

Social work and telehealth

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ABSTRACT

INTRODUCTION: The Covid-19 pandemic which swept the world in 2020, and the corresponding measures that were adopted in Australia and New Zealand to keep people safe, had a significant impact on health services delivery. While the pandemic led to serious impacts on mental health, financial circumstances and homelessness, for many social workers, the directive to work from home critically affected their ability to deliver services to vulnerable clients needing ongoing support. Telehealth was adopted by many services that had not previously used this mode of service delivery, which enabled social workers to continue to work with clients.

METHOD: Drawing on a narrative review of literature and a mixed method survey of 208 Australian and Aotearoa New Zealand social workers (71% of whom were from New Zealand), this article describes social workers' experiences in adopting telehealth and their views on how it may continue to be used as a mode of service delivery.

FINDINGS: Social workers note problems such as technology issues, including patchy information and communications technology (ICT) services, particularly in rural areas, and, for some, a necessary reliance on personal equipment; client interactions, including client lack of access to ICT services and equipment; and personal circumstances, including the need to home-school children during the pandemic, and difficulty separating work and personal hours.

CONCLUSIONS: Despite challenges, there was also agreement from many workers that telehealth is a strategy that should be retained because of the benefits for both clients who struggle to attend face-to-face meetings and for workers.

Keywords: Social work; telehealth; Covid-19; ICT

By 2020, the Covid-19 pandemic had led to over 6 million deaths and more than 580 million confirmed cases worldwide (WHO, 2022). The extent of the pandemic at that time, its rapid spread and the consequent health outcomes significantly affected social work service delivery. Following the detection and spread of the virus in early January 2020, countries across the world began instituting lockdowns, mandating that people stay at home. This paper focuses on Australia and Aotearoa New Zealand, home for the authors, where the first major lockdowns occurred in

March and April 2020. These required people to stay at home, not use public transport and limit outside activity. Planes were grounded, and businesses and schools closed. Workers across several employment environments, other than those deemed essential, were instructed to work from home and/or take leave. The closure of services and businesses led to many having their employment terminated.

These significant disruptions to economic activity led to a complete rethink of the way

AOTEAROA
NEW ZEALAND SOCIAL
WORK 36(1), 102–113.

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services could be delivered at a time when it was largely deemed unsafe for workers to attend workplaces (Ashley et al., 2022). Australian and Aotearoa New Zealand social workers were not immune from these workplace disruptions and, like their social work colleagues elsewhere, were advised to work at a distance and to limit their interactions with clients (see, for example, Alston et al., 2022; Barsky, 2020; Dominelli, 2020; Gergerich et al., 2020).

This article addresses one significant change instituted by social workers across the world—the introduction of telehealth, or the delivery of services via information and communications technology (ICT) including by Zoom, teams and telephone, into areas of social work practice that had previously relied on social workers conducting face-to-face interactions with clients, colleagues and managers (Banks et al., 2020; Mishna Sanders et al., 2021; Mishna, Milne et al., 2021). While telehealth had previously been widely used in some areas of practice, including particularly health service delivery and telephone counselling services, Covid-19, and the lockdowns that accompanied it, exposed the need for social workers in other fields of practice to consider the use of telehealth service delivery and to address the ethical issues associated with delivering services to vulnerable people via on-line means.

This article examines the impacts of these changes on social work practice. From a long-standing commitment to face-to-face practice, many social workers moved to a necessary reliance on ICT to stay in touch with vulnerable clients, and with colleagues and managers. Drawing on a survey of social workers in Australia and New Zealand undertaken in 2020, we explore the views of social workers concerning telehealth, their initial reluctance to use ICT, how they overcame their ethical concerns, and the outcomes of the development of telehealth on their practice. We outline the way social workers and their organisations stayed in touch with clients, while at the same time

maintaining an optimal level of services. We note the perceived positive and negative aspects of IT service delivery, but also the changes in the ways social workers have adjusted their practice.

While our overarching aim in the survey was to examine the impact of Covid-19 on social workers (see Alston et al., 2022), our focus here is an examination of the impacts of the increased use of ICT on social work practice during the pandemic. More particularly we ask—did the initial reluctance of social workers disappear when face-to-face work became untenable? Finally, we examine what these views might mean for the future of social work service delivery.

Social work response—initial reluctance to adopt ICT

Australian and Aotearoa New Zealand researchers note the impact of Covid-19 on the ability of social workers to deliver services as they had previously done. For example, Frey and Balmer (2021), writing on the impacts on New Zealand workers operating in a palliative care setting noted that the need to keep people isolated during the pandemic lockdown had a significant impact on patients, family and staff. Nonetheless, and demonstrating their initial reluctance, they noted that “allied health services transitioned to electronic communication where possible” (Frey & Balmer 2021, p. 4171). Similarly, Reay et al. (2021), drawing on their Australian experience noted that Australian mental health services experienced a sharp increase in mental health consultations and that 37% of these were necessarily conducted by telehealth.

International literature exposes the fact that Australian and Aotearoa New Zealand social workers were not alone in their dilemmas regarding the use of ICT. Harikari et al. (2021, p. 1644), in a Finnish context, described the significant degree of reluctance on the part of social workers to deliver what they refer to as “emotional work at a

distance” via telehealth. This led to much soul-searching for social workers whose practice relies on their ability to work with clients in close proximity, to undertake home visits, to build relationships and to respond to non-verbal cues.

Additionally, legitimate reluctance was based on very real concerns about the need to maintain privacy and safety (Banks et al., 2020; Barsky, 2020), to develop empathetic relationships (International Federation of Social Workers [IFSW], 2020), to maintain confidentiality (Csoba & Diebel, 2020), and to credibly read emotional responses (Dominelli, 2020). Workers worried that limited access to IT would impact their ability to deliver services to very vulnerable groups including the aged (Arthur-Holmes et al., 2020), those who are homeless, children in out of home care (Banks, 2020), the very ill, those critically ill Covid-19 patients who were restricted from seeing their family (Baker et al., 2021), and those struggling with mental health and opioid dependency that had reached crisis point during the lockdowns (Kim & Tesmer, 2021). From a cultural perspective, Hollis-English (2015) also noted social workers’ deep commitment to face-to-face engagement to enhance the authenticity of the encounter.

Nonetheless, international researchers note that the driving force behind the need to find a solution was the very clear evidence of the ‘essentiality’ of social work services during a global pandemic, as described by Norwegian writer, Aaslund (2021, p. 375). She noted that the work of social workers was viewed as critical given the many people who were suffering. Nonetheless, factors associated with service users’ inability to access services, workers needing to work from home, and increasing homelessness, health and mental health problems and poverty led to a rapid rethink of health service delivery in general, and social work service delivery in particular. Put simply and bluntly, despite the challenges, IT service delivery was adopted because of the necessity to maintain

contact with vulnerable clients who needed services.

‘Taming the technology’—going on-line

Consequently, the adoption of IT services in social work practice occurred across the world in 2020. For example, social workers in Albania immediately went on-line with various programs (Dauti et al., 2020). Archer-Kuhn (2020, p. 1010) noted that Canadians “embraced technology and found excitement in innovation through collaboration”. Yet, in various countries, it was not necessarily a smooth transition for social workers and their clients. In fact, the way the technology was incorporated required significant adjustments, not only to practice but also to the way the technology was used. Aasback and Rokkum (2021, p.172), writing from a Norwegian perspective, noted that the technology had to be “tamed” and adapted to the needs and requirements of social work including facilitating the building of community and enhancing capacity for virtual interactions with clients. Israeli researcher Itzhaki-Braun (2021) noted that the crisis could be viewed as an opportunity, although one that recognises the challenges for social workers.

In a study of over 4000 social workers in Canada, UK, Israel and the United States of America (USA), Mishna, Sanders et al. (2021) argued that boundaries needed to be instituted because the adoption of technologies was so widespread and done with such haste that social workers were finding themselves on call all the time. Further, writing in the introduction to a special edition of the journal *Qualitative Social Work* (Aaslund, 2021, p.375) noted that, as feared, “the transition from face-to-face interactions to face to screen ones” did not enable informal relationship building or observational clues, and that “all were casualties of interpersonal social work practice during the pandemic”. US researchers Abrams and Dettlaff (2020,

p. 302) suggested that social workers on the frontlines of the pandemic crisis were “building the bridge as we cross it.” While Pink et al. (2020), reporting on their study with English social workers, suggested that workers shifted to digital engagement whilst still trying to maintain the same level of intimacy. Nonetheless, on a more positive note, Chinese researchers Ren et al. (2022) noted that, in moving to digital delivery, a surprising result was that social workers were now responding to new needs and new service user groups.

While these outcomes were widely noted, writers such as USA-based Disney et al. (2021), in discussing the work of mental health clinicians working with refugees, note positive and negative impacts of the move to telehealth. Negatives centred around difficulties with communication, technology access, and reading non-verbal cues. However, they also noted that telehealth services could ameliorate the lack of transportation and limited access to services in local areas. Nonetheless they indicate there were multiple barriers, including staff and client resistance, lack of training, technology access issues, and problems ensuring clients paid for services.

Others suggested limited IT access for some could be problematic. For example, Arthur-Holmes et al. (2020) noted that the difficulties for older people in Ghana trying to access services had led to many dropping out of the health care system. Further, Gibson et al. (2020, p. 671) suggested that, while older people in the US are more likely to be vulnerable to Covid-19 and poorer health outcomes, it is “a matter of social justice that they have less access to technologies and can become particularly isolated”. This echoes concerns about client access to IT services and problems associated with patchy internet services in rural areas of Australia (Alston et al., 2022) and remote areas of Finland (Harrikari et al., 2021), where infrastructure available to access and deliver telehealth services is limited.

Adjusting to the ICT environment—A new appreciation?

However, while there were widespread concerns about the introduction of technology into the work environment, English researchers Cook and Zschomler (2020, p. 401) noted that, after the first two weeks, “the mood began to change”, there was “greater optimism about the opportunities afforded by virtual practice” and there appeared to be an enhanced ability to have check-ins with clients “little and often”. They also noted that, while there was still an acknowledgement of the difficulties associated with the introduction of telehealth measures, there was a much greater acknowledgement of the benefits and opportunities. This was also indicated by US researcher Cristofalo (2021), who points to the benefits for workers and clients including increased access to services and the enhanced capacity it provides for the mental health system.

Those who are disabled, homebound, have no access to, or cannot afford transportation or childcare, live in rural areas, or cannot travel outside their homes due to medical or mental health conditions currently have more access to health and psychosocial services in many cases. (Cristofalo, 2021, p. 401)

Challenges

However, while acknowledging the benefits, Cristofalo (2021) did not shy away from noting potential inherent problems, including a lack of effective technology. She cautioned not to abandon social work values in the rush to adopt this mode of delivery post-pandemic; to maintain vigilance in the context of the health care environment; and to guard against potential restrictions on face-to-face services that might be imposed by bureaucrats in the future. In summing up, Chinese writers Ren et al. (2022) noted that social workers have adapted technology to their purposes by responding to new Covid-19 related issues in their communities

by changing the resources at their disposal and working with other health professionals and policy makers to achieve more beneficial results. These experiences gave impetus to us as we became keen to explore the experiences of Australian and Aotearoa New Zealand social workers adapting to the pandemic environment.

The Australian and Aotearoa New Zealand research

Methodology

A survey was undertaken by a group of social work scholars based in Australia and Aotearoa New Zealand. This group (the Australasian Social Work Disaster Network) have been meeting periodically for several years via Zoom technology to discuss their shared interest and research on the increasing social impacts of disasters and the role of social workers in this space. In late 2020, the network turned their attention to the impact of Covid-19, noting that, across their countries, the pandemic was impacting the capacity of social workers to deliver services during the lockdown periods.

Method

Given the likelihood of further lockdowns, and the difficulties this would create if trying to do face-to-face interviews and/or focus groups, the group determined to conduct an on-line survey with social workers in Australia and Aotearoa New Zealand. The survey was made available between October and December 2020 after workers in both countries had emerged from the first strict lengthy lockdown experience. The questionnaire was designed to cover a broad spectrum of issues including the personal, professional and practical impacts of the pandemic and an analysis of various aspects of the data has been published (Alston et al., 2022). Nonetheless, one of the critical issues referred to by social workers who completed the survey was the rapid impact of on-line delivery of services. In this paper we are focused particularly on this issue and the way social workers adjusted their practice.

Of particular relevance to this paper is that a number of qualitative questions gave scope for respondents to provide more detail on the issues emerging in their practice, the impact of Covid-19 on the organisation and work environment, changes made to practice, and the personal and professional impacts of Covid-19. While we are aware that using qualitative questions in a quantitative survey can be viewed as problematic, we note Boussat et al.'s (2018) view that qualitative comments in quantitative surveys allow a richer understanding of the topic. Notably, a majority of respondents to our survey constructed lengthy replies to qualitative questions, indicating their intense interest in the changes to practice delivery.

Ethics

The questionnaire and the research project were approved by the University of Newcastle ethics committee and responses were collected between October 2020 and December 2020. At this time, both countries had emerged from lengthy lockdowns and additional lockdowns had not yet occurred. This gave respondents the chance to reflect on their hasty introduction of on-line service delivery during the lockdown period in early to mid-2020; the challenges of on-line delivery; and their perspectives of this mode of delivery into the future.

Recruitment

Information about the online access questionnaire was disseminated through national social work bodies in both countries, via the Australia and New Zealand Social Work and Welfare Education and Research body (ANZSWWER), and the Social Workers Registration Board in New Zealand. A total of 208 respondents completed the survey, 148 (71%) of these were from New Zealand and 60 (29%) from Australia. It would appear that a significant reason for this discrepancy is the policy of the Australian Association of Social Work not to distribute information about research due to the volume of requests.

Table 1 Characteristics of the Respondents

Country	Australia -29%	New Zealand – 71%
Sex	Female 84%	Male 16%
Caring responsibilities	Yes 45%	No 55%
Full-time work	Yes 75%	No 25%
Worked from home during lockdown?	Yes 60%	No 40%
ICT during lockdown?	Yes 78%	No 22%
ICT first time?	Yes 32%	No 68%
Issues with ICT?	Yes 44%	No 56%

Analysis

Quantitative data were managed using SPSS to produce descriptive data. The narrative qualitative responses were collated and downloaded into Word files and thematically analysed. This thematic analysis followed Braun and Clark's six steps—familiarisation with data; generating initial codes; searching for themes; reviewing themes and generating a map of the analysis; refining and developing clear definitions and names for each theme “and the overall story the analysis tells”, and reporting (2006, p. 87).

About the sample

Of the 208 social workers who completed the survey, a vast majority were female (84%), nearly half had caring responsibilities (45%) and most worked full-time (75%). In total, 60% of respondents noted they had been working from home for at least some of their time during lockdown and 78% that they had been using technology for telehealth services and work meetings. Nearly one-third (32%) noted that this was the first time they had relied on technology for work purposes and 44% suggested that they had experienced some problems. Table 1 summarises the characteristics of the respondents.

Maintaining service delivery during Covid 19—initial reluctance

Like their international colleagues, the onset of Covid-19 interrupted the capacity of Australian and Aotearoa New Zealand social workers to continue delivering

services to vulnerable clients. Workers noted that developing, maintaining and monitoring in-depth relationships was particularly problematic and that there were several activities and programmes that were closed or reshaped during lockdowns. These included group programmes, transporting clients in cars, home visits, and, for social workers working in the health field, the abandonment of outpatient services and outreach clinics. Those employed in crisis services explained that their service was reduced to crisis work only, and many pointed out that court hearings were delayed with consequent negative outcomes for clients. Those client groups particularly impacted by these changes included older people, those suffering from mental health issues, children in care, and the very ill.

Social workers confirmed that some clients were experiencing mental health issues, and that increasing rates of homelessness, financial difficulties, and family violence were evident. They noted that the psychological wellbeing of many clients was poor; that they were seeing more care and protection orders; that there were longer waiting lists; there was a need for increased emotional and psychological support particularly for older people; and an increase in clients seeking food support. These factors posed challenges for social workers who were delivering services to vulnerable people during a time when they were unable to meet face-to-face and telehealth was the only option. Respondent 3, a worker in a

family support service, pointed to problems associated with a reliance on technology to reach vulnerable clients:

Our biggest challenge has been servicing clients with significant mental health presentations when face to face work was not possible and when they did not have access to technology. It has [also] been challenging to safety plan for families where children are at risk and families did not want to engage. (Respondent 3)

There was a general feeling that the introduction of service delivery via ICT was disruptive for clients, and difficult for staff and managers to adapt to—particularly when working from home. However, respondents noted that the lockdowns had created an opportunity for workers and clients to learn new skills and to try a different approach. For example, Respondent 115, a worker in a brain injury unit, suggested that, while various groups were disadvantaged by the changes, it had allowed staff and clients to upskill in the use of technology:

A lot of service delivery moved to the virtual world thus it had a positive impact upskilling both clients and professionals.

A manager in a palliative care unit (Respondent 112) raised the difficulties associated with keeping in touch with staff who were working from home:

I had to work hard to keep messaging and coms clear and offer additional support to staff to make sure they were well-informed and supported to interpret lockdown rules ... and to manage fears and concerns raised about the reduced ability to support clients.

Taming the technology? — challenges and opportunities

The most cited impacts related to increased working from home and changes in patterns of work including changes in meeting

arrangements and team support. In total, 60% noted that they had worked from home for at least part of their working weeks during lockdowns. Consequences of this practice noted by respondents were less peer-to-peer interaction, fewer opportunities to debrief with colleagues, lower morale, less cohesive teams and less trust. Workers reported a lack of engagement amongst some clients, a reduced ability when working with clients on-line to understand how they are coping or to be able to assess child safety concerns.

Have been unable to visit children in care or to respond to high-risk situations. Children have no eyes on them as they are not at school. (Respondent 22, child protection worker)

They also noted that many clients lacked access to technology, or had problems associated with inadequate Wi-fi services and that there was less capacity to engage clients in group work.

We struggled working remotely but got used to it, then as the [lockdown] levels dropped we had to rebuild trust again. My practice became lazy and I relied heavily on emails and phone calls. (Respondent 74, a domestic violence worker)

Workers reported that their work had become more fast-paced; that services were more stretched; that stakeholders had become more demanding; that there were less staff and so, more pressure; that some were carrying out work outside their expertise; that they needed to be more alert to the health of their clients; and that at times they felt they had to decide between the needs of different clients who might be equally vulnerable.

Some noted levels of burnout, being more stressed and needing more support. Others noted experiences of vicarious trauma, feeling less resilient, having reduced empathy and, a very few, experiencing physical pain

because of improper working equipment. For those juggling work and the overseeing of children's home schooling, these noted particularly complex levels of stress.

Respondent 44, a child protection worker, referred to the physical problems associated with having inadequate office facilities and pointed to the way her work and family roles were difficult to separate, particularly when home schooling was involved, causing significant stress:

I got muscle pain, headache, uncomfortable pain in my hands due to improper work equipment ... stress build up as juggling with different roles at the same time—teacher, mother, social worker. (Respondent 44, child protection worker)

Nonetheless, like their international colleagues, Australian and Aotearoa New Zealand workers noted that, over time, they began to adapt to the new environment in a positive way. Respondent 161, a community oncology social worker, commented that:

Initially [working from home] was a big change, feeling more isolated from colleagues, less casual collaboration and support. Now the improved work-life balance is making it more challenging to go back. Further, she noted that, in a way Covid had a positive impact of pushing us to develop on-line services and video chat services.

Others reported that they had experienced very positive changes including more upskilling of staff in on-line platforms, more remote delivery of services enabling clients to continue to be supported, more training, a more flexible workplace, less wasting of time, more efficiencies emerging through the virtual platform, an increased capacity to work creatively and being less reactive in their approach to clients. Respondent 50, a child protection worker, pointed to the way that the changes to work practices had improved their service.

We have learnt to work differently, and this has actually been better in many respects. (Respondent 50, child protection worker)

What appears evident is that several organisations and their social work employees began to adapt and adopt telehealth measures that had led to efficiencies. Like their international counterparts, workers indicated their own gradual movement to a new appreciation of the possibilities of telehealth.

Initially very stressful ... however the staff that did work through worked the best I have seen them. Collegially everyone got on well, pulled together and were flexible when needing to work in a different way. (Respondent 94, mental health worker)

Respondent 63 noted that telehealth has been embraced by her organisation. However, she does offer some reservations about the impact on collegiality.

We are now a remote working capable agency—all staff have laptops, mobile phones, but it has meant we are isolated, connection and relationships don't feel as strong, we don't have our own office space like before. (Respondent 63, Whanau [i.e., family] development worker)

While many workers noted the isolation and difficulties associated with working from home, there were others who were enthusiastic. A group home worker (Respondent 130) noted "working from home was a big relief and I enjoyed it". A family social worker (Respondent 139) also supported the new working from home regime noting, "we were all able to work from home during lockdown. The work from home policy has since been developed. Our organisation is using smarter working habits developed during lockdown."

However, mirroring concerns expressed by social workers elsewhere about

management changing and reducing access rules, Respondent 142 cautioned that the introduction of telehealth services had led to management challenging home visiting policies.

We are very management led and we [had to explain] why we needed to see clients. [This] affected social work practice by continually explaining to management the reasoning for contact.

Other significant areas of concern raised by respondents related particularly to access to IT services in rural and remote areas. Respondent 177 working in education noted “the inconsistent IT has been frustrating”.

Taming the technology for social work practice

When workers were asked to respond to the practice changes resulting from lockdowns they planned to maintain, a majority (79%) of survey participants chose to answer this question and a surprising response emerged. Despite the challenges posed by telehealth, many workers acknowledged its benefits. Perhaps surprisingly, given the profession’s long-standing rejection of telehealth, more than half (53%) noted that telehealth was the practice they wanted most to keep. The reasons for this included particularly that it was helpful for clients not to have to travel, and this was particularly pertinent for social workers dealing with rural clients. Several respondents such as Respondent 3 gave detailed responses to support this view:

Offering clients the option and ability to communicate and participate via platforms such as Skype, Zoom and Teams, particularly for distant and remote clients, or clients having difficulty accessing support [will be retained]. (Respondent 3, a family worker)

A second reason for retaining telehealth measures noted by several respondents, including respondent 83, was that it was more efficient to run meetings and formal staff contacts:

Meetings were carried out by Zoom and some have never gone back to in-person meetings. (Respondent 83, a health social worker)

Telehealth opens up the possibility of working from home and this was seen as a very positive benefit by 13% of respondents who argued for the retention of telehealth noting that this would enable more home-based opportunities.

More working from home and meetings over technology. Makes you keep everything to task and saves a lot of time. More efficient. (Respondent 25, child protection worker)

There was strong support for a continuation of the working from home policy as long as it was supported by adequate IT access. Workers noted that working from home saves time, makes them work more efficiently and builds trust within the organisation, as noted by respondent 50:

More people are working from home and staff are being trusted to complete work outside of the office. (Respondent 50, child protection worker)

A third reason given for the retention of telehealth related to social workers wanting to develop skills in telehealth.

... the lockdown [acted] as a lever to encourage social workers to use technology. (Respondent 120, private practitioner)

Discussion

Despite social workers traditionally being deeply committed to face-to-face service delivery, the arrival of a global pandemic, and consequent lockdown policies, necessarily changed the way social workers approached their interactions with vulnerable clients. Mandatory lockdown procedures during the pandemic led to an inability to work with clients face-to-face and

a rapid reappraisal of the way services could be delivered. The lockdowns created, at first, confusion, followed by an initial resistance to undertaking practice at a distance and then a gradual considered adoption of IT options.

Despite major issues concerning sensitivity to client needs and issues with IT access mirroring issues raised elsewhere (Banks et al., 2020; Harrikari et al., 2021), surprising benefits were articulated by Australian and Aotearoa New Zealand social workers. These related largely to the ability to continue to deliver services, to enhanced access for some groups and to the adoption of on-line work practices. While many reverted, post-lockdown, to face-to-face service delivery, it had become obvious that for certain areas of practice, and for those clients who cannot easily access services, on-line delivery is not only possible but can lead to enhanced client relations. While telehealth is not appropriate in some areas of practice, for many a considered continuation of IT service delivery had been maintained by many social work services, and this has opened new opportunities for reshaped practice. This new appreciation of the potential of IT has extended to the maintenance of on-line options for meetings and other staff interactions, and the enhanced ability to work from home when viable. These changes are positive experiences for many workers who noted that this had contributed to better work-life balance. Further the introduction of telehealth options had led to skills development that was valued by workers.

At the same time, studies undertaken elsewhere (see for example, Arthur-Holmes et al., 2020; Disney et al., 2021; Gibson et al., 2020; Harrikari et al., 2021) and our research highlight that vulnerable groups such as the aged, those with health issues, the homeless, and those unable to access IT services may be disadvantaged by telehealth. However, for those living in remote areas who have access to ICT, and those who cannot easily access services face to face because of health status or transport difficulties, the research

reveals the advantages of enhanced access to services through telehealth.

This research also reveals that if social workers are to adopt and adapt telehealth for their practice, a number of factors must be addressed. These include ensuring vulnerable groups are not disadvantaged; that telehealth does not replace home visits entirely; that face-to-face practice is maintained; that workers have adequate equipment and training; that governments are lobbied to ensure access to internet services is universally available regardless of location; and that there continues to be enhanced services for vulnerable groups. Further, online communication needs to be mindful of cultural processes, for instance, culturally specific introductions and closure processes in online meetings (Te One & Clifford, 2021). Any adaptations in social work on-line service provision must be sensitive to First Nations peoples in Australia and mindful of the principles underpinning Te Tiriti o Waitangi in Aotearoa New Zealand. These include ensuring participation and equity for Māori people (Kidd et al., 2021).

The policy and practice implications emerging from this study include attention to ICT service access for all regardless of location; the optional provision of service delivery assistance and training for those who have no experience with service delivery via ICT; and attention to the standards of services received by vulnerable clients. We are also mindful of Werkmeister et al.'s (2023) research which counsels attention to workers who struggled with separating work from home, and were plagued by inadequate resources and poor planning. We would recommend the need for training and support for workers delivering services via ICT; an assessment and provision of adequate ICT equipment to workers and an appraisal of dangers for vulnerable clients whose behaviour might be being monitored. We would also recommend that delivery of services via ICT should be

mandatory in medical and allied health degrees. Finally, we would particularly caution against any wholesale moves to replace home visits with ICT service delivery.

Conclusion

Telehealth will remain just one factor shaping the way we deliver services into the future, yet it is a factor we must now consider as a very useful addition to social work service delivery. Face-to-face contact will continue as the dominant mode of practice in most areas because of the needs identified in this paper: the need to develop trusting relationships and respond to non-verbal cues, and for client safety and protection. However, this research reveals the need for the profession to consider how we might 'tame the technology' by building carefully on the strengths and advantages of telehealth to enhance social work practice, to improve the work-life balance of workers and to enhance the responsiveness of social workers in an uncertain future. We would argue there is a need for further research on the use of ICT in health service delivery, the impacts on clients, particularly the most vulnerable, and the needs of workers moving into an environment where ICT is becoming more accepted.

Received: 26 July 2023

Accepted: 29 September 2023

Published: 16 April 2024

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