Could WhatsApp be an Intervention Tool for Digital Social Work? A Case Study

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Ensuring that individuals who exhibit difficulties or problems are able to stay in their family and community environments has been an issue of concern for governments and welfare states for several decades. Authorities now seek to reverse the impact of periods or years of institutionalization and concealment of a variety of personal and social realities.

It should be highlighted that two phenomena, in particular, have increased interest in helping to keep individuals in their homes and community. First, aging populations and increased life expectancy, and second, the possibilities afforded by Information and Communication Technologies (ICTs). The aging population is a constant throughout the Western world. To date, ICT is a field that has been underexploited in Southern Europe and specifically in the case of Spain. Nevertheless, ICT is experiencing a boom and we believe it can shape and reshape professional, personal, and family practices, as well as public policies and program design in the near future.

In turn, the situation resulting from the Covid-19 pandemic, which began in 2020, has led to moments of lockdown, curfews, and restrictions of movement, which in some cases have increased the isolation and loneliness of the elderly and those with health and mobility problems. Paradoxically, Covid-19 has also acted as a technology driver by increasing the use of social media, online shopping, and technologies such as video calls, video chats, etc., for personal, work, and educational activities.

In this article, we highlight developments from an ongoing research project based on a case study from a social action organization that responded to the crisis by providing and managing health, social, and technology services. The organization in question is the Spanish Red Cross, and, more specifically, we analyze the case of the Red Cross in Zaragoza, Spain.

This study aims to show the evolution of scenarios and tools employed to respond to user needs within a process of digital convergence facilitated by the use of interactive applications, based on "peer-to-peer" communication as a complementary strategy to the usual practice of social work, towards what could constitute a new context of work and intervention such as e-social work.

Introduction

The World Health Organization (WHO, 2015) estimates that there are around 605 million people in the world over the age of 60 and that by 2025 this number will increase to 1.2 billion. One in three of these individuals will be living in developed countries. Spain is one of those countries with a population of 46,528,966 inhabitants, 11,467,684 of whom are aged over 60 (Instituto Nacional de Estadística, INE, [Spanish Office for Statistics], 2017), which will cause a significant strain on social protection and healthcare systems (IMSERSO, 2016). The number of elderly people will reach such a progressive scale that it will have evident social repercussions, and eventually to the overall aging of the country's population (Abellán et al., 2018). Moreover, due to their age, this group of citizens may also present health issues (Bódalo, 2003). A distinction should be highlighted between intrinsic aging (the genetically determined process unique to each individual) and extrinsic aging (determined by an individual's physical and social environment) (Santos del Campo, 1991). Aging has become a constant concern for many governments and welfare states.

Furthermore, in addition to the figures that show the level of aging in Spanish society, there is also an entire new trend in ideas, legislation, and ways of working and intervening that stresses the importance of enabling elderly people to continue to live in the community environment. The aim behind this strategy is to ensure that social, neighborhood, and family roots are not lost and, in turn, deliver the support and care needed to ensure that the elderly and vulnerable live with dignity (Arriba González de Durana & Moreno Fuentes, 2009). In the case of Spain, Law 39/2006, popularly known

as the "Dependency Law", consolidated the right to autonomy for dependent individuals, and extended the possibilities for support at home beyond that traditionally provided by the Home Care Service (*Servicio de Ayuda a Domicilio*) as a public social services program. The importance of providing legal coverage, economic and personal means for the initiatives, and community and home support programs also needs to be taken into account. Indeed, since Esping-Andersen's (1990) classic definition, Southern European welfare states have been characterized not so much by institutional protection, but more by family and/or informal support (Moreno, 2001; Bettio & Plantenga, 2004). The following table summarizes a very general characterization of such models.

Table 1. European Care Models

	Institutionalization	Deinstitutionalization	
Country	Home Care	Informal Care	Community Care
Southern European countries	Low	High	Low
Central European countries	Medium-high	Medium	Medium-high
Northern European countries	High	Low-medium	Medium-high

Source: The authors, based on Bettio & Plantenga (2004) and Huete García (2015).

Together, with the concept of care and legal changes to promote social inclusion based on remaining at home and non-institutionalization, we have also witnessed the advent of ICTs and the possibilities they offer to improve user care and monitoring (Merilampi & Sirkka, 2017). Although Southern European countries are not particularly prodigious in this area, we believe that this reality is changing. As a result, we have adopted an approach using a case study of the well-known organization, the Red Cross. In this study, we analyze how, step by step and little by little, changes are being introduced to intervention strategies with the support of technology.

Our research related to Digital Social Work seeks to strengthen this relatively new social work specialization by monitoring

and evaluating new developments (López Peláez et al., 2018). For instance, the current Covid-19 pandemic became a technological "accelerator" that resulted in changes in social work professional practices and greater acceptance of E-Social Work (López, Marcuello-Servós, et al., 2020). The experiences reported in this article suggest that many of these changes are here to stay.

The Zaragoza, Spain Red Cross was selected for this study given its extensive track record in implementing social interventions while using relevant technology (Cruz Roja, 2019). Established in 1867 as a "Provincial Assembly," it currently has 230 workers, 35,000 members, and 6,000 volunteers. Furthermore, the city of Zaragoza, in Spain, is an important logistical and communications hub. The Zaragoza Red Cross manages 67 different projects, mostly with the use of ICTs, always seeks to innovate in the area of e-care, tries to be close to the people, and uses technology to promote social inclusion.

Isolation and Loneliness: The Epidemic of the 21st Century

According to data (IMSERSO, 2016; INE, 2017), the number of elderly people living alone is on the increase. Of the total number of people living alone in Spain in 2016, 41.7% were aged 65 or older (INE, 2017). According to the WHO (2018), factors that can cause isolation, loneliness, distress, and loss of independence in the elderly are the loss of loved ones, the decline in socioeconomic status (due to retirement), disability, and chronic illness due to age.

First, concepts need to be defined. The fact that there are currently so many lonely elderly people is largely due to the way families have adapted to the capitalist system (Donio et al., 2013). However, there is a difference between loneliness and isolation. Loneliness is considered a negative subjective phenomenon (i.e., the relationships people would like to have versus those they actually have), whereas isolation is considered an objective phenomenon (i.e., the number of interactions people have). Some people choose isolation, while others do not, whereby it becomes a disruptive element for their wellbeing (Gené-Badia et al., 2016). So, living alone (residential autonomy, people with minimal social ties, i.e., social isolation) is not the same as experiencing loneliness (emotional loneliness).

The psychotherapeutic study of loneliness began in the 1980s with the creation of scales such as that proposed by de Jong-Gierveld and Kamphuls (1985). However, community and social studies of people who feel lonely is much less developed. Unwanted loneliness is often associated with a state of relational or social isolation and frequently leads to a reduction in the number of primary community relationships people need for a healthy lifestyle. As previously indicated, the physical state of living alone that may entail the absence of social relationships (objective loneliness) is different from the feeling of being alone (emotional loneliness). Understandably, persons suffering from emotional loneliness are the ones that usually receive benefits and support from the social network system. Lastly, dystonic loneliness can be described as the absence of harmony in relationships that can be understood as "I feel alone" (Castro, 2015).

A dynamic relationship exists between loneliness, social isolation, and social vulnerability/social exclusion (Pinazo-Hernandis & Donio-Bellegarde Nunes, 2018) in which psychosocial and relational factors of social isolation are associated with subjective and emotional factors of social exclusion, on one hand, and structural and cultural factors of social exclusion, on the other (Santos-Olmo Sánchez, 2016). This can create a "perfect storm" that isolates and condemns the users who need intervention.

However, this is not enough to indicate that these subjects live in loneliness or isolation as this will depend on forms of social organization that do not always hinge on their wishes. Families adapt to the needs of the social system in which they live (Díez Nicolás & Morenos Páez, 2015). Díez Nicolás and Morenos Paéz (2015) define "the loneliness syndrome" as the inability to communicate with others, together with decreased participation in social activities, and distinguish between emotional loneliness and social loneliness. The former refers to the absence of attachments generated by unhealthy affective relationships in childhood, which leads to insecurity. Social loneliness refers to the actual number of social relationships, a concept that is currently very widespread, especially due to the use of social media (Co-operatives UK & British Red Cross, 2016).

Loneliness and Health

Several studies have highlighted the impact of relationships and social interactions on health, specifically in old age. Social isolation and loneliness affect the elderly's quality of life because they are more likely to acquire unhealthy habits. Isolation can be a factor that aggravates an individual's mental or physical illness, however social interactions would help them to recover or overcome their problems (Gené-Badia et al., 2016).

Loneliness can have serious consequences and negative effects for both individuals and the community given that we are social beings, as exemplified by Bowlby's theory of attachment (1979). It can cause or exacerbate existing personal psychological, social, and behavioral problems, in addition to triggering problems within the community, including the loss of social relationships, lack of confidence to go outside, etc. Furthermore, it can have consequences for isolated people, which might manifest as lower satisfaction with life and a tendency to suffer physical and mental health problems.

COVID-19, Social Isolation, Lockdown, and Socially Vulnerable People

Although the outbreak and spread of COVID-19 have posed a challenge for societies in every country in the world, it has had a very specific impact on vulnerable groups. The impact is more than a health challenge; it is also a social challenge affecting the economy, employment, housing, etc.—in short, quality of life (Nicola et al., 2020).

In this study, we refer to participants as "socially vulnerable people" because isolation and loneliness are not only limited to the elderly, even though they are by far the largest group affected by it. For this reason, our research focuses on groups such as: people with mild or moderate mental pathologies who are not institutionalized, people who for various reasons have dramatically reduced their social relationships, and people who are isolated due to residing in highly dispersed rural areas. Although there were different levels of regional lockdowns and curfews between March 14 and April 26, 2020, the Spanish population were confined to their homes

with "strict" quarantine rules between March 30 and April 9, 2020. This may have also affected other groups that should be studied and may also need to be provided with intervention services.

Some cases of loneliness lead to severe suffering, a feeling of loss of dignity and purpose (Goikoetxea, 2020), and an increase in both health problems and the risk of mortality (Gerst-Emerson & Jayawardhana, 2015); this must be considered as a social and healthcare problem. Yanguas et al. (2020) suggests that both loneliness and the risk of social isolation increase with age and are more frequent in men and in those with a lower level of education.

In the case of the elderly, the risks are more than evident. In addition to the mortality figures—approximately 80% of deaths in Spain have occurred in people over 70 years of age (Instituto Carlos III, 2020), we have to consider the impact that isolation and lockdown may have had on their physical and mental health. After all, psychosocial factors and social behavior are already primary elements that condition our responses (Eisenberger et al., 2017). The drastic measures adopted in order to avoid contagion led to "physical distancing," which, in turn, led to "social distancing" and isolation from contact networks, family, friends, stores, etc. (Pinazo-Hernandis, 2020).

This situation leads us—or should lead us—to rethink our entire care model and system, not only with respect to the elderly, but also to any individual with needs or vulnerability. In this analysis, technology can no longer be excluded. We must study E-care—with all the possibilities and difficulties (digital divide, technological exclusion) that it may bring. This article relies on a practical case study, while keeping in mind that the social work discipline has an important role to play and much to say about loneliness isolation and digital transformation.

Social Work and Loneliness

Loneliness is a social phenomenon; for this reason, we propose we should study other social factors closely related to it. Any intervention support provided to service users suffering from loneliness must be implemented with an emphasis on prevention, following the classic classification of primary, secondary, and tertiary prevention (Fernandes Alves et al., 2009).

Primary prevention has a clear community focus on exposing societal issues, promoting community social participation, and providing resources for social participation, maintaining independence, and adapting to life changes (Fierro, 2006). Secondary prevention (Fernandes Alves et al., 2009) operates using a group approach by working with potential members of pre-risk and risk groups. It engages in actions aimed at identifying risk situations and detecting potentially vulnerable and at-risk people. Intervention is implemented via social participation/involvement programs and by encouraging potential participants to get involved. This type of intervention is targeted at people who, although they may never have publicly aired their situation of loneliness, show signs of suffering or of being at risk of suffering loneliness due to their lifestyle, isolation, absence of activities, etc. Situations may include individuals becoming recently widowed or caregivers who have noticed dependent individuals who are becoming isolated (Schapira, 2020).

Lastly, tertiary prevention (Fernandes et al., 2009) is implemented in the case of people at high risk of social isolation. Once vulnerable individuals are detected, intervention resources for severe social isolation are created for isolated elderly people, the homeless, persons with mental illness and those living in social isolation. This preventive intervention has been set out by Sacramento Pinazo, in the 2021 Ongoing Training Program in Social Services, from the Regional Government of Cantabria, Spain.

We should always consider the possibility of using ICT tools for interventions after first assessing how service users could possibly use them. Social workers must identify the population at risk of loneliness, explore their social ties and the quality of affective bonds by gathering data about their life stories to help verify and document their situations.

The above information could help us determine the range of strategies and resources that can be employed to help minimize loneliness and improve the users' situations. We should seek detection and preventative solutions to promote interpersonal relationships and social ties (Rodríguez, 2009). It is also important to focus on promoting active aging, given the increase in the number of people who now belong to older age cohorts, especially in Western countries (Agudo et al., 2012). One of the ways to mitigate loneliness

and isolation could be to increase the use of ICTs. Studies show improvements in quality of life among older people stemming from the use of ICTs (Pino et al., 2015).

Technology, Health, and Safety

Technology opens new horizons for both social and healthcare interventions, and even for the way we interact and develop as individuals. What might have seemed like science fiction a few years ago has now become a reality in the form of smart homes, sensors in household appliances, remote medical operations, etc. (Televés, 2020).

As already mentioned, the Covid-19 pandemic has acted as a technology driver, with a notable increase in the use of social media, video calling apps, and wider use of teleworking, and virtual contacts. To illustrate this, in the following pages we highlight two experiences: one with the elderly and the other with young students with disabilities. They both show how technology can be used to provide social support.

It is important to recognize the evident societal digital divide that prevents the use of ICTs by certain population subgroups (Eurostat, 2016). Reportedly, the ability to effectively use ICTs is often determined by people's levels of digital literacy, shortcomings, and problems of accessibility. We propose that these subgroups differences must be reduced by democratizing access to ICTs. This way all groups will become digitally integrated into this new era, as stipulated by Spanish Law 3/2018 of December 5.

The use of ICTs to promote social inclusion is varied. As previously mentioned, the elderly and students with disabilities are two vulnerable groups whose condition has recently been aggravated by Covid-19 (Kuric Kardelis et al., 2021). Due to their versatility, ICTs can be used to provide a wide range of interventions for the elderly. Possible uses of ICT include: providing security to those who use them at home; offering a wide range of visual and auditory stimuli; providing healthcare; helping to create new social ties through virtual relationships; providing communication with other environments; and providing access to information (Pino et al., 2015). In short, ICTs make it possible to enhance autonomy at home if used responsibly.

An example at an international level is the ACTIVAGE project, which was launched in 2018 with European Union (EU) funding. Funds came more specifically from the Horizon 2020 Framework Program. This project was completed in September 2020 in the midst of the pandemic. Spain is one of the EU countries participating in this initiative. The project's objective was to create a large-scale model to build a smart environment. This required using a platform based on the Internet of Things (IoT) and integrating different technologies, such as gateways, software, and wearables (Televés, 2020).

This project sought to demonstrate that online community forums with known interfaces can interact with other systems without restrictions of access or implementation. The project primarily focused on healthcare and early detection of age-related risks. In the future, the gathered data will be used to build a social network using video communication to avoid isolation and loneliness and enhance smart living environments.

Regarding students with disabilities, a recent study sponsored by the National Observatory for Telecommunications and the Information Society (ONTSI, 2020) identified technology as a "key" tool to facilitate the educational integration of all students with challenges such as disabilities. The study encourages these students to pursue higher university education and graduate. Study findings include the connectivity of schools and the need to train teachers and involve families. Recommendations include the use of specific materials and technologies such as 3D printers, digital whiteboards, and specific software to help with specific situations and problems. Similarly, it recommends using technology to improve networking with other centers, other professionals, and the environment. ICTs make conducting activities possible without leaving the classroom by virtually connecting to resources and organizations operating in the area. In short, technology increases the integration and academic achievement of individuals who may have previously encountered greater difficulty finding solutions and adaptive tools. A recent example of how technology helped during the COVID-19 total lockdown in Spain is that students continued to receive instruction and were able to complete the 2019/20 academic year. Without the help of ICTs, this would have been much more difficult or simply impossible.

Projects of this magnitude give us an idea of the rapid social change taking place. This tells the social work profession that it must use ICTs for intervention if it wants to keep up with social change. The incorporation of ICTs into the third sector is unfolding at a moderate pace (Eito Mateo et al., 2018). In Spain, there are some organizations within the sector that stand out as pioneers, such as the Spanish Red Cross. This organization stands out given its resources such as funding, workforce, infrastructure, and its extensive partnerships with private technology companies and leading universities in the field.

Case Study

As previously stated, this study aims at highlighting the importance of technology in the context of the 2020 COVID-19 pandemic. This pandemic confined about half the people on the planet to their homes. This situation showcased the vital role played by technology on people's survival. The Zaragoza, Spain Red Cross was selected for this study given its extensive track record in implementing social interventions while using relevant technology (Cruz Roja, 2019).

Being forced to remain at home, being distanced from their daily activities, and experiencing unwanted loneliness made many people more dependent on technology. Restrictions imposed on social activities meant that many people came to see technology as bringing them closer to others (Stucki & Mulvey, 2000; Televés, 2020).

During the lockdown, there was a clear expectation for the Red Cross to connect to social workers via technology. As a result, social work professionals were assigned to communication and digital services to find ways to meet the demand. From this experience, social workers learned that when implementing technology, tools made available to users who lack digital literacy should be as user-friendly as possible. The use of smartphones clearly illustrates this. In Spain, most people have a smartphone, with 116 subscriptions per 100 inhabitants in 2019, according to the National Commission for Markets and Competition (CNMC, 2019). The smartphone is an accessible and intuitive tool. Smartphones made it easy for the Red Cross to meet the demand for digital communication with its service recipients.

Next, the Red Cross needed to decide what application would be accessible to most users. The best-known options for interactive communication available to all users included Skype, Zoom, and WhatsApp. These applications make communication possible with audio and video. These options meet the needs to communicate with others while seeing others on a call, thereby reducing the feeling of loneliness.

Methods

The methodology used for the study was a qualitative methodological triangulation (Corbetta, 2007), which combines different techniques (documentary review, archives, and online interviews) to perform a descriptive cross-sectional study by compiling data that provides an overview of the whole process to be studied. The professionals selected for the study (15 out of 65 professionals) were chosen based on their association with the *Responde* (Respond) project, whose frontline staff handled requests from users during the pandemic.

The aim of the study was to analyze what the respondents knew about the interactive application selected for the study: WhatsApp. This is one of the most well-known smartphone apps, and it was accessible to a very large number of the population. Co-founded in 2009 by Jan Koum and Brian Acton, it provides free messaging, audio calls, and video calls. In February 2020, the WhatsApp instant messaging service announced that it had 2 billion active users around the world (Agencia EFE, 2020). The confidentiality of the respondents was maintained at all times. Interviews were conducted from March 23 to May 31, 2020.

Findings

The following are the findings of this study, which is part of a broader ongoing research project. As noted, the main objective of the case study was to analyze the opinion of social work professionals regarding the use of the well-known and versatile application, WhatsApp. We focused on five fundamental areas, plus a sixth area that was added for training purposes. The sixth area has to do with preparing a user and protocol manual for service users and

professionals. The areas were: Ascertain social work professionals' opinions on the use of ICTs for work purposes; Explore the professionals' knowledge of the application; Analyze its use as a work tool; Analyze their assessment of the possible use of the app for work purposes; Determine the potential use of the application and the importance of training its users; and Determine the need for a user and protocol manual.

Table 2 shows a summary of the main responses, while Table 3 sets out a SWOT analysis based on the answers obtained. However, for reasons of space, below is a brief analysis of the main findings from the interviews. The first question aimed at ascertaining the opinion of social work professionals about the use and importance of technology, especially ICTs, in their work. This is where we found the greatest disparity in responses and assessments. All the respondents have daily contact with and use different tools. It should be highlighted that respondents were chosen by the researchers because they work extensively with technology that has been adopted in recent years to support their organization's programs.

It is striking that 25% of the respondents expressed rejection, highlighting that an occupation such as social work should only use technology as a tool. A highly conventional vision of the profession still prevails, involving face-to-face and in-person dealings. It is also significant that 50% of the respondents indicated that the incorporation of ICTs into their work procedures was unfolding very quickly. Undoubtedly, age, training, and life experience all have a strong influence on these opinions, which we expect to analyze in greater detail when our overall research project is completed. All respondents also indicated that the Covid-19 pandemic has increased the use of technology, which they view as fundamental to conducting their work including follow-ups with service users. Although hesitantly in some cases, as shown in the analysis of the responses below, the respondents highlighted the excellent support provided by ICTs in such difficult times as lockdowns and quarantines. In addition to enabling social workers to continue performing their work, ICTs have also helped maintain the mental health of professionals and users alike.

Answers were more conclusive regarding the specific use of the app. All respondents were familiar with and regularly used the app, although exclusively for private use, due to the fact of not having

a business smartphone. Practically all interviewees indicated that if they had a business smartphone, they would use the app more unreservedly and comprehensively. Professionals highlighted the immediacy and flexibility of the app, given that it allows users to make calls, send and receive documents, send messages, links, etc. Other advantages include its widespread use in the population and the low cost of Internet data. This low cost is the result of special deals from competing companies and the expansion of Wi-Fi networks.

On the downside, interviewees reported possible infringement of work hours given that service users are able to send messages or make calls at "any time," lack of clear rules of use, and doubts about the "legality" of communications. In fact, 25% of respondents indicated that they were unsure about the need for the professional use of the application, given that they are also able to conduct interviews by phone or face-to-face.

Based on these uncertainties, 100% of respondents indicated that clear protocols for use and a user manual were needed and essential to provide professionals and other users with adequate instructions. They also highlighted the importance of training professionals and other users on how to use the application to its full potential.

In this study, participants regarded technology as a very important tool for helping people facing unwanted loneliness. They also viewed technology and ICTs as a social work field of study that should develop further in the near future. Reportedly, these tools facilitate continuous, even "practically face-to-face" contact, given the application's calling and video calling capabilities that enhance human interaction. Other benefits provided by technology include home automation and sensors that can monitor individuals who live alone or experience other problems or difficulties. At the same time, a few interviewees expressed concern that this technology could also encourage isolation as persons would see no need to leave the house. They would be able to conduct many activities and make contacts with the click of a button. In spite of this, we were informed that in recent years, there has been a steady increase in use of ICTs in the organization's various social programs. Reportedly, this trend is expected to continue. Given that ICTs are an important tool for social integration and for promoting autonomous living at

Table 2. Uses of WhatsApp by the Professionals Interviewed

INTERVIEWEES	
Opinion on ICTs and their application in their work (e-social work)	The respondents expressed contrasting opinions regarding the implementation of this technology. 50% think it is being incorporated too quickly, while 25% says it is being incorporated gradually. The remaining 25% believes that social work should not be linked to technology.
Knowledge about WhatsApp	100% use the app in their daily life; however, only 50% are familiar with all features and possibilities offered by WhatsApp (multiple video calls, location, etc.).
Use of WhatsApp as a work tool	100% do NOT use the app since they do not have a company smartphone which allows it to be installed.
Need for use of WhatsApp at work and for the specific case of this study on "unwanted loneliness"	40% believe it would be useful to use all the app features for work purposes. 35% acknowledge that it would be useful, but they would not be able to set rules for use, while 25% do not show interest in using it since they believe a telephone call could suffice. The use of technology is considered important because of its potential for monitoring and supporting people suffering from unwanted loneliness
Training on the use of WhatsApp for users and professionals	100% recognize that if the use of this application is demanded by users, it will be necessary to provide a solution. Of these, 75% believe they would not be able to provide comprehensive, professional or safe training via the app. All of them stated that there is a need to train professionals as well as users.
Manual of best practices for WhatsApp	100% agree that it would be very useful to develop a manual of best practices for the daily use. They believe that guidelines for its proper use are needed.

Source: The authors.

home, we are encouraged to monitor the digital divide and issues of connectivity. Furthermore, we should ensure that access to these tools is available to everyone. Access to ICTs should not be determined by business considerations. Moreover, special actions should be taken to guarantee the protection of user and professional data. Table 2 shows a summary of the responses from participants.

Interviews also revealed other issues related to the use of ICTs and, more specifically, WhatsApp. These issues are shown in the SWOT analysis found on Table 3. They include legal questions and concerns about the potential intrusion of professionals on people's lives and concerns about time management. Time management is believed to be fundamental for the proper management of professional services. There would be, however, a lesser concern about work schedules or working hours if messages or documentation could be sent to professionals at any time using this type of technology.

Reported benefits associated with this technology include efficiency and time saving in many procedures, and the potential of the app for disseminating information. Study participants emphasized the importance of organizations being aware of the technology's potential uses and of the organizations being willing to invest in technological training and resources.

Table 3. SWOT analysis

STRENGTHS	WEAKNESSES
• Rapid and instant communication • Accessibility • Easy to disseminate and send messages • Individual or group video calls • Possibility to send and receive document files	• Inadequate use of the app • Distorted interpretations in the text options • Repetitiveness in questions and answers • Use for non-work purposes
OPPORTUNITIES	**THREATS**
• Time saving • User-friendly app design • Increased familiarity with technologies • Avoids paternalism and empowers users	• Connectivity issues • Need for prior training for use and management • Inadequate software • Accessibility to ICTs (software, hardware)

Source: The authors

Conclusions

ICTs are already a reality in our society. For years to come, we will continue to talk about digital natives, immigrants, millennials, and use other terms and metaphors. In recent decades, ICTs have transformed our lives exponentially with technology such as the Internet and mobile telephony. Because of this, we should not lose sight of other phenomena such as robotics, nanotechnology, and artificial intelligence, among others. We should understand that these technological advances have changed the way in which we do social work—that is, the way we work, how we relate to service users, and how we plan and implement programs.

We explored this phenomenon using the Zaragoza, Spain Red Cross as a case study due to its prominence and familiarity. We selected this organization because for many years it has been innovating and using technology to be closer to people and to promote their social inclusion.

The findings of this study suggest that the number of people with unmet technology needs who will need our services, will significantly increase. This will definitely represent a change in the way we provide social work interventions. The challenges associated with the Covid-19 pandemic have simply transformed the way we understand and practice social work. In the case of Spain, almost all overnight centers and facilities closed, and workers were sent home. The social work profession and other organizations reacted in different ways, but with one conviction: we had to remain available to vulnerable people and users in need. Service users and social work professionals were able to cope and adapt to circumstances with the assistance of a special ally, technology.

In recent years, the transformation from analog to digital systems has improved services and professional performance, increased the number of available services, and transformed the home into a service setting. Professionals in this study see technology as supporting their work. This is shown schematically in Table 2. Our study suggests that ICTs can support offline work. This requires, however, that we identify user needs such as lack of access, connectivity problems, and other issues that can unfold online, such

as fake news and new forms of exclusion and discrimination. One of the concerns professionals conveyed during the study was our ability to guarantee the privacy and rights of users.

On a positive note, a digital social work service delivery system could provide customized solutions for every user to achieve social and individual autonomy. This can be made possible only through coordinated effort to innovate and promote this service delivery system. Social intervention projects linked to ICTs cannot and are not intended to provide a single solution to the problem of loneliness and isolation. They can, however, help prevent such problems by effectively responding to detected needs.

ICTs bring many benefits to social work practice, such as greater time efficiency at work, continuous monitoring of users, facilitating empowerment, and decreasing the tendency to adopt a paternalistic attitude. They also facilitate user monitoring by adapting to different user profiles. They make faster and instant communication possible and facilitate the dissemination and sending of messages and document files within organizations.

Situations that may hinder the use of ICTs include connection problems, lack of employer-provided training to professionals on the proper and correct use of technology, and the feeling by users that they are being treated in a more impersonal manner. Furthermore, many professionals have biases related to use of technology that often stem from a conventional view of the profession emphasizing face-to-face interactions, and in some cases, an aversion to the use of technology or gadgets. Many professionals use ICTs for personal and non-work-related purposes but do not use these technologies at work. There is a higher probability of communication misinterpretations by social work professionals and service users. Finally, there is the issue of redundancy. Questions and queries may be repeated by different users within a group.

Technology can be integrated into the social workers' daily routine. It can be a supplementary tool when facilitating communication between users and professionals and the empowerment of others. Technology can change the way we respond to user demands, while at the same time, changing the nature of social work practice.

We propose that it is not necessary to be for or against the use of technology in professional social work interventions. ICT already is part of our lives. Although it may be unreasonable to believe ICT

can offer a solution to anything, perhaps it is even more unreasonable to believe that it does not affect us at all, or that it does not impact our daily work. As a helping profession, social work must concern itself with anything that may impact our welfare. That includes our health, and our social inclusion. Social work must try to prevent or minimize the digital divide. This includes working to increase access and connectivity. We should also work to ensure algorithms and designs do not discriminate, and to promote the responsible and inclusive use of technology.

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