Remote service delivery during the COVID-19 pandemic: Questioning the impact of technology on relationship-based social work practice

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Abstract

The coronavirus (COVID-19) pandemic caused widespread lockdowns, social distancing measures, restrictions to businesses and the closure of buildings. During this time social workers were required to adjust to remote practice, adopting technological adjuncts for continued engagement with service users. This article reports on qualitative interviews with fourteen front line social workers practicing during the pandemic in Northern Ireland, exploring the impact of remote delivery and technology on relationship-based practice. Findings highlight negative outcomes on relationship building and social worker self-care, alongside concerns that efficiency would be prioritised over future face-to-face contact with service users. The adoption of alternative methods of communication through technology has disrupted the core principles of relationship-based practice and has meant that, without proper planning or staff training, alternative models of delivery, which may have enabled some form of continuation and centralisation of relationship-based practice are under explored and require further investigation.

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Technology in social service delivery

The use of telephone and video conference calls to deliver counselling or therapeutic interventions has been present for more than a decade prior to the global COVID-19 pandemic (see Simpson *et al.*, 2005; Brownlee *et al.*, 2010; Bryant *et al.*, 2018). Such models of delivery have been praised for increasing accessibility and reducing costs for service providers and users, especially in rural or under-resourced regions (Richardson *et al.*, 2009; Brownlee *et al.*, 2010; Bryant *et al.*, 2018). However, understanding the impact on outcomes remains limited. A systematic review of empirical research on tele-mental health services found few studies had adequately addressed drop-out rates or the impact of remote delivery on minority groups, and most of the studies failed to include a rigorous analysis of both face-to-face and tele-mental health services for reliable comparisons (Richardson *et al.*, 2009). The complexities of service user preference is a further consideration, with research indicating gender may impact preferences when accessing remote mental health support (Callahan and Inckle, 2012). Asynchronous telecommunication, such as emails (Mattison, 2012) and text messaging, and the use of social media to monitor or gain information on service users (Coner *et al.*, 2020) has also increased in practice as an adjunct to face-to-face engagement (Mishna *et al.*, 2012).

Technology, social work and COVID-19

In response to the COVID-19 pandemic, lockdowns throughout the UK saw the closure of buildings, restrictions on businesses and introduction of social distancing measures. Despite physical offices closing, the need and demand for social services remained, if not grew, during this period, requiring rapid adjustment to remote service delivery. Early reports show that technology presented both opportunities and challenges to the continuation of social services during the global pandemic (Truell and Crompton, 2020). In line with previous debates, there is a range of issues that have been raised about the integration of technology driven or technologically supported social work practice, and these critiques can be classified as ethical, practical and strategic in nature.

First, complex ethical implications of harnessing technology in practice have been raised including the impact on confidentiality, privacy, professional boundaries, informed consent, safety and professional competency (Rummell and Joyce, 2010; Mishna *et al.*, 2012; Kirwan and McGuckin, 2014; Pascoe, 2021). Emerging literature on social work during the pandemic highlights concerns over video calls inhibiting engagement and preventing the ability to detect risk factors including the levels of tension in a household and signs of abuse or domestic violence (Banks

et al., 2020; Truell and Crompton, 2020; Cortis *et al.*, 2021). The rapid adoption of communication technology, therefore, has threatened the depth and accuracy of assessments, raising complex ethical concerns about the safety of service users.

In practical terms, issues have emerged about the skills needed to engage with technology for service providers and users alike. It has long been emphasised and accepted that non-verbal cues such as eye contact, open body posture and nodding are all used to communicate respect and develop trust, demonstrating that the listener is paying attention and providing minimal encouragement for further disclosure (Chang *et al.*, 2013). Reflecting on the provision of online social work training during the pandemic, however, Chan and Au-Yueng (2021) highlight how the way we communicate face-to-screen is profoundly different to face-to-face communication. Camera angles influence how we use and maintain eye contact with interviewees, and the skills needed for online communication are not necessarily the same interpersonal skills developed in traditional social work training (Chan and Au-Yueng, 2021). Sharing images to illustrate stories and experiences was identified as a key strength from the online training programme, yet this is dependent on the skills of the individuals and the functionality of platforms being used. Given the shift to online training was a response to the pandemic, consideration of how these skills are developed in mainstream social work education and integrated into continued professional development to better prepare social workers for remote or online service delivery is needed.

Finally, in strategic terms, the rapid shift to remote delivery has lacked the supportive infrastructure and planning needed. For example, remote working has not only impacted the way social workers engage with service users, but the way that social work teams work together (Cook *et al.*, 2020; Labuschagne *et al.*, 2021). Working from home has affected the immediacy of peer support and reduced informal communal spaces (Labuschagne *et al.*, 2021), with practitioners noting how they have had to make a conscious effort to reach out and connect with colleagues (Cook *et al.*, 2020). This was particularly problematic for newly qualified social workers and new team members with no collegial relationships prior to the nation-wide lockdowns (Cook *et al.*, 2020). The team context offers a secure base that supports resilience, professional development, confidence and reflection (Biggart *et al.*, 2017). Reiterated in a systematic review examining resilience in child protection social work, organisational culture has been stressed as a key factor impacting staff turnover, with co-worker support and positive perceptions of teamwork featured as buffers to worker burnout (McFadden *et al.*, 2015). Emerging literature has highlighted how remote working arrangements are threatening the role of the team, which has implications for staff well-being and practice. Further research is required to examine how the

rapid shift to remote working conditions during the pandemic has affected social work teams, and how the team can be maintained as a secure base in the event of unexpected or planned remote working arrangements.

Despite calls for greater direction and clear policies to inform technology use (Mishna *et al.*, 2012; Kirwan and McGuckin, 2014; Social Care Institute for Excellence, 2019), significant gaps and variability in guidance for social workers remain (Pascoe, 2021). Drawing on interviews with social workers practicing remotely in Northern Ireland during the pandemic, this article will examine their experiences using communication technology to engage with service users, analysing the data through the lens of relationship-based practice.

Relationship-based practice: A conceptual overview

Relationship-based practice is an established concept in social work, and the relationship between practitioner and service user has long been considered essential to all social work practice, recognised as the basis from which sustainable change can occur (Howe, 1998; Trevithick, 2003; Ruch, 2005; O'Connor, 2017; Ingram and Smith, 2018). Given the profession's interpersonal nature, it is argued that relationship-based practice is at the heart of social work, applicable across diverse client groups and fields of practice (Trevithick, 2003; Ruch, 2005; Ingram and Smith, 2018; Ward *et al.*, 2018). Central to this concept is the understanding that the relationship between the social worker and service user acts as a secure base through which ideas of the self and understanding of others can be challenged and reformed. A therapeutic alliance offers clients the space to address insecurities, regulate emotions and resolve negative experiences in a safe environment (Howe, 1998; Trevithick, 2003). Such conceptualisation of relationship-based practice positions the relationship as a therapeutic intervention in and of itself.

Furthermore, a supportive and understanding helping relationship enables service users to explore potential solutions to difficulties faced and empower them to act, rather than being a subject that is worked on, undermined or excluded from the processes of decision making and intervention (Ward *et al.*, 2018). Such an approach promotes the ethos of working alongside service users in an active partnership and recognises their expertise over their own lived experience rather than a top-down approach of doing work to a service user (Trevithick, 2003; Ruch, 2005; Hingley-Jones and Ruch, 2016).

The relationship between the social worker and service user is an essential source of information for understanding lived experiences and informing accurate assessments, which are essential to supporting the service user in addressing their challenges and goals (Ruch, 2005; Howe,

2018). Conceptualisation extends further to promote a holistic understanding of the whole person in their social and cultural context, exploring the rational, irrational and emotional drivers of behaviour, and recognising that the individual cannot be treated as a sum of their parts (Trevithick, 2003; Ruch, 2005). An effective application of relationship-based practice requires the social worker to look below the surface, explore emotions not always expressed and seek to understand what is said and what is silenced (O'Connor, 2017; Ingram and Smith, 2018). Should the underlying emotional and psychological causes prompting engagement with the service be unexplored, outcomes risk being inadequate, inappropriate or unsustainable (Bryan *et al.*, 2016).

There is, however, no single approach to relationship-based practice as relationships are bi-directional and unique (Ingram and Smith, 2018). Both the social worker's and service user's personality, behaviours, prior experiences, values and communication influences the nature of the helping relationship (Howe, 2018; Ingram and Smith, 2018). Relationship-based practice posits that the social worker is the key tool in practice and social workers are active agents rather than a neutral observer, highlighting how the social worker both affects and is affected by others (Hamilton, 1970; Howe, 1998; Ruch, 2005; O'Connor, 2017; Ingram and Smith, 2018). This understanding of the use of self opens consideration for the ways in which practice has an emotional impact on the social worker and how opportunities for reflection are essential for self-care and effective relationship-based practice (Ruch, 2005).

While the idea of developing a positive professional helping relationship may present as common sense, relationship-based practice is not necessarily straightforward. Relationships are multi-layered and complex, shaped by power dynamics and external influences including policy developments, national agendas and multidisciplinary service priorities, all of which can contradict the key values that underpin relationship-based practice (Richards *et al.*, 2005; Hingley-Jones and Ruch, 2016). Despite such challenges, service users repeatedly place value on meaningful relationships with their social worker over procedures or formal standards (Ingram and Smith, 2018). Although beyond the scope of this paper, the theoretical underpinnings of relationship-based practice have been thoroughly examined elsewhere (see Howe, 1998; Trevithick, 2003).

Method and methodology

This article reports on semi-structured interviews with fourteen front line social workers conducted between the 15th of March and 20th of May 2021. The findings are embedded in a broader research project investigating social workers perceptions of relationship-based practice and

were granted ethical approval in November 2020 from the host institution's Ethics Committee.

Phase One consisted of a nation-wide survey of registered social workers employed in front line practice in Northern Ireland during 2020. An invitation to participate and a link to the online survey was distributed with support from the Northern Ireland Social Care Council, the formal body tasked with regulating and monitoring social work practice (NISCC, 2021). The survey was adapted from the tool harnessed by Pithouse *et al.* (2019) and included questions on average weekly time distribution across key tasks, and perceptions of discretion, bureaucracy and relationships with service users.

Harnessing a nested sampling method (Yin, 2006), after completing the survey participants could submit their email address to receive further communication about Phase Two, semi-structured interviews. Email addresses were stored separately from the survey responses and were password protected to ensure data protection and anonymity. Individual survey responses, therefore, were not connected to the contact details provided. Sixty-nine email addresses were voluntarily provided, and an invitation to participate including an information sheet, consent form and scheduling options was sent to each address in February, with a follow-up in March and April. Four email addresses were undeliverable. Nineteen individuals responded to schedule an interview, but three cancelled due to changes in their availability. In total, sixteen interviews were conducted. Because this article is focused on front line social workers' perspectives, two interviewees based in strategic and policy level positions have been excluded but will be included in the broader project.

An initial analysis of the survey data shaped the questions and topic guide for the semi-structured interviews. In the open response questions and final comment section of the survey, participants highlighted the impact of COVID-19, suggesting changes to practice and level of contact with service users in response to social distancing requirements and working from home arrangements. Upon assessing these comments, the nation-wide lockdowns and emerging literature, the following sub-question emerged:

> Having adjusted to remote service delivery in response to the COVID-19 pandemic, in what ways has technology impacted relationships with service users over the past 12 months?

Semi-structured interviews were considered the most appropriate method to gain a deeper understanding of participants perceptions and lived experiences (Campbell *et al.*, 2017), while further unpacking trends identified in the survey data. All interviews were conducted online due to COVID-19 restrictions, and participants choose among Zoom, Microsoft Teams or a phone call. Interviews lasted between

Table 1. Key characteristics of participants.

Sector	Health and Social Care Trust	11
	Non-government agency	2
	Self employed	1
Field of practice	Child and family social work	4
	Older people and primary care	2
	Mental health	2
	Probation	1
	Youth justice	1
	Disability	2
	Fostering and adoption	2
Years' experience post qualifying	Less than 5	1
	5–10	3
	11–15	1
	16–20	1
	21+	8
Gender	Female	8
	Male	6
Location of qualification	Northern Ireland	11
	Wider UK	2
	Outside of the UK	1

sixty and one hundred minutes, were recorded on a secondary device and transcribed verbatim before being returned to participants for edits and approval. Two participants made detailed edits to phrasing and grammar, enhancing the clarity of their communication. Following participant approval, individual names and workplaces were removed from all transcripts. Additionally, years of experience post-qualification were recorded as categorical data to reduce the chances of individual identities being deduced from the extracts. The field of practice and years of experience post-qualification is included alongside quotes to maintain visibility of context.

As seen in Table 1, the participant group was predominately employed by Health and Social Care Trusts. The sample was experience rich, with eight participants having at least twenty-one years' experience post-qualification.

Before conducting the interviews, I was not previously known to the participants. The first five to ten minutes of each interview was spent building rapport and responding to questions such as where I was from and what my practice background was. Being a qualified social worker and living in Northern Ireland offered some common ground, yet I was removed from the research context having never practiced social work in this region nor during the pandemic. There was some shared understanding of remote working, however, given my experience working in an advocacy service delivering both one-on-one and group advocacy through a combination of telephone calls, email, videoconferences and face-to-face meetings depending on geographical location. Differences here are notable, as my experience delivering remote services was

predominantly engaging with voluntary service users, whereas a large proportion of the research participants were engaging with mandated clients, and remote delivery was a reaction to the pandemic rather than a carefully designed and planned service model.

Informed by an interpretivist epistemology, open codes were developed inductively, applying a reflexive thematic analysis methodology (Braun and Clarke, 2021). Codes were then analysed through the conceptual framework of relationship-based practice to develop the themes presented below. As argued by Braun and Clarke (2021), the researcher is an active agent in the analysis process and cannot be considered neutral or removed from the data. To interrogate my role as researcher and maintain quality and rigor in the coding process, I maintained a reflective journal. Entries were completed after each interview to reflect on initial reactions and question the relevance of context. Notations were added during transcription and lastly, a section was developed when analysing codes and themes. This process allowed time and space to reflect on the process of interpretation and how my positionality and values were contributing to the understanding of data and the broader research area (see Tracy, 2010; Nowell *et al.*, 2017).

Findings

The thematic analysis identified several negative perceptions of the impact of technology on relationship-based practice during the pandemic. These included an impeded use of non-verbal communication, constrained acts of kindness and increased risk of excluding the service user, each of which is grouped under the theme 'Inhibits relationship building', and is followed by barriers to self-care. The interviewees' confidence in their professional judgement was also evident in narratives of resistance to a one-size-fits-all approach to practice and concerns that external assumptions of increased efficiency may impact future face-to-face contact.

Inhibits relationship building

Relying exclusively on technology such as telephone and video calls for service user engagement was repeatedly highlighted as inhibiting relationship building. This included a negative impact on the use of non-verbal communication and a reduced capacity to harness opportunities for acts of kindness, with one participant commenting that the remote mode of service delivery was like working with their hands tied behind their back. Furthermore, participants commented on service users not willing to engage through technology and an increased risk of service

users being excluded from decision-making processes due to complexities of technology access and use.

Non-verbal communication

The meaningful use of silence can communicate respect and empathy, ensure that the social worker is moving at the pace of the client and invite service users to elaborate further, giving them time and space to think or process what has been said (Chang *et al.*, 2013). Telephone and video calls inhibited this, with fears that silence was a result of technology failure or a heightened sense of pressure to fill the gaps due to an unnatural atmosphere.

> Silences are harder on the phone ... I find the use of silence in face-to-face can be quite useful, quite powerful. It allows thinking time whereas on the phone it doesn't quite work that way and it is more awkward (Probation, 16–20 years' experience).

Not only was the use of silence restricted, but the appropriate use of hand gestures to enhance engagement, punctuate discussion or connect with people was either lost or severely limited.

> If you are sitting across from somebody, there is a lot that happens in the non-verbal communication. A lot. A lot! It is huge. So, you miss all of that. So, you lose that vision of people. I know myself because I speak a lot with my arms, I am very [expressive gesture], and I know this is a part of my connection with people (Fostering, 21+ years' experience).

Ultimately, when reflecting on the processes of building rapport, there was consensus that non-verbal cues and subtle communications of respect and empathy is central to relationship-based practice; however, this can be lost when communicating exclusively over the phone or video.

> You're really trying to engage someone in the conversation, but you know, everyone sort of knows, underlying, that this isn't a great way of communicating and talking about, especially in terms of mental illness, such a private thing, that you need more of those sort of subtle communications that you're listening, that you are paying attention, you value someone. Which is lost I guess over the phone (Mental Health, 5–10 years' experience).

Acts of kindness

As summarised by Ingram and Smith (2018, p. 8), when exploring literature about what service users' value in social work intervention, authors repeatedly emphasised that 'everyday acts of care and recognition are more important than formal standards and procedural requirements'.

Despite being central to relationship-based practice and building trust (McMullin, 2017), interviewees highlighted how acts of kindness and care have been constrained due to remote working requirements. Where practitioners would have made a cup of tea, given someone a lift home after a meeting or even helped clear dishes on a home visit, such acts are not possible when engagement is restricted to telephone calls, video calls or emails.

> Here you can't make a cup of tea and have a general chit chat. It is very hard for it to be informal (Youth Justice, 21+ years' experience).

> It is that difference where you go out to somebody's house, it is a bit of a mess and you could stand and say, "Next time I come back it needs to be sorted," or you could roll-up your sleeves up and say, "Will I help you get the dishes done? Why don't we sort this out while I am here?" (Child and Family Social Work, 21+ years practice).

When exploring strategies for developing and maintaining relationships with children in care, one participant discussed the benefits of taking them out of the office or residence. Using the example of getting an ice cream and driving the child home, the social worker discussed how this opportunity broke down barriers by offering time and space for the young person to open up (Child and Family Social Work, 11–15 years' experience). This opportunity, however, was lost when practice was restricted to technology-based communications.

Leaving the service user behind

'Digital native' is a narrative that assumes all young people have innate digital skills due to being born in an era dominated by technological and digital developments (Wilson and Grant, 2017). This narrative, however, has been critiqued as access and exposure to technology does not guarantee appropriate knowledge for safe and effective use, and education to improve technical and digital skills is still needed (Wilson and Grant, 2017). The digital divide is also shaped by socio-economic factors, language, gender and education, all of which impact an individual's access to technology and skill development (Bryant *et al.*, 2018). The interviewees shed light on the unequal access of technology and digital skills across their service user groups.

> ...some of my young patients aren't terribly computer literate and most of the males I work with don't like talking for longer than 10 minutes on the telephone, so on paper it looks like we have more time to make more calls, so we should be seeing more patients, and I thought, no that is not going to work terribly well (Mental Health, 21+ years' experience).

> Telephone calls are not enough and video calls like Zoom just aren't appropriate for the client group. It proves to be too complex, and many people also struggle with hearing (Older People and Primary Care, <5 years' experience).

Reflecting on processes of remote assessments, social workers feared decisions were being made without the active involvement of service users, increasing the risk of inappropriate interventions or service users being misunderstood, unheard and undervalued. This is at odds with the principles of relationship-based practice, which promote an active partnership and holistic understanding of the individual in their context (Trevithick, 2003; Ruch, 2005). The fear of misinformation and lack of meaningful engagement with service users when relying exclusively on technology was summarised by one participant who stated:

> I am just waiting for something terrible to happen, you know? And it usually takes a year or two before we find out that something has been missed, or a diagnosis hasn't been made or somebody has made a misdiagnosis, or somebody hasn't picked up on something that somebody hasn't said when you ask them a question about their mental health or childcare or about neglect (Mental Health, 21+ years' experience).

Barriers to self-care

Relationship-based practice recognises that the social worker is an active agent in practice, influencing others through engagement and intervention, but also being affected by service-user behaviours, thoughts and feelings (Howe, 1998, 2018). Considering that the use of self is the core tool for intervention, the demanding emotional nature of relationship-based practice exposes social workers to a higher risk of burn-out when there are not adequate opportunities to re-charge, receive encouragement or engage in reflection. This is particularly evident during the pandemic, when social workers were also managing personal challenges such as increased anxiety, social instability, concerns of safety, feelings of grief or loss, and accessing resources during lockdowns. This theme was evident in the interviews when participants discussed how working from home was a challenge to maintaining their wellbeing, blurring personal and professional boundaries and increasing their sense of isolation from colleagues.

> I don't want to be sitting talking to somebody about something very distressing and then going down to my kitchen and making myself a cup of tea. I don't want to be doing that because then it is just in here. And I think your home has to be, no matter what way your home is, it has to be your sanctuary. It has to be your place of safety, otherwise you are blurring the lines. (Mental Health, 21+ years' experience)

You didn't have colleagues to bounce ideas off and you felt quite isolated and lonely during that time. (Youth Justice, 21+ years' experience)

Life is not providing ourselves enough to re-charge and then all of those things that we have when you land in and your colleague is there and you have a chat and you are connected (. . .) the corridor wasn't a dead space. It was a space where people encountered each other and meet each other, and important conversations happened there (Child and Family Social Work, 21+ years' experience).

Resistance

Resistance to the exclusive use of technology was a predominant theme across the interviews. When face-to-face contact was stopped, social workers challenged the one-size-fits-all approach and were clear about the need to continue in-person meetings, using all necessary safety precautions, for meaningful engagement and accurate assessments. This was particularly important for initial meetings, service users with high-risk mental health concerns and people with communication difficulties. It should, however, be noted that those who insisted on continuing face-to-face meetings had well established careers and reflected on how their ability to resist was informed, in part, by their confidence and reputation in their agency which had developed over time.

And when they came back to me and said, "You need to do this, you need to do that," I go, "Well no, I know what I need to do and I kind of need to get on with that. You can't be giving me high risk and complex cases to manage and work with and then expect them to just talk to me for an hour over the phone once a week, because they are not going to do it." And they didn't (Mental Health, 21+ years' experience).

I was trying to develop relationships over Zoom with people I didn't know, which was tough. I did, nearly always, but not always, but nearly always, try to meet people last year face-to-face at a distance, mask and all that on, outside of their home and not talk about anything confidential. But it was a big ask. Saying, can I come to your home? (Child and Family Social Work, 21+ years' experience).

I have had face-to-face, and I have continued with face-to-face meetings. Albeit in a secure environment, with masks and sitting at a distance, and maybe not as many meetings, but my initial meetings have always been with that because I would just, for me I would find it very, very difficult to have any sort of rapport with anybody, especially a young person that is maybe nervous or anxious or young boys who don't want to talk a lot (Probation, 16–20 years' experience).

Considerations of efficiency versus effectiveness

Interviewees raised concerns over the reduced time spent with individual service users and their families, noting that there was a growing perception of efficiency. Whether this was because of service users refusing to communicate through technology, the loss of non-verbal communication or other factors impacting engagement, participants emphasised that on paper it looked like they were making more contact and had more time to do so, yet the length and quality of engagement was significantly reduced.

> The aim always was for me, was for at least 40 minutes to an hour of direct contact and it's different under covid, because a lot of it has moved to telephone contact so we have sort of lost a lot of that, you know, face-to-face and that sort of sharing, rapport building because it is over the phone they struggle with contact. It's five minutes, yeah, it's poor (...) You're not getting that relationship and the banter and the warmth that you get from face-to-face contact. It's a real gap even though it probably made things more efficient in terms of practice that you're able to see people a lot more and tick those boxes a lot easier. The quality isn't there at all, I think (Mental Health, 5–10 years' experience).

With relationship-based practice requiring an investment of time to move at the pace of the service user and develop a strong foundation before engaging in interventions, a reduction of time with service users has implications for the ways in which relationships can be developed and maintained. As summarised by one participant working in fostering services, prior to the pandemic concerns about reduced face-to-face contact time were already being voiced, and there was a fear that the perceived increased efficiency from harnessing technology for engagement will 'make it even harder to improve again'.

Discussion

Quality relationship-based practice is dependent on key factors including an emphasis on an active partnership between social worker and service user, a holistic approach to the individual user, and the use of the social worker as the primary tool in practice. The findings outline ways in which these core principles have been disrupted by technology use during the pandemic, highlighting threats to the helping relationship and relationship-based practice when an exclusive reliance on communication technology is adopted.

Barriers to active partnership

Reduced collaboration

Relationship-based practice prioritises an active partnership between the social worker and service user (Trevithick, 2003; Ruch, 2005; Hingley-Jones and Ruch, 2016). It is evident, however, that the pandemic and resulting adopting of technology for practice has diminished this principle and inhibited the ability to engage in relationship-based practice by constraining non-verbal communication and reducing the time spent with individual service users. As identified by Ruch *et al.* (2020, p. 435) in face-to-face engagement with children and young people, a reliance on verbal communication which privileges question-driven interaction can be a 'one directional activity for the benefit of the social worker, as opposed to a reciprocal experience'. This connects with relationship-based practice, which seeks to engage at a deeper level, exploring emotions, expressed and repressed, as well as the dynamics of interactions (O'Connor, 2017; Ingram and Smith, 2018). Therefore, the ability to read the body language of the service user to gauge responses and reactions, as well as explore what goes unsaid is essential, yet these nuances are often lost when communication is mediated by technology. The pervasive reliance on the verbal is arguably exacerbated through telecommunication methods and risks practice being social worker-driven rather than a dialogue based on partnership.

Barriers to holistic understanding of the service user

Reduced quality of interaction

Despite practice looking more efficient on paper as social workers have been able to contact an increasing number of service users, participants have argued that the quality of interactions has dropped and have raised concerns that service users are being left behind. Further research and consideration must be given to how engagement can be adapted to ensure a collaborative process is promoted and a holistic understanding of the service user is prioritised when harnessing technology to overcome the constraining environment described by the research participants.

Whilst there were two cases shared in the interviews in which using video calls was an empowering process for the service user, reducing their anxiety and illustrating their technical skills, it must also be recognised that not all interventions can be delivered remotely. Unfortunately for one social worker, the parenting group they facilitated prior to the pandemic was not suitable for remote delivery and was stopped entirely, highlighting how '...you can impart information on screen, but that is

not really what therapeutic parenting or training is about' (Adoption, 21+ years' experience). This example illustrates how the relational elements were central to the holistic approach needed to engage with the feelings and experiences of all participants, and quality group work could not be replicated through an online platform.

Resources

When harnessing technology in practice, the ability to engage effectively with service users, build rapport and centralise the importance of the relationship requires both service users and social workers to have access to adequate resources. Alternative interactions to express care and build trust such as screen-sharing activities or using online games as ice breakers require appropriate software, hardware, and a stable internet connection; however, these can be costly and are not always forthcoming. One participant discussed the challenges associated with gaining access to essential technology, relying on an out-of-date personal laptop which was unable to run video conferencing software for the first six months of the pandemic. Technical resource limitations affect the quality of interaction, can constrain communication and inhibit the ability to develop a holistic understanding of the individual.

Barriers to social worker as primary tool

Self-care and the importance of supervision

Reflective practice is crucial to relationship-based practice to enhance the understanding of the service user, unpack power and potential practitioner bias, examine the influence of the personal and professional self on others, address ambiguity, and critically analyse the social and organisational context that influences practice and the lived experiences of service users (Ruch, 2005; Hingley-Jones and Ruch, 2016; Ingram and Smith, 2018). Reflective practice, therefore, is essential to address the uncertainty, complexity and emotionally charged nature of relationship-based practice, offering space for practitioners to contain and explore such challenges (Howe, 1998; Ruch, 2005). As evidenced in the findings, the reliance on technological interfaces for communication, loss of informal spaces and rapid adjustment to remote delivery has threatened this crucial element of self-care and professional development. Informal spaces and formal opportunities for reflection and collegial support are at the core of effective relationship-based practice and must be integrated into plans for remote work.

Skills

Once resources are available, the social worker must also have the skills and knowledge to harness the technology in a way that will support rather than inhibit their relationships with service users. Pre-pandemic, research conducted by the Social Care Institute for Excellence (2019) on digital capabilities for social workers in England found 'Social workers believe that university training does not address their digital readiness for practice.' This report reinforced the findings of Taylor (2017) who identified knowledge gaps in social work education, whereby digital literacy and technological competence had been largely incidental and overlooked in the UK. As the shift to remote delivery was a reaction to an unprecedented global pandemic, working entirely through phone calls and video calls was a new approach to practice for the social workers engaged in this research.

Additionally, nine of the fourteen participants completed their qualifying training prior to 2004, a time before digital and technological skills were being discussed in qualifying social work education. One social worker described how their recording system had moved online less than twelve months prior to the pandemic. Until this point, all practice was done face-to-face, and all recording was through hard copy files. Limited engagement with technology and software interfaces prior to the pandemic exacerbated the challenges faced when rapidly adopting remote work requirements.

Adaption to the pandemic has meant that, without proper planning, staff training or resourcing, alternative models of delivery which may have enabled some form of continuation and centralisation of relationship-based practice has remained underexplored. The sample is not big enough, however, to make any comparison between newly qualified social workers and established professionals. The context of the research must also be acknowledged as the participants' commitment to relationship building and prioritisation of face-to-face communication may, in part, be a legacy of 'the Troubles'. During the conflict, distrust and suspicion of authority and statutory services created complex barriers to engaging with service users, reinforcing the importance of relationship building to promote trust, respect and dignity (Duffy *et al.*, 2019).

Conclusion

The findings highlight the importance of contingency planning across all fields of practice. Training and resourcing are vital for the skilled adoption of technology; however, further research is needed to investigate ways in which relationship-based practice has remained at the heart of practice when adapting to remote working conditions. If efficiency is

prioritised over the relationship between social worker and service user, there is a risk that technology will exacerbate a focus on procedures, outputs and standardisation rather than a holistic model that relies on interpersonal skills and meaningful relationships to empower service users and affect sustainable change. Social workers highlighted how a reliance on technology during the pandemic, and the reduced quality contact with service users, has threatened the underpinning values and ethos of relationship-based practice. Should a blending of face-to-face and technology-mediated engagement be the profession's future, thorough consideration of the ethical, practical and strategic challenges faced is essential.

Acknowledgements

Funding

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