#socialwork: An International Study Examining Social Workers’ Use of Information and Communication Technology

Faye Mishna 1,*, Jane E. Sanders 2, Joanne Daciuk 1, Elizabeth Milne 1, Sophia Fantus 3, Marion Bogo 1, Lin Fang 1, Andrea Greenblatt 1, Penny Rosen 4, Mona Khoury-Kassabri 5, and Michelle Lefevre 6

1 Factor-Inwentash Faculty of Social Work, University of Toronto, Toronto, Ontario, Canada M5WS 1V4
2 School of Social Work/King’s University College at Western University, London, Ontario, Canada N6A 2M3
3 School of Social Work, University of Texas at Arlington, Arlington, TX 76019, USA
4 American Association for Psychoanalysis in Clinical Social Work, New York, NY 10025-6540, USA
5 School of Social Work and Social Welfare, The Hebrew University of Jerusalem, Jerusalem 91905, Israel
6 Department of Social Work and Social Care, University of Sussex, Brighton BN1 9RH, UK

*Correspondence to Faye Mishna, Factor-Inwentash Faculty of Social Work, University of Toronto, 246 Bloor Street West, Toronto, Ontario, Canada MSS 1V4. E-mail: f.mishna@utoronto.ca

Abstract

Information and Communication Technologies (ICTs) permeated social work practice before coronavirus disease 2019 (COVID-19). In addition to ICT-based formal services (e.g. e-counselling), social workers used ICTs informally as an adjunct to face-to-face practice. Building on our previous research, our cross-sectional online survey examined social workers’ informal use of ICTs in four countries: Canada, the USA, Israel and the UK. The survey was administered through Qualtrics software among social workers across Canada (n = 2,609), the USA (n = 1,225), Israel (n = 386) and the UK (n = 134), and analysed using IBM SPSS Statistics version 26. The findings substantiate the ubiquitous use of informal ICTs in social work practice, as an adjunct to face-to-face treatment, across the four countries. Given the current, unprecedented context of COVID-19, we discuss the meaning of our findings related to access, ethical considerations (e.g. professional boundaries) and supervision in the context of restricted face-to-face practice.
practice. We discuss the implications for social work practice, education and research, and conclude that in the COVID-19 context, there is an even greater need for research, clinical discussion, supervision and policy on informal ICT use in social work practice.

Keywords: clinical practice, COVID-19, ethics, informal ICT use, information and communication technology, social work

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Introduction

Prior to the coronavirus disease 2019 (COVID-19) pandemic, information and communication technologies (ICTs) had transformed professional fields including social work practice, globally (Mishna et al., 2014, 2017; Berzin et al., 2015; Barsky, 2018; Reamer, 2018; Cwikel and Friedman, 2020). ICTs had permeated practice in three distinctive ways: formal, blended and informal (Mishna et al., 2017). First, as the primary method of service delivery, formal ICTs involve treatment offered through protocols with authorised software (e.g. encrypted email, Chat platforms) that is security protected, such as e-counselling/therapy (Chan and Holosko, 2016; Luxton et al., 2011). Secondly, blended treatment integrates online components, such as email/text message reminders (Aguilera and Muñoz, 2011) and psycho-educational activities (Luxton et al., 2011), with face-to-face sessions. Both the online and face-to-face elements are planned, structured and monitored by a practitioner (Erbe et al., 2017). Thirdly, ICTs have permeated social work practice informally, in which the formal modality is face-to-face. ICT usage is usually an adjunct to the face-to-face primary practice and typically occurs between sessions through email, texting, or social media contact such as friend requests or blogs (Mishna et al., 2017). Informal ICT use ranges from practical purposes such as scheduling, to complex treatment issues. Unlike formal and blended ICT treatment, informal ICT use lacks protocols and encompasses varying security protection. While there is a growing body of research on formal and blended ICTs (Wodarski and Frimpong, 2015; Cwikel and Friedman, 2020), the lack of research on social workers’ informal ICT use (Mishna et al., 2020), indicates a need for research to address the ethical and relational considerations (Finn and Barak, 2010; Perron et al., 2010; Mishna et al., 2012). Building on our previous studies (Mishna et al., 2012, 2014, 2017), the purpose of the current study was to examine social workers’ informal ICT use in four countries: Canada, the USA, Israel and the UK. Given the limits to face-to-face practice, among other monumental changes to social work
during COVID-19, we discuss our findings in the context of this global pandemic.

**ICTs in social work practice**

ICTs have inevitably become a ‘significant component of the contemporary clinical landscape’ (Reamer, 2015, p. 123). Formal and blended online therapies are as effective as face-to-face therapy (Chan and Holosko, 2016; Erbe et al., 2017). Moreover, the working alliance in online therapy has been found equivalent to that in traditional treatment (Holmes and Foster, 2012). Benefits of ICT-enhanced social work counselling (Chan and Holosko, 2016) include strengthening the working relationship through continuity and enabling clients to process their thoughts and emotions (Mishna et al., 2013, 2015).

Ethical concerns related to informal ICTs include boundary issues associated with more accessibility to social workers outside of work hours, managing dual relationships, unanticipated contact and ‘friend requests’ on social media (Fantus and Mishna, 2013; Chan, 2016; Barsky, 2017; Reamer, 2017; Ryan and Garrett, 2018). While ICTs can create enhanced access across diverse populations (Reamer, 2017), ICTs can heighten social inequity for those lacking digital literacy skills (Walter-McCabe, 2020) or access to technology (Barsky, 2020) by decreasing their access to services (Nieminen, 2016).

**Theoretical approach**

Ecological Systems Theory recognises that individuals are embedded in and influenced by their many interconnected ecological environments (Bronfenbrenner, 1979). Recent additions extend the ecology of individuals’ social contexts to include the digital realm (Johnson, 2010). This addition is vital given the distinct developmental influence of the Internet, in its uses and contexts of use, on the individual. As ICTs are now integrated in all societal contexts, including social work practice (Foeday, 2011), the positive and challenging implications of ICTs for individuals must be understood (Perron et al., 2010).

Expanding on our understanding of the uses and attitudes towards technology, the Technology Acceptance Model explains that practitioners and clients use ICTs because of their perceived usefulness and ease of use (Bullock and Colvin, 2015; Phan and Daim, 2011). Usefulness, for practitioners, is determined by how they perceive ICTs will augment their job performance, and, for clients, by how they think ICTs will improve service effectiveness (Cranen et al., 2011). Perceived ease of use is the consideration of how easy/difficult or simple/complex
ICTs are to use. Social influence, such as the extent to which ICTs are encouraged/discouraged by organisations and society, as well as the perception of others’ expectations, further determines technology usage (Venkatesh et al., 2012; Beldad and Hegner, 2018).

Current study

The purpose of the current research was to examine social workers’ informal ICT use with clients (see more detailed methodology in Mishna et al., 2021). To better understand informal ICT use among social workers in their practice, the researchers sought to answer the following questions: (i) What is the frequency of social workers’ informal ICT use with clients in Canada, the USA, Israel and the UK? (ii) What, if any, differences emerged in social workers’ informal ICT use related to participants’ demographic and organisational characteristics, geographic location (e.g. urban, rural) or country? (iii) What ethical issues arose related to social workers’ informal ICT use, and how did social workers respond? (iv) Did social workers discuss their informal ICT use with supervisors or colleagues? and (v) What are the similarities and differences among social workers’ ICT use in the four countries?

The Canadian researchers (Mishna et al., 2021) developed a cross-sectional online survey, #socialwork, to examine the frequency, nature and scope of informal ICT use in face-to-face practice. Questions were informed by a review of standardised surveys on ICT use in related fields (Goldfarb et al., 2016; Mishna et al., 2021), and the researchers’ clinical and research expertise. The survey underwent several revisions to capture relevant data, focusing on face and content validity (Singleton and Straits, 2010; Mishna et al., 2021). Review of the literature comprised step one of construct validation, by developing survey questions that measured the intended concepts (Singleton and Straits, 2010). The survey was pilot tested with social workers across Canada and the USA (n = 47) and revised based on feedback. The Canadian researchers connected with researchers in Israel and the UK, who agreed to collaborate. The Israeli researchers adapted the demographic questions to the Israeli context (e.g. ethnicity was noted as Jewish or Arab) (Khoury-Kassabri et al., 2019). The UK researchers reviewed the survey and made changes to terminology to ensure it was relevant to the UK. In Israel and the UK, no changes were made to the questions regarding ICT use.

The survey comprised five sections (Mishna et al., 2021): Section 1, Participant Demographics, obtained demographic and professional information. Section 2, Organisational Settings, queried participants’ organisational settings (e.g. hospital, non-profit, private practice). Section 3, Informal ICT Use with Clients, entailed questions on whether and why social workers utilised informal ICTs with clients, related difficulties and
plans to continue informal ICT use. Section 4, Boundaries, comprised questions on informal ICT interactions with clients outside of work hours, online searches and client ‘friend requests’ through social media. Section 5, Supervision and Policy, entailed questions on whether and how discussions on informal ICT use occurred with supervisors or colleagues, and workplace ICT policies. The University Research Ethics Board granted approval for the research in Canada and the USA, after which investigators in Israel and the UK obtained approval from their respective university research ethics boards (Khoury-Kassabri et al., 2019).

Sample

All eligible Canadian and American participants were registered or licensed social workers (except in areas where ‘social worker’ is not a regulated professional designation or there are exemptions) and had direct client contact. As all social workers are registered in Israel, participants were required to have a Bachelor of Social Work (BSW) or Master of Social Work (MSW). In the UK, where ‘social worker’ is a protected title, eligible participants had an approved Bachelor or Postgraduate social work degree and were registered with the regulatory body in England, Scotland, Wales or Northern Ireland. The survey was administered through Qualtrics software among social workers across Canada \(n = 2,609\), the USA \(n = 1,225\), Israel \(n = 386\) and the UK \(n = 134\). Surveys were distributed through regulatory bodies, social work associations, professional and university email lists, snowball methods and social media. The survey was available in English and French in Canada, Hebrew in Israel and English in the USA and UK.

Statistical analysis

IBM SPSS Statistics version 26 was used to conduct univariate and bivariate analyses. The selection of clinical variables included in the analysis was guided by the empirical and conceptual literature, policy related to ICT use in social work, and the researchers’ clinical experience (Mishna et al., 2021). Univariate analysis reported the frequencies of each variable. Crosstabs, chi-square and \(t\)-test analysis were used to explore how demographic and organisational factors are related to informal ICT use across the four countries. Statistical tests were not valid for many of the UK variables due to the small sample size.
Results

Findings showed the ubiquity of social workers’ informal ICT use with clients, in which the primary modality is face-to-face, and revealed strong similarities among participants in the four countries. Over 70 per cent (78.1 per cent \[n=2,034\]) of participants in Canada, 79.6 per cent \[n=975\] in the USA, 74 per cent \[n=285\] in Israel and 86.9 per cent \[n=106\] in the UK, reported informally using ICTs with clients. A majority stated that both clients and social workers initiate ICT contact: Canada (64.7 per cent \[n=1,282\]), USA (72.5 per cent \[n=695\]), Israel (69.4 per cent \[n=188\]) and UK (89 per cent \[n=89\]).

Table 1 shows the participants’ demographic and organisational characteristics. T-test and chi-square analysis results are presented. Participants in the USA who use ICTs were significantly more likely to be older (t-test \[1,134, N=1,136\] = −2.359, \(p < 0.05\)) and report more years practicing as a social worker (t-test \[1,159, N=1,161\] = −2.945, \(p < 0.01\)). A similar trend is apparent in Canada and Israel. In the UK, participants using ICTs were significantly younger (t-test \[94, N=96\] = 2.580, \(p < 0.05\)) and had fewer years as a social worker (t-test \[99, N=101\] = 2.764, \(p < 0.01\)) than those who did not use ICTs. Due to the lack of comparable categories among all countries, ethnicity was measured as ‘White’ versus ‘Other’. In the UK sample 89.8 per cent \[n=88\] identified as White, English/Welsh/Scottish/Northern Irish/British, Irish or European. A comparison for Israel was not possible as the survey response options for ethnicity were ‘Jewish’, ‘Arab’ and ‘Other’. The only valid comparison for ethnicity was between Canada and the USA (Mishna et al., 2021). Ethnicity was significantly related to informal ICT use only in the USA (\(\chi^2 [1, N=1,153] = 11.014, p < 0.001\)), where identifying as ‘White’ was associated with greater ICT use. Level of education was significant only in Canada (\(\chi^2 [2, N=2,424] = 7.760, p < 0.05\)), with social workers educated at a master or doctorate level reporting higher informal ICT use than those with a bachelor degree or other education. While the USA and Israel show a similar trend, many using ICTs report other education (see Table 1).

In both Canada (\(\chi^2 [5, N=2,599] = 26.856, p < 0.001\)) and the USA (\(\chi^2 [5, N=1,224] = 50.287, p < 0.001\)) social work role was significant, with social workers offering psychotherapy reporting consistently greater ICT use. Social work setting was significantly related to ICT use in Canada (\(\chi^2 [8, N=2,603] = 93.627, p < 0.001\)) and the USA (\(\chi^2 [8, N=1,224] = 126.834, p < 0.001\)). In Canada and the USA, social workers in a private practice setting were more likely to use informal ICTs with clients. Most participants in the UK indicated using informal ICT in child welfare, social service agencies or government settings. Geographic setting was related to ICT use for Canadian (\(\chi^2 [3,
Table 1 Descriptive analysis of demographic and organisational factors.

| Participants demographics                          | Canada (n = 2,609) | USA (n = 1,225) | Israel (n = 386) | UK (n = 134) |
|---------------------------------------------------|--------------------|-----------------|-----------------|--------------|
| Mean age                                          |                    |                 |                 |              |
| N                                                 | 525                | 2,157           | 232             | 77           |
| Mean                                              | 41.36              | 42.23           | 50.51           | 40           |
| SD                                                | 12.15              | 11.47           | 14.41           | 10           |
| Mean years of practicing as a social worker       |                    |                 |                 |              |
| N                                                 | 529                | 1,875           | 238             | 81           |
| Mean                                              | 13.33              | 13.86           | 17.85           | 13           |
| SD                                                | 10.77              | 10.11           | 12.85           | 9.6          |
| Gender                                            |                    |                 |                 |              |
| Male                                              | 70 (24.3)          | 218 (75.7)      | 44 (21.7)       | 11 (30.6)    |
| Female                                            | 460 (21.8)         | 1,650 (77.9)    | 187 (20.0)      | 68 (24.7)    |
| Ethnicity                                         |                    |                 |                 |              |
| White                                             | 455 (22.1)         | 1,601 (77.9)    | 178 (18.6)      | 12 (13.6)    |
| Other                                             | 76 (21.8)          | 272 (78.2)      | 57 (29.1)       | 1 (11.1)     |
| Highest level of social work degree               |                    |                 |                 |              |
| BSW, certificate or diploma                       | 294 (24.4)         | 909 (75.6)      | 4 (26.7)        | 11 (73.3)    |
| MSW or PhD in social work                         | 229 (19.7)         | 933 (80.3)      | 223 (20.5)      | 864 (79.5)   |
| Other and no formal education in social work      | 14 (23.7)          | 45 (76.3)       | 9 (15.8)        | 48 (84.2)    |
| Organisational factors                            |                    |                 |                 |              |
| Role                                              |                    |                 |                 |              |
| Counselling                                       | 215 (22.2)         | 755 (77.8)      | 39 (26.7)       | 107 (73.3)   |
| Psychotherapy                                     | 78 (16.1)          | 406 (83.9)      | 111 (14.5)      | 654 (85.5)   |
| Case management                                   | 132 (20.2)         | 520 (79.8)      | 48 (27.7)       | 125 (72.3)   |
| Community organisation                            | 42 (25.8)          | 121 (74.2)      | 15 (40.5)       | 22 (59.5)    |
| Consultation                                      | 40 (33.6)          | 79 (66.4)       | 7 (25.9)        | 20 (74.1)    |

(continued)
Table 1. (continued)

| Practice setting                        | Canada (n = 2,609) | USA (n = 1,225) | Israel (n = 386) | UK (n = 134) |
|-----------------------------------------|--------------------|-----------------|-----------------|--------------|
| Informal ICT use                        | No                 | Yes             | No              | Yes          |
| Other                                   | 60 (28.4)          | 151 (71.6)      | 29 (38.2)       | 47 (61.8)    |
| Social service agency                   | 64 (19.7)          | 261 (80.3)      | 32 (26.0)       | 91 (74.0)    |
| Child welfare and group home            | 54 (21.8)          | 194 (78.2)      | 1 (5.9)         | 16 (94.1)    |
| Private practice                        | 26 (7.0)           | 348 (93.0)      | 52 (8.9)        | 533 (91.1)   |
| Hospital                                | 177 (32.4)         | 369 (67.6)      | 56 (41.8)       | 78 (58.2)    |
| Government                              | 60 (26.5)          | 166 (73.5)      | 12 (30.0%)      | 28 (70.0)    |
| Community based health                  | 111 (24.1)         | 349 (75.9)      | 32 (29.4)       | 77 (70.6)    |
| Court/criminal justice/corrections      | 7 (21.2)           | 26 (78.8)       | 14 (63.6)       | 8 (36.4)     |
| College/university/elementary/secondary | 18 (15.5)          | 98 (84.5)       | 20 (25.0)       | 60 (7)       |
| Other                                   | 52 (18.9)          | 223 (81.1)      | 30 (26.3)       | 84 (73.7)    |
| Geographical setting: work              |                   |                 |                 |              |
| Urban                                   | 338 (20.6)         | 1,301 (79.4)    | 118 (20.6)      | 454 (79.4)   |
| Suburban                                | 86 (20.6)          | 332 (79.4)      | 73 (16.6)       | 367 (83.4)   |
| Rural/Remote                            | 146 (26.7)         | 400 (73.3)      | 58 (27.5)       | 153 (72.5)   |
$N=2,603$ \( \beta < 0.01 \), USA \((\chi^2 [3, N=1,223] = 10.644, p < 0.01)\) and Israeli participants \((\chi^2 [3, N=383] = 10.472, p < 0.01)\), with social workers in rural or remote settings less likely to engage in informal ICT use. There was no difference in geographical setting and ICT use in the UK (see Table 1).

More than 95 per cent of participants who reported having used informal ICTs with clients intended to continue to do so. With some variation, a small proportion noted difficulties (Canada 10.2 per cent \([n=250]\), USA 7.8 per cent \([n=91]\), Israel 26.1 per cent \([n=84]\), UK 13.7 per cent \([n=14]\)). Of these, a considerable percentage indicated that the difficulties had not been resolved. The degree to which there was a reported lack of resolution varied: over two-thirds (Israel 68.3 per cent \([n=56]\)), 44.1 per cent (Canada \([n=109]\)); over one-third (USA 39.6 per cent \([n=36]\)) and 28.6 per cent (UK \([n=4]\)).

To varying degrees, a sizable number of participants used ICTs informally with clients outside of work hours. Over one-third searched online for clients’ personal information through social media and Google (Canada 34.9 per cent \([n=884]\), USA 36.2 per cent \([n=435]\), Israel 41.5 per cent \([n=145]\) and UK 38.0 per cent \([n=41]\). Over two-thirds (Israel 68.3 per cent \([n=99]\)), and over one-half (Canada 60.7 per cent \([n=537]\), UK 58.5 per cent \([n=24]\) and USA 55.6 per cent \([n=242]\)) of participants indicated searching to gather additional assessment information, and a considerable number of participants reported searching out of concern for the client (UK 43.9 per cent \([n=18]\), Canada 39.6 per cent \([n=350]\), Israel 37.9 per cent \([n=55]\) and USA 28.0 per cent \([n=122]\)). Over half of Israeli participants searched out of curiosity (Israel 51.0 per cent \([n=74]\)), whereas in the other countries less than a third gave this reason (UK 31.7 per cent \([n=13]\), USA 27.6 per cent \([n=120]\) and Canada 22.4 per cent \([n=198]\)). When asked whether they obtained consent to search for the client’s online information, the responses varied (USA 22.5 per cent \([n=98]\), Canada 8.1 per cent \([n=160]\), Israel 13.1 per cent \([n=19]\) and UK 9.8 per cent \([n=4]\)). Between approximately one-quarter and one-third of participants considered it inappropriate to search for a client’s personal information (Canada 34.7 per cent \([n=870]\), USA 33.1 per cent \([n=396]\), Israel 26.6 per cent \([n=92]\), UK 24.3 per cent \([n=260]\), whereas more than three-quarters were uncomfortable with clients searching for their information (UK 86.0 per cent \([n=92]\), Canada 83.5 per cent \([n=2,099]\), USA 80.0 per cent \([n=961]\), Israel 79.1 per cent \([n=272]\)).

Close to one-half of participants in Canada (44.5 per cent \([n=1,119]\), the USA (55.7 per cent \([n=669]\)) and Israel (51.4 per cent \([n=178]\)) had received a ‘friend request’ from a client through social media, while in the UK 25.2 per cent \([n=27]\) had. There was considerable variability in whether and how participants responded to or followed up on ‘friend requests.’ Many participants reported discussing their informal ICT use
with supervisors or colleagues, yet many had not (Canada 30.6 per cent \(n = 988\), USA 42.7 per cent \(n = 508\), Israel 39.3 per cent \(n = 133\) and UK 24.5 per cent \(n = 26\)) (see Table 2).

**Discussion**

To the best of our knowledge, the current research is the only large-scale, international study that examines informal ICT use with clients, particularly in social work practice. We explicitly address the findings as they relate to the research question and throughout, we explore the similarities and differences among social workers’ ICT use in Canada, the USA, Israel and the UK (Research Question 5). The study findings regarding the frequency of social workers’ ICT use (Research Question 1) substantiate the ubiquitous use of informal ICTs in social work practice, prior to COVID-19, as an adjunct to face-to-face treatment. A large majority of social workers in Canada, the USA, Israel and the UK reported informally using ICTs to interact with clients, with overwhelming similarities in the four countries (Mishna *et al.*, 2021).

The current study offers insight into the effects of the exponential growth and acceptance of ICTs across all levels of the socioecological context, and the perceived usefulness and ease of use by both practitioners and clients (Venkatesh *et al.*, 2012; Beldad and Hegner, 2018). Social workers’ ubiquitous informal use of ICTs in the four countries underscores the need to include the cyber component in the Ecological Systems Framework (Johnson, 2010). COVID-19 shed further light on this need by revealing existing inequities in individuals’ access to digital service. The Technology Acceptance Model elucidates the effects of the exponential growth and acceptance of ICTs, including the perceived usefulness and ease of use by practitioners and clients (Venkatesh *et al.*, 2012; Beldad and Hegner, 2018). In the time of COVID-19, these frameworks accentuate the monumental paradigm shift in social work, even if temporary, by which previously informal ICT use suddenly became the formal modality.

**Study findings in the context of COVID-19**

With face-to-face practice no longer an option, a paradigm shift in social work and other helping professions occurred due to COVID-19 (Galea *et al.*, 2020). With extraordinary and sweeping global restrictions, agencies and practitioners had little choice but to severely limit in-person practice (Doorn *et al.*, 2020; Walter-McCabe, 2020). This precipitous transition was facilitated by governments, and professional and regulatory bodies as well as licensing boards in Canada, the USA, Israel and
Table 2: Univariate analysis of informal ICT use, boundaries and supervision and policy.

|                                | Canada (n = 2,609) | USA (n = 1,225) | Israel (n = 386) | UK (n = 134) |
|--------------------------------|-------------------|-----------------|-----------------|-------------|
| Interacted with a client through e-mail, text/instant messaging and/or social media in between your regular face-to-face service |
| Yes                           | 2,034 (78.1%)     | 975 (79.6%)     | 285 (74.0%)     | 106 (86.9%) |
| \( \chi^2 \)                  |                   |                 |                 |             |
| Who initiated this contact through ICTs |
| Social worker                 | 173 (8.7%)        | 41 (4.3%)       | 49 (18.1%)      | 7 (7.0%)    |
| Client                        | 527 (26.6%)       | 223 (23.3%)     | 34 (12.5%)      | 4 (4.0%)    |
| Both                          | 1,282 (64.7%)     | 695 (72.5%)     | 188 (69.4%)     | 89 (89.0%)  |
| Purpose of informal ICT use with clients |
| Scheduling appointments       | 1,655 (81.4%)     | 827 (84.8%)     | 212 (74.4%)     | 84 (79.2%)  |
| Checking in or receiving brief updates from clients between sessions |
| Sending or receiving additional practical information/resources |
| Receiving additional therapeutic information |
| Other                         | 1,211 (60.4%)     | 695 (72.5%)     | 188 (69.4%)     | 89 (89.0%)  |
| Overall, has the use of ICTs caused difficulty in your social work practice? |
| Yes                           | 250 (10.2%)       | 91 (7.8%)       | 84 (26.1%)      | 14 (13.7%)  |
| Was this difficulty resolved? |
| Yes                           | 138 (55.9%)       | 55 (60.4%)      | 26 (31.7%)      | 10 (71.4%)  |
| Will you continue to interact with clients through ICTs in between your regular face-to-face service? |
| Yes                           | 1,880 (95.9%)     | 916 (95.9%)     | 277 (98.6%)     | 91 (98.9%)  |

(continued)
### Table 2. (continued)

|                                      | Canada $(n = 2,609)$ | USA $(n = 1,225)$ | Israel $(n = 386)$ | UK $(n = 134)$ |
|--------------------------------------|----------------------|-------------------|--------------------|---------------|
| **How often do you interact with clients through ICTs outside of formally scheduled work hours?** |                      |                   |                    |               |
| Never                                | 979 (48.8%)          | 169 (17.5%)       | 38 (13.9%)         | 31 (30.7%)    | 399.769***    |
| Rarely                               | 474 (23.6%)          | 277 (28.6%)       | 74 (27.0%)         | 32 (31.7%)    |               |
| Sometimes                             | 331 (16.5%)          | 332 (34.3%)       | 78 (28.5%)         | 25 (24.8%)    |               |
| Often/Very often                      | 224 (11.2%)          | 190 (19.6%)       | 84 (30.7%)         | 13 (12.9%)    |               |
| **Have you ever searched for publicly available online information about a client (e.g. ‘googled’ a client)?** |                      |                   |                    |               |
| Yes                                  | 884 (34.9%)          | 435 (36.2%)       | 145 (41.5%)        | 41 (38.0%)    | 6.151         |
| **Why have you searched for online information about a client?** |                      |                   |                    |               |
| Client request                        | 160 (8.1%)           | 98 (22.5%)        | 19 (13.1%)         | 4 (9.8%)      | 9.559*        |
| Workplace/supervisor request          | 78 (8.8%)            | 29 (6.7%)         | 13 (9.0%)          | 2 (4.9%)      | 2.538         |
| Gathering additional assessment information | 537 (60.7%)        | 242 (55.6%)       | 99 (68.3%)         | 24 (58.5%)    | 7.831*        |
| Curiosity                             | 198 (22.4%)          | 120 (27.6%)       | 74 (51.0%)         | 13 (31.7%)    | 52.635***     |
| Concern (e.g. looking for indication of suicidal ideation in posts or blogs) | 350 (39.6%)          | 122 (28.0%)       | 55 (37.9%)         | 18 (43.9%)    | 18.167***     |
| **Is it appropriate for social workers to look up publicly available online information about a client?** |                      |                   |                    |               |
| No                                   | 870 (34.7%)          | 396 (33.1%)       | 92 (26.6%)         | 26 (24.3%)    | 32.525***     |
| Yes                                  | 336 (13.4%)          | 221 (18.4%)       | 46 (13.3%)         | 15 (14.0%)    |               |
| Sometimes                             | 1,303 (51.9%)        | 581 (48.5%)       | 208 (60.1%)        | 66 (61.7%)    |               |
| **Are you comfortable with a client being able to access your online personal content? (e.g. Facebook photos posted by others in which you are identified)** |                      |                   |                    |               |
| Yes                                  | 416 (16.5%)          | 240 (20.0%)       | 72 (20.9%)         | 15 (14.0%)    | 9.892*        |

(continued)
Table 2. (continued)

|                                    | Canada   | USA       | Israel    | UK        |
|------------------------------------|----------|-----------|-----------|-----------|
|                                    | \( (n = 2,609) \) | \( (n = 1,225) \) | \( (n = 386) \) | \( (n = 134) \) |
| Have you received a ‘friend request’ from a client on any personal social media account (e.g. Facebook or LinkedIn)? |          |           |           |           |
| Yes                                | 1,119 (44.5\%) | 669 (55.7\%) | 178 (51.3\%) | 27 (25.2\%) |
| How do you generally respond to these requests from clients on your personal account? |          |           |           |           |
| Accepted the request and did nothing more | 41 (3.7\%) | 23 (3.5\%) | 19 (10.8\%) | 0 (0.0\%) |
| Accepted the request and discussed at the next meeting | 16 (1.4\%) | 9 (1.4\%) | 2 (1.1\%) | 0 (0.0\%) |
| Declined/ignored the request and did nothing more | 379 (34.1\%) | 218 (32.8\%) | 75 (42.6\%) | 9 (34.6\%) |
| Declined/ignored the request and discussed at the next meeting | 485 (43.7\%) | 302 (45.4\%) | 53 (30.1\%) | 9 (34.6\%) |
| Declined/ignored the request and sent a private message explaining why | 118 (10.6\%) | 58 (8.7\%) | 10 (5.7\%) | 2 (7.7\%) |
| Other                              | 71 (6.4\%) | 55 (8.3\%) | 17 (9.7\%) | 6 (23.1\%) |
| Have you discussed with your supervisor and/or colleagues the informal contact you have had with clients through ICTs? |          |           |           |           |
| No or not applicable | 988 (39.6\%) | 508 (42.7\%) | 133 (39.3\%) | 26 (24.5\%) |
| Yes, but only with my supervisor | 233 (9.3\%) | 107 (9.0\%) | 18 (5.3\%) | 15 (14.2\%) |
| Yes, but only with my colleagues | 160 (6.4\%) | 138 (11.6\%) | 21 (6.2\%) | 2 (1.9\%) |
| Yes, with both supervisor and colleagues | 1,034 (41.4\%) | 385 (32.4\%) | 150 (44.4\%) | 57 (53.8\%) |
| Other                              | 81 (3.2\%) | 52 (4.4\%) | 16 (4.7\%) | 6 (5.7\%) |
| Is there a policy related to e-mail, text/instant messaging or social media use with clients in between regular face-to-face service at your workplace? |          |           |           |           |
| No                                 | 630 (25.3\%) | 484 (40.9\%) | 194 (57.7\%) | 11 (10.3\%) |
| Yes                                | 1,237 (49.6\%) | 548 (46.4\%) | 81 (24.1\%) | 56 (52.3\%) |
| I do not know                      | 627 (25.1\%) | 150 (12.7\%) | 61 (18.2\%) | 40 (37.4\%) |
| Do you think having a policy related to ICT use with clients in between regular face-to-face service would be helpful? |          |           |           |           |
| Yes                                | 1,042 (83.2\%) | 458 (71.7\%) | 174 (67.7\%) | 37 (74.0\%) |

*p < 0.05. **p < 0.01. ***p < 0.001.
the UK, which provisionally relaxed restrictions of ICT use and encouraged professionals to use virtual technologies with clients (Farkas and Romaniuk, 2020; Government UK, 2020).

While the absence of face-to-face practice is considered ‘temporary’, the trajectory is unknown. With this precipitous transformation of practice, some of the current findings may no longer be valid, whereas others may acquire greater importance. Below are the main findings that are particularly relevant to the COVID-19 context.

Some differences were evident in social workers’ informal ICT use related to demographic and organisational characteristics, geographic location (e.g. urban, rural) or country (Research Question 2).

**Age and social work role**

In the context of COVID-19, the pertinence of the results related to participant age and social work role is unclear. In three of the countries (USA, Canada and Israel), older, more experienced social workers and those in private practice tended to report the highest use of informal ICTs with clients. In the UK, however, younger, less experienced social workers were more likely to use ICTs with clients. Due to the universal move to virtual platforms during COVID-19, research is needed to investigate the relevance of demographic factors such as age to social workers’ experiences of ICT use during and beyond the pandemic.

**Differential access**

The finding that social workers in rural or remote settings in Canada, the USA and Israel were less likely to use informal ICTs with clients raises the question of inequitable access based on location. In the UK, in contrast, there was no such significant association between rural or remote settings and likelihood to use informal ICTs. It is therefore incumbent upon social work to understand ICT use within the context of differential access based on rural/urban location, among other factors (Haight et al., 2014). In addition to existing vulnerabilities related to poverty, rural or remote settings, older age and health inequities (Doorn et al., 2020; Walter-McCabe, 2020), concerns have been identified during COVID-19 due to clients’ insufficient Internet literacy. The pandemic has ‘sharpened this digital divide’ (Farkas and Romaniuk, 2020, p. 1) and revealed existing inequities, indicating a greater need for advocacy (Farkas and Romaniuk, 2020).

Several ethical issues became evident through data analysis (Research Question 3), including ICT communication outside of work hours, online searching for personal information and ‘friend requests’ from clients through social media.
**Ethical considerations**

Findings indicated that informal ICT use raises complex ethical issues. A sizable number of participants used ICTs informally with clients outside of work hours, suggesting a possible blurring of boundaries by obscuring the temporal limits of client–practitioner interactions (Reamer, 2015). Due to remote work during the pandemic, there is an even greater likelihood of boundary issues associated with providing services in the evenings and on weekends (Barsky, 2020; Martin et al., 2020). Although advised to establish clear boundaries of communication prior to beginning service (e.g. expectations regarding response time, social media use) (Barsky, 2020; Martin et al., 2020), our findings indicate that social workers require greater support in maintaining boundaries.

Another relevant finding relates to a social worker’s decision to search clients’ personal information online. Over 35 per cent of the practitioners across the countries reported searching for clients’ personal information online. These participants indicated doing so to gather additional assessment information and out of concern for the client. Responses were varied on whether they obtained client consent prior to conducting searches. Similarly, Cooner et al.’s (2020) UK study found that it was not unusual for social workers to gather information about service users through social media, for risk assessments and planning ongoing casework, often without the service user’s knowledge. Although participants in Cooner et al.’s (2020) study acknowledged the intrusiveness of these searches, some considered their actions ‘fair’, whereas others were ambivalent about the ethics of their actions (p. 148). Regulatory boards’ ethical guidelines on this matter are unclear. In Canada and the UK, regulatory boards place service user surveillance in an ethical ‘grey area’ (Cooner et al., 2020, p. 140), by encouraging social workers to assess the merits of searching for clients’ personal information online on a case-by-case basis (Canadian Association of Social Workers, 2014; Van Sickle, 2017; British Association of Social Workers, 2018). Moreover, in the USA, the 2017 National Association of Social Work revisions to the Code of Ethics stipulate, ‘social workers should avoid searching or gathering client information electronically unless there are compelling professional reasons’ (p. 15), and the Israeli Ethical Code for Social Workers (2018) lacks guidance on online searching. Practitioners are consequently left on their own to grapple with these complex and nuanced ethical issues.

As information obtained online is public and thus appropriate for clients to access, participants’ discomfort with clients searching for practitioner information online is disconcerting. Gabbard et al. (2011) maintain that practitioners ‘cannot block certain aspects of their lives from their patients, and they must learn to adapt to the new world that cyberspace has created’ (p. 171–172). This viewpoint is mirrored in the
Canadian and British regulatory bodies’ ethical guidelines, which advise social workers to be cognisant of the public and permanent nature of their online posts and profiles (Canadian Association of Social Workers, 2014; British Association of Social Workers, 2018). The Canadian and American regulatory bodies encourage social workers to regularly search their ‘online identity’ to ensure that the information to which clients have access is accurate and aligns with how they would like to be portrayed (Canadian Association of Social Workers, 2014; National Association of Social Workers, Association of Social Works Boards, Council on Social Work Education, and Clinical Social Work Association, 2017).

Many participants reported receiving a ‘friend request’ from clients through social media. In comparison with the other countries, fewer participants in the UK had received a friend request. This could be partly due to the British Association of Social Workers’ (2018) statement that ‘it is not appropriate to “accept” service users and their careers as online “friends”’ (p. 7), whereas the other countries’ regulatory bodies are less explicit (Canadian Association of Social Workers, 2014; National Association of Social Workers, Association of Social Works Boards, Council on Social Work Education, and Clinical Social Work Association, 2017; Code of Professional Ethics of the Social Workers in Israel, 2018). A considerable percentage of practitioners indicated that they did not follow up after they either accepted or declined the request. Scholars contend that practitioners should attend to these interactions (Gabbard et al., 2011; Harrington, 2015), as practitioners’ responses to friend requests can influence the working alliance or relationship, the most crucial factor associated with client outcomes (Falkenstrom et al., 2014). Knox et al. (2020) found that American therapists’ discussions with clients regarding their decision to decline a friend request often strengthened the therapeutic relationship and process, by demonstrating the therapists’ interest in protecting the clients’ safety and preserving ‘the most facilitative therapeutic milieu for their work together’ (p. 271). Our findings indicate that practitioners require guidance on how to address ‘friend requests,’ while maintaining boundaries and the working relationship.

A significant percentage of social workers did not discuss their informal ICT use with either their supervisors or colleagues (Research Question 4).

**Training, consultation and supervision**

Between approximately one-quarter and over one-third of the participants in the four countries reported that they had not discussed their informal ICT use with supervisors or colleagues. The findings are consistent with previous research in which it was found that professionals manage the boundary considerations associated with informal ICT use without consultation and with little training (Finn and Barak, 2010;
Perron et al., 2010; Mishna et al., 2014). Despite considerable attention to ethical issues in informal ICT use, there is little mention of clinical supervision (Chan, 2016). COVID-19 has magnified this lack of supervision and training as social service providers were required to be quickly ready to provide ICT services without training or support (Doorn et al., 2020). Not surprisingly, therapists reported increased professional self-doubt and anxiety when making the transition to ICT-based service provision during COVID-19 (Doorn et al., 2020).

Implications for social work practice, education and research

The current study illustrates the ubiquitous use of informal ICTs in social work practice prior to COVID-19, and the need for increased discussion, supervision and policy on informal ICT use. A ‘paradigm shift in ICT use’ has subsequently taken place (Mishna et al., 2020), whereby in the absence of face-to-face practice, social workers rapidly adopted new ICT practices, such as FaceTime, WhatsApp, Skype, Google Hangouts, Microsoft Teams and Zoom (Cook and Zschomler, 2020). This radically new integration of ICTs with clients poses new and enhanced challenges, such as clients’ unequal access to ICTs, and client privacy and confidentiality (Mishna et al., 2020). During and beyond the pandemic, there is an even greater need for training, supervision and policy to guide social workers’ navigation of these contemporary and complex issues. As ICTs will likely remain critical to social work practice, it is incumbent upon social work schools to ensure, ‘that students have access to the skills and experiences needed to be fully competent and ethical practitioners in an increasingly digital global society’ (Young et al., 2018, p. 19). Likewise, professional development is necessary to ensure practitioners are competent to use ICTs in their practice.

It is imperative to examine emerging and complex ethical considerations of ICT use in social work practice, such as having contact outside of work hours, conducting online searches and responding to ‘friend requests’ on social media (Perron et al., 2010; Mishna et al., 2012; Chan, 2016). In the COVID-19 context, it is necessary to examine the paradigm shift in which face-to-face is severely restricted, and to track and examine how formal and informal ICT use evolve.

Limitations

There are several limitations. First, it was not possible to determine how well the sample represented social workers in each country due to inconsistencies in how partnering organisations defined their memberships, maintained their membership databases and distributed the study.
recruitment information. Secondly, the sample sizes varied substantially. Small sample size, especially in the UK, affected the comparability and the ability to perform statistical tests. Low cell count in certain cells remained despite grouping participants in categories such as ethnicity and gender. Further combination of categories would lose important but smaller populations. Thirdly, there were some significant differences in the sample demographics which limit direct comparisons. For example, almost half of the USA sample worked in private practice versus 15 per cent of the Canadian sample and 5 per cent in Israel and the UK. Working in a private practice setting was significantly related to informal ICT use, which has implications for comparison. Rather than combining the datasets, the analysis of each country was completed separately and then compared.

**Conclusion**

Prior to COVID-19, social work practice was complicated by the ubiquitous use of informal ICTs, and the associated issues such as ethics, consent and the working relationship. With the rapid shift to remote practice, due to necessary physical distancing measures, these issues became magnified.

The findings correspond with previous research, demonstrating that professionals are largely managing the novel and difficult considerations of informal ICTs on their own, too often lacking information, without consultation and with little training (Finn and Barak, 2010; Dombo et al., 2014; Mishna et al., 2014; Doorn et al., 2020). Mirrored in the COVID-19 literature (Doorn et al., 2020), together these results underscore the heightened need for education for social workers (Mishna et al., 2014) and inclusion of ICT use in social work curricula (Fang et al., 2014b). To become and remain competent and ethical in using technology, social workers must be knowledgeable about relevant considerations. As the world grapples with a ‘new normal’ post COVID-19, it is incumbent upon social work to consider novel ways of practice and the impact on social work practice, education and research.

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