# The use of digital communication technologies between Disabled service users and social workers in adult services: summary of research findings.

## Key points

* A greater variety of digital communication technologies (DCTs) in social work has made services more accessible to some Disabled service users. But others face barriers with some or all DCTs.
* Disabled service users tend to be particularly disadvantaged by common challenges in using DCTs – like cost or poor internet or phone connection.
* While social workers talked about offering choice of communication, Disabled service users rarely reported this happening. Social workers seemed to respond to explicit requests, but seldom offered a range of options.
* Many local authorities limited the DCTs social workers could use, which restricted equality of access and choice.
* Social workers and Disabled service users thought there were aspects of social work practice that were impossible to achieve when not meeting in-person.
* Social workers would welcome guidance and training on the use of DCTs with Disabled service users.

## Background

The COVID-19 pandemic and the need for social distancing prompted an abrupt end to the vast majority of home visits, and increased the use of DCTs (email, telephone, text, video calls or video-conferencing) between social workers and service users. This study set out to explore the experiences of Disabled users of social work services, and of front-line social workers, in the use (or not) of DCTs in their interactions with each other.

## Aims and methods

The research was undertaken by Disabled lay researchers, supported by academics at King’s College London and a user-led organisation (Shaping Our Lives) in partnership with the British Association of Social Workers.

We interviewed 15 local authority adult social workers and 20 Disabled users of adult social work services, and ran a focus group with 9 social work service users with learning disabilities.

The aims were to:

1) Understand Disabled service users’ and social workers’ experiences of the use (or not) of different DCTs when communicating with each other

2) Explore social workers’ knowledge, understanding and use (or not) of existing guidance on the use of DCTs with service users

3) Identify implications for practice

## Findings

## Barriers faced by Disabled service users with respect to digital communication technologies

Disabled people faced inter-related barriers in using different DCTs. Some barriers will be faced by non-Disabled service users too, but the impact on Disabled service users is disproportionate. Other barriers related to individual user’s disability or condition.

### General barriers disproportionately affecting Disabled service users

Disabled people are less likely to be in work, and Disabled employees earn substantially less on average than their non-disabled peers. So Disabled service users are more likely than non-disabled service users to find the costs associated with DCTs, like data costs or mobile phone credit, problematic. Financial barriers had knock-on effects, particularly on the equipment and software available to users, and connectivity problems.

Some social workers were given new equipment at the start of the pandemic. But Disabled service users’ employment situation means they are less likely to have access to free equipment upgrades. Older software or equipment was problematic for video-conferencing - it did not have cameras installed, and the connection, sound and visual quality were worse. This was particularly difficult for people with sensory impairments or anxiety.

Connectivity issues are particularly detrimental to interactions with social workers. Given that conversations were often personal or at a time of crisis, the additional stress of trying to communicate over poor connection was felt by all parties, and was particularly problematic for service users. Poor connection discouraged people from talking about particularly upsetting things. Lastly, poor internet connectivity meant that on video-calls people sometimes had to turn their cameras off, making it more difficult for social workers to build rapport and assess people’s moods.

### Disabling impacts of digital communication technologies

DCTs could trigger certain disabling conditions. For example:

* People with chronic fatigue reported video-conferencing as particularly tiring.
* Sensitivity to light or electricity means communicating by any means via a computer screen can cause pain and / or fatigue and worsening of cognitive function.
* With some neurological conditions stress can affect eye-sight, making reading and writing difficult.
* Using unfamiliar DCTs to communicate can make underlying social anxiety worse; and people who were very self-conscious could find seeing their image on screen during video-conferencing stressful.
* Sensory overload particularly impacts those with certain impairments, e.g. autism.
* Impairments such as physical weakness or poor dexterity could make handling technologies (i.e. holding phones or tablets, using keyboards) impossible or painful; or writing impossible or difficult.
* Updates to DCTs that changed the way users had to do things, or altered the layout were problematic, particularly for those with visual impairments.

Assistive technologies could create their own problems:

* People who used voice recognition software, which could be used to dictate any form of written communication, found that it often made mistakes, particularly when their voice was affected by fatigue or pain. This made it difficult to communicate effectively.
* Blind or visually impaired service users using screen readers or audio description features when video-conferencing had difficulties trying to follow the meeting conversation while also getting audio descriptions they needed to use features such as mute/unmute or video off/on. This had an impact on service users’ experiences of such meetings.

## The pros and cons of different types of digital communication

All DCTs could reduce the need for home visits, saving travel time, energy and money. Social workers and Disabled service users felt that only home visits gave a full picture of someone’s situation. But Disabled service users could also experience home visits as intrusive.

For speech-based DCTs (video-conferencing and phone calls) social workers and Disabled service users had concerns about privacy.

Written communications were open to mis-interpretation; and challenging for those who found reading and/or writing difficult because of learning disabilities or physical impairments. But they were helpful in allowing people time to process information and formulate a response.

More specifically:

**Video-conferencing**, for those who could manage it, was regarded as the next best thing to in-person meetings because it allowed some visual clues that helped communication and a more rounded assessment of someone’s needs than other types of DCTs. But as a relatively unfamiliar technology, and one prone to technical glitches and connection difficulties, it could add additional stress to an already stressful situation. Disabled service users, especially those who relied on screen readers, found Zoom was easier to use than Microsoft Teams. But many local authorities did not allow social workers to use Zoom.

**Email** gave a record of communication and was useful for giving information or sending documents speedily. But there was a danger of slow or non-existent responses. It was useful to those finding “live” social interactions stressful or with speech impairment.

**Texting by phone** was useful for short communications - sending reminders of appointments or letting people know if things were running late. Like emails, they gave a record of communications. While some people found emojis useful to express meaning, others found them confusing.

**Telephone calls** were quick and convenient. A familiar technology, phone calls were helpful for relationship building, although unscheduled phone calls impacted this negatively. People could be anywhere when they were on a mobile call, causing additional concerns about privacy. Phone signal could also be problematic.

## Current social work practice: impact on core values

### Inclusion

The recent authorisation from local authorities for social workers to use a variety of DCTs meant that for *some* Disabled service users, barriers to inclusion were removed. But some practices indirectly discriminated against Disabled service users by putting them at a disadvantage. As we have shown, s*pecific* DCTs could be challenging or impossible for people with different impairments or conditions. Insistence on their use (which was reported) was exclusionary. Certain software favoured by Disabled service users, namely Zoom and WhatsApp, was commonly made unavailable to social workers. Social workers’ use of encryption and authentication software (such as Egress) when sending emails presented significant barriers to many Disabled service users. Some local authorities were more flexible than others in their use of authentication systems – only using them when sending sensitive information or allowing people to opt out of using the system.

### Personalisation, active choice and agency

A lack of equipment, discussed above, could force reliance on other people, undermining a key social work value of promoting independence. For instance, by social workers contacting Disabled service users by phoning carers, or service users having to borrow equipment to take part in video conferences. Similarly, authentication systems used by social workers often forced Disabled service users to rely on someone else to help them open emails. Furthermore, Egress did not allow people to download documents to keep in their own filing system, but only in the Egress app. This reduced people’s control over their paperwork.

Social workers commonly reported tailoring their communication to individual needs, and said their local authority had a system for recording and retrieving service users’ communication preferences. In interviews with service users, there was some limited evidence of social workers adapting their practices to suit individual users. But few were given an active choice or asked about their experiences of using DCTs. Social workers sometimes made assumptions about the preferences of groups of service users, and the responsibility was left to service users to express their preference. But Disabled service users’ need for social work input, and awareness of the pressure which the social care system was under, can lead service users to feel like they must accept lack of choice as a condition of access.

A few social workers we spoke to seemed to have limited knowledge or understanding about disabling conditions, and this was an issue raised by some Disabled service users. This lack of understanding may make social workers less likely to offer a choice of communication modes just when it is particularly important to do so.

## The unique value of in-person meetings

Although social workers and many Disabled service users found different DCTs helpful for some things, both groups were worried that in-person meetings might be phased out. Both groups agreed that in-person meetings had qualities that could not be matched by any DCT. Even video-conferencing limited the use of body language and other sensory clues relied on by, for example, blind or visually impaired service users. In-person meetings made most service users feel more supported. People missed the sociability that came from things like having a chat while making a cup of tea, or expressions of empathy through physical touch. In-person meetings allowed a more relaxed conversational flow and meant service users were more likely to open up about problems. Conversation was said to be less prone to mis-interpretation. Social workers reported that for some aspects of their work (notably mental capacity assessments and safeguarding issues) they felt obliged and / or compelled to do these via in-person visits regardless of service user preference. Not only did they feel that home visits gave a more holistic picture, but accountability and legal defensibility was an issue too.

## Training and guidance for social workers on the use (or not) of different digital technologies with Disabled service users

Some social workers working with particular user groups (older people or people with learning disabilities) had received some general communication training regarding that group. There was very little awareness of existing guidance or tools relating to DCTs in social work. None of the social workers we spoke to had received training or guidance on the use of digital communication technologies with Disabled service users. There was an identified need for guidance and/or training on:

* raising awareness of service users’ difficulties in using various DCTs, and of and assistive technologies available
* the practicalities of using different DCTs
* and how to make all interactions more meaningful, using different DCTs.

## Lessons for social work practice

The COVID-19 pandemic has increased the opportunities for social workers to use a variety of DCTs when communicating with service users. In theory this enables Disabled service users to access services on an equal basis to non-Disabled peers, and allows them greater scope to choose the modes of communication that suit them best. But service user choice must be proactively sought and accommodated, and this is not always happening. Front-line social workers should not make assumptions about people’s communication needs. And they should not rely on Disabled service users to state a preference, since Disabled service users’ reliance on the service may make them unwilling to raise issues.

At the local policy level, employers should consider how their policies on the use (or not) of DCTs affect core social work values like inclusion, personalisation, agency and relationship-building. Policies restricting the use of certain DCTs (i.e. Zoom) or enforcing the use of authentication systems like Egress at all times need to be reviewed, as these discriminate against Disabled service users by placing them at a disadvantage in accessing services.

At national and local policy level, in-person meetings should remain a part of the social work offer. Awareness should be raised about relevant existing tools such as SCIE’s Matching interventions and people: A decision-making tool to establish the best means of working with people <https://www.scie.org.uk/care-providers/coronavirus-covid-19/social-workers/matching-interventions-with-people> Training and / or guidance for social workers specifically on the use of different DCTs with Disabled service users is needed and would be welcomed by front-line social workers.

Digitalisation is under-developed in adult social work, but the COVID-19 pandemic, and the need for social distancing, have thrust it centre stage. The study’s detailed findings on the benefits and barriers relating to the use (or not) of DCTs with Disabled service users are invaluable. Considering the priority given to inclusion, personalisation, independence and agency in adult social work, they provide valuable lessons for front-line practitioners, managers, educators and policy makers.

## Further details of the study

**The full formal name of the research study was:** “Improving experiences regarding the use of digital communication technologies in interactions between Disabled service users and social workers in adult services: a qualitative service user conducted enquiry to inform best practice.”

The study was given ethical approval by the West Midlands - Coventry & Warwickshire NHS Research Ethics Committee.

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Other study outputs are available on the [reports page of the Shaping Our Lives website](https://shapingourlives.org.uk/report/digital-communication-technology-in-social-work/)

## About this document

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