

Article

Documenting Practices in Human Service Organisations through Information Systems: When the Quest for Visibility Ends in Darkness

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Abstract

Over the last decades, transparency about what is happening on the ground has become a hot topic in the field of social work. Despite the importance of transparent social work, the realisation in practice is far from obvious. In order to create this transparency for a diversity of stakeholders, legislative bodies and human services increasingly rely on so-called electronic information systems. However, it remains unclear how frontline managers make use of these systems to create this transparent practice and which obstacles they might experience in doing so. Based on empirical data collected in Flanders (Belgium), we argue that frontline managers as well as practitioners, when confronted with the obligation to use electronic information systems to document their actions and create transparency, find a beneficial element in using such a tool for the purpose of transparency. However, we also argue that the idea of transparency through documenting human service practices by the use of electronic information systems seems to be nuanced, as tension or ambiguity occurs in daily practice. Our data show that many aspects of the service user's life story become invisible because the documenting system is unable to grasp its complexity, resulting in a lack of transparency.

Keywords

electronic information systems; human services; participation; social work; transparency

Issue

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1. Introduction

Human services have always been engaged with the gathering and recording of information about their daily practices and the service users they work with. This is not such a surprise as this information serves as a resource for all kinds of administrative procedures, teaching and supervision, as well as a means of improving the skills of practitioners and their teams. Timms already knew this in 1972 when he wrote that “the history of recording in social work is as long as the history of modern social work” itself (Timms, 1972, p. 1). However, what Timms could not know at the time was that these informational activities would gain, under the influence of an

“electronic turn”, much more significance over time and even lead to a so-called informational context in which human services are expected to record and process information about their activities with service users more than ever before (Bovens & Zouridis, 2002; Garrett, 2005; Hall, Parton, Peckover, & White, 2010; Parton, 2006). This electronic turn has become even more prominent with the ever-expanding possibilities of Information and Communication Technology (ICT).

Despite a historical scepticism of information technology systems within the field of social work, such systems have spread widely amongst human services worldwide (Gillingham, 2011a; Hudson, 2002; Munro, 2005; Parton, 2008; Wastell & White, 2014). This has resulted

in the implementation of various heterogeneous electronic information systems, including decision-making and risk-assessment tools, data-recording systems, digital casework environments and many other variations amongst human services across the world (Carrilio, 2005; Garrett, 2005; Gillingham, 2011a, 2015; Hill & Shaw, 2011; Keymolen & Broeders, 2013; Munro, 2005). Governments worldwide seem to be keen to invest in electronic information systems as they are convinced that these systems are capable of solving a wide range of organisational and social problems (Munro, 2005; Wastell & White, 2014). One of the organisational and social problems governments attempt to address by investing in electronic information systems is the problem of transparency (Gillingham & Graham, 2016).

Although it remains hard to tackle exactly what is meant by transparency, contemporary research provides us with some possible answers by fleshing out the rationales behind the increasing demand for transparency. For instance, the need for transparency for human services has grown significantly over the last few decades due to societal developments such as managerialism and risk reduction (e.g., Gillingham & Graham, 2016; Munro, 2004, 2011). At the same time, De Vos (2015) illustrated how, despite the many consultative and participatory bodies, there still seems to be a fundamental absence of transparency about the arguments that lead to interventions in the lives of children and their families. As a result, over the last decades, a diversity of stakeholders—including legislative bodies, human services, and researchers—have been searching for vigorous solutions to solve this problem of transparency.

One of the preferred solutions seems to lie in implementing electronic information systems in human services (Gillingham, 2011b; Parton, 2008). According to Munro (2005, p. 374), this is not surprising as “to the man with a new hammer, every problem tends to be seen as a loose nail. To a government intent on developing e-government, every problem at present tends to be seen as a dearth of ICT”. By implementing electronic information systems, governments try to create a transparent human service practice with regard to the service user, the practitioner and broader society (Gillingham & Graham, 2016; Hill & Shaw, 2011; Munro, 2004; Pollack, 2009). In the end, it is assumed that electronic information systems are capable of creating a transparent human service practice where actions on the ground are made visible and thus discussable (Van Yperen, 1996, 2013). According to Gillingham and Graham (2016, p. 194), the implementation of electronic information systems in human services has even made the daily work of practitioners “visible in ways that social workers in the 1970s and much of the 1980s would find unimaginable”.

Interestingly, though, despite this rather positive rhetoric about the possibilities of electronic information systems to create transparency, it remains unclear how the creation of transparency through electronic information systems is realised (or not realised) in daily prac-

tice. Hence, the following questions arise: does the use of electronic information systems to create transparency conflict with the daily work of practitioners? Can electronic information systems serve to create a transparent human service practice? Are electronic information systems able to assist practitioners in creating transparency or do they inhibit this development? Can a transparent practice be created when electronic information systems are in play? It is our contention to capture these questions by interviewing frontline managers and practitioners who are obliged to use electronic information systems when working with service users. In interviewing them, we focus on their perspectives on creating transparency through electronic information systems and the way they try to bring these perspectives into their daily practice, as well as the possible obstacles they experience in doing so.

In what follows, we will first outline how the current quest for transparency is the result of two societal developments (i.e., managerialism and risk-reduction) and the empirical-based observation that there still is a lack of transparency about the knowledge base that decisions are made on (De Vos, 2015; Gillingham & Graham, 2016; Hill & Shaw, 2011; Munro, 2004; Pollack, 2009). We then continue by outlining the belief in electronic information systems to meet the current demand for transparency before moving on to the methodological part of the paper. Afterwards, we present our findings and discuss their implications for human services.

2. The Quest for Transparency

2.1. Managerialism

The picture that emerges from research reflects that the quest for transparency is strongly embedded in the prism of managerialism. Managerialism can be described as the political answer to the economic crisis of the 1980s (Baines, 2010; Tsui & Cheung, 2004), and can be summarised as a combination of:

Management’s generic tools and knowledge with ideology to establish itself systemically in organizations, public institutions, and society....Managerialism justifies the application of its one-dimensional managerial techniques to all areas of work, society, and capitalism on the grounds of superior ideology, expert training, and the exclusiveness of managerial knowledge necessary to run public institutions and society as corporations. (Klikauer, 2013, p. 1105)

One central element of managerialism is exactly to create transparency in order to improve performance measurements and heighten efficiency to increase productivity and impose a strict financial discipline with the aim of cutting costs in public expenditure (Aronson & Smith, 2010; Clarke & Newman, 1997; Carrilio, 2005). Hence, legislative bodies attempt to make social work

more auditable (Falconer, Rhodes, Mena, & Reid, 2009; Gillingham & Graham, 2016; Munro, 2004). In order to do so, practitioners and human services are required to show that they are acting properly and according to regulations. In doing so, all their activities need to be transparent and visible to a diversity of stakeholders, including service users, professionals, legislative bodies and wider society (Aronson & Smith, 2009; Gillingham & Graham, 2016; Munro, 2004, 2011).

2.2. Risk-Society

Interrelated with this managerial context, researchers point out the current societal preoccupation with risk and risk reduction in particular (e.g., Broadhurst, Hall, Wastell, White, & Pithouse, 2010; Munro, 2004; Parton, 1998). The determination to keep children from any harm, abuse and risk is rooted in the public response to tragedies such as Victoria Climbié and Baby P. in the UK (White, Hall, & Peckover, 2009) and Savanna and 'Maasmeisje' in the Netherlands. As a result of these cases, but especially the public inquiries following these cases, legislative bodies and the media, as well as society as a whole, have been occupied with identifying, assessing and, most of all, reducing the amount of risk children encounter (Munro, 2004). Such arguments are used to explain why legislative bodies were and still are keen to invest in practices of risk reduction, as they seem to be convinced that these practices will make potentially dangerous situations visible and so prevent children from suffering abuse and mistreatment and encountering violence, as practitioners will be able to intervene more quickly than before (Broadhurst et al., 2010; Munro, 2004; Parton, 1998).

2.3. Invisible Knowledge Base

Besides both these societal developments, a third issue comes to the fore when having a look at the current quest for transparency. In his recent research, De Vos (2015) looked deeper into so-called bottleneck cases. The concept of a 'bottleneck case' refers to those cases in Flemish Child Welfare and Protection (CWP) in which children with a mental disability cannot be admitted into services for children with a disability when they are also diagnosed with problems that relate to child protection such as behavioural problems or the upbringing of those children. This specific 'bottleneck case' procedure attempts to set up an individual treatment plan with the right combination of expertise by combining regular and existing forms of care supply with additional, individualised forms of care supply, because the regular care system lacks expertise to deal with these often complex and multifaceted problems.

These 'bottleneck cases' are exemplary for those cases in which many actors take many decisions in "the best interests of the child". De Vos (2015), together with the children involved, tried to reconstruct the trajec-

tory or path these children had already walked for the past few years. He found that there was a fundamental absence of communication, let alone reciprocity, leading to a lack of transparency about the arguments that had led to the interventions these children and their families were subjected to over the past few years. He, with the support of other scholars, considers this as remarkable and troubling, as transparency about and involvement in the decisions that are made and deeply affect the lives of children and their families are seen as sine qua non for setting up a high-quality care process (Gillingham & Graham, 2016; Hill & Shaw, 2011; Munro, 2004; Pollack, 2009).

In the end, it is by making the complexity of a service user's world visible, negotiable and open for discussion that human services are able to tune in to a concrete "life story or a biography of [that particular client] with a certain sense of internal connection between the past, present and the future" (Aas, 2004, p. 386). This reciprocal dialogue can therefore be seen as "the medium through which the practitioner can engage with and intervene in the complexity of an individual's internal and external worlds" (Wilson, Ruch, Lymbery, & Cooper, 2008, p. 7). As such, the service user's problems and concerns are being mutually discussed and even co-constructed (Oostrik, 2010; Parton, 2009; Parton & O'Byrne, 2000).

Bearing all this in mind, it comes as no surprise that many attempts have been made to create transparency and make visible what happens on the ground and why it happens when it comes to intervening in the private lives of children and their families. In these attempts, legislative bodies have shown a particular interest in the possibilities of a wide diversity of electronic information systems to do the job.

3. Electronic Information Systems as a Means for Transparency

In doing so, reference is made to how these systems may help "to obtain rich material and understanding of participants' [clients'] experience" (Tregeagle & Darcy, 2008, p. 1485). According to Sapey, electronic forms of communication 'can provide a medium for communication with children that they may find less inhibiting than face-to-face discussion with adults' (Sapey, 1997, p. 812). These forms are assumed to have the capacity and potential to assist clients tell their story, which, in turn, can lead to a better understanding and visibility of a service user's situation (Carrilio, 2005; Sapey, 1997; Tregeagle & Darcy, 2008).

At heart is the argument that electronic information systems are capable, or at least believed to be capable, of making everything visible at every level (Gillingham & Graham, 2016). According to several scholars (Eito Mateo, Gómez Poyato, & Marcuello Servós, 2018), information technology-based systems, such as electronic information systems, are perfectly suited to operate as

a tool for communication and intercommunication between service users and their immediate surroundings such as professionals and human service teams as these systems are able to capture the ‘whole image’, not least because the structure of electronic information systems tends to encourage professionals to pay explicit attention to all life domains that are considered important for the service user and as such encourages them to further grasp and uncover the often-complex lifeworld of human service users (Carrilio, 2005; Devlieghere, Bradt, & Roose, 2017a). At the same time, legislative bodies also believe that electronic information systems are able to make all activities visible, which might lead to more accountability and a reduction in potential risks for children (Aronson & Smith, 2009; Gillingham & Graham, 2016; Munro, 2004, 2011).

This view has led to the implementation of a great variety of heterogeneous electronic information systems amongst human services, such as decision-making and risk-assessment tools, data-recording systems, digital casework environments and many other variations (Falconer et al., 2009; Garrett, 2005; Gillingham, 2011b; White et al., 2009). Examples abound of the worldwide proliferation of electronic information systems in human service environments, such as the Client Relationship Information System for Service Providers (CRISSP) in Australia (Gillingham, 2011a), the *Barns Behov i Centrum* (BBIC) or Framework for the Assessment of Children in Need and Their Families in Sweden, the National Reference Index for High-Risk Youngsters, also referred to as the Child Index, in the Netherlands (Keymolen & Broeders, 2013; Lecluijze, Penders, Feron, & Horstman, 2015), and the Information System for the Intersectoral Gateway (INSISTO) in Flanders (Devlieghere et al., 2017a). These examples illustrate how the use of electronic information systems have become ubiquitous in human services across the world in an attempt to increase transparency about what is happening in daily practice and why it is happening, thereby attempting to increase human services’ accountability and efficiency.

This is no different in Flanders (the Dutch-speaking part of Belgium) where a new electronic information system, referred to as INSISTO was installed in 2014. Amongst other goals, the INSISTO system was installed to create more transparency, heighten accountability and increase efficiency. This was clearly illustrated by (Devlieghere, Bradt, & Roose, 2017b), who analysed policy documents and interviewed Flemish legislative bodies to uncover the rationales for implementing electronic information systems in human service daily practice. In their research, they found that legislative bodies indicate that electronic information systems will increase efficiency by streamlining and replacing the paperwork of practitioners, as well as by transforming and exchanging information quickly and easily through a digital format. At the same time, the legislative bodies that were interviewed also explained how they sought to heighten accountability as they felt that in these contem-

porary times of economic scarcity, they have no other choice than to generate data, which can heighten human services’ accountability (Devlieghere, Bradt, & Roose, 2017c). This was aptly summarised by one policy maker:

I guess my core message is very similar to what I said earlier. It is so important that we heighten our societal accountability, especially in times of scarcity, but not only in times of scarcity. 360 million euro is a lot of money and we must say what we do with it. (Devlieghere et al., 2017c, p. 1510)

However, as already argued, despite the rather positive societal and legislative rhetoric about the possibilities of electronic information systems to create transparency, there is little to no empirical insight into how these systems may actually create transparency ‘on the ground’. This, though, is of critical importance because we know that professionals, such as social practitioners and frontline managers, possess a “continuing (and inevitable) level of discretion...in public services” (Evans, 2015, p. 1) and use this discretion to shape, evade, bend and even refuse to comply with procedural and governmental guidelines if they are convinced that these guidelines go against their own commitment to service users (Aronson & Smith, 2009; Evans, 2011, 2015).

In order to empirically grasp what is ‘happening on the ground’, we interviewed 29 frontline managers that have direct contact with human service users, asking them how they make use of electronic information systems to involve service users in their care process and how they set up a participatory care process. We also interviewed 16 social practitioners who work with INSISTO on a daily base. We focused on their perspectives on the use of electronic information systems to increase transparency and create participation, the way they try to bring these perspectives into their day-to-day practice, and the obstacles they experience in doing so.

4. Methodological Framework

4.1. Study Context

The research was carried out from 2014 to 2017 in the region of Flanders. This region is the Dutch-speaking part of Belgium. During the time the research was carried out, the Flemish CWP landscape was undergoing a fundamental reform that had an enormous impact on the daily work of human services, their practitioners and users. The reform was the result of a long societal and political struggle concerning the quality of CWP in Flanders. In order to improve its quality, the Flemish Parliament enacted two Acts of Parliament in 2004 to address the long waiting lists, the inefficient use of resources and the severe fragmentation of human services (Vanhee, 2014). Despite the efforts by the Flemish Government, the number of referrals went through the roof. Children were sent from pillar to post, arriving in no man’s land with-

out receiving the appropriate care. At the same time, the number of children growing up in vulnerable situations and asking for help increased, resulting in even more pressure on the CWP services (Vanhee, 2014).

This urged the Flemish Government to approve a new Act of Parliament on Integrated CWP in 2014. This new Act significantly reformed the organisational structure of the Flemish CWP landscape. One of the pivotal elements within this reform was the implementation of a new electronic information system, referred to as INSISTO. The INSISTO system assists the Flemish Government and its central services in making a distinction between directly and non-directly accessible human services. The former, such as non-residential services or psychiatric care, is only accessible through a so-called entrance ticket, which can only be obtained via the Intersectoral Gateway (Verhoest, Voets, & Molenveld, 2013). When a practitioner is confronted with a severe situation and is convinced that the service user needs non-directly accessible care (e.g., a more specialised and intrusive form of care), this practitioner is obliged to submit an electronic standardised form, referred to as the Assistance Document or A-DOC. This A-DOC can only be submitted through INSISTO and includes identification and a well-considered proposal for appropriate care based on diagnostic information and information about the needs and capacities of the service user and their family. Once the A-DOC has been completed, it is sent to a Needs Assessment Team (NAT), who will assess the content to decide whether or not the requested help is necessary and appropriate. If they decide the request for non-directly accessible care is legitimate, another team, the Youth Care Planning Team, figures out which human services are available to provide the formulated care (Vanhee, 2014).

4.2. Data Collection

Because of their central role in the reformed CWP system and their daily involvement with the INSISTO system, we contacted 15 Pupil Guidance Centres, 11 Centres for General Welfare Work and 22 services for Special Youth Care in East Flanders, as this region was the first region to be reorganised and restructured as a result of the CWP reform, which means they have the most experience in working with INSISTO. In the process of contacting these organisations, the Centres for General Welfare Work made it clear that they were not familiar enough with the electronic information system to participate in the research. At the same time, it also became clear that the Pupil Guidance Centres were overwhelmed by the many tasks that lay ahead as they were also subjected to a second reform that significantly restructured their assignment. As a result, and due to a lack of time, our initial invitation to participate in the research received little to no response. Out of the 22 services for Special Youth Care, five responded that they were not able to participate and nine did not answer our multiple invitations.

In the end, eight responded positively and participated in the research. This encouraged us to contact 17 Pupil Guidance Centres and eight Centres for General Welfare Work in the adjacent region of West Flanders. Here, a similar pattern occurred as all the Centres for General Welfare Work refused to participate on the grounds that they had nothing to contribute since their experience with INSISTO was very limited. The responses of the Pupil Guidance Centres were also weak. In the end, seven of them participated in the research.

In total, 20 different Flemish CWP services—12 Pupil Guidance Centres and eight services for Special Youth Care—agreed to participate and were incorporated as research participants. The frontline managers of these services were interviewed using semi-structured interviews. All interviews took place at the workplace of the participants to reduce the amount of time participants had to spend in contributing to the research. The interviews lasted between 45 minutes and two hours. All interviews were also audiotaped and transcribed verbatim and approval of the university's Ethics Committee was obtained prior to the research. One interview was lost due to technical problems with the audio-recorder. As a result, 19 semi-structured interviews with 29 managers were used as data.

Furthermore, we conducted interviews in the five regional NATs in Flanders. All members of the NATs were contacted by email. In total, 17 professionals are employed in the five NATs: five psychologists, one criminologist, three educators and eight social workers. Although these professionals cannot be strictly defined as frontline practitioners, as they have no direct contact with clients, it is relevant to mention that they are still regarded as 'social' practitioners, as the Flemish government deliberately decided not to engage mere 'technicians', but to install teams of 'social workers' with extensive experience in frontline work with children and families.

Based on the contacts with the individual members of the NATs and the regional managers, all the contacted professionals seemed ready to participate in the research. As always, participants were first informed that the study proposal had been reviewed and approved in line with the university's research ethics guidelines. They were also informed about the content of the study and assured that the collected data would be fully anonymised, and the names of third parties and institutions excised. Also, attention was drawn to their right to withdraw during the interview process. This right was invoked by one participant, who made it clear that they were not participating voluntarily but had been forced to do so by their supervisor. As a consequence, the informed consent could not be signed and the interview was not included as research data, although the participant insisted on talking to the researcher. This conversation took place but was not recorded or categorised as part of the research material. Thus, in total, 16 qualitative semi-structured interviews were conducted at the workplace of the participants and lasted for approxi-

mately one hour with variations from 35 minutes to an hour and a half. In most of the NATs, multiple interviews were conducted in one day to limit the researcher's travel time. With the participants' permission, the interviews were audiotaped and transcribed verbatim.

4.3. Data Analysis

The collected data were thematically analysed with the help of NVivo 10 (Floersch, Longhofer, Kranke, & Townsend, 2010; Mortelmans, 2007; Van Hove & Claes, 2011). A main advantage of this approach is that once the initial coding stage has been completed, recurrent themes occur that are based on the participants' narratives (Van Hove & Claes, 2011). This inductive way of working with the data leads to certain codes or categories, rather than a pre-existing theoretical framework (Floersch et al., 2010). During this stage, codes or themes are often renamed or reorganised into broader themes as "the researcher is convinced that the different categories mean the same thing" (Van Hove & Claes, 2011, p. 192). This allowed us to "identify dominant themes which underlie the content of the conversation" (Van Hove & Claes, 2011, p. 103). We considered this approach to be appropriate, as we had no preconceived theoretical framework that steered our analysis. Finally, 15% of the transcripts were independently analysed by two other senior researchers. This co-analysis also allowed the two senior researchers to identify themes that the main researcher had not identified at first sight.

5. Findings

In the following section, we present the overarching themes that emerged throughout the interviews. These themes relate to the perspective of the interviewees on setting up a transparent care process in general, the use of electronic information systems for setting up this process in particular, and the possible obstacles they experience in doing so.

5.1. Participatory Possibilities

During the interviews, frontline managers and social practitioners were asked about their perspectives on setting up a transparent care practice in their team and day-to-day practice. All of them were convinced of the need of such a practice and indicated how, in relation to this topic, the minds of legislative bodies, managers and practitioners have matured over the last decade. Consequently, many of the frontline managers and social practitioners were advocating a transparent approach in human services, thereby indicating "they could only welcome such a practice" (interview M.11).

Interestingly, though, different perspectives arose when discussing how to set up this transparent care practice and what role electronic information systems could play in this setup. Frontline managers differ on whether

the use of electronic information systems can be considered beneficial for the realisation of transparency or not. According to several of the interviewees, the structured and preordained format of an electronic information system stimulates them to include the perspective of the service user and their family more extensively than before, thereby making their wishes more visible. The argument is not so much that practitioners did not include this perspective before, but that the electronic information system "obliges you to sit at the table with the service user and their family and to listen to what they have to say" (interview M.12). One of the social practitioners said:

A good tool is one in which several views and opinions from all actors involved can be discussed. One in which the parents and the minor can discuss their own point of view as well as the view of the social worker submitting the A-DOC and that of the social worker[s] who previously worked with the service user are encapsulated.

The way in which the interviewees use electronic information systems for creating transparency also differs from interviewee to interviewee, from manager to manager and from practitioner to practitioner. One frontline manager refers to a practice that often occurs in which managers and other colleagues of the team, including practitioners, literally use the words of the service user and their family to describe the areas of concern and to identify what kind of care is most appropriate. One of the interviewees explained:

Gradually, we are literally writing down what service users tell us. At least, we try to do that. And if they have trouble explaining, we translate it and ask their permission to write it down in another way. (interview M.7)

As both frontline managers and practitioners are obliged to write down what they are doing and why they are doing it, some of them are convinced that the electronic information system will assist legislative bodies and human services in gaining a better insight into contemporary developments and, most of all, in new areas of concern that need to be handled. According to them, this will lead to more transparency about what is going on within and across human services. Several of the interviewees pointed out how this could also be beneficial for service users. In explaining so, they pointed out that an electronic information system might avoid so-called hidden agendas in which professionals have an undisclosed plan as, for instance, the A-DOC is now being completed in cooperation with the service user and other actors who are involved. One of the social practitioners said:

Matters of concern should be discussed openly and honestly. You can't work with families while there are

things happening behind their back. Now you have to formulate all those things correctly.

Some of the interviewees explicitly referred to the use of the A-DOC as a tool for giving service users profound insight into what happened during their own care trajectory and especially why it happened. Due to the preordained structure of the tool, these interviewees felt that they were able to reconstruct the clients' trajectory and make it visible. This was aptly illustrated by one of the interviewees who experienced this beneficial aspect in their daily practice:

Once, two girls came back and asked if I would be so kind as to grab their file and tell them their life story. I took their files and I was able to reconstruct their entire trajectory and explain what we discussed, when we discussed it, what decisions were made and especially why they were made.

Throughout the interviews, a picture emerged of how frontline managers and practitioners use electronic information systems to create transparency about the care process in order to clearly demonstrate what is happening during the process, why it is happening and how it is happening. Hence, there seems to be a general consensus amongst the frontline managers and social practitioners we interviewed about the necessity of a transparent care practice and the use of electronic information systems to assist them in creating such a practice. However, when digging deeper into the interviews and the perspectives the interviewees brought to the fore, another more nuanced (or should we say ambiguous) picture or field of tension emerged.

5.2. Making It Work

At the same time as discussing the use of the same electronic information system as above, frontline managers and social practitioners also expressed serious concerns about the use of electronic information systems in general and the use of INSISTO and the A-DOC in their day-to-day practice in particular. Some of them pointed out that the linguistic structure of a database—including electronic information systems—is different from the spoken word, as a database is marked by its lack of narratives (e.g., Aas, 2004; Parton, 2006). One of the frontline managers told us that “the system is way too formalised” (interview M.12) and that the problem is that electronic information systems are not able to capture the whole picture, as they lack nuance and narratives, while every case is different. One manager told us:

The categories used in the electronic information system were constantly being adapted and fine-tuned because they are looking for unequivocal coding and registration. But the more options there are, the more nuances....You can never capture them all....In the end,

with registration, you always get the same story. (Interview M.4)

This view was reinforced by other interviewees, indicating how they considered the development towards electronic information systems to be problematic and bound to bring a number of consequences. For example, many described how a preordained tool made it almost impossible for them to capture important nuances and to present a complete overview of the service users' life history as “it is too fragmented and split into pieces” (Devlieghere et al., 2017a, p. 744). This makes it difficult for them to “read between the lines” making “it hard to present a complete and nuanced overview of what happened” (Devlieghere et al., 2017a, p. 744), as there seems to be no beginning, middle or end. They are, in that vein, illustrating what Parton (2006) and Hall et al. (2010) refer to as a process of “decontextualization” as a result of standardised tools such as electronic information systems.

Furthermore, many of the interviewees felt limited in their options for developing high-quality human services that are able to be responsive to the needs of the service users and their families. In fact, they were worried that electronic information systems impede these relationships. One local manager even saw “a tendency towards anonymisation” (Interview M.17). This view was echoed by several colleagues as they were worried about the contrast between the logic of the database and a care logic. One interviewee illustrated this from their viewpoint:

To date, reality has to follow the logic of the database while we used to be able to decide some things with...wisdom. Wisdom in thinking of how we can solve the issue at stake and how we will deal with it. (Interview M.6)

The concern that the implementation of electronic information systems tends to impede the development of high-quality human services was reflected by many frontline managers' and practitioners' resistance to some aspects of procedures and regulations embedded within the systems. One manager, for instance, said: “I think it would be good if the team were allowed to deviate from the standards embedded in the tool” (Interview M. 13). However, these interviewees were expected to execute the guidelines without any exception. Many said that, as a result, they felt they had no other choice than to use their discretionary power to go underground and work around the electronic information system and its rigid structure and procedures. Manifestations of doing this were contacting other services before completing the A-DOC; exaggerating the service user's problem or withholding positive information about the service user's situation to make their situation look sufficiently precarious on paper. According to one interviewee:

Sometimes you know where a client belongs and what services they need....But you need to get the story sold in a certain way....Because of the lack of available care supply, you need to emphasise when a client needs care....You need to bring the client into the spotlight to make sure that they receive the care that seems appropriate at that time. (Interview M. 17)

In that vein, some of the interviewees were worried that electronic information systems are bound to become the “single source of truth” (Peckover, White, & Hall, 2008), as only information that has been submitted through electronic information systems is seen as relevant and transparent. During the interviews, several of the participants referred to one striking example illustrating the above:

We had a team meeting and there was a child that had already been admitted for several years into an organisation for children with a moderate mental disability. They did some new IQ test for the A-DOC and he was diagnosed with a minor mental disability. As a result, strictly speaking and following the rules, this child would no longer be admitted into the organisation for children with a moderate mental disability, although they had taken care of him for the last few years. Now, together with the psychiatrist, we wondered how he behaved in real life, what care he needed and what areas of concern he had. The psychiatrist responded that he belonged in the organisation for children with a moderate mental disability, so we gave him a moderate mental disability on paper. (Devlieghere et al., 2017a, p. 745)

In other words, during the interviews, the frontline managers and the social practitioners explained how they also felt that electronic information systems forced them to develop strategies of resistance, resulting in actions that were invisible and thus not transparent for service users, colleagues, other human services and legislative bodies, even though these systems had been set up for the express purpose of creating a transparent human service practice. As this ambiguous and even paradoxical situation touches upon the heart of our research question and raises serious concerns for human service practice, we will discuss its implications further in what follows.

6. Discussion and Concluding Remarks

Our findings stimulate an important discussion—or should we say struggle—when it comes to the use of electronic information systems to create transparency. In the end, our findings indicate that frontline managers as well as social practitioners generally acknowledge the value and importance of transparency in their daily practice. Our interviewees identify beneficial elements in the use of electronic information systems to create transparency, although the devil seems to be in the detail. When fur-

ther fleshing out the perspectives of our interviewees, our findings also constitute evidence of a very complex and ambiguous struggle. While valuing the importance and possibilities of electronic information systems, frontline managers and social practitioners acknowledge that these systems also seem to inhibit the development of transparency in daily practice.

The interviewees indicate how the mandatory use of electronic information systems seems to result in a lack of transparency. According to some of the interviewees, an electronic information system might create noise, instead of removing it, as there is less and less space to write down the client’s life story as a complete and comprehensive narrative (Aas, 2004). According to our interviewees, this makes it difficult to capture the necessary nuances that help to create a transparent overview of the service user’s trajectory. Hence, many frontline managers and social practitioners felt pressured into subordinating regulations and developing ways of pushing back at them while using electronic information systems by devising strategies of resistance such as communicating by phone, turning a blind eye and even exaggerating clients’ areas of concern in order to align with clients’ needs. By doing so, our interviewees illustrated how the use of electronic information systems in human services forces them to undertake actions that are not visible or transparent. This is actually not much of a surprise. Electronic information systems are often installed because legislative bodies, human services, and even professionals and researchers, tend to hold a view that children should be protected by any means from all risks and potential harm. As said, this has resulted in a focus on risk management, embracing central ideas such as manageability and predictability (Broadhurst et al., 2010; Falconer et al., 2009; Munro, 2004; van Bijleveld, Dedding, & Bunders-Aelen, 2015). These ideas are brought into practice by a variety of measures, including electronic information systems. The problem, however, is that the transparency diminishes because these systems are unable to make visible what happens on the ground because they are unable to capture the often unpredictable and uncertain world vulnerable service users live in (Devlieghere et al., 2017a).

In other words, our research highlights the complexity embedded in using electronic information systems to make visible what happens on the ground, indicating how such systems can influence the creation of transparency in unhelpful and counterproductive ways. This does not mean that electronic information systems are incapable of making actions visible, but that the idea of Gillingham and Graham that electronic information systems have made the daily work of professionals visible in ways that “social workers in the 1970s and much of the 1980s would find unimaginable” (Gillingham & Graham, 2016, p. 194) needs to be nuanced. It is our understanding that realising a transparent care practice is not necessarily or solely about implementing preordained tools, such as electronic information systems, that assist pro-

professionals in doing their job, as these tools are unable to grasp the complexity of the service users' lifeworld and force professionals to go underground. On the contrary, realising a transparent practice in a context where electronic information systems play an important role might be realised by following a practice-led approach. In such an approach, the first question is what human services need to do to improve their practice. This approach takes into account the consequences of electronic information systems for social work and does not force these systems into practice in ways that are inappropriate and change the task of social work itself, regardless of whether or not they improve practice. The main advantage of such a practice-led approach is that it opens up a dialogue between those who use electronic information systems on a daily base and those who decide whether or not they will implement these systems. It is our understanding that involving all these actors might be a good start to realising a transparent practice that meets the current societal demands of managerialism and risk reduction, as well as the fact that there is still a fundamental lack of transparency about the knowledge that decisions are based on.

Conflict of Interests

The authors declare no conflict of interests.

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