

Digital interventions in public health social work: A narrative synthesis

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ABSTRACT

Background: The implementation of digital interventions may present social workers with a range of both opportunities and challenges in practice. **Aim:** This rapid review provides a narrative thematic synthesis of benefits and challenges of current digital interventions in public health social work. **Methods:** Articles were identified by conducting a systematic search in various bibliographic databases and included if they were related to public health social work, presented specific intervention utilising digital information and communication technology, and were peer reviewed primary studies. **Results:** The thematic analysis of the nine included articles identified three overall benefits, namely that the interventions can 1) make up for difficult or impossible physical co-presence, 2) provide access to information, and 3) be effective. Furthermore, three overall challenges were identified, namely 1) digital interventions can create a need to adjust, 2) limited accessibility, and 3) technical issues. **Discussion and conclusion:** The synthesis shows that digital public health social work interventions can be valuable additions to traditional non-digital social work practice, but that lack of skills and/or resources may challenge their implementation. Additionally, social workers' caution towards these kinds of interventions calls for further research on the suitability of digital interventions in social work.

KEYWORDS

Digitalisation, information and communication technology, interventions, public health social work, review, social work.

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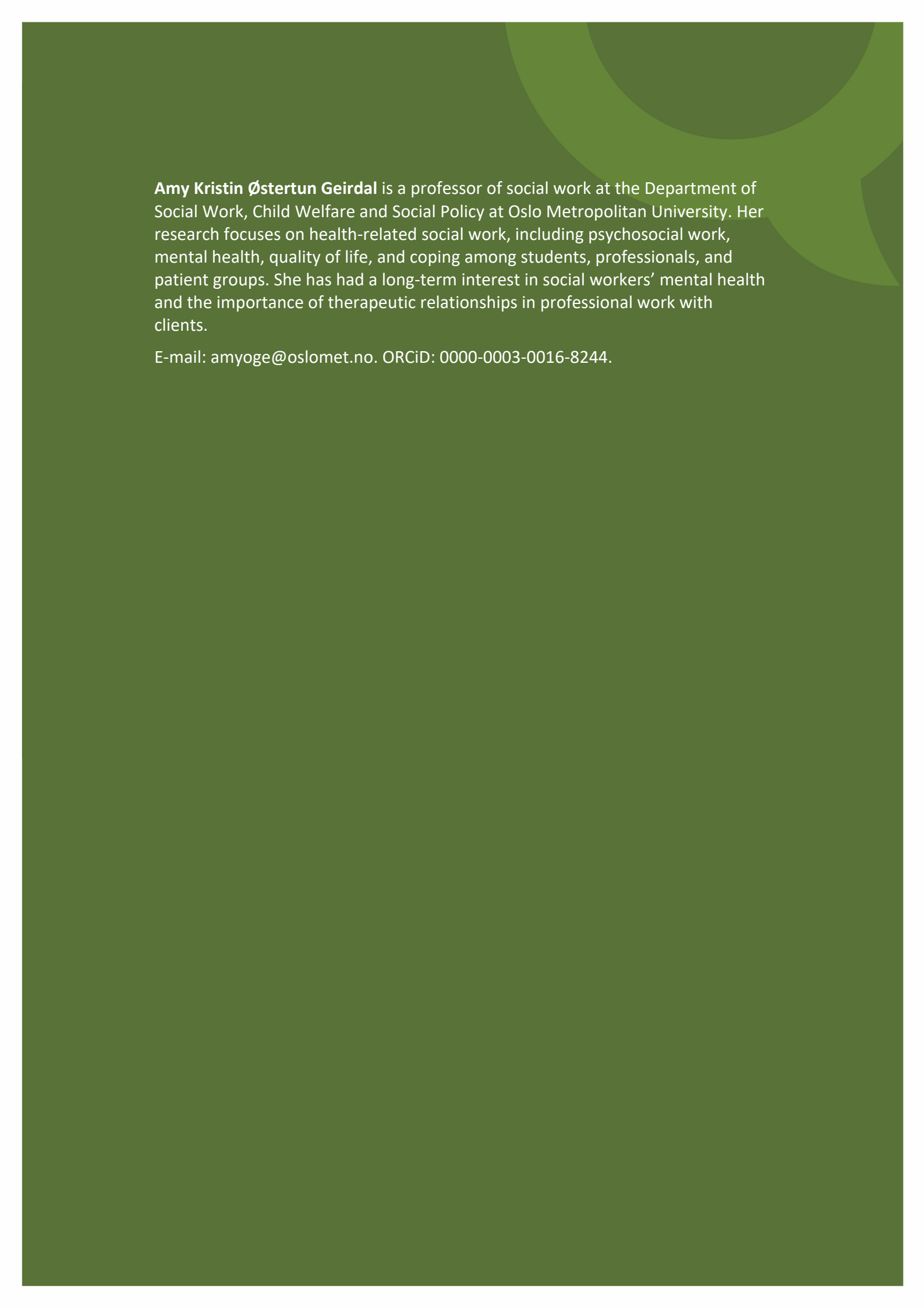
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Introduction

For years, traditional technologies have been part of social work practice (Craig & Lorenzo, 2014; Fabbre et al., 2011; López Peláez & Kirwan, 2023a), and in the past decades, digital technology and online platforms have increasingly mediated and changed social work practices (Afrouz & Lucas, 2023; Li et al., 2023; Menon & Rubin, 2011; Murty et al., 2012). This digitalisation of social work has paved the way for digital social work or e-social work (López Peláez et al., 2023; López Peláez & Kirwan, 2023a), defined as the use of information and communication technology (ICT) in social work services to treat patients, educate and train social workers, conduct research online, as well as to implement and monitor programs within social work (López Peláez & Kirwan, 2023a). As the use of ICT is increasing in social work and is now considered a fundamental part of social work (López Peláez et al., 2023), new standards have been set, and literature has introduced how these technologies can be implemented in social work practices (e.g. Li et al., 2023; López Peláez & Kirwan, 2023b). In social work practices, ICTs for instance include smartphones, tablets, and digital client portals, and different technologies are being utilised in work such as record keeping, accountability, assessment, networking, decision making, evaluation, learning, remote work and communication, and social work interventions (Hill & Shaw, 2011; Reamer, 2023).

The COVID-19 pandemic forced a rapid increase in the use of ICTs as social workers needed to transition to technology-mediated ways of communicating with clients and providing services, consequently transforming the way they practiced social work (Afrouz & Lucas, 2023; Earle & Freddolino, 2022; Kalenda et al., 2023; Morey, 2021; Reamer, 2023). This prompted concerns about possible digital exclusions for vulnerable groups such as children at risk and older people (Kalenda et al., 2023). Researchers found that digital exclusion could be remedied by for instance ensuring the availability of technological devices as well as ensuring internet connection (Kalenda et al., 2023).

However, even when remedying digital exclusion, the implementation of digital ICT in social work is not without problems. Social workers have implemented ICT slower than diverse other sectors (López Peláez et al., 2023); social workers have for instance been found to get frustrated by having to electronically record and process their day, and some social workers have experienced that the technologies have been forced on them in unfortunate ways (Hill & Shaw, 2011). As an example, computerised systems which prompt social workers to record information in specific fields, risk obstructing the whole picture the social worker is working within (Hill & Shaw, 2011). Furthermore, in social work, researchers have found negative and ambivalent views of ICT (Craig & Lorenzo, 2014; Earle & Freddolino, 2022) - an ambivalence that can both suggest that social work has been slow and resistant or that social workers are rightfully cautious (Afrouz & Lucas, 2023).

Nevertheless, digitalisation is redefining social work practice (López Peláez et al., 2023), and in a recent review of technology-mediated social work practice, Afrouz and Lucas (2023) argue that there is a call for research to keep pace with both benefits and uncertainties regarding the employment of technology in social work practice. To meet this call, they conducted a synthesis of research articles on technology-mediated social work practice and identified various benefits and uncertainties. The benefits included greater availability, flexibility, and

benefits following the pandemic (Afrouz & Lucas, 2023, p. 10). The uncertainties were related to ethics, communication and engagement, the digital divide, and challenges following the pandemic (Afrouz & Lucas, 2023, p. 10). Afrouz and Lucas' review includes many different social work contexts, and for instance show how online engagement can be a challenge in settings such as child protection and domestic violence. As social work covers many different contexts, the benefits and challenges presumably vary. In this article, we aim to go into depth with one particular field of social work, namely public health social work (PHSW). PHSW has been described as a "subdiscipline of social work that uses multifaceted and wide-lens approaches to address major health issues, promote health equity, and mitigate health problems" (Cederbaum et al., 2019, p. 11). The sub-discipline builds on the shared purpose that social work and public health hold in common: to address and improve the structural and social conditions that shape population well-being. Both fields seek to advance health, social justice, human rights, and equity by intervening at individual, community, and societal levels to reduce disparities and enhance overall quality of life (Ruth et al., 2020). Public health social workers operate across settings that span preventive environments such as hospitals, community health centres, public health agencies (Nedjat-Haiem et al., 2013; Nilsson et al., 2013), and school based programs (Elsherbiny, 2017) to crisis oriented contexts, where they contribute to emergency preparedness and post incident response efforts (Luo, 2021). Despite the fact that PHSW seeks to advance these goals through early intervention, advocacy, and community-based initiatives (Cederbaum et al., 2019; Macassa, 2022), and encompasses roles ranging from research to direct practice, practitioners do not always recognise their work as grounded in public health principles (Mannsåker et al., 2026; Ruth et al., 2017; Ruth & Marshall, 2017). This ambiguity reflects the still-emerging status of PHSW, which lacks a clearly defined professional position in both the United States and Europe, and remains in development in China, where substantial potential has yet to be realised (Macassa, 2022; He et al., 2022; Mannsåker et al., 2026).

To further guide practice and the development of new interventions in this emerging field of social work amidst digitalisation, in this review article we ask: What are the benefits and challenges of current public health social work (PHSW) interventions utilising digital ICT?

Benefits and challenges of technology will depend on the context and users in question, which is why focusing on specific contexts such as PHSW is important. This is the case because the use of ICTs is not equally strongly integrated in all fields of social work. When exploring these interventions, we focus on the benefits and challenges that occur in the meeting between digital ICT and human actors such as social workers, social service recipients, and next-of-kin in PHSW. This knowledge is needed to better facilitate the use of ICTs in PHSW (López Peláez et al., 2023).

Methods and materials

We answer the research question through analysing published research articles on the matter. Specifically, we explore the research question through conducting a rapid review. Rapid reviews search and critically appraise existing research through systematic review methods and are assessments "of what is already known about a policy or practice issue" (Grant & Booth, 2009, p. 100). Thus, through this rapid review, we sought to explore what was already known about benefits and challenges of current PHSW interventions utilising digital ICT. The

review was conducted based on guidelines for rapid reviews (Campbell et al., 2025). When reporting the results, we followed the PRISMA guidelines for systematic reviews (Page et al., 2021).

Search strategy

This rapid review originated from a broader study reviewing all PHSW interventions. The systematic search was conducted by academic librarians in the bibliographic databases MEDLINE via OVID, Embase via OVID, PsycINFO via OVID, AMED (Allied and Complementary Medicine Database) via Ovid, Social Care Online, Applied Social Sciences Index & abstracts: (ASSIA), SocIndex via EBSCO, and CINAHL via EBSCO. Results from the systematic search were screened independently by two authors using the Rayyan software. Articles were included if they involved public health social work interventions, were peer reviewed primary studies, and published in English, Danish, Norwegian, or Swedish language.

During the screening process of the broader study, we decided to perform a separate thematic analysis of findings from references addressing digital ICT and report a narrative synthesis in the current article. Thus, the present rapid review utilises the same search strategy across the referenced databases. Further screening and selection procedures depart from the broader study and will therefore be delineated below.

Screening and selection

In the broader study, screened articles were sorted into various topics, one of which was the utilisation of digital ICT. These articles were then further screened independently by two assessors from the author group; the first author screened all articles, and the remaining authors each screened a selection of articles. The screening process was conducted by assessing whether the articles met the inclusion criteria presented below. If not, they were excluded.

Inclusion criteria

Articles were included if they a) were related to social work; b) reported findings from studies of at least one specific intervention utilising digital ICT; c) were set in a PHSW setting; d) were written in either English or one of the Scandinavian languages; e) reported findings from a primary scientific study.

Data extraction

The authors used a pre-designed data extraction form to extract information from full text publications, including information on author(s), year of publication, country, aims of the study, participants, study design, and the digital intervention included in the study.

Analyses of the extracted data

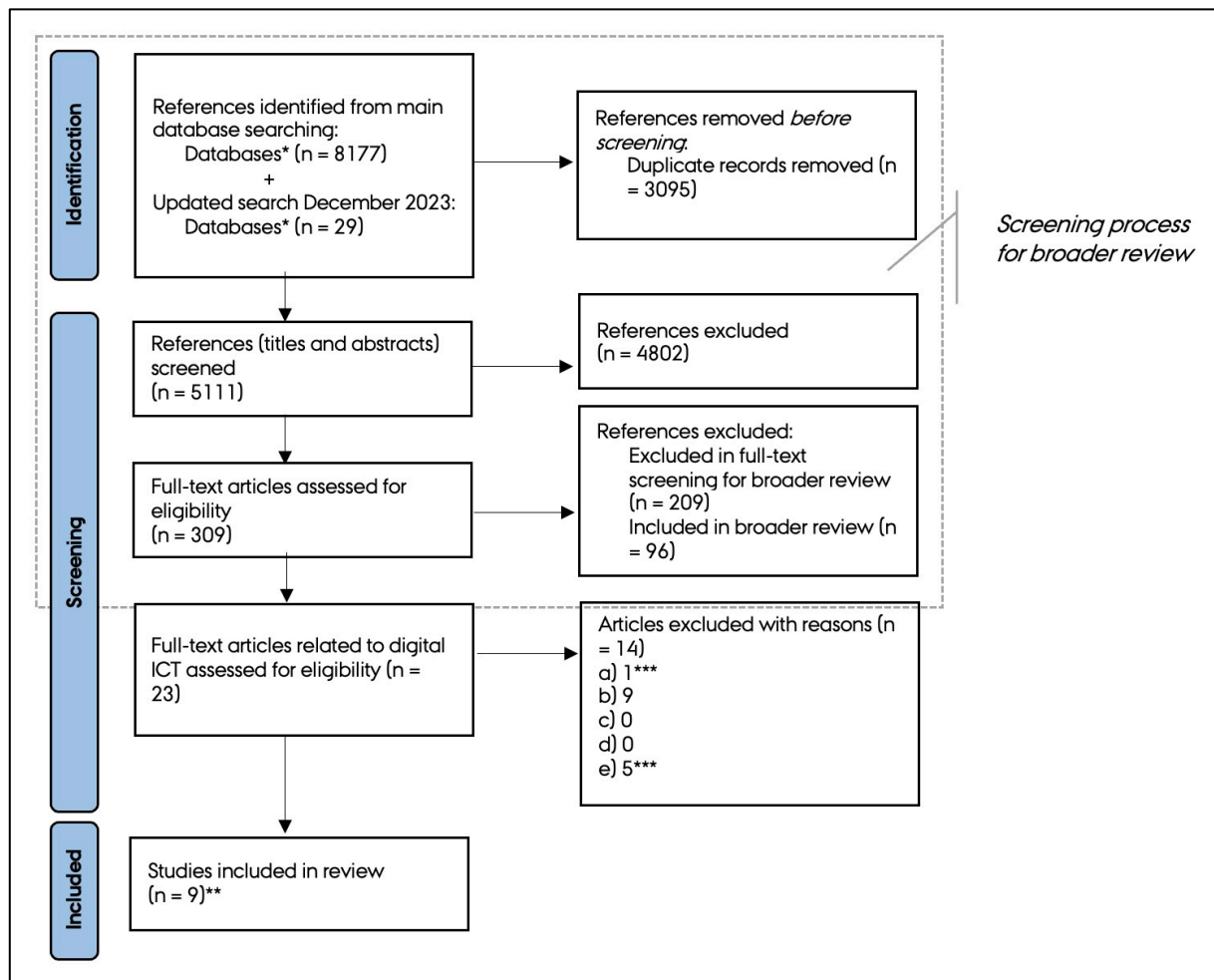
The included articles were too heterogeneous to perform statistical pooling and meta-analyses. Furthermore, rapid reviews typically synthesise existing research narratively (Grant & Booth, 2009). Because of this, we performed a thematic analysis and narrative synthesis of the review findings. Specifically, based on a full text reading, the first author identified all challenges and benefits in the reviewed articles. This was done stepwise by first, conducting a thorough reading of the articles to extract all potential challenges and benefits, and second, categorising the extracted challenges and benefits into a concise set of groups that further directed the analysis. The resulting groups and categories were subsequently reviewed and discussed among all the authors as part of the analytical process.

The included articles were additionally critically appraised using a mixed methods appraisal tool (MMAT). Specifically, the included articles were divided amongst the authors so that each article was appraised by at least two authors.

Results

Search results

As shown in Figure 1, the main search for the broader study yielded a total of 5082 references after duplicates ($n = 3095$) were excluded. Further screening of eligibility was done in a stepwise process in which 305 references remained after screening titles and abstracts. Of these, 23 were specifically related to interventions utilising digital ICT, which were read in full text.

Figure 1. Screening and selection process.

*MEDLINE via OVID, Embase via OVID, PsycINFO via OVID, AMED (Allied and Complementary Medicine Database) via Ovid, Social Care Online, Applied Social Sciences Index & abstracts: (ASSIA), SocIndex via Ebsco, and CINAHL via EBSCO.

**The articles included fulfilled the following inclusion criteria: a) the articles were related to social work; b) the articles included the study of at least one specific intervention utilising digital ICT; c) the articles were set in a public health setting; d) the articles were written in either English or one of the Scandinavian languages; e) the articles reported findings from a primary scientific study.

***One article was excluded because it did not fulfil neither criteria a nor e.

Included articles

Nine articles fulfilled our inclusion criteria for this article. Details about each article can be seen in Table 1.

Table 1. Details about included articles.

Reference	Aims of the study	Participants	Study design	Digital intervention
First author, year of publication, title of the article, journal, country/countries	As reported by the authors	N = number of participants (patients, clinicians, or both), G=Gender, A=Age, D= problem description, Q= description of workers (e.g., education, years of experience), R= recruitment context.	Quantitative, cross-sectional, qualitative, mixed method, intervention study, validation study, description of outcome measurement	Description of digital intervention (in intervention study), intervention context
Burke, C. et al. (2021). COVID-19 Family Support Team: Providing Person and Family Centered Care During the COVID-19 Pandemic. <i>Journal of Social Work in End-of-Life & Palliative Care</i>. USA	To describe a COVID-19 Family Support Team.	N = not specified.	A description and assessment of the Family Support Team.	Psychosocial support to foster connection (which for instance included inviting family members for patients in the ICU setting “to email pictures that could be printed and placed in the patient’s room and to have ‘face-to-face’ visits via online virtual platforms” (p. 159); family support group (a support group facilitated by a professor/clinical psychologist over Zoom); bereavement care (that for instance included virtual memorial services); and patient support packet.
Cornell, P. Y. et al. (2021). Social work and telehealth: How Patient Aligned Care Team (PACT) social workers in the Veterans Health Administration responded to COVID-19. <i>Social Work in Health Care</i>. USA	In this article, the authors “examined changes in frequency and modality of social work encounters that occurred with the onset of the COVID-19 pandemic” (p. 131) with a focus on providing “previously unexplored insights into how VA	N = 101,277 veterans.	“a retrospective, longitudinal analysis of the frequency and modality of social work encounters” (p. 133) and case studies.	Video telehealth.

	[Veterans Health Administration] PACT [Patient Aligned Care Team] social workers responded to the COVID-19 pandemic by pivoting to video telehealth" (p. 142).			
Crawford, E. A. et al. (2013). A Pilot Study of Computer-Assisted Cognitive Behavioral Therapy for Childhood Anxiety in Community Mental Health Centers. <i>Journal of Cognitive Psychotherapy: An International Quarterly</i>. USA	"[...] this study examined the feasibility, effectiveness, and acceptability of implementing an established CCBT [Computer-assisted Cognitive Behavioral Therapy] protocol into three CMHCs [community mental health centers] using master's degree level, CBT [Cognitive Behavioral Therapy]-native therapists".	N = 15 ("children with a primary diagnosis of an anxiety disorder", who "were between the ages of 7 and 13 years").	A baseline assessment consisting of an interview "using the ADIS-IV-C/P, PARS, and Clinical Global Impression Scales", and questionnaires; and a posttreatment assessment "using the same battery of measures" as well as "the Client Satisfaction Questionnaire-8 Item [...] and the Barriers to Treatment Participation Scale [...]" (p. 225).	CCAL, which is a specific CCBT program, which is described as "a 12-session, interactive computer-assisted treatment program": "The first 6 sessions were primarily completed independently by the child on the computer with therapist supervision. During these approximately 50-min sessions, the child learned strategies to cope with anxiety, with each level focused on a different coping skill [...]" (p. 225). "The final 6 sessions were completed with the therapist and focused on graduated exposure to anxiety-provoking stimuli specific to each child" (p. 225). "All sessions incorporated role-plays, social rewards, and homework" (p. 225).
Hanssen, L. et al. (2017). How can web-based training facilitate a more carer friendly practice in community-based health and social care in Norway? Staff experiences and implementation challenges. <i>Health and Social Care in the Community</i>. Norway	The purpose of the study "was to bring into focus how the use of a web-based CBP [competence-building programme] could promote collaboration with carers among health and social care services" (p. 562).	Quantitative data, N = 83 at T1 and 57 at T2 ("registered staff with a minimum of 50% position"); Focus group interviews, N = 14 (9 nurses, 2 licensed practical nurses, 3 care workers; 1 male and 13 female); Individual interviews N/A.	A mixed methods design including quantitative research methods (questionnaires) and qualitative research methods (focus group interviews and individual interviews).	A "web-based competence building programme (CBP) for health and social care practitioners aimed at facilitating collaboration with carers" (p. 559).

Menon, G. M. & Rubin, M. (2011). A Survey of Online Practitioners: Implications for Education and Practice. <i>Journal of Technology in Human Services</i>. USA	The aim is “to learn from e-therapists across the United States on their experiences with this mode of service delivery” (p. 133).	N = 14 (“professionals who were offering online services”; 1 (bachelor’s degree), 10 (master’s degrees), 3 (PhDs); 8 were social workers). G= 8 female; age range was 28-66; 1 with a bachelor’s degree, 10 had master’s degrees, 3 had PhDs; 8 were social workers).	A quantitative questionnaire survey and instrument for utility evaluation (10 point Likert scale) - Study design not described. - Measurement not described. - Analysis not described.	E-counselling (including e-mail (86%) of these 79% in combination with face-to-face, and 21% only e-mail, instant messaging, videoconferencing (57%), and few used blogs, social networking, and chat).
Morey, C. (2021). Virtual family town hall: An innovative multi-family telehealth intervention during COVID-19. <i>Social Work in Health Care</i>. USA	“This paper describes an innovative virtual family town hall that was developed and implemented in a residential setting as an alternative to an existing in-person multi-family education workshop.” (p. 166)	N = 22 family members of adults with complex psychiatric comorbidity who were part of a residential treatments program.	Program evaluation including three polling questions.	Virtual family town hall (a “multi-family telehealth intervention” (p. 166)).
Murty, S. A. et al. (2012). Using a LISTSERV™ to Develop a Community of Practice in End-of-Life, Hospice, and Palliative Care Social Work. <i>Journal of Social Work in End-of-Life & Palliative Care</i>. USA	“The purpose of this article is to investigate whether an electronic discussion group has been helpful in providing professional networking, support, and consultation to social workers in end-of-life care and what types of assistance the discussion group provides. In addition, the article	“[T]he content of three samples of messages posted to the SW-PALL-EOL [an e-mail discussion group] list.” (p. 84) (N = 64 + 67 + 63 individuals posting; Sample 1 = 118 number of messages posted; Sample 2 = 127 number of messages posted; Sample 3 = 130	Content analysis.	A LISTSERV™ (“an online Community of Practice (CoP)”) called SW-PALL-EOL.

	explores how electronic discussion groups can contribute to the development of an online community of practice among social workers who share an interest in a particular area of social work practice” (p. 78).	number of messages posted).		
Ravalier, J. M. et al. (2020). Co-Creating and Evaluating an App-Based Well-Being Intervention: The HOW (Healthier Outcomes at Work) Social Work Project. <i>International Journal of Environmental Research and Public Health</i>. UK	“The aim of this project was to work with social workers from LAs [local authorities] across the UK to co-create, implement, and evaluate a series of mental health and well-being initiatives via a smartphone application” (pp. 10-11).	N = 19 semi-structured interviews; 4 focus groups with 8 people each; pre-intervention survey responses N = 503; post-intervention survey responses N = 154.	A Participatory Action Research approach including a baseline survey, qualitative interviews, focus groups, post-intervention surveys, and post-intervention interviews.	The HOW (Healthier Outcomes at Work) Social Work app.
Weiner, D. et al. (2019). Mobile resource referral technology for preventive child welfare services: Implementation and feasibility. <i>Children and Youth Services Review</i>. USA	“This pilot study describes implementation of a scalable, mobile community resource referral tool for use by child and family welfare caseworkers serving intact families with allegations of abuse or neglect. The study also sought to demonstrate the application of data generated by the technology to visualizing the geographic	Baseline survey N = 13 (11 caseworkers and two caseworker supervisors); Post-intervention survey N = 9; Post-intervention focus groups (6 of the people who participated in the post-intervention survey); Community resource referrals N = 235.	“This study assessed appropriateness, adoption, acceptability and feasibility of implementation of the mobile community resource referral tool [...]. These outcomes were assessed using (1) quantitative data collected via web-based surveys administered at baseline (before training) and after the three-month intervention period, (2) data automatically generated by caseworkers’ use of the community resource referral technology and recorded by the	“a mobile-optimized version of the resource referral tool that provided real-time access to geocoded, detailed, and comprehensive information about community services within dozens of categories defined by the CommunityRx service taxonomy” (p. 3).

	distribution of resource needs in relation to availability in order to inform system-level adjustments to the preventive service array and capacity" (p. 2-3).		technology ("metadata"), and qualitative focus group data were also collected pre- and post-intervention" (p. 4).	
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Synthesis and summary of results from included articles

In the following synthesis, we describe the benefits and challenges of current public health social work interventions utilising digital ICT¹.

Table 2. Benefits and challenges of current PHSW interventions utilising digital ICT. The figure is based on the analysis below.

Benefits	Challenges
Make up for difficult or impossible physical co-presence	Create a need to adjust
Provide access to information	Limited accessibility
Effectivity	Technical issues

Benefits

In the reviewed articles, we identified three overall benefits of current PHSW interventions utilising digital ICT, namely that the interventions can 1) make up for difficult or impossible physical co-presence, 2) provide access to information, and 3) be effective.

Make up for difficult or impossible physical co-presence

The first and most prominent benefit is some technology's ability to remedy for when physical co-presence is either difficult or not possible. COVID-19 presented a typical example of a time in which people needed to limit physical co-presence (Burke et al., 2021; Cornell et al., 2021; Morey, 2021), and interventions needed to be adapted to that particular situation. Burke et al. (2021) found that a family support team was able to provide support and connection when families were unable to meet a hospitalised family member and thus provide immediate bereavement care to the hospitalised patient's family members. The benefits of this intervention were that families were given the opportunity to talk about a hospitalised family member, and they were able to send pictures to them. The ability to send pictures to someone who is hospitalised was found to be impactful for families and providers as the pictures could either be enjoyed by patients or humanise them if they were unresponsive. Similarly, Morey (2021) found that a virtual family town hall, i.e. a "multi-family telehealth intervention" (Morey, 2021, p. 166), could safely provide rapid and effective access as it helped staff provide information about hospitalised individuals to family members who was unable to physically visit their hospitalised family member during the pandemic. Cornell et al. (2021) additionally studied responses to COVID-19 including the use of video telehealth. Similar to Burke et al. (2021) and Morey (2021), Cornell et al. (2021) found that the intervention helped patients to stay connected with their care team when physical co-presence was not possible as was the case with the pandemic. Furthermore, the video telehealth intervention was found to improve access to people living far away from their care providers.

As suggested by Cornell et al. (2021), physical co-presence can be difficult outside pandemics as well. In their survey on e-counselling, Menon and Rubin (2011) found that e-counselling can help clients as it provides an opportunity to reach people in rural or isolated areas, people who cannot leave their home due to disabilities, people who do not have counselling services close by, people who do not want to go to a clinic, people who are intimidated by physical

sessions, and people who live abroad. Menon and Rubin (2011) further found that e-counselling provides flexible scheduling, and can be a practical solution that does not require people to deal with transportation or childcare. In addition, they found that e-counselling can provide anonymity and allow people to talk about sensitive and embarrassing issues, as well as issues that can be stigmatized. Lastly, as suggested in a study of an online Community of Practice (Murty et al., 2012), interventions utilising digital ICT can have benefits for collaboration between social workers as well. Murty et al. (2012) found that an online Community of Practice could help social workers to communicate and collaborate with each other and thereby improve their competences independent of where they are located geographically. Such a Community of Practice can therefore help social workers to feel a sense of belonging to a professional community even if they do not have the opportunity to participate in a physical Community of Practice in a particular domain.

Provide access to information

The second benefit of digital PHSW interventions is that they can have features that provide access to more information than traditional technologies such as telephones and faxes. Cornell et al. (2021) found that video software can provide more information to evaluate individuals' health and well-being than telephone visits. The additional information included information on clinical situations and home environment. In their study of an app-based well-being intervention, Ravalier et al. (2020) found that an app can give easy access to information about everything well-being related in a workplace including receiving push-notifications on well-being events. It also provided social workers with the opportunity to provide information to their organisation, including providing feedback either anonymously or non-anonymously. In studying a resource referral app, Weiner et al. (2019) also found that an app was convenient for sharing information. In addition, the app was useful for looking for resources and providers, and it could generate information; specifically, the app could generate geospatial data that can inform decisions.

Effectivity

The third benefit of digital PHSW interventions is that they can be effective. Crawford et al. (2013) found that computer-assisted programs can be an effective way of treating young people with anxiety disorders, and that the standardising qualities of a computer-assisted program can provide evidence-based treatment. Similarly, Hanssen et al. (2017) found that a web-based competence program for health and social care practitioners was valuable because it was a flexible, accessible, cost-effective way of providing competence-building. Specifically, they found that the web-based program facilitated reflection, awareness, and increased competence regarding collaboration with carers.

Challenges

Below, we analyse three overall challenges of current PHSW interventions utilising digital ICT, namely 1) that they can create a need to adjust, 2) limited accessibility, and 3) technical issues.

One of the interventions in the review (Crawford et al., 2013) still required people to show up physically, creating the possibility for issues of transportation, conflicting activities, and life stress in general. However, as these issues are not specifically related to the digital aspects of the intervention, these will not be analysed further.

Create a need to adjust

Some tools can be implemented with minimal training (Weiner et al., 2019), but one of the most prominent challenges of digital interventions is that they can create a need to adjust. Needs to adjust can occur on several levels. For instance, social workers and people in need of care may both need to adjust their skills. Burke et al. (2021) found that limited familiarity with a software (Zoom, specifically) could be a challenge. Similarly, Cornell et al. (2021) found that shifting to a different kind of telehealth necessitated that social workers adjust and adapt both their skills and clinical practice. Furthermore, people may need to learn or be reminded of the proper etiquette of using certain software; in their study on an online Community of Practice, Murty et al. (2012) found that some members of the list would need to be reminded of the guidelines for using such a list, including to not send messages for just one person to a whole group and not posting personal information.

However, care providers and users do not only need to adjust their technical skills, they may also need to learn new ways to connect (Cornell et al., 2021; Menon & Rubin, 2011), find new ways of making people attend the interventions (Burke et al., 2021), manage and supervise the interventions (Hanssen et al., 2017), as well as dealing with existing attitudes, lacking willingness and trust, scepticism and hesitancy that follows with the advent of new technology (Cornell et al., 2021; Hanssen et al., 2017; Ravalier et al., 2020; Weiner et al., 2019).

Limited accessibility

A second overall challenge of current PHSW interventions utilising digital ICT is limited access to technology. Similar to how limited familiarity can be a challenge, not having access to or being able to afford technology can be a challenge (Burke et al., 2021; Cornell et al., 2021). However, limited access can also occur due to organisational issues; Ravalier et al. (2020) for instance found that organisational phones or tablets may not allow social workers to download a specific app that serves as the basis for an intervention.

Technical issues

The last challenge we identified in the review is possible technical issues. These issues could for instance be related to viruses and the risk of sending messages containing viruses to a large group (Murty et al., 2012), and they could be related to problems with WiFi, data access, or conflicting software (Weiner et al., 2019).

Discussion and conclusion

As argued by López Peláez et al. (2023), the digitalisation of social work poses risks of social exclusion. Consequently, while beneficial for some actors of PHSW, the digitalisation of social work arguably risks excluding some groups not only from ICT but from receiving social work services unless the services are implemented with great attention to the potential challenges. Arguably, in discussing benefits and challenges of digital interventions in social work practice, it is important to acknowledge who the interventions are beneficial or challenging for. The benefits and challenges we identified in this review occur in the relation between technology and various actors including social workers, social service recipients, and next-of-kin. In the following, we will discuss the benefits and challenges vis-à-vis various actors involved in digital PHSW interventions.

The benefits show that digital PHSW interventions can be advantageous additions to traditional social work practice, particularly for social service recipients and their next-of-kin. Social workers have historically been ambivalent to the use of ICT (Earle & Freddolino, 2022) and have for instance felt less connected to their clients when providing social work services through digital technology (Menon & Rubin, 2011). However, it may be argued that some of the benefits of digital interventions can, at times, make up for the challenges the technology poses for those in need of social services and their next-of-kin. For social service recipients, digital ICTs' option to create presence from a distance can be highly beneficial for those struggling to be physically present with a social worker, or for families who struggle to be physically present with a social service recipient. The field of PHSW, like other fields, may therefore advantageously learn from the experiences of the rapid introduction of digital technology during COVID-19 to better be able to provide care for those experiencing problems with showing up at a physical location (Burke et al., 2021; Cornell et al., 2021; Morey, 2021). For social service recipients, the flexibility of digital technology can mean that an intervention can be accessed easily at various times and places, and it can mean that information can be easily repeated (Hanssen et al., 2017), aspects that can be beneficial outside of crises.

The identified challenges in this review underscore previous arguments that implementing digital technologies may require that the current culture is shifted to make sure social workers trust that the technology can reliably be introduced and integrated in their professional practice (Weiner et al., 2019). It is not uncommon that professionals are sceptical about the implementation of new technologies, and some of the concerns experienced by social workers have been seen in other fields as well. For instance, similar to how some social workers have experienced feeling less connected to clients through e-counselling (Menon & Rubin, 2011), some general practitioners have experienced not feeling connected enough to patients through digital consultations (Due et al., 2021). These concerns refer to the integrity of social work practice and must be explored further in developing and implementing interventions in PHSW. As argued by Reamer (2023), some of the expectations that follow the implementation of ICTs in social work are not reflected in previous training or literature. Rather, ICTs add new expectations to social work practice (Reamer, 2023). This suggests that new literature on digital ICT interventions in social work is needed as well as new routines for social work training adapted to a digitalised society. Arguably, a lack of connection is arguably a challenge for both social workers and social service recipients, however, it can be important to understand whether and to which extent this lack of connection is experienced by different actors in the interventions.

The need to adjust skills and similar challenges are arguably a question of providing sufficient time and opportunities for social workers to adapt to the potential of digital ICT. While this challenge may initially be experienced by and be particularly centred on social workers, remedying this challenge can be important to not negatively impact certain populations (Craig & Lorenzo, 2014). Likewise, limited accessibility and technical issues are challenges that should be addressed at an organisational level. However, it is important also to consider that it is not only social workers who need to adapt to digital technology for digital interventions to be successful; recipients of PHSW may be subject to digital exclusion for reasons such as lack of resources or competences, factors that can make the implementation of digital interventions additionally challenging.

While the identified challenges should be addressed in developing PHSW, it should be noted that the very field of PHSW may pose challenges as well. Throughout the world, PHSW is still emerging as a field (Mannsåker et al., 2026), and it may prove challenging to adhere the (changing) logics of digitalisation with the professional logics of a still developing social work field. Our analysis only addresses the challenges identified in the thematic analysis of the reviewed literature. However, more challenges indisputably exist in implementing digital interventions in PHSW. For instance, public health social workers may operate in crisis contexts and deal with disasters (Luo, 2021). As disasters may entail the loss or destruction of e.g. materials (Luo, 2021), digital interventions may not be feasible should these destructions affect the availability of, for instance, electricity, internet, or devices needed for the interventions. PHSW must find a way to develop itself as a profession amid digitalisation, balancing how to benefit from the opportunities of digitalisation while remedying and adjusting to the possible challenges.

Implications and direction for future research

As shown in the analysis, current PHSW interventions utilising digital ICT create a need to adjust social work practices. To succeed with this, public health social workers must be given time and opportunities to do so. Additionally, concerns they may have in relation to the integrity of their practice must be addressed and explored further. Notably, public health social workers could explore options to provide remote services, thereby remedying challenges related to geographical distances. However, in doing so, it is important to note that some service recipients may explore issues such as not being able to access technology needed to access services or struggling with technical issues. Furthermore, as new ICTs create new expectations of social workers and change long-standing practices (Reamer, 2023), social workers may not succeed with the new implementations immediately. Arguably, some social work practices may advantageously remain non-digital, whilst other services may benefit from new digital opportunities. Considering, first, the limited number of included studies in this review, as well as the pilot and small-scale nature of some of the included articles, the research field of PHSW needs a stronger empirical basis to understand how to best implement digital interventions.

In addition, in educating social workers, it will be important to teach students about how to utilise ICT in social services (Earle & Freddolino, 2022; Menon & Rubin, 2011). For instance, future public health social workers must learn how to conduct counselling despite not being able to elicit nonverbal cues (Menon & Rubin, 2011). More research could also be conducted

on the extent to which various parts of PHSW practice can be mediated through digital technology as well as how organisations can ensure sufficient implementation of digital interventions.

Our critical appraisal of the articles showed that while several of the articles were of high quality, the field needs more rigorous qualitative analyses of the benefits and challenges of digital PHSW interventions. In addition, several studies presented preliminary findings were pilot studies or were based on a small sample size (Crawford et al., 2013; Hanssen et al., 2017; Menon & Rubin, 2011; Weiner et al., 2019), why more robust studies in the field are needed.

Limitations and strengths

This rapid review provides an accurate approach to synthesise literature about the benefits and challenges of current PHSW interventions utilising digital ICT. By using the PRISMA guidelines designed for systematic reviews (Page et al., 2021), this study provides transparency and reliability in the review process. This approach embraces both qualitative research, quantitative research, and mixed methods design research that allows for the affiliation of studies with varying methodologies and evidence qualities. This inclusivity broadens the understanding of benefits and challenges of digital social work interventions in public health. The variety of research designs, including content analysis, action research, retrospective longitudinal analysis, and cross-sectional research, contributes to a broad understanding of the benefits and challenges in digital social work. Furthermore, the methodological quality assessment managed during the data evaluation stage improves the credibility of review findings, and the confidence in the validity of synthesised evidence.

Only literature written in English and the Scandinavian languages was included in this rapid review, which might be a limitation. The comprehensive searches by an academic librarian in all relevant databases is a strength, but the choice of search words and our conceptual understanding may have limited the identification of papers. A strength is the use of the Rayyan software with blinded evaluation between the review authors. The process of electing, charting, and extracting into prior extraction forms may involve some biases, but a strength is two reviewers were independently involved in this process. A strength may also be the use of predefined criteria for critically appraising of the included papers, blinded by two reviewers.

Declarations

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None of the authors have any conflict of interest.

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The article is based on a literature search, and no ethical approval was needed.

Contributorship

All authors contributed to the conceptualisation, data curation, and analysis of the data. The first author prepared the initial draft, and all authors contributed to discussing and improving the draft.

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Notes

- 1) A table of the benefits and challenges of each individual intervention can be seen in the supplementary file.

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