengthening their relationships with them.

Some scholars (Garrett, 2005; Henman, 2010) have argued that web 2.0 technologies, which afford the opportunity for user content creation and increased interactions between web platforms and individuals, comprise a nascent and promising means for social services clients to partake in social work procedures. Web 2.0 technologies, unlike web 1.0 technologies, enable users to participate in content creation rather than passively retrieving information from websites. Users co-create data instead of receiving it from static, one-way technologies. A broad trend towards 'e-government' (Gillingham, 2014) had been emerging at the time of publication, in which information exchange, service/citizen interface and knowledge acquisition take place online and via digital media.

Although concerns have been raised about the impacts of ICTs on relationships between service providers and service users, some researchers have claimed that there are distinct advantages. For some scholars, increased participation by citizens in their own receipt of public services, whilst not entirely new, is a promising mechanism for enhancing client engagement and communication with social workers (Tregeagle and Mason, 2008). Among other potential benefits, web 2.0-enabled services may grant increased access for clients to their records and increased transparency of the social work process (Gillingham, 2014). This can in turn empower service users because they can review, comment on and contribute to information databases pertaining to themselves. Some of the newly emerging evidence on social worker-client communication during the COVID-19 pandemic, a period of intense digitalisation and reduced physical proximity between worker and client, contradicts this conclusion. Some scholars having collected empirical evidence that home-based digital modes of therapy, care and support run the risk of a privacy crisis, with abuse perpetrators or

unsupportive family members more likely to be present with the clients (Razai et al. 2020; Zhou et al. 2020). Another important point to note is that whilst service users can review and critique their own records, they are not engaged in the 'co-creation' of their support and care alongside their social workers. A more empowering model of web-enabled services might perhaps enable collaborative input from both parties.

Mishna et al. (2011) used focus group data collected in 2010 from fifteen active social workers to identify and explore the impacts of increased e-mail and text communication between social workers and clients, developing the notion of initially sporadic digital communications creeping in to the social worker-client relationship, until a point at which the relationships came to be dominated by digital interactions. They found that the participants experienced cyber communication as predominating over face to face, with 50% of clients likely to initiate contact via email compared to 38% via text. Mishna et al. (2011) found that the practitioners expressed a unanimous sense that cyber-based communications would often begin as practical means of notifying social workers of administrative factors, for example when a client needed to rearrange an appointment, but that they would creep into their interactions and very often overtake face to face interactions in importance and frequency. The focus group participants perceived client-initiated cyber communications as potentially beneficial to social work practice and the smooth running of the social workers' interventions and evaluations. Some participants in Mishna et al (2011) gave examples of younger people and some emotionally inarticulate people being better able to express their emotional needs via text or e-mail, and they stated that this enabled them to stay more informed and make better evaluations.

This phenomenon of cyber communication 'creeping in' as the dominant media of interaction was, however, also found to deplete the frequency and effectiveness of face to face contact. The participants stated that face to face contact became irregular, unproductive and often

awkward because the clients had become more comfortable texting or e-mailing. This, it was felt by the social workers, served to limit the extent to which they could capitalise on face to face, proximate time at people's homes to extract the kinds of contextual information in assessment? that cannot be gathered via cyber communication. The sample size is markedly small in Mishna et al.'s (2011) study, but the data, when supplemented with greater scale studies, reveal that the digitalisation of social worker-client relationships takes place at both the conscious and unconscious levels. Whilst the participants of the present and former studies show a clear awareness of the increased role of ICTs in their professional practice, studies such as Mishna et al.'s (2011) demonstrate that the impacts of this are not always consciously managed or predicted and unintended outcomes can ensue. The study (Mishna et al., 2011) pertained to children and families social work contexts, and the present study investigates these themes in relation to mental health social work, an as yet unexplored area.

Some scholars in older studies have posited that the rules and procedures of communication in online support groups is not markedly different to those of face-to-face interaction (Finn, 1999), but since then, others have emphasised that social work is in essence a face-to-face, physically situated practice, one which cannot have its full potential realised via digital relationship media. Hill and Shaw (2011), for example, have explored the vast range of challenges, enablers, trends and opportunities created by the increasing use of ICTs in social work practice. They identify a 'dilution of human relationships through technology' (Bliss, 2014: p. 241) as among the most significant risks to the enhancement of social work practice via digitisation. Referring to a software package incorporated into UK social work decision making and assessment procedures in both child protection and mental health care contexts, Hill and Shaw (2011) highlight that because the software involved populating the system with quantified information closed-in by the computational fields, a coherent and full picture of the client is potentially lost. Via the process of making social knowledge and

intersubjective experience fit into computational models, Hill and Shaw (2011: p. 74) claimed that the picture of the client captured by the software was 'stripped of its context'. For some scholars, social work is fundamentally a human, *relationship-building and face-to-face* activity and this embodied, social and contextual nature of the profession runs antithetically to computerised models of information management (Bliss, 2014).

At a theoretical level, there is space here to frame the contradiction between contemporary computational forms of knowledge collection/analysis and the socially embedded nature of clients' lives and social worker interactions with them as an example of what Habermas (1984) describes as the colonisation of the lifeworld by the system. Habermas's model of society sheds light on how aspects of our lives that have traditionally been understood and lived out in interpersonal situations, where we use language to negotiate problems, can come to be standardised situations in which we use template, instead of dialogue, to construe and deal with challenges. In Habermasian thought, our public lives are either located in the 'lifeworld', where decision-making, communication and values are constructed via dialogue and speech (Fairtlough, 1991), or in the 'system' (the world of impersonal monetary exchange or authoritative power), in which appropriate actions are steered by non-dialogical media of money and power (Baxter, 1987). A prime example of a lifeworld phenomenon is in fact traditional social work, insofar as conversation and interaction between human subjects form the basis of actions (Blaug, 1995). An example of a systemic field of action might be that of market relations between two businesses engaging in a contract (Jütten, 2013). In this latter field, the norms of interaction are governed and constituted by legalistic and financial rules. The business directors can make recourse to non-negotiable rule systems (contract laws) in drawing up the conditions of their interaction, as well as to non-linguistic considerations (financial calculations) in steering their actions and obligations.

For Habermas, the system has an inherent drive to 'colonise' the lifeworld. This colonisation sees what were formally linguistically negotiated practices like social work or teaching come to be organised through systemic rules of action and governance. In teaching, for example, the increasing role of developmental models for assessing children, the rise of formulaic, measurable curricula (designed in universal form independently of the subjective teacher) and the growing importance of standardised tests and exams, comprise a form of colonisation of the lifeworld (Terry, 1997). Teachers' subjective judgements, pupils idiosyncratic needs and local communities' cultural contexts come to be sequestered from the practice of teaching. We can see this colonisation taking place in social work practice too, with digital technologies replacing linguistically mediated social worker-client interactions as decision-making tools, managers of information and data criteria setters. The present study thus enquires as to mental health social workers' own perceptions of the degree to which digitisation has detracted from the human, dialogical (conversational) and subjective norms and values that underpin social work practice.

To conclude, the effects of ICT use in social work on client-social worker relationships is ambiguous, and the literature includes studies that indicate the positive effects of ICT use as well as others that highlight how relationships are diluted and constrained by ICT mediation. Many scholars flag up the fact that social work is a relationships-based, dialogical practice (Featherstone, Morris and White, 2014), and whilst some scholars (Garrett, 2005; Henman, 2010) have argued web 2.0 technologies comprise a promising means for social services clients to partake in social work procedures, Hill and Shaw (2011) state that there has been a 'dilution of human relationships through technology' (Bliss, 2014: p. 241) that has been driven by the digitalisation of social work. Many studies have identified how software is designed in such a way that social workers must populate systems with quantified information, closed-in by computational fields, and they argue that this constrains the

development of a coherent and full picture of the client and their needs (Gillingham, 2014; 2014b). These studies are discussed elsewhere throughout this chapter.

ICTs, de-professionalisation and discretion

There is much literature on how increased ICT use in social work emerged during the New Labour administration (which, as above, put in substantial reforms to social services generally intended to utilise digital technology's capabilities). Several scholars (Parrott and Madoc-Jones, 2008; Barnett-Queen, 2001; English et al., 2000) have reported resistance to digitisation among social workers arising from suspicions that digital technologies de-professionalise social work. Parrott and Madoc-Jones (2008) noted that ICT was widely perceived of as functioning for managerial surveillance and standardised monitoring purposes, contrary to the execution of professional discretion that underpins social work values (Parrott and Madoc-Jones, 2008: p. 181). Highlighting scholars in the late 1980s who had remarked on the lag in digitisation in social services vis-à-vis industry and business (e.g. Caputo, 1988), Parrott and Madoc-Jones (2008) emphasise that resistance to, and misinformation about, digitisation in social work were still pervading the profession when they conducted their research.

This resistance and pushback against digitisation in the 1990s and early 2000s highlight the possible contradiction between social work as a narrative, face-to-face practice (Blaug, 1995) and ICTs as mechanistic, programmatic and closed-system modes of organising decision-making and action (Phillips and Berman, 1995). According to this argument, ICTs are seen as being organised and shaped by the kinds of logical and algorithmic processes that are antithetical to the principles and behavioural norms of social workers – namely compassion, empathy, dialogical relationship-building, and pragmatic forms of communication based on emerging events and conversations (Parrott and Madoc-Jones, 2008). The technical-rational, bureaucratically standardised nature of digital technologies, computer software and IT-based

knowledge management systems are thus seen as the extreme opposite of the humanistic, communicative and intersubjective approach adopted in social work. Habermas's (1984) theory of communicative action helps us understand the intrinsic differences between, and tension between, these two different modes of organising actions, decisions and judgements. The one (social work practice) relies on qualities such as emotional perceptiveness that (as yet) computers cannot possess, whilst the other (digital social work tools) relies on impersonal data that evades the subjective experience of the (human) social worker.

Widespread beliefs among social workers at the early stage of digitalisation that computerised modes of surveillance and information management were de-professionalising social workers were captured by several other researchers. Humphries and Camilleri (2002) claimed that by using computers to centrally control social work processes, computers were, at least perceptively, serving to turn social work into an administrative discipline organised by *a priori* templates of data collection and action. Harris (2014) argued that the pressure under New Labour's New Public Management approaches to public sector governance had begun to foster a conception of social work as a closed-system procedure which could be measured, monitored, evaluated and improved using quantifiable methods. A critical aspect of this new public management fused with new ICT systems of recording and monitoring was the introduction and increasing importance of information-logging as a social worker. To generate the depth and scope of data required to orchestrate meaningful statistical analyses of social worker performance, social workers were required to update their files and folders on an increasingly regular basis, potentially further detracting from social worker attention to service users (Parrott and Madoc-Jones, 2008). Harris (2014) argued that earlier on, prior to the deepening of digitisation of social work practice in the late 90s and early 2000s, the opportunity was afforded to social workers in the field to engage their line managers in lateral and reciprocally empowered dialogue pertaining to key care and assessment decisions.

Deepened digitalisation from 1997 onwards meant that peer-level interactions were being replaced with hierarchical, data-driven and impersonal processes of supervision, whereby line managers acted as 'progress checkers' (Parrott and Madoc-Jones, 2008) and social workers increasingly acted as target achievers. The present study contributes to the wider literature on the impacts of increased information-logging and data-driven management by exploring these impacts on psychiatric social work specifically.

Some of the literature on the effects of ICT usage on social work practice has explored the impacts on professional discretion (Cordella & Tempini, 2015; Gillingham, 2014; 2014b; Ley and Seelmeyer, 2008; Busch & Henriksen, 2018). The bulk of this scholarship pertains to children and families social work contexts, but little is known about the effects of ICT use on psychiatric social work practice. The professional standards, daily practices, case management procedures and work cultures in psychiatric social work are distinct from other areas of social work, so this paucity of coverage needs redressing. The present study thus seeks to expand the discussion of discretion and ICT into the realm of psychiatric social work. Discretion and the ability to make contextually relevant decisions about suitable assessment of needs and appropriate delivery of care are central to the effectiveness and expertise of the social worker. Discretion refers to 'whenever the effective limits on [a public service professional's] power leave him free to make a choice among possible courses of action or inaction' (Davis, 1971, p. 4).

Discretion is a key aspect of a social worker's toolkit in enacting tangible, positive impacts on service users (Baldwin, 2004). Munro (2004) argues that enabling social workers to deploy discretion empowers practitioners in achieving a constructive influence on their clients. 'Discretion makes it possible to adapt the policy to meet the local needs of the citizens/clients, increasing the meaningfulness of the policy to clients' (Tummers & Bekkers, 2014: p. 531). In its radical commitment to standardising procedures of assessment, case

management and information management, the New Public Management approach has sought to use ICTs to 'disentangle and disambiguate the operations from the messy and local domains of the social world it is going to apply to' (Cordella & Tempini, 2015).

Managers in social work practice have consistently 'erred towards recording as much detail about service activity as possible' (Gillingham, 2014b: p. 326). The daily actions and decisions of social workers, as well as detailed accounts of service user behaviours, are systematically logged and stored on databases in all social work specialisms (Gillingham, 2014). This requires the application of ICTs so that the vast list of activities in the clinical or community setting can be captured. ICTs are hypothesised to enable trawls and analyses of the ensuing data so that insights on the productivity of service activity can be garnered and managers can accordingly boost organisational efficiency (Gillingham, 2014; 2014b). This study collects data on the degree to which practising social workers perceive ICTs as affording these proposed benefits.

The way that ICTs organise information, and how they define valid "data", are thought by some to be antithetical to the practice of practitioner discretion (Busch & Henriksen, 2018). ICTs, when used as structures for designing and scoping social work practices, are said by critics to 'texture the work environment (…) by setting priorities and goals and defining the nature of the tasks carried out by practitioners and even the knowledge base they draw from' (Ley and Seelmeyer, 2008: p.341). Computational modes of information management are sometimes thought to be inherently contradictory of professional discretion in real social contexts, namely because as yet these computational models can only accept and use a narrow range of *quantifiable* forms of data that can be configured (Baker et al., 2014). These modes of information management are unable to hold or conceive the subtle, intangible data of social interactions. Nearly all forms of these data, the argument goes, arise in intersubjective face-to-face dialogue with clients. Such data include facial expressions, "gut

feelings", intersubjective dynamics, tone of voice and nearly all forms of speech except those that can be codified (for example on a Likert scale). It is often on the premise of the observation of these phenomena that social workers use discretion to make (often effective) decisions.

By 'configuring the user', Gillingham (2014b: 327) argues, ICTs replace the practitioner's ethical management of "soft", communicatively derived data with templated, boxed-in categories of observation (Verbeek, 2006, p. 361). For example, instead of drawing from personal observations of a client and their professional perceptions regarding what it is important to record, a social worker may have to only record events and observations that fit into the computerised decision-making support system they are provided with. This could mean that they omit records of subtle things that a client has said or done, and it can make the social worker cease being a social agent, turning them into a non-human actor in a human world (Latour, 2002), contained in their collection of relevant information by what can or cannot be configured computationally. Saario and Stepney (2009) studied whether and how this substitution of professional discretion by computer-based managerial audit systems affected the delivery of care in mental health outpatient clinics. They aimed to investigate the impacts of a specific managerial audit system on a single mental health out-patient clinic in Finland. They conducted a case study, using a mixed-methods approach consisting of documentary analysis and semi-structured interviews of the mental health medical and care staff. They found that 'the way that data are entered onto the system determines what actions will be carried out in what way' (Saario and Stepney, 2009, p. 52). This study is limited in its generalisability, given that the sample comprised just one clinic, but its finding – that a focus on using digital managerial auditing systems serves to 'reinforce particular styles of practice' (p. 41) – resonates with the findings of other studies (Busch & Henriksen, 2018; Gillingham, 2014, 2014b; Ley and Seelmeyer, 2008).

Some of the academic literature has highlighted the increasing role of algorithms in social work practice. Algorithmic decision-making support systems have now become important tools for social workers in steering their decision-making processes and in producing directives and prescribed actions (Gillingham, 2019). These digital means of making decisions regarding clients are set to grow in significance in social work in the future (Gillingham, 2019b). Gillingham (2019) highlights an accountability crisis that occurs when social workers are disempowered in the process of decision-making and alienated from the process of decision scrutiny. 'DSS [decision support systems] are only as good as the data they have been trained on and can use and so it is also likely at times that their recommendations may be inaccurate or may further disadvantage service users' (Gillingham, 2019: p. 287). Some scholars nonetheless argue that algorithmic decision-making systems are relatively neutral and, because they are decoupled from the cognition and affective perceptions of the social worker, free of biases (see Maciejewski, 2017).

Gillingham (2019b) explores several cases of the introduction of decision-making support systems in child welfare and children and families social work contexts. One of these cases pertains to the Family Screening Tool used in a suburb of Philadelphia, USA (2019b). The learning algorithm is intended to aid social workers in deciding whether to screen or accept a notification for the investigation of alleged child abuse. The system estimates the probability that a child will be re-notified within two years, and it factors in 100 metrics drawn from a variety of databases to gauge the likelihood of re-notification. The Family Screening Tool can, naturally, perform these analyses and evaluations at a far greater speed than a human, but, as Gillingham (2019b) also notes, 97 of the 100 variables have been found to have no predictive significance, arguably bringing into question the necessity of using the system. Gillingham also notes that there is little evaluative data with which to measure the added value of using the system over manual human methods.

A second example of the cases explored by Gillingham (2019b) is that of Amrit et al.'s (2017) Decision Support System used in Amsterdam to enable paediatricians and associated healthcare professionals to identify children in their care who are at risk of being subjected to domestic abuse. Amrit et al. (2017) developed an algorithmic system which differs from many others insofar as the system enters both structured (specifically categorisable) data and unstructured data (such as notes made by the paediatricians). The researchers achieved an accuracy level of 90% by including unstructured data in the algorithm. As a result of its predictive power, the Decision Support System will be rolled out in the wider healthcare system in Amsterdam, and its impacts will continue to be evaluated by external researchers (Gillingham, 2019b). This example highlights the limitations of solely using structured, quantitatively codifiable data in the design of algorithms for making decisions. It provides an iterative indication that incorporating a wider and less structured range of data into decision-making support systems may make algorithms more effective and more helpful for practitioners. The present study will collect data on areas of social work practice and client care which the participants perceive to be improved by the introduction of ICTs, which include decision-making tools, as well as on features of their jobs that they feel are damaged or hindered by the use of these tools.

Gillingham (2019), despite noting this case's relative effectiveness, argues that the programmers who design the algorithms inflect their values, presuppositions and biases into the systems used by social workers. It is people, Boyd and Crawford (2011) claim, who are ultimately in charge of setting predictions, weighting some data items over others, and selecting the datasets from which data are to be collected. In addition, datasets that are inadequately comprehensive and/or that capture and categorise an overly limited series of observations will inevitably be significantly limited in their degree of validity and relevance to decision-making (Hill and Shaw, 2011). Algorithms, for Gillingham (2019), produce

normative skews in the capture and analysis of information pertinent to social workers' professional judgements, because a range of qualitative forms of communication and socially constructed meanings and motivations must be formulated as programme-adherent quantifications. The diversity of normative interpretations and ethical values across society and its substrata also generates issues for algorithmic methods of decision-making, with programmes only able to make decisions premised on a single interpretive paradigm (Binns, 2017). Some scholars have argued for algorithms to be generated which reflect the greatest ethical consensus of society at large – what Binns (2018) refers to as *public reason*. This approach is exposed to the fact that societal values can radically and swiftly alter in the light of political events, with an upsurge in xenophobia, the scapegoating of vulnerable groups or a public moral panic driven by media reports all capable of becoming the basis of highly discriminatory algorithm-led decision-making (Gillingham, 2019). Algorithms can only process information based on parameters set by programmers. If, for example, there emerges a public outcry about an incident of violence committed by a schizophrenic patient who had an obsessive interest in her identity as a Muslim, this may prompt programmers to design algorithms that pick up on strong religious identification as an indicator of potential violent behaviour. What this would mean in practice is that service users who are not violent are flagged up as potential risk cases based on information available about their religiosity. This is one example among many others of how discrimination can be embedded in an algorithmic system of decision-making.

Ultimately, algorithmic decision-making support systems may pose a significant risk to social worker *accountability*. When algorithms produce decisions and analyses that are inaccurate, inadequate in their coverage of all information, or destructive in their outcomes, there is, as yet, no framework for ensuring that social workers are sufficiently included in the programming process; social workers are therefore held culpable for effects on clients that

are determined by practices outside of their control (Gillingham, 2019; 2019b). For Gillingham (2019), social workers and their fellow professionals must be able to occupy a key role in 'challenging both their [algorithms'] application and outcomes' (Gillingham, 2019: p. 287). To this end, Gillingham (2019) claims that social workers must be empowered in the procedures of programme design and in the critique and scrutiny of algorithm-led decisions. Gillingham (2019) posits that social workers and policymakers must promote algorithmic accountability by ensuring the following: (i) social workers must be aware and educated about algorithmic methods and processes, and able in practice to inform designing and programming processes; (ii) social workers must have access to and be able to redress the procedures by which the algorithm made its decision and the errors it has made respectively; (iii) social work managers and senior decision makers must remain accountable for the decisions made via algorithmic methods; (iv) algorithmic processes must be explicable in accessible but comprehensive terms for social workers and those signing off on decisions (Ananny and Crawford (2018); (v) data items and databases used to program the algorithms must be reviewable by all social work staff using the ensuing decision-making support systems, and the option should always be available to amend or eliminate data accordingly; (vi) models and data used must be auditable and to that end they must be systematically recorded; (vii) tests should be regularly conducted, by a collaborative team of programmers and social work practitioners, to identify whether the algorithms have produced discrimination, neglect or inadequate outcomes for clients. The present study will explore ideas for processes and policies which the participants consider have the potential to better utilise ICTs and algorithmic systems for more effective client outcomes.

Time spent with clients

The increased use of ICTs as tools for enabling increased efficiency have, according to some former studies, limited and devalued the time spent by social workers with clients (Gillingham, 2014). For some scholars, ICTs are paving the way for social workers in being able to focus more on value added, profession-specific tasks (Bertot et al., 2012). Several studies have found that social workers spend between 60% and 80% of their working day inputting information into digitalised information management systems (Parton, 2009). This increase in desk-based work focused on the management and analysis of information using ICTs has been found to have drastically constrained the quantity and quality of social worker time spent with clients (Broadhurst and Mason, 2014).

Some scholars argue that ICTs and digitised information management systems (IMSs) have been introduced and developed in part as ways to enhance accountability in social service organisations (Bertot et al., 2012). Given the imperative to account for each decision and action, spurred by various crises in primary care and community settings (Speed and Gabe, 2013), ICTs and IMSs ostensibly comprise effective tools for logging each action/decision in real-time. To prepare for inspections, audits, evaluations or performance appraisals requires significant time and staff resources. Social workers often have their roles converted into that of administrator. Practitioner time spent performing these duties is at the expense of time spent with clients, and this has 'significant consequences for their ability to complete what they consider core professional tasks – dealing with the issues and concerns of (…) patients' (Murphy and Skillen, 2015: p. 638).

Murphy and Skillen (2015) conducted interviews of a sample of teachers, social workers and other public service professionals, and some of the qualitative responses by the social worker participants are topical to the themes discussed above:

'Getting visits done means that something else can't be done, and if something else happens … then time doesn't allow it, and it becomes a tick-box, jump through this hoop, because come what may, we have got to please the inspectors. So when they come looking they can find that no stone has been left unturned.'

Interview quote (Bob) in Murphy and Skillen (2015 p. 636)

'The face to face work used to be 80 per cent face work, 20 per cent administration and filling in forms and stuff in the office. It is probably now the other way around, so that your relationships with service users and their families has to be affected.'

Interview quote (Brian) in Murphy and Skillen (2015 p. 637)

New Public Management models have purportedly introduced and updated a stream of ICT and IMS mechanisms to free up the social worker, to enable him/her to use their limited resources to best effect. Research has indicated that time spent with clients by social workers is constrained by form-filling, with narrowly scoped and closed questionnaires allowing little space for client voice (Matarese & Caswell, 2017). ICTs and IMSs are thought by some to be designed to make social worker and client decisions and activities transparent (Bertot et al., 2010), accountable and quantifiable (Hill and Shaw, 2011), but some evidence indicates that these measures to monitor and deal with issues of responsibility have *not* been matched with increases in the time or the quality of time spent with clients, nor have resources (i.e. social workers) been increased in scale (BASW, 2012; Moriarty, Baginsky & Manthorpe, 2015).

Some scholars claim that ICTs have had little or no effect on time spent with clients. A review of research on issues in the social work profession in England (Moriarty, Baginsky & Manthorpe, 2015) has shown that social workers have never spent a proportionately great amount of time with their clients as compared to other care professionals. Due to their coordinative role mediating between various professional groups, in addition to the

importance of liaising with a host of agencies and services in supporting their clients, social workers tend to spend less time with clients than non-professionals expect, regardless of ICT usage (Moriarty, Baginsky & Manthorpe, 2015). A statistically significant decrease in face-to-face interaction with clients caused by IMS recording tasks is nonetheless perceptible. This runs counter to the notion that ICTs 'free up' time for activities and decision-making which cannot be computed. One of the largest studies in this field, based on data from a sample of 1153 social workers, conducted by Baginsky et al. (2010), found that participants spent almost as much time on case related recording (22 per cent) as on direct face-to-face work with clients (26 per cent).

ICTs are arguably enabling when it comes to recording actions and decisions for the purpose of ensuring accountability, but this does not preclude the possibility that they disable social workers in terms of spending meaningful time with their clients. This is because ICTs extract and select variables from the social world, despite all that world's complexity, variability and intangibility. Pre-set outcomes are shaped around pre-set conceptions of what the service users require (Kallinikos, 2006). Social workers, having entered the profession to help people in lived and multifarious social contexts, may face administrative demands to input data onto records which hinder their ability to deliver on that core ambition (Halliday et al. 2009). ICTs may, the evidence suggests, be worsening that disjunct between intention and capability, but partial evidence that they have enabled social workers to spend more time on quality communication with their clients is also present. This study investigates the perceptions of practising psychiatric social workers in England regarding the effects of ICT usage on the time spent with their clients. By enquiring as to these social workers' perceptions, the study expands on the remit of former research by covering the field of psychiatric social work; prior research has pertained to children and families social work only.

Barriers to ICT implementation in healthcare

A significant body of research is available that focuses on users' perceptions of the key barriers to the effective deployment of health information systems (Walston, Bennett and Al-Harbi, 2014), and these studies have additional relevance to other fields of social and health care services such as social work. The bulk of the research into healthcare professionals' barriers to using nascent health information systems pertains to the attitudes of individual staff members towards digitised methods of organising healthcare information, personnel skills levels in using ICT generally, and the range of organisational/environmental variables that can determine barriers encountered (Baillie et al., 2012; Holden et al., 2011). Walston, Bennett and Al-Harbi (2014) focus especially on the user's skills, capability to perceive and constructively react to barriers, and degree of employee engagement.

One study has flagged up a positive association between the inclusion of healthcare professionals in the design of IT information systems and a perception that they bring benefits to healthcare professionals (Wurster et al., 2009). Wurster et al. (2009) analysed the dynamics of an IT system being implemented in a large hospital, exploring discrepancies and consistencies between system designer intentions and practitioner intentions and perceptions. They used an 'expanded set of analytic lenses', incorporating the notion of political and cultural interests into the analyses of the IT system. They found that IT manager interests and healthcare manager interests were highly unaligned, and in a follow-up study they found that including consideration of these political and cultural interests into the system design process produced, significantly improved the useability and practitioner value of the system, with a 20% enhancement in performance being attributed to this deeper consideration of the interests of the healthcare professionals who used the system.

A second key barrier to positive employee perceptions of healthcare information systems discussed by Walston, Bennett and Al-Harbi (2014) is that of users' capability to actually identify failures and barriers to effectiveness in the systems they use. This in turn links back to employees' confidence with ICTs, their familiarity with the systems and the extent to which they view technology as integral to their work and the service they deliver (Lorenzi et al., 2009). This concomitantly relates to the role of training in fostering positive perceptions of the systems, because some research has indicated that via strong skills boosting and comprehensive training employees accordingly grow more confident in spotting system demerits and alerting system programmers and managers to these (Whittaker et al., 2009). This study explores the extent of ICT knowledge among a sample of psychiatric social workers in England, and it includes the variable of computer anxiety, which may hinder the participants' capacity to identify programming or interface failures in the ICT systems they use.

Walston, Bennett and Al-Harbi (2014) also point to more general employee engagement, as well as knowledge of organisational processes and operational procedures, as drivers of positive perceptions of the information systems employees use. Studies in the wider management literature evidence that by familiarising employees with the organisation's processes and problems, and by cultivating a work culture of quality monitoring and continuous improvement, employees often become more intensely engaged in their work and committed to their organisation's ongoing performance (Latham, 2013). When employees are ill-equipped to assume initiative in identifying problems and producing new processes to deal with them, this entrenches disengagement and in turn exacerbates the problem discussed above of employees lacking the confidence to engage in such problem identification in the digital information systems they use at work (Oliver, 2012). An organisation's failure to encourage a critical culture of process understanding and improvement therefore comprises

an indirect barrier to positive perceptions of information systems in the healthcare sector, and these findings may well apply to the field of psychiatric social work.

Ultimately, ICT skills gaps, discrepancies between IT teams' processes and healthcare professionals' work and a deficit of computer confidence can hinder uptake and adoption of ICT systems because they damage staff morale and staff engagement. This makes it imperative to understand how ICT skills can be inculcated into social work training, which is what the next section addresses.

ICTs in social work education and training

ICT in-house training

Inadequate training, low skill profiles and a dearth of continuing professional development in using healthcare information systems feature in the literature as significant barriers to positive employee perceptions. There have been few statistically robust studies that discern the precise correlation between training, skills and employees' perceptions of the benefits of using healthcare information systems, but suitable training recurs across some studies as a critical driver of positive perceptions (Doherty, Ashurst and Peppard, 2012). This is also evidence at the macro-organisational level, with organisations that foster greater consideration of practitioner needs in the designing of information systems correlating with increased perception of benefits among employees (Yan, Gardner and Baier, 2012). When training is carefully combined with increased post-training uptake and engagement with the systems, this appears to correlate with positive employee attitudes to the systems (Vedel et al., 2012). In this study, data will be collected on social workers' experiences of ICT training, and the psychiatric social worker respondents will have the opportunity to suggest

recommendations for improving ICT training so that it facilitates greater effectiveness and professional value for the social workers who use the ICTs.

ICTs in social work education

The social work student experience, both in terms of formal curricula and in terms of informal university life, is increasingly shifting online. Online technologies and digital media are integral to the university student journey in general, and those studying social work are engaged with digital technologies from the outset (Gillingham, 2019; Lopez Peláez et al., 2020). Universities and other higher education institutions are incorporating digital skills into social work training more and more (Lopez Peláez et al., 2020). Significant parts of the curricula on social work BAs and MAs are taught online, and a broad range of curricular activities outside of lecture theatres is conducted on intranet portals and via digital communication. The role of online and digital learning as a means for building the professional skills needed for social work practice upon registration has become the focus of much debate (Gillingham, 2009; 2014; 2019; Lopez Peláez et al., 2020). Online learning resources pertaining to social work research skills have been developed and are now central to the social work education curriculum (Zhu and Andersen, 2021; Kourgiantakis and Lee, 2020). Practice skills for social workers in training, as well as theoretical materials pertaining to the concepts and ethics underpinning social work, are often built on and delivered online (Wilke and Vinton, 2006), and social work students typically use social media and online portals and platforms to communicate with academic staff, meet with peers and exchange knowledge (Gillingham, 2014). Student social workers use digital information management systems during their placements (Gillingham, 2014), and they are required to use a host of apps and basic information systems when completing their academic studies. Social work

training placements have become increasingly digitised as a result of the COVID-19 pandemic. Mitchell, Sarfati and Stewart (2021) studied oncology social work trainees studying in the USA during the pandemic and lockdown periods, and state that:

> *'The COVID-19 pandemic necessitated an abrupt conclusion of field placement for social work interns at a comprehensive cancer center. In response to social distancing requirements, social workers, but not interns, were granted access to work remotely. Virtual programming became necessary to meet the interns' remaining educational requirements and provided an opportunity for proper termination from the program (…) This creative adaptation of field education provides an innovative programming model that can be used to enhance the experience for social work interns moving forward in various healthcare settings during ordinary or extraordinary circumstances.'*
>
> (Mitchell, Sarfati and Stewart, 2021: p. 3).

Despite the vital importance of computer usage and digital skills to effective social work in contemporary practice settings, digital literacy among social workers in the UK appears to be falling behind the curve (Taylor, 2015). Social work training curricula and qualifications frameworks have been found by several scholars to have thus far failed to digitally empower social workers entering the profession (Rafferty & Waldman, 2008; Taylor, 2017). In particular, a general lack of digital progress in social work is reinforced by confusion among social workers as to when and how computers and digital technologies can serve to improve practice and when they can limit or even damage practice. '[E]merging practice dilemmas (…) evidence the need for practitioners who can differentiate between technology usage that is 'empowering and human-centred' and that which is 'divisive and dehumanising'' (Schwab, 2017, p. 2, in Taylor, 2017: p.876). In her research into the ways social work in England has

responded to digitisation and the impacts that critical digital knowledge gaps are having on the work performance of newly qualified social workers, Taylor (2017) evaluates the existing learning and development programmes afforded to social workers and the degree to which they harness these 'empowering and human-centred' uses of technology. She has found that it is vital to boost digital literacy and by default confidence in using computer technologies during formative training years if the inculcation of computers and digital technology into social work practice is to benefit service users, social workers, and society.

The need to equip trainee and qualified social workers with digital skills and competencies that 'move beyond the skills to send an email or update computer-based records, to more complex tasks that require an intricate and nuanced understanding of technologies and the connected world', is thought by some scholars to be pressing and urgent (Taylor, 2017: p.872). 'Whether we like it or not (…) the need to demonstrate a critical awareness of the social impact of the internet, and a range of digital communication and information technologies, has never been more important than it is today' (Watling and Rogers, 2012, p. 140). Yet, Taylor (2017) notes, literature and purposive policy designs that seek to understand and improve technology use in social work education and learning programmes is sparse, creating a gap in knowledge both academic and practitioner-based fields. The pressing need to digitalise social, economic, and personal lives is countered by mounting evidence of a serious deficit in digital literacy in the UK (BASW, 2020), with 12% of the population having inadequately engaged in online processes (ONS, 2019). Social workers are vulnerable to such deficits in digital literacy prior to, and arguably during and even after, entry into the profession (Taylor, 2017: p.870), and a distinct lack of depth, substantive guidance and clarity informing qualifications framework and curricula developers is evident, notwithstanding very recent improvements.

Digital competence and literacy for a long time featured only as loosely defined injunctions to embrace digitisation in the profession (Turner, 2016). Turner (2016) and Taylor (2017) focused their studies on the professional standards and training standards developed prior to the establishment of Social Work England. In this bygone period, the practice and training guidance merely required that 'honours graduates in social work … [would] be able to use ICT methods and techniques to support their learning and their practice' (Quality Assurance Agency (QAA), 2008, p. 14). The Health and Care Professions Council (2016, p. 11) generated broad and in-substantiated calls for students to 'use all forms of communication appropriately and responsibly, including social media and networking websites'. A patent lack of clarity as to what levels of skill were mandatory, how computer skills were to be taught and acquired during training, and what relevance they had to on-the-ground social work practice, pervaded the qualifications and training frameworks. The social work profession knowledge and skills statements, jointly articulated by the Department for Education and the Department of Health in 2014/15, also made scant reference to the importance of digital literacy and competence in social work practice, further cementing an eschewal of digital skills that begins with pre-qualified learning stages (Taylor, 2017: p.872). These were superseded by Social Work England's (2021) qualifying education and training standards guidance, which, whilst stating that curriculum assessment must be up to date and relevant to recent advancements in technology, does not specify that institutions must assess their students' digital skills in a detailed fashion. Standard 5 of Social Work England's guidance clarifies that students must have access to necessary resources to ensure they are fit to practise and ready to work as knowledgeable social workers, but this does not include direct reference to accessing or training with ICTs pertinent to everyday social work practice.

Taylor's (2017) study of student social workers' experiences of using technology during their initial training sought to identify the degree to which these reforms were at the time adequately equipping new entrant registered social workers with essential digital skills. It conducted 'phenomenographic' enquiries into 11 finalists from professional programmes; these captured and explored whether and how the participants had been exposed to technologies as integral components of their upcoming profession (Taylor, 2017: p.873). Taylor noted early on in her analyses that digital skills and teaching were present components of the training curricula, but these were inadequately linked to the students' perceptions of professionalism as social workers. None of the participants had consciously reflected on the linkages between using technology and being a good social worker, with digital technology being largely viewed as an extrinsic phenomenon to the core role of the social worker. What digital literacy development had occurred was, therefore, decoupled from the students' notions of effective and successful social work practice (2017: p.874). The sample for this study was markedly small, calling into question its generalisability, but wider scale reviews of social work educational programmes, curricula and standards have also flagged up the inconsistency and lack of depth to digital literacy building among trainee social workers (Kellsey and Taylor, 2016).

Nowadays Social Work England sets out education and training standards that define what employers require social workers to be able to do on entering employment, and newly qualified recruits must be able to show competence across the full range of standards before being awarded the degree (SWE, 2021). These occupational standards only make brief references, however, to ICT skills and the use of digital technology. In addition, the BASW's (2018) revised professional capabilities framework (PCF) for newly qualified social workers does not have a discreet section on digital skills, despite social workers having to spend so much of their time and resources using digital technologies to exact their roles. The BASW

newly qualified social worker PCF, in its ‘knowledge’ section, states that newly qualified social workers must be able to ‘apply knowledge and understanding of the opportunities and risks of new technologies, digital resources, online communications, virtual environments and social media in social work’ (found online). This generic instruction is not substantiated or elaborated on in the document.

More recently, in 2020 the BASW has developed a Digital Capabilities Statement which maps out the knowledge, skills and values that social workers must possess in using digital technologies in their practice. It was produced by the British Association of Social Workers (BASW) in collaboration with the Social Care Institute for Excellence (SCIE), and it lays out how software skills, social media skills, online resource utilisation and informatics analysis should be understood and conducted by social workers in the UK. The Statement does address relationship-based practice in terms of the digital era, and it identifies how social workers should utilise digital technologies to enhance or complement face-to-face contact, but it focuses mainly on the ways in which service users with distinct needs access and employ online services and digital technologies to support their wellbeing. It clarifies the ways in which social workers can direct people to online services and networks which will reduce loneliness, and how they can engage in therapeutic interventions which boost social capital among service users. Significantly less attention is paid to the skills social workers must possess when it comes to using case management software, client databases, decision-making support systems and so on.

The dearth of digital social work training that is adequately aligned with student expectations may be changing now in the light of the COVID-19 pandemic (discussed further below) and the shift to online learning and online placements. In their study of oncology social work trainees in the USA, Mitchell, Sarfati and Stewart (2021) found that the introduction of well-orchestrated online placements with comprehensive support from their trainers ‘provided an

opportunity for enhanced learning and proper termination from the program' (p. 10). They added that 'interns expressed satisfaction with the ongoing learning opportunities and appreciation for the genuine care that was extended to them during this unprecedented health crisis' (p. 10). In reviewing studies pertaining to digital modes of social work education, McLaughlin, Scholar and Teater (2020) add that digital learning platforms and social media have been inculcated into social work training far more intensively as a result of the pandemic. They claim that ICTs have often enabled alternatives to in-person teaching and learning, and platforms such as Blackboard Collaborate, Google Meets and Zoom have allowed social work training providers to teach students more effectively about telehealth practices. They note, however, that these digital innovations at times created divisions and exclusions, because educators, students and service users have had varying capacities to use these technologies. In several cases, the researchers noted that 'Educators felt unprepared and reluctant to teach online (…) with some educators not having access to the appropriate technological equipment to deliver teaching remotely' (2020, p. 975), and they found that in many studies in 2020 students had varying levels of access to the right devices and technologies needed for online learning.

Strozier et al. (2008) explored the effectiveness of process measures – mediated by digital technology – in fostering the ongoing professional development of student social worker skills and attitudes. They collected weekly data pertaining to critical incidents in supervision for first- and second-year students. They also collected data pertaining to student perceptions of supervision quality and value, and data that evidenced the impacts of supervisory interventions. The process data showed that students required guidance and support balanced with the granting of relative autonomy during their placements. Strozier et al. (2000) highlight how rigidly structured methods of supervision and monitoring can fail to harness, or to further develop, the unique skills possessed by trainee social workers.

Social work training and education have increasingly gone online, and this trend has picked up pace in the conditions of the COVID-19 pandemic. As Earle and Freddolino (2022) argue, 'Overnight, social work intervention models provided in-person gave way to the utilization of Information and Communication Technologies to facilitate direct practice in virtual environments (e-therapy)' (p. 76). They argue that social work's slow pace of digitalisation prior to the COVID pandemic had hindered the development of e-therapy practice, and they state that social work students' knowledge and understanding of how to implement effective, client outcome-enhancing e-therapy were highly limited at the outset of the pandemic as a result. Noting that e-therapy experienced a surge in theorisation and implementation as a result of the pandemic, and that the digitisation occurring in the pandemic in other areas of social work has not been revered, Earle and Freddolino (2022) claim that integrating training in effective e-therapy, helping students to understand and operationalise the opportunities e-therapy presents when it comes to supporting service users, is imperative moving forwards (p. 84).

ICTs, social work and COVID-19

Several studies have been recently published that explore the impacts of the COVID-19 pandemic on social work practice insofar as the pandemic has driven hastened digitisation (Wallace et al., 2020; Mishna et al., 2020; Wright and Caudill, 2020). Face-to-face social work has, across nearly all developed countries, ceased to be viable, and the pandemic has prompted social care agencies to physically distance workers and service users (Galea et al. 2020) and develop innovative digitised means of continuing treatment and care (Mishna et al., 2020). 'COVID-19 changed the context for Information and Communication Technology (ICT) use globally. With face-to-face practice restricted, almost all communication with clients shifted to ICTs' (Mishna et al., 2020: p.2).

Regulations have been accordingly reinterpreted and various constraints on ICT usage in the maintenance of service user relationships have been informally relaxed, with agencies and clinical organisations across the developed world increasingly using ICTs to access, interact with and support mental health clients (Wallace et al., 2020) as well as children, teenagers and families (Barsky, 2020). Staff training and/or ongoing skills support for social workers in this unprecedented era of intense digitisation has been lacking in places (Sethi, 2021), with many social workers experiencing practical issues arising from knowledge gaps (Wright and Caudill, 2020), but nevertheless a great degree of adaptivity is evident in social services, with social workers rapidly reorganising their strategies and methods of work (Mishna et al., 2020).

Innovative practices

Mishna et al (2020), having conducted a series of interviews of social workers practising during the COVID pandemic in Canada, point to the growing flexibility, pragmatism and innovativeness of social workers in the current crisis. They claim that the pandemic has spurred a paradigmatic restructuring and reconceptualization of the role of ICTs in executing effective social work treatment. Though the rapid digitisation has entailed critical security and privacy issues, as well as marked digital access issues on the part of clients, Mishna et al. (2020) evidence that the social workers they studied were quick to adapt to the new circumstances. This involved not least a boosted role for informal ICT use, with the sample uniformly adopting a diverse range of ICT options to communicate with clients (2020: p.4). Participants were explicit that their use of mobile phones, as well as of video-conferencing media, to interact with and support their clients, had hugely increased. The phone and laptop were, Mishna et al (2020) claim, transposed from being informal, secondary means of counselling clients to formal, primary ones.

In several ways the pandemic and the associated entrenchment of digital modes of social care and support have made social workers more creative and pragmatic in addressing the specific needs of specific clients (Farkas and Romaniuk, 2020; Galea et al. 2020). Client preference and digital competence have become key considerations in choosing among ICT options when supporting them (Mishna et al., 2020). One of the effects of regulatory relaxation around the use of ICTs in maintaining service user relationships has, therefore, been to expose the potentially valuable role of ICT flexibility in ensuring that clients are well provided for in conditions where counselling is largely online or on the phone. In an example of social worker flexibility given by Mishna et al (2020), one interviewee explored how she had invited a depressed patient to play his piano during a video conference. This would, in fact, have been impossible in the face-to-face context of an office building. The internet has been shown to have a potentially disinhibiting effect on social worker-client relationships in former research (Giffords, 2009), and examples such as this one highlight that digitisation in the context of COVID-19 has produced some unforeseen positive effects.

New ethical challenges and COVID

Enhanced creativity and the growing deployment of formerly restricted digital methods of counselling and communication have, inevitably, generated issues for social workers around professional boundaries (Martin et al., 2020). Mishna et al.'s (2020) participants expressed concerns about clients texting or calling them outside of working hours. Another emerging dilemma created in the uniquely digital-intensive social work context is that of client privacy throughout the assessment and treatment procedures. Clients who live with possible abusers and/or whose families do not support their engagement with social services may be made more vulnerable by being constricted to home-based digital modes of therapy and support,

given that perpetrators or unsupportive family members are likely to be present (Razai et al. 2020).

Banks et al. (2020) conducted a study of the ethical professional challenges encountered by social workers across the world. They issued an online survey to social workers based in England, France, the Netherlands, Spain, Hong Kong, mainland China, Japan and Slovenia. The survey was simple in its schedule and asked for responses to two major research questions: (i) what ethical challenges do social workers face during the COVID pandemic?; and (ii) what details of particular situations can be provided by the respondents? The final sample was comprised of 505 completed responses, and 11 follow-up interviews were conducted with social workers in Hong Kong. The issue of privacy and limitations to confidentiality featured as the most prominent ethical challenges the respondents had faced. Physical distancing requirements and the injunction to 'telework' from home were reported as seriously hindering the respondents' ability to secure privacy for clients, with family member presence being a major obstacle to achieving adequate privacy. This study's sample is not representative of the overall populace of social workers globally. Those responding to the survey are likely to have been people with awareness of the study and its themes, people with Internet access, people who spoke one of the several languages the survey was issued in, and social workers who already felt they encountered this privacy-related and other ethical challenges during COVID-19. The survey results nevertheless accord with the findings of several other studies discussed in this review. The intense digitalisation of social work practice in the preceding year has prompted many agencies and care regulators to develop and disseminate new guidance pertaining to client privacy online and at home, but this issue remains a worrying one that must be addressed (Mishna et al., 2020).

Problems with accessibility and digital poverty

Access to digital devices and digital literacy levels also feature as a concerning issue in the pandemic era. Older people (Suslo et al., 2018), those with limited funds to purchase data, and those with mental illnesses (Chan and Honey, 2022) or learning disabilities (Ginsburg, 2020) have been found to be especially vulnerable to digital literacy deficits, and social workers throughout the COVID-19 pandemic are having to develop novel means of supporting these groups despite the near complete suspension of face-to-face interactions. Farkas and Romaniuk (2020) have pointed to the exacerbated impacts of the 'digital divide', with older people, people in lower socio-economic strata and other vulnerable groups less likely to be able to afford personal computers, smart phones and regular Internet access. For those with already existing limitations to social connections, being on the wrong side of this divide can mean palpable exclusion and marginalization (Farkas and Romaniuk, 2020). Exploring the challenges faced by social workers and clients in two community agencies for people who are homeless and addicted during the pandemic, Farkas and Romaniuk (2020) found that 'telehealth' options for care, whereby a widened range of the aspects of social care and medical support are provided via telephone, fall short for those with no or limited access to appropriate digital technologies. Gibson, Bardach and Pope (2020) argue that a key aspect of effective social work must therefore now include advocacy and support efforts to increase digital access and literacy among vulnerable groups. They make the explicit imperative for social work services and individual social workers to use the pandemic as a prompt to enable more equitable access to useable digital technologies which can assist the support that clients receive.

Conclusion: Addressing research gaps

This literature review has found that ICTs began to be inculcated into social work from the 1980s onwards, and the pace of digitalisation has accelerated in the past twenty years. The COVID-19 pandemic has further accelerated this process. The review has revealed that there are mixed findings and opinions as to the capacity for ICTs to make social work more effective, with evidence existing that ICTs have made many processes more efficient but the evidence being mixed on whether this increased efficiency has had a consequently positive impact on client outcomes. Social worker perceptions of ICT use and digitalisation have been found to be equally ambiguous. Some scholars have found positive feedback from social workers, but many scholars have found that social workers experience intense ICT use as running counter to the basic professional values that underpin their jobs and their decision to enter the profession. Several scholars have pointed to the important role of new public management approaches to public sector management in driving digitalisation, and many have found that the principles of new public management, including performance target-driven work, cost reduction, and process standardisation, are experienced by social workers as contradicting the relationship-based nature of social work practice. Evidence is available to indicate that professional discretion, face-to-face time with clients, quality relationship-building and professional confidence are all impeded by the intense deployment of ICTs, assessment systems and computerised case management systems. The pandemic period has been one in which the conventional practices of social work have been even more disrupted, and social workers have had to find even more digitised methods of performing their work. These findings feed into the objectives of the present study because hardly any of them have addressed psychiatric social work. They have pertained to children and families and old age

care contexts, but psychiatric social work takes place in a specific context and consists of specific practices, so the findings of former researchers need to be cross-checked within this context.

This study is timely, relevant, and original. It is timely because, as explored above, the ramifications of the COVID-19 pandemic, specifically the restrictions placed on physically proximate interaction, mean that the use of digital tools, devices, and media for organising and practising social work is likely to increase. Collecting data on the impacts of ICT use on social work practice, on clients, and on client-worker relationships, has never been a more pressing task, because both the benefits and the demerits of ICT usage in social work are inevitably exacerbated under pandemic conditions. Prior to the outbreak of COVID and the introduction of widescale social distancing, there was significant concern about the impacts of ICT on social work from a management perspective, with the issues of de-professionalisation, the loss of face-to-face interaction, inhibitions to relationship-building and constrained discretion being prevalent among academics and practitioners. These issues remain vital factors of digitisation, but with the onset of the pandemic other issues, focused around digital poverty, confidentiality, professional boundaries and digital inclusion, have become equally pressing. Though the lockdown and physical distancing measures have been relaxed in many places, an intense digitalisation of social work practice has been set in motion and a new normal, characterised by a far greater use of digital media and devices in work generally, looks set to continue to affect social work.

The study is highly relevant and redresses critical gaps in the prior research for several reasons. Firstly, this study combines broad consideration of the impacts of ICT on social work practice, covered extensively in the research to date, with a series of important variables – social worker duration of professional experience, and perceptions of training and skills, to

name but a few – to achieve an impression of the subject matter which is more comprehensive in its range of factors. Prior research has not conflated these variables and included them in a single, coherent study of the impacts of ICT use on psychiatric social work practice. Secondly, the study has theoretical value and relevance, because although it addresses the specifics of ICT usage in social work only, this area of focus is relevant to wider sociological and anthropological debates around the effects of digitalisation on social life and human interactions. Finally, this study is original insofar as it targets a field of social work – *psychiatric* social work – which has been significantly neglected in former research into the impacts of ICT. Psychiatric social work practice is no less affected by the trend of digitalisation, and psychiatric social workers are tasked to manage and organise processes, people and decisions via ICT-mediated methods no less than children and families social workers, those working with clients with learning difficulties or elderly care social workers. Expanding the theoretical and empirical material to date by appraising its significance and validity in the context of psychiatric social work is thus imperative. The present study explores psychiatric social worker perceptions of the impacts of ICT use on their professional practice, investigating the extent to which they experience ICT use as enabling, inhibiting, or otherwise affecting their work, their own mental health, their relationships with service users, and the impacts they have on service users. As noted above, understanding the impacts of ICT on psychiatric social worker perceptions of their practice is vital in the context of the aftermath of the COVID-19 pandemic because it has dramatically increased digitisation in social work.

Methodology

From the literature review, it becomes clear that a study of the perceived impacts of ICT use among psychiatric social workers will add value and new empirical depth to scholarly understanding of the digitalisation of social work. The literature has evidenced that digitalisation may make some social work processes more efficient, and that ICTs are a permanent and growing aspect of social work practice in the modern world. The literature review has also revealed that several problems can be associated with ICT use in social work, such as de-professionalisation, de-humanisation (the replacement of human communication with digitally mediated processes), decreased professional discretion, stress on the parts of the social worker and service user, and excessive time being spent using ICTs instead of engaging with client needs. This research aims to widen the scope of former research into these problems to cover psychiatric social work practice, because prior research has focused on families and children social work contexts. The study seeks to deepen understanding of the impacts of ICTs on psychiatric social work by surveying participants in the field and exploring their own experiences and perceptions, in order to gauge how digitalisation, which is a process largely driven by policymakers, technicians and senior management, affects psychiatric social workers and their practice on the ground. A suitable methodology for achieving these research aims has been developed here.

This section outlines and defends the methodology deployed to collect, analyse, and theoretically explain the data gathered on social worker perspectives on the impacts of ICT use on psychiatric social work practice. The chapter begins by grounding the study epistemologically. It then details the sampling and recruitment processes used to access the participants. The data collection method used is then explained. This sub-section covers the

quantitative component of the study (the closed questions) and the qualitative component (the written answers), and then explains the methods used to analyse the respective data. It outlines the theories used to frame some of the analyses of the results, and the ethical considerations pertinent to the study are discussed. This chapter concludes with an analysis of the critical methodological and epistemological limitations to the study's processes and findings.

Ontological and epistemological underpinnings

This study, like any social research, had to ground itself on a conceptualisation of what is 'real' and can therefore be postulated by the researcher to comprise valid data about the social world. 'Ontological' foundations for social research methodologies can be broadly categorised into (i) realist foundations and (ii) relativist foundations. Realism posits that the phenomena being studied by the researcher have stable properties and natural qualities that are independent of the researcher's psyche or any other subjective interpretation (Al-Ababneh, 2020). This, for a social science study, entails that the data pertaining to the specific social context under investigation are representative of a world that exists outside of the researcher's subjective perception, and over and above the perceptive worlds of the participants. This is the underpinning of the natural sciences, which broadly speaking contend that the natural physical, chemical, and biological worlds have independent systems, cells, atoms and so on which exist outside of the researcher's observational eye (Bauman and May, 2019). The quantitative component of the present study (the statistical survey items) inherently accords with this underpinning, because it implicitly contends that different participants can express numerically formulated answers which represent the objective reality of social work practice. *Relativism* denies such objectivity (Carter, 2017), asserting that facts are relative to the perspective of the observer – or the context in which they are assessed. This

approach analyses the way people perceive the world around them and the moral, cultural, and social influences that structure these perceptions (Gori and Stellino, 2018). In *epistemological* relativism, which is a theory of what can be known, there are no hard facts or objective truths, because they are all relative to a reference frame—for example, linguistic or cultural. Overall, relativist ontologies avoid investigating individuals as if they were discreet entities operating in a vacuum outside of social, cultural, historical, and ideational forces. The qualitative component of the present study (the written answers of the participants in the survey) comprises a form of 'relativist' enquiry, insofar as it explores the subjective interpretations of individual social workers.

'Epistemology' is the study of knowledge – or more precisely how we can know things, and what constitutes knowable or unknowable things (Goldman, 2009; Goertz and Mahoney, 2012). Realist ontology underpins *positivist* epistemology: this holds that observable empirical phenomena which are reducible to statistically manipulatable datum are the only valid foci of proper social science research (Goertz and Mahoney, 2012). In essence, positivism extends the laws and maxims of investigation from the natural sciences into the social sciences. The positivist paradigm originated in the natural sciences, and it is indicative of its objective, external stance, and predominately applies deductive, quantitative techniques to validate a primary theoretical position (Jonker and Pennink, 2009). The strengths of positivism are connected to the critical and data-driven evaluation of evidence that is collected through rigorous and replicable techniques (Bryman, 2015). In contrast, the *interpretivist* paradigm is underpinned by relativist ontology. This emphasises a subjective view of the world, drawing upon social sciences, humanities, and phenomenology to extract meaning and significance using predominately inductive, qualitative research techniques (Jonker and Pennink, 2011). In the social sciences, anti-positivism, interpretivism (Macionis and Gerber, 2011), negativism, or anti-naturalism are various terms for this perspective that

argues the social realm demands a different epistemological approach to the scientific method of investigation. Fundamental to this perspective is the belief that the language and concepts applied and adopted by researchers, in turn, shape and influence their own perceptions of the social context they are investigating. A constructivist approach suggests knowledge and truth are generated via the inter-subjective creation of meanings and ideas, rather than being revealed by discovery as in the physical sciences (Schwandt, 2003). It is instead affirmed through developing communication. For the epistemological constructivist, there is a tri-polar interplay between human subjectivity, the object world – what positivists see as 'real' – and social agents' ideas and values (Hammersley, 2017).

This study adopts a 'pragmatic' stance, epistemologically speaking, when it comes to justifying the use of the two distinct methods of data collection and analysis, and when it comes to validating the types of knowledge they generate (Feilzer, 2010). Pragmatism is an epistemological paradigm for grounding social research which focuses on practicality in the task of understanding the world, instead of theoretical assumptions about the nature of knowledge (Hall, 2013). As Feilzer (2010) puts it, 'pragmatism as a research paradigm supports the use of a mix of different research methods as well as modes of analysis and a continuous cycle of abductive reasoning while being guided primarily by the researcher's desire to produce socially useful knowledge' (2010: p.6). Instead of viewing positivism and constructivism as diametrically opposed paradigms (see Creswell and Piano-Clark, 2007), pragmatism focuses on the problem being researched and the consequences (both academic and practical) of doing the research. Thus, for this study, the researcher views the 'problem' in need of being addressed as an inadequate understanding of the impacts of ICT usage on social work practice and social worker-service user relationships. The intended 'consequences' are (i) to deepen and widen what knowledge we have thus far in this respect, and (ii) to steer academics, policymakers, and senior managers in developing new methods

and modes of using ICT to affect positive impacts on social work for both practitioners and service users. In this sense, the study sidesteps endless philosophical debates over the validity and reliability of knowledge obtained using the two traditional methods (quantitative and qualitative) and instead judges the merits of these methods on the basis of the degree to which they 'work' in solving the problem.

Study Design

Using a mixed methods research design enabled the researcher to combine quantitative, more generalisable data with qualitative, more meaning-rich data (Bryman, 2006). Using a survey to generate these data was an appropriate method of data collection for three main reasons: (i) online surveys enable researchers to access a relatively large sample easily and at low cost, because in-person survey completion requires far more resources (Fricker and Schonlau, 2002); (ii) by using a questionnaire survey, the researcher was able to collate data that could be statistically analysed and data that could be thematically analysed at the same time; and (iii) by accessing a larger sample than an observational or interview-based study, this study will be capable of making more valid generalisations, because the statistical results pertain to a range of individuals, in a range of workplaces, covering a variety of types of team and department, and covering a wide array of geographical locations. This in turn enabled the researcher to generate a fuller picture of the experiences and attitudes of psychiatric social workers in terms of their use of ICTs at work and its impact on their practice as professionals (Bryman, 2006). By using Likert scales in the survey, the researcher was able to collate the answers of the final sample and perform statistical analyses to ascertain the correlative relationships between the key variables (Bryman, 2006). Adding to these data analyses by incorporating 'softer' yet interpretively rich data in the form of survey responses that asked participants to write about personal experiences and opinions enabled the study to offer

experiential clarity, exploring the roles of motivations and beliefs in determining the answers to the quantitative aspects of the survey, and deepening the researcher's understanding of the lifeworld of the psychiatric social workers in terms of their use of ICTs in their practice (Bryman, 2006).

Research questions

The study sought to answer the following eight research questions:

1. What are the perceived impacts of ICT use on psychiatric social work practice?
2. What are the perceived impacts of ICT use on relationships between psychiatric social workers and service users?
3. What are the perceived effects of ICT use on the quantity and quality of time spent with service users by social workers?
4. What aspects of ICT systems present challenges and constraints to psychiatric social workers?
5. What is the perceived role and value of peer learning and support among psychiatric social workers when it comes to using ICTs to conduct their work?
6. What improvements do psychiatric social workers believe could be made to the ways ICTs are used in psychiatric social work to ensure ICT use is most beneficial to both social workers and clients?
7. What effects have the COVID-19 pandemic and associated social distancing had on the use of ICTs in psychiatric social work?
8. What effects do the demographic factors of gender, age, professional band level and duration of employment have on the use and impacts of ICTs in psychiatric social work?

Sampling and recruitment

The final sample of 108 participants included the following sub-groups:

Table 1: Sample by gender, age, band level and years of employment

Total sample: 108							
Gender	**Male**	**Female**	**Transgender**				
	57	49	2				
Band level	Band 5	Band 6	Band 7	Band 8			
	14	45	38	11			
Years of employment	1-5 years	6-10 years	11-15 years				
	24	42	28				
Age	21-40	41-60	Over 60				
	52	47	9				

The sampling technique used in this study is a combination of purposive sampling and snowball sampling, because the researcher had initial access to a significant number of participants already known to her, but at a certain point the study had to rely on this initial sample notifying other social workers of the survey and connecting them to it. Purposive sampling at the initial stage was considered appropriate because the researcher could use her professional network as a 'way in' to access psychiatric social workers. Snowball sampling was used thereafter because the researcher needed a final sample of at least 100 participants

to draw any representative and valid conclusions from the findings. Ethical consideration was made of the fact that the initial pool of participants may have felt they were obliged to partake in the study because they were personal friends or ex-colleagues of the researcher. The researcher sought to manage this ethical risk by clarifying in her initial contact that non-participation on any grounds was fully acceptable and that she did not expect the potential participant to consent based on the fact that they knew each other. The inclusion criteria were simple. Participants were scoped in if (i) they were registered psychiatric social workers; (ii) they were currently working in a paid position as a psychiatric social worker. They had to meet both these criteria.

Personal contacts (by email)

As a registered social worker operating in the Northwest of the UK, the researcher has ready access to many social workers and social work managers in various NHS Trusts whom she could legally and legitimately contact directly as a personal or professional contact. For these initial contacts, the researcher disseminated an email containing the full information letter and the informed consent information, also providing a link to Online Surveys where those wishing to participate could access the consent form and complete the questionnaire. The researcher identified between 15 and 20 senior psychiatric social workers and managers whom she initiated contact with (this being the purposive sampling method) by email to introduce herself and her research. All these individuals knew the researcher already in a professional capacity. The researcher asked this initial pool of participants to disseminate the email and link to the survey to their staff (this being the snowball sampling method). Those who had participated and completed the questionnaire on Online Surveys were asked to forward the invitation to colleagues who are also social workers (comprising an extension of

the snowballing approach). There were no ‘gatekeepers’ encountered by the researcher beyond the fact that the initial sample accessed had the discretion whether or not to forward the survey invitation to colleagues and juniors. The initial sample were told in clear terms that were not obliged in any way to do so.

Social media

Using a LinkedIn profile page, the researcher also distributed the survey briefing and invitation to 10-15 former colleagues on the platform and asked them to flag up the survey to other registered psychiatric social workers by using the ‘Share Feed’ tab function. The researcher also used her Facebook profile to identify participants and recruit them. She identified the professional groups that ex-colleagues subscribe to and then identified members of the groups who were social workers and issued group messages to them, briefing them on the research project and providing them with the information letter as an attached file. Recipients were given an URL link, as with the email sampling technique, and when they followed this and decided to partake in the study, they completed the same consent form on Online Surveys. Ethical consideration was given to the possibility that by using group messages, individuals may feel obliged to participate because other members of the group were doing so. The researcher clarified that the recipients of the initial communication were in no way obliged to reply on the group thread, and the researcher clarified again that participation was voluntary and not an obligation.

Immediate work environment

The researcher also talked to colleagues in her own employer organisation and the agency

that had assigned her to the employer and explained that she was interested in finding social workers who would participate in the study. Any colleagues who expressed a verbal interest were asked if they would like the researcher to send them an email with the information letter or to receive this on paper, and these were accordingly issued to them upon request.

Data collection method

As a mixed methods study seeking to collect both quantitative and qualitative data which can deepen scholarly understanding of the impacts of ICT use on psychiatric social work practice, this study is comprised of a single data collection method consisting of two different forms of data. The first of these comprises a series of closed questions using Likert scales on a questionnaire survey, issued online. These are quantitative questions. This survey is an online survey. Zhang (2000) states that using the Internet to conduct a survey will maximise the response rate, because participants find it quicker and easier to access the survey and complete it. Computer literacy levels and varying competence with using electronic forms of communication can affect this general finding regarding increased response rates (Fricker and Schonlau, 2002), but in this study the participants were deemed to have adequate ICT skills required to complete the survey.

The second component is a series of written answers to enquiries about participants' experiences and perceptions, specifically targeted at participants' experiences of computer anxiety, their experiences of ICT use and its effects on the quality of their working relationships with service users, their perceptions of ICT use's impacts on time spent with service users, and their beliefs about how ICT use can be changed or improved to optimise the positive impacts of ICTs on effective psychiatric social work.

Questionnaire survey

The study used a questionnaire survey to collect statistically useable data. The survey consists of largely quantitative questions (Likert scales and yes/no questions) and some qualitative questions (open-ended requests for participants to write down their thoughts and opinions). These pertained to (1) the participants' ICT literacy and confidence, (2) their experiences of using ICTs at work (3) their perceptions of how this usage impacts their relationships with service users and their professional effectiveness, and (4) their ideas and opinions as to how ICTs can be used differently to benefit their work. The survey (see Appendix A) is split into five sections. Section A covers questions on ICT anxiety and proficiency. Section B consists of questions pertaining to ICT usage and time spent with clients. Section C pertains to ICT usage and social worker-service user relationships. Section D is a purely qualitative component of the survey for participants to make suggestions for improvements to service delivery and the use of ICTs in psychiatric social work. Section E captures demographic data. These categories of questions served to directly correlate with the study's research questions.

For the qualitative component of the study, participants who completed the survey were asked to comment by way of written answers on their perceptions and personal experiences of computer anxiety, the effects that ICT usage have on social worker-service user relationships and possible policies and practices that would optimise the positive impact of ICT usage on their social work practice. The answer boxes asked participants to provide narrated examples of when, how, and why using computers or other digital devices at work had caused them to become anxious. They were also asked to write about the impacts that this anxiety has had on their professional practice, and about the specific drivers of computer anxiety. Other boxes asked for experiential descriptions and empirical examples of the ways that ICT usage had affected the social workers' relationships with service users. The boxes also asked participants to comment on the effects they felt ICT use had on themselves, on their clients, on communication at work and on clinical outcomes. An additional box asked

the participants to comment on how they feel ICTs could be more effectively used to benefit both service users and social workers.

Data analysis methods

The data analyses included both statistical analyses of the quantitative data and thematic analysis of the qualitative data.

Quantitative method: Statistical analyses

For the quantitative analyses, this study used Spearman's correlation tests and Mann-Whitney U tests. Spearman's correlation was conducted in order to identify whether there were any significant correlations between anxiety (dependant variable) and the following demographics (independent variables); Age, gender, professional band and years as a social worker. The Spearman rank-order correlation coefficient (Spearman's correlation for short) is a nonparametric measure of the strength and direction of association that exists between two variables measured on at least an ordinal scale. The Mann-Whitney U test is used to compare differences between two independent groups when the dependent variable is either ordinal or continuous, but not normally distributed. For example, you could use the Mann-Whitney U test to understand whether attitudes towards pay discrimination, where attitudes are measured on an ordinal scale, differ based on gender (i.e., your dependent variable would be "attitudes towards pay discrimination" and your independent variable would be "gender", which has two groups: "male" and "female"). The Mann-Whitney U test is often considered the nonparametric alternative to the independent t-test although this is not always the case.

Qualitative method: Thematic analysis

In analysing the qualitative data, this study deployed thematic analysis (Braun and Clarke,

2012; Clarke, Braun and Hayfield, 2015). The researcher read the survey statements and engaged in immersion in the data, taking notes/memos and iteratively noting down key affinities between answers. The next stage involved drawing up some provisional codes – important aspects of the answers – and at a later stage collating these codes and categorising them into broad themes. Each theme expresses and encapsulates a crucial belief or perception of the participants, or captures schisms and areas of discrepancy in the data. The results section of the study draws on direct quotes from these data to supplement the quantitative analyses and to exemplify in interpretatively rich ways what the quantitative data can tell us about ICT use in social work and its impacts. Using direct quotes from participants helps to unpack and contextualise otherwise quantitative, impersonal data (Braun and Clarke, 2012).

Drawing on Braun and Clarke's (2012) six-step framework, thematic analysis was deployed to extract key messages from the data, until no new codes continued to be revealed. This is known as the point of data saturation (Fusch and Ness, 2014). An inductive approach was used to identify themes that bore no relation to the questions posed to the participants (Boyatzis, 1998; Braun and Clarke, 2012), leading to a data-driven process of coding (Braun and Clarke, 2012).

The initial stage of the thematic analysis involved using a line-by-line coding approach, which enabled the highlighting of phrases and sentences. This allowed for re-familiarisation with the data, and in the process developed greater awareness. Following this, the collected codes were then interpreted, with codes being grouped into categories to build on emerging themes. The number of codes was then minimised by deleting duplicates and uses of different wordings that still described the same phenomena. Similar codes were merged into inclusive

categories (themes). The themes were then defined and named, clarifying the overarching character of each theme.

Theoretical explanation of the findings

In the discussion section of this thesis, three theoretical frameworks are used to explain and explore the study's findings. Instead of choosing a single theoretical framework, the researcher found that – in the light of the broad range of theories that can elucidate the study's varied results –it would be more relevant to deploy different theories to explain different aspects of the data. Accordingly, she used the theory of technostress (drawn from wider management literature), professional identity theory, and sociological conceptualisations of bureaucratisation, to analyse the data.

In terms of *technostress*, management theorists and organisational psychologists have found that ICT use can exacerbate work-related stress (Fischer and Riedl, 2015). This is referred to as "technostress" (Tarafdar et al., 2010). It pertains to 'any negative impact on attitudes, thoughts, behaviors, or body physiology that is caused either directly or indirectly by technology' (Weil and Rosen, 1997: p.5). Various definitions of technostress have been developed, with Riedl (2012) stating that it arises from 'direct human interaction with ICT, as well as perceptions, emotions, and thoughts regarding the implementation of ICT in organizations and its pervasiveness in society in general' (p.18). Ragu-Nathan et al. (2008) argue that technostress comprises a malfunctioning in adaptations to ICT changes, which has deleterious effects on mental (and physical) health. This is why the theory will help to explain and dissect any effects that ICT use is having on the psychiatric social workers' own well-being.

Technostress can have damaging impacts on employees, whilst coping mechanisms are often implemented to deal with technostress. The endless connectivity and the way ICTs pervade

all aspects of work, as well as the speed at which employees must interpret information in the digital age (Salanova et al., 2014), can prompt negative mental and biological responses, including increased stress hormone levels (Riedl, 2013), attention deficits, acute depression and anxiety disorders (Hudiberg, 1989). Tarafdar et al. (2010) highlight that ICTs can act as knowledge-sharing mechanisms, and team cohesion can be boosted by using ICTs to connect team members. They also stress the importance of having access to proper technical support (Tarafdar et al., 2010). These factors are relevant to the present study, because the survey will collect data on the roles of peer learning and support, and IT support, in enabling the psychiatric social workers to utilise ICTs effectively.

The findings relating to how the psychiatric social workers perceive their roles and their professional values and how these conflict or align with the use of ICTs will be explained using *professional identity theory*. This theory was first established in sociopsychology by Tajfel (1978). Later in its evolution, it formed the grounding for *professional* identity theory (see Caza and Creary, 2016). Tajfel's theory holds that people occupying in social space come across groups, including collectives like "the nation", workplace teams, families, sports clubs, and religious groups. By interrelating with and coming to attach to these groups, social identities are formed as 'a part of (the) individual's self-concept which derives from his knowledge of his membership of a social group (or groups) together with the value and emotional significance attached to that membership' (Tajfel, 1978: p.28). This study uses Laurent's (2008) theory of social work professional identity, centred around normative four perceptions of themselves and what makes them a coherent group. The first perception is *pedagogical*, whereby they identify as facilitators of rehabilitation. The next is *political*, whereby social workers identify as agents of wider societal change. Then there is *juridical* identity, whereby social workers identify as a professional group which helps people

overcome injustice and discrimination. The last one is a *managerial* identity, whereby social workers identify as a group of professionals who enable clients to integrate into society.

Because Laurent (2008) argues that computerisation, in other words digitalisation, generates "cultural shocks" between these four professional identities and the realities of digital social work, this theory is used to explore how the psychiatric social workers' perceptions of their professional values, identity and practices are challenged by, or enabled by, the use of ICTs in their work. Laurent found that 'bureaucratization related to ICT appears as incompatible with the personalized process they (social workers) deploy with excluded people' (Laurent, 2008: p. 382). This study's discussion will engage with the data on psychiatric social worker perceptions of the impact of ICT use on their practice by enquiring whether the participants encounter digitisation as congruent with, or in conflict with, the values that form their identity as a professional group.

This leads to the third theoretical framework, which is used to dissect and analyse the results pertaining to the participants' relationships with service users, the time they spend using ICTs or engaging in face-to-face interaction, and the extent to which they perceive ICTs to have made them more effective as social workers. Older theories of the *bureaucratisation of social work* will be updated and expanded on, to identify whether digitisation in psychiatric social work is perceived by practitioners as deepening, or reducing, bureaucratisation. Blaug (1995) stated in a paper on bureaucratisation that new solutions to inefficiencies being provided in the profession 'are predominantly bureaucratic' and he added that this 'is a fact universally acknowledged by practitioners and widely documented in the literature' (p. 424). Abel and Nelson (1990) claimed that the bureaucratisation of social work is driven by the injunction to make public services more efficient, more standardised, and more target-driven. Etzione-Halevy (1983) argued that bureaucratisation has meant deploying procedural standardisation to protect human rights in social work processes. This links back to the role of new public

management theory, in which standardisation is used in public services as a means of ensuring consistency of service, accessibility to performance data, and the standardisation of intended outcomes. West and Heath (2011) argued that a process of "McDonaldisation" had been applied in social work by the time of publication, in which tasks are compartmentalised, duties are standardised, and social workers' tasks are automated (p. 214). ICTs, as the literature review found, are central to standardisation because they are intended to support service providers in capturing performance data, analysing those data, and modifying operations accordingly (Reamer, 2015). This study will take this theory into account and ask whether ICTs comprise a *medium* of exacerbated and accelerating bureaucratisation because they are used as standardising methods for making decisions, understanding service users and managing relationships between social workers and service users. The possibility that the digitisation of psychiatric social work comprises a form of radical digital bureaucratisation, and the effects that this has on psychiatric social worker perceptions of their practice, will be explored using these older theories of bureaucratisation as a starting point.

Ethics

This study has received ethics clearance from the UCLan Ethics Committee, confirming that the study conforms to rigorous research ethics principles. This sub-section outlines the key ethical considerations, including the importance of developing an information letter, obtaining ongoing consent from participants, and managing and storing data safely, and it clarifies precisely how these principles of sound research were implemented.

Informing the participants

It is essential to ensure that research participants are fully informed about a study's purpose, processes, and outputs, so they can consent to partake on the basis that they understand the

study, how it will affect them and what they will be required to do (Bryman, 2016). At the point of initial contact, the participants received an information letter (see Appendix B) on LinkedIn or Facebook (once they had clicked on the link to the post regarding the survey), a letter by email or, if required, a paper copy or a PDF file, depending on which method they were recruited by. The information letter stated that confidentiality and anonymity were at the core of the study's ethics, and that participants would in no way be identifiable. Assuring fully anonymity for participants in studies that do not need to disclose participants' identities is vital, for the protection of participants' reputations, livelihoods and privacy (Wiles et al., 2008).

The information letter for the survey outlined the research objectives and the background of the study. The letter stated what would be required of the participants – to complete an online questionnaire consisting largely of questions in which they would rate the degree to which they 'agree' or 'disagree' with statements, and a smaller number of questions that would ask them to comment in their own words. The letter made it clear that there were no "wrong" or "right" answers and that the researcher was keen to get their personal, authentic views. The letter explained that this is in the interests of maintaining validity and integrity and that their answers would not be shared with employers or colleagues or anyone else. The phenomenon of 'response bias', whereby participants give answers that they perceive as desirable – either by society at large, specific groups, or the researcher themselves, can prevent a researcher from collecting accurate and useful data (Randall and Fernandes, 1991). The letter stated how the data were to be stored and analysed and explained that the questionnaire data would be kept in password-secured University cloud drives accessible only by the researcher. The letter clarified that any notes the researcher would make about their answers would be seen only by herself and her supervisory team and that their names would be given pseudonyms in any written material developed. Finally, participants were assured that their consent is ongoing

and that they could withdraw from the study at any point prior to data analysis beginning for any reason and with no negative consequences of any kind. Securing ongoing consent, based on participants' full understanding of the study and their role in it, and their knowledge that they are the agents who can decide to partake, is vital in order to protect the agency and sovereignty of the individuals being researched (Haverkamp, 2005).

It is important that research participants are aware of whom to contact if they have concerns or queries about their involvement in a study (Bryman, 2016). The contact details of the researcher were provided, and those of her main supervisor. The participants also had it explained to them that they would be asked to answer questions pertaining to their confidence around using ICTs, and about their experiences of using ICTs at work and the effects these have had on their relationships with service users as well as on their performance and productivity as social workers. The letter also clarified that they would be asked to comment on their own perceptions and experiences of these topics, as well as on how they think managers and policy makers could improve working environments in terms of using ICTs in social work. The letter clarified that participants were not in any way obliged to share any information.

Debriefing

After the participants have completed the questionnaire and submitted it, they were redirected to a debriefing page (see Appendix C). This told them what the next steps in the study are, and it reminded them that their consent is ongoing and could be withdrawn at any point they wish up until the point at which analysis begins. It also instructed them on what to do and whom to contact if they had any concerns and informed them that on completion of the thesis the researcher will post an overview of the study's findings on the study's social media pages.

Obtaining informed consent

Obtaining informed and ongoing consent from participants in any social science research project is ethically imperative, and this is no less the case for an online data collection process (Johns and Jon, 2004). A consent form (see Appendix D) was signed by participants after they had read the information letter. This comprised statements to confirm that the participant understood the study, how it would use data, the confidentiality of their information and answers, how their answers would be used, and whom they could contact if they had concerns. The consent form confirmed that participants consented freely by asking them to read each statement and confirm (or disconfirm) that they understood and agreed. For each statement the participant was asked to tick a box confirming they were informed and wanted to partake. All participants were asked to insert a 4-digit number at the outset of the survey and to note it down in their own records. This meant that should they decide to withdraw from the study, they could send me the number and I would accordingly delete their data. Having a workable mechanism by which participants can decidedly withdraw their participation in a study is an essential ethical practice and enabling participants to do so without disclosing their formerly anonymised identities is vital (Gordon and Prohaska, 2006).

Data storage and use

As soon as any participant completed the questionnaire survey their answers were collected and stored automatically on the researcher's Online Surveys account. Storage of data complied fully with UCLan requirements. The researcher kept these answers on the platform until all the data were collected and analysis had taken place. Access to Online Surveys was obtained via a password (a complex one with random characters and digits so as not to be

estimable) and the password was only known to the researcher. At the point of data saturation, the researcher exported all the data into an XML document and stored the XML document on a password-secured cloud provided by UCLan. Data were then inputted into SPSS to perform the quantitative analyses and SPSS was used offline on a password-protected university laptop. Written answers to the qualitative questions were collated into a word document and this and other derivative word documents were stored and protected using the above security protocols.

All data will be destroyed six months after submission of the thesis and successful viva. The study complies with the UK Data Protection Act 2018, the EU GDPR regulations and UCLan data protection framework guidance in storing and managing data. The study adheres to UCLan's Data Protection Officer's general advice, so it is compliant with all relevant data protection legislation. The researcher had liaised with a UCLan Information Governance Manager and Data Protection Officer to ensure the study is legislation-compliant and in line with UCLan guidelines. If a participant had asked (within the allotted time frame i.e., before analyses began) that their data be withdrawn from the study the researcher would have destroyed it immediately. This proved to not be necessary.

Limitations

Some methodological limitations to this study's validity, generalisability and representativeness have emerged from careful appraisal of the study. Firstly, whilst the sample size and the diversity of the participants within it are both deemed acceptable for comprehensive statistical analyses, the sample size remains small as a proportion of the overall psychiatric social worker workforce, and its composition may be biased insofar as representing the diversity of the individuals in the profession is concerned. A sample size of >1000 would de facto have entailed greater statistical validity. Regional differences in social

worker perceptions of ICT use in social work, if they exist, will have been significantly neglected in this study too, because the majority of survey respondents worked in the north of England, and in the northwest specifically. Incorporating participants from other regions, not least the south of England and those from Scotland, Northern Ireland and Wales, would have allowed for comparative analyses to discern whether regional policy and practice variations have effects on the perceived impacts of ICT usage. Purposively recruiting participants from black and minority ethnic groups, whilst not being necessary for representative grounds (because the bulk of the workforce is white), would nevertheless have enabled the researcher to contrast and explore the impacts of ethnic background and cultural differences on psychiatric social workers' experiences of using ICTs in their professional work.

Secondly, a range of theoretical frameworks are available which have different merits insofar as they explain and explore different aspects of the subject matter of this study. Habermasian theory was initially deemed to be well suited to the explication of the data and findings here, because it identifies the de-professionalisation of practices like social work, and the subsumption of humanly interpreted worlds into standardised protocols, as widespread processes inherent to modernisation. ICTs, as integral technologies of modernisation, are thus construed of as examples of systemic 'colonisation'. But other theories, for example the theory of datafication in the health sector (Ruckenstein and Schüll, 2017), would also have unearthed important theoretical implications from this study of ICTs in psychiatric social work. Theoretical frameworks which focus on the cognitive effects of constant computer use would also offer unique insights into *how* and *why* ICT use impacts professional practice (Tun and Lachman, 2010). This is not to state that these theories are more relevant or offer greater explanatory power; it is simply to clarify that in selecting certain theories to frame the discussion of a study's findings the researcher de facto closes down other lenses through which insightful theoretical engagement could be garnered.

Results

This study set out to identify how using ICTs affects psychiatric social work practice and social worker-client relationships, what the perceived benefits and drawbacks of ICT use in psychiatric social work are, how peer learning and support interact with perceptions of ICT use, what the effects of the COVID-19 pandemic have been in terms of psychiatric social workers' use of ICTs, what the relationships are between ICT use in psychiatric social work, computer anxiety and demographics, and what improvements can be made to policy and practice to turn ICTs into drivers of effectiveness and improved relationships in psychiatric social work. The study sought answers to the following eight research questions:

1. What are the perceived impacts of ICT use on psychiatric social work practice?
2. What are the perceived impacts of ICT use on relationships between psychiatric social workers and service users?
3. What are the perceived effects of ICT use on the quantity and quality of time spent with service users by social workers?
4. What aspects of ICT systems present challenges and constraints to psychiatric social workers?
5. What is the perceived role and value of peer learning and support among psychiatric social workers when it comes to using ICTs to conduct their work?
6. What improvements do psychiatric social workers believe could be made to the ways ICTs are used in psychiatric social work to ensure ICT use is most beneficial to both social workers and service users?
7. What effects has the COVID-19 pandemic and associated social distancing policies had on the use of ICTs in psychiatric social work?

8. What effects do the demographic factors of gender, age, professional band level and duration of employment have on perceptions of the use of ICTs in psychiatric social work?

The quantitative data produced some significant descriptive statistics which strongly support the thematic analysis of the survey respondents' answers to the qualitative questions. The thematic analyses resulted in seven core themes, some of which were broken down into sub-themes. These themes are as follows:

1. Social workers' mental and physical health
2. Negative effects on social work practice
    a. Inadequate time for clients
    b. Lack of face-to-face contact
    c. Worsening clients' illnesses
3. IT system inadequacies
    a. Difficulty accessing third party information
    b. Out of date or unrecorded information
    c. Difficulty keeping up with system changes
4. Benefits of ICT use in social work
    a. The importance of having access to historical records
    b. Facilitating meetings and conversations
    c. Benefits for clients
5. Peer support and informal learning
6. Effects of the COVID-19 pandemic
7. Areas for improvement
    a. Administrative support
    b. Training and IT support

c. Video-calling

Themes 1 and 2 answer research questions 1, 2 and 3. Themes 3 and 4 answer research question 4. Theme 5 answers research question 5. Theme 6 answers research question 7. Theme 6 answers research question 6. Theme 7 answers research question 6. The quantitative analysis answers question 8. The proceeding sections of this chapter outline what the key aspects of the themes were and provide direct respondent quotes that highlight and elucidate the themes in the participants' own words.

Psychiatric social workers' mental and physical health

Key quantitative findings:

- Using ICTs in social work practice was perceived as generating pressure among the social workers. 81.5% of the respondents agreed or strongly agreed that 'ICT systems at work make my job more pressured'.
- ICT usage appeared to invoke stress and damage the quality of interventions. 77.8% of respondents agreed or strongly agreed that they find using ICT systems stressful and that this has a negative impact on the interventions that they undertake.
- 54.6% of respondents agreed or strongly agreed that before they undertake to use an ICT system or device they become anxious, whilst 23.8% disagreed or strongly disagreed with this.
- Using ICTs was found to have failed to make social workers' jobs less stressful. 77.8% of respondents disagreed or strongly disagreed with the statement that 'ICT systems at work make my job less stressful when I am working with complex cases'.
- In addition, 67.6% agreed or strongly agreed that they felt uneasy about understanding and using ICT software at work, with only 10.2% disagreeing or strongly disagreeing.

Key qualitative findings:

Many respondents claimed that using ICTs impacts their mental health. One respondent stated that they feel anxious using ICTs for prolonged periods of time: 'I agree I do feel anxious because it can take a long time to adjust to always using the desktop' (Respondent 107). Other respondents agreed that they feel anxious when they work on the desktop for long periods of time. They also felt anxious about using a particular IT system if they lacked ICT skills. Some respondents mentioned a lack of motivation and talked about ICTs' effects on *physical* health, and how this interlinks with mental health. For example, one stated that 'I spend all day using ICT this then hinders the personal time I have with family as I have a headache' (R?). A key finding emerging from the analysis was that people were becoming 'increasingly tired and concerned with the way that things are going regarding the use of ICTs in social work practice' (Respondent 22). The majority of respondents reported experiencing stress, anxiety and depression, which exacerbated physical health difficulties, because of spending too much time using ICTs.

Stress and anxiety were exacerbated by the fact that ICTs were seen as hindering social work practice in terms of social workers' ability to assess patients (as shown in Figure 1.1). For example, one female respondent, aged 45, with 20 years of experience, shared their view that ICT usage 'raises levels of anxiety and feelings of stress. When I find it difficult to input certain information in the tablet it can be quite difficult'. A male respondent in his 40s reported that 'ICT increases levels of stress. 'The job is hard enough and the laptops just add to it'. Another reported that 'I struggle often using ICTs and it can make me feel stressed when I don't know how to do something on ICT' (Respondent 17). One claimed that 'I get very stressed when I am in a rush to try and document something' (Respondent 19), and another stated that 'because I know I will be on the laptop for hours this will make me feel depressed literally' (Respondent 28). One respondent reported that ICT usage is 'time

consuming and sat on the laptop all day and pile on the weight and then this is stressful' (Respondent 89). Another stated that 'as all the social workers know that they would be spending time a lot of time on the ICT system this can make us dread working' (Respondent 57).

With regards to their perceptions of themselves as valued professionals, one 41-year-old male social worker reported that 'spending too much time on the tablet or the laptop can be a lot and I am questioning my role as a social worker' (Respondent 27). Another claimed that 'I cannot rely on past information to give me an insight into my patients' mental health. At the same time, I cannot rely on the phone etc. to gain an assessment' (Respondent 42). It emerged that the respondents overwhelmingly believed that their roles and value as social workers were being undermined by the excessive use of ICTs to do their jobs. The use of ICTs at work clearly impacted their physical and mental health.

Negative effects on social work practice

Key quantitative findings:

- The social workers spend a disproportionate amount of time using ICTs at work. 99.6% of respondents stated that they spend more than 50% of their working hours using ICTs, with 93% stating that they used ICTs for more than 75% of their working time. 18.2% stated that they used ICTs in some manner for 100% of their working hours.
- In terms of ICTs saving social workers time and making their work more efficient, 72.2% of respondents either disagreed or strongly disagreed with the statement that 'ICT saves me time in my work as a social worker', with only 6.5% agreeing or

strongly agreeing.

- Using ICTs to make decisions on client care was often seen as inhibitive by the majority of the respondents. 67.6% of respondents agreed or strongly agreed that when ICT systems are used to make important decisions about clients' care, they inhibit the social workers' exercise of professional discretion.
- ICTs' role in enhancing client-social worker relations was poorly perceived. Only 33.3% of respondents believed that using ICTs improves their relationships with clients.
- Time spent using ICTs was largely held to be an impediment on effective social work practice. 87% of respondents agreed or strongly agreed that spending less time doing IT-based activities would improve their practice as social workers.

Key qualitative findings:

In terms of hindrances to working relationships, some respondents reported that using ICTs places strain on social worker-service user relationships: 'you cannot say it improves the working relationships as it adds to the problems' (Respondent 35). One female respondent in her 30s reported that ICT is a hindrance to dialogue between the social worker and the client, stating that 'patients who have complex needs are not able to cope with me sat in front of a laptop during a home visit as it increases their anxiety' (Respondent 76). Another stated that 'it does not help when I am with a patient and I am typing my assessment in front of them' (Respondent 65). One respondent called for 'being able to work in the community without the worry of constantly documenting unless on a voice note recorder' (Respondent 38).

Inadequate time for clients

The respondents complained that they were spending huge amounts of their working time

using ICTs to record, manage and decision-make, with one early-career female respondent stating that 'I'm spending more time on the computer, I feel like I qualified to be a secretary not a social worker' (Respondent 16). Another more experienced respondent stated that mandatory ICT use takes up 'far too much time and no time with my clients. It is frustrating and it adds to the pressure' (Respondent 21). The pressure to record all events and changes was felt by many to interfere with quality time with clients: 'everything has to be updated within 24 hours this is a legal requirement. It can be pressurising as less time is spent with clients' (Respondent 18). Another respondent stated that 'I am using all my time on the tablet or laptop compared to face-to-face interactions with clients and their families' (Respondent 23). Some respondents who had worked as social workers for only a few years nonetheless felt that the nature of social work practice had changed, with less client time and more ICT use: 'This is not the social work it used to be. We were spending a lot more time with service users but now we are spending more time on the tablet compared to face-to-face time' (Respondent 22, female, aged 29).

Lack of face-to-face contact

Many respondents stated that they could not make professional, informed decisions when they only had access to clients via telephone: 'there is no chance that you can make a professional judgement just by a telephone conversation' (Respondent 103). A male respondent in his 50s with 12 years of experience concurred with this, stating that 'I would say that if there is no face-to-face contact with a patient, we cannot understand their state of being' (Respondent 37). The respondents felt that effective communication depended on physical presence and an absence of face-to-face contact evidently deteriorated communication. This was seen as affecting decision-making and patient care negatively. One

respondent clearly stated that their decision-making was impaired by a lack of face-to-face contact and that this is unhelpful for clients: 'I can't make better decisions for clients if I do not have access to them face to face. Having a telephone communication is just not adequate' (Respondent 47). Another respondent stated that there is 'hardly any face-to-face interaction and thus no accurate clinical judgment' (Respondent 76). Respondent 40 stated that 'I can't gain an accurate picture of one's mental health via a phone call. Face to face is vital. We don't have access to any video links'. Another respondent, aged 51 with 12 years of experience, said that 'having a telephone conversation on the phone always makes me wary as they won't tell you the complete story in terms of what is going on with their mental health. I feel that they hold back a lot' (Respondent 33). Another agreed and reported that a phone call was not sufficient to gain an accurate clinical assessment: 'it is a negative way to rely on a phone to make an accurate assessment of a patient's mental health etc' (Respondent 74).

Worsening clients' illnesses

Several respondents stated that ICT use can exacerbate service users' problems, because when social workers sit in front of a laptop and make electronic notes during conversations, this makes them distrustful and paranoid. Paranoia and a sense of suspicion are often already disabling symptoms that the patients are suffering from as a result of their illnesses. One female respondent aged 35 said that using IT during meetings 'contributes to patient illness i.e., schizophrenia or paranoia and it adds to negativity as patients will often become negative' (Respondent 16). Another respondent stated that 'I am feeding into patients who suffer with paranoia. Their paranoia increases when I am sat in front of them using a laptop it hinders the interaction' (Respondent 14, male, aged 40, with 3 years social work experience).

Another male respondent who had started his social work career later in life stated that 'if I take my work laptop in front of a patient who suffers with paranoia for example the use of ICT can affect my practice as a social worker as the patient will then disengage from services' (Respondent 31).

IT system inadequacies

Key quantitative findings:

- System changes were reported to be a problem by most respondents. 87% agreed or strongly agreed that changes to the IT systems at work hinder their ability to practice social work at their best.
- Systems and software were found to be incapable of capturing key information because of their closed nature. 81.4% of respondents agreed or strongly agreed that they avoid asking service users certain questions about themselves due to the IT systems having no location to store specific types of information.
- 75.9% agreed or strongly agreed that using ICTs means they often miss out recording relevant information (e.g., because the software or system does not provide space for them to record it).
- A large majority agreed or strongly agreed that IT systems change too often (24.1% strongly agree; 66.7% agree), with only 3.7% disagreeing and 0% strongly disagreeing.

Key qualitative findings:

Difficulty accessing third party information

The proposed benefits of ICTs in terms of facilitating faster communication are not always being realised in psychiatric social work practice on the ground. A great number of respondents complained about not having proper access to third party information on the system and how this was a hindrance to practice. For example, one respondent reported that '3rd party information is actually never on the system, so I have to phone other professionals to gather information which again is another task' (Respondent 35). A male respondent in his 30s claimed that as a social workers he is 'chasing your own tail of you do not have access to new information. The wards can take a long time to answer the phone' (Respondent 70). Another respondent reported that 'if you don't have up to date information it can make things turn for the worst' (Respondent 34) and another stated that 'if I do not have access to any up-to-date risk work then this does impact on the communication' (Respondent 66).

Out of date or unrecorded information

Social workers rely on up-to-date information being available on patients, and they must complete records according to statutory timeframes, but other professionals work outside of these requirements, and this can hinder effective social work practice. System information being out of date was a core complaint among several respondents. One respondent, in her early 20s and at the beginning of her career, stated that 'I work in [omitted] CMHT and most of the information regarding my patients is out of date' (Respondent 101). Another said that this lack of access to up-to-date external information can affect service user-social worker relations: 'patients can become frustrated with you as sometimes lack information or new

information may not be on the system' (Respondent 16). One respondent with 32 years of experience expressed a balanced view as to whether the ICT systems for record keeping and case management were beneficial: '(they can be) good and bad. Good if you have updated information as this can then be passed onto stakeholders bad if there is no updated information' (Respondent 26). Another reported that 'I will end up calling several other practitioners such as the OT who is involved in the client's care as the information is not documented' (Respondent 23), and one reported that they had 'no access to other records so if it is not documented it never happened' (Respondent 19). Another, in their 60s, said that 'it can be a nightmare trying to get hold of doctors and nurses especially if you lack having the right information about a client' (Respondent 41). A more neutral view was given by one respondent: 'it can improve healthy relationships with service users but then it can also hinder communication, so it is 50/50' (Respondent 45).

Difficulty keeping up with system changes

Another issue with the IT systems used by the respondents was that systems are frequently upgraded or changed and that this makes it hard for the social workers to keep up with how to use the systems effectively. One respondent stated that 'the ICT system is always changing so I can never keep up' (Respondent 65). Another male respondent with 19 years of experience added that 'the IT systems are changing all the time and I struggle to keep up. I struggle to comprehend how it all works in one session of training or two sessions' (Respondent 105). One respondent reported that 'most of the information is 5 years out of date so I am working like a headless chicken' (Respondent 100). Additional and ongoing training that supports social workers in being able to navigate new systems and use them to their advantage is clearly necessary.

Benefits of ICT use in social work

The analysis flagged up certain benefits to using ICTs for both clients and social workers.

Key quantitative findings:

- There was some evidence that ICTs enabled the respondents to manage information better. 50% agreed or strongly agreed with the statement that 'using ICT systems and software in my practice as a social worker I can manage information about my service users better', whilst 26.9% disagreed or strongly disagreed.
- There were mixed feelings about whether ICT systems enabled more effective assessments that benefitted relationships with service users, with 39.8% agreeing that they do, and 34.3% disagreeing or strongly disagreeing.
- Using ICTs was felt by a significant minority of respondents to enable them to deliver more effective care and treatment. 41.7% agreed that this was the case, whilst 26.9% disagreed or strongly disagreed.
- 55.6% agreed or strongly agreed that ICTs are essential to social work and social work education, with only 16.7% disagreeing and 3.7% strongly disagreeing.

Key qualitative findings:

The importance of having access to historical records

A small proportion of respondents reported that ICT is useful for internal communication: 'When we go into risk management meetings, we have new information so this can be helpful

if it is on the system' (Respondent 28). A female respondent aged 35 who had worked in social work for seven years stated that 'specific information on ICT (systems) can be beneficial' (Respondent 31). Another claimed that 'it can help practitioners reflect on information that has been written and therefore this can be taken to key meetings' (Respondent 58). One respondent reported that 'I have access to up-to-date knowledge and therefore it makes communication a lot easier' (Respondent 93). A 53-year-old male respondent stated that 'the use of email is effective in communication and recording but at the same time it removes the face-to-face conversations and peer support' (Respondent 2).

Facilitating meetings and conversations

Some respondents claimed certain advantages to using ICT in terms of its effects on communication, with one respondent stating that 'it can help you introduce yourself well if you know the background information on a patient' (Respondent 108), and another stating that 'when we go into risk management meetings we have new information so this can be helpful if it is on the system and we can document patient risks so this does affect a lot of things' (Respondent 75). A female, early-career respondent said that 'often ICT can inform conversation with colleagues. i.e., to identify which other professionals are involved in someone's care' (Respondent 33).

Benefits for clients

Some of the respondents expressed that having access to well-organised and comprehensive databases pertaining to clients was helpful in various ways. Firstly, some respondents stated that they are better informed and more up to date when they see a client face-to-face, because they can read notes regarding the last meeting the client had with a social worker. This means

that they are far better prepared for evaluations, one-to-one conversations about patient experiences, and care planning. One stated that 'previous notes that have been documented by clinicians can always be useful' (Respondent 84). Others concurred: 'having a past narrative helps so in that sense case notes previous risk assessments are useful' (Respondent 69). Some claimed that because everything is kept on digital record, social workers can save time by ensuring clients do not have to repeat information: 'Looking at the historical information about my patient is useful as this prevents the patient from repeating information that they have already provided to another social worker' (Respondent 29). Another respondent agreed, saying that having immediate access to former records can 'save patients from constantly repeating information if I am a new social worker working on the case' (Respondent 97). One respondent added that 'guardian/family wishes and also the service user's wishes are documented in the care plans' (Respondent 51).

Peer support and informal learning

Key quantitative findings:

This theme emerged from the qualitative components of the survey. It was mentioned by many of the respondents.

Key qualitative findings:

Peer support and informal learning was found to be a major factor in determining experiences of using ICTs in social work practice. The respondents reported both positive and negative experiences of having other social worker colleagues present when using ICTs. For example, one respondent reported that 'when I am around competent ICT skilled social workers this

can be helpful' (Respondent 63). Another stated that 'I feel it can be helpful knowing you have other social workers there to support you using ICT' (Respondent 79). Another respondent reported that 'it can save me time, if I do not know how to do something on the system we use, then I will ask a colleague' (Respondent 105). These social workers evidently found that they could support one another in using ICTs – 'plenty of social work colleagues have assisted me when I have struggled' (Respondent 86). Some found that having other colleagues present helped to save time: 'having others present saves me time as the IT technicians don't answer the phone' (Respondent 85). One respondent stated that 'it can be excellent for getting quick advice and help as the ICT department take forever to answer the bloody phone' (Respondent 6).

Some respondents reported that having other social workers present contributes to anxiety. For example, one respondent reported that 'it can make things anxiety provoking knowing that there are competent ICT social workers sat behind you' (Respondent 49). Another respondent agreed and reported that 'I feel self-conscious as I do find it pressurising and stressful using ICT so having other colleagues who are more experienced can make it difficult' (Respondent 8). Another reported that 'it makes you want to take regular breaks because I am not so competent; I need more training' (Respondent 19). Younger and middle-aged social workers expressed that having other social workers present whilst using ICT was largely positive. For example, one respondent reported that having other social workers present is 'time saving – having other social workers assisting you when you are struggling' (Respondent 63). Another respondent agreed and reported that it was 'uplifting having other social workers present as you can never get through to IT' (Respondent 26). Another stated that 'having others present saves me time as the IT technicians don't answer the phone' (Respondent 16), and one reported that 'it can be helpful knowing other colleagues are there to assist if help is needed. This can be reassuring knowing that someone is there as it takes a

long time for someone from ICT to respond' (Respondent 72). One respondent said that 'it increases my confidence as I know a colleague would be able to assist where needed' (Respondent 98).

This theme was the only one in which major differences occurred according to a demographic factor: age appeared to affect experiences of peer support. This finding is based on the qualitative data, however, and does not emerge from the quantitative Mann-Whitney tests. For older social workers, the presence of other social workers was not always a positive experience. Several respondents aged over sixty stated that having social workers present made them more anxious. For example, one respondent said that 'more competent social workers using ICT can make me feel self-conscious in some ways' (Respondent 47). A minority of this group felt differently, with one respondent stating that 'it can make you feel more conscious especially if you're not so good on the tablet/laptop like myself' (Respondent 85). Another respondent qualified this feeling – 'that depends, and depends on many different factors, but EMPATHY, is paramount' (capitalisation added by respondent) (Respondent 69).

Both males and females found the presence of other social workers when using ICTs to be at times anxiety provoking. For example, one respondent reported that 'I am placed in a community mental health team where there are other social workers. At times you do work with people who are more competent, and this can make you feel more anxious' (Respondent 7). Another respondent agreed and reported that 'it can make me feel insecure at times (…) if someone is really competent using ICT' (Respondent 39). No gender differences were identified in the statistical data analyses.

Effects of the COVID-19 pandemic

Key quantitative findings:

- Respondent perceptions were mixed when it came to whether the pandemic conditions had enabled them to learn more about using ICTs in social work practice. 40.7% agreed or strongly agreed that the pandemic had helped them learn, whilst 21.3% disagreed and 6.5% strongly disagreed.
- Respondents did, on the whole, agree that the pandemic had opened up opportunities to use ICTs more (6.5% strongly agreed and 56.5% agreed, 19.5% disagreed or strongly disagreed), but it was not clear whether these opportunities were perceived positively because they survey did not ask them to clarify this.
- The effects of the lockdown and working from home on computer anxiety were especially pronounced, with many respondents conveying that working from home had exacerbated their anxieties around using ICTs (7.4% strongly agreed that it had worsened their anxiety, 62% agreed, and just 9.3% disagreed).
- The pandemic and the imposed work-from-home conditions clearly meant that respondents were spending more time using ICTs than they had previously. 83.3% agreed or strongly agreed that this was the case. This also meant that they were spending less time with clients, with 80.8% agreeing or strongly agreeing that working from home reduced time spent with clients and just 4.8% disagreeing or strongly disagreeing.
- Respondents overwhelmingly felt that their clinical judgement had been compromised because of decreased access to clients, with 89.8% agreeing or strongly agreeing with the statement that 'The pandemic has negatively affected my clinical judgment because I have less access to clients'.
- The complete absence of face-to-face communication with clients during the COVID pandemic was felt to have damaged colleague-to-colleague and social worker-client

relationships. 91.7% agreed or strongly agreed that the quality of working relationships had been damaged.

Key qualitative findings:

No qualitative items pertained to the COVID-19 pandemic and its effects on the use of ICTs in social work practice.

Areas for improvement

Key quantitative findings:

- IT training appeared to be viewed as being inadequately geared to enabling effective social work. 86.2% of respondents disagreed or strongly disagreed with the statement that they have access to the right IT training and that it helps them improve their social work practice.
- The perceived value of recruiting administrative support teams emerged as high among the sample. 85.2% agreed or strongly agreed that their practice as social workers would be improved if administrative staff were recruited to perform IT-based tasks because they could spend more time with service users.

Key qualitative findings:

Administrative support

The most prominent theme in terms of ideas for improvement to the use of ICTs in psychiatric social work pertained to the potential value of having an administrative support team. Many participants called for the recruitment of administrative staff to support them

with using ICTs: ‘having an admin team and having a video phone link would be great in case we can’t see clients in the community’. They felt that recruiting administrative staff to support with ICT work would be beneficial, with one respondent saying that ‘we need an admin team so that we can spend time with clients’ (Respondent 106, male aged 45, with 5 years social work experience). Another stated that ‘if the NHS recruited an admin team to solely help social workers to document etc. it would decrease our levels of stress and we would be able to spend more time with service users’ (Respondent 23, female aged 45, with 20 years social work experience).

Having an administrative team was believed to be good for various social work processes, with one respondent stating that ‘I think if we had an admin team that would be good because we would then be able to spend more time with clients and their families and assess risk more appropriately’ (Respondent 26, female aged 57, with 32 years social work experience). Another claimed that ‘having to spend less time using ICT would help a lot as a social worker to help build better working relationships’ (Respondent 31, male, aged 45, with 5 years social work experience). Another said that ‘we would be able to monitor and review risks more appropriately if we had an admin team recruited. If this was not possible then I suggest we are allowed to have video phones to video clients’ (Respondent 71).

Some respondents believed that recruiting administrative staff would help, but they stated that it remains important to have ICT skills: ‘having an admin team would be beneficial but we do not want to be completely out of working with IT’ (Respondent 101, female, aged 23, with 2 years social work experience). One respondent stated that ‘I would actually be able to work as a social worker rather than an admin worker if we had an admin team recruited suppose we used Dictaphones and admin were able to type would be great!’ (Respondent 28, female aged 35, with 7 years social work experience).

Respondents felt that having an administrative support team would also be beneficial for clients, with one respondent stating that ‘we need an admin team so that we can see service users more often and spend good time with them to assess them appropriately’ (Respondent 19, male aged 47, with 13 years social work experience). Another respondent was adamant that administrative support would be beneficial to clients: ‘if the NHS decided to recruit an admin team this would be great as we do need this so that we can work as social workers and provide effective care!!!!!!! Face to face contact is essential’ (Respondent 23, female, aged 45, with 20 years social work experience).

Training and IT support

The second most-mentioned theme emphasised the importance of training and IT support, with one respondent stating that ‘more training is definitely needed as well as well as IT picking up the phone in good time’ (Respondent 24). Others also called for improved training, with one respondent stating that ‘having more training we only have a one-off session and that’s it we need more sessions to gain an understanding’ (Respondent 86). One respondent believed recruiting administrative staff was important but that it should be complemented with ‘more training so we do not lose complete touch with ICT’ (Respondent 43). Others called for improved IT support: ‘instead of taking hours to answer the phone IT needs to be more effective so we can manage our times when we struggle using the system’ (Respondent 67).

Video-calling

The third sub-theme in terms of ideas for improvement pertained to the perceived potential value of allowing social workers to video call clients. One respondent called for ‘patients to

access video calls just in case we can't go out and conduct a home visit at least we have face to face interaction' (Respondent 4). Another female respondent with 4 years of experience stated that if they had access to video calls 'we would be able to make better clinical judgments and better assessments if we can see patients even if this means via a video link' (Respondent 22). One respondent even claimed that lacking visual access to clients puts 'patients at risk when we did not have a video phone access as we cannot get the full assessment' (Respondent 106).

Demographic analyses using SPSS

Spearman's correlation (Spearman, 1961) was conducted in order to identify whether there were any significant correlations between anxiety (dependant variable) and the following demographics (independent variables): age, gender, professional band and years as a social worker.

Mann-Whitney U tests (Corder and Foreman, 2014) were carried out to compare the outcomes between the variables.

The results were as follows:

Spearman's Correlation

Social workers age and anxiety

Some differences between age groups in terms of stress caused by peer support were found in the thematic analysis, but there was no significant statistical correlation between social workers age and anxiety.

(rho (N=108)=-.166, P=.085)

Years as a social worker and anxiety

There was no significant correlation between years as a social worker and anxiety.

(rho (N=108)= - .045,P=.641)

Position band and anxiety

There was no significant correlation between social workers' band levels and anxiety.

(rho (N=108)=-.126, P=.195)

Gender and anxiety

Mann-Whitney U tests were carried out to compare the variables.

There was no significant difference between females and males in terms of anxiety.

(U (N=108)=1170.5,P=.120)

Managers and non-managers

There was no significant difference between managers non managers in terms of anxiety.

(U (N=108)=910.5, P=.769)

Conclusion

The following table captures the major themes that emerged from the analysis and summarises the findings. No statistically significant relationships were identified in terms of demographic variables.

Table 2: Themes and findings

Theme	Statistics Highlights	Findings
Social workers' mental and physical health	81.5% of the respondents agreed or strongly agreed that 'ICT systems at work make my job more pressured'. 77.8% of respondents agreed or strongly agreed that they find using ICT systems stressful and that this has a negative impact on the interventions that they undertake.	The respondents reported that their physical and mental health were negatively affected by the over-use of ICTs at work.

Negative effects on social work practice	99.6% of respondents stated that they spend more than 50% of their working hours using ICTs, with 93% stating that they used ICTs for more than 75% of their working time. 18.2% stated that they used ICTs in some manner for 100% of their working hours. 72.2% of respondents either disagreed or strongly disagreed with the statement that 'ICT saves me time in my work as a social worker', with only 6.5% agreeing or strongly agreeing.	The respondents expressed that the significant amount of time they spent using ICTs meant that they had limited time to spend with clients. They reported that face-to-face contact was minimised because of ICT use and that this hinders effective communication. Respondents reported that patients' mental illnesses – especially among patients who experienced paranoia – could be worsened by them using ICTs during conversations.

ICT system inadequacies	87% agreed or strongly agreed that changes to the IT systems at work hinder their ability to practice social work at their best. 81.4% of respondents agreed or strongly agreed that they avoid asking service users certain questions about themselves due to the IT systems having no location to store specific types of information. 75.9% agreed or strongly agreed that using ICTs means they often miss	Respondents reported that they had limited access to third-party information from external professional organisations and that this made them unprepared for meetings with clients. Respondents complained that at times information on patient databases was out of date and many said that if records were not made constantly in real time, this hindered the provision of effective care. Respondents complained about experiencing difficulties – from anxiety and stress to impairment of work skills – because of constant changes to IT systems.

	out recording relevant information (e.g., because the software or system does not provide space for them to record it). A large majority agreed or strongly agreed that IT systems change too often (24.1% strongly agree; 66.7% agree),	
Benefits of ICT use in social work	50% agreed or strongly agreed with the statement that 'using ICT systems and software in my practice as a social worker I can manage information about my service users better', whilst 26.9% disagreed or strongly disagreed.	Respondents stated that they had better access to comprehensive historical information on patients because of using ICTs. Respondents stated that their conversations with clients could be more salient and relevant because ICT systems gave them up to date information on patients.

There were mixed feelings about whether ICT systems enabled more effective assessments that benefitted relationships with service users, with 39.8% agreeing that they do, and 34.3% disagreeing or strongly disagreeing. Using ICTs was felt by a significant minority of respondents to enable them to deliver more effective care and treatment. 41.7% agreed that this was the case, whilst 26.9% disagreed or strongly disagreed.	Respondents expressed that if they were new to a case, having access to historical records on patients meant they could have a better immediate effect on clients and their care.

Peer support and informal learning	This theme emerged from the qualitative components of the survey. It was mentioned by many of the respondents, reinforcing the methodological benefit of including written answer items because the researcher had not factored this into the schedule of quantitative items.	Respondents had both negative and positive experiences of peer support and informal learning in using ICTs Some respondents found peer support to be very helpful for them learning how to use ICTs effectively. Other respondents stated that having colleagues present made them nervous, especially when the colleagues were more skilled at using ICTs.
Effects of the COVID-19 pandemic	Respondents did, on the whole, agree that the pandemic had opened up opportunities to use ICTs more (6.5% strongly agreed and 56.5% agreed, 19.5% disagreed or strongly disagreed). Many respondents reported that	There were no qualitative reports regarding the effects of the pandemic and lockdown.

	working from home had exacerbated their anxieties around using ICTs (7.4% strongly agreed that it had worsened their anxiety, 62% agreed, and just 9.3% disagreed). Respondents were spending more time using ICTs than they had previously. 83.3% agreed or strongly agreed that this was the case.	
Areas for improvement	86.2% of respondents disagreed or strongly disagreed with the statement that they have access to the right IT training and that it helps them improve their social work practice. 85.2% agreed or strongly agreed that	Many participants called for the recruitment of administrative staff to support them with using ICTs and stated that the presence of support staff would enable them to apply their professional skills more effectively. Respondents emphasised the importance of receiving ongoing and in-depth IT training and support, and they reported that this

their practice as social workers would be improved if administrative staff were recruited to perform IT-based tasks because they could spend more time with service users.	training should be complemented by the recruitment of administrative support staff. Respondents reported that allowing social workers to video call clients would be highly beneficial to client care and outcomes and to social worker effectiveness. This is because face-to-face contact is important to them.

Discussion

Having found answers to the research questions in the data collected from the survey of psychiatric social workers (presented in the previous section), this chapter returns to the wider and former academic literatures to identify correlations, congruencies, contradictions and variations between this study's findings and the findings of prior scholarship. The chapter also uses the psychological and sociological theories of technostress, professional identity theory and the bureaucratisation of social work to elucidate and explain some of this study's findings.

Negative impacts of ICT use on social worker health

This study found that the psychiatric social workers it surveyed perceived ICT use in their practice to have a largely negative effect on their physical and mental health. Several participants stated that using ICTs for significant time periods made them stressed, with the constant pressure to record information on databases and the constant demand on them to maintain digital communication with colleagues and clients causing them to feel a sense of acute pressure. Some participants stated that using ICTs had negative effects on their *physical* health, making them tired and burned out, and one participant stated that she experienced headaches as a consequence. This is a unique finding from the study. Their experiences of stress, anxiety and depression as a result of using ICTs to conduct their work are common to other professional groups (Fischer and Riedl, 2015). What may be taking place is that because the participants are constantly required to use digital media to maintain real-time communication with colleagues and clients, and because this requirement is constant and unrelenting, they are required to process communicated information, and convey information to others, at such a rapid pace that they cannot keep up in their cognition (Tarafdar et al.,

2010). Psychiatric social work now involves vast amounts of digitally recorded information pertaining to clients, their ongoing assessment and their care plans being constantly updated and in need of processing by professionals. A recent survey of 2062 social workers conducted by the BASW (2021) found that when asked to identify the biggest challenges in their current workplace, 51.2% stated that having to conduct administrative tasks was the biggest challenge for them. In all areas of social work, these administrative tasks entail the extensive use of ICTs to log, store and analyse information, so redressing this significant challenge necessarily means developing solutions that enable social workers to spend less time conducting such duties on computers. This study's related finding that the participants overwhelmingly felt that they needed administrative support staff to handle ICT tasks, while they commit more time to client care, is discussed further in the section below on areas for improvement.

The concept of technostress helps to explain this study's findings on how pressures arising from ICT use at work may be negatively affecting psychiatric social workers' mental and physical health. Scholars researching the effects of digitalisation on employee experiences of work have increasingly highlighted the role of ICT usage in exacerbating work-related stress (Fischer and Riedl, 2015). This specifically ICT-induced stress at work has been referred to as "technostress" (Tarafdar et al., 2010). Technostress has been explained as being 'any negative impact on attitudes, thoughts, behaviors, or body physiology that is caused either directly or indirectly by technology' (Weil and Rosen, 1997: p.5). More narrowed and detailed definitions of technostress have been offered by other scholars, with Riedl (2013) claiming that it emerges from 'direct human interaction with ICT, as well as perceptions, emotions, and thoughts regarding the implementation of ICT in organizations and its pervasiveness in society in general' (p.18). Ragu-Nathan et al. (2008) claim that technostress

is a form of malfunction in adaptation to ICT changes, and that it pertains to the effects of these poor adaptations on mental health and well-being.

Technostress is caused by a range of factors, including the constancy of connectivity and the degree to which that pervades all life and work, and the way in which constant informational flows make the pace of work so rapid that the human mind struggles to cope and cognate in time (Salanova et al., 2013). Technostress drivers then cause various types of mental and biological strain, including raised stress hormone levels (Riedl, 2013), attention problems, depression and anxiety (Hudiberg, 1995). Both these drivers of technostress and effects of technostress have been found to be present among the sample in this study. The psychiatric social workers surveyed have expressed that increased ICT use in their workplace has prompted stress reactions, feelings of burnout, anxiety and work-related depression. Some respondents explicitly stated that because they had to use computers constantly every working day, and this made them distressed when they returned home. Others expressed that the constant introduction of new IT systems made them stressed and unable to keep abreast of changes.

Technostress theory also flags up some factors and practices that can contain or counter technostress in work environments (Tarafdar et al., 2011). These include the function ICTs serve as knowledge-sharing mechanisms, team cohesion facilitated by ICTs, and the provision of adequate technical support (Tarafdar et al., 2011). From the survey respondents' statements in this study, despite the clear presence of technostress among them, some mention was made of the valuable and performance-enhancing role of digital service user record databases. Many respondents stated that because they had regular and immediate access to up-to-date information pertaining to service users, they were able to stay well informed and make more effective decisions. Teamwork emerged as a possible mediator of the negative effects of ICT in social work insofar as some respondents claimed that their

anxiety around using ICTs was reduced by the presence of colleagues who were supporting them in understanding and using the ICTs. Poor technical support was identified by many of the respondents as being a major inhibitor of their capacity to utilise ICTs and digital resources to improve their social work practice. Overall, technostress, as a theoretical construct that unpacks the effects of digitalisation on individuals' stress levels in the workplace, is a valid and pertinent theory in explaining the findings of the present study. The technostress drivers, inhibitors and effects discussed in the wider literature were all present in the empirical data collected here.

Negative impacts of ICT use on psychiatric social work practice

ICTs' effects on professional discretion

The present study explored how the respondents perceived the effects of ICT use at work on their professional practice, and it found that many respondents felt they had become administrators, tasked with logging information on computerised systems rather than acting as professionals using their discretion and interpersonal skills in specific social contexts. This had limited the extent to which they felt able to apply their knowledge and judgement as professionals. This confirms the proposition made by Busch & Henriksen (2018) that computerised modes of data collection are antithetical to the application of professional discretion, and it shows that the reduced role of discretion that is characterising children and families social work is mirrored in psychiatric social work. What appears to be taking place is that professional discretion is constrained because the respondents in this survey have to follow procedurally standardised methods of recording and analysing client information using

ICTs. As Tummers and Bekkers (2014) argue, ‘discretion makes it possible to adapt the policy to meet the local needs of the citizens/clients, increasing the meaningfulness of the policy to clients’ (p. 531). One former study (Cordella and Tempini, 2015) has argued that New Public Management methods of public service management, discussed in the literature review as major drivers of digitalisation, have utilised ICTs as means of disambiguating the operations of the social worker from the social context within which she works

The respondents expressed that time constraints created by pressure to record information instead of spend time with service users directly damaged the extent to which they were able to practise discretion. Respondents complained of having highly limited face-to-face contact with service users, and they stated that because they spent such a large proportion of their time using ICTs to record client information, they felt that at times they made ineffective decisions on client care. The replacement of face-to-face meetings with telephone interactions, which accelerated in the context of the COVID-19 pandemic, was found to inhibit effective client assessment and care planning.

Much of the prior literature on the impacts of ICT use in social work has pertained to ICTs’ effects on professional discretion (Ley and Seelmeyer, 2008; Gillingham, 2014; 2014b; Cordella & Tempini, 2015; Busch & Henriksen, 2018), but studies to date have been on children and families social work, so the present study explored the relationship between ICT use and professional discretion among *psychiatric* social workers. As clarified in the preceding literature review, social work is traditionally defined as a relationships-based and interpersonally navigated profession, in which the psychosocial qualities of the dialogue and relationship between the professional and the client are the primary factors that enable the social worker to practise discretion (Howe, 1998). As Howe states:

> *'The psychological selves of both practitioners and users acquire many of their characteristics, including personality, esteem, efficacy and defensive behaviours, within relationships throughout the lifespan'*
>
> (Howe, 1998, p. 45)

Because psychiatric social workers are using ICTs for a vast amount of their working time, and because IT systems structure the processes of client assessment and care planning, the respondents in this study are struggling to nourish the kinds of psychosocial connectedness with clients that enable them to make decisions on interventions based on their professional judgement and analytical skills. For effective psychiatric social work moving forwards, ICTs must not be capable of interfering with the development of strong relationships from which social workers can draw to make care decisions that empower clients. The solution to the degradation of relationships and the limitations that places on the application of discretion need not necessarily entail having less ICTs in psychiatric social work, but time must be allotted for interpersonal links to be cultivated so that a combination of procedurally efficient digital systems for organising information and professional discretional powers can be achieved to affect positive client outcomes.

Studies of social work areas outside of psychiatry have highlighted that digital methods of client assessment and decision-making can 'texture the work environment (…) by setting priorities and goals and defining the nature of the tasks carried out by practitioners and even the knowledge base they draw from' (Ley and Seelmeyer, 2008: p.341). Gillingham has claimed that ICTs are instrumental in 'configuring the user' (Gillingham, 2014b: 327), replacing the practitioner's ethical management of "soft", communicatively derived data with computational models of evaluation (Verbeek, 2006, p. 361). This study found that this replacement of the social worker as a social agent capable of using their informed judgement

to evaluate clients and their surrounding environments with computerised systems of analysis is relevant to the experiences of psychiatric social workers in the UK.

Lack of face-to-face contact and ICTs' effects on relationships

This study found that increased ICT use in psychiatric social work affects how social workers perceive the quality and nature of their interactions with clients. For example, several respondents expressed that the replacement of face-to-face human interactions with digitally mediated forms of communication has reshaped their professional work, transforming them into administrative officials instead of agents of personal transformation among service users. Others stated that because they use ICTs so much to conduct their professional practice, they feel that the values that underlined their decision to enter the profession (the normative foundations of their profession) are not operationalised, because their work is predominantly computer-based, whereas these antecedent values are people-centred.

These findings can be partially explained using professional identity theory. The identity theory developed in sociopsychology by Tajfel (1978) comprises the foundation of latterly developed theories of *professional* identity (see Caza and Creary, 2016). Tajfel's theory posits that when individuals live in social space, they encounter various groups, whether these are voluntarily entered into or not. These groups can include abstract cultural collectives like "the nation", involuntarily participated-in groups such as workplace teams, emotionally tied units such as families, and personally meaningful groups like sports clubs or religious communities. Social identities are then formed by interacting with, attaching to, and belonging to, these groups. These social identities comprise 'a part of (the) individual's self-concept which derives from his knowledge of his membership of a social group (or groups)

together with the value and emotional significance attached to that membership' (Tajfel, 1978: p.28).

Laurent (2007) posited that social workers identify as professionals according to four normative "models", each of them comprising different perceptions of themselves as specially trained professionals. The first model is *pedagogical*: the social worker perceives himself as a giver of charity and a facilitator of rehabilitation, working with those deprived and less fortunate. The second model is *political*: the social worker sees herself as an agent of social change, part of a larger progressive process of political transformation. The third is *juridical*: the social worker sees himself as supporting victims of systemic injustice, inequality, and prejudice. The final model is a *managerial* one: the social worker sees herself as working with autonomous service users who must take individual responsibility for their lives, and she works to integrate them into wider society and its norms and customs. Social workers, Laurent argues, adopt and embed these identities, at times excluding some and at others combining them, in formulating their professional identities. These identities shape social workers' cognition (their knowledge of their group), their evaluations (of their group's positive and negative roles), and their emotions (their sense of commitment to, and belonging in, the group).

Laurent (2007) claims that computerisation, what in this paper is referred to as digitalisation, prompts different degrees and types of "cultural shock", schisms and contradictions between the social worker's identity as a member of the "group" of social workers and the realities of social work practice in the era of digital technology. Laurent argued in 2007 that a new ICT-social-worker identity, one that harmonises the intense use of ICTs with other components of social workers' professional identities, had not emerged. This study found that intense digitalisation still presents culture shocks to social workers, and it found that the psychiatric social workers surveyed also experienced their professional identities as often being in

conflict with the demands created by the infusion of ICTs into nearly all social work processes. Laurent (2007) stated that:

> *'Computerization seems to fit rather well with professional identity perceiving social action as a matter of efficiency and of emergency for which it is necessary to react with speed and effectiveness (like in the management and the humanitarian profiles)', but she highlighted that 'technologies seem to be less in accordance with professional identities for which social work is first of all a question of proximity, of personalized process of caring and of defense of excluded people'*
>
> (p. 382).

Her overall finding that 'bureaucratization related to ICT appears as incompatible with the personalized process they (social workers) deploy with excluded people' (p. 382) aligns fully with this study's findings, indicating that little has been done since her study to better enmesh ICT developments with the emotional, cognitive and evaluative professional identities of social workers. What appears to have taken place in psychiatric social work is that ICT use has increased as a proportion of social workers' working time, with the vast majority of respondents in this study stating that they spend 50% to 75%+ of their working time at a computer. Digitalisation has deepened and accelerated, and the effect of this, as the data here show, is that psychiatric social workers feel they are not delivering the relationships-based service that they embarked on the profession to provide. The present study has found that respondents perceive their roles as being those of administrators to a large extent, and they expressed grave concerns that this changed role benefitted neither them or their clients. The kind of disjuncture between ICT-related bureaucratic work and the professed values and practices of social work that Laurent describes is negatively impacting the respondents' ability to nurture meaningful and beneficent relationships with service users. With

respondents overwhelmingly agreeing that they need more time with clients to affect positive outcomes in their lives, and with the vast majority stating that ICT tasks are to account for the lack of time for face-to-face contact, the evidence from this study indicates that time must be freed up for psychiatric social workers to engage with clients in person. The study also indicates that a combination of administrative support staff provisions and social worker-tailored IT systems would be welcomed by practitioners as means through which they could free up that time.

This study found that the use of computers and digital devices was viewed as sometimes positive but very often negative for relationships (both worker-service user and worker-colleague) by the psychiatric social workers surveyed. The results showed that there was broad agreement that ICTs improved record keeping and enabled the respondents to quickly access notes made by other professionals within the service, and they stated that this helped them to foster better relationships with service users because they showed themselves to know the patient and understand the point they were at in their treatment. The respondents expressed, however, that the constant record keeping and updating that was made necessary by the digital systems they use, and the significant amount of time they thus spent using computers at work, mean that they are time constrained in terms of service user relationship building. This correlates with the findings of van de Luitgaarden and van der Tier (2018), who studied social worker-service user relationships in a chat application and found that engagements in the relationships were standardised, lacking interpersonal depth, and overly brief. They argued that when digital media are used as a platform for the social worker-service user relationship, ‘interactions focus on a specific goal rather than focusing on building a lasting working relationship between the social worker and the client’ (Nordesjö et al., 2022: p. 307). Relationship building is crucial in psychiatric social work because it is

through the fostering of a meaningful, transformative and therapeutic social worker-client relationship that the client can come to realise change in their lives.

This study found little evidence that the psychiatric social workers experienced benefits to their relationships with service users from using ICTs in their practice. This runs counter to some of the academic scholarship to date. Several former studies have found that the use of ICTs in social work can improve the social worker-service user relationship in a range of ways (see Comfort et al., 2015; Mackrill & Ørnbøll, 2019). Comfort et al. (2015), for example, have argued that a stronger therapeutic alliance can be established between social worker and service user when ICTs are well-deployed, because they enable the service user to communicate in their own time, create greater flexibility in interactions, and allow the service user to articulate their own needs and goals outside of the confines of the meeting room. Bolin and Sorbring (2017) studied a school-based social work programme and found that digital communication enabled children to manage the relationship on their own terms, and they felt more in control of the process as a result. The present study, however, found that the clients of the respondents at times felt paranoid and uncomfortable because the respondents were using computers during their sessions, and that this damaged the relationship, and this, again, contradicts the findings of Lopez, Mackrill and Ørnbøll, and Bolin and Sorbring. A plausible explanation for this discrepancy in findings is that the psychiatric social workers surveyed here are working with mentally ill individuals who are often prone to paranoia as a result of their illnesses, and who may be uniquely socially excluded and marginalised, and labelled as insane or dangerous. This tendency towards a sense of exclusion and a suspicion of others and of authority may well explain why the clients of the respondents in the present study experienced the integration of ICTs into their dialogue with the social workers so differently to the participants in former studies.

This specific finding in the psychiatric care context implies that ICT use in face-to-face psychiatric social work settings should be minimised, made more transparent, or made less visible. This might entail that psychiatric social workers record meetings and make digital notes afterwards, or it could entail making digital note-taking more participatory and making notes immediately visible to the client. ICTs, when used during interactions between psychiatric social workers and service users, appear to at times alienate the service users from the social workers, and this is deleterious to the ongoing cultivation of trust, respect, and open dialogue, all of which are essential for the intervention to have a positive effect on the client. In the absence of a strong therapeutic relationship, the likelihood of achieving positive outcomes from interventions is reduced. To transform ICT use in these interactive contexts into a medium for building trust, rather than damaging it, will require measures such as those suggested here to be implemented universally and operationalised as a standard practice. Research to date has neglected the unique experiences of mentally ill individuals in terms of digital note-taking, so the evidence acquired here has produced these recommendations tailored to the formerly unexplored field of psychiatric social work.

Benefits of ICTs in psychiatric social work

Former studies have found that social workers experience administrative digital tools, such as e-calendars and various case management systems, as making their work more predictable and organised (Zhu and Anderson, 2021), and the present study also found that the respondents had some positive perceptions of the role of case management systems. The participants in this study expressed that having immediate access to notes made by other social workers meant they were better informed and updated when they met clients, and some respondents claimed that internal communication was enhanced by using ICTs, for example

during risk management meetings. Some of the literature indicates that the use of laptops and mobile phones enables social workers to practise greater work flexibility, working hours that suit them better and working outside of the office when necessary. This study did not investigate whether the respondents concur with this finding, and future research would do well to clarify whether these benefits are perceived by psychiatric social workers.

The effects of the COVID-19 pandemic on ICT use

This study found that psychiatric social workers were spending more time using ICTs in their professional work as a result of the lockdown measures which were a response to the outbreak of the COVID-19 pandemic. This finding aligns with the findings of several recent studies that have highlighted how hastened digitalisation has ensued because social workers have been practically completely unable to interact with clients in person (Wallace et al., 2020; Mishna et al., 2020; Wright and Caudill, 2020). Former studies have identified that the pandemic has opened up opportunities for social workers to use information technologies in new ways to keep contact with service users and support them (Wallace et al., 2020), and this study also found that a majority of the psychiatric social workers surveyed had experienced the pandemic as a time during which they deployed ICTs in new ways. What the sample in the present study did not consistently express, however, was the same positivity about that experience that some studies (Mishna et al., 2020) found.

Mishna et al. (2020) interviewed Canadian social workers working throughout the pandemic and enquired as to their strategies for adapting to the new conditions of work. They found that the interviewees had been pragmatic and innovative in finding new digital solutions to the problems they were encountering. The researchers found that a wholesale reconceptualisation of ICTs and their role in social work had been undertaken by the

interviewees. Mishna et al.'s participants had devised new methods of using IT and digital devices to access service users and support them in their recovery, including using mobile phones more to have conversations with service users, liaising with colleagues and external professionals via video-link, and meeting with service users in the open air but maintaining social distancing. This study found far more ambiguous results when it came to the respondents' adoption of new technologies and application of ICTs to address service shortcomings in the pandemic conditions. Just under half of respondents agreed that they had learned more about ICTs and how to use them effectively during the pandemic, but just under 30% disagreed or strongly disagreed. Whilst Misha et al.'s interviewees had begun to use mobile phones and video conferencing and found these devices and media to have added value in their interactions with clients, the vast majority of respondents in the present study felt that their clinical judgement was compromised because of having to use these remote methods of meeting with and assessing clients.

Some studies of social work during the pandemic have found that social workers have not only been more creative, but have been able to address the specific needs of clients better (see Farkas and Romaniuk 2020; Galea et al. 2020). These studies have found that because service users could interact with social workers in spaces, such as their homes, where they felt themselves to be in their "comfort zone", they were sometimes more willing to be open about their feelings and experiences. The present study failed to drill deeply into whether and how the respondents felt that the pandemic conditions had enabled them to deploy digital technologies to support clients effectively, and future studies should do so, but the results do show that there is no doubt that the respondents were spending far more time using ICTs during the pandemic than they had before. With only 4.8% disagreeing that the pandemic meant they spent less time with clients, and with that the findings highlighting that the respondents perceived themselves to be spending too much time using ICTs in any case, the

results indicate that for the psychiatric social workers surveyed the effects of the pandemic and lockdown on client care and support had not been positive.

Areas for improvement

IT training

This study found that a significant majority of participants believed that enhanced IT training, increased administrative support, and an increased role for video-calling in the absence of face-to-face interaction would all enable them to utilise ICTs more effectively to improve their working relationships and impacts on clients. ICT training provisions were found to be lacking in the perceptions of the participants of this study, and many of the respondents stated that IT training, and IT support, if upgraded and made more comprehensive, could enable them to use ICTs to their professional advantage. The present study found that the majority of respondents felt there was inadequate training provided to help them use IT systems and software to their best advantage, and several respondents stated that the constant changes made to IT systems at work made them anxious and inhibited their ability to use the systems proficiently. This finding broadly aligns with evidence elsewhere in the literature (Zhu and Anderson, 2021; Antonio, Raquel and Victoria, 2018; Goldkind, Wolf, and Freddolino 2018).

The study picked up on a finding that links with much of the former literature: the inadequacy of the IT training provided to social workers. In another study, Zhu and Anderson (2021) studied ICT-mediated practices among frontline social workers in Norway, and used observation methods, focus groups and semi-structured interviews to collect data on social worker perceptions of the practicability of a new case management system. They found that the decision to implement a new IT system in the Norwegian Labour and Welfare

Administration had come from executive tiers of management, and that frontline social workers had not been included in the decision-making nor had they been consulted. With no trial period prior to full roll-out of the new system, the participants had to use the training provided by the Administration to master the new technology quickly and deploy it to enhance client care. Physical and online training was provided but many participants claimed that the training was non-interactive, hard to understand and hugely time-consuming.

The similar finding in the present study suggests that IT training should be more comprehensive in psychiatric social work settings, and that when new IT systems are introduced social workers should be fully briefed on how to use them efficiently and what benefits they can bring to their work. IT training provided to psychiatric social workers should be highly interactive, with opportunities given for the social workers to engage in practical activities during training that will equip them with the knowledge they need to use new IT systems to their advantage. The works of Gillingham (2014; 2015: 2017) on the disjunct between computer programmers who design IT systems and the needs and interests of social workers themselves tell us that in psychiatric social work IT developers, and technicians, should liaise with the social workers from the outset of the system design process, so that the resultant systems are relevant to the processes and practices that psychiatric social workers need to implement to do their work effectively.

In the present study, respondents consistently and across the full sample called for more in-depth IT training to enable them to exploit the full potential of the IT systems they use at work. Several respondents pointed out that training was brief and there was no ongoing support from technicians or managers once the one-off training sessions had been completed. The overwhelming majority of respondents also remarked that improved IT support from technical staff would enhance their ability to use IT systems more effectively. These findings link through to the arguments made by Antonio, Raquel and Victoria (2018) and Goldkind,

Wolf and Freddolino (2018) that ICT training pertaining to new case management systems needs to identify and work through the challenges to technology adoption experienced by the social workers involved. Antonio, Raquel and Victoria (2018) argue that IT training must not be confined to the technical aspects of navigating the system. It must involve dialogue between the technicians who implement the system and the social workers who support clients with complex needs in complicated situations. In particular, this study found that the systems used to conduct psychiatric social work required the social workers to constantly update and log information on client databases, and that having to do so meant that they were unable to devote adequate time to more value added activities such as engaging directly with clients to ascertain their needs and respond to them. This study finding indicates that psychiatric social workers, in the UK at least, need to be more intensely involved in the design of IT systems so that they can develop systems which free up their time for activities for which they are professionally trained. The disproportionate amount of time the participants have to spend doing simple administrative tasks using ICTs is indicative of the fact that the IT systems are poorly aligned to the professional needs of psychiatric social workers. Moving forwards, as discussed in the proceeding section on recommendations, psychiatric social workers, at all band levels, should participate in workshops alongside system designers, so that the systems can effectively save social worker time.

Digital administrative support

A critical finding of this study was that the respondents expressed that having a digital administrative support team that could conduct non-specialist IT tasks, such as writing up notes, organising meetings, logging service user information, inserting information from third-party organisations into the service user database, would free up social worker time to

engage in relationship building and other activities that require specialist social worker knowledge and skills. This finding has a simple and coherent economic logic which is well-grounded in management theory and theories of organisational effectiveness. The economic concept of job specialisation within the organisation holds that an organisation is more productive, efficient and effective if it divides its personnel into specialisations whereby the specialist skills of specific segments are utilised as much as possible. Social workers receive initial training that is focused on relationship building, therapeutic dialogue, identifying service user needs, observing and interpreting service user lives and contexts, and so on. These skills constitute the specialisms of the social worker. By recruiting a digital administration support team, social workers will have more time to focus on employing these specialists skills to affect positive recovery for their clients.

Conclusion: Digitalisation as bureaucratisation

This study found that the pervasive application of IT systems to organise the work that psychiatric social workers do is serving to reduce the amount of time they have available to them to work with clients directly, because the constant requirement to log information and retrieve client records takes up a disproportionate amount of time. The study found that the participants overwhelmingly felt that they had become administrators instead of specialist social workers trained in relationship-based practice. No study has to date surveyed psychiatric social workers in particular to collect data on whether they perceive the constant use of IT systems to have made their work more impactive or to have freed up their time to apply their professional skills more. This is one of the intended objectives of digitising social work generally (Foley and Woollard, 2019). In addition, digitisation is intended as a means of securing consistency of service provisions, so that clients receive reliable care and support

(West and Heath, 2011), and social work has been increasingly digitised as a method of boosting accountability in the profession (Parton, 2008). This study's finding that psychiatric social workers perceive digitisation to have bogged them down in administrative IT tasks is important because is illuminates the fact that some intended objectives of digitisation, namely unlocking social worker time to affect improved services for clients, are not being realised in psychiatric care settings.

This finding adds to the founding proposition of the research that digitalisation has exacerbated and entrenched the bureaucratisation of social work practice. All the way back in 1995, Blaug argued that the 'solutions being offered the profession are predominantly bureaucratic' and stated that this 'is a fact universally acknowledged by practitioners and widely documented in the literature' (p. 424). Abel and Nelson (1990) had argued that this bureaucratisation of social work practice is driven by policy drives to achieve greater efficiency in public services generally, whilst Etzione-Halevy (1983) argued that the intense codification of rights within the welfare state apparatus had caused an intensification of bureaucracy, deploying procedural standardisation to protect those rights. Both these drivers of bureaucratisation are present, either explicitly or latently, in the intense usage of ICTs this study's sample engages in at work. The ICTs that pervade the work that the respondents conduct are intended precisely to increase service efficiency (Foley and Woollard, 2019) and ensure that the rights of service users are protected via the application of standardised decision-making, assessment and recording (see Gillingham, 2015). Computerisation and the use of algorithm-driven data systems in social work – core components of practice digitalisation – comprise efforts to achieve greater efficiency, enhanced accountability and increased consistency of service provisions (Parton, 2008; Gillingham, 2014b, 2019). This trend towards using ICTs to achieve these ends has also been argued to be set to continue and

grow. The evidence from this study indicates that digitalisation does indeed continue to intensify, and it has created complex bureaucracies of its own.

West and Heath (2011) argued that a form of "McDonaldisation" has encroached social work practice, whereby tasks are compartmentalised, duties are mechanised and procedurally standardised, social workers are de-skilled via automation, and outcomes are evaluated according to efficiency targets (p. 214). ICTs are integral to this process because they enable service providers to capture performance data, analyse it, and modify operational standards accordingly (Reamer, 2015). This study's findings accord with these arguments. This study found that the respondents overwhelmingly believed that using ICTs for much of their working time limited the amount of time they could devote to cultivating meaningful relationships with their clients. They all articulated that opportunities to spend ample time engaged in face-to-face dialogue with service users – which they deemed to be of significant value for care outcomes – were constrained by the constant demands placed on them to conduct work activities using computers. The implication here is that "McDonaldisation" in fact decreases the value of the professional input of psychiatric social workers. Many participants in this study stated that they had entered the professional so they could use their relationship-building skills to add value to clients' mental well-being via human communication. They also stated that the digitisation of their practice meant that they had become administrators of IT systems instead of professionals trained to directly interact with the psychiatrically unwell to affect improvements to their lives. In having to constantly capture, monitor and analyse client information using IT systems, they had become service bureaucrats instead of psychiatric social workers.

Based on the evidence from both proponents and critics of the digitalisation of social work, which indicates computerisation as a trend towards avoiding error, unaccountability and flawed judgement, the decline of the face-to-face described by the respondents can be

conceived of as a form of intensifying digital bureaucratisation. As Blaug (1995) argued, ‘tasks and methods which are highly formalized can be done by anyone, anywhere and, crucially, they will always be done the same. It is a tendency to flatten out the differences between individual performances’ (p. 426). Digitising recording and filing processes, decision-making and assessment procedures is a key means through which social services in the UK and elsewhere have sought to enact exactly this kind of formalisation (Reamer, 2015). This study aligns with the evidence that bureaucratisation hinders effective face-to-face interaction and relationship building when we comprehend digitalisation (the increasing use of ICTs in social work practice) as itself a form and driver of worsening bureaucratisation. Some respondents in this study claimed that they felt like they had become administrators rather than social work professionals. Many others stated that the pressure to record all events and changes in clients’ cases interferes with spending quality time with clients, and some respondents said that they were unable to properly understand their clients or make good decisions as to their care because they had to spend more time using computers than they spend actually talking to clients.

Conclusion

Summary of findings

This study posited eight research questions:

1. What are the perceived impacts of ICT use on psychiatric social work practice?
2. What are the perceived impacts of ICT use on relationships between psychiatric social workers and service users?
3. What are the perceived effects of ICT use on the quantity and quality of time spent with clients by social workers?
4. What aspects of ICT systems present challenges and constraints to psychiatric social workers?
5. What is the perceived role and value of peer learning and support among psychiatric social workers when it comes to using ICTs to conduct their work?
6. What improvements do psychiatric social workers believe could be made to the ways ICTs are used in psychiatric social work to ensure ICT use is most beneficial to both social workers and clients?
7. What effects has the COVID-19 pandemic and associated social distancing had on the use of ICTs in psychiatric social work?
8. What effects do the demographic factors of gender, age, professional band level and duration of employment have on psychiatric social worker perceptions of ICT use and its effects on their professional practice?

The study found that psychiatric social workers perceive ICT use in their professional practice as having a range of impacts on their work. A significant number of these impacts

were perceived negatively because they were held to prevent the social workers from spending adequate time with service users and they hinder the development of therapeutic relationships between social worker and service user.

The study found that constant record-keeping occupied a huge amount of social worker time, and the respondents expressed that the pressure to log data into client databases took them away from valuable activities that they had been trained as specialists to do.

Peer support was perceived both negatively and positively, with respondents either experiencing it as a form of informal learning in using ICTs effectively or experiencing it as demoralising and/or intimidating.

The respondents posited three major improvements that could be made in their workplaces that would enable them to use ICTs to their and their clients' advantages. These were (i) to provide better ICT training and IT support; (ii) to recruit digital administration support staff to conduct ICT-based tasks that do not require the specialist input of a social worker; and (iii) to promote video-calling between clients and social workers.

The COVID-19 pandemic and social distancing policy were found to have further decreased the amount of time social workers could spend with service users and the quality of relationships both between colleagues and with service users.

Demographic factors were found to have no statistically significant relationships with the other variables, but the qualitative analyses flagged up some variations between the perceptions of older social workers and younger ones, with older social workers being more vocal about the difficulties they encounter in using ICTs at work.

Contribution to knowledge

This study has made three original contributions to the knowledge base we have on the impacts of ICT use on psychiatric social work practice.

Firstly, the findings verify that the significant reduction in time spent with clients and the pervasive reduction in face-to-face interaction that have been identified as taking place in other areas of social work, are indisputably also features of psychiatric social work in the United Kingdom. The themes around the digitalisation of the social work relationship that have been reported in other areas include the ways ICT use hinders the establishment and maintenance of a therapeutic social worker-service user relationship. These themes have been found to be just as common in the field of mental health social work. This study has thus enveloped the field of psychiatric social work into the wider discussion of the impacts of digitalisation on social work practices more generally.

Secondly, this study has found that ICT use is driving serious deteriorations in psychiatric social workers' health, and this study is unique in that it found some evidence of ICT use having negative effects on *physical* health, likely as a knock-on consequence of its mental effects. With vast amounts of time sat a computer focusing, some respondents were experiencing headaches, which then damaged their quality of sleep, and this contributed to physical ill health. Further investigation of the health impacts of technostress in psychiatric social work may unveil a host of physical and mental ailments among the workforce and these will undoubtedly have consequences for staff burnout, job satisfaction and staff retention that affect the finances and performance of service provider organisations.

Thirdly, the study has introduced the theoretical notion that the digitalisation of social work comprises a deepening of the trend of bureaucratisation of social work. As the literature review discerned, public services generally have been increasingly standardised, information management in social services has been increasingly computerised, and the activities and

performance of social service agencies have come to be designed, measured, and evaluated using management models drawn from the private sector. These are efficiency-focused, data-driven and based on operational standardisation. Digitalisation constitutes a facilitative method through which these aspects of bureaucratisation can be *accelerated and expanded*. This study has shown how the rapid digitalisation of psychiatric social work practice comprises the means through which bureaucratisation – and by default the automation of traditionally relationships-based social work – is increasingly defining the practice.

Policy and practice recommendations

Based on the findings above, this study has produced the following recommendations for improving ICT use in psychiatric social work in ways that will enable social workers to do their jobs more effectively, have a greater positive impact on service users, and employ social worker specialist skills as much as possible:

Table 3: Recommendations for change and improvement

Issue	**Finding**	**Recommendation**	**Substantive Idea**
Social worker health	Psychiatric social workers' physical and mental health is negatively affected by injunction to use ICTs a lot of the time	Provide 'coping with technostress' training	*'Coping with technostress' training* Technostress should be taken seriously by social service providers and the word itself should be familiar to all psychiatric social workers. Formal training programmes, both during initial training and as CPD, should be rolled out that highlight what technostress in psychiatric social work practice is, how it can affect social worker health and well-being, and what social workers can do to cope with it. Training sessions can be designed by social workers themselves in conjunction with experts in stress, HR and/or change management departments. They should take the form of an annual two-hour training session, with one hour spent briefing trainees on the issues, concepts and evidence in terms of technostress in psychiatric social work, as well as

			clarifying methods for coping with it. The subsequent hour should adopt a therapeutic group support format in which trainees can voice issues they have had with technostress, and share strategies for coping with it, facilitated by the trainers. This study has not identified how the participants coped with stress, or what strategies they employed to limit the damage to health wrought by ICT use, so further research should be done on these.
Limited face-to-face contact	Psychiatric social workers have inadequate time for clients and limited face-to-face contact due	Recruit a small digital administrative support team specifically trained and tasked to conduct all ICT tasks that do not require clinical	*Digital administrative support with ICT tasks* Psychiatric social work teams and departments, whether located in local authorities, the NHS, or voluntary organisations, should be supported by an appropriate number of psychiatric service digital administrators who are well-trained in conducting a range of non-clinical ICT tasks. These tasks should include, but not necessarily be limited to:

	to ICT use commitments	expertise Promote video-calling with service users and provide necessary equipment and technology to do so.	(i) Simple data entry (inputting data on service users into the care management and client databases). (ii) Transcription tasks (this could include writing up social worker notes using Word and filing those notes in the appropriate databases, transcribing recordings of social worker-service user meetings, and taking and writing up memos of team meetings, among other transcription duties). (iii) Liaisons with external professionals involved in a service user's care that do not require social worker skills. The size of digital administrative support teams and the scope of their responsibilities should be determined by the departments that recruit them, and decisions as to the scope of their work should be made by a combined group of executive managers and on-the-ground social workers. The inclusion of the latter group will help to ensure that the administrative team genuinely lightens the workload of the social workers and frees up their time to devote

			to building relationships with service users. *Promoting video-calling* Employers should promote the use of video-calling for conducting meetings with service users. The use of video-calling is highly regulated so video sessions should be strictly limited to working hours and video calls must be conducted from the workplace. Employers should provide up-to-date technologies for conducting discreet and confidential video calls that are recorded for the purposes of note taking and service user safety. Privacy is important so confined video call suites should be available to social workers. To protect the privacy and safety of service users, guidelines should be drawn up for social workers to determine whether service users feel safe and confidential in the environments in which they conduct the video call. During face-to-face meetings, service users should be asked whether they have an appropriately safe space to conduct video calls and social workers should

			ensure service users are not being pried upon. Cybersecurity risks should be carefully considered when departments are selecting the application used to run video calls as well as the internal guidelines for their safe conduct. Using an encrypted app designed by the provider may be one solution, but this would require service users to download the app and digital exclusion factors should be carefully mitigated if this solution is adopted. Clear internal guidelines should be set out in official documentation that clarify what meetings can and cannot be conducted using video-calling media and under what circumstances video calling must be followed up with face-to-face contact.
Worsening clients' illnesses	When psychiatric social workers use computers	Digitally record meetings (audio not visual)	When social workers meet with service users in their communities or homes, they should use their work phones to audially record the meetings so that they do not need to look at screens while they talk with service users. They must clearly explain this to the service users, clarify precisely what will be done

	during meetings with service users this can exacerbate suspicion and mistrust on the part of the service user		with the recordings, and obtain written informed consent from the service users in the form of a signed information sheet. The information given to service users on these factors must be in a standardised format designed by respective departments and cleared by senior management as compliant with social work practice ethics and codes of conduct. Recordings can then be passed to the digital administrative support team which will transcribe the recordings and return them to the social workers for analysis and assessment.
IT system inadequacies	Missing or out of date information can hinder effective social work	Simplify the information logging process for the social worker by providing a	In order that critical events and changes to service users' conditions are recorded immediately, social workers should be able to access a highly simplified 'critical events' database pertaining to each service user. This database will be restricted solely to major events in the service user's life, behavioural patterns, or interactions with services. Social workers must be

		'critical events' form.	briefed that these forms are not detailed reports but rather high-level forms that *only* document major events. These forms should be easily accessible at the point of entry into a service user's records. The findings of this study showed that multi-agency issues have arisen in terms of not having access to information from third-party professionals. Wherever possible, these professionals should be able to populate this critical events form, and social service providers could give them access to the form without giving them access to the rest of the service user records.
Peer support	Peer support and informal learning have mixed effects, with some finding that it encourages	Consult new employees on the types of support with using ICTs that they feel they will benefit from and conduct annual reviews of	Support and learning around ICT use should be better targeted at social workers' specific needs and preferences. New recruits should meet with IT support staff so they can articulate what form of support they will most benefit from. Because this study found that older social workers may find peer support to be less appropriate for them, involving IT support staff will open up an opportunity for these older professionals to ask for formal training.

	them to better use ICTs and others experiencing it as demoralising and intimidating	employee experiences.	
Effects of pandemic	Social workers' clinical judgement, and relationships both with	A 'pandemic contingency plan', mapping out the measures that will enable social workers to achieve the most	By developing a 'pandemic contingency plan' localised to the specific team in question, and maintaining it as a living document by updating it with fresh ideas as time goes on, service providers will be readier and more resilient in the face of another pandemic. The plans should clearly stipulate how ICTs will be used in ways that facilitate meaningful contact and relationship-building.

	colleagues and service users, can be further hampered under pandemic conditions because of significantly decreased physical access to others.	contact possible with service users and colleagues during pandemics, should be drawn up and regularly updated. Video-calling should be promoted.	This is likely to include clearly laid out regulations for the use of video-calling if and when psychiatric social workers in the community have to work from home.

This chapter does not make a recommendation to redress the experience of the respondents that access to third-party information is limited and that this hinders the provision of service user support. Solutions to this problem require cross-organisational collaboration at a high level, with streamlined client record sharing between and among general practitioners, local authority departments of various kinds, police, the probation services, occupational therapists, and a range of other professionals and agencies being called for. This is therefore beyond the scope of this study's recommendations.

Limitations and suggestions for future research

This study is, like any, limited methodologically and in the scope and generalisability of its findings. These limitations entail opportunities for further research that could build on the study's findings and arguments and expand the scope and depth of scholarly knowledge of the impacts of ICTs on psychiatric social work.

Firstly, the sample used in this study included 108 psychiatric social workers, but as of June 2020 there were 2,894 psychiatric social workers employed in the UK by either the NHS or local authorities.[1] Expanding the sample and using a similar questionnaire would enable researchers to obtain even higher validity and generalisability in the results. In addition, a questionnaire survey could be complemented with observational methods of data collection. It is one thing surveying psychiatric social workers on the time they spend using ICTs and the effects that use has, and at the right scale a survey can achieve statistical generalisability, but by observing social workers using ICTs in real-time working environments, an ethnographic, qualitatively rich impression of the effects of ICT use could be garnered such that an

1 https://www.hee.nhs.uk/sites/default/files/documents/NHSBN%20NHS%20Social%20Worker%20Findings%20for%20HEE.pdf

understanding could be developed of the *emotional* experience of using ICTs so much in social work practice.

Secondly, the questionnaire used to collect the data in this study did not delve deep into issues around using ICTs in social work practice during lockdown periods. Given that projections suggest that another viral pandemic is plausible, and social work may thus have to return to lockdown and social distancing conditions in the future, further research should be done into how ICTs can be utilised in ways that preserve the importance of the social worker-service user relationship during such periods. The questionnaire also included no items that collected data on the precise ICT tasks that the respondents encountered as especially time-consuming and cumbersome. A future study that delineates specific ICT tasks may be better equipped to make substantive recommendations as to which tasks can be delegated to administrative support staff.

Thirdly, this study found that ICT use in psychiatric social work may be having negative effects on social workers' physical health, and these data comprise an original contribution but further research into this finding is needed. This study did not expect to arrive at this finding, so the survey did not enquire into the physical health effects of ICT use in great detail, nor did it ask respondents to articulate how they copy with these effects or how they think they could be reduced. Future studies would do well to hone in on this topic.

Finally, the present study used several theoretical frameworks to unpack the findings and explain them, but it did not address the historical and sociological issue of *why* the social worker-service user relationship is being disrupted by digitalisation. This issue was unrelated to the stated objectives of the present study, but deepening understanding of it would add theoretical depth to the knowledge base build here on the use of ICTs in psychiatric social work. Critical theories of bureaucratisation, such as those of Habermas or Weber, may shed

light on why computers are encroaching the formerly human relationships-based discipline of social work. Contemporary theories of job automation and artificial intelligence may be used to predict the future trends of digitalisation in social work practice, and the effects these will have. Political theories that explain the digitalisation of social work practice as an effect of rational modernisation, neoliberal ideology, or capitalism, discussed briefly in the literature review, could be used to locate social worker ICT use within a wider sociological-historical paradigm.

Concluding statement: Psychiatric social work as a relationships-based practice

An overarching framework for interpreting the impacts of ICT in psychiatric social work in particular has emerged from this study, which identifies how the deeply relationship- and dialogue-based nature of psychiatric social work is interfered with by heavy ICT use. What is clear is that for psychiatric social work to function and have an impact the social worker must be able to observe human expression and interaction in living contexts. The essence of digitalisation is to replace human cognitive faculties and decision-making processes with digital ones, because hypothetically they can capture, process and analyse information quicker. But given the nuanced nature of interactions and observations in psychiatric social work settings, in which the social worker must observe the client in real time, often picking up on extremely subtle expressions and actions to assess them, computers may – at least at this stage of digital technology development – simply be incapable of replacing the social worker without causing a significant deterioration of service quality.

What is more, psychiatric service users by definition suffer from illnesses of the mind and as such illnesses that impair their functioning in society and their ability to build or maintain meaningful and stable relationships. Mental illness presents *de facto* relational problems

between the sufferer and those around them. This means that a critical part of their recovery involves fostering relationships with others and harnessing the rapport, respect, and recognition that those relationships provide to affect their well-being in positive ways. The mediation of the relationship between social worker and service user by computers, precisely because it is impartial and detached from complex, needs-based and organically formed human relationships, can thus directly hinder the service user's capability to extract benefits from the social worker's intervention. We have seen in this study that a disproportionate amount of time is spent by social workers using computers rather than speaking, in physical proximity, to psychiatric service users, even to the point that they are at times tasked to use computers during their actual meetings.

Given that it is in part through social recognition and confidence-building that service users become able to manage their illnesses better and live more structured and meaningful lives, the partial replacement of human communication with digital information management may in fact slow down recovery, or, worse still, exacerbate it. The mentally ill are all too often socially isolated and have lost a sense of belonging and rootedness in their immediate social environment. Computer-mediated interactions and limited face-to-face contact necessarily preclude the attachment-building and interpersonal transformation that direct social interaction can deliver. What emerges from this study, therefore, is that when we consider the overwhelming opinion of the respondents that client-worker relationships are being impeded by the use of ICTs in social work practice, and we factor in the important need for human relationships on the part of service users, the digitalisation of psychiatric social work has thus far failed to utilise ICTs in ways that facilitate positive change in service users as social beings.

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Appendix 1: Questionnaire Survey Schedule

Information Technology in Psychiatric Social Work: impacts of ICT usage, ICT anxiety and demographic factors on social work practice and service user-social worker relationships'

Please create a four-digit number here so that if you decide to withdraw from the study the researcher can identify which completed survey is yours and accordingly delete your survey from all hardware and clouds. Instructions for how to withdraw and the period in which you can do so are provided in the information letter you have been given.

SECTION A: ICT Attitudes

By ‘ICT’, we mean **all** digital devices used in the workplace, including PCs, laptops, mobile devices and tablets.

1. My concerns that I will cause a ICT malfunction inhibits my confidence with ICTs

Strongly agree

Agree

Neutral

Disagree

Strongly disagree

2. When I use or am about to use an ICT, I feel anxious

Strongly agree

Agree

Neutral

Disagree

Strongly disagree

3. Can you comment on whether and how using ICTs affects your mental health in general?

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4. I feel uneasy in terms of understanding and using technical language related to ICT software at work

Strongly agree

Agree

Neutral

Disagree

Strongly disagree

5. I feel I have adequate knowledge to meet the department's needs regarding ICT use

Strongly agree

Agree

Neutral

Disagree

Strongly disagree

6. Can you say what ICT skills are required by your department and whether you feel you have opportunities to develop them.

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7. ICT saves me time in my work as a social worker

Strongly agree

Agree

Neutral

Disagree

Strongly disagree

8. How does the presence of other social workers or colleagues affect your feelings about your own confidence with ICTs?

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9. I believe that ICTs are essential tools in social work and social work education

Strongly agree

Agree

Neutral

Disagree

Strongly disagree

10. ICTs improve social workers' relationships with service users

Strongly agree

Agree

Neutral

Disagree

Strongly disagree

11. Please tell us how using ICTs as a social worker affects your communication with others at work?

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SECTION B

Time spent using IT systems and software

1. Please estimate from how much of your working time per week is spent using ICTs?

0% not at all

25% a quarter of the time

50% half the time

75% most of the time

100% all of the time

2. Please tell us about your attitude to the amount of time you spend using IT at work

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SECTION C

Impact of ICT usage on the service user-practitioner relationships

1. By using ICT systems and software I am able to spend more time with my clients

Strongly agree

Agree

Neutral

Disagree

Strongly disagree

2. By using ICT systems and software in my practice as a social worker I can manage information about my service users better

Strongly agree

Agree

Neutral

Disagree

Strongly disagree

3. I feel that the ICT systems to provide assessment tools help me to build meaningful relationships with service users

Strongly agree

Agree

Neutral

Disagree

Strongly disagree

4. What specific ICT tools help to guide you in working with service users?

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5. The ICT systems at work help me to carry out effective care and treatment plans for service users and their families

Strongly agree

Agree

Neutral

Disagree

Strongly disagree

6. The ICT systems at work make my job less stressful when I am working with complex cases

Strongly agree

Agree

Neutral

Disagree

Strongly disagree

7. The ICT systems at work make my job more pressured

Strongly agree

Agree

Neutral

Disagree

Strongly disagree

8. Using ICT systems at work hinders the communication that I have with my service users

Strongly agree

Agree

Neutral

Disagree

Strongly disagree

9. I find using ICT systems stressful and this has a negative impact on the interventions that I undertake

Strongly agree

Agree

Neutral

Disagree

Strongly disagree

10. At times I avoid asking my service users certain questions about themselves due to the IT systems having no location to store specific types of information

Strongly agree

Agree

Neutral

Disagree

Strongly disagree

11. Using ICTs to do my work means I often miss out recording relevant information (e.g. because the software or system does not provide space for me to record it)

Strongly agree

Agree

Neutral

Disagree

Strongly disagree

12. Because ICT systems are used to make important decisions about my clients' care, they inhibit my exercise of professional discretion

Strongly agree

Agree

Neutral

Disagree

Strongly disagree

13. Please tell us about the ways that using ICT systems and software affect your practice as a social worker

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SECTION D

Areas for Improvement

1. I have access to the right IT training that helps me improve my social work practice

Strongly agree

Agree

Neutral

Disagree

Strongly disagree

2. Spending less time doing IT-based activities would improve my practice as a social worker

Strongly agree

Agree

Neutral

Disagree

Strongly disagree

3. In the organisation that I work for the IT systems change too often

Strongly agree

Agree

Neutral

Disagree

Strongly disagree

4. Changes to the IT systems at work can hinder my ability to practice social work at my best

Strongly agree

Agree

Neutral

Disagree

Strongly disagree

5. I feel that my practice as a social worker would be improved if administrative staff were recruited to perform IT-based tasks so I can spend more time with service users

Strongly agree

Agree

Neutral

Disagree

Strongly disagree

6. Are there any changes that could ensure that using IT systems and software in your professional work benefits your relationships with service users?

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SECTION E

Impacts of the COVID-19 pandemic

1. Working at home during the COVID-19 pandemic has helped me learn more about using ICTs

Strongly agree

Agree

Neutral

Disagree

Strongly disagree

2. Working at home during the pandemic has made me more anxious about using ICTs

Strongly agree

Agree

Neutral

Disagree

Strongly disagree

3. Because of the pandemic I am spending more time using ICTs

Strongly agree

Agree

Neutral

Disagree

Strongly disagree

4. Working from home is reducing the time I spend with clients

Strongly agree

Agree

Neutral

Disagree

Strongly disagree

5. The pandemic has opened up opportunities for me to use ICTs more in my social work

Strongly agree

Agree

Neutral

Disagree

Strongly disagree

6. The pandemic has negatively affected my clinical judgment because I have less access to clients

Strongly agree

Agree

Neutral

Disagree

Strongly disagree

7. The quality of my working relationships with clients has been damaged because of the absence of face-to-face communication during the pandemic

Strongly agree

Agree

Neutral

Disagree

Strongly disagree

SECTION F

Demographics

Are you registered as a social worker in the UK [please circle correct answer] yes / no

Age……..

Gender……

How long have you worked as a social worker? …….

Position/Band……

Appendix B: Information Letter

Information Technology in Social Work: impacts of IT usage, computer anxiety and demographic factors on client-social worker relations.

The use of Information Technologies [ITs] (i.e. computers, software, digital management systems etc.) has increased rapidly in social work practice, and social workers have to use IT systems and software far more than they ever have done before. I'm investigating the effects that using IT systems and software in our work have on our relationships with our service users (referred to here also as 'clients'). I'm interested to understand how our confidence in using computers may be a factor in how we perceive IT's value in your work. I'm also exploring how our gender, age, professional roles and the length of time we have worked as registered social workers affect our perceptions of IT use and social work.

To understand these aspects of our work better, I'm inviting you to participate in the study by completing a questionnaire online. It will take a maximum of 20 minutes of your time if you consent to participate. You'll be asked to state how much you agree or disagree with a series of statements about your confidence with computers, your perceptions of how IT use affects your work with clients, and your gender, age, professional role, education and length of social work practice experience. You'll also be asked to comment on these aspects of work in your own words, and to give suggestions on how your workplace could use IT systems to have greater benefit for you and your clients.

You remain unidentifiable in the published material of the study. I comply fully with the Data Protection Act 2018 and the EU GDPR regulations, and the only data attributable to you will

pertain to your gender, age, length of professional status and education level, but these data will not appear attached to your answers. The survey does not ask for any personal information other than your gender, age, professional position, education and duration of employment. Your confidentiality will be fully protected if you partake in the study. Your identity will not be disclosed, and your completed questionnaire will not be connected to you in any way. All your answers will remain anonymous. You will not be mentioned or identifiable in any way in the written materials emerging from the study.

There are no "wrong" or "right" answers required. I am keen to understand your experiences as they are. Neither your colleagues nor your manager will know what you've answered, and only I will have access to the anonymised completed survey form.

Being a participant may have benefits for you. It provides a chance for you to give feedback, and the questions about areas for improvement provide you with an opportunity to make recommendations to managers and policymakers based on your experiences as a professional.

I will keep the completed questionnaires on an encrypted, password-protected folder while I am continuing the study, and if I download any files from there then I will store these in a password-protected computer folder or a locked cabinet. Your answers will be kept anonymously when I save and store them.

This study has received ethical approval from the University of Central Lancashire's Research Ethics Committee.

In line with the University of Central Lancashire's Data Protection Guidance for Researchers,

I will keep digital copies of the completed anonymous questionnaire until six months after I have written up my thesis with the findings. Then I will destroy all the data.
The Data Protection Guidance for Researchers document is issued by the University's Information Governance Manager & Data Protection Officer, and can be viewed here: https://www.uclan.ac.uk/students/assets/files/data-protection-guidance-researchers.pdf

I will be writing up the findings in my thesis. After I have finished analysing all the questionnaires and once I have arrived at my findings, I will post a link to my findings on my LinkedIN profile

Before you complete the survey you will be asked to create a four digit number so that if you decide to withdraw from the study I can identify which completed survey is yours and accordingly delete your survey responses from all hardware and clouds. Please keep a record of the number you create. Withdrawal of your data will not be possible after I have collected over 200 completed questionnaires.

Consent

You are not in any way obliged to partake in this study. Refusing or withdrawing participation has no impacts on your working relations or any other aspect of life. Your consent is on an ongoing basis if you want to participate, and you can withdraw your participation at any point, for any reason, with no negative consequences for you. You can do this by emailing me or messaging me directly and I will delete all your answers and notify

you that this has been done. You will have created a four-digit code to match to your answers, and you should send me that code so I can delete the correct data. If I receive any information that may affect your participation, then I will post a message on all social media platforms associated with this survey to notify you.

If you have any queries or concerns, here are the contact details for myself, my academic supervisor, the University of Central Lancashire Research Ethics Committee (they set out research ethics codes of conduct for researchers like me).

Ce'Nedra Khurshid
ckhurshid@uclan.ac.uk

Supervisor Professor Joanne Louise Westwood
JLWestwood@uclan.ac.uk

UCLan Research Ethics Committee

Thank you for reading this.

If you do consent to participating, please click on the link below. This will redirect you to my survey on Online Surveys, where you can complete the questionnaire.

Appendix C: Debriefing Webpage

[automatically redirected to after the questionnaire has been completed.]

Thank you for taking part

Things to remember:

1. Your consent to partake in this study remains on an ongoing basis

2. You can withdraw your answers at any point up until I submit my thesis, and you can do so for any reason, and with no negative professional or personal consequences. See the information letter (link here) for details of how to do so.

3. You can contact me, my supervisor, the UCLan Research Ethics Committee or the BPS (details below) if you have any queries or concerns regarding this study and your participation in it.

Next steps:

1. Your answers will be stored online in secure password protected folders

2. I will analyse the answers from the survey, including yours

3. Once I have performed the analyses I will write up the results

4. I will send you a copy of the main findings in a briefing document

5. If you email me to request one, I will send you a copy of my final thesis in 18-24 months

6. I will delete your answers from all files six months after I have published my thesis

7. If I use material from the thesis to produce articles in academic journals, I will inform you of this and I will send you a copy of the publication if you request one

8. I will post updates on social media if any information arises that affects your participation in this study

9. I will post a link on all the social media platforms participants have accessed this survey via which will direct you to the thesis and its findings on the University of Central Lancashire system.

If you have concerns about your competency in using computers as a social worker, you can access the British Association of Social Worker's and Social Care Institute for Excellence's report on Digital Capabilities for Social Workers. The report maps out how social workers can equip themselves with the skills needed to make their work most effective in the digital age:

https://www.basw.co.uk/media/news/2019/oct/basw-and-scie-launch-digital-capabilities-social-workers-report

And a report on social workers and their satisfaction with IT here:

https://www.basw.co.uk/resources/ok-computer

Contact Details

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Appendix D: Consent Form

I have read and understood the information letter about the study titled 'Information Technology in Social Work: impacts of IT usage, computer anxiety and demographic factors on social work practice and worker/service user relationships'.

SIGN BELOW TO INDICATE THAT YOU UNDERSTAND AND AGREE WITH ALL THE STATEMENTS BELOW

I understand what the study is about

I consent to participate in the study

I understand what my participation involves

I know I can withdraw my participation at any point up to the point I submit the questionnaire response

I know that the study is confidential

I understand the potential benefits of the study

I understand how my answers will be used by the researcher

I know I can contact the researcher or her supervisor to express any concerns or make any queries concerning the study and my participation in it

Name: ……

Date: ……..