EXPERIENCES OF SOCIAL WORKERS WORKING FROM HOME DURING THE COVID-19 PANDEMIC IN EKURHULENI REGION, GAUTENG PROVINCE OF SOUTH AFRICA

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MASTER OF ARTS BY COURSEWORK AND RESEARCH REPORT IN THE FIELD OF OCCUPATIONAL SOCIAL WORK

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DECLARATION

I, Matamela Felicia Raselabe, Student No:1935254, declare that **The Experiences of Social Workers Working from Home During Covid-19 Pandemic** is my own work and that all sources that I have quoted have been indicated and acknowledged by means of complete references.

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ABSTRACT

The COVID-19 pandemic created an overwhelming global crisis, prompting the World Health Organization to declare it a global pandemic on March 11, 2020. In response, many countries, including South Africa, imposed national lockdowns to reduce the spread of the virus. Social workers faced increased demand for their services and had to quickly adapt to new ways of working, including remote service delivery. This study explored the experiences of social workers working from home during the pandemic in the Ekurhuleni Region, Gauteng Province, South Africa. The study aimed to examine the impact of the pandemic on social work practice, the ethical dilemmas faced by social workers working remotely, and the resources provided by employers. A qualitative, exploratory research design was used, with semi-structured interviews conducted with 15 social workers. Thematic analysis revealed several challenges, including challenges in conducting face-to-face assessments, compromised service delivery, struggles in transitioning to remote work, and increased workloads. Ethical concerns also arose, particularly regarding confidentiality and privacy, while limited access to technology hindered communication and service efficiency. Additionally, the Department of Social Development did not provide adequate training, resources, supervision, or emotional support for remote work. The study recommends that universities integrate remote work skills into social work training, emphasizing ethical and legal considerations. Social workers should be equipped with reliable technology, such as laptops, secure internet connections, and video conferencing tools. Furthermore, virtual supervision should be established to provide guidance and emotional support. The Department of Social Development should also develop secure virtual platforms to protect client confidentiality and enable effective remote case management.

Key words: Social worker, COVID-19, pandemic, working from home, Department of Social Development.

Contents

CHAPTER ONE
INTRODUCTION

1.1 INTRODUCTION

The global outbreak of the COVID-19 pandemic that started in December 2019 in Wuhan China caused devastation and unprecedented demand to the world after its spread was affecting almost all countries. South Africa was amongst the countries that were mostly affected by COVID-19, and this led the World Health Organisation to declare it a global pandemic on 11 March 2020 (Benhura & Magejo, 2021). Most countries worldwide were forced to implement a national lockdown to flatten the curve and control the transmission of the disease. People all over the world were forced to remain in their homes including workers. Many companies, schools, and public organisations all over the world requested their employees to work from home. This caused a serious impact on the working environment worldwide (De Klerk et al., 2021).

South African government also imposed national lockdown level 5 on the 27 of March 2020 whereby all employees were expected to work from home, due to the impact that COVID-19 had on the well-being of the people, social workers and health care workers were at the forefront to provide services to individuals, groups, and communities. Their services were in high demand which forced them to adapt quickly and effectively to change to render services to their beneficiaries. This brought a lot of new pressure and emotional challenges to all frontline workforces. Many social workers' offices and organisations closed their premises, some services were withdrawn completely. Social workers operated from home using telephones and this was challenging because most of their clients are coming from poor backgrounds where phone and internet connection appear to be costly (Matli, 2022).

Additionally, social workers play an important role in supporting the well-being of adults and children in need of care and support which was worsened by the pandemic. Due to fear of getting the virus, social workers minimised their contact with their clients and yet telephonic counselling was challenging due to poor connection (Banks et al., 2021). The COVID-19 brought far-reaching changes to the daily usual practices of social workers through its rapid spread and social restriction movement policies to the social care workforce worldwide (Lauren, 2021), which encouraged the researcher to explore the experiences of social workers in working from home during COVID-19 pandemic.

1.2 STATEMENT OF THE PROBLEM AND RATIONALE OF THE STUDY

The COVID-19 pandemic affected all the all sectors around the world, as a result, social workers were challenged to engage with the health pandemic and provide essential services in conditions of uncertainty and high risk. Their role was to care for individuals, families, and communities. They were expected to care for those at risk under those conditions mediated by digital technologies, adhered to government injunctions, maintaining social distancing during the lockdown, and work from home (Dominelli, 2021). It was difficult to provide services with inadequate personal protective equipment and limited supervision and support. Staying in contact with the clients was difficult with the lockdown in place and they developed a fear of conducting home visits in case they get the virus. Telephonic counselling was challenging due to the poor connection. Social workers noted difficulties in building relationships working remotely with new clients and conducting meaningful virtual case conferences (Dominelli, 2021). The pandemic made it difficult to conduct assessments or to assess the condition of a home, the state of all family members or detect potentially abusive relationships, or whether the client may be lying without being able to see people. It was also challenging for the social workers to work from home and maintain privacy and confidentiality as family members would overhear sensitive issues (Banks, et al., 2020).

It was realised that it is paramount to conduct the study focusing on the impact caused by the COVID-19 pandemic on the social work practice, the ethical challenges encountered by social workers working from home/virtually, and the provision of resources by employers while social workers working from home because social work is a profession that focuses on enhancing the overall well-being of the general population, assisting to meet the basic needs of the individuals or the communities prioritizing the vulnerable, oppressed and those living in poverty. Social workers contribute greatly to the care, support, promotion of rights, and empowerment of the vulnerable population (Okafor, 2021). The experiences of social workers in working from home during the COVID-19 pandemic are important for future planning because many companies, schools, and public organisations all around the world asked their employees to work from home and adopted what is called smart working. This has a serious impact on both the employees and the employers which still needs to be investigated and clarified. Several employees moved to work from home with no preparation and social workers were expected to continue serving individuals, families, and communities without the resources to render their services effectively(Smith,2020). In responding to the COVID-19 pandemic, social workers have an important role to play as it requires

critical intervention from the social work profession. The social work profession is well equipped with wonderful values and historical legacies and social workers are in a unique position to address emerging global outbreaks such as COVID-19 and educational training received by social workers does not in all sufficiency prepare them for a specific role in the outbreak of the pandemic even though it is their responsibility to help and support communities that are affected by the COVID-19 pandemic. Therefore, there is a need to explore the experiences of social workers who worked from home during the COVID-19 pandemic in the Ekurhuleni Region, Gauteng Province, South Africa. While a substantial amount of research such as, Is working from home the new workplace panacea? Lessons from the COVID-19 pandemic for the future world of work (De Klerk *et al*,2021) has been conducted globally and in South Africa on the concept of working from home, most of it focuses on remote work as a new way of working introduced by COVID-19. However, the specific experiences of social workers adapting to these changes have not been thoroughly explored. Through this research, companies and organizations may be encouraged to rethink the importance of preparing for future outbreaks such as COVID-19 and other pandemics. Furthermore, by understanding what social workers went through during this period, employers can better care for and support them—ensuring that they remain productive and effective while serving their communities.

1.3 RESEARCH QUESTIONS

The study is about the experiences of social workers in working from home during COVID-19 pandemic aims to answer the following research questions:

- What is the impact caused by the COVID-19 pandemic on social work practice?
- What are the ethical challenges encountered by social workers in working from home/virtually?
- How was the provision of resources by employers while social workers working from home?

1.4 AIM OF THE STUDY

The aim of this study is to explore the experiences of social workers in working from home during the COVID-19 pandemic in the Ekurhuleni region, Gauteng Province of South Africa.

1.5 OBJECTIVES OF THE STUDY

- To explore the experiences caused by COVID-19 pandemic on social work practice.
- To investigate the ethical dilemmas encountered by social workers in working from home/ virtually during the pandemic.
- To examine the provision of resources by employers while social workers work from home during the pandemic .

1.6 BRIEF DESCRIPTION OF RESEARCH METHODOLOGY AND METHODS

For the purpose of the study the researcher employed a qualitative approach/method. The qualitative method allowed the researcher to collect data from the natural environment, meaning that the data collected in the environment in which the participants experienced the problems being investigated, and as such, the researcher can get to learn and understand the problem from the participant's perspective and get a holistic picture of the problem under study (Creswell, 2014).

The researcher utilized exploratory research design for this study. Utilizing exploratory design defined the problems that social workers experienced in working from home during COVID-19 pandemic and brings suggestions that can improve social work practices within the Department of Social Development and other social work organisations. The population of this study are the social workers from the Department of Social Development at Ekurhuleni Region, Gauteng province in South Africa. Purposive sampling procedure used to select the participants suitable for the study.

For the purpose of the study, the researcher used semi-structured interviews with open ended questions as an instrument to interview fifteen (15) social workers. The nature of qualitative research is of getting a detailed and deep understanding of the phenomena from the perception of the participants; therefore, interviewing participants gives one an opportunity to get such information (Babbie & Mouton, 2010). Data collected through one-on-one interviews to get an in-depth understanding while observing non-verbal behaviour of the social worker working from home during COVID-19 pandemic. Data analysed using thematic data analysis method.

1.7 LIMITATIONS OF THE STUDY

The study is qualitative in nature and therefore relied on a small number of participants and was conducted in one area, Ekurhuleni, this limits the generalisation of findings. Based on the use of the purposive sampling procedure, the interpretation of information can be judgemental or biased. It can also be inconclusive even though it lays the foundation of research that can lead to future research. The study was conducted with the social workers from the Department of Social Development at Ekurhuleni Region. This limited other social workers who are working at other governmental departments and NGOS who could provide different insights on the topic. The Department of Social Development at Ekurhuleni has approximately350 social workers from different offices and different divisions however, the social workers who participated in the study were social workers from the division of field and intake because they were the ones who were on the forefront during the first wave of COVID-19 pandemic, and this limited the researcher to generalize the findings to the larger population. The sample size was limited to only fifteen (15) social workers from the Department of Social Development at Ekurhuleni region because the researcher believed that she would reach data saturation with this sample size. The study only explored the experiences of social workers from the Department of Social Development at Ekurhuleni Region with social workers from different positions, social work managers (including supervisors), senior social workers and junior social workers as the participant however, during the collection of data only supervisors were interested in forming part of the study. None of the managers were available due to work commitments. Furthermore, they never showed interest in the study, and it was voluntary for the participants to be in the study.

In terms of data collection, the researcher encountered challenges. The participants were allowed to decide where they would like to be interviewed. Most opted to be interviewed in their offices and their supervisors did not mind them to be interviewed in their working environment however, the issue of space for the interviews was a challenge as the researcher had to use their offices and at some point the interviews were interrupted by the movements of other social workers within the premises who failed to read the notice on the door indicating that there was an interview in process. In dealing with some of the limitations, the researcher booked the boardroom to conduct the

interviews on the dates scheduled to avoid interruptions during interviews. Some of the participants were interviewed in their respective homes which was time consuming and costly for the researcher. Using semi-structured interview was also challenging because some of the interviews were lengthy, as a result, other questions were not fully addressed by the participants, the researcher had to probe in order to gain necessary information.

1.8 DEFINITION OF CONCEPTS

For the purpose of the study the following concepts are defined:

- **Experience**

  Experiences refer to the framework of a person's perceptions, feelings, and memories (Collins ,2010). Experiences can also be defined as "the knowledge and skill that you have gained through doing something for a period of time, to have a particular situation affect you or happen to you" (South African Concise Oxford Dictionary, 2010). The involvement of a person exposed to an event, which creates knowledge for future occurrences, can be classified as an experience (Pindani, 2008). Therefore, the concept 'experiences' is regarded as a persons' perceptions, attitudes, emotions, and behaviour that resulted from previous encounters in life. In this study, the focus is on exploring the experiences, knowledge and skills of social workers due to their involvement in working from home during COVID-19 Pandemic.

- **A social worker** is a professional person who is registered as a social worker in terms of the Social Service professional Act 110 of 1978 with an aim of helping individuals, families, and communities to enhance their well-being (Children's Act 38 of 2005,South Africa 2006: section 1). In general terms a social worker is a professionally registered person with a certain educational qualification, set of values and principles that guides practice, who assists individuals, groups and communities in various settings and on different levels of intervention (Kirst-Ashman 2015:5). This study focused on social workers employed by the Department of Social Development in the Ekurhuleni region who were in a forefront addressing the challenges of individuals, groups and the communities caused by the

COVID-19 pandemic. Many people were affected by the COVID-19 and the social worker had to quickly adapt with changes to be able to provide necessary intervention

- **Working from home (WFH)** is generally described as a way of working away from the office by means of an electronic connection. Employees can work not only from home but also from any other place that is not the normal office of the company (Bolisani et al., 2020). This is the important approach that the social workers adopted quickly during COVID-19 in order to continue rendering their professional services to individuals, groups and communities using digital tools in their various homes or remotely adhering to public health measures.
- **COVID-19** refers to the severe acute respiratory syndrome that attacks the respiratory system (Lone & Ahmad, 2020). The COVID-19, short for Coronavirus Disease 2019, is an infectious disease caused by the novel coronavirus SARS-CoV-2. It emerged in December 2019 and led to a global pandemic, significantly impacting public health, economies, and daily life worldwide. The disease primarily spreads through respiratory droplets and can cause symptoms ranging from mild respiratory issues to severe illness and death (WHO, 2024). This definition is necessary to understand how COVID-19 impacted social work practice, roles and responsibilities. It is also necessary to be defined to understand that it caused unprecedented challenges and transformation in the field of social work. Social workers had to provide services and support to their clients in a risk environment due to COVID-19.
- **A pandemic** is a disease outbreak that spreads across countries or continents. It affects more people and takes more lives than an epidemic (Robinson, 2022). The **pandemic**, such as COVID-19, represents a global health crisis that disturbs societies, economies, and institutions, requiring large-scale, coordinated responses (Banks, 2020). This is defined to give an understanding of how COVID-19 placed significant strain on the vulnerable population which forced social workers to be on a forefront responding to the pandemic to address challenges faced by the population.
- **Department of Social Development (DSD):** A South African Government Department responsible for providing social services to the Public. The Department of Social

Development has one National office based in Pretoria, Nine Provincial offices and Multiple Regional Offices and for the purposes of the study, social workers from Gauteng province, Ekurhuleni region formed part of the study. This is a government entity tasked with promoting social well-being and addressing social issues. It plays a central task in the implementation of national policies and programs aimed at improving the quality of life for vulnerable groups, including children, the elderly, people with disabilities, and those facing poverty or abuse.

1.9 ORGANISATION OF THE REPORT

The research reported is organised according to the following chapters:

Chapter one: Introduction

This chapter contains the introduction to the study, the problem statement, the rationale for the study, the research aim, limitations of the study and the definitions of the key concepts, the division of chapters as well as the conclusion of the chapter are presented in this chapter.

Chapter Two Literature Review

This chapter contains a review of the literature applicable to the study and all its central concepts are presented in this chapter. The literature review is divided into three sections as per the three research objectives of this study, and includes other studies related to this research.

Chapter Three: Theoretical framework

This chapter explains theories that underpinned this study. The study is also linked to each theory and its suitability.

Chapter four: Research design and Methodology

This chapter describes the qualitative research method and outlines the application of the qualitative research approach and methodology in the study. Additionally, the trustworthiness of this study and ethical considerations are presented.

Chapter five: Results and Discussion

This chapter presents the study findings sorted into themes and subthemes that are discussed, compared with the existing literature related to the topic, by means of a literature control.

Chapter six: Main findings, conclusions and recommendations

This chapter summarizes the research findings and the conclusion and makes recommendations and suggestions resulting from the research findings and recommendations for future researchers.

1.10 CONCLUSION

This chapter introduced the focus of the study. It provided a background and presented the objectives. The importance of the study was explained. This chapter also presented an outline of the structure of the rest of the dissertation. The following chapter highlights the findings from the literature that is relevant for this study, with the focus of addressing the objectives of

CHAPTER TWO

LITERATURE REVIEW

2.1 INTRODUCTION

A literature review is defined as an objective, thorough summary and critical analysis of the relevant available research and non-research literature on the topic studied. The purpose of a literature review is to bring the reviewer up to speed with the current literature on the study topic and it also brings justification for future researchers (Ramdhani et al., 2014). This literature review provides an overview of the research previously done on the experiences of social workers in working from home during the COVID-19 pandemic with the aim of exploring the experiences caused by COVID-19 in the practice of social work. This chapter further examines the ethical dilemmas encountered by social workers in working from home/virtually and the provision of resources by employers while social workers were working from home. This study also aims to help the researcher to indicate the gaps in the field of social work regarding the experiences of social workers in working from home during the COVID-19 pandemic.

2.2 SOCIAL WORK PRACTICE IN SOUTH AFRICA

Social work practice in South Africa comprises a broad range of interventions aimed at addressing social issues, advancing social justice and improving the well-being of individuals, families, and communities (Johnson et al., 2016). Social work is a practice-based profession and an academic discipline that promotes social change and development, social cohesion, and liberation of people empowerment's principles of social justice, human rights, collective responsibility, and respect for diversities are central to social work. Social work is underpinned by theories of social work, social services, humanities and indigenous knowledge, social work engages people and structures to address life challenges and enhance well-being.

The field of social work in South Africa has evolved significantly since the end of apartheid with the focus on addressing historical inequalities, poverty, unemployment HIV/AIDS, gender-based violence and other pressing social changes (Jones & Brown, 2018). Social work is a regulated profession comprising a body of scientific knowledge and competencies practiced by persons registered in terms of section 17 of the social services professions act 110 of 1978. A social

Auxiliary works together with social workers to achieve that aims of the social work profession in providing social care focusing on the primary needs of individuals, families, groups, and the communities. Social work practice brings an expertise grounded in a person -in -environment perspectives, a systematic understanding of institutions and policies, an expertise in the social determinants of health and professional skills to support individual groups and communities (Skeketee et al., 2017; NASW, 2020a.

A social worker's practice is generally executed in a range of practice settings including but not limited to government departments at a national and provincial level, local governmental social welfare agencies, hospitals, clinics and treatment centres, schools and other institutions of learning, residential care and treatment settings, occupational settings, corporates, community-based organisations, mental health facilities and private practices (Poopedi & Bila,2023). Social work engages people and structures to address life challenges and enhances well-being. The profession supports working with people rather than for people. Consistent with the social development paradigm, social workers utilize a range of skills, techniques, strategies, principles, and activities at a various system level directed at system maintenance and system change efforts. Social work practice spans a range of activities including various forms of therapy and counselling, group work and community work, policy formation and analysis, advocacy, and political interventions. Social work aims at increasing people's hope, self-esteem, and creative potential to confront and challenge oppressive power dynamics and structural sources of injustice, thus incorporating into a coherent whole the micro-macro. personal political dimension of intervention. The holistic focus of social work is universal.

2.3 THE COVID-19 PANDEMIC IN SOUTH AFRICA

The global outbreak of the COVID-19 pandemic that started in December 2019 in Wuhan China caused devastation and unprecedented demand to the world after its spread was affecting almost all countries. South Africa was amongst the countries that were mostly affected by COVID-19 (Benhura & Magejo, 2021). The Minister of Health confirmed the spread of COVID-19 virus in South Africa on the 5th of March 2020 with the first known male patient who tested positive upon his return from Italy. On the 15th of March 2020 president Ramaphosa declared a national state disaster and announced measures such as, immediate travel restrictions and the closure of schools (Ramaphosa, 2020a). The national Corona Virus Command Council was established to lead that

national plan to contain the spread of the virus and mitigate. The national lockdown was announced to lower the spread of COVID-19. The restrictions were lowered from level 5 going gradually easing the lockdown. The COVID-19 vaccination program was officially rolled out starting with those who were essential services providers like health care workers, social workers and those working in the supermarkets. The implementation impacted the economy and the provision of services to the vulnerable communities. South African Government enacted a national lockdown, and this lockdown included measures such as the complete closure of childcare, institutions of primary and higher education as well as all public leisure activities, severe physical distancing rules (Ramaphosa, 2020b). Limited contact between individuals was encouraged. South African citizens were advised to refrain from travelling and those returning from high-risk countries were asked to self-isolate upon their return. Several ports were shut, and health surveillance was increased at international airports. Moreover, the gathering of more than 100 people were prohibited (Schroder et al., 2021). COVID-19 impacted the economy and left many people poor and vulnerable. The government left with no choice but to support the poor and the vulnerable by setting up a solidarity fund. Informal workers and household without income were provided with social grants through the Department of Social Development (Ebrahim, 2020).

The COVID-19 pandemic has had significant effects on the well-being of individuals globally. It ruined daily life, created economic difficulties, exacerbated mental health issues, and pressurised healthcare systems. The pandemic's widespread influence on physical, emotional, social, and economic dimensions of well-being highlights the significance of interventions like crisis intervention theory and the strength-based approach to support recovery. The unprecedented surrounding the pandemic, fear of infection, and changes in daily routines caused escalated levels of stress and anxiety among the general population (Pfefferbaum & North, 2020). People experienced fear for their health, as well as concern for family and friends, leading to extensive feelings of helplessness and vulnerability. According to Holmes et al. (2020) the studies show an increase in depression rates during the pandemic due to isolation, economic insecurity, and disturbed social networks. The lack of access to normal coping mechanisms, such as social gatherings and recreational activities, contributed to these mental health challenges.

Policies such as lockdowns and social distancing, while essential for controlling the spread of COVID-19, led to a decrease in social interactions, creating feelings of loneliness and isolation (Killgore et al., 2020). Vulnerable groups, such as the elderly and individuals with preexisting

mental health conditions, were particularly affected, people were unable to access traditional social support systems, such as community centres, religious organizations, and extended family, and it contributed to the increased emotional distress, particularly for those already facing challenges (Webb & Chen,2021). Most individuals experienced job loss or reduced income during the pandemic, leading to financial constraints and stress (van Lancker & Parolin, 2020). Economic challenges led to increased rates of homelessness and food insecurity. The government had to intervene by providing social relief through food parcels and Social grants. School closures and the transition to remote learning disrupted the education of millions of children, leading to learning loss and increased educational inequality. Parents faced additional stress as they juggled childcare, work responsibilities, and homeschooling (Andrew et al., 2020). Increased time spent at home, coupled with economic stressors, led to rising cases of domestic violence and child abuse during the pandemic (Peterman et al., 2020).

2.4 THE IMPACT OF COVID-19 PANDEMIC ON SOCIAL WORK PRACTICE

The COVID-19 severely damaged the world with over 81 million confirmed cases and more than 1.7 million deaths globally in December 2020. Besides being a deadly disease in nature, COVID-19 has caused a damaging impact on the psychological and social well-being of human beings worldwide (Okafor, 2021). It has also severely impacted negatively on the South African economy, education, health, agriculture, information technology, energy, social services as well as other key sectors that make up an economy. The pandemic compromised the professional values and has become worthy of attention that the social work profession is more hurt than any other profession. The social work profession is under threat today because the values of social justice and human rights are challenged by the adverse impact of the pandemic on vulnerable groups, the economy, and resources (Amadasum, 2020). People experienced job losses and a lack of access to health care and psychosocial support services (Okafor, 2021). The social work profession has long been involved with disaster management and the paramount role to play in a disaster (Leburu-Masingo & Kgadima, 2020). The social work profession is said to be a profession fully submerged in service to the people during public emergencies and to provide wartime relief services. It plays an important role in disaster response, recovery, and disaster preparedness planning for future occurrences (Copper & Briggs, 2014). Bauwens and Naturale (2017) affirm that social workers

have the potential to bring a unique understanding to the pandemic by giving attention to vulnerable groups and they play an important role in the development of individuals, families, and community response plans. When COVID-19 pandemic hit the country there was a huge change that took place in people's normal way of doing things which forced people to adapt to the new way of working (Leburu-Masingo & Kgadima, 2020).

Initially, social services were considered non-essential services, believing that only health care workers are essential, and social workers had to convince the government for them to be recognised as essential care workers (IFSW, 2020). According to Zastrow (2008), it is the role of the social worker to help people to improve their well-being and to link people with resources; however, their mandate was not included in the list of essential workers since the lockdown was introduced in South Africa. During the first speech of President Ramaphosa on government strategies against COVID-19, social workers were not included as part of the response team. This indicates that the role of social workers in providing essential services was not understood (Rasool, 2020). Social workers were unable to conduct face-to-face therapeutic interventions, home visits, group sessions, or visit the communities (Brennan et al., 2020).

As a result of the contagious nature and the proposed prevention methods of COVID-19, most people experienced fear, and this resulted in psychological trauma for the victims and survivors of the virus which left social workers and medical professionals overwhelmed by a lot of work to be done (Okafor, 2021). Due to quarantine and physical distancing measures that were and are still being deployed globally, families were not allowed to see their loved ones on their sickbeds as well as bury them. This brings disturbing images and remains one of the visible challenges that the social work profession must prepare to tackle going forward (Truell & Banks, 2021).

The pandemic has challenged social workers to engage with health professionals and offer essential services in unconducive conditions and can have the potential to be flagged as high-risk conditions or areas (Dominelli, 2021). They have protected children, elderly people, and diverse adults in 'at risk' groups under tough conditions mediated by digital technologies, sticking to government rules, maintaining social and physical distancing under lockdown, and working from home. Social workers and social care workers have risen to the challenges, providing services with inadequate personal protective equipment and limited supervision and support (Dominelli, 2021). Truell (2022) reflected on the profession's global response to pandemics by social workers. The pandemic brought new changes to the social work field. Social workers were at the forefront of advocating

for changes in their profession globally. Social workers across the world have faced some ethical challenges in the face of inadequate resources and collapsing health and welfare systems. From the earlier phase of the outbreak, social workers knew they would have to work hard to make governments aware that a social response was needed just like the medical (Banks et al., 2020).

The COVID-19 pandemic had a direct impact on social work responses. The international social work organisation mobilized efforts to respond to the pressing needs demonstrating the values underlying the social work profession (Redondo-Sama, 2020). The work that the social workers were offering was the same as other professionals, they continued to serve communities putting their families at risk, but their work was not recognised even though they were at risk (Abrams & Dettlaff, 2020). According to Truell (2021), the COVID-19 pandemic forced, if not all workers to adjust and adapt to the new ways of working because all spheres of business including social services were affected. In South Korea, their welfare system was reported to have collapsed because of excessive lockdowns but in China social workers tested people's temperatures while assisting health practitioners. In the United Kingdom, a lot of attention has focused on the challenges of continuing to deliver care, but the social work field faced a lot of challenges to maintaining business as usual (Kingstone & Dikomitis, 2020). Social workers had to look out for resources and financial assistance that is available in the local authorities to assist children in need to the point where they shared their own food and asked for volunteers working in charities to cover such needs. They were even leaving items at the doorstep to maintain physical distancing (Dominelli, 2021). In South Africa, it was challenging to stay in contact with their client and it was difficult to conduct telephonic counselling due to poor reception connection and many of their clients could not afford to buy data (Banks et al., 2020).

The Chinese Association of Social Workers (2020) called for the protection of social workers and developed structures on how the profession should support communities through the crisis whilst minimising the spread of the virus. They set up hotlines for vulnerable populations where possible and worked door-to-door in communities, making sure that people were protected and supported. In all provinces in China, social workers were actively involved (Truell, 2020). By early March 2020, the International Federation of Social Workers (2020) made a hard decision to cancel its public events and conferences even though a few countries had yet to enter an official lockdown. Social workers stopped face-to-face gatherings and moved to online interaction. That was essential and reflected social work's strategy of adapting quickly to challenges. The world's social workday

was changed as the virus spread beyond China. This allowed them to be able to provide services to vulnerable community members and most countries worldwide allowed social services to continue even during the peak of the pandemic. Other governments followed suit and declared social services essential during a pandemic (Truell, 2020).

2.5 THE ROLE OF SOCIAL WORKERS DURING THE COVID-19 PANDEMIC

The COVID-19 pandemic has been a nationwide crisis, and though social workers were deemed essential workers, they have remained unrecognised, but they are the ones who were in the forefront during COVID-19 even though there were devastating challenges (Harford, 2020). The notably strict lockdown regulations in South Africa meant that essential service providers like social workers had to adapt with restrictions to continue supporting their clients (Hartford, 2020). Many raised an awareness about what social workers do and the skills relevant to the individuals, groups, and communities (Lourio, 2020). Because of social distancing requirements, social workers had to undergo transformation changes in their practice and start using virtual technologies to provide services to their clients (Banks et al., 2020).

Social workers continued caring for their clients during COVID-19 pandemic and most of them were in the forefront in hospitals or nursing homes, assisting the families of those who were sick as well as doctors, nurses who were providing services to them. Social workers faced personal protective equipment shortages, and they were afraid of taking the virus to their homes where they were going to be with their families (Lourio, 2020). The COVID-19 lockdown restrictions had put women and children at a great risk with many trapped at their homes with their abusers while getting access to support services was a serious challenge. UNICEF conducted a survey between 1 May and 14 August 2020 and found out that violence and prevention services have been severely impacted in more than 104 countries during COVID-19 (Hartford, 2020). According to Banks et al. (2020), in all practising sectors social workers were faced with frustrating interpersonal and societal impact of COVID-19. People worldwide experienced job loss, financial impacts and mental health issues and this was the concern of the social workers and other essential service providers, and they were called to address the range of psychosocial crises coming from COVID-19 pandemic.

During the peak of the COVID-19 pandemic, social workers played an important role to cater for the homeless, children, families, and elderly people but most of the research focused on health care professionals, and less is known about social workers being at the forefront and working to care for vulnerable individuals, families and the community at large (Redondo-Sama et al., 2020). Social workers have played a crucial role in providing mental health support and psychosocial interventions to individuals and communities affected by the COVID-19 pandemic. They have conducted assessments, provided counselling services, and facilitated support groups to address the psychological impacts of the crisis (Wachira et al., 2021). Globally, social workers play a role in promoting the well-being of the most vulnerable people. Social Workers were Referring clients to other services to address their emotional needs, distress, grief, and insecurity among residents, colleagues, and health care workers on both collective and personal levels (Lopez et al., 2021).

Moreover, social workers have worked without ensuring that their vulnerable clients are accessing their basic needs such as food, shelter, and healthcare services. They have worked together with government agencies, NGOs, and community-based organizations to point out and address the urgent needs of individuals and families (Chew, 2020). For example, social workers partnered with food banks and community organizations to distribute food parcels to families in need. They also ensured that vulnerable populations could access water and sanitation supplies, which were critical for preventing the spread of COVID-19. Additionally, social workers advocated for families to receive social relief measures, such as the SRD grant and child support grants, ensuring their survival during the crisis (Patel et al., 2020).

Additionally, social workers were on the forefront fighting for policies and interventions that address the social and economic collisions of COVID-19 pandemic. They have been playing a role in policy development, research, and preparing communities to promote social justice and ensure that the needs of disadvantaged groups are considered (Muller, 2020). During hard lockdown social workers played a crucial role in South Africa, they acted as agents of change advocating for the vulnerable population and influencing policy frameworks to ensure adequate responses to the crisis. Social workers advocated for the needs of the vulnerable population that were affected by lockdown including low-income families, women, children, elderly and people living with disabilities. For example, social workers were in communication with the government agencies and non-governmental organisations to call for the expansion of social relief programs (Petal, 2020).

The cases of GBV increased due to limitations and restricted movement. Social workers actively engaged in policy dialogues and initiatives, contributing to the development of national emergency GBV response plans. These plans included the designation of GBV shelters as essential services and the creation of emergency hotlines for survivors (Mathews et al., 2020).

Social workers have rendered support to frontline healthcare workers and other essential service providers who have been working diligently during the pandemic. They have provided counselling, debriefing sessions, and self-care plans to address the emotional and psychological difficulties faced by these professionals (Clark et al., 2020). Dominelli (2021) indicated that social workers in China were helping health care practitioners with testing of temperature. They have facilitated community outreaches, conducted needs assessments, and supported the development of local resources and networks before the well-being of social workers during COVID-19 Pandemic (Gray et al., 2021).

2.5.1 Rapid transformation to virtual care

Virtual care in social work refers to the rendering of social work services via digital platforms such as teleconferencing, video calls, mobile apps and online messaging system to render assessments, interventions, counselling and support to individual clients, families and the community remotely (NASW, 2020). It incorporates a range of practices aimed at advancing the well-being, tackling mental health concerns providing crisis intervention and facilitating access to resources and support networks in virtual environment (Kushniruk, 2021). In social work, virtual care has gained prominence, especially in response to the COVID-19 pandemic which needed the implementation of remote service delivery to ensure continuity of care and alleviate the spread of the virus (Reamer, 2019). The COVID-19 pandemic required social workers to quickly change practice to adhere to public health guidelines such as Personal Protective Equipment (PPE), social distancing requirements, and closer non-essential in-person workplace whilst still maintaining working relationships with their clients (Ashcroft et al., 2021).

The pandemic mandated almost all professions globally to adjust their way of working including the social work profession and currently is known to the public that all spheres of how social workers conduct their day-to-day work have been affected by the COVID-19 pandemic. Employers had to find new ways to ensure that social workers are being productive in working remotely from their homes. Even though social workers were working remotely from their homes they have

succumbed to suffering from anxiety, stress, depression, and mental health issues due to the COVID-19 pandemic (Truell, 2021). It was found that it was a huge change from rendering social work services face to face to online from day one. It has affected those providing social work services and those receiving social work services (Kingstone & Dikomitis, 2020).

According to Banks (2020), the most challenging issue raised worldwide reflected the challenges necessitated by physical distancing requirements, particularly to those working from home via internet. Social workers had to provide services telephonically or through videos. There were those clients who felt uneasy about receiving services online with the thought that the quality of services provided is reduced. Remote working or working from home limited the social workers' ability to spot problems raised with those receiving social care and support. Before COVID-19, the use of virtual care or online care was limited for many health and social service care practices, however, social workers were forced to quickly adopt it in a clinical service to conduct counselling, group therapy, case management, and other activities (Amadasun, 2020). Social workers in rural and remote communities relied on telephone and video technologies. Even though they had some experience of using virtual care in social work practice. There is a gap in the education and training of social workers on how to integrate virtual technology effectively and ethically into practice. Virtual technologies in social workers remained limited and the social workers had to rapidly integrate into virtual or online practice to continue rendering services to their clients even though they had little training and limited access to technology specifically developed for social work practice (Ashcroft et al., 2021).

2.5.2 The role of social workers in crisis situations

Crisis is an acute emotional upset arising from situational, developmental or socio-cultural sources and resulting in a temporary inability to cope by means of one's usual problem-solving devices. It is can also be defined as an upset in a steady state, a turning point leading to a better or worse, disruption or breakdown in a persons or family's normal or usual pattern of functioning (Hoff et al., 2009). Crisis takes many forms including sudden death of a family members, devastating hurricane, diagnosis of a chronic or life-threatening illness and many other forms that lead to traumatic events and disasters. During crisis event, many people experience significant distress, do not function at their normal level and are in danger of ongoing dysfunction if they do not receive appropriate help in a timely way. Social workers are frequently leaders in providing crisis

intervention services to individuals, families, groups as well as within the organisations and the communities. Social workers focus on the strengths and resilience of individuals, organisations and communities that have experienced a crisis. Social workers need skills in the provision of micro interventions to assist victims and the survivors of the disaster as well as mezzo and macro skills to intervene with complex systems and entire communities (Turner, 2017). According to National Association of Social Workers (2017), social workers play an important role in a crisis situation offering immediate support intervention and long-term assistance to individuals, families and communities facing emergencies or traumatic events. Their roles encompass different dimensions including:

Assessment: During the crisis or traumatic events, the social worker assesses the needs, strengths and the vulnerabilities of individuals, groups and communities affected by crisis. The social worker should use comprehensive assessment tools and techniques to understand what they are going through and their long-term challenges (NASW, 2017).

Intervention: Crisis intervention is a process for actively influencing psychosocial functioning during a period of instability in order to prevent the immediate impact of disruptive stressful events and to mobilize the capabilities and the resources of the persons affected by the crisis. The main purpose of crisis intervention is to manage the immediate crisis and strengthening the coping and problem-solving strategies of the individual, family, group, organization or the community for the life ahead. The social worker intervenes at any level that is important. Micro, Mezzo and Macro level helps the client system to return to its previous state. During this period the social worker helps the client to gather their own strength, assets and capacities as well as to identify resources and support that exist in their environment including within families, social networks, neighbourhoods and the communities. During this period the social worker also utilize various techniques to assess the level of functioning, coping and adaptation (Turner, 2017). The social worker also provides counselling services to help individuals cope with the emotional, psychological, and practical consequences of crises, employing evidence-based interventions and trauma-informed approaches to promote resilience and recovery (Turner & Lehning, 2019)

Advocacy: Social workers advocate for the rights and well-being of individuals and groups impacted by crises, addressing systemic injustices, inequalities, and barriers to access resources and support services (Reisch & Lowe, 2020).

Coordination: Social workers coordinate with emergency responders, community organizations, government agencies, and other stakeholders to mobilize resources, implement crisis response plans, and ensure a coordinated, multi-disciplinary approach to crisis management (Saleebey, 2019).

Support and empowerment: Social workers provide practical assistance, emotional support, and empowerment to individuals and families affected by crises, helping them navigate through challenges, make informed decisions, and rebuild their lives (Turner & Lehning, 2019).

Prevention and preparedness: Social workers engage in community education, outreach, and disaster preparedness activities to enhance resilience, reduce risks, and mitigate the impact of future crises through preventive interventions and proactive measures (NASW, 2017).

Trauma-informed care: Social workers employ trauma-informed approaches in their practice, recognizing the impact of trauma on individuals and communities, and integrating principles of safety, trust, collaboration, and empowerment into their interventions (Reamer, 2019).

2.6.THE IMPACT OF THE COVID-19 ON THE WELL-BEING OF SOCIAL WORKERS DURING THE COVID-19 PANDEMIC

Social workers faced challenges prioritising clients' increasingly complicated needs with restricted resources and navigating policies whilst balancing clients' needs. It was reported that social workers were struggling to manage service routines, meet the needs of the clients, and prevent the range of social justice matters caused by the COVID-19 pandemic (Banks, 2020). The COVID-19 pandemic brought high client's needs demand and more changes in practice which placed social workers and other frontline workers at risk of burnout (Ashcroft et al., 2021).

Social workers were unable to deliver social services to their clients as they were expected to, yet they were required to deliver services in their already challenging work in a more constrained working environment (Ashcroft, 2021). Challenges faced by social workers include a lack of resources to do their jobs, fear for their own health, guilt, shame, grief, exhaustion, and lack of guidance and training to navigate their changing roles, which put social workers at risk of emotional distress (Lopez, 2021). Social workers faced challenges in building and maintaining trust online. They were nervous, less patient and they had a lot of pressure because they had to adapt to the new way of working (Cabiati, 2021).

2.6.1. Working from home during the COVID-19 pandemic

Working from home or remote working is a flexible working arrangement, which consistently correlates with crucial organisational benefits such as improved employee engagement, performance, reduced absenteeism, enhanced financial savings, and organisational effectiveness. However, extensive remote working can also yield disadvantages, such as social isolation and reduced employee engagement (De-Kerk et al., 2021). Millions of employees including social workers were forced globally to work from home as their government implemented several lockdown restrictions. Before the COVID-19 pandemic, working from home was entirely a matter of convenience and provision of conducive working, flexible conditions, however in 2020 the COVID-19 outbreak forced most governments to consider and implement working-from-home arrangements (De-Klerk et al., 2021). China initiated an immediate lockdown in January 2020 of 60 million people as a containment measure and control strategy to flatten the curve of the spread of the virus. Countries such as Italy, Spain, United Kingdom, and worldwide realised that the spread of the COVID-19 would affect their health system to cope as the number of people succumbed to the virus. Social workers in Germany are experienced working from home for the first time while it was common working from home in France. (Banks et al., 2020). In South Korea and Romania, their welfare service system closed down in their communities and they had to come up with a new system where social workers were living in a shelter with the vulnerable people to provide services (Truell, 2020). In Sierra Leone, they already knew how they were going to work. All they needed was to remind the communities what to do because they had Ebola. In Nepal, social workers provide socio-psychosocial counselling for clients by telephone. In Nigeria, they were conducting door-to-door visits to assess the well-being of the children while Indonesia published new guidance on psychosocial intervention (Truell, 2020).

South Africa's initial response was a completely national lockdown which started on the 26 of March 2020. The president of South Africa announced national state of disaster and announced measures to be taken to contain the virus (Sekyere et al., 2020). There were not any activities taking place nor movements between provinces. This was considered necessary to flatten the curve and to ready the already vulnerable health system. This led many government entities and private entities to quickly adopt working from home because COVID-19 affected most workplaces and productivity. The employer had to make provisions for staff to operate remotely following the implementation of lockdown regulations (Matli, 2020).

During level four and five of lockdown, social work operations in South Africa confronted severe restrictions, with restrained motion and solely indispensable services being provided. Social workers shifted to faraway provider shipping to the biggest extent possible, relying on telephonic support, online platforms, and coordination with different fundamental carrier companies to tackle pressing wishes and make certain the protection and well-being of inclined populations (Nabaneh et al., 2020). During level three of the lockdown, social work operations in South Africa confronted substantial challenges due to restricted mobility and strict restrictions. Social work employees notably relied on far-flung provider shipping methods, inclusive of telephonic and online interventions, to make sure the continuity of critical services. However, the boundaries of far-flung carrier shipping posed challenges in retaining rapport and addressing complicated wants (Harber-Aschan & Webb, 2021).

During level two of the lockdown, social work operations in South Africa endured with a centre of attention on far-flung carrier delivery. Social workers utilized telephonic consultations, online platforms, and digital conversation equipment to supply counselling, support, and case administration services. Efforts have been made to make certain that prone populations, such as the aged and those with restricted get admission to technology, were no longer left in the back of what? (Nabaneh & Bhana, 2021). During level one of the lockdown, social work operations in South Africa commenced to regularly resume normalcy. Social workers have been allowed to furnish face-to-face services whilst adhering to protection protocols such as sporting masks, preserving bodily distancing, and practising suited hygiene measures. Social workers persevered to grant necessary offerings to inclined populations, which include counselling, support, and referrals to neighbourhood sources (Bhana et al., 2020).

Organisations had to find ways to keep their businesses running and employees productive, resulting in a marked shift to work-from-home practices. By early 2021, employees in most countries, including South Africa were still required or encouraged to work from home, where possible (De-Kerk et al., 2021). Many companies, schools, and public organisations all around the world asked their employees to work from home and this seriously impacted both employees and employers, which still needs to be investigated and clarified. More than one million employees suddenly moved to work from home with little or no preparations due to the COVID-19 pandemic (De Klerk, 2021). Before the COVID-19 pandemic, 13% of employees worked from home which

was much less compared to today. The number has more than (80,5%) doubled the figure since the pandemic compared to the previous years and reached more than one million people in just a few weeks (Bolisani et al., 2020).

Bolisani et al. (2020) also argue that working from home can depend on the specific work organisation. It was difficult to work in a team when there were too many employees working from home. It can also change the form of interaction between colleagues which in turn can change the processes of knowledge sharing and knowledge management. Even though working from home can be beneficial to companies and employees, it is necessary to inquire if this way of working can be implemented without any challenges in work, work management, and the private lives of employees. Govindaraju and Sward (2005) argued that the positive effects of working from home are associated with the increase in flexibility and the opportunity to work in better conditions.

COVID-19 presented the social work profession with several possible interventions that could better the profession as we advance forward into the future. The social work profession has been deeply invested in public emergencies providing wartime relief and is more concerned with their clients' environment (Marenje & Kimone, 2020). It is undeniable that social workers play a huge role in disaster rescue, recovery, and preparation for future disasters and social work provides a unique service to people in a public emergency. Those who recovered from COVID-19 will require the services of social workers, such as trauma counselling and social relief. Healthcare workers will also require care due to traumatisation that has been prevalent lately due to the stress and strain they face during the pandemic in their profession.

2.7. ETHICAL DILEMMAS ENCOUNTERED BY SOCIAL WORKERS IN WORKING FROM HOME /VIRTUAL

According to the National Association of Social Workers (NASW, 1996, revised 1999), an ethical dilemma in social work is a situation in which two or more professional ethical principles conflict. The COVID-19 pandemic and its restrictions to contain and combat its spread have restricted the services and responsibilities usually executed by social service practitioners while raising new needs and demands. Most countries are using national code of ethics, and this national code of ethics is often based on the International Federation of Social Workers (IFSW) and they were developed suitable for face-to-face contact with the clients. South African Council for Social Service Profession (SACSSP,2020) developed ethical guideline for working during COVID-19.

The guideline was meant for social workers in South Africa regarding Technology-Supported social services. This guideline was developed after it was acknowledged that social workers are challenged like any other profession due to COVID-19 pandemic. They had to embrace the use of information and communication technology-support intervention to address issue, challenges and the risks in the society. Technology-supported intervention used synonymously with e-social work to refer social work services that are rendered primarily through digital means such as video. Social workers faced ethical dilemma of adhering to preventative measures such as self-isolation and social distancing while providing services to the greatest extent possible preventing the spread of COVID-19 pandemic.The National and International Associations of Social Workers plays the role of gathering evidence on conditions for social workers and service users, advocating strongly with employers and government to recognise social work roles, providing better guidance on maintaining services and developing ethical guidance for social workers and the employers (Banks et al., 2020). The following are some of the ethical dilemmas that social workers experienced while to rendering services to their clients.

2.7.1 Communication via phone /internet

Many social work offices, institutions, and services closed their office due to the COVID-19 pandemic. Some of the services were not rendered anymore but, in many cases, social workers were working from home which made it difficult for them to contact their clients in person due to the restrictions that were in place. They were contacting their clients via the phone or the internet. Most social workers render services to clients who are from disadvantaged backgrounds where some of them cannot even access a telephone or the internet which was convenient during the outbreak of COVID-19 (Wheeler, 2022). This was challenging because it brought the impossibility of moving to digital and phone contact. According to Cabiati (2021), during COVID-19 social workers recognized that creating maintaining, trusting and empathetic relationships through professional online interviews was difficult. It is further reported that they were more nervous and less patient that their usual daily practice communication with their clients were negatively impacted by their excessive pressure and exhaustion. Some of the social workers were having symptoms of stress such as sleeping disorders or continuous headaches which increased their difficulty in being empathetic towards the problem of their clients. Social workers were unable to pick up non -verbal behaviours of their clients (Banks et al., 2020). It was difficult to have case

conference with family and children virtually because they could not maintain meaningful participation. It was hard to conduct home visits virtually to assess the condition of a home, to observe the state of family members, and to observe the possibility of an abusive relationship or whether the client was lying or exaggerating without being able to look at them or feel their environment (Banks et al., 2020).

Social workers in South Korea Nepal were providing psychosocial counselling for clients through phone calls (Ashcroft, 2022). Canada had internet and reliable cell phone services setup introduced Hotlines, WhatsApp, Zoom, and Skype to contact families and communities, developing new specialised services to investigate and intervene on reports of family violence or abuse. This has and remains a period of important upskilling for the workers and communities and the results are exceptionally amazing. However, according to Kingstone and Dikomitis (2020), British social workers based in the West of Midlands found it difficult to switch from face-to-face communication with their clients to online communication. They were providing services through video calls and some of their clients found it very difficult to receive services telephonically and thought the quality of services provided was lessening. In Nigeria, they had to use unsecured digital platforms like WhatsApp, and Tik-Tok to communicate with their clients because it was the only available mode of communication to their clients even though it does not maintain privacy (Banks, 2020). In some countries such as Italy however, they had a challenge when intervening in cases such domestic violence, it was difficult to identify whether they were communicating with the client in privacy, or someone was hearing their conversation hence it was difficult to maintain confidentiality (Truell, 2020).

In South Africa, they worked with the community leaders to emphasise messages about physical distancing and minimise fear and blame. Social workers also went to the extent of staying in the facilities while caring for the vulnerable, avoiding carrying the virus and this was distressing to their families because they were prioritising the care for society over their families. Clients were receiving psycho-social counselling through cell phones and social workers were demonstrating their role as advocates and facilitators (Truell, 2020).

272 Maintaining privacy and confidentiality

The outbreak of the COVID-19 pandemic left employers and social workers with no choice but to quickly adapt to change and continue rendering services to their clients because there was a high

demand for their services. Most of the clients have lost their jobs (Kaushik, 2020). Domestic violence increased during lockdown and due to a lot of pressure, most people lost their family members which led people to suffer from mental health. According to University of Johannesburg Online Press (2021), in south Africa during COVID-19 Lockdown, it became clear that women are more vulnerable to COVID-19- related economic effects because of the existing gender inequalities. It was further reported that in South Africa in the first week of lockdown 2300 calls were made to South African Police Services (SAPS) asking for help with gender-based violence and by mid-June 2020, 21 women and children had been killed by intimate partners in the country. South Africa saw the rise of gender-based violence since the implementation of lockdown, with 87000 gender-based violence complaints in the first month (Nduna & Tshona, 2020). There was no proper training on how to adopt the new way of helping their clients therefore, it was difficult to maintain privacy and confidentiality. While social workers were rendering services to the clients, the client would start asking about the social worker's family life as they were working from home (Banks et al., 2020).

2.7.3 Building rapport and maintaining empathy

It has been highlighted and acknowledged that non-verbal communication such as eye contact, body posture, and nodding are all used to communicate respect, develop trust as well as demonstrate that the listener is attentive, and giving minimal encouragement for further disclosure (Chang et al., 2013). The rapport between the social worker and the client is an important source of information for understanding what the client experienced and forming precise assessment which is essential to supporting the client in addressing their difficulties and goal (Howe, 2018).

Immediate assumption of communication technology has threatened the depth and precision of assessment, raising complex ethical implications about the safety of clients. The COVID-19 pandemic has reduced the quality of contact with clients (Pascoe, 2022). It has threatened the values and ethics of relationship-based practice. Assuming technology of practice has affected the ability to engage in relationship-based practice by contracting non-verbal communication and decreasing the time with the client (Ruch et al., 2020). Chan and Au-yueng (2020) stated that communication on the screen is different from face-to-face communication and the camera angles influence how social workers use and maintain eye contact with clients. During COVID-19, relying on technology such as telephone and video calls for engagement with clients was regarded as hindrance to build rapport with clients. It has an impact on the use of non-verbal communication and has decreased the opportunity for acts of kindness. Even when there is a possibility of communicating with your client telephonically and having access to internet, it is difficult to gain their trust and express empathy when you cannot contact the clients in person .When COVID-19 pandemic restrictions were allowing face-to-face meeting to take place, they were wearing PPE and this prevented the social workers to observe non-verbal communication and clients could not experience empathy (Wheeler, 2022).

2.8 PROVISION OF RESOURCES BY EMPLOYER WHILE SOCIAL WORKERS WORKING FROM HOME

2.8.1 Organisational support

Organisations respond to crisis circumstances in different crisis management strategies team. Effective organizational response includes communicating needed information and engaging workers in an effort to deal with the crisis as well as monitoring their situation, providing resources and addressing their mental health and psychological support (Teng-calleja et al., 2020). Dima et al. (2021) stated that it is crucial for the leadership of the organisation to communicate protocol changes providing more autonomy and flexible working arrangement, increasing resting time and providing technology support to their social work employees. The emotional well-being of the social workers should be considered following the COVID-19 pandemic by providing therapeutic resources and bonding opportunities for social workers to encourage a more resilient team.

During the COVID-19 pandemic, social workers in South Africa faced several challenges, including increased workloads, emotional stress, and the need to adapt to new service delivery methods. Organizational support played a vital role in enabling them to continue providing essential services. A study by Mthembu and Makhubele (2023) examined the roles of social workers during the pandemic, highlighting the significance of organizational support in aiding their functions as educators, counsellors, brokers, and case managers. The study emphasized that sufficient support, including access to resources and training, was vital for social workers to effectively respond to the crisis.

Another study investigated the experiences of social and auxiliary workers during the COVID-19 crisis in South Africa, underscoring the need for organizational support to attend the trials faced by these professionals. The research emphasized that support in the form of clear communication, provision of personal protective equipment, and mental health resources was important in empowering social workers to perform their duties effectively during the pandemic (Gunhidzirai et al., 2020). Furthermore, a report by UNICEF South Africa showed the frontline role of social workers during the pandemic, highlighting the importance of organizational backing to support vulnerable children and families. The report highlighted that organizational support, including training and resources, was crucial in enabling social workers to navigate the complexities introduced by the pandemic (UNICEF, 2020). These studies collectively exhibit that organizational support was of paramount importance in supporting social workers in South Africa to effectively cope with the surge demands and challenges presented by the COVID-19 pandemic.

2.8.2 Mental health and well-being programmes

Jeng-Calleja et al. (2020) reported that during COVID-19 organisations ensured that employees' psycho-social health was improved through engagement programs. Social media groups were established to connect with other social workers and keep them updated, posting announcements, hold contests and support one another. There were also check-up sessions such as chart up group to alleviate isolation. For instance, Lopez et al. (2021) conducted studies that show that burnout increased in social workers in Spain due to working environment conditions, labour dissatisfaction and stress of workload, lack of supervisory support, and clients or family. This was influenced by the feelings of helplessness during COVID-19 because of the many cases to attend to and the dangers of infection. In Italy, initiative to help social workers was authenticated to stay mutually

resilient and supportive. This initiative was established with the aim of giving frontline social workers a space to suggest and express their feelings and ideas on how to deal with the challenges imposed by COVID-19. Social workers were provided with mental and psychosocial support and encouraged counselling, in South Africa, government support effective communication that promotes vulnerable workers like health practitioners and social workers who were on a frontline confidence in the vaccine. Also, digital and telephonic counselling services for the vulnerable workers in the workplace was provided (Benhura & Magero, 2021).

2.8.3 Personal resources

Personal resources consist of skills or identities that assist people in undergoing difficult situations, obtaining expected objectives or obtaining additional resources. Personal resources consist of individualized identities like a sense of autonomy, self-efficacy, and optimism (Ojo et al., 2021). Personal resources are aspects of the self that are generally linked to resilience and refer to a sense of ability to control and impact their working environment successfully (Barbier et al., 2021). Personal resources are influenced by organisational support, and they are very important when social workers were working from home because they facilitate the process of adjusting to their new way of working that is caused by unprecedented situations.

2.8.4 Resilience

Resilience has been regarded as a personal resource that assists social workers to adapt to different conditions. In the field of the helping profession, resilience shows one's capacity to recover after going through negative emotions and adjustably cope with the new demands of the frustrating experiences. Employees' resilience means capability to manage resources well, deal with workloads, respond to and learn from crisis and to utilize change as a chance for development. According to fletcher and Sara (2021), resilience can be enhanced through targeted support from supervisors. According to Dominelli (2021), social workers have been challenged by COVID-19 to engage in an unprecedent condition providing essential services at risk. Social workers usually are at the forefront of crisis intervention providing social structure and support through crisis solutions. They were helping families and communities in crisis. COVID-19 pandemic brought major changes in their daily life and their clients which include ways of helping themselves and their clients. The responsibility carried out by social workers was restricted by measures to control

and prevent the spread of COVID-19 (Cabiati, 2021). Social workers had to fight injustice and discrimination, and they had to make difficult decisions to continue providing services to their communities during the COVID-19 pandemic because they had to quickly adapt to a new way of working with little or no time to prepare (Kingstone & Dikomitis, 2020). Truell and Banks et al. (2020) conducted surveys all over the world interviewing social workers. There was confusion in many countries when the government introduced restrictions on human contact and movement. Social workers were confused about what to do and how to render services to their clients because there was no clarity and proper guidance. There was a gap between the announcement of the national lockdown restriction, and the laws, policies, and supervision guidance showing new ways of working however, social workers had to be creative to deal with the rising challenges to provide services to their clients.

Cabiati (2021) conducted a study, facilitating the group of social workers that aid in encouraging self-help, mutual support, and resilience. This initiative was meant to help social workers to help each other to remain resilient and mutually supportive. This initiative was conducted virtually, and it was discovered that through this initiative social workers can find a new way to support their well-being and be assertive to help themselves and their clients.

2.8.5 Job autonomy and effective communication

Canibano et al. (2020) find that greater flexibility reinforces autonomy as a job resource in remote work or working from home by allowing social workers to create their own pace and work demand. Mohamed et al. (2023) stated that work autonomy refers to social workers' choice of when and how they should provide services to their clients. Dima et al., (2021) stated that it is crucial for the supervisors to support their social workers by providing more autonomy, flexible working arrangement and more time off to improve their well-being (Lader, 2023). Formal communication and interventions in a social context are also necessary to maintain the feelings of belonging and allow formal interaction between colleagues and the supervisor. During COVID-19, effective communication was important because social workers had to quickly adapt to the changed social norms and work routine brought about by the pandemic (Roberts, 2020).

2.8.6 Self-efficacy

Self-efficacy is the degree of confidence that one has in implementing behaviour in specific situations (Ojo et al., 2021). Self-efficacy impact people's lives in severe frustrating situations but it also encourages the development of motivation and predicts challenging goals in life. It is a crucial personal resource that enables social workers to face challenges and the demands at work with excellent results. When employers are giving their social workers enough support, they tap into their personal resources and start perceiving their work circumstances in a positive way. This encourages social workers to stay focused even though they are working in a new working environment, seeing beyond what is happening not their work demands that come with the new way of working (Barbier et al., 2021).

2.9. CONCLUSION

The COVID-19 caused devastation worldwide and it brought rapid changes to all sectors including the field of social work profession. Social workers were forced to quickly adapt to new ways of working to be able to provide social services to individuals, families, groups, and communities with little or no knowledge to adapt to new changes. Even though the social work profession was not recognized as an essential service at the beginning pandemic, they had to find a new way of providing services to their clients working from home. It was difficult for social workers to provide services to their clients online or virtually and it implicated with the code of ethics of social work because according to the study conducted, they were unable to build and maintain rapport, privacy, and good communication. Changes brought by COVID-19 affected the well-being of social workers and service delivery. Social workers faced challenges of the lack of resources to do their job. They were worried about their health, guilt, and exhaustion and they were also lacking proper guidance and training to deal with changing roles which put them at risk of psychological distress. Even though there are those employees having experiences of working from home while using virtual care practice, there is a widespread gap in education and training of social workers on how to effectively and ethically integrate virtual technology into practice. Most of the countries including South Africa are using National Code of Ethics and this needs to be reviewed when developing guidance and protocols that assist decision making in relation to staff safety wellbeing and delivery of in-person services. This can advance protocol, knowledge, and practice skills to deal better with any disaster that we can find ourselves faced.

CHAPTER THREE

THEORETICAL FRAMEWORK UNDERPINNING THE STUDY

3.1 INTRODUCTION

Theoretical frameworks consist of the selected theory or theories that strengthen the researcher's thinking regarding how the researcher understands and plans to research the topic, as well as the concepts and definitions from those theories that are relevant to the topic. It is also defined as the criteria for applying or developing a theory to the dissertation that must be appropriate logically interpreted, well understood, and aligned with the question at hand (Grant & Asanloo, 2014). Theory serves as an orientation for gathering facts since it specifies the types of facts to be systematically observed, because the elements or variables of a theory are logically interrelated and, if relevant theory exists (Creswell, 2009). This study is underpinned by crisis intervention theory and strengths-based approach which are discussed below. The two approaches assist in exploring the experiences of social workers working from home during the COVID-19 Pandemic.

3.2 THEORETICAL FRAMEWORK

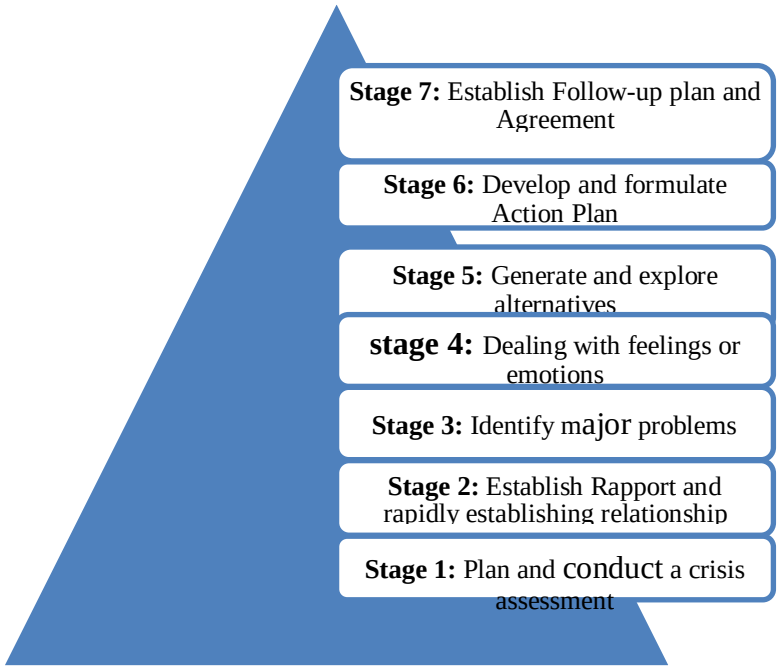
A theory is a structured and arranged set of principles or concepts that explains and speculates the phenomena. Theories give a framework for understanding relationships between variables, making predictions and guiding research inquiries. They are developed through systematic observation, analysis and testing, and they play an important role in advancing knowledge within various disciplines (Cresswell, 2003).

3.2.1 Crisis intervention theory

Crisis intervention theory is a model of practice that describes the impact of crises on people and offers a helpful framework for professionals working with people in crisis by providing immediate, and short-term support to individuals facing acute psychological distress. This theory was developed during the mid-1960s based on Caplan's research into community health and the experiences of individuals with acute mental health problems. It was developed as a response to the increasing demand for services in situations where immediate assistance was required for the

large number of individuals. Erich Lindemann and Gerald Caplan formalize crisis intervention theory understanding that crisis can be acute pervasive and lead to negative coping mechanisms (Thompson, 2020). This theory focuses on addressing immediate crises, restoring emotional equilibrium and helping individuals regain their coping abilities. It refers to the methods used to offer immediate, and short-term help to individuals who experience an event that produces emotional, mental, physical, and behavioural distress or problems (Chukwu et al., 2016).

A crisis happens when an individual faces a situation that is important to life goals that generally seems unconquerable through the use of customary habits and coping patterns. The inability of normal coping strategies to manage the situation leads to a number of consequences including emotional distress, impaired sense of personal self-worth, inability to enjoy interpersonal contacts, and impaired task performance which results in the experience of a crisis state. As a result of exposure to a crisis, people may feel disorganisation, confusion, anxiety, shock, disbelief, or helplessness which may increase as attempts to resolve the situation prove to be ineffective (Regehr, 2011). Roberts (2005) conceptualizes the process of crisis intervention in seven stages of crisis intervention model which individuals can pass on the road to stabilize resolutions. These stages listed below are important and overlapping in the process of crisis intervention according to Roberts and Ottens (2005). Figure 1.



The following stages are explained according to Roberts and Ottens (2005).

Stage 1: Plan and conduct a crisis assessment

During this stage the assessment should gather as much information as possible on the individual's environmental support, stressors, medical needs and medications, current use of drugs and alcohol and internal and external coping methods and resources. The emotional, cognitive and behavioural aspects of the crisis reaction must also be assessed. Knowing the attitude of individual towards their crisis is important and this assessment helps to find out their immediate needs that needs to be addressed

Stage 2: Establishing rapport and rapidly establishing relationship

Rapport is well established when the principle of social worker is well facilitated like genuineness, respect and acceptance of the individuals experiencing crisis situations. This rapport should be developed as soon as possible. Individuals should feel safe, gain confidence and trust that there is someone who cares about them and their circumstances.

Stage 3: Identify major problems

Establish the current problems of the individuals that are causing the crisis. Let the individuals clearly define their problems and gather more of their thoughts and feelings towards their crisis. Also, get an understanding of how their problem escalated into a crisis.

Stage 4: Deal with their emotions and feelings

Strives to allow individuals to express their feelings, to vent, heal and explain their stories about their current crisis. Skills of active listening, paraphrasing, and probing must come into play. Individuals must be guided through their feelings, and they must know that their feelings are valid. Through probing, go deeper into knowing what influences those feelings.

Stage 5: Generate and explore alternatives

During this stage, dig deep into the individuals' crisis and get them through what is going on for them to know what they need and find out what are they willing to do. During this stage when the

situation is well explored, it is easier to determine if the individual needs referral or not. The plan gets developed according to their willingness to deal with their crisis situation.

Stage 6: Develop a plan of action

Develop the plan of action that will lead to the resolution of the crisis. Lay a step-by-step plan for the individuals to follow. It must be simple for them to get help that they need while reassuring them that they can do it. Build their confidence, offer support and be with them throughout the process.

Stage 7: Follow up

Follow up should be planned to contact the individuals after the initial intervention to ensure that the crisis is on its way to being resolved. Evaluate everything that was discussed in the sessions. Evaluate what they have done, their progress and their post crisis status. Furthermore, look at how the current stressors is being handled and also check if there is a need for referrals.

In this regard crisis intervention theory is appropriate to explore the experiences of social workers in working from home during the COVID-19 pandemic. When the South African government imposed a national lockdown level 5 on the 27 of March 2020, due to the COVID-19 outbreak that was declared by World Health Organisation (Benhura & Magejo, 2021), social workers were at the forefront of providing services to communities. Their services were in high demand and for this reason, social workers were forced to adapt quickly to the new demands to render services effectively to their beneficiaries. This new era brought with it a lot of new pressure and emotional challenges to all frontline workforces working during the peak of the COVID-19 period. Many social work offices, as well as various social organisations closed, and some services were withdrawn completely from various social service providers. In this new era, social workers had to operate from home using telephones which proved challenging because most of their clients were individuals from poor backgrounds with little or no access to cell phones and internet connections (Matli, 2022). Due to the swift move to online/ virtual delivery of services, social workers are service providers who were supposed to follow all the crisis intervention theory steps, they could not follow all of them as they had to act quickly and move with urgency. The transition to virtual

did not give them enough time to learn and to ensure that all the steps are followed and applied during crises.

During the COVID-19 pandemic, social workers played an important role in supporting the well-being of community members, both adults and children in need of support and care under the harsh conditions of living. Due to fear of getting infected by the new virus, social workers minimised their contact consultations with their clients. This further complicated their work since migrating to telephonic counselling was more challenging due to unreliable network connections (Banks et al., 2021). COVID-19 brought far-reaching changes to the daily usual practices of social workers by its rapid spread and social restriction movement policies to the social care workforce worldwide, which the profession is still struggling to adapt to. This theory supports the perspective that all human beings have strengths and abilities to deal effectively with the problems that may arise whilst living. Crises are opportunities for individuals to utilize and build on those strengths to develop appropriate coping abilities that address the consequences of a crisis. Crisis theory states that an individual's motivation change is stronger during or immediately after a crisis due to the anxiety, lack of stability, and the individual's most receptive to helping professionals and resources to eliminate the stressful conditions as soon as possible after the crisis (Coady & Lehmann, 2016). Social workers need to be more authoritative and directive during a pandemic or outbreak such as the COVID-19. They should be active and present to gain some measure of control and stability when intervening in the unprecedented circumstances brought forth by outbreaks or pandemics. This theory focuses on the problem or crisis here and now, it is time-limited with the goal of mobilizing needed support, resources, and adaptive coping skills to resolve the experienced event.

3.2.2 Strengths-based approach

A strengths-based approach concentrates on the inherent strengths of individuals, families, groups, and organisations deploying personal strengths to aid recovery and empowerment (Slabbert, 2014). Slabbert also supports the strengths approach which enables social workers to explore and describe the strengths they had during the COVID-19 Pandemic such as hope, resilience, courage, and persistence that are identified. In this study strength-based approach is appropriate to explore the experiences of social workers in working from home focusing on the experience caused by the COVID-19 pandemic in the social work practice, ethical dilemmas encountered by social workers in working from home/virtually as well as examining the provision of resources by employer while

working from home. This approach focuses on a holistic collaboration approach concerned with identifying a client's inner and outer resources to promote resilience (Nash, 2022). Social workers' strengths include their problem-solving abilities as well as resources available in their support networks such as family, friends, colleagues as well as communities they reside in. This also assists the study in exploring and determining how social workers quickly adapted to sudden changes that they were expected to adjust to, for them to continue to serve communities and the nation at large. Through this approach, the researcher was able to discover social workers' abilities, resources, and values that enabled them to cope, strengthen, and be empowered during such difficult times of the COVID-19 pandemic while rendering services to their communities.

This approach helped the researcher to explore and examine how the Department of Social Development was providing resources while working from home during the COVID-19 pandemic because the strengths-based approach examines not only the individual but also their environment, for example, how Social Development systems are set up or power imbalances between a system or service and the people it is supposed to serve. In order to ensure the applicability of the crisis intervention theory and strengths-based approach in exploring the experiences of social workers in working from home / virtual during the COVID-19 pandemic, the research questions are structured in such a way that research participants would realise what they experienced when they were supposed to quickly adapt with changes brought to their working environment by COVID-19 pandemic. They will also realise the coping mechanisms they used to cope with new changes, their strengths, and their abilities to render services to their clients in such a working environment where they were faced with ethical dilemmas.

The COVID-19 pandemic presented distinctive and unprecedented challenges for social workers worldwide, as individuals, groups and communities faced a variety of emotional, mental, social and economic difficulties (Pfefferbaum & North, 2020). The researcher to adopted crisis intervention theory and Strength-based approach because they are both important in addressing the immediate needs that the social workers were faced with while promoting long term resilience. Crisis theory was adopted to get greater understanding of how social workers with the rapid changes brought by COVID-19 pandemic immediately adjusted with the new way of working and ensured the safety, emotional support and provide relief to the communities (Roberts, 2005). However, a strength-based approach was adopted to get an in-depth understanding of how social

workers fostered resilience and self-efficacy which was particularly important during COVID-19 pandemic (Saleebey, 2013). According to Roberts (2005) crisis intervention theory provide short-term resolution focusing on immediate stabilization and problem-solving however according to Saleebey (2013) strength-based approach aims at fostering long term empowerment by focusing on sustainable growth, which may not always align with the urgent, short-term nature of the crisis intervention. The researcher combined the approaches because they could allow immediate crisis resolution for social workers while laying the foundation for long term resilience and empowerment (Roberts, 2005 & Saleebey, 2013).

3.3. CONCLUSION

The theories selected are crisis intervention theory and strength-based approach for the researcher to understand the research topic, its problem statement, and the research questions. These theories were applied to the study and bring appropriate logical interpretation, well understanding and align research questions in such a way that the participants realised their experiences and the strength they gathered working from home during the COVID-19 pandemic. The following chapter focuses on the review of the literature.

CHAPTER FOUR

RESEARCH DESIGN AND METHODOLOGY

4.1 INTRODUCTION

The aim of this chapter is to provide a detailed narrative of the methodology that was used in this study. Furthermore, this chapter elaborates more on the type of sampling methods that were applied to get social workers. This chapter also explains the tools that were applied in this research study. In addition to this, the research design and methodology chapter discusses how the researcher ensured the trustworthiness of the research study. Limitations of this research study are also discussed throughout the chapter. Finally, this chapter discusses ethical procedures that were followed when conducting the study.

4.2 RESEARCH APPROACH AND DESIGN

The research study is qualitative in nature. The researcher employed a qualitative method because it allowed the researcher to collect data from the natural environment, meaning that the data was collected in the environment in which the participants experienced the problems being investigated, and as such, the researcher gets to learn and understand the problem from the participants' perspective and get a holistic picture of the problem under study (Creswell, 2014). The researcher gained first-hand understanding of the problem by conducting the study in a natural setting, developing a full picture of what the participants experienced, and reported the detailed views of the participants in the form of words. The qualitative approach also allows for the change and adjustment of information during the data collection process. It is not rigid in design and the questions may change because the main aim of the qualitative research is to understand the problem from the participants' understanding and to get the meaning (Creswell, 2014). Moreover, the qualitative research approach gave the researcher a comprehensive picture of the problem being studied because it was focusing on getting meaning from the participants based on their experiences.

A carefully planned research design assists in ensuring that your methods are aligned with your research objectives and that the correct type of analysis for your data is utilised (George, 2021).

The research design refers to the specific plan or guidelines formulated in which the qualitative researcher can design a research project that fits their specific research purpose (Fouche et al., 2021). In addition, a research design is a strategic plan for the research project setting out the broad structure and features of the research (Gray, 2009). It is also defined as a plan or a structure of how the researcher is intending to conduct his or her research (De Vos et al., 2005).

The research design that was utilized for this study is an exploratory design. Exploratory design is defined as a research design that is utilized to investigate a problem which is not clearly defined. It is conducted to understand the existing problem but will not provide conclusive outcomes (Bhat, 2023). The researcher explored the experiences of the social workers in working from home during COVID-19 pandemic. Utilizing exploratory design defined the problems that social workers experienced in working from home during COVID-19 pandemic and brought suggestions that can improve social work practices within the Department of Social Development and other social work organizations. The limitation of this study design is that it is conducted with a small sample hence the results cannot be accurately interpreted for the generalized population. Interpretation of information could be judgmental or biased. It could be inconclusive even though it laid the foundation of research that can lead to further research (Bhat, 2023).

4.3 RESEARCH QUESTIONS

The study is about the experiences of social workers in working from home during COVID-19 pandemic aims to answer the following research questions:

- What is the impact caused by the COVID-19 pandemic on social work practice?
- What are the ethical challenges encountered by social workers in working from home/virtually?
- How was the provision of resources by employers while social workers working from home?

4.4 OBJECTIVES OF THE STUDY

- To explore the experiences caused by the COVID-19 pandemic on social work practice.
- To investigate the ethical dilemmas encountered by social workers in working from home/ virtually.

- To examine the provision of resources by employers while social workers work from home.

4.5 POPULATION, SAMPLE AND SAMPLING PROCEDURE

A population is defined as a group of individuals who possess specific characteristics and is the whole of individuals, occasions, and records which are related to research problems (De Vos et al., 2011). The population of this study were social workers in the Department of Social Development in Ekurhuleni Region. They were selected because they were also working from home/remotely during the COVID-19 pandemic, and they were also expected to serve their communities even though it was risky. For the purposes of this study, the researcher selected social workers from different positions , manager of the social workers (including social work supervisors) senior social workers, and junior social workers were part of the population that was selected to gather the depth understanding of their experiences of working from home during the COVID-19 pandemic.

Population sampling is a strategic process that is aimed at purposely selecting certain individuals within the population from whom conclusions can be withdrawn about the rest of the population and are about deciding regarding the people, environment, setting, and the social process of the study (Visagie, 2015). A sample is comprised a few people that are selected from a larger group to make them the basis for predicting facts and making conclusions regarding the bigger group (Visagie, 2015). The researcher used a sampling method to identify the social workers working from home during the COVID-19 pandemic.

There are two sampling methods: Probability sampling and non-probability sampling (Creswell & Creswell, 2018). Non-probability sampling was considered as an appropriate sampling method for this study. Non-probability sampling means that the participants will be obtained haphazardly, selected purposively, or taken as volunteers. The probability of each element selected from the population is not known and not all members of the population selected have an equal chance of forming part of the study (Fleetwood, 2020). Non-probability sampling method was selected because the social workers who were working from home during the COVID-19 were not known by the researcher, and they were selected with the purpose of gaining in-depth knowledge of working from home during the COVID-19 pandemic.

Non-probability sampling is divided into four categories, namely convenience sampling, snowball sampling, quota sampling and judgment/purposive sampling (Questionpro,2022). The researcher has chosen a purposive sampling procedure. The purposive sampling procedure is also called judgmental sampling. It is based entirely on the judgment of the researcher, in that, a sample is composed of people that contain the most important attributes of the population being studied. There must be a justified reason why a case is selected. The focus is on a specific uniqueness of an individual or a case (Fouche, 2021).

The main aim of choosing purposive sampling was to collect in-depth data that will inform the results of the research. The advantages of this procedure are that it requires the researcher to clearly identify and formulate participants' selection criteria and to critically think about the characteristics of the population before embarking on the research study and the disadvantage of the purposive sampling procedure is that it is considered a judgmental procedure because the sample is completely based on the researcher's judgment and the participants are chosen based on their features which best fit the purpose of the study (Fouche, 2021).

The study was conducted with fifteen (15) social workers working for the Department of Social Development at Ekurhuleni Region. The researcher selected social workers in different positions. Five (5) social work manager (this include supervisors), five (5) senior social workers and five (5) junior social workers to form part of the research. They were selected according to their profession and appointed in different positions to give the researcher an in-depth understanding of how they experienced the COVID-19 pandemic working from home or remotely. The selection of the participants was based on their job title, and their positions, which in this study were social workers and social work managers (this includes supervisors). The Department of Social Development in Ekurhuleni Region has approximately350 social workers in different divisions (intake and field, probation, Partnership and finances, Victim Empowerment Program (Gender Based Violence) as well as Community Development. Each division has its own social work managers (including supervisors), senior social workers and junior social workers who rendered social work services to the communities therefore, for the purpose of this study social workers that participated in this study were those who were in a forefront during the first wave of COVID-19 pandemic. The researcher focused on the social workers that fall under the division of intake and field because they are the ones who have a first-hand experience of COVID-19, ensuring that children and

families and the community were well protected. Those social workers who were working remotely when the country was moving out of level 5 of lockdown were excluded.

The researcher selected social workers from three different offices within Ekurhuleni region which are the following: Boksburg, Kempton Park and Social Development Regional Office in Germiston. These offices were selected to widen the spectrum.

4.6 RESEARCH INSTRUMENT(S) AND PRE-TESTING OF THE RESEARCH INSTRUMENTS

Research instruments are tools used to collect and measure data analysis (Mallory-Kani, 2022). For the purpose of this study, an interview guide was compiled to serve as a measuring instrument. The interview guide helped the researcher to collect, measure and analyse the data. It was advantageous for the research to use interview guide because it allowed the researcher to collect systematic, rich, and flexible qualitative data while ensuring thematic consistency. The advantage of using interview guide was that it demand more time, analysis effort and requires strategies to minimize bias, improve comparability, and manage resource constraints (Knott *et al*,2022).

Pre-testing of the research or pilot study was conducted for successful execution and completion of the actual research project. Pilot study or pre-testing of the research refers to the process whereby the research design for a prospective survey is tested. It can be regarded as a small-scale trial that tests all aspects planned for use in the main research project (De Vos, 2011). The researcher tested all her planned methodology sampling, instrument, and analysis of the research project with two social workers who experienced working from home during COVID-19 pandemic, working for the Department of Social Development in Ekurhuleni Region. The pre-testing of the research instrument gave the researcher the opportunity to clarify concepts, eliminate superfluous questions and properly formulate ambiguous ones. The researcher listed the research questions that were relevant to the study that was to be investigated. The research questions to be asked to the participants were simple and straightforward for the participants to respond without any difficulties.

4.7 METHOD OF DATA COLLECTION

Data collection involves measuring instruments to the sample or case selected for the investigation (Royse, 2008). Bless et al., (2006) maintain that self -report (semi-structured) involves the research participant reporting on their own experience. The semi-structured interview was selected by the researcher as a suitable method of collecting data. The nature of qualitative research is of getting a detailed and deep understanding of the phenomena from the perception of the participants; therefore, interviewing participants gives one an opportunity to get such information (Babbie & Mouton, 2010).

Semi-structured interview is a technique in which an interviewer reads questions to respondents and records their verbal responses (Monette et al., 2008). Furthermore, these interviews were used to collect information from the social workers one on one, using a series of predetermined questions or a set of interest areas while recording and transcribing (Paradis et al., 2016).

Semi structured-interviews were conducted with social workers who were working during the COVID-19 pandemic on a one-on-one basis, the purpose of this was because the study focused on the experiences of the individual social workers, and it may invoke different emotions that cannot be dealt with in a group setting. Those participants who are interested were contacted and an appointment was made with them to have one on one interview. The interviews were conducted in an environment where the participants were free and comfortable to meet with the researcher. Most of them were interviewed in their working environment and some were interviewed in their respective homes. The researcher allowed the participants to select the time and the place that was convenient to them.

The set of questions was constructed to be used to collect the information before conducting an interview with the participants, this helped the participants to ask questions where they did not understand. The researcher asked relevant questions for the study. The interviews were conducted at the Department of Social Development offices mentioned above in the Ekurhuleni Region. This assisted the researcher in getting the feel of the work environment and to allow the social workers to narrate their experiences in their natural work environment. Even though the Department of Social Development has approved the study to be conducted, the researcher considered the interviews to be conducted at the convenient time of the participants. The researcher went to the

offices and various homes where the participants chose to avoid cost to the participants. The interviews per participant took a minimum of twenty-five minutes and the longest was forty minutes. The researcher audio - taped the interviews and recorded in writing any non-verbal gestures of the social workers to be able to keep a reflective journal.

4.8 METHOD OF DATA ANALYSIS

Data analysis in qualitative research is a process that requires one to think, reason, and theorize in an inducive manner. This means that as a researcher, in data analysis, I will look for patterns and develop explanations for those patterns (Fouche, 2021). The data was collected and analyzed using the thematic data analysis method. The data was broken down into more manageable components through sorting, interpreting, and organizing it based on themes. Furthermore, the researcher generated and established codes from the collected data and these codes were developed into themes and categories (De Vos et al., 2011). The researcher concluded the data analysis by interpreting the themes and developing typologies to help link different information and then presented the data for the conclusion of the research project.

The Researcher followed Braun and Clarke's (2006) thematic analysis steps to analyse the data that was collected because it was suitable for the study as it was qualitative in nature. Thematic analysis as documented by Braun and Clarke (2006) was presented here as a linear, six-phased method, it was actually an iterative and reflective process that develops over time and involves a constant moving back and forward between phases.

Phase 1 involves familiarizing yourself with your data (Braun & Clarke, 2006). This phase highlights the importance of familiarizing myself the content that is in the data and understanding its depth in terms of the overall research study and the aim it seeks to achieve. **Phase 2** is about generating initial codes (Braun & Clarke, 2006). This is where I begin producing initial codes from the data which formed meaningful groups. The codes were produced based on the different parts of the data to further develop different themes. **Phase 3** is about searching for themes (Braun & Clarke, 2006. This phase started when codes were developed. This phase focused mainly on sorting the codes according to different themes that were developed. Furthermore, the codes were analysed.

Phase 4 is about reviewing themes (Braun & Clarke, 2006). When the themes have been searched, they will then be reviewed. The themes were assessed, I checked whether those themes that I have come up with are real themes or not. **Phase 5** is about defining and naming themes. This is the phase where the themes are further refined and defined. This phase involves elaborating more on what each theme means and arrange them in a coherent manner so that they do make much more sense. **Phase 6** is about producing the report. This is where after completed the fifth phase, I did the write up of the research report. This is the phase which takes into consideration how coherent, concise, logical, and interesting the report is (Braun & Clarke, 2006). During this phase I ensured that the report provides enough evidence of the themes that are on the data.

4.9 TRUSTWORTHINESS OF THE STUDY

Trustworthiness of a qualitative study is acquired by ensuring that the study is credible, transferable, dependable, and confirmable. Credibility refers to the indication of the authenticity of the study by showing that the focus of the study is accurately identified and described (De Vos et al., 2011: 420). The researcher strived to ensure the credibility of the qualitative study by conducting a thorough observation of the field and conducting peer debriefing. Credibility was ensured by the protecting data that was collected, by storing it in a secure environment where it can be retrieved if the needs arise.

Transferability refers to the ability to move the research outcome from one scenario to another, the researcher ensured the transferability of the study by including participants from different positions in their workplace, for example, researcher conducted the study with social workers from the Department of Social Development in Ekurhuleni Region but the researcher, however, included social workers from different positions and transferability in this setting was challenging because experiences in this settings was different.

Dependability is a concept that asks whether the research study and its outcome have logic and are well presented and reviewed. The dependability of this study can be ensured because although society is forever changing, social problems will always be there and as such there will always be a need for social services professionals such as social workers (De Vos et al., 2011). The researcher was dependable by conducting interviews professionally to ensure that data, interpretations, and findings do not have any compromising faults. The researcher ensured that the described process

followed from the beginning to the end of the study and raw materials from the interview was kept safely.

Confirmability refers to the possibility of the study being confirmed by another researcher; this means that the outcome of the study is objective and is reliant on the data collected. In this study, confirmability was ensured by accurately and objectively presenting the data (De Vos et al., 2011). The researcher ensured confirmability by deriving findings and conclusions from the data collected and not making assumptions that are not aligned with the data. This was done by ensuring that one was neutral or objective from the collection of the data to the process of finding meaning in the data.

4.10 ETHICAL CONSIDERATIONS

Ethics are defined as a moral standard that guides behaviour and decision-making and in research. Ethics helps to protect participants from harm, furthermore, ethics are associated with matters of morality because they deal with what is right and what is wrong. Ethical considerations are defined as conforming to the standards of conduct of a given profession or group and, in this case, the social work profession (Visagie, 2015).

Research in the social sciences field is done with human beings and issues being researched concerning the participant's experiences; hence the relationship between researcher and participant should be characterized by mutual trust, respect, acceptance, and cooperation. There are certain ethical issues that need to be taken into consideration such as avoidance of harm, voluntary participation, informed consent, deception of participants, violation of privacy or confidentiality, compensation, debriefing of participants, and publication of the findings (De Vos, 2011).

4.10.1 Ethics approval and permission

The researcher sought ethics approval from the University of Witwatersrand's Human Research Ethics Committee (Non-Medical) ethics committee by submitting the research proposal and it was approved on the 15th of May 2023, with an ethical clearance number SW23/001/06. This research was conducted with social workers working for the Department of Social Development at Ekurhuleni Region, and they were protected by asking them to sign a consent form and their identities were kept confidential by making use of participant numbers. Furthermore, the

researcher sought approval to conduct research from the Department of Social Development's research committee and the permission was granted on the 10th of May 2023. The email was sent to staff members informing them of the research study and the participants were invited to voluntarily partake in the research study.

4.10.2 Voluntary participation

Voluntary participation is a good ethical research practice that states that the participants have the right to freely take an unforced decision to participate in a research project and no information will be used for a research purpose without their unforced decision (Fouche, 2021). After the researcher got permission to conduct the study within the Department of Social Development in Ekurhuleni, the supervisors of the selected offices were communicated with to request their supervisee to participate in study and to let them aware of the research project that the researcher was conducting, in that communication, it was emphasized that participation was voluntary, and they were not forced to form part of the research. The participant only participated in research willingly without being forced.

4.10.3 Informed consent

According to Bryman (2008), informed consent is a requirement and goes together with voluntary participation. Informed consent states that the safety of the participants is very important, and participants should be given enough information to entice rather than discourage participation. Information should be brief and must be provided in simple and understandable terms whenever possible (Fouche, 2021).

After the social workers from the Department of Social Development in Ekurhuleni volunteered to be part of the research. Necessary information that they needed to know about the study was shared with them in simple understandable terms. They were able to ask questions and get clarity where necessary and the information that was given to them was not to be overstated or understated to them. Participants were not deceived in any manner. All participants were given a consent form that they signed before the inception of the study and after the signing of the consent form, the consent form was stored safely. They were also informed about the time that would spend in an interview and the interview lasted for the period of 30 to 40 minutes.

4.10.4 Anonymity and confidentiality

Anonymity is an ethical consideration that is of paramount importance because the participants remain anonymous as their personal information will not be asked. And others cannot recognize them. Participants cannot be identified, or no one can trace anything to a specific participant. Their names did not appear anywhere in the research. The researcher used pseudonyms to hide their identity. All the information discussed during the interview remained confidential and their right to privacy maintained (Bless, Hugson-Smith & Sithole, 2013).

4.10.5 No harm to participants

Subjects can be harmed in a physical or emotional manner; the researcher is obliged to protect subjects within reasonably limits (De Vos et al., 2005:58). No harm to participants means that one undertakes not to disclose information that can put participants in danger or expose them in any of the social structures they associate with. The researcher informed participants of this promise (Babbie & mouton, 2001). The researcher discussed the matter of debriefing for those participants who were struggling with the emotions that was brought up by the study and even though there were those who expressed their emotions, they did not want to go to see the neutral social worker for the debriefing session. They were informed about the debriefing session that will be offered by the neutral social worker organized but they opted to use their private social workers. The social worker organized in this regard was the social worker working for the organization called FAMSA. The social worker's name is Tshiwela Portia Mammbabada, telephone number is 0117663283/ 0823572608, and her email address is **famsawrdi@gmail.com.** The information of the social worker was provided in the participation information sheet (PIS). This was to ensure that any emotions that arises because of partaking in the study are dealt with in a positive manner.

4.11 LIMITATION AND DELIMITATIONS

The research study is about the experiences of social workers in working from home during the COVID-19 Pandemic in the Ekurhuleni region focusing on the impact caused by the COVID-19 pandemic on the social work practice, investigating the ethical challenges encountered by social workers in working from home/virtually. And examine the provision of resources by employers while social workers work from home.

The study was qualitative in nature, and it was focusing on a specific geographic and cultural location. The study was conducted with the social workers from the Department of Social

Development at Ekurhuleni Region. This limited other social workers who are working at other Governmental Departments and NGOS who might have been interested to be part of the study. Department of Social Development Ekurhuleni has approximately 350 social workers from different offices and different divisions however the social workers who participated in the study were social workers from the division of field and intake because they were the ones who were on the forefront during the first wave of COVID-19 pandemic, and this limited the researcher to generalize the findings of the larger population. As purposive sampling was used to select social workers who were working from home during COVID-19 pandemic, Sample size was limited to only fifteen social workers from the Department of Social Development at Ekurhuleni region and there were more social workers who wanted to be part of the study. It also limited social workers who are working for NGOS and other regions of Gauteng. In terms of data collection, the researcher encountered challenges. The participants were allowed to decide where they would like to be interviewed. Most opted to be interviewed in their offices and their supervisors did not mind them to be interviewed in their working environment however the issue of space for the interviews was a challenge as the researcher had to use their offices and at some point the interviews were interrupted by the movements of other social workers within the premises who failed to read the notice on the door indicating that there was an interview in process. In dealing with some of the limitations, the researcher booked the boardroom to conduct the interviews on the dates scheduled to avoid interruptions during interviews. Some of the participants were interviewed in their respective homes which was time consuming and costly for the researcher. Using semi-structured interview was also challenging because some of the interviews were length and other questions were not fully addressed by the participants, the researcher had to ask the client again in order to gain necessary information.

The study only explored the experiences of social workers from the Department of Social Development at Ekurhuleni Region with social workers from different positions, social work managers (including supervisors), senior social workers and junior social workers as the participant however, during the collection of data only supervisors were interested in forming part of the study. None of the managers were available due to work commitments. Furthermore, they never showed interest in the study, and it was voluntary for the participants to be in the study.

4.12 CONCLUSION

This chapter presents a discussion of the research methodology by attending to the application of the research question, the qualitative research approach, research design, research methods, data collection, level of measurement, data analysis and ethical considerations in this research study.

CHAPTER FIVE

RESULTS AND DISCUSSION

5.1 INTRODUCTION

The chapter outlines the findings of the study, and its purpose is to analyze and interpret the data collected. Junior social workers, senior social workers and social work supervisors from Kempton Park, Germiston and Boksburg Social Development offices under Ekurhuleni municipality were interviewed through semi-structured interviews. They were interviewed from the 30th of October 2023 to the 15th of January 2024. The researcher was exploring the experiences of social workers working from home during the COVID-19 pandemic. The researcher used thematic analysis to determine common themes. Three (3) main themes and fourteen (14) sub-themes emerged from the analysis of the interview transcripts. The main themes that emerged in this study are challenges experienced by social work practices, ethical dilemmas encountered by social workers working from home or virtually and the provision of resources by employers while social workers work from home, and they are presented in this chapter. The chapter starts with the presentation of the demographic information of the participants.

5.2 Demographic Information of the participants

The focus of this section is primarily on the demographic information obtained from the fifteen social workers interviewed. This section covered the following: Age, Gender, Race, Highest School Qualification, Years of Experience, position and Division. The summary of this demographic information obtained from fifteen social workers interviewed is presented in Table no 5.1.

Table 5.1 Demographic information of the Social Worker working from home during COVID-19 Pandemic

Participants	Age	Gender	Race	Highest Qualification	Years of Experiences	Position	Division
SWK 1	45	Female	Black	Bachelor's degree in social work/ LLB	15 years	Senior social worker	Statutory
SWK 2	34	Female	Black	Bachelor's degree in social work/ psychology	10 years	Senior Social worker	Statutory
SWK 3	37	Female	Black	Bachelor's degree in social work	9 years	Senior social work	Statutory
SWK 4	36	Female	Black	Bachelor's degree in social work	13 years	Senior Social Worker	Statutory
SWK 5	36	Female	Black	Bachelor's degree in social work	13 years	Senior Social Worker	Statutory
SWK 6	30	Female	Black	Bachelor's degree in social work	6 years	Junior Social Worker	Statutory
SWK 7	28	Female	Black	Bachelor's degree in social work	5 years	Junior Social Worker	Statutory
SWK 8	28	Female	Black	Bachelor's degree in social work	7 years	Junior Social Worker	Statutory
SWK 9	33	Female	Black	Bachelor's degree in social work	6 years	Junior Social Worker	Statutory
SWK 10	36		Black	Bachelor's degree in social work	8 years	Junior Social Worker	Statutory

SWK 11	39	Male	White	Master's in social work	15 years	Social Work Supervisor	Statutory
SWK 12	50	Female	Black	Bachelor of Social Work	19 Years	Years Social Work Supervisor	Statutory
SWK 13	45	Male	Black	Bachelor of Social Work	22 years	Social Work Supervisor	Statutory
SWK 14	39	Female	Black	Bachelor of social Work	17 years	Social Work Supervisor	Statutory
SWK 15	40	Female	Black	Bachelor of Social Work	15 years	Social Work Supervisor	Statutory

Table 5.1 shows that there were fifteen (15) social workers inclusive of the supervisors who participated in this study. Participation in the study was based on the willingness to participate (Voluntary participation). Five participants were senior social workers, five were junior social workers and the last five were supervisors. These participants met the criteria of inclusion as outlined in the previous chapter. All participants were selected from the Department of Social Development, Ekurhuleni region in Gauteng Province, South Africa.

Table 5.1 shows that the majority, nine (9) participants were between the age of 30-40 years. There were two participants who were below the age of 30 and three who were above the age of 40. It is also noticeable that the majority, thirteen (13) were females while only two (2) males participated in this research. It is therefore clear that the Department of Social Development at Ekurhuleni Region is mostly dominated by female social workers rendering services to the clients and the community at large. The study also shows that out of fifteen (15) participants, fourteen (14) were black except for one (1) participant who was white.

The study also indicates that all fifteen (15) social workers, including their supervisors, obtained the bachelor's degree in social work as the minimum requirement to practice as a social worker. Out of the fifteen social workers one male (white) participant (Social Work Supervisor) furthered his studies in social work and obtained a master's degree in social work while the other two female participants pursued other degrees namely LLB and Psychology. Furthermore, it is noticeable that all participants have been working within the Department of Social Development for the period of

5 to 22 years. Seven of the participants have five to ten years' experience working as social workers. Six of the participants have more than 10 years to 22 years of experience as social workers.

5.3 THEMES AND SUBTHEMES

Table 5.2: Challenges caused by the COVID-19 pandemic on social work practice

Main theme	Subthemes
Challenges caused by the COVID-19 pandemic on social work practice	● Inability to conduct assessments ● Service delivery compromised ● Transition to remote service delivery ● Increased workload

5.3.1 Main-theme 1: Challenges caused by the COVID-19 pandemic on social work practice

The first main theme that emerged from the findings focused on the experiences caused by the COVID-19 pandemic on social work practice. Four subthemes emerged under this theme, and these include inability to conduct assessments, service delivery compromised, transition to remote service delivery and increased workload.

5.3.1.1 Subtheme 1: Inability to conduct assessments

All interviewed participants expressed their challenges in terms of their inability to conduct proper assessments because of the COVID-19 pandemic and its restrictions. The researcher discovered that traditionally, in social work practice, social workers are used to see clients face to face and are supposed to holistically conduct proper assessments for them to get a clear understanding of what is happening to the clients. However, this was not possible because social workers were also supposed to adhere to the restrictions. A social worker said that:

Assessment is one of the most important things to do for them as social workers to conduct full assessment while working with their clients wherein they are required to assess the client 's circumstances holistically but they were unable to assess their clients fully because of COVID -19

pandemic. That made it difficult for them to understand what was happening to their client's life. (SWK 1)

Social work 4 indicated that:

It is important for a social worker to have a face-to-face interaction with the client because when they are conducting an assessment, they must see the client, observe them expressing themselves and they must conduct home visits to see their environment which was one of the main challenges during COVID-19 pandemic. (SWK 4)

SWK 6 said that:

My work performance was impacted because it was difficult for me to even build trust and rapport with the client which is very important for the client to be free to express themselves without any fear of being judged.

The findings of the study show that all interviewed social workers experienced substantial challenges due to COVID-19 pandemic restrictions. Traditionally social workers are required to conduct assessments face to face, interacting with the clients to observe clients holistically and understand their family circumstances fully. However, it emerged that COVID-19 restrictions made this impossible, enabling them to assess their clients needs accurately. Brennan et al., (2020) confirmed that social workers were unable to conduct face-to-face therapeutic interventions, home visits, group sessions, or visit the communities. Pascoe (2021) also highlighted that social workers faced challenges in conducting comprehensive assessments due to limited virtual communication tools, which affected the quality of information gathered and interventions planned to be rendered. Similarly, Housman (2020) found that many countries struggled to conduct comprehensive assessments however, in countries like United Kingdom (UK), social workers used video technology to perform assessments. These virtual interviews were meant to gather information such as accommodation details, family composition, employment and health history. This approach allowed social worker to maintain assessment processes even though there were COVID-19 restrictions.

5.3.1.2 Sub-Theme 2: Service Delivery Compromised

The participants mentioned that not reaching clients and other stakeholders on time compromised their delivery of services. They indicated that service delivery was compromised because they were not attending to their cases accordingly and most of the services were limited to emergency cases. From the experience gathered regarding service delivery, the researcher discovered that the normal practice of rendering service to the client rapidly changed and social workers were compromising services. They were only focusing on the crisis cases or those cases that were urgent. SWK 2 indicated that:

When social workers are allocated an emergency case or crisis it needs to be attended within 24 hours, but it was difficult to respond to the client on time and some of the placements were done by the police officers without proper documents.

SWK 5 revealed that:

We were not really servicing our clients because we were unable to conduct other methods of practice like conducting group work and hosting awareness campaigns to address issues affecting families and communities. We were doing what we can and there was no accountability because we were all scared of each other.

Service delivery was challenged or affected because we did not have resources. The most serviced clients are the poor and vulnerable who can't access the digital platforms. Therefore, making it difficult to service them. These clients are used to walking into the offices to seek help. (SWK 7)

The researcher discovered that the delivery of services was compromised significantly during COVID-19 pandemic. Due to restrictions, cases were not attended on time. Social workers were focusing on emergency and crisis situations. Normal service delivery was disrupted, and important interventions were delayed or neglected. Furthermore, lack of technology resources affected services delivery, particularly those clients who cannot access digital platforms, it was difficult to render services to them effectively. This finding is confirmed by Banks et al. (2020) who reported that social workers were confronted by challenges prioritising clients' increasingly difficult cases with limited resources, navigating policies whilst balancing clients' needs. Social workers were struggling to manage daily routines, meeting clients' needs and preventing the range of social justice issues essential during the pandemic. Community Care (2020) also alluded that COVID-19 had put strain on social care system, and public services were neglected, continuation of services was chaotic to a point where social workers were playing catch up.

5.3.1.3 Sub-Theme 3: Transition to remote service delivery

Social workers believed that there was a transition on their standard operating procedures to remote working due to the unprecedent changes that were caused by COVID-19 pandemic. All participants reported that there was a great shift on their standard operating procedures because they were supposed to adjust to the restriction measures that were put in place by the government as a way of reducing the spread of COVID-19. The researcher understood how social workers and their social work practices were challenged by the changes caused by COVID-19 and their experience showed that due to the adjustment or transitions to remote or virtual work, service delivery was compromised. Most participants indicated that they transitioned to remote working because they were forced to, but it was not possible to work from home because they did not have enough resources, and nothing was prepared. Even the cases that they managed to attend to they did not do follow up and there was no proper supervision. The researcher also discovered that most of the social workers were just starting to use technology to render services to clients or to attend meetings online which was challenging because they were not prepared or trained. Remote working or working from home limited the social workers' ability to spot problems raised with those receiving social care and support. Before COVID-19, the use of virtual care or online care was limited for many health and social service care practices. However, social workers were forced to quickly adopt it in a clinical service to conduct counselling, group therapy, case management, and other activities.

SWK 7 mentioned that:

The COVID-19 forced us to change our normal way of working to remote working because we were now home based than office based.

Another social worker said that:

It was good to work from home because there is some form of flexibility. However, it was very frustrating to social workers who were office based because it was impossible to conduct home visits, going to court and engaging with other stakeholders due to covid-19 restrictions. They had to do everything telephonically and I was using my personal phone because we were not provided with resources. (SWK 6)

SWK 14 added that:

As social workers we are used to face to face interaction with our clients but because of COVID-19 it was impossible. We had to use technology to communicate with clients which was not easy because most of our clients are from poor background, and they cannot afford cellphones that can make it possible to have an effective communication or meetings online. Some did not even know how to have a meeting through skype. Before the government can reduce lockdown restriction of movement we were struggling to work, and clients were not receiving our services accordingly.

The study findings show that the COVID-19 pandemic necessitated social workers to transition to remote service delivery immediately, they had to change their way of working. Social workers were required to adjust to virtual care, which most social workers found difficult due to a lack of preparation, resources and training. The change compromised service delivery, as follow-ups and supervision were inadequate. It was highlighted that social workers were using their personal phones due to lack of resources. Many of their clients, especially those from poor backgrounds struggled with technology, making virtual communication ineffective. Glauser (2020) confirmed the findings that COVID-19 pandemic accelerated the use of virtual care, social workers had to quickly integrate virtual care in practice to deliver services to their clients even though they had little or no training and limited access to technology. Chuah et al., (2023) confirm that the change to remote service delivery required social workers to change quickly to new technologies as methods of client interaction. Social workers found remote service delivery to be inadequate for certain therapeutic interventions especially those who wanted to observe non-verbal communication. It was also found that even though remote service delivery ensured continuity of service delivery, it also presented challenges in building and maintaining a client- social worker relationship.

According to Karre and Bose (2020), crisis intervention provides immediate support short-term assistance to individuals experiencing emotional distress that is causing significant threat to their lives or safety with the purpose of resolving crisis and restoring balance to the individual. The COVID-19 pandemic posed the unprecedent changes to the social workers and their client's normal way of working. It was requiring them to quickly adopt remote working with little or no training and limited access to technology. They were not even given an opportunity to follow all the stages of crisis intervention according to how they were explained by Roberts and Ottens

(2005), they had to quickly transit and adapt with remote service delivery to ensure that their client are receiving services.

5.3.1.4 Sub-Theme 4: Increased workload

Most of the participants reported increased workload as one of the challenges causes by COVID-19 Pandemic. Most of them reported that their services were in demand because during level five of the lockdown, everyone was at home which was something that people were not used to. Furthermore, it led to an increase of domestic violence and child abuse. Participants indicated that individuals, families and communities were facing a crisis, and they needed assistance of the social workers. COVID 19 pandemic left most of the families with no jobs and that led to the loss of homes, financial challenges and food securities. Others needed counselling because they were losing their loved ones daily.

SWK 15 indicated that:

We were receiving many cases of domestic violence and child abuse daily and not all social workers were working during that time and social work services were in high demand.

SWK 13 mentioned that:

The Department of Social Development had to create a new division to deal with domestic violence cases as they were rife. The cases of GBV increased due to limitations and restricted movement. Social workers actively engaged in policy dialogues and initiatives, contributing to the development of national emergency GBV response plans. These plans included the designation of GBV shelters as essential services and the creation of emergency hotlines for survivors.

SWK 1 said that:

Immediately after the president announced lockdown level five, the Department of Social Development at Ekurhuleni chose one of the shelters to be our crisis centre but even though there was a crisis centre the social workers who were based there were working in fear and cases that were reported there were crisis or emergency cases that needed to be attended there and then. They were even trying to move those that were staying on the street but trust me it was not easy, and it affected me so much that I was even scared to touch or to be in contact with my family because I was always thinking that what if I came home with the virus and the personal protective equipment (PPE)were limited. I just thank God that despite all that we went through I survived. (bowing down).

It emerged that caseload of social workers increased during COVID-19 pandemic due to the rise of domestic violence, child abuse, financial struggles and mental health crisis. Lockdown restrictions forced people to stay at home, cases of abuse and economic hardships surged, placing services of social workers in high demand. Mathews et al. (2020) confirms the findings and reported that the cases of GBV increased due to limitations and restricted movement. Social workers actively engaged in policy dialogues and initiatives, contributing to the development of national emergency GBV response plans. These plans included the designation of GBV shelters as essential services and the creation of emergency hotlines for survivors. Ashcroft et al. (2021) conducted a survey which revealed that the COVID-19 pandemic escalated the complexity and volume of cases handled by social workers resulting in an increased workload. Contributory factors to this surge included heightened client anxiety, economic hardships and health -related concerns.

Table 5.2 Ethical dilemmas encountered by social workers working from home /virtually

Main theme	**Subthemes**
• Ethical dilemmas encountered by social workers working from home.	• Meaning of being ethical as a registered social worker • Maintaining Confidentiality and Privacy • Limited Access to Technology • Challenges in working from home • Preference working from the office

5.3.2. Main theme no 2: Ethical Dilemmas encountered by social workers working from home or virtually

The second main theme emerged from the findings focused on the ethical dilemmas encountered by social workers working from home or virtually. The researcher intended to gather more information on how working from home or virtually implicated their ethical standard since they shifted from being office based to working from home or virtually. All fifteen social workers responded. Five subthemes emerged under this theme, and these included the meaning of being ethical as a registered social worker, limited access to technology, willingness to serve the clients as well as the preference between office based and working from home/virtually.

5.3.2.1 Subtheme 1: Meaning of being ethical as a registered social worker

This subtheme emerged when the researcher asked the social workers about their understanding of being ethical as a registered social work practitioner. The main purpose of asking this question was to investigate if social workers are aware of the meaning of being ethical before going deeper into the other questions that can assist the researcher to gather ethical dilemmas social workers encountered. Fourteen of the interviewed social workers shared their understanding of being ethical by signalling out the principles and values of social work, code of ethics and the Batho Pele principles that they must adhere to on their daily duties while rendering services to the clients. One of the participants talked about the issue of self-determination referring to the fact that while they were working from home or virtual it needed the social worker as a professional to be willing to render services to the client because there was no proper supervision or monitoring of the services rendered to the clients.

SWK 3 indicated that:

When we talk about being ethical as professional social work practitioner, we are talking about the Dos and the Don'ts or those things that as a professional I can do and those that I cannot do.

SWK 12 said that:

To be ethical as a social worker, you must respect clients, not judge clients and must always share confidentiality when assisting clients to help them understand that all information they are sharing is safe with the social worker, and it cannot be shared with anyone.

SWK 15 alluded that:

Being ethical means, you follow the code of ethics, adhering to the standards and guidelines that prioritize the well-being, dignity and rights of clients.

The study findings show that social workers understand the meaning of being ethical as a social worker. Social workers highlighted the importance of adhering to professional principles, values and code of conduct including Batho Pele principles and social work ethics. Most of social workers also emphasized that ethical practice involves respecting clients, maintaining confidentiality and upholding self-determination. This is similar to what is alluded by National Association of Social Workers (2021) that being ethical as a registered social worker involves adhering to the core values and ethical standards set by the social work profession. SACSSP (2020) ,alluded that privacy, confidentiality, security and maintaining boundaries as one of the concerns while helping the clients maintaining social distancing.

5.3.2.2 Subtheme 2: Maintaining confidentiality and privacy

All fifteen social workers participated in the study reported that confidentiality was jeopardised by the new way of working that emerged due to COVID-19 pandemic. Most of them mentioned that during lockdown level 5 every family member was at home, and it was difficult for them to practice confidentiality while every family member is at home, their houses were not ready to be utilised as offices. Five of the social workers reported that if they have secured a space to work from home or virtual without any distraction it can be possible to maintain confidentiality. Seven of the social workers reported that it was possible to work from home, it is just that everything happened very quickly in a way that nobody was prepared including the Department of Social Development. Three of the social workers reported that it is possible to work from home if clients are made aware of the dos and the don'ts of maintaining confidentiality and when the necessary resources are provided to the social workers. It emerged that lack of proper planning and preparations was the cause ethical dilemmas while social workers were working from home. There was no proper training on how to adopt to the new way of rendering services to their clients.

SWK 11 said that:

I think since our houses were not structured in a manner that we can accommodate office work, COVID-19 came as something that we did not even think of, so we were doing virtual interviews with clients in front of our children, nanny, helpers and our husband of which it interfered with

confidentiality. You find that you are talking to a social worker about a certain case, but the child is crying or asking for food at the back.

SWK 4 added that:

Confidentiality was negatively affected because during the period of COVID-19 pandemic we were all at home. I will be typing a report and decided to go to the bathroom and leave the laptop open and my family member could read what I have typed. This means that the issues of the clients were no longer confidential.

SWK 12 further indicated that:

The truth is that it was hard for us to adhere to confidentiality because both me and the clients were in our homes with our family members. I would try to practice confidentiality but what I can tell you is that it was not guaranteed.

The study shows that all social workers interviewed reported that confidentiality was compromised while working from home due to the presence of family members. Their homes were not ready or structured to be utilized as offices, making it hard to ensure privacy. However, some believed that confidentiality could have been maintained with proper resources and preparation, but sudden changes left them unprepared. This finding is similar with that of the research conducted by the international federation of social workers (IFSW, 2020) which showed that social workers encountered challenges in creating confidential space both for themselves and their families especially when working from home or when clients lacked private areas of discussion.

5.3.2.3 Subtheme 3: Limited Access to Technology

It emerged that ten of the participants indicated that they had limited access to technology. There were few phones and laptops allocated to be utilized by social workers; most of the time they would use their personal cellphones to ensure that they are rendering services to their clients. They even went to an extent of using their ward councillors to get hold of the clients. Two of the participants reported that most of their clients are from poor background that they could not even afford to have enough airtime or data to contact the social worker. Some of their phones would not even allow them to have proper video call because their phones are small to meet such benefits. It also emerged that the Department of Social Development was not ready when the president announced that as a

country, we are going on a lockdown level 5. It was all new even the management had to figure out the best way to access their clients. It was interesting to learn that social workers would go an extra mile rendering services to their clients by compromising their own personal resources in their own private environment because not everyone had access to technology, yet they were expected to render services to those in need. Three of the participants raised that it was difficult for them to observe verbal and non-verbal communication because they were rendering services to clients telephonically.

SWK 1 said that:

It was a tough situation for us to work from home or virtual because things were not in order. We were also experiencing loadshedding as a country meaning we were online and offline because of electricity.

SWK 5 mentioned that:

We were not ready for anything even though they were trying to provide us with laptops, not everyone had access to laptops and cellphones that assist us to work or have meetings online.

SWK 13 alluded that:

I am a supervisor but attending meetings online and allocating cases telephonically was hard and all new to me. Sometimes social workers will not respond to me because I will be communicating with them via their personal cell phones not departmental cell phones.

As a social worker, I use different methods of collecting information from the clients like observation but when you are talking to the client telephonically you are unable to observe verbal and non-verbal behaviours of the client, and this compromised the whole process of helping the client. (SWK 8)

The study findings show that majority of the social workers faced ethical dilemmas due to limited access to technology. They had to use personal phones and even relied on ward councillors to reach clients. Clients from disadvantaged background lacked airtime, data or devices that allow them to communicate virtually. The Department of Social Development was unprepared for remote work, further complicating service delivery. IFSW (2020) confirmed the findings that many clients did not have reliable internet connection, appropriate devices necessary to engage in in virtual sessions effectively. This led to difficulties in maintaining good regular communication. A global study by Banks et al. (2020) confirmed that social workers encountered challenges in

maintaining confidentiality during COVID-19 pandemic. The lack of face-to-face contact and reliance of digital communication tool often compromised the quality of client-social worker relationship and raised concerns about data security and confidentiality. A study focusing on Israeli social workers during COVID-19 identified complex ethical legal dilemmas arising from the change to remote work. They reported challenges in ensuring confidentiality and navigating informed consent when using digital platforms, especially when both social workers and clients had limited technological proficiency (Segal and Gur, 2023). Similarly, many social workers encountered ethical challenges due to limited technology. IFSW (2020) reported that social workers and organizations collaborated to create ethical guidelines to remote work, addressing concerns about privacy and informed consent. This measure helped some social worker to deal with ethical dilemmas bought by limited technology. According to Pulla (2017) strengths-based approach involves recognizing and leveraging clients, personal, relational and community assets to empower them and promote resilience. This perspective changes the focus from what individuals do not have to what they have, advancing a sense of agency and hope. This approach is relevant in addressing challenges of limited access to technology that social workers faced with during COVID-19 pandemic. It emerged that social workers had few technological resources to render services to the clients. The Department of Social Development was not prepared to render services to their clients virtually during COVID-19 pandemic. Social workers had to compromise their personal resources to improve the delivery of services to their clients and they also went to an extent of utilising their community leaders to reach those clients who cannot access technological tools.

5.3.2.4 Subtheme 4: Challenges in working from home

Seven of the participants reported that when they were working from home, they did not have time to get to work and the time to knock off. They were in control of how they want to work and that affected services delivery to their clients. Information and the respect to the client's needs were not shared as they should. Rendering services to the clients was slow.

The biggest implication was adhering to work timings, being available and reachable because when you are working in the office you will report 8-4 and you are able to utilize the time for work but when you are working from home there are so many things that can come up. (SWK 3)

Social workers tend to relax because no one was monitoring their work and clients were not receiving services as they should. (SWK 11)

The study findings showed that working from home blurred the boundaries between work and personal life. It was also highlighted that adhering to normal working hours was difficult. There was no proper supervision which led social worker to being less disciplined which affected service delivery to the clients. Banks et al. (2020) confirmed the findings and indicated that social workers experienced challenges in ensuring confidentiality and managing boundaries in a home setting not structured for professional practice. Working from home limited access to immediate support from colleagues and supervisors, important for debriefing and professional guidance. This isolation brought stress and decrease job satisfaction. Landers et al. (2020) however, shows that working from home gave social workers greater control over their work schedule and allows them to balance work responsibilities with their personal lives. Furthermore, working from home reduced travel related stress and saved time and money for social workers.

5.3.2.5 Subtheme 5: Prefer working from the office

This was one of the questions that the researcher asked in this section to understand if it is possible for the social worker to work from home or not. It was interesting to learn that even though COVID-19 pandemic has taught social workers that their way of working can change anytime due to unprecedented pandemics like COVID-19 they still prefer to work from their office environment. Out of fifteen social workers that were interviewed, fourteen of them still prefer to work from their offices.

SWK 6 said that:

*I can never choose to work from home. Working from home compromise code of ethics and you are unable to use holistic approach when you attend to clients. Helping clients from home or virtually makes it difficult to build rapport and you end up not knowing the client you are working with***.**

For the effectiveness of social work practice, I would like to work from the office because the setup is already conducive for the clients. In the office we are accessible, there is privacy and accountability. (SWK 12)

I will prefer to work from the office because all the necessary resources are available unlike working from home where you ended up using personal resources. (SWK 9)

The study findings showed that even though COVID-19 pandemic taught social workers a lesson, most of the social workers preferred working from the office, they found office setting to be more conducive to render professional services, ensuring privacy, accountability and access to resources. Various studies conducted show that social workers faced challenges with working from home, leading to preference to working from the office. A study conducted by Banks et al. (2020) highlighted that challenges in remote social work such as maintaining trust and privacy which may have contributed to preference for face-to-face interaction with clients. Similarly, research by Mishna et al. (2020) found that the rapid change to virtual technologies posed challenges in service delivery, potentially influencing social workers to prefer working from the office. However, Pew research centre (2022) shows that some social workers preferred working from home due to its flexibility and safety during COVID-19 pandemic. Additionally, a study by Morsa *et al*. (2022) discussed the financial and psychological impact of working from home or remote work suggesting that some employees appreciated the autonomy and work-life balance it offered.

Table 5.3: The provision of resources by employers while social workers work from home

Main theme	Subthemes
• Insufficient provision of resources by employers while social workers work from home	• No Training to work from home /virtually • Lack of resources • Lack of supervision • Limited emotional support • Not prepared for Disaster management

5.3.4 Main theme 3: Insufficient provision of resources by employers while social workers work from home

This third main theme emerged from the findings focused on the insufficient provision of resources by employer while social workers work from home. The sub-themes that emerged under this theme was no training to work from home or virtual, lack of resources, lack of supervision, limited

emotional support and disaster management. The researcher intended to examine if the Department of Social Development provided their social workers with resources while working from home including rendering supervision and necessary support they needed while working from home.

5.3.4.1 Subtheme 1: No Training to work from home /virtually

The employees and the employer had to quickly adjust and find a new way of working. All fifteen social workers interviewed indicated that they did not receive adequate or any training to work from home or virtually during COVID-19 pandemic. This indicated to the researcher that due to unprecedented disaster caused by COVID19 pandemic, there was no time to make any preparation due to the spread of COVID-19 and the employer had no choice but to follow the announcement of lockdown without proper preparations of how social workers are going to work and they had to adjust quickly to render services to their clients even though they did not receive any training.

We were not trained to work from home during COVID-19 pandemic. Everything came fast, by the time they announced lockdown level 5, we were all in shock and the employer was not ready as well. (SWK 10)

We did not receive any formal training to work from home and there was no time to do so because everything happened very fast. (SWK 5)

No body was trained, remember how COVID-19 happened. When they reported first cases in 2020. It was like boom; okay everyone must stay at home. When time goes on, the employer noticed that okay clients would need services. As the supervisors we were also not trained, you will just do what you can to help clients and what you cannot do, you just leave it as it is. (SWK 3)

The study findings show that all fifteen social workers interviewed indicated that they did not receive training to work from home during COVID-19 pandemic. The unprecedented sudden announcement of lockdown restrictions left the employer and the employees unprepared. They had to quickly adjust and adapt to remote service delivery without proper guidance. Ben-Ezra and Hamama-Raz (2020) confirmed these findings and reported that the rapid changes to working from home /virtually caused a huge gap in training for virtual service delivery. Most of the social workers were not prepared for the technological demand. A study conducted by Turner and Maskey (2020) also concurs that social workers faced challenges due to lack of professional guidance and remote

supervision during the first wave of the pandemic. Roberts and Ottens (2005) emphasised that the main goal of crisis intervention is to help individuals restore stability and reduce the potential for long-term emotional distress. This approach involves assessing the crisis, establishing rapport, identifying major problems, exploring feelings, generating and exploring alternatives, developing an action plan, and providing follow-up. Because social worker had to quickly adjust to working from home or virtually without any training, it was a crisis. However, Department of Social Development was supposed to follow the stages of crisis intervention as stipulated to alleviate the crisis brought by the sudden shift to remote work and no training, thereby promoting employee resilience and productivity.

5.3.4.2 Subtheme 2: Lack of resources

It emerged that social workers were lacking resources that can enable them to work from home or virtually. Ten (10) of the social workers interviewed reported that they did not have pool phones and laptops to work from home or virtually. They further reported that few of the social workers had pool phones and laptops. Three of the participants reported that even though they had the laptop, pool phones and the 3Gs for internet they were struggling to use the technological software because it was all new and they had to learn to use them. Two of the social workers reported that they were being contacted by their supervisors on their personal cellphones.

SWK 6 said that:

The cell phones and laptops were not sufficient for everyone.

We adjusted to the usage of teams, zoom etc already working from home and adjusting to the levels of lockdown working remotely. It was not easy. Even the quality of service was not good due to connectivity. (SWK 4)

I sacrificed using my personal phone and laptop for the benefits of my clients because the department did not have enough resources for us to work from home. Most of us use desktops and landlines that remained in the office. (SWK 10)

It is interesting to discover that even though social workers were working from home they did not have resources to work from home and not every social worker was able to work from home. This created barriers to service delivery, especially for vulnerable people who may not have had access

to technology. Banks et al. (2020) confirmed these findings and reported that social workers had insufficient access to technology, reliable internet and private workspace which impacted service delivery, and it further stated that due to limited resources, challenges of maintaining trust and privacy was identified. However, organizations like the National Association of Social Workers (NASW), School Social Work Association of America (SSWAA) and Association of social work Boards (ASWB) provided social workers with comprehensive resources to assist social workers in transitioning to remote work (NASW, 2020).

5.3.4.3 Subtheme 3: Lack of supervision

It emerged that there was a lack of effective communication between the supervisor and the supervisees. Most of the participants indicated that supervision was rendered telephonically or via WhatsApp. Supervision improved when they were moving to level three of lockdown while working remotely. Five of the social work supervisors interviewed indicated that it was challenging for social workers to maintain strong communication. Lack of face-to-face interactions also made it harder to build rapport and provide in-depth emotional support. It was discovered that supervision was one of the biggest challenges that the social workers and the employer were facing. Social workers were not accessible for supervision because of the lack of resources, and they did not have a system in place that could monitor how the social workers were working.

Supervision and consultation were all done telephonically and they were only done as per the need, if there was no need therefore there was no supervision. (SWK 2)

When we were working remotely, I was able to receive supervision but with restrictions of COVID-19 which was also not easy because I could not even express myself properly. (SWK 5)

We used to call to monitor the social workers' activity which was not easy because there were limited resources. It was difficult to control how the social workers or supervisee is using their personal cellphone because it does not belong to the Department. There was no system in place where the supervisor can just log in and see if the supervisee is working or not. (SWK 12)

The researcher discovered that there was minimal communication between supervisors and social workers, with supervision mostly conducted via phone calls or WhatsApp. The absence of face-to-face interactions made it difficult to monitor social workers' work and provide necessary support. Ben-Ezra and Hamama-Raz (2020) study confirm the findings that transition to remote

work disturbed traditional supervision models, leading to reduced supervision and support for social workers. The study also emphasized that the absence of regular supervision during the first wave of pandemic affected the social worker's ability to manage their increased work and demands and emotional distress. Similarly, a report by UNICEF (2020) highlighted that social service workers experienced increased stress and safety concerns during the pandemic. The report further indicated that many practitioners lacked access to proper supervision and support systems, which are important for managing the heightened demands and emotional distress related with crisis situations. This deficiency in supervision was correlated to feelings of isolation and burnout among social workers. A study by Beddoe *et al.* (2023) explored the transition to virtual supervision during the COVID-19 pandemic and found that while the change posed initial challenges, it also led to the development of flexible and accessible supervision models. Virtual platforms enabled continued supervisory support, allowing for regular check-ins and profound practice, which were necessary for maintaining professional standards and practitioner well-being during the crisis. According to Turner and McGhee (2023) their research shows that other organizations proactively conducted trainings to prepare supervisors and their supervisees on how to conduct supervision virtually. Virtual supervision during the pandemic offered a sustainable alternative to in-person sessions. These models provided flexibility and maintained necessary support, with some practitioners reporting enhanced accessibility and convenience.

5.3.4.4 Subtheme 4: Limited emotional support

During the interviews, the researcher was examining the provision of resources by employer. It emerged that when they were informed that they are going on a lockdown level five and they are expected to continue to render service to their clients while they are at home, they were shocked and experienced a lot of fear because they were still figuring out how are they going to render services to their clients. They had to figure it all out on their own without any emotional support because everyone including the employer was not yet sure of how they are going to work it all out. Five of participants indicated that there was a rise in the cases of domestic violence. Rescuing of those staying in the street also brought a lot of stress in terms of how they were going to render services to them without contracting COVID-19. Three of the participants reported that there was no frequent supervision and the only time that they were allowed to share their emotional frustration is when they got a chance to communicate telephonically with the supervisor. The rest of the

participants shared that working from home was not conducive because they were not only being frustrated by the work but also family members and children as well. This shows that changes brought by COVID-19 pandemic caused devastation to the social workers and their way of working. social workers experienced fear, feeling of isolation and stressed without sufficient emotional support from the employer and their colleagues because they had to adjust from working in their offices to working from home.

When we were called in a meeting to be informed that we will work even when we are at home. I was scared of how it is going to be possible, and it took me some time to adjust with everything, emotionally I was not okay. (SWK 9)

While working from home, there were no emotional support at all but when you are in the office even if you don't talk to your supervisor, you do peer supervision and deal with your frustration of your cases. During COVID-19 it was hard to even communicate with colleagues. (SWK 1)

The study findings show that social workers felt emotionally unsupported as they struggled to adjust to remote work. The fear of contracting COVID-19 and handling emergency cases such as domestic violence and homelessness enhanced to their stress. Ben-Ezra and Hamama-Raz (2020) confirm the findings that remote work led to limited emotional support for social workers. The lack of face-to-face interactions with colleagues and supervisors contributed to feelings of isolation and increased psychological distress. Dominelli (2021) also confirmed that despite facing high-risk situations and uncertainty, social workers continued to provide essential services. However, they often did so with inadequate personal protective equipment (PPE) and limited supervision. Teng Calleji (2020) et al. argued that effective organizational response includes communicating needed information and engaging workers to deal with the crisis as well as monitoring their situation, providing resources and addressing their mental health and psychological support. Conversely, Landers et al. (2023) conducted the study during the summer of 2021 to explore the social workers' experiences of workplace support amid the COVID-19 pandemic and the findings showed that despite the challenges of COVID-19 pandemic social workers who experienced emotional distress and were offered mental health resources, virtual peer support groups and counselling services by their employers to support them. International Federation of Social Workers (IFSW, 2020) conducted a global study that social workers encountered challenges, however, many reported receiving emotional support from their organizations and professional networks.

5.3.4.5 Sub-theme no 5: Not prepared for disaster management

The researcher asked if the social workers were prepared from the university to manage the disaster like COVID-19 with the aim of examining if there was any form of preparation to manage disasters in their training of being social workers. All participants interviewed reported that they were not prepared to manage disasters like COVID-19 pandemic from their university level, they were only taught to manage disasters that affect communities not disasters that can also impact social work practices.

Even though there have been some natural disasters that happened before, it was not the same, this disaster was the worst because it affected everything including how we should render services to the clients. It even affected our mobility we could not move from point A to point B. (SWK 4)

No, we were not well prepared because even the employer did not prepare us on how to manage working from home and how to deal with the challenges that are brought by COVID-19. The Department still lacks in terms of workload, resources and how to handle emergency cases therefore, social workers are not well prepared, they still need a lot of preparations to work with disasters that change their profession, how to work from home and a lot still needs to be done in terms of supervision, home visits and consultations while working from home. (SWK 11)

The study findings show that none of the social workers were trained at the university level to handle disasters like COVID-19. Their education focused on managing community disasters, not crises that directly impacted social work practice. Beltran et al. (2023) confirm the findings that COVID-19 pandemic showed a gap in disaster readiness within social work practice. Many social workers felt unprepared to address the complex challenges presented by the crisis, indicating a need for heightened training in disaster management.

5.4 Conclusion

This chapter presented the analysis of the data generated via semi-structured interviews. The data was collected using audio tape and was transcribed thereafter. The responses were grouped, quantified and the most common responses were presented as themes. The discussion of the findings followed in which the results were linked with information revealed during the literature review. In the following chapter, the summary of findings, conclusions and recommendations

arising from the outcomes of this research are presented. Recommendations that were made for further studies are also presented.

CHAPTER SIX

MAIN FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

6.1 INTRODUCTION

The previous chapter presented data and the discussion of findings integrating literature and theory on the findings. The aspects discussed included literature on the experiences caused by COVID-19 Pandemic on social work practice, ethical dilemmas encountered by social workers, the provision of resources by employer while social workers were working from home or virtually particularly social workers from the Department of Social Development. This chapter discusses whether the research achieved its aims and objectives by giving the summary of the main findings that emerged from the data collected. Conclusions drawn from the research findings of the study discussed in chapter four will be presented in this chapter as well as the recommendations pertaining social work theory, social work practices, social work policy and future research studies.

6.2 SUMMARY OF THE MAIN FINDINGS

The overall aim of the research study was to explore the experiences of social workers in working from home during COVID-19 pandemic at the Department of Social Development, Ekurhuleni region, Gauteng, South Africa. It aimed to explore, examine and investigate the following objectives: To explore the experiences caused by COVID-19 pandemic on social work practice, to investigate the ethical dilemmas encountered by social workers in working from home or virtually and to examine the provision of resources by employers while social workers work from home. The study findings are thus addressing the objectives of the study as discussed below:

6.2.1 EXPLORING THE EXPERIENCES CAUSED BY THE COVID-19 PANDEMIC ON SOCIAL WORK PRACTICE

6.2.1.1 subtheme 1: Inability to conduct assessments

The study findings shows that social workers faced significant challenges due to COVID-19 restrictions, which impacted their ability to conduct traditional face-to-face assessments. Social workers typically rely on in-person interactions to observe clients holistically and understand their family circumstances, but pandemic restrictions made this impossible, affecting the accuracy of assessments. Many countries struggled with comprehensive assessments. However, in the UK, social workers adapted by using video technology to collect essential information, such as housing conditions, family composition, employment, and health history(Housman,2020). This approach facilitated assessment processes despite COVID-19 restrictions.

6.2.1.2 subtheme 2: Service Delivery compromised

The study revealed that service delivery was extensively compromised during the COVID-19 pandemic. Due to restrictions, social workers could not attend to cases on time, focusing mainly on emergency and crisis, which led to delays or neglect of essential interventions. Furthermore, the lack of technology resources posed challenges, specifically for clients who are unable to access digital platforms, making it difficult to provide services successfully. They had to prioritize clients' increasingly difficult cases with limited resources while balancing policies and client needs. Social workers also faced challenges to manage daily routines and addressing social justice issues. It was also highlighted that the pandemic was putting pressure on social care system, leading to abandoned public services and chaotic service continuation, forcing social workers to play catch-up.

6.2.1.3 subtheme 3: Transition to remote service delivery

The study found that the COVID-19 pandemic forced social workers to transition to remote service delivery immediately, requiring them to adapt to virtual care even though they were not prepared, lacking resources, and training. The change compromised service delivery, as follow-ups and supervision were insufficient. Many social workers had to use their personal phones due to

inadequate resources, while clients from disadvantaged backgrounds struggled with technology, making virtual communication ineffective.

6.2.1.4: Subtheme 4: Increased workload

It is gathered that social worker's caseloads increased during the COVID-19 pandemic due to a rise in domestic violence, child abuse, financial struggles, and mental health crisis. Lockdown restrictions led to a rise in abuse cases and financial difficulties, increasing the demand for social work services.

6.2.2 INVESTIGATING THE ETHICAL DILEMMAS ENCOUNTERED BY SOCIAL WORKERS IN WORKING FROM HOME/ VIRTUALLY

6.2.2.1 Subtheme 1: Meaning of being ethical as a registered social worker

It is found by the study that social workers clearly understand the importance of ethical practice in their profession. They highlighted adherence to professional principles, values, and codes of conduct, including Batho Pele principles and social work ethics. Essential aspects of ethical practice emphasized included respecting clients, maintaining confidentiality, and upholding self-determination. It is stated that ethical practice for registered social workers involves following core values and professional ethical standards.

6.2.2.2 Subtheme 2: Maintaining Confidentiality and Privacy

The study revealed that social workers experienced compromised confidentiality while working from home due to the presence of family members and the lack of dedicated office spaces, making it difficult to ensure privacy. Some social workers believed that with proper resources and preparation, confidentiality could have been maintained; however, the sudden transition left them unprepared. It was challenging for social workers to create spaces both for themselves and their clients, especially while working from home or when clients lacked private areas for conversation.

6.2.2.3 Subtheme 3: Limited Access to Technology

The study revealed that many social workers faced ethical dilemmas during the COVID-19 pandemic due to limited access to technology. They often had to use personal phones and rely on community councilors to reach clients. Clients from disadvantaged backgrounds often lacked the necessary airtime, data, or devices for virtual communication. The Department of Social

Development was unprepared for remote work, which further complicated service delivery. Lack of face-to-face contact and support on digital communication tools often compromised the quality of the client-social worker relationship and raised concerns about data security and confidentiality. Social workers encountered ethical and legal dilemmas arising from the change to remote work, facing challenges in ensuring confidentiality and navigating informed consent when using digital platforms, especially when both social workers and clients had limited technological proficiency. To address these issues, some social workers and organizations collaborated to create ethical guidelines for remote work, focusing on privacy and informed consent.

6.2.2.4 Subtheme 4: Challenges in working from home

The study found that working from home blurred boundaries between work and personal life, making it difficult to adhere to normal working hours. The lack of proper supervision led to decreased discipline among social workers which negatively impacted service delivery. Even though working from home have benefits such as control over work schedules, improved work-life balance and other benefits, social workers face challenges to maintain confidentiality and professional boundaries in their home environments that is not designed for social work practice. Furthermore, they had limited access to immediate support from colleagues and supervisors which increased stress and reduced productivity.

6.2.2.5 Subtheme 5: Prefer working from the office

It emerged that while the COVID-19 pandemic taught social workers valuable lessons, most preferred working from the office. They find office environment more conducive to providing professional services, ensuring privacy, accountability, and access to resources. Sudden changes to virtual technologies disrupted service delivery. Challenges in Maintaining trust and privacy contributed to the preference for face-to-face client interactions.

6.2.3 EXAMINING THE PROVISION OF RESOURCES BY EMPLOYERS WHILE SOCIAL WORKERS WORK FROM HOME

6.2.3.1 Subtheme 1: No Training to work from home /virtually

Social workers interviewed did not receive training to work from home during the COVID-19 pandemic. The quick lockdown left both employers and employees unprepared, forcing them to quickly adapt to remote service delivery without proper guidance. The sudden transition to virtual

work initiated a major gap in training for social workers, leaving many unprepared for the technological demands. However, since social workers had to transition without training, it became a crisis. The Department of Social Development should have followed crisis intervention stages to alleviate the challenges of remote work, thereby supporting employee resilience and productivity.

6.2.3.2 Subtheme 2: Lack of resources

It is revealed by the study that despite working from home, social workers needed the necessary resources, and not all were able to work remotely. This created hindrances to service delivery, particularly for disadvantaged clients without access to technology. It is confirmed by the study that social workers faced challenges due to lacking access to technology, reliable internet, and private workspaces, which affected service delivery. Limited resources also made it difficult to maintain trust and privacy. However, organizations like the National Association of Social Workers (NASW), School Social Work Association of America (SSWAA), and Association of Social Boards (ASWB) provided resources to help social workers transition to remote work.

6.2.3.3 Subtheme 3: Lack of supervision

The study found that communication between supervisors and social workers was minimal, primarily conducted through phone calls or WhatsApp. The lack of face-to-face interactions made it difficult to monitor work and provide necessary support. The shift to remote work disrupted traditional supervision models, leading to reduced oversight and support. This lack of supervision affected social workers' ability to manage increased workloads and emotional distress. Even though there were challenges in the beginning of COVID-19 lockdown some organizations proactively trained supervisors and social workers for virtual supervision, making it a sustainable alternative that offered flexibility and improved accessibility.

6.2.3.4 Subtheme 4: Limited emotional support

The study found that social workers felt emotionally unsupported while adjusting to remote work. The fear of contracting COVID-19 and handling emergency cases, such as domestic violence and homelessness, enhanced their anxiety. Working from home led to limited emotional support, with reduced face-to-face interactions contributing to isolation and emotional distress. However, social workers continued to provide essential services despite facing high-risk situations, inadequate personal protective equipment (PPE), and limited supervision.

6.2.3.5 Subtheme 5: Disaster management

The study revealed that social workers were not prepared at the university level to manage disasters like COVID-19. Their education focused on managing community disasters rather than crises directly affecting social work practice. It is noticeable that the pandemic exposed a gap in disaster preparedness within social work. Many social workers felt unprepared to address devastating challenges brought by COVID-19, stressing the need for improved training in disaster management.

6.3 CONCLUSIONS

6.3.1 Exploring the experiences caused by the COVID-19 pandemic in social work practice

In exploring the experiences caused by COVID-19 pandemic in social work practices, the main finding that emerged was the challenges caused by COVID-19 pandemic in social work practice. Social workers believed that they experienced significant challenges due to COVID-19 restrictions. They were unable to conduct traditional face to face comprehensive assessments. It was challenging for them to observe and understand their client's family circumstances virtually. Social workers were compromising service delivery because they could not attend all their cases in time, focusing mainly to emergence cases and crisis. Lacking technology resources contributed to compromising service delivery because both the social workers and the clients were unable to access digital platforms to render services. There was a transition on their standard operating procedure to remote working due to unprecedented changes brought by COVID-19. They had to quickly transit to remote service delivery even though they were not prepared, lacking resources and training. It shows that there was a great increase of workload during COVID-19. Due to lockdown restrictions domestic violences, child abuse, financial struggles and mental health cases increased. There was great demand of social work services, and it was difficult for social workers to attend all their cases in time.

6.3.2 Investigating the ethical dilemmas encountered by social workers in working from home/ virtually

The researcher aimed to investigate the ethical dilemmas encountered by social workers working from home or virtually. Social workers shows that they clearly understand the importance of ethical practice in the profession, they understand that they should adhere to their professional principles, values and code of conduct including Batho Pele principles and social work ethics. It emerged that working from home or virtually implicated the ethical standard of social workers. Confidentiality was compromised while working from home or virtually due to the presence of family members and the lack of dedicated office space. It was difficult for social workers to ensure privacy to their clients. They believe that the sudden changes brought by COVID-19 pandemic left them unprepared to maintain confidentiality. Limited access to technology made social workers to face ethical dilemmas, they had to use their personal cellphones and relying on community leaders to reach their unreachable clients. It was challenging for social workers to work from home or virtually because it blurred the boundaries between work and personal life. It was difficult for them to adhere to normal working hours. Social workers could not maintain discipline due to lack of adequate supervision which negatively impacted service delivery.it emerged that there was no support from colleagues and supervision was limited which increased stress and reduced productivity. Furthermore, even though COVID-19 pandemic has taught social workers that their way of working can change anytime due to unprecedented pandemics like COVID-19, Social workers still prefers to work from their offices to provide professional services in the conducive environment that allows them to ensure privacy, accountability and access to essential resources.

6.3.3 Examining the provision of resources by employers while social workers work from home

In examining the provision of resources by employers while social workers work from home, the main theme that emerged was the insufficient of resources by employers while working from home. Social workers did not receive any training to work from home during COVID-19 pandemic. There was no time to make any preparations due to the spread of COVID-19 and the Department of social Development had no choice but to adhere to the restrictions of COVID-19. They were forced to quickly adapt to remote service delivery without proper guidance. Social workers were lacking resources like cellphones and computers(laptops) including the internet that

can enable them to work from home or virtual. There was no proper supervision, and communication was minimal between the social workers and their supervisors due to the lack of the necessary resources. Lack of supervision affected social worker's work and caused emotional distress. Supervision only improved with the adjustment of the lockdown restrictions. Social workers experienced shock, fear without any emotional support while handling their cases because they were not being supervised more frequently. Furthermore, in terms of disaster management, it emerged that social workers were not prepared from their university and their workplace in terms of handling disasters that affect their practice, they are only prepared on how to handle disaster in their communities.

6.4 RECOMMENDATIONS

The following recommendations are based on the participants' contributions, the research findings and the conclusions deduced from the research. Recommendations are made pertaining to social work theory and Practice, Social work policy and Future Research studies.

6.4.1 Recommendations for social work theory

In the university that is where we gather all the knowledge through learning how to practice effectively in the field of social work. The researcher sees it necessary for the universities to incorporate remote work skills in their training curriculum and to emphasize ethical and legal consideration while social workers are working from home or virtually. It is noticeable that the pandemic exposed a gap in disaster preparedness within social work and there is a need for improved training in disaster management.

6.4.2 Recommendations for Social work practice

Based on the research findings the researcher recommends that social workers should be provided with access to adequate technology such laptops, secure internet connections, Cellphones, Video and conferencing tools that are reliable. They must be provided with training in technological tools and platforms to facilitate remote case management and client communication. It must be ensured that they have access to programs that maintain client confidentiality. Furthermore, effective communication between the social workers and their social work supervisors should be maintained to reduce isolation and ensure effective communication. Social Workers should be encouraged to attend wellness programs to manage their work-related stress. Employees Health and Wellness

programs should be well marketed so that social workers will be able to utilize the services to manage their work-related stress. Clients should be prepared as well through awareness programs to promote their understanding of how to maintain confidentiality online and how social workers will be working with them remotely.

6.4.3 Recommendations for Social work policy

To ensure that social workers are well equipped, ethically guided and supported while rendering services to clients remotely during crisis like COVID-19 pandemic, the Department of Social Development should develop well-structured emergency response plan that will allow quick adaptation to remote work when needed. Remote or virtual supervision should be established to provide social workers with guidance, feedback and emotional support. Additionally, the Department of social development should develop secure virtual platforms that protect confidentiality and allow for effective remote case management.

6.4.4 Recommendations for future research studies

Research with a larger sample in the Gauteng province would give a better insight into the extent of the research problem and this should include social workers from the NGOS and private sector. The study was qualitative in nature therefore the sample size was small , only focusing on 15 social workers working for the Department of Social Development Ekurhuleni region and it was difficult to generalize the findings therefore, in future it can be beneficial for the social work practice to conduct the study with bigger sample size using quantitative or mixed methods that will make the generalization of findings easy. Furthermore, based on the findings research could also be done in evaluating and learning from the COVID-19 pandemic by the Department of Social Development at the national level to be able to Develop long-term plan of dealing with such disasters. It is the researcher's belief that should all these recommendations be taken into consideration; the phenomenon will be well understood and working from home or virtually could be well planned and implemented during Future disasters or crisis.

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APPENDICES

APPENDIX A: PARTICIPANT INFORMATION SHEET (PIS)

Dear Sir / Madam or Good day or (similar) My name is Matamela Felicia Raselabe. I am a master's student in occupational social work at the University of the Witwatersrand, Johannesburg. My supervisor is Dr. Zintle Ntshongwana. I am conducting a research study about working from home or remotely during COVID-19 pandemic. The study title of my is: *The Experiences of Social Workers in Working from Home During Covid-19 Pandemic*.

I am inviting you to take part in an interview. This study will benefit employees and the employer at the Department of Social Development and other social work organisations in terms of improving on how to deal with other pandemics that can arise and also to be able to prepare their employees on how they can improve their service delivery to the clients. If you decide to take part, your participation in this research study will last about 45-60 minutes. The interview will be conducted in person at the Department of Social Development, Ekurhuleni Region. With your permission, I would like to audio record the interview. This data will be stored in devices protected by a password that is only known to the above-mentioned researcher for the period of 3 years and/or deleted after 5 years. Only the researcher will have access to the data. During the research activity, I will need to ask for some personal information about you, including age, gender, highest qualification, position, and your working experience. The interview will be confidential and anonymous. When I share the results of the research study, I will not include your name or anything else that could identify you. With your permission, other researchers may use the data collected from this research study, but your name and any personal information will not be used or passed on. If you decide to take part in the research study, it should be because you want to volunteer. You can stop being in the study at any time. You do not have to answer any questions if you do not want to. You will not get any direct benefits if you choose to join the research study. You will not lose any services,

benefits, or rights you would normally have if you decided not to join. Taking part in the research study will not cost you anything. You will not be paid for being in this research study.
The risks for this research study are no more than what happens in everyday life. Or Some of the questions asked may make you feel sad or upset. If this happens, I will stop the interview and continue another time. If you need some support or counselling services following the interview, these are available free of charge AT FAMSA. The social Worker who will render counselling is Tshiwela Portia Mammbabada, telephone number is 0117663283/ 0823572608 and her email address is famsawrdi@gmail.com.

This research study will be written up as a research report. The report will be available on the university library website. If you would like to receive a summary of this report, I will be happy to send it to you.
If you have any questions during or afterwards about this research study, feel free to contact me or my supervisor on the details listed below. If you have any concerns or complaints about the ethical procedures of this research study, you are welcome to contact the University Human Research Ethics Committee (Non-Medical), telephone +27(0) 11 717 1408, email hrecnon-medical@wits.ac.za.

Yours sincerely,
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APPENDIX B: CONSENT FORM

Title of project: Experiences of Social Workers in Working from Home During Covid-19.
Name of researcher: Matamela Felicia Raselabe
I, ……., agree to participate in this research project.
I agree to the following:
(Please circle the relevant options below)

The research study was explained to me. I understand what this study is about.	YES	NO
I understand that I can volunteer to take part in the study	YES	NO
I agree that the interview activity may be audio recorded	YES	NO
I agree that direct quotations from my interview may be used by the researcher in their research report	YES	NO
I agree that my participation will remain anonymous (My name will not be used by the researcher in their research report)	YES	NO
I agree that other researchers may use the information I provide in my interview (depending on their own ethics clearance being obtained) but my name and any personal information will not be used or passed on.	YES	NO

…… (signature)
…… (name of participant)
…… (date)
…… (signature)
…… (name of researcher)
……(Date)

TITLE: EXPERIENCES OF SOCIAL WORKERS IN WORKING FROM HOME DURING COVID -19 PANDEMIC IN EKURHULENI REGION, GAUTENG PROVINCE OF SOUTH AFRICA.

APPENDIX C: INTERVIEW SCHEDULED FOR SOCIAL WORKERS

The study is about the experiences of social workers working from home during the COVID-19 pandemic. This study is going to be conducted in Ekurhuleni Region, Gauteng province in South Africa. The data is going to be collected from social workers working for the Department of Social Development. The design of this study is an exploratory design, and interviews will be conducted with social workers who were working from home/remotely during COVID 19-pandemic. They are going to be interviewed individually, and the researcher will interview social workers from three different offices in different positions. To the study nominal level of measurement is chosen because the social workers working from home during the COVID-19 pandemic, were categorized based on their occupation and their roles, and their location. The main aim of this study is to explore the impact caused by covid-19 pandemic on social work practice, to investigate the ethical challenges encountered by the social worker in working from home/ virtually, and to examine the provision of resources by employers while social workers work from home. Open-ended questions that are relevant to the study will be asked and they are scheduled as follows:

SECTION A: DEMOGRAPHIC INFORMATION

Age:
Gender:
Race:
Highest Qualification:
Years of experience:
Position:

Divisions:

SECTION B: EXPLORING THE CHALLENGES CAUSED BY THE COVID-19 PANDEMIC ON SOCIAL WORK PRACTICE

- How has COVID-19 affected your performance as a social worker? Please elaborate.
- How has COVID-19 affected your service delivery to the client? Please elaborate.
- Were there any challenges brought by the COVID-19 pandemic to social work practice, if so, what are those challenges?
- How did you manage to adjust to the new way of working brought about by the COVID-19 pandemic?
- Do you think the role of the social worker was essential during the COVID-19 pandemic? Please explain.

SECTION C: AN INVESTIGATION OF THE ETHICALDILEMMAS ENCOUNTERED BY SOCIAL WORKERS WORKING FROM HOME/VIRTUALLY

- What does it mean to be ethical as a registered social work practitioner? Please explain.
- What were the ethical implications while working from home/ or virtually?
- If you were to choose, will you prefer working from the office or working from home/virtually? Please support your answer.
- Is it possible to maintain confidentiality while rendering services to the client from home /virtually? Please support your answer.
- Do you think technology is compromising our ethical considerations while rendering services to clients? Please explain.

SECTION D: AN EXAMINATION OF THE PROVISION OF RESOURCES BY EMPLOYERS WHILE SOCIAL WORKERS WORK FROM HOME

- Were you trained to work from home or virtual?
- Did the employer provide the required resources to work from home/virtual? If yes, what were they and how did they help you in service delivery?
- How were you conducting home visits? Please explain.
- Did you find it possible to work from home / virtual? Please support your answer.
- How social workers were supervised?
- Are the social workers well prepared to manage disasters from the universities? Please support your answer.

APPENDIX D: APPROVAL LETTER FROM DSD; ETHICAL CLEARENCE CERTIFICATE, ETHICS TRAINING CERTIFICATE

approval letter from DSD.pdf

letter to request permission to collect (

Ethics Certificate.pdf

Zertifikat

Certificat

Certificado

Certificate

TRREE

Promouvoir les plus hauts standards éthiques dans la protection des participants à la recherche biomédicale
Promoting the highest ethical standards in the protection of biomedical research participants

Certificat de formation - Training Certificate

Ce document atteste que - this document certifies that

Matamela Raselabe

a complété avec succès - has successfully completed

Introduction to Research Ethics

du programme de formation TRREE en évaluation éthique de la recherche
of the TRREE training programme in research ethics evaluation

Clinical Trials Centre
The University of Hong Kong

Release Date: 2023/04/04

Professeur Dominique Sprumont
Coordinateur TRREE Coordinator

APPROVED BY SIWF ISFM

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