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Do digital information and communication technologies in social work practice increase the quality and effectiveness of work?

A digitális és IT-eszközök bevonása a szociális munka gyakorlatába Magyarországon: Növelhető-e így a kliensekkel való munka minősége és hatékonysága?

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Abstract
The objective of this paper is to familiarize readers with the contemporary questions and issues of ICTs in social work practice in Hungary. Exploring the question includes the ethical dilemmas involved, as well as potential answers to the following questions: How often do professionals use IT tools during their work? What tools do they use? How do clients accept these? Do professionals think it is necessary to develop their IT competencies? In addition to a comprehensive descriptive analysis of the data, comparative analyses were also conducted according to age groups, place of living and specialty areas.

Keywords: digital information and communication technologies, social work practice

Absztrakt
A tanulmány célja, hogy megismertesse az olvasókat az IKT-eszközök használatának aktuális kérdéseivel és problémáival a szociális munka gyakorlatában. Hogyan gondolkodnak az említett eszközökről a magyarországi gyakorló szociális munkások? A tanulmány kitér az eszközök használatával párhuzamosan felmerülő etikai dilemmákra, valamint tárgyalja a következő kérdéseket: Milyen gyakran használnak a szakemberek IT-eszközöket munkájuk során? Milyen eszközöket használnak? Hogyan fogadják ezt a kliensek? Szükségesnek érzik-e a szakemberek az IKT-kompetenciáik fejlesztését? Az adatok általános elemzése mellett korcsoportos összehasonlításra, valamit a lakóhely és a munkaterület mentén történő összehasonlításra is sor került.

Kulcsszavak: *digitális információs és kommunikációs technológiák, szociális munka praxis*

Introduction

The growing importance of information and communication technologies (ICT) has already been recognised by social work professionals and researchers all around the world. There are practitioners who have developed and formed numerous techniques and methods to successfully implement these digital tools into their work (Mishna et al., 2014).

With digitalization, our world did not expand, but easy reach towards people has made it wider and, for some of us, more attractive. Using platforms, such as social media websites is only the tip of the iceberg; there have been numerous attempts to introduce the idea that new, online communication technologies have the potential to create more flexible and personalised services, enhancing social work practice. One of the most prominent ideas was gamification – using simulation softwares, and creating real-life rewarding systems similar to those in games (achievements, badges, etc.) (Berzin et al., 2015).

In the current study's target country, there have been attempts to introduce such techniques through support apps developed for the young (Rácz & Bulyáki, 2021). Generally, there are only few resources about the digitalization of social work practice, research, education, applications in social policy, or ways to include it in the legal framework.

Still, the recent pandemic has brought the topic closer and made it more relevant than ever. Professionals were forced to use digital technologies to mediate safely between clients and to continue their work. To many, this inarguably caused many challenges and highlighted the lack of guidelines and principles. In many cases, professionals were quite hesitant to include ICTs in their practice (West & Heath, 2011; Dominelli, 2021).

Further, limitations in computer/technological literacy, although it is not something that the practitioners are to be blamed for, were also identified (Mishna et al., 2012). It is, however, an obstacle that can be overcome with time an effort invested. Social work students may also find it difficult to implement social media and online communication platforms into their professional practice, since there have been debates about what should be public or private, and how shared information might affect their real-life work (Fang et al., 2014).

Significance in social work practice

There is a growing amount of digital and cybertechnologies available for use; and the interest in these is marked both by practitioners and researchers, within and outside of social work (Granholm, 2016; Barak et al., 2008). The need for standards, guidelines, and policies regarding the implementation and use of such practices is increasing as it is essential to deal with privacy issues, set ethical and clinical boundaries, and provide clear directives for those working in the profession (Mishna et al., 2014). By involving social professionals in the discussion and future development of the topic, the issue could not only be handled more efficiently, but it may gain further depth and weight through the inclusion of new perspectives (Reamer, 2013).

There are professionals who are not hesitant to implement ICTs into their practice but also wish to untangle the growing complexity of the issue (Steyaert & Gould, 2009). Many areas are to be discovered and ethical questions to answer, the issue of privacy being the most pressing among all. Online "copycat" acts and harmful, toxic online trends also require attention, since these have become a very common cause of concern (e.g., related to suicidal ideation) (Ji et al., 2021). Even though the focus is on intervention, prevention is another a critical concern that requires further research and legal regulation. This particularly holds for Hungary, the main context of this research, where preventative strategies are highly neglected, professionals not having enough autonomy and resources to utilize preventative methodologies in their practice (Sik, 2020).

Digital competencies

In recent decades, digital competencies have become a necessity both for the individuals and for corporations to be an integral part of the market (specifically, the labour market). However, it can be challenging to define what digital competence is since it is context dependent.

Following the EU framework about digital competencies, which was created for citizens of the European Union, there are five distinct competencies: information and data literacy, communication and collaboration, digital content creation, safety, and problem-solving (Carretero et al., 2017). With these foundations, we can gain a basic understanding of the term. To efficiently use social media and the web, and to create, edit and manage digital contents there are additional skills that an individual must possess (Bak & Kővári, 2019). Although most professionals agree that ICTs can be used in social work practice efficiently, the lack of competencies, and of awareness about standards and techniques may be challenging. Further, there are no study programs that would prepare students to face this transformation (Joiner, 2018).

Although ICTs are mostly considered as "tools" of service, they can be much more than that if used and understood appropriately to improve service delivery "expand(ing) the reality in which other stakeholders (clients, policy makers, etc.) must operate" (Lanfranco, 2008, p. 17). However, as organisations grow and become more and more "policy constrained" and "rule-bound", they are left with less space to experiment with new opportunities provided by ICTs.

The question regarding presence and absence is another central issue. It is uncertain if in a video conference call (video chat) there is such a thing as "presence". Can we measure it to the standards of a face-to-face consultation? Although we get various impulses, mimicking real-life scenarios, non-verbal communication is limited in these contexts. Such spaces are also called "hybrid spaces", meaning that they have material and virtual elements at the same time. It is important to decide if the virtual or the material segment is dominating more (e.g.: participants are active listeners or they are eating their dinner in the meantime) (Ayaß, 2014).

International feedback

Although there is limited research regarding ICT developments in social work as compared to more common themes (e.g., child protection, professional relationships, and/or burnout, etc.) most research results carry a positive message: particularly in working with younger generations (especially millennials and above), since they are the most prone to find the internet an appealing means of communication (Chan, 2018; Pacifici et al., 2005).

There have been some Hungarian research works regarding this topic. Studies in the 2000s have similar outcomes to today's findings, indicating that there have not been any improvements in the past 20 years, although professionals have been constantly expressing their need for updates in the technologies they use (Tóth, 2020).

Practitioners' experiences

With the emergence of online support groups and forums, it is important to understand their limitations. They cannot substitute current helping and therapeutic relationships, but they can serve as complementary resources facilitating communication among peer groups. The level and intensity of participation in online communication can lead to higher satisfaction and members' feeling more empowered, while reduced participation and low levels of motivation seem to have little to no effect on the members (Barak et al., 2008).

Transferring the services to the virtual space can possibly result cost reductions, e.g., in travel. Service providers do not have to commute long distances to meet the family, sometimes on a weekly basis. Families would not feel that their personal space is being invaded by outsiders (that latter is probably a *disadvantage* in crisis situations; or with offenders). Complete digital administration, if there is an appropriate software for this purpose, could reduce the costs of printing (Feil et al., 2008).

While face-to-face therapy/consultation is still favoured by practitioners and is supported by the academic literature, there have been findings confirming that online, computerized therapy is also effective in reducing anxiety and symptoms of depression, but to a lesser extent (Sethi et al., 2010). Such programmes may help people improve their mental health or reduce/stop smoking. Combining the two methods have led to the most satisfying results (Peng & Schoech, 2013).

The elderly, who have less access to and competencies in ICTs, could benefit from targeted trainings. Those who live alone could use these too sooth their loneliness and acquire new information and learn new skills (e.g., about health-related issues) (Nedeljko et al., 2021).

Ethical dilemmas

In the EU the *General Data Protection Regulation* (GDPR) and the *Code of Ethics of the National Association of Social Workers* (NASW Code of Ethics) serve as the basis for institutional policies and guidelines. These, however, vary from the vaguest to the most restrictive. Practitioners have expressed their concerns about clients' privacy issues and the related data management. There is a rising trend to print cyber-exchanges and make them a file in a folder in an office (Mishna et al., 2014).

In some ethnic, racial, and religious minorities (e.g., among the Roma or African American people), and in families with lower socioeconomic status, restricted access to the internet and technologies might be a problem. In such cases, there is an undiscovered potential to lessen the social marginalization of these groups by introducing them to new ways of communication. They can be assisted to decrease the potential fears from social encounters, by offering them a safe virtual space to build their own communities. Without sensitivity, a proper understanding of the background and views of these groups, however, we may cause more harm than good (Craig et al., 2015).

In the past decade, ICTs have been used for multiple purposes in the mobile and web industry, for example, in suicidal ideation detection in the form of applications and plug-ins. Internationally, the two key social networking channels, Facebook (using a chatbot, an algorithm based on cognitive behavioural therapy /CBT/ and natural language processing /NLP/ techniques) and Twitter (using a simple detection plug-in) had also implemented these features, but these were discontinued due to privacy and ethical issues. Even though there is a need and willingness to develop applications for such goals, there is a lot to consider (e.g., privacy and data management). Machine learning algorithms as artificial intelligence applications have raised unresolved questions (Ji et al., 2021), though web-based applications could help persons with mental health problems and these potentials were discovered one and a half decades ago (Gilat & Shahar, 2007).

The digital divide and inequalities

The origins of the term "digital divide" can be traced back to the 1990s. It refers to the growing gap between people, created by the lack of accessibility to new technologies and the lack of knowledge on how to use these. This phenomenon has established a new form of social exclusion. In social work and social policy, it is acknowledged that access to information is a

crucial point in the effective delivery of services, and in making administration more efficient. There was a period when this issue facilitated a collaboration between governments, private and public sectors, and community workers. The interest in social divide has decreased, while the complexity and urgency of the issue increased (Steyaert & Gould, 2009). While it may be challenging to wrap one's head around these alternative realities, we must consider that social work's main objective is to fight social inequalities, and one way is to ensure the availability of the necessary information for all. Practitioners may find themselves ready (or not) to respond to such a challenge – quite a few of them are hesitant to implement ICTs into their work (Joiner, 2018).

Although social worker students who graduate today and will graduate in the future are supposedly more proficient in using ICTs as they have grown up with these technologies and regularly use them for entertainment and "to keep up-to-date" with youth culture (Granholm, 2016), they may find it difficult to implement digital tools (e.g., social media, online communication platforms, etc.) into their professional work (Berzin et al., 2015).

Challenges for social work practice

As with many other professions, it is in social work's interest to expand and challenge its former standards, limitations, and meet people's expectations. To tackle the "impersonal" nature of digital technologies, studies on the potentials and effectiveness of implementing VR-based consultation methods into practice have been conducted. Here, clients have a session with an avatar therapist. Even though it may sound as a fantasy or a science fiction, it has become a real possibility. In the increasingly bureaucratic profession of social work, such technologies could potentially move the work back to a more humane and personal route from the endless waves of administrative paperwork (Wiederhold & Riva, 2019).

We could observe that digital competencies became more relevant than ever in the COVID-19 pandemic. Although paperwork remains to be a key part of social work, communicating and working remotely became a necessity amongst all the lockdowns and quarantine regulations. As face-to-face meetings were impossible, professionals had to accommodate themselves to new, digital ways of reaching out. The question how it affected work engagement, and how workers could extend their resources is still being investigated, but the phenomenon may well be recognised as a "sign" for the social sector to renew its capabilities (Oberländer & Bipp, 2022).

In social work in Hungary, implementing any technological device is rare on its own, and using digital or internet-based tools was almost unheard of before the pandemic. There are signs of digitalization regarding the actual workflow (e.g., GYVR, KENYSZI, etc.), but neither of these programs is well-developed, and some professionals are unable to use them properly. This is partially due to the underdeveloped nature of the programmes, and partially to lack of training concerning their use. The only way of learning is through trial and error.

Materials and methods

Our questionnaire was a simple, online format (Google Forms), comprising 7 sections on respondent demography and ICT-related questions, altogether 19 questions (without the introductory and the closing feedback sections). It was completely open and was accepting replies for approximately 5 months. It was available for any active social work professionals (an initial filter question was used and a negative answer /not a social worker/ would instantly direct them to the end of the questionnaire.)

The 'IT use' section included questions about professionals' everyday/casual habits of using the different digital technologies within their line of work, including the quantity of use

as well as the type of technologies. Two sections covered electronic communication, where we asked them about the characteristics of their communication with clients. Subsequently, 'Problems and reactions' section asked about the possible challenges that might arise when introducing online availability into social work. We presented three situations where respondents had to come up with a solution and/or reaction to the different scenarios (this part has mainly been inspired by the work of Mishna et al., 2014 and Kolmes & Taube, 2014).

The questionnaire ended with a 'self-evaluation' section, where, as the name suggests, the respondents had to evaluate their own skills and knowledge considering the previous sections.

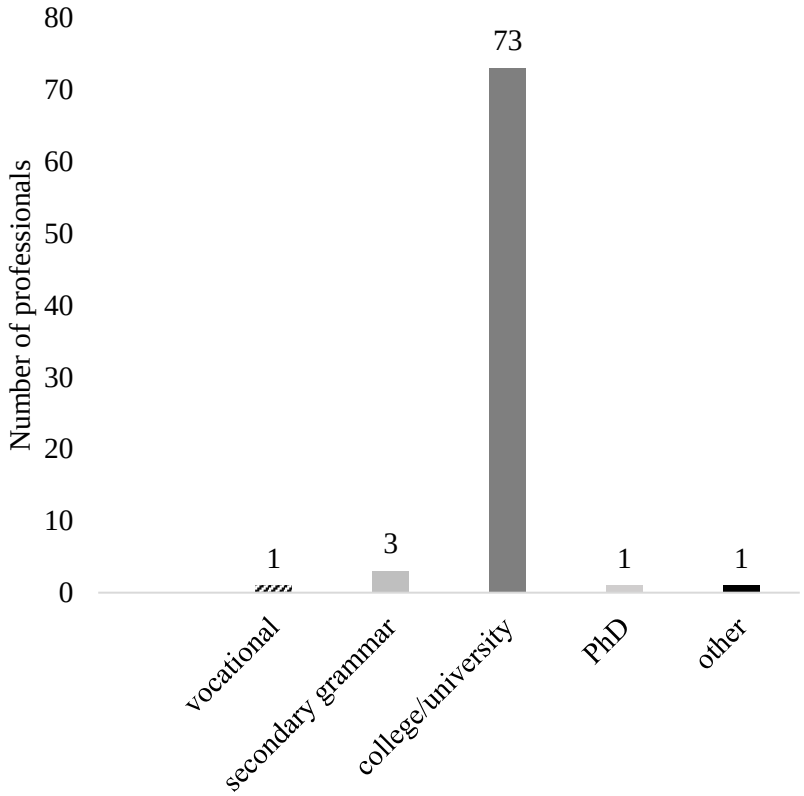
Results

Demographic results

Our sample included 79 professionals, 61 females (77.2%), 15 males (19%) and 3 (3.8%) who did not want to answer this question; age range 22 and 65 (*M=42.59; SD=11.39*). Most of them have attended higher education: college/university 73 (92.4%), Ph.D. 1 (1,3%); a few of them participated in public/secondary education: vocational 1 (1.3%), secondary grammar 3 (3.8%); and 1 who marked 'other' as an answer, as shown in *Figure 1.* below.

Figure 1

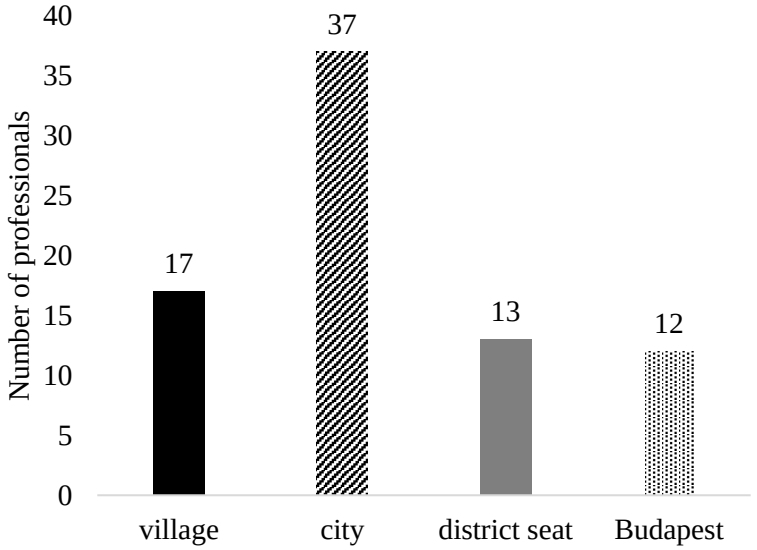
Number of professionals with different educational backgrounds



The largest percentage of our sample lives in cities (46.8%), 21.5% come from villages, 16.5% from county seats and 15.2% from Budapest (see *Figure 2).*

Figure 2

Place of living in the sample



We can see respondents from a variety of specialty areas in social work. Many respondents work in several fields simultaneously (28.3%) (*see Table 1*):

Table 1

Areas of social work in the sample

	n	%
Total	79	100
One specialty area		
Child protection	19	24.1
Homeless care	2	2.5
Addictology	3	3.8
Social work with psychiatric patients	2	2.5
Elderly care	16	20.3
School social work	2	2.5
Social work with families	4	5.1
Community social work	1	1.3
Social work with people with disabilities	7	8.9
Clinical social work	1	1.3
More than one specialty areas		
Child protection & School social work	1	1.3
Child protection & Social work with families	8	10.1
Homeless care & Social work with families	1	1.3
Addictology & Social work with psychiatric patients	1	1.3
Social work with psychiatric patients & Elderly care	1	1.3
Social work with psychiatric patients & Community social work	1	1.3
Social work with families & Community social work	1	1.3
Child protection, Elderly care & Social work with families	1	1.3
Child protection, Social work with families & Community social work	1	1.3
Addictology, Social work with psychiatric patients & Social work with families	1	1.3
Social work with psychiatric patients, Elderly care & Social work with people with disabilities	1	1.3
Social work with families, Community social work & Social work with people with disabilities	1	1.3

Child protection, Social work with psychiatric patients, Elderly care, School social work & Social work with families	1	1.3
Homeless care, Addictology, Social work with psychiatric patients, Elderly care, School social work	1	1.3
Homeless care, Addictology, Social work with psychiatric patients, Community social work & Social work with people with disabilities	1	1.3

Results – an overview

While more than half of the respondents were using ICT tools successfully (*see Table 2)* and approximately half of them used online communication platforms frequently *(see Table 3)* – mainly, e-mail and Facebook Messenger *(see Table 4),* – they do not aim to involve them on a day-to-day basis *(see Table 5).* In this study, there is an apparent divide regarding the willingness to involve new, digital instruments into practice.

Table 2

Have you ever used technology in your work? (e.g., electronic devices, online communication devices and/or platforms, etc.)

	n	%
Total	79	100
Regularly	50	63.3
Sometimes	21	26.6
Never	8	10.1

Tools mentioned: notebook, phone, computer, tablet, camera, iPad, smart tv, interactive table, dictaphone, microphone, speaker, headphones, fax, radio, printer, scanner, online platforms/social media platforms (e-mail, Facebook, Instagram, Youtube, Skype, Messenger, Zoom, Meets, MSN), blog platforms (blog.hu), online surveys, MS Office

Table 3

Do you regularly communicate with your clients electronically? (e.g., e-mail, Facebook/Messenger, etc.)

	n	%
Total	79	100
Yes	40	50.6
In exceptional cases	23	29.1
No	16	20.3

Table 4

What platforms do you use to communicate with your clients?

	n	%
Total	79	100
None	9	11.4
E-mail	46	58.23
Facebook Messenger	48	60.76
WhatsApp	2	2.53
Zoom	10	12.66
Google Meets	4	5.06
Discord	1	1.26
Skype	7	8.86
Telephone	5	6.33
other	9	11.39

Table 5

How often do you communicate with your clients online?

	n	%
Total	79	100
Regularly	11	13.9
Usually	20	25.3
Sometimes	16	20.3
Rarely	18	22.8
Never	14	17.7

We could confirm that defining the boundary between private life and professional activities online was not a challenge for the respondents *(see Table 6)*. Several respondents referred to the *GDPR* and social work's *Code of Ethics*, explaining that they would follow these as guidelines. They would also inform the clients about these guidelines, should they have worries about the management of sensitive data.

Table 6

To what extent does it cause a problem for you to distinguish between online communication in your personal life and with your clients?

	n	%
Total	79	100
It does not cause problems	54	68.4
It rarely causes problems	18	22.8
It causes problems, but it can be solved	3	3.8
It causes multiple problems	3	3.8
It often causes problems	1	1.3

We could also see that there is high level of self-awareness regarding online media presence as many respondents appear to pay extra attention to what kind of posts, photos, and comments they publish and share on social media *(see Table 7)*.

Table 7

Showing the self online

	N	0	1	2	3	4	5	M	SD
I appear on online media platforms with a professional motive.	79	18	8	16	13	14	10	2.34	1.72
I am easily available on online communication platforms.	79	7	5	11	18	20	18	3.18	1.53
I pay attention to what images I share on online media platforms.	79	1	1	2	3	7	65	4.64	.93
I pay attention to what posts I publish on online media platforms.	79	1	1	3	2	7	65	4.63	.96
I pay attention to what posts I share on online media platforms.	79	1	1	2	4	5	66	4.64	.95
I pay attention to what comments I publish on online media platforms.	79	1	2	2	3	9	62	4.57	1.02
I pay attention to what I react to on online media platforms.	79	1	2	4	4	11	57	4.44	1.11

Frequency and Descriptive Statistics

Note: 0=not typical at all, 1=rather not typical, 2=somewhat typical, 3=rather typical, 4=typical, 5=completely typical

Although respondents believe themselves to be quite proficient in using IT devices, they are not that confident about initiating and managing successful online communications with the clients (we did not ask them about the potential external factors). The majority have also agreed with the statement that it is useful to involve digital tools in social work, but several respondents have not shared these views. The majority have strongly agreed that there is a need for new technological investments, as well as opportunities to develop their digital and IT competencies *(see Table 8)*.

Table 8

Demand for the development of IT skills

	N	0	1	2	3	4	5	M	SD
I am proficient in the use of IT tools.	79	0	7	3	24	26	19	3.59	1.16
I consider myself successful in initiating online communications.	79	1	5	7	31	23	12	3.34	1.12
I consider myself successful in managing online communications.	79	0	5	5	29	29	11	3.45	1.02
I consider it useful to include IT tools in social work.	79	6	7	12	14	23	17	3.16	1.53
I think it is important to update the practice of social work with new technologies.	79	5	7	10	16	14	27	3.37	1.58
I feel the need to improve my IT competences.	79	5	5	9	17	15	28	3.47	1.53
I consider legal regulations on the use of IT tools during work important	79	3	6	6	8	13	43	3.91	1.50
I consider legal regulations concerning online communication important	79	3	6	5	11	12	42	3.87	1.49
I think it is important to develop a practical framework for new technologies.	79	2	5	5	11	12	44	4.00	1.39
I think it is important to develop a practical framework for online forms of communication.	79	3	4	7	9	13	43	3.95	1.45

Frequency and Descriptive Statistics
Note: 0=not typical at all, 1=rather not typical, 2=somewhat typical, 3=rather typical, 4=typical, 5=completely typical

Main results

As an unforeseen amount of information was gained from the questionnaire, we had to determine the scope for our statistical analysis.

Comparison based on age

IBM SPSS Statistics 26.0 was used, and Independent Samples t-Test was applied to identify any significant differences between age groups:

- **younger group of respondents under the age 35**: *N=24*; $Age_{min}=22$; $Age_{max}=35$; $M_{age}=28.17$; $SD_{age}=4.17$; 17 females (70,8%), 7 males (29,2%)
- **older group of respondents above the age 35**: *N=55*; $Age_{min}=36$; $Age_{max}=65$; $M_{age}=48.89$; $SD_{age}=6.87$; 44 females (80%), 8 males (14,5%) and 3 (5,5%) who did not want to answer this question.

For the significant differences, Effect size was also computed *(M2 - M1) / SD_{pooled})*. To interpret the Effect size Cohen's (1988) guideline was used: small effect up to d=.20, medium effect up to d=.50, and large effect up to d=.80.

Significant age difference was found in question 14/3 'I set boundaries in online communication with clients' (*t(52.711)=2.299; p=.02; p<.05*), with a medium effect size (*d=.25*). Younger cohorts set clearer boundaries than the older practitioners (M_{young}*=4.29 and* M_{old}*=3.34*). Similarly, significant difference can be identified in question 16 'How often do you communicate online with people who play a role in your personal life?', but with a small effect size (*t(65.704)=-2.416; p=.02; p<.05;* M_{young}*=1.21;* M_{old}*=1.67; d=.05*), the older group communicates online in their personal life more often in some cases. There is a significant difference in question 19/5 'I think it is important to update the practice of social work with new technologies' as well, with a small effect size (*t(77)=-2.192; p=.03; p<.05; d=.05*), which means that there is a difference between the groups, the older group considers the problem more important (M_{young}*=2.79 and* M_{old}*=3.62*), but not because the younger group do not see its importance, but because they probably have more knowledge in the IT field already. The last significant result supports this idea. We found an age difference in question 19/6 'I feel the need to improve my IT competences', with a small effect size (*t(77)=-2.874; p=.005; p<.05;* M_{young}*=2.75 and* M_{old}*=3.78; d=.06)* (see *Table 1*), the older group feels the need for this more, but the young would also like to learn and improve.

Along with all the other variables, the two groups did not differ (see *Table 9*).

Table 9
Differences between age groups

Question #	M_{young}	M_{old}	t	df	Sig. (2-tailed)	Effect size (d)
7	1.50	1.45	.273	77	p=.78 (n.s.)	–
9	2.46	2.16	.876	77	p=.38 (n.s.)	–
10	1.83	1.71	.667	77	p=.51 (n.s.)	–
11	1.87	1.96	-.447	77	p=.66 (n.s.)	–
12	1.83	1.63	1.019	77	p=.31 (n.s.)	–
14/1	1.75	2.00	-.653	77	p=.52 (n.s.)	–
14/2	2.25	2.58	-.799	77	p=.43 (n.s.)	–
I set boundaries in online communication with clients.	**4.29**	**3.34**	**2.299**	**52.711**	**p=.02***	**.25**
14/4	2.25	2.34	-.244	77	p=.81 (n.s.)	–
14/5	2.04	2.74	-1.599	77	p=.11 (n.s.)	–
14/6	1.92	2.47	-1.371	77	p=.17 (n.s.)	–
14/7	2.21	2.54	-.759	77	p=.45 (n.s.)	–
14/8	.87	1.25	-1.060	77	p=.29 (n.s.)	–
15	3.25	2.96	.879	77	p=.38 (n.s.)	–
How often do you communicate online with people who play a role in your personal life?	**1.21**	**1.67**	**-2.416**	**65.704**	**p=.02***	**.05**
17	1.54	1.44	.507	77	p=.61 (n.s.)	–
18/1	2.42	2.31	.255	77	p=.80 (n.s.)	–
18/2	3.33	3.11	.595	77	p=.55 (n.s.)	–
18/3	4.75	4.60	.654	77	p=.51 (n.s.)	–
18/4	4.75	4.58	.712	77	p=.48 (n.s.)	–
18/5	4.71	4.62	.387	77	p=.70 (n.s.)	–
18/6	4.75	4.49	1.037	77	p=.30 (n.s.)	–

18/7	4.37	4.47	-.359	77	p=.72 (n.s.)	–
19/1	3.67	3.56	.361	77	p=.72 (n.s.)	–
19/2	3.29	3.36	-.261	77	p=.79 (n.s.)	–
19/3	3.33	3.51	-.700	77	p=.49 (n.s.)	–
19/4	2.67	3.38	-1.943	77	p=.06 (n.s.)	–
I think it is important to update the practice of social work with new technologies.	**2.79**	**3.62**	**-2.192**	**77**	**p=.03**	**.05**
I feel the need to improve my IT competences.	**2.75**	**3.78**	**-2.874**	**77**	**p=.005***	**.06**
19/7	3.67	4.02	-.955	77	p=.34 (n.s.)	–
19/8	3.62	4.00	-1.027	77	p=.31 (n.s.)	–
19/9	3.62	4.16	-1.593	77	p=.11 (n.s.)	–
19/10	3.54	4.13	-1.671	77	p=.14 (n.s.)	–

*Sig. *p<.05, **p<.01*
Note: for the questions see Appendix 1

Comparison based on specialty area

Independent Samples t-Test was applied to identify significant differences between groups with one and more specialty areas:

- **one specialty area**: *N=57*; $Age_{min}=22$; $Age_{max}=65$; $M_{age}=42.19$; $SD_{age}=12.06$; 46 females (80,7%), 11 males (19,3%)
- **more specialty areas**: *N=22*; $Age_{min}=22$; $Age_{max}=56$; $M_{age}=43.64$; $SD_{age}=9.62$; 15 females (68,2%), 4 males (18,2%) and 3 (13,6%) who did not want to answer this question.

For the significant differences, Effect size was also computed $(M2 - M1)/SD_{pooled}$. To interpret the Effect size Cohen's (1988) guideline was used: small effect up to d=.20, medium effect up to d=.50, and large effect up to d=.80.

There is a significant difference between the groups in question 12 'Are you used to communicating with your clients electronically?', with a small effect size (*t=(54.199); p=.007; p<.05; d=.06*), with higher scores in the group with one specialty area ($M_{one}=1.82$ *and* $M_{more}=1.36$). Significant group difference was found in question 14/3 'I set boundaries in online communication with clients' (*t(57.986)=-1.794; p=.04; p<.05*), with a small effect size (*d=.05*), with higher scores in the group with more specialty areas ($M_{one}=3.40$ *and* $M_{more}=4.23$). There was also a significant difference between the groups in question 15 'How often do you communicate with your clients online?' (*t(77)=2.353; p=.02; p<.05*) with a small effect size (*d=.06*) and with higher scores in the group with one specialty area ($M_{one}=3.26$ *and* $M_{more}=2.50$).

We found a (statistically) tendential difference between the groups in question 14/2 'My clients generally respond well to my efforts to communicate online', with a small effect size (*t(77)=-2.028; p=.05;* $M_{one}=2.24$ *and* $M_{more}=3.09$*; d=.05)*, with higher scores in the group with more specialty areas. Similarly, significant difference can be identified in question 16 'How often do you communicate online with people who play a role in your personal life?', with a small effect size (*t(26.972)=-2.557; p=.05;* $M_{one}=1.37$*;* $M_{more}=1.95$*; d=.06*), with higher scores in the group with more specialty areas. As we mentioned, these are notable tendential results, but might prove significant in a larger sample.

Along with all the other variables, the two groups did not differ (see *Table 10*).

Table 10
Differences between age groups

Question #	M_{one}	M_{more}	t	df	Sig. (2-tailed)	Effect size (d)
7	1.40	1.64	-1.380	77	p=.17 (n.s.)	–
9	2.24	2.27	-.078	77	p=.94 (n.s.)	–
10	1.77	1.68	.471	77	p=.64 (n.s.)	–
11	1.93	1.95	-.121	77	p=.90 (n.s.)	–
Do you communicate with your clients electronically?	**1.82**	**1.36**	**2.393**	**54.199**	**p=.007***	**.06**
14/1	1.89	2.00	-.267	77	p=.79 (n.s.)	–
My clients generally respond well to my efforts to communicate online.	**2.24**	**3.09**	**-2.028**	**77**	**p=.05**	**.05**
I set boundaries in online communication with clients.	**3.40**	**4.23**	**-1.794**	**57.986**	**p=.04***	**.05**
14/4	2.21	2.59	-.953	77	p=.34 (n.s.)	–
14/5	2.40	2.86	-1.009	77	p=.32 (n.s.)	–
14/6	2.12	2.77	-1.568	77	p=.12 (n.s.)	–
14/7	2.26	2.91	-1.431	77	p=.17 (n.s.)	–
14/8	.96	1.59	-1.723	77	p=.09 (n.s.)	–
How often do you communicate with your clients online?	**3.26**	**2.50**	**2.353**	**77**	**p=.02***	**.06**
How often do you communicate online with people who play a role in your personal life?	**1.37**	**1.95**	**-2.557**	**26.972**	**p=.05**	**.06**
17	1.40	1.64	-1.100	77	p=.27 (n.s.)	–
18/1	2.26	2.54	-.653	77	p=.52 (n.s.)	–
18/2	3.21	3.09	.309	77	p=.76 (n.s.)	–
18/3	4.74	4.41	1.406	77	p=.16 (n.s.)	–
18/4	4.74	4.36	1.558	77	p=.12 (n.s.)	–
18/5	4.75	4.36	1.661	77	p=.10 (n.s.)	–
18/6	4.68	4.27	1.622	77	p=.11 (n.s.)	–
18/7	4.56	4.14	1.544	77	p=.13 (n.s.)	–
19/1	3.63	3.50	.449	77	p=.65 (n.s.)	–
19/2	3.35	3.32	.116	77	p=.91 (n.s.)	–
19/3	3.46	3.45	.006	77	p=.99 (n.s.)	–
19/4	3.17	3.14	.101	77	p=.92 (n.s.)	–
19/5	3.35	3.41	-.146	77	p=.88 (n.s.)	–
19/6	3.49	3.41	.212	77	p=.83 (n.s.)	–
19/7	3.98	3.73	.674	77	p=.50 (n.s.)	–
19/8	3.95	3.73	.585	77	p=.56 (n.s.)	–
19/9	4.07	3.82	.717	77	p=.48 (n.s.)	–
19/10	3.91	4.04	-.364	77	p=.72 (n.s.)	–

*Sig. *p<.05, **p<.01*
Note: for the questions see Appendix 1

For a more precise view we compared all the specialty areas separately with Oneway ANOVA and we see a slightly different result:

- **Child protection**: *N=19*; $Age_{min}=22$; $Age_{max}=57$; $M_{age}=39.16$; $SD_{age}=10.26$; 14 females (73,7%), 5 males (26,3%)
- **Homeless care**: *N=2*; $Age_{min}=30$; $Age_{max}=35$; $M_{age}=32.50$; $SD_{age}=3.53$; 1 female (50,0%), 1 man (50,0%)
- **Addictology**: *N=3*; $Age_{min}=26$; $Age_{max}=44$; $M_{age}=32.67$; $SD_{age}=9.86$; 2 females (66,7%), 1 man (33,3%)
- **Social work with psychiatric patients**: *N=2*; $Age_{min}=23$; $Age_{max}=60$; $M_{age}=41.50$; $SD_{age}=26.16$; 1 female (50,0%), 1 man (50,0%)
- **Elderly care**: *N=16*; $Age_{min}=28$; $Age_{max}=62$; $M_{age}=47.19$; $SD_{age}=9.93$; 15 females (93,8%), 1 man (6,3%)
- **School social work**: *N=2*; $Age_{min}=41$; $Age_{max}=47$; $M_{age}=44.00$; $SD_{age}=4.24$; 2 females (100%)
- **Social work with families**: *N=4*; $Age_{min}=25$; $Age_{max}=54$; $M_{age}=42.00$; $SD_{age}=14.44$; 4 females (100)
- **Community social work**: *N=1*; *Age=53;* 1 man (100%)
- **Social work with people with disabilities**: *N=7*; $Age_{min}=22$; $Age_{max}=65$; $M_{age}=43.00$; $SD_{age}=18.34$; 6 females (85,7%), 1 man (14,3%)
- **Clinical social work**: *N=1*; *Age=50;* 1 female (100%)
- **More than one specialty area**: *N=22*; $Age_{min}=22$; $Age_{max}=56$; $M_{age}=43.64$; $SD_{age}=9.62$; 15 females (68,2%), 4 males (18,2%) and 3 (13,6%) who did not want to answer this question.

For the significant results, Effect size was also computed (*partial eta-squared: η^2 = Treatment Sum of Squares / Total Sum of Squares*). To interpret the partial eta-squared effect size Cohen's (1988) guideline was used: small effect up to 0.01, medium effect up to 0.06, and large effect up to 0.14.

Significant difference was found between the groups in question 10 'Did you initiate the use of 'electronic' tools?' ($F(10,68)=2.576$; $p=.01$; $p<.05$), with a very large effect size ($\eta^2=.27$), with higher rates in Homeless ($M=3.00$), in Social work with families ($M=2.75$) and in Social work with psychiatric patients groups ($M=2.50$). There was also a significant difference between the groups in question 12 'Do you communicate with your clients electronically?' ($F(10,68)=2.048$; $p=.04$; $p<.05$) with a very large effect size ($\eta^2=.23$), with higher rates in Homeless ($M=3.00$), in Social work with families ($M=2.50$) and in Social work with psychiatric patients groups ($M=2.50$) as well. Further, we can see a difference between the groups in question 14/2 'My clients generally respond well to my efforts to communicate online' ($F(10,68)=2.134$; $p=.03$; $p<.05$), with a very large effect size ($\eta^2=.24$), with higher rates in Social work with people with disabilities ($M=3.14$), in More than one specialty area ($M=3.09$), in Community social work ($M=3.00$), in Clinical social work ($M=3.00$), in Addictology ($M=2.67$), in Elderly care ($M=2.62$) and in School social work groups ($M=2.50$). Similarly, we can see a difference between the groups in question 14/3 'I set boundaries in online communication with clients' ($F(10,68)=2.237$; $p=.02$; $p<.05$), with a very large effect size ($\eta^2=.25$), with higher rates in Social work with families ($M=5$), in Clinical social work ($M=5.00$), in Addictology ($M=4.67$), in School social work ($M=4.50$), in Social work with people with disabilities ($M=4.43$), in More than one specialty area ($M=4.23$), in Child protection ($M=3.53$), in Homeless ($M=2.50$) and in Social work with psychiatric patients groups ($M=2.50$) as well. There was also a difference between the groups in question 14/6 'I feel that my clients are mentally present during our online ($F(10,68)=2.325$; $p=.02$; $p<.05$),

with a very large effect size ($\eta^2=.25$), with higher rates in Clinical social work (*M=5.00*), in School social work (*M=3.50*), in Community social work (*M=3.00*), in More than one specialty area (*M=2.77*) and in Social work with people with disabilities groups (*M=2.71*). We can see a difference between the groups in question 19/4 'I consider it useful to include IT tools in social work' *(F(10,68)=2.387; p=.02; p<.05)*, with a very large effect size ($\eta^2=.26$), with higher rates in Clinical social work (*M=4.00*), in in Elderly care (*M=3.87*), in Social work with people with disabilities (*M=3.71*), in Addictology (*M=3.67*), in Child protection (*M=3.21*) and in School social work groups (*M=3.00*) (*see Table 11–12*).

Table 11

Differences between groups with different areas of specialty

Question #	F	df	Sig.	Effect size (η^2)
7	1.338	10, 68	p=.22 (n.s.)	–
9	1.286	10, 68	p=.26 (n.s.)	–
Did you initiate the use of 'electronic' tools?	**2.576**	**10, 68**	**p=.01***	**.27**
11	1.859	10, 68	p=.07 (n.s.)	–
Do you communicate with your clients electronically?	**2.048**	**10, 68**	**p=.04***	**.23**
14/1	1.150	10, 68	p=.34 (n.s.)	–
My clients generally respond well to my efforts to communicate online.	**2.134**	**10, 68**	**p=.03***	**.24**
I set boundaries in online communication with clients.	**2.237**	**10, 68**	**p=.02***	**.25**
14/4	1.763	10, 68	p=.08 (n.s.)	–
14/5	1.663	10, 68	p=.11 (n.s.)	–
I feel that my clients are mentally present during our online communications.	**2.325**	**10, 68**	**p=.02***	**.25**
The exchanges of written messages generated during online communications with my clients prove to be useful in my work.	**1.969**	**10, 68**	**p=.05**	**.22**
14/8	1.280	10, 68	p=.26 (n.s.)	–
15	1.809	10, 68	p=.07 (n.s.)	–
16	.869	10, 68	p=.57 (n.s.)	–
17	.491	10, 68	p=.89 (n.s.)	–
18/1	1.760	10, 68	p=.08 (n.s.)	–
18/2	1.415	10, 68	p=.19 (n.s.)	–
18/3	.451	10, 68	p=.91 (n.s.)	–
18/4	.430	10, 68	p=.93 (n.s.)	–
18/5	.460	10, 68	p=.91 (n.s.)	–
18/6	.449	10, 68	p=.92 (n.s.)	–
18/7	.425	10, 68	p=.93 (n.s.)	–
19/1	1.373	10, 68	p=.21 (n.s.)	–
19/2	.779	10, 68	p=.65 (n.s.)	–
19/3	.514	10, 68	p=.87 (n.s.)	–
I consider it useful to include IT tools in social work.	**2.387**	**10, 68**	**p=.02***	**.26**
19/5	1.544	10, 68	p=.14 (n.s.)	–
19/6	1.749	10, 68	p=.09 (n.s.)	–
19/7	.448	10, 68	p=.92 (n.s.)	–
19/8	.497	10, 68	p=.89 (n.s.)	–

19/9	.531	10, 68	p=.86 (n.s.)	–
19/10	.889	10, 68	p=.55 (n.s.)	–

*Sig. *p<.05, **p<.01*
Note: for the questions see Appendix 1; for Means and Standard Deviations for the significant differences see Table 2.

Finally, we could also identify a notable trend that might prove significant in a larger sample in question 14/7 'The exchanges of written messages generated during online communications with my clients prove to be useful in my work' (*F(10,68)=1.969; p=.000; p<.05*), with a very large effect size (η^2*=.22*), with higher rates in Clinical social work (*M=5.00*), in School social work (*M=3.50*), in Community social work (*M=3.00*), in More than one specialty area (*M=2.91*), in Child protection (*M=2.63*), in Social work with people with disabilities (*M=2.57*) and in Elderly care groups (*M=2.50*) (*see Table 11–12*).

Table 12
Means and Standard Deviations of groups with different areas of specialty

	Question #													
	10		12		14/2		14/3		14/6		14/7		19/4	
Group	**M**	**SD**	**M**	**SD**	**M**	**SD**	**M**	**SD**	**M**	**SD**	**M**	**SD**	**M**	**SD**
1	1.68	.67	1.84	.83	2.26	.199	3.53	1.92	2.16	1.77	2.63	2.00	3.21	1.31
2	3.00	.00	3.00	.00	.00	.00	2.50	3.53	.00	.00	.00	.00	.50	.71
3	1.33	.58	1.67	.58	2.67	1.52	4.67	.58	2.33	2.08	1.33	1.53	3.67	1.53
4	2.50	.71	2.50	.71	.00	.00	2.50	3.53	.00	.00	.00	.00	1.50	.71
5	1.81	.83	1.69	.79	2.62	1.45	2.31	2.09	2.37	1.45	2.50	1.67	3.87	1.26
6	1.50	.71	1.50	.71	2.50	.71	4.50	.71	3.50	.71	3.50	2.12	3.00	1.41
7	2.75	.50	2.50	1.00	.50	1.00	5.00	.00	.25	.50	.50	1.00	1.25	1.50
8	2.00	–	2.00	–	3.00	–	1.00	–	3.00	–	3.00	–	2.00	–
9	1.14	.38	1.43	.79	3.14	1.46	4.43	1.13	2.71	1.49	2.57	1.72	3.71	1.11
10	1.00	–	1.00	–	3.00	–	5.00	–	5.00	–	5.00	–	4.00	–
11	1.68	.71	1.36	.58	3.09	1.48	4.23	1.31	2.77	1.54	2.91	1.60	3.13	1.67

Note:
1=Child protection
2=Homeless care
3=Addictology
4=Social work with psychiatric patients
5=Elderly care
6=School social work
7=Social work with families
8=Community social work
9=Social work with people with disabilities
10=Clinical social work
11=More than one specialty area

Comparison based on place of living

Oneway ANOVA was applied to identify any significant differences between groups from different living places:

- **village**: *N=17*; $Age_{min}=22$; $Age_{max}=65$; $M_{age}=44.00$; $SD_{age}=12.66$; 13 females (76,5%), 4 males (23,5%)
- **city**: *N=37*; $Age_{min}=22$; $Age_{max}=57$; $M_{age}=42.08$; $SD_{age}=10.46$; 29 females (78,4%), 7 males (18,9%) and 1 (2,7%) who did not want to answer this question
- **county seat**: *N=13*; $Age_{min}=22$; $Age_{max}=60$; $M_{age}=40.31$; $SD_{age}=11.26$; 11 females (84,6%), 2 males (15,4%)
- **Budapest**: *N=12*; $Age_{min}=26$; $Age_{max}=62$; $M_{age}=44.67$; $SD_{age}=13.27$; 8 females (66,7%), 2 males (16,7%) and 2 (16,7%) who did not want to answer this question.

We did not find any differences between the four groups along with all the variables (see *Table 13*).

Table 13
Differences between groups from different living places

Question #	$M_{village}$	M_{city}	$M_{county\ seat}$	$M_{Budapest}$	F	df	Sig.
7	1.47	1.62	1.31	1.17	1.721	3, 75	p=.17 (n.s.)
9	2.23	2.54	2.00	1.67	1.444	3, 75	p=.24 (n.s.)
10	1.94	1.76	1.42	1.75	1.140	3, 75	p=.34 (n.s.)
11	2.23	1.89	1.84	1.75	1.089	3, 75	p=.36 (n.s.)
12	1.53	1.78	1.77	1.58	.513	3, 75	p=.67 (n.s.)
14/1	2.18	1.67	1.77	2.50	1.053	3, 75	p=.37 (n.s.)
14/2	2.82	2.38	1.77	3.08	1.583	3, 75	p=.20 (n.s.)
14/3	3.06	3.92	3.69	3.50	.856	3, 75	p=.47 (n.s.)
14/4	2.53	2.32	2.08	2.25	.201	3, 75	p=.89 (n.s.)
14/5	3.06	2.40	2.08	2.67	.824	3, 75	p=.48 (n.s.)
14/6	2.70	2.03	1.85	3.08	1.939	3, 75	p=.13 (n.s.)
14/7	3.06	2.30	1.77	2.75	1.478	3, 75	p=.23 (n.s.)
14/8	1.47	1.00	.92	1.33	.556	3, 75	p=.65 (n.s.)
15	2.82	3.19	3.46	2.50	1.423	3, 75	p=.24 (n.s.)
16	1.23	1.65	1.38	1.75	1.067	3, 75	p=.37 (n.s.)
17	1.76	1.38	1.23	1.58	1.267	3, 75	p=.29 (n.s.)
18/1	2.65	2.24	2.15	2.42	.272	3, 75	p=.85 (n.s.)
18/2	3.23	3.16	3.31	3.00	.091	3, 75	p=.96 (n.s.)
18/3	4.59	4.78	4.69	4.25	1.020	3, 75	p=.39 (n.s.)
18/4	4.59	4.70	4.85	4.25	.919	3, 75	p=.44 (n.s.)
18/5	4.53	4.73	4.92	4.25	1.263	3, 75	p=.29 (n.s.)
18/6	4.41	4.67	4.77	4.25	.820	3, 75	p=.49 (n.s.)
18/7	4.18	4.54	4.69	4.25	.759	3, 75	p=.52 (n.s.)
19/1	3.41	3.62	3.92	3.42	.579	3, 75	p=.63 (n.s.)
19/2	3.35	3.24	3.77	3.17	.820	3, 75	p=.49 (n.s.)
19/3	3.35	3.43	3.77	3.33	.518	3, 75	p=.67 (n.s.)
19/4	2.88	3.05	3.38	3.67	.770	3, 75	p=.51 (n.s.)
19/5	3.00	3.40	3.77	3.33	.587	3, 75	p=.62 (n.s.)
19/6	3.76	3.30	3.46	3.58	.378	3, 75	p=.77 (n.s.)
19/7	3.70	3.89	4.38	3.75	.574	3, 75	p=.63 (n.s.)

19/8	3.70	3.89	4.23	3.75	.338	3, 75	p=.80 (n.s.)
19/9	3.76	4.03	4.46	3.75	.761	3, 75	p=.52 (n.s.)
19/10	3.76	3.81	4.46	4.08	.773	3, 75	p=.51 (n.s.)

Sig. ∗p<.05, ∗∗p<.01
Note: for the questions see Appendix 1

Discussion

Our findings are consistent with the results of a research done on the same topic two years ago in Hungary (Tóth, 2020), which fact is quite troubling, it indicates that there have not been any improvements. This claim was also supported by our participants complaining of the outdated equipment that they must use regularly. Although most professionals have expressed that they are willing to introduce ICTs, some have deemed it pointless. Social workers lack up-to-date equipment; but clients occasionally lack any kind of equipment for digital communication.

While the literature proposes that social work should challenge digital inequalities and the social exclusion it creates, most professionals are unsure of their abilities to do so and feel more hesitant to initiate such changes, supporting Joiner's (2018) statements.

Many practitioners feel that their clients are actively (mentally) present during online communication ("really listening") but the results are quite split as half of them claiming that they are not. According to Ayaß (2014, p. 16), "the accessibility of the participants is a participation status which they produce, manipulate and reciprocally display". If we want to raise the level of participation, we must first identify and eliminate certain obstacles.

The COVID-19 pandemic should have reshaped social work approaches to keep contact with clients. Even if there were some improvements, when vaccination became available the practice got back to how things used to be, without any major signs of sustained transformations. There have been a couple of feedbacks about the shortcomings of current digital administrative systems (e.g.: GYVR); and are only an extension of the already tedious amounts of paperwork. An efficient program could assist both the providers and the service users.

Discussion of key themes

We can see that there is a definite interest in technologies in the social work field, and most practitioners have a positive attitude towards these. We could see further improvements if there were available learning resources, also involving the experiences accumulated during the COVID-19 pandemic in the previous years.

There is a digital divide in the country, especially for the usual target groups of social work. In addition, we could see that the infrastructure in social institutions is rather outdated, so we can worry about both the social workers' and their clients' equipment. Regarding privacy, most professionals are knowledgeable about the boundaries of online communication and are actively setting these boundaries. In some cases, when these principles are not clear, or are unknown, both the clients' and professionals' privacy could be at risk.

By utilizing the potentials in web-based assets and forums, less accessible groups can be reached, and knowledge and collective practical expertise could be shared and passed over among the practitioners. This way, they could help each other in developing the profession and keeping up an ethical workflow. The development of online administrative systems (the use of more advanced algorithms and more transparent surfaces) could ease the burdens of administrative work and eliminate overlaps.

Implications for social work

After evaluating the results, the following developmental areas could be determined:

Research

Social work research can provide a possible future direction, also encouraging professionals to take the steps that may seem too problematic at first glance. A more critical review of the current system, the inherent possibilities, as well as the related issues could be studied to initiate a professional dialogue on the topic.

Practice

Social workers internationally are not afraid to look into the future and develop ambitious visions; in Hungary, the situation is different. Currently, the most feasible step would be to encourage developments in the already existing digital systems, as well as to accumulate and share knowledge on using ICT. Trainings for social workers to expand their skills and competencies could be introduced.

A comprehensive reform of the social system and its adequate funding could ensure the greater involvement of marginalized groups as a long-term goal, minimizing digital divide.

Education

Many professionals have expressed their wish to participate in courses and further trainings to develop their digital and ICT skills. From little to no practical and legal frameworks available, it is indeed hard to tell what kind of knowledge is necessary for those new to the field.

On the other hand, the digitalization of social work has already started both on an individual level (i.e., professionals introducing different tools into their own practice), and on a systematic level (e.g., KENYSZI system, GYVR, etc.). These are subject to harsh criticism, mostly due to their underdeveloped state.

Policy

In this study, respondents very strongly agreed with the statement that a legal framework is necessary for the use of IT tools and for the forms of online communication – a similar demand is present in the international literature. Although the *National Association of Social Workers*, in partnership with other significant associations, has published its *Standards for Technology in Social Work Practice*, it does not bear any more legal weight than the *Code of Ethics*.

As social policy is a field closely related to social work as two ends of the same spectrum, their collaborative contributions may help to move things forward.

Conclusion

The use of ICTs and digitalization is no longer an option, and the profession of social work is not an exception to this rule. Although the current situation is controversial, the great majority of practitioners agree that ICTs are helpful and necessary in their work. There is a need for legal regulation and for the definition of a practical framework for professionals. The idea of further training to develop related skills and competencies seems popular among the respondents.

Potential ethical dilemmas should be discussed and resolved to facilitate the process of digitalization. Social work's Code of Ethics (more specifically, the Hungarian edition) should pay an increased attention to the theme and should not only include precautions concerning use of digital communication platforms and technologies. The current discourse should also change, from the humble threats to structured guidelines. We must remember that social work is a

helping profession where technology cannot substitute real, face-to-face interactions. However, ICT can be an effective supplement to these if we are open to its potentials.

Limitations of the study

The study has two main limitations: the geographical distribution of the respondents is unknown, and we do not know if the different regions are evenly represented in our data. We contacted the participants online (e.g., online forums, e-mail, etc.). The use of a more traditional method might change the findings.

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