



**Experiences of social workers in service delivery during COVID-19: A case study of
Waterberg District, Limpopo**

A report on a research study presented to

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ABSTRACT

During COVID-19 social workers encountered numerous challenges in rendering services to clients. The national lockdown and working from home worsened the situation. Additionally, COVID-19 instilled fear to the global population, including social workers who were supposed to offer services during this pandemic. Therefore, the current study aims to explore social workers' experiences of service delivery during COVID-19, with a focus on case management, their feelings and fears, availability of resources, work-life balance, and support from superiors. The primary aim for exploring these experiences is to determine the extent of damage that is caused by COVID-19. Exploring these challenges will assist in developing strategies for addressing or avoiding further damage, while enhancing social workers' well-being. This is a qualitative study that uses a case study research design to explore social workers' experiences. Participants were 15 social workers from the Department of Social Development in Waterberg District, Limpopo Province. The study used one-on-one interviews with semi-structured interviews for data collection. Participants were selected using purposive sampling since they were already known to the researcher and available. Data was analysed using thematic data analysis. The findings indicate that services were rendered telephonically and face-to-face. Some participants were unhappy with rendering services during COVID-19, while others were happy to offer their services. Those who were unhappy indicated fear of contracting the virus and spreading it to their families. However, some had minimal fears. Some participants were also affected by poor work-life balance. Most work that social workers did during COVID-19 concerned the dispatching of food parcels. During this period there was regular telephonic supervision, which included guidance and emotional support. Social workers could also receive peer support telephonically. Most participants did not find telephonic intervention effective, however they had to adjust to such changes introduced by COVID-19 to minimise the spread. Resources were limited which resulted in participants using their own expenses. There was inconsistent supervision. The study recommends the Department of Social Development to provide enough resources to employees for rendering services. The study further suggests proper training of supervisors on supporting employees since there was inconsistency in terms of supervision. In addition, future research needs to explore the challenges faced by the supervisors during COVID-19 pandemic.

Keywords: *case management, COVID-19, experiences, fears, service delivery, social workers, work-life balance*

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CHAPTER 1

INTRODUCTION

Background of the study

The coronavirus disease 2019 (COVID-19) is an infectious disease that spreads from one person to another through droplets released when an infected individual coughs or sneezes. Its common symptoms include fever, dry cough, fatigue, and shortness of breath (Ishrath et al., 2021). To reduce the spread of COVID-19, the lockdown was strategically introduced on the 27th of March 2020 by different governments globally, forcing millions of employees to work from home (Al-Habaibeh et al., 2021). The COVID-19 pandemic brought many changes in the workplace since the beginning of the year 2020. Social workers are recognised as essential workers, hence they were expected to continue offering services during the South African national lockdown. The COVID-19 pandemic resulted in loss of life (Okafor, 2021).

Therefore, social workers, as essential workers, were expected to ensure their clients' wellbeing. They were expected to work with the infected clients and their populations (Isangha et al., 2020). Alongside providing services, there was immense anxiety and fear among social workers and clients, as COVID-19 was a deadly and unfamiliar pandemic (Okafor, 2021). A study conducted by Holmes et al. (2021) in the United States (US) revealed that most social workers were diagnosed with post-traumatic stress disorders (PTSD), severe grief symptoms, burnout, and secondary trauma. However, strategies designed to address anxiety and fear among social workers were neglected. The focus was on addressing fear among clients (Okafor, 2021). Yet, in the US, the recommendations that were made by Holmes et al. (2021) indicate that social workers need organisational support, as they experienced trauma. In addition, this support must have been continuous to ensure their emotional well-being.

Although both social workers and their clients experienced anxiety and fear, services were only provided to clients. As a result, social workers encountered several challenges regarding service delivery, including the way cases were managed, how they were strained emotionally, limited resources, the issue of balancing work and life, and the support received from supervisors. Based on observations in the Waterberg District, extensive planning was undertaken to develop strategies for service delivery and to ensure social workers could protect themselves from contracting the virus. This was guided by the departmental circulars, which addressed work-from-home arrangements and staff rotations. Certain measures were taken to enable social workers to provide services to clients and their families, including those who contracted the virus. However, social workers received

minimal attention in terms of debriefing sessions and emotional support. Therefore, the current study aims to explore social workers' experiences in service delivery during COVID-19 around Waterberg District (Limpopo), by focusing on case management, the impact of COVID-19, and the support from their supervisors.

Statement of the problem

Social workers faced numerous challenges at the beginning of COVID-19 in service delivery. Nkate (2020) confirmed that COVID-19 brought many changes in organisations both in the public and private sectors. It was stressful for social workers to manage cases due to the national lockdown since they were working remotely. They encountered challenges such as bad internet connections, use of their cell phones and airtime, and no home visits since they were only allowed to deliver food parcels. Moreover, cases were handled less professionally since they were unable to use all social work skills. Social workers were also expected to provide counselling to clients who had contracted the virus, which was risky regardless of being provided with personal protective equipment (PPE). According to Ben-Ezra and Hamama-Raz (2021), social workers were in high demand and expected to provide counselling. It was risky to provide services due to lack of personal protective clothing (Gunhidzirai et al., 2022). Some social workers faced difficulties working from home due to school closures. They reported challenges such as noisy environments and the need to care for younger children who required their full attention. These numerous disturbances caused some social workers to fail completing their tasks.

Contrarily, some social workers felt that working from home provided an opportunity to effectively manage their time and complete tasks. Nonetheless, they highlighted that only paperwork was easy to accomplish than direct intervention. Ashcroft et al. (2022) state that Canadian social workers encountered significant challenges during the first wave of the pandemic, including burnout, increased anxiety from helping others, lack of technological infrastructure, and the stress of balancing work and personal life. Therefore, this study aims to further explore social workers' experiences in delivering services during this period.

The rationale of the study

The COVID-19 pandemic affected South African social workers' lives and their well-being during service delivery. They experienced mental health issues including stress, fear, anxiety, and work overload which affected quality service delivery (Gunhidzirai et al., 2022). Lack of resources such as PPE made it challenging for social workers to effectively deliver services to their clients (Gunhidzirai et al., 2022). The current study provides crucial insights on the experiences of social

workers during COVID-19. It reports on their shared experiences and offers suggestions to the Department of Social Development on how to improve services for employees. The study helps by identifying the types of support that social workers need and proposes measures to assist supervisors in providing optimal support during disasters. Additionally, the shared social workers' experiences offer valuable insights for future researchers, highlighting areas for further exploration.

Research questions

- What were the experiences of social workers in delivering services during COVID-19?
- What was the impact of COVID-19 on social work service delivery?
- What form of support did they receive from their superiors?

Aim of the study

The study aims to explore the social workers' experiences while delivering services during COVID-19 in Waterberg District, Limpopo.

Objectives of the study

- To explore the experiences of social workers in delivering services during COVID-19
- To describe the impact of COVID-19 on social work service delivery
- To describe the kind of support the social workers received from their supervisors

Definition of concepts

Case management

Case management is referred to as the tasks performed by individuals from different professions to people with various problems (Lukersmith et al., 2016). It is an approach that focuses on assessing clients' needs with the aim of providing social support services (Green & Ellis, 2017). Green and Ellis' (2017) definition is adopted in the current study. This is due to social workers being case managers, and expected to provide services during COVID-19. The study primarily focuses on the experiences of social workers serving as case managers and their challenges in delivering services during COVID-19.

COVID-19

COVID-19 is caused by an unusual respiratory virus that spreads from animals to humans in December 2019. It then went on to continue being spread from person to person, eventually becoming a pandemic (Allassaf et al., 2021). Ayala et al (2021) identified COVID-19 three different waves: first wave is when countries were severely affected by COVID-19 which resulted to total lockdown, second wave is when the government introduced strategies to minimise the spread since it was less severe, and third wave is when they vaccination was introduced to combat COVID-19.

It is an infectious disease that affects the respiratory system. Common symptoms include high fever, dry cough, tiredness, sore throat, and difficulties in breathing (Rehman et al., 2021). COVID-19 also destroys the human lungs (Rehman et al., 2021).

In the current study, the definition by Rehman et al. (2021) is adopted since COVID-19 is a highly infectious disease and social workers needed to deliver services in the midst of such conditions contracting the virus. Furthermore, they were rendering services to the affected and infected individuals. The definition is relevant for this study because it focuses on how social workers have been rendering services during COVID-19, while exposed to significant risks.

Social worker

A social worker is a professional dealing with challenges faced by individuals, groups, organisations, and communities (Zastrow, 2010). They are concerned about helping clients to reach their objectives and to enhance their well-being (Hepworth et al., 2017). This definition was adopted in the current study since social workers were at the forefront of addressing individual issues. COVID-19 impacted many people, and it was the responsibility of social workers to provide necessary interventions.

Work-life balance

Work-life balance refers to an individual's ability to manage multiple roles, such as family or personal responsibilities and work-related demands (Kaliath & Brough, 2008). It involves the ability to control the number of hours spent on work and the time available for personal activities (Sen & Hooja, 2018).

The above definition was adopted in the current study to understand how social workers balanced their work and personal lives during COVID-19. The work from home arrangement was introduced globally to prevent the spread of the COVID-19 pandemic. Therefore, the current study focuses on how social workers sought to balance both work tasks and home responsibilities during the COVID-19 pandemic.

CHAPTER 2

THEORETICAL FRAMEWORK

Introduction

This chapter presents the two theoretical frameworks underpinning the study, namely: the person in environment and strengths perspective. Most social workers during COVID-19 encountered several challenges in delivering services. They feared contracting the virus, had limited resources, struggled to balance work and personal life, their quality of life was affected, and received inconsistent support from supervisors. Therefore, the following theoretical frameworks aim to address these challenges.

Person in environment

The workplace can affect employees' well-being in various ways. In most cases, individuals encounter challenges emanating from the environment they find themselves in. According to Weiss-Gal (2008), the person-in-environment is an approach which views individuals and their environment as one. Person-in-environment framework enables professionals to capture the whole situation of a person at any given moment and makes counselling and intervention possible (Kaiser and Schulze (2018). Saleeby (2017) further states that it allows social workers to categorise and code problems in social functioning. This implies that individual and environmental factors need to be assessed before intervention in order to apply the accurate intervention. The main benefit of person-in-environment is that it focuses on ecological system; the human beings have an interdependent relationship with other human beings in their natural environment and therefore they should be viewed in a neutral manner (Dybiczy, 2015). Consequently, assessing individuals and their environment result in the positive outcomes for both employee and their workplace environment, therefore there is a high level of compatibility between both the person and the environment (De Cooman & Vleugels, 2022). Hence, there is need to examine how social workers struggled to manage their cases, how they were emotionally affected, available resources, and the support they received. COVID-19 impacted social workers' well-being. They experienced fear and anxiety during service delivery due to unusual effects of COVID-19. Person in environment is a relevant framework for addressing experiences of social workers in service delivery during COVID-19. This approach enabled the researcher to explore and understand how the environment affected social workers' service delivery.

Strengths perspective

The strengths perspective emphasises empowerment among individuals, groups, families, and organisations (Zastrow, 2010). Therefore, it is crucial to consider the client's strengths during the assessment process. Pulla (2017) argues that individuals have strengths and the capacity to reconstruct their lives. This approach enabled the researcher to discover the social workers' strengths and weaknesses during service delivery, to empower them to cope with these challenges. When applying the strengths perspective, it is essential to consider social workers' strengths rather than their weaknesses. This will enable them to address their own challenges. This approach was adopted since the person in environment perspective focuses on assessing how the environment affects individuals rather than their empowerment.

Conclusion

This chapter outlines the theoretical frameworks underpinning the study, which are person in environment and strengths perspective. It is crucial to assess how the work environment affected the social workers, and their strengths in coping with their challenges.

CHAPTER 3

LITERATURE REVIEW

Introduction

Social workers encountered several challenges while delivering service during COVID-19. COVID-19 impacted how cases were managed, social workers' feelings during service delivery, balancing work and personal life, as well as quality of life. This chapter discusses the literature which was reviewed on challenges that were experienced by social workers globally. According to Ramdhani et al. (2014), a literature review is an analysis of sources such as books, scholarly articles, and other relevant information in relation to the studied topic. It informs readers on how the previous studies align with the current one.

Boumezrag (2022) asserts that the main purpose of a literature review is to explore previous researchers' investigations to gain more knowledge on a specific field of study. In the current study, the literature review's aim is to explore what other researchers gathered on the same topic and how they addressed the problems, to discover the gaps. In addition, the purpose of the current study's literature review is to discover solutions to the challenges that were faced by social workers when delivering services during COVID-19, to make recommendations on how to address them.

This chapter discusses: the history of COVID-19, the experiences of social workers in managing cases, their emotional state, risks they were exposed to, and the work-life balance. Furthermore, recommendations are made to address the encountered challenges.

History of COVID-19

At the beginning of 2020, COVID-19 was regarded as a deadly pandemic resulting in South Africa joining other global governments to introduce the national lockdowns to prevent its spread (McFadden et al., 2021; Okafor, 2021). COVID-19 was initially discovered in December 2019 in Wuhan City in China and began to spread rapidly across countries, thus, it was declared a global pandemic in March 2020 (Lone & Ahmad, 2020). It is caused by an unusual respiratory virus that spread from animals to humans, then between humans (Alassaf et al., 2021). The COVID-19 symptoms include coughing, fever, difficulties in breathing, and loss of sense of smell and taste (Dominelli, 2020).

In April 2020, COVID-19 had rapidly spread, with most countries reporting confirmed cases of the infected population and casualties (Lone & Ahmad, 2020). Africa was reported to be the last continent to be affected by the virus (Lone & Ahmad, 2020). Additionally, Africa is perceived as a vulnerable continent due to its already existing infectious diseases such as HIV, tuberculosis, and malaria. Also, it has a weak health system and high rate poverty (Lone & Ahmad, 2020). In 2020, there was no cure for COVID-19. Hence, measures such as national lockdown, travel restrictions, and social distancing were implemented to minimise the spread (Lone & Ahmad, 2020).

COVID-19 became a threat to individuals due to its deadly nature, and rapid spread. The pandemic placed essential workers at risk and gave them fear of contracting the virus.

Experiences of social workers during COVID-19

Case management during COVID-19

Social workers managed to continue doing their case work during COVID-19 even when several restrictions were implemented. According to Ramoshaba (2023), social workers were expected to perform their expected roles as described in South African Council for Social Service Professions (SACSSP), irrespective of the dangers associated with COVID-19. The service delivery during COVID-19 was mostly done telephonically, including all cases reported to social workers. The social workers played an important role in ensuring service delivery amid the pandemic. Service delivery during COVID-19 was exhausting and challenging for social workers. According to Okafor

(2021), owing to the escalation of responsibilities, social workers were overwhelmed by service delivery. They had clients who were the victims and survivors of COVID-19, and those left psychologically traumatised.

Telephonically intervention

For social workers, managing case work during COVID-19 was challenging due to several restrictions. A study conducted in California revealed that social workers in health settings coordinated video visitations between patients and their family members, since no in-person visitors were allowed in the hospitals (Abrams & Dettlaff, 2020). Pascoe (2021) highlights that the changes in service delivery also applied to social workers from different sectors and fields of practice. They adopted technological methods such as telephone and video calls when providing services to clients. However, it was not easy to render services telephonically as it affects professionalism. Pascoe (2022) indicates that there were ethical implications with the use of telephones since it affected confidentiality, privacy, and professional boundaries.

Roles of social workers

Social workers occupied multiple roles during COVID-19 to ensure service delivery to clients. Ramoshaba (2023) revealed that South African social workers were expected to take responsibility and effectively serve individuals, families, and communities, as case managers, counsellors, brokers, and educators during COVID-19. In addition, they played a critical role in providing psychosocial support services, raising awareness, and as advocates for vulnerable population (Okafor, 2021). Okafor (2021) further indicates that social workers were effectively sharing information and educating people about COVID-19. This was to ensure societies were well informed about the virus and to minimise fear and stigma attached to the pandemic. Furthermore, social workers played a significant role in protecting and providing for their clients' needs, irrespective of the spread of COVID-19.

Rotations during COVID-19

During the COVID-19 pandemic, social workers were working from home due to national lockdowns. Ispen et al. (2021) indicates an increase in number of people working from home since COVID-19 to minimise the spread of the virus. Ispen et al. (2021) further highlight that working from home was beneficial for many people since they were able to balance work and life. Working from home enabled individuals to be productive, and have time for their social life.

Types of cases handled during COVID-19

Social workers who were distributing food parcels and providing shelter to the homeless, were reported to be overwhelmed by caseloads during COVID-19 (Abrams & Dettlaff, 2020). During COVID-19 some individuals feared reporting their cases to social workers due to avoid contracting the virus (Abrams & Dettlaff, 2020). For example, fewer cases were reported regarding rape and domestic violence (Abrams & Dettlaff, 2020). According to Roy et al. (2022), there was an increase in Gender-Based Violence (GBV) cases globally, with countries such as Kenya, Uganda, Nigeria, and South Africa being the most affected. COVID_19 restricted GBV victims to report their cases, due to fear of contracting the virus (Roy et al., 2022). Furthermore, GBV services were perceived non-essential since the focus was on combating the spread of COVID-19 (Roy et al., 2022). However, Leburu-Masigo and Kgadima (2020) assert that social workers in South Africa used technology and online services for service delivery during COVID-19. Additionally, social workers were dealing with emotional related issues due to grief and loss caused by COVID-19 (Abrams & Dettlaff, 2020).

Emotional strain

In Spain, social workers experienced burnouts during COVID-19. They put more effort in providing services to clients living in poverty, the homeless, and those who need social support (Martinez-Lopez et al., 2021). Resultantly, they experience burnout and began questioning whether they could continue pursuing their profession or not (Martinez-Lopez et al., 2021). The increased number of infections and fatalities in Spain became a threat to social workers (Martinez-Lopez et al., 2021). Since social workers experienced emotional exhaustion, recommendations were made to provide them with psychological support (Martinez-Lopez et al., 2021).

Gunhidzirai et al. (2022) state that South African social workers also experienced mental health issues including stress, fear, anxiety, and work overload which affected the quality of service delivery. Ruiz-Fernandez et al. (2021) affirm that service delivery in Spain during COVID-19 affected social workers' emotional wellbeing and having contact with clients during COVID-19 outbreak resulted in them experiencing variety of feelings and emotions such as sadness, anger, fear, and concerns. Social workers provided counselling as emotional support to infected clients. COVID-19 affected several people and social workers were emotionally exhausted and strained, hence, they also needed emotional support.

Safety risks

During COVID-19 essential workers including social workers, were at a higher risk of being infected during service delivery and transmitting the virus to their loved ones (Abrams & Dettlaff, 2020). According to Adewole (2020), COVID-19 was a highly infectious disease with symptoms such as fever, dry cough, muscle pain, fatigue, and difficulty breathing. Thus, COVID-19 negatively impacted both employees and their organisations. Social workers experienced fear that their workplace exposes them to a high risk of infection to themselves and to their family members (Ben-Ezra & Hamama-Raz, 2021). It was risky to deliver services during COVID-19 due to a rise in confirmed cases. Working in shifts did not guarantee employees and their family members' safety.

In addition, social workers' families were at risk of contracting the virus although they were isolated. McFadden et al. (2021) state that the spread of COVID-19 caused many employees anger and frustration due to a lack of PPEs, since most organisations were unprepared. However, the study which was done in Nigeria amongst social workers who were delivering services during COVID-19 revealed that provision of Protective Personal Equipment (PPE) such as face masks, hand sanitizers, and safe working environment significantly predicted the wellbeing of social workers (Adewole, 2020). Adewole (2020) further recommended that a safe working environment need to be implemented to limit exposing social workers to COVID-19.

Work-life balance

During COVID-19, working from home was challenging, especially for female employees who had to take care of the children while also performing household tasks. Schools and crèches were closed, making it hard for social workers with younger children to work from home. In addition, some employees failed to balance working from home and personal life, especially married women who had many responsibilities (De Tiroina et al., 2021).

A study conducted by De Tiroina et al. (2021) in Indonesia reveals that work performance decreased from 92% to 77% since COVID-19. This decline was caused by many employees who were still trying to adjust to the different work environment (home), and appropriate time management. Some employees reported challenges such as a lack of resources and limited workspace to perform their duties at homes (Ispen et al., 2021). However, some employees found working from home as a way of balancing work and personal life, since they were able to manage their time and complete their work tasks independently (De Tiroina et al., 2021). According to Ispen et al. (2021), most employees had positive experiences as they were able to balance work and personal life, thus,

improving their work performance. Furthermore, some employees enjoyed spending time at home with their loved ones.

Intervention of occupational social workers

Occupational social work is a specialized field of social work that is aimed to improve productivity in the workplace through rendering psychosocial services to employees including supervisors and management, operational workers, while focusing on policies, procedures, and programmes that benefits employees' needs (Terblanche et al., 2021). Occupational social workers play a significant role in assisting employees to enhance their wellbeing to ensure they are productive at work. According to Parast and Niya (2015), social workers in the workplace offers employers the opportunity to express personal and work-related issues that they are struggling to cope with to enhance the employees' wellbeing. Ruiz-Fernandez et al. (2021) emphasise that more attention need to be paid to working the emotions of social workers who were exposed to stressful and threatening situations while delivering services during COVID-19. Ruiz-Fernandez et al. (2021) further indicated that talking, peer support, and discussions of experiences were suggested by social workers as relevant way to work with emotions. Therefore, during COVID-19 outbreak, the role of occupational social worker towards social workers who experienced challenges during COVID-19 would have been to ensure that they are functioning well in the workplace by providing services and programmes that are meant to enhance their wellbeing.

An occupational social worker can intervene by using three levels of interventions which are micro, meso, and macro. According to Zastrow (2010), micro intervention is a one on one intervention that is aimed to assisting individuals with personal and social problems so they can be able to cope with their problems and adjust to their work environment, meso intervention focuses on employees who are experiencing same challenges within the work environment and an intervention is done in a form of group activities, and macro intervention that focuses on the organisation as a client including issues affecting the organisation. This implies that an occupational social worker would be in the best position to assist social worker who encountered challenges during COVID-19 in a form of micro intervention wherein they will be provided with individual counselling, particularly those who were unable to cope in the environment or who have personal problems that are deeply affecting them. For instance, during initial stages of COVID-19 most employees were away from their families due to restrictions and they needed such services. Meso intervention can be rendered since social workers encountered same challenges during service delivery and services can be rendered through group work activities. Social workers during COVID-19 encountered common issues while delivering

servicees including fear of contracting the virus. Therefore, establishment of support group online platform would have assisted many social workers in sharing their experiences to minimise fear and anxiety. Moreover, since there was rotation during COVID-19, the same platform would allow social workers to share how they were coping and assisted each other on strategies each use to deliver services while working from home. Macro intervention can be rendered since the organisation was facing a huge crisis during COVID19. Therefore, an occupational social worker can focus on developing a policy that focuses on how to respond to disaster and assisting employees to function well during disaster for the benefit of the organisation.

Conclusion

This chapter discusses the experiences of service delivery for social workers during COVID-19. The discussion include the main methods used for service delivery, which is telephonic and working from home. The literature also explores the roles social workers played, and the caseloads that they handled during COVID-19. Previous studies also highlight how social workers were emotionally affected by COVID-19, the risks they encountered, and how they balanced work and personal life.

CHAPTER 4

RESEARCH METHODOLOGY

Introduction

Research methodology refers to various systematic techniques that are used to provide guidance on how a study can be conducted (Igwenagu, 2016; Sileyew, 2019). This chapter describes the current study's research approach and design, population, sampling and sampling procedure, instrument and its pre-testing, as well as the methods of data collection and analysis. The chapter further discusses trustworthiness, ethical considerations, limitations, and delimitations of the study. The methodological choices were based on the nature of the study.

Research approach and design

A research approach is a blueprint or design and procedure that involves steps that should be taken to conduct the study (Grover, 2015). Grover (2015) also states that researchers must choose an appropriate approach and corresponding methods to yield valid and reliable results. A research design

is defined as the overall plan of combining the conceptual research problem to the achievable empirical research (Asenahabi, 2019). It is a step-by-step procedure that is adopted by a researcher before collection and analysing data for the purpose of successfully completing the objectives of the study (Siddiqua, 2023). Therefore, for the current study, the researcher started by designing a plan to achieve desirable results.

A qualitative research approach was selected for the study. Qualitative research approach is defined by Rahman (2017) as a type of approach that produces findings that are non-statistical. It focuses on the persons' life, behaviours, lived experiences, emotions, and feelings, as well as organisational functioning (Rahman, 2017). Furthermore, Richard et al. (2011) state that a qualitative study aims to explore in-depth information rather than general understanding. De Vos et al. (2011) also state that qualitative research mainly focuses on understanding, observing, and exploring the reality from participants' perspectives rather than from an outsider.

The major advantage of using a qualitative research approach is that it is flexible and it gives the participants the opportunity to provide more explanations and clarifications without limiting participants' responses (Mwita, 2022). Furthermore, it provides in-depth and detailed information which allows the researcher to collect rich data (Mwita, 2022). In addition, qualitative research seeks to understand human experiences in specific settings (Rahman, 2017). One of the major limitations of this approach is that it is subjective and its findings cannot be generalisable (Mwita, 2022). Qualitative approach) is also considered a long hard road, whose data can be hard to access yet has rigid requirements for analysis (Rahman, 2017). In the current study, the qualitative research approach was selected to explore the social workers' lived experiences while delivering services during COVID-19, to gain a detailed understanding.

An exploratory case study research design was selected for the study. According to De Vos et al. (2011, p. 321) a case study, "... can be particularly useful for producing theory and new knowledge, which may inform policy development." According to Taherdoost (2022), a case study mainly focuses on gaining an in-depth exploration about people and events, issues, contexts, and lessons learned from events. The main advantage of a case study research design is that it gathers in-depth data within real-life situations (Ramchander, 2017). Another advantage of the exploratory case study design is that it includes multiple perspectives from different participants (Sinha, 2017).

The main purpose of choosing the exploratory case study design for the current study was to explore the experiences of social workers during COVID-19 from the social workers themselves. The intention for this choice was to gain a detailed understanding of their experiences in to determine possible solutions. The main disadvantage of using an exploratory case study research design is that

researchers cannot generalise beyond the collected evidence (Lucas et al., 2018). Although there are shortcomings for using the selected research design, the researcher's main focus was gathering in-depth data from the social workers regarding their service delivery during COVID-19.

Population, sampling, and sampling procedure

Population

Richard et al. (2011) state that a researcher cannot study the whole population because this is time-consuming. Therefore, researchers need to carefully select certain people from the whole population. A research population is comprised of individuals, groups, and organisations that one wants to study (Casteel & Bridier, 2021). The current study's research population is male and female social workers from the Department of Social Development, who were providing services during COVID-19. The ages ranged from 25 to 50 years. They were social workers located in Waterberg District, Limpopo under the following offices: Bavaria, Rebone, Tauyatswala, Shongwane, Bakernberg, Mokopane, Mahwelereng, and Mookgophong. The population was selected for the following reasons: 1) to understand what both male and female social workers had experienced during COVID-19, 2) to avoid being biased by focusing only on one gender while both genders were affected, and 3) to avoid generalisation or assuming that males and females had the same experience. Overall, social workers were selected to form part of the population because they were essential workers who were rendering services during COVID-19. Furthermore, the reviewed literature showed that social workers were highly affected by COVID-19.

Sampling

Sampling is the process of selecting the appropriate participants who will form part of the study from the whole population (Terre Blanche et al., 2014). A researcher cannot collect data from all participants, therefore it is important to select a sample from the whole population (Taherdoost, 2016). For the current study, a non-probability sampling method was chosen to select the participants. According to Showkat and Parveen (2017), non-probability sampling is a method that commonly involves judgment. Allibang (2020) also states that non-probability sampling method means some people do not stand a chance of being included in the study, and the researcher is the one who selects the criteria of participants who form part of the study.

In the current study, only social workers from the Department of Social Development in Waterberg District (Limpopo) had the chance to be selected for the study. Anyone who was not a social worker, and was out of the Waterberg district, did not stand a chance to be selected. The sample

size was 15 social workers consisting of six male and nine female. The advantage of non-probability sampling method is that it is less expensive, not complex, and easy to apply (Showkart & Parveen, 2017). The main shortcoming of non-probability sampling method is selection bias (Kim, 2022).

Sampling procedure

A purposive sampling procedure was used to select participants. According to Etikan et al. (2016), purposive sampling is also known as the judgmental method, in which the researcher chooses participants based on specific characteristics that they are looking for. According to Shukla (2023), in purposive sampling, the researcher selects participants using their own logical thinking. They decide on the sample that is representative of their research population, bearing in mind the main objective of the study.

For the current study, participants who formed part of the study shared the same characteristics as that of the research population. For instance, social workers who participated were only those who were under the Waterberg District in Limpopo. They were also delivering services during COVID-19. The procedure of selecting these participants involved the researcher contacting the supervisors from the identified appropriate offices to meet them and make arrangements to inform social workers about the study. On the date of appointment, the potential participants were reached and participants who met the inclusion criteria agreed to form part of the study. They also informed the researcher of their availability, place, and time to conduct the interviews.

The advantage of purposive sampling is that it can provide researchers with justifications to make generalisations to the research population, based on the studied sample (Sharma, 2017). Additionally, Thomas (2022) argues that purposive sampling saves researches time and expenses while gathering data. However, the shortcoming of purposive sampling Sharma (2017) is that it can make researchers bias because of its nature which is based on personal judgments. Thomas (2022) further says that purposive sampling can be ineffective if it is applied for in a large population.

Specifically, in the current study the disadvantage was that the study was limited to the experiences of social workers of the selected district, excluding those in other districts or provinces. Even those who worked under the Waterberg district were not all selected, only 15 formed part of the study.

Research instrument and pre-testing of the research instrument

Research instrument

Oben (2021) defines a research instrument as a scientific and organised tool that is used to collect and analyse data. The researcher decides on which instrument to use based on the type of the study that they are conducting (Oben, 2021). Jamshed (2014) affirms that a research instrument, such as an interview guide, comprises of a list of topics and questions that a researcher plans to investigate. While allowing sufficient flexibility, an interview schedule also serves as a guide in a face-to-face conversation between the researcher and the participants, to collect relevant data for the study (Adosi, 2020).

The current study used a semi-structured interview guide as its research instrument. A semi-structured interview is when a researcher designs predetermined questions, but when conducting the actual interviews, the questions are flexible and the researchers utilise probing to gain a deeper understanding of the participants' responses (DeVos et al., 2011; Kallio et al., 2016). The current study's semi-structured interview questions consisted of pre-determined questions and sub-questions, which were derived from the main research question. The instrument consisted of four main sections, namely section A) focused on collecting participants' biographical information, section B) focused on the experiences of social workers in service delivery during COVID-19, section C) concerned the impact of COVID-19 on social work service delivery, and section D) collected data on the kinds of support social workers received from their supervisors.

The main advantage of semi-structured interviews is that it is flexible for the interviewer (Adosi, 2020). They are more practical when the researcher seeks to undertake an in-depth conversation since they encourage more responses from the participants (Kakilla, 2021). The shortcoming of semi-structured interviews is that they are time consuming and require an interviewer's sophistication (Adams, 2015). The whole process of preparing, setting up, conducting, and analysing the interview is time consuming. It involves large amounts of time in transcribing and analysing high volume of data (Adams, 2015). Another limitation is that semi-structured interviews can be inflexible if the researcher has a limited understanding of their research topic (Kakilla, 2021). However, this was not a challenge in the current study, as the researcher had a clear understanding of the topic since she had thoroughly engaged with existing literature.

Pre-testing of the research instrument

Pre-testing of the research instrument is a method of checking if the questions work as planned and if they are understood by participants (Hilton, 2015). Pre-testing of a research instrument need to be conducted before data collection (Murphy et al., 2015; Pana & Sana, 2020). For Kim (2010), pre-

testing has multi purposes including checking any barriers. It involves selecting the right participants, testing the researchers skills, checking if participants experience any difficulties when responding to the questions, and modifying the questions.

In the current study, the research instrument was tested with two social workers who met the study's inclusion criteria. The participants who participated in pre-testing did not form part of the 15 participants who participated in the actual study, and the information gathered from them was not included in the research report. After pre-testing of the research instrument, the researcher realised that the participants understood the questions. This led to the adoption of the instrument as final, and was utilised for the actual data collection.

Method of data collection

Data collection is a process of gathering data on the research topic in a well-established and systematic manner to enable the participants to respond to specified research questions (Kabir, 2016). Data collection helps the researcher to capture high-quality evidence to analyse and build a convincing and credible answer to the research question (Kabir, 2016). According to Mazhar et al. (2021), data collection is the utmost significant step in research because it helps the researcher test their hypothesis. The current study used one-on-one interviews as a method of data collection, this is discussed below.

One-on-one interview

An interview is a qualitative research method where researchers collect data from participants through direct conversations (De Vos et al., 2011). In research, interviews are commonly used to gather in-depth data with a purpose of understanding the individuals' perceptions about the studied topic (Taherdoost, 2022). The main advantage of one-on-one interviews is that a researcher is able to gather in-depth information from the participants (Kabir, 2016). The disadvantages of one-on-one interviews include that they are time consuming; starting from the recruitment of participants, planning of the interviews, as well as planning for the venue and time (Kabir, 2016). It is also a disadvantage that one-on-one interviews can only be conducted with a small number of participants (Stofer, 2019).

Using the semi-structured interview guide, in the current study the participants were asked to share their experiences in delivering services during COVID-19. Participants were asked open-ended questions which was followed by necessary probing. The interview was flexible, allowing the participants to freely express themselves. Data was collected from December 2023 to February 2024,

a time that was determined by the participants' availability to be interviewed. Participants were employees. Therefore, some of them had more commitments leading to the postponement of the meetings to the day and time suitable for them. Upon consent from the participants, the interviews were all audio recorded to ensure the analysis of accurate data.

Method of data analysis

Data analysis is an important part of the research which makes study results to be more effective (Alem, 2020). It primarily focuses on changing raw data into meaningful ideas and facts (Alem, 2020). Analysing data is a process and the researcher need to follow certain steps to effectively analysing data. The current study adopted thematic analysis method to analyse collected data.

Thematic analysis

Thematic data analysis was used in the current study. It is defined as a method for identifying, analysing and reporting patterns within data (Braun & Clarke, 2006). Kiger and Varpio (2020) argue that thematic data analysis is a commonly used method of data analysis in qualitative research, aiming to search for shared meanings. It is also defined as a suitable method for describing, interpreting the selected codes, and constructing themes (Kiger & Varpio, 2020). This means that when analysing data, the focus needs to be on the common issues that are raised by participants to make conclusion.

Therefore, the thematic data analysis for the current study focused on the common issues that were shared by participants. The experiences of social workers in service delivery during COVID-19 were analysed by drawing conclusions from the commonly reported data. Moreover, the transcribed data was organised, reduced, and then presented. The process of data analysis followed Braun and Clarke's (2006) recommended six phases namely: 1) familiarising oneself with data, 2) generating initial codes, 3) searching for themes, 5) reviewing themes, defining and naming themes, and 6) producing this report. Below is a discussion of how these steps were followed.

Phase one: familiarise yourself with data

According to Braun and Clarke (2006), in this initial phase, familiarising oneself with data means one should repeatedly read the data, and start taking notes or making ideas of coding. For the current study, before transcribing, the researcher familiarised herself with data by listening to audio that was recorded during the interview. The researcher further listened to the recordings during the transcribing process. After transcribing, the researcher then repeatedly listened to the audio interview while concurrently reading the transcripts to ensure that the interviews were accurately transcribed without leaving out any parts.

Phase two: generating initial codes

In phase two the researcher generates the initial codes. According to Braun and Clarke (2006), this phase involves organising data in meaningful groups, while giving full and equal attention to each item in the data. In this phase the researcher also identifies interesting aspects in the data, which may form the basis of the themes. In the current study, during this phase the researcher started to organise data into groups, and gave full attention to each data, while identifying interesting aspects that formed the themes.

Phase three: searching for themes

Phase three focuses on searching for themes. Braun and Clarke (2006) state that searching for themes is conducted after data have been coded and collated, it focuses on analysing a broader level of themes rather than codes. As described by Braun and Clarke (2006), this phase of the current study involves sorting different codes into themes, leading to main and sub-themes, while unused data is discarded.

Phase four: reviewing themes

Phase four involves the reviewing of themes. According to Braun and Clarke (2006), reviewing of themes involves refining the themes which would have been coded and collated in phase three. Reviewing themes helps the researcher to judge if other themes can in fact be broken down into separate themes. In this phase the researcher needs to assess if data adhere together meaningfully and themes are clear. For the current study, during this phase the researcher reviewed coded themes, which assisted in separating themes and ensuring that the data was meaningful and clear.

Phase five: defining and naming the themes

Phase five concerns defining and naming the themes. The phase comes after the researcher is satisfied with the thematic map of the data. In this phase, the researcher can define and further refine the themes including, out of which they can also identify necessary sub-themes (Braun & Clarke, 2006). During this phase, the researcher defined and named themes as well as sub-themes, while some themes were refined.

Phase six: Producing the report

The final phase is producing the report. According to Braun and Clarke (2006), after having a set of finalised themes the final analysis can be conducted and a concise, logical, as well as sufficient report can be produced, which was the final phase for the current study.

Trustworthiness

It is crucial to ensure trustworthiness in research. Trustworthiness in qualitative research is measured by ensuring that the reader is confident in the research findings (Stahl & King, 2020). The current study ensured trustworthiness focusing on elements such as credibility, transferability, and dependability.

Credibility

The concept of credibility describes research measures that can be implemented to ensure the reliability of the findings (Shenton, 2004). Credibility implies that the research methodology selected must be clearly justified. That is, the researcher has to explain the selected research approach, methods of data collection, sampling strategies and size, ensuring/justifying that they are appropriately selected, and data is well presented (Stenfors et al., 2020). The credibility of the current study was ensured by providing sufficient quotations directly from the interviews. Furthermore, the researcher ensured that she used an appropriate research approach and that she recruited the most informed participants.

Transferability

It is the researcher's responsibility to be transparent, and provide enough details about the context, setting, as well as people they have studied (Connelly, 2016). Researchers must also be transparent when analysing the data (Connelly, 2016). Researchers must also provide enough data so that the reader may evaluate if the findings are transferrable (Korsjens & Moser, 2018). Transferability is measured by reviewing the extent to which the research findings have meaning to people who were not part of the study, and the results can be associated with the reader's experiences (Cope, 2014). Furthermore, if the research findings can be transferred to another setting, context, or people (Stenfors et al., 2020). For the current study, enough data was provided in the research report, clearly answering the research questions. Therefore, providing enough data about the experiences of social workers in service delivery during COVID-19 is useful for other social workers from various other locations. The recommendations made in this dissertation offer insights on how they can overcome related challenges.

Dependability

Dependability requires that if a similar study is repeated in the same context using similar methods and participants the findings should be similar (Kennedy-Clark, 2012; Shenton, 2004). Thus, dependability can be measured using data consistency. For the current study, to ensure dependability, pre-testing of the instrument was conducted with two social workers, to verify whether the instrument

was measuring what the researcher intended to measure. In addition, the findings for this study show that different participants provided similar responses to several interview questions, making the study reliable.

Ethical consideration

A researcher need to take responsibility to ensure dignity, safety, wellbeing, and rights of the participants (Parveen & Showkat, 2017). The current study adopted ethical principles including informed consent, confidentiality, anonymity, voluntary participation, deception of participants, and avoidance of harm.

Informed consent

In ensuring informed consent, the researcher must emphasise the following: explaining the purpose of the study, any risks involved by participating in the study, the issue of confidentiality and anonymity, and the benefits of the study. The researcher must also clarify any misunderstandings to the potential participants in the beginning of the study so that they can decide whether they want to participate (Akaranga & Makau, 2016). For the current study, participants were provided with sufficient information, specifically concerning the purpose of the study, which helped them decide on their participation. Participants were also informed that the interview was going to be audio recorded to facilitate transcribing verbatim for accuracy. In line with Terre-Blanche et al.'s (2014) views, the researcher also explained to the participants that audio recording allowed the interviews to flow naturally, without interruptions that would otherwise be caused by having to take notes.

The steps that were followed to obtain consent from the participants were as follow: firstly, participants were informed about the study's aim and methods. In this first part, the researcher also informed the participants about anonymity, that their names were not going to be included in the research report. Participants were also told that their participation was going to be voluntary and had the right to withdraw. They were further informed that the interview was going to be audio recorded, and some quotations were going to be extracted from the interviews to be used in the research report. In addition, they were informed that data will be stored in a password-protected computer and will be destroyed after 5 years. Thus, participants were provided with enough information to enable them to decide if they wanted to participate in the study. This was done using simple language and words, to ensure that they understood, and could ask questions on what they could not understand. Secondly, the researcher respected potential participants' autonomy in making the decisions about participation, without blackmailing them. Thirdly, when obtaining the informed consent, the researcher ensured

that the participants had the decision-making capacity so that they were not subjected to any risk. Lastly, since they agreed to participate, written consent was formally obtained

Confidentiality

Researchers must ensure that the information shared by the participants is kept confidential, and the data collected and recorded must also be kept safe and sensible (Rana et al., 2021). Confidentiality means not intentionally disclosing the participants' information. Thus, the information provided by the participants should not be discussed with others, and the researcher must ensure that the research findings are presented in a way that participants' identities are not revealed (Wiles et al., 2008). In the current study, participants were also informed about this issue of confidentiality. They were informed that their participation was going to be kept confidential and, in the research report, their names were not revealed. Confidentiality was maintained by storing participants' information in a password-protected computer.

Anonymity

Anonymity is one of the research ethics considerations, implying that the identifying information about the participants such as, their names, can be replaced with pseudonyms (Vainio, 2012). In the current study, the maintenance of anonymity was explained in the consent form that participants signed. The information stated that participants' names were not going to be used in the dissertation, instead numbers are allocated to each participant, such as: Participants 1 or Participant 2.

Voluntary participation

Rana et al. (2021) assert that participants have the right to withdraw from participating in the study whenever they wish to. In the current study, participants were asked for permission to participate. This was after participants were told that their participation was going to be voluntary. Participants were allowed to refuse participation if they did not want to form part of the study; there was no punishment if they refused to participate. In the study, participants agreed to participate voluntarily and none of them chose to withdraw.

Deception of participants

Deception is when the researcher hides some truths about the study from the participants, or when they reveal some part of the information while hiding the rest (Akaranga & Makau, 2016). Deception also involves the researcher deliberately misleading the participants by giving wrong instructions (De Vos et al., 2011). For the current study, participants were told the truth about the aim of the study. They were not misled, and the issue of voluntary participation as well as confidentiality

was outlined. Participants were also informed about the withdrawal right whenever they felt uncomfortable.

Avoidance of harm

The researcher must prevent or minimise any possible harm that could lead to physical or psychological damage (Akaranga & Makau, 2016). Researchers must refrain from asking embarrassing questions or forcing participants to reveal information that may result in nervousness (Akaranga & Makau, 2016). Participants were not forced to reveal any information that they were not comfortable with sharing. De Vos et al. (2011) state that to avoid harm, participants should be informed about the possible impact of their participation in the study, beforehand so that they can have a chance to withdraw if they feel the need to do so. The participants were informed about the purpose of the study, for them to decide whether they wanted to participate or not. They were also informed that their quotes were going to be used in the study. In addition, to avoid harm, arrangements were made that if the participants may need any support or counselling services following the interview, the counsellor responsible for such services was available for free in the Department of Social Development.

Limitation and delimitation

Limitations of the study are the constraints that are beyond the researcher's control, negatively affecting aspects of a study such as the research design or funding (Theofanidis & Fountouki, 2018). Limitations can also affect the study's results and conclusions (Theofanidis & Fountouki, 2018). The main limitation for the current study is its sample size. The data was collected from only 15 social workers in Waterberg District and conclusions were made from this number, restricting other social workers from sharing their experiences. However, the researcher continued to focus on this because data from a bigger sample size would have been difficult to analyse.

On the other hand, delimitation of the study is under the researcher's control since they can decide on the possibilities to achieve the research aims and objectives (Theofanidis & Fountouki, 2018). In this regard, researchers should state the reasons for choosing a specific sample, by considering the available time and resources, required permissions, as well as circumstances (Theofanidis & Fountouki, 2018). In the current study, conducting a pre-test of the research instrument was useful to ensure that there are no barriers. Delimitation would be the social workers from Non-Governmental Organisations (NGO). The reason that they were not included in the study is also that it was not going to be easy to analyse data from a large sample.

Conclusion

This chapter discusses the research methodology for the study, with a focus on all the steps that the researcher followed when conducting the study. It describes the research approach and design that was selected. Furthermore, the population, sampling, and sampling procedure, research instrument and its pre-testing are included in the chapter. The chapter also outlines the methods used for data collection and data analysis. The chapter ends by focusing on trustworthiness, ethical considerations, and limitation as well as delimitations of the study.

CHAPTER 5

PRESENTATION OF DATA AND DISCUSSION OF FINDINGS

Introduction

This chapter will present and discusses findings from thematic analysis. The study's aim was to explore the experiences of social workers in service delivery during COVID-19, at Waterberg District, Limpopo. The data presented in this chapter is the information gathered from the participants, and the researcher used their direct quotations. The findings in this chapter were presented while focusing on the study's main objectives. The themes and sub-themes were derived from the information presented by the participants.

Section A: Biographical information

The participants' biographical information was classified according to their gender, race, age, occupation, years of experience, and service office. The biographical information of the participants is presented in tabular form below (table 1.).

Table 1: Biographical information of participants

Biographical Information	Sub-Category	No.
Gender	Male	6
	Female	9
Race	Black	15
	White	0
	Indian	0
	Coloured	0
Age	25 – 30	0
	31 – 35	5
	36 – 40	4
	41 – 45	4
	46 – 50	2
Occupation	Social workers	15
Years of experience	1 – 5	2
	6 – 10	9
	11 – 15	2
	16 – 20	2
Service office	Rebone	2
	Bavaria	2
	Tauyatswala	2
	Bakenberg	6
	Mokopane	2
	Shongwane	0
	Mahwelereng	1
	Mookgophong	0

Table 1 illustrated biographical information of the study participants. Out of 15 participants there were six males and nine females, their race was black, and they were all social workers. Their age ranged from 31 to 50 years, with majority of them ranging from 31 to 35 years. Only few participants were between 46 to 50 years. In terms of years of experience as social workers, most participants had six to 10 years of experience. Additionally, out of 15 participants, nine had 6 to 10 years of experience working in the Department of Social Development. Two participants had one to five years of experience, another two were between 11 to years, and the last two ranged between 16

to 20 years of experience. In terms of service point, six participants were from Bakenberg because during COVID-19 most employees were moved to there since it was regarded as the main office.

Table 2: Identified Themes and Sub-themes linked with objectives

Objectives	Main themes	Sub-themes
Section B: The experiences of social workers in delivering services during COVID-19	Theme 1: Case management during COVID-19	• Telephonic intervention • Face to face intervention • Food distribution • Rotations
	Theme 2: Emotional response during service delivery	• Unhappy • Fearful • Privileged • Important • Feeling great
	Theme 3: Fears concerning contracting the virus	• Contracting the virus • Dying • Family members • Fears were minimal
	Theme 4: Managing work pressure and personal life	• Imbalance • Rotations • Permits
	Theme 5: Cases handled during COVID-19	• Food parcels • Domestic violence • Family matters • Foster care • Child abuse • Gender Based Violence • COVID-19 cases
	Theme 6: Availability of resources for service delivery	• Telephone • State vehicle • Protective equipment (PPE, mask and sanitizers, and gloves)
	Theme 7: Reaching out to clients	• Telephonic • Home visits • Office consultations

Section C: The impact of COVID-19 on social work service delivery	Theme 1: Quality of life	• Social gatherings • Movement • Hygiene • Change of lifestyle • Cautious about sicknesses • Spirituality
	Theme 2: Protection from COVID-19	• PPE • Mask and Sanitizers • Vaccination • Keeping social distance
	Theme 3: Measures taken ensuring that family members are not infected	• Hand washing and sanitize • Wearing masks • Changing clothes • Thermometer • Testing for Covid-19 • Avoiding visiting family members
Section D: Kind of support social workers received from their supervisors	Theme 1: The frequency of support received from supervisors	• Not regularly • Regularly • No support
	Theme 2: Kind of support received from supervisors	• Telephonic • Providing guidance • Attending cases • Food parcels distribution • Emotional support • Providing protective equipment • Support from other colleagues

Section B: The experiences of social workers in delivering services during COVID-19

Theme 1: Case management during COVID-19

Participants indicated that attending to cases during COVID-19 was challenging due to many restrictions. It was difficult since they were attending to cases with fear, they were at risk of contracting the virus, and they were not used to telephonic way of intervention. Participants reported that most cases were attended telephonically except for food parcels which were delivered directly to communities. Furthermore, few participants mentioned conducting home visits to clients infected and affected by COVID-19. Rotations were also initiated during COVID-19; participants were did not work on a regular schedule but on shifts, they were doing one week in and one week off. Below are detailed presentations on how participants handled cases during COVID-19.

Telephonic intervention

Cases were attended telephonically during COVID-19 and direct contact to clients was restricted to minimise the spread of COVID-19. Pascoe (2021) highlights that changes in service delivery during the pandemic also affected social workers across various sectors and fields of practice. Many adopted technological approaches, such as using telephone and video calls, to provide services to clients. Participants reported that office contact numbers were shared with community members, enabling them request assistance, particularly for food parcels. Most cases involved food parcels and social workers had to conduct assessments over the phone. Some participants mentioned receiving lists of individuals needing food parcels and they had to assess them telephonically.

Participant 4: “We were using cell phones most of the time because our main concern was to provide the food parcels since most people were not working alright! So we would give out our own contacts then clients who need food parcels would call us, then we compile a list then after we would arrange for home visits to go and provide for those food parcels...so there was no one on one, clients were not coming in, there was no face to face interaction, so we were only using cell phones”

Participant 12: “I write their names and their IDs and the contacts only then afterwards those who are at home when they come back they will call them and do assessment through phone... sometimes you might find that you were given a list of 20 and there is only one phone we must exchange it amongst each other and then you can see that the days are gone and you might end up using your own airtime to call and do those assessment”

Participants demonstrated that they were using government phones. However, when they were out of airtime they would use their own phones to call clients.

Participant 6: “The unfortunate part of the telephonic part is that, eer, the phone would run out so that means you would have to make a plan because you feel bad, people are not working, they can’t go out and find jobs or any kind of help, and you realize that they need to be assessed for food parcels”

Participant 7: “And sometimes you might find that the airtime is finished or the other one is busy that side...and you are having a large number of assessments that you must compile for that day. So sometimes you end up using your personal resources so that you can be able to finish your assessments in time like”

Moreover, some clients would send call backs and participants were expected to respond with their own phones, even when they were not on duty. Furthermore, when they ran out of airtime, the supervisors also provided their own phones to assist with service delivery.

Participant 6: “The telephone was being shared because there was a landline here in the office, but the unfortunate part was that the landline was that it received a specific amount of airtime. So when the airtime was done, you are done. The supervisor will borrow you her phone or you buy airtime and call clients”

Furthermore, participants indicated that although cases were attended telephonically it was a difficult experience for them. Most participants indicated that they were using their own airtime since they were promised incentives from the department such as data and airtime. However, some participants never received it and some did.

Participant 2: “em I was attending them through phone eer but it was not easy, mm, because sometimes, that time because we didn’t have our own phones... here in the office”

Participant 5: “and the government, on the other hand I felt like, eer it betrayed us, it betrayed us to, to some level. Eer! Remember, you are using the telephone what happened when the airtime runs out? Then you use your own...and...and it was like, use your own and you will be compensated. Keep receipts of whatever you buy, and we did that, we assessed some cases with our own phones mm”

Participant 5: “they even promised us that, ‘we will buy you airtime, give us your cell phone numbers, we will transfer airtime, directly to your phone numbers’, but... nothing like that happened.”

Participants indicated that clients would call and be assessed over the phone. Moreover, they highlighted not being allowed to come to the office. Therefore, all cases including child neglect were attended telephonically and it was significantly challenging to conduct assessments telephonically.

Participant 7: “that time there was a circular that was available that says they cannot come and entre the office, so we were communicating with them telephonically”

Furthermore, participants reported being unable to identify the accurate. Telephonic assessment was not effective, there was no verification, and they only relied on clients. Participants highlighted that it was a challenge to manage cases telephonically, since they were unable to confirm the information reported by clients.

Participant 5: “We did a lot of case, eem a lot of things telephonically, telephonically, soo, you can’t be sure of anything. Somebody, somebody comes in, and request food parcels and you are unable to go out and to assess. You just talk on the phone, whether the information is real or not, you cannot be sure”

Participant 6: “Another challenge is that you can’t confirm or verify accuracy over the phone, because someone can just say there is nothing or I’m unemployed you can’t verify. So, now you can just go to their house and check”

Some participants reported that lack of confidentiality with telephonic intervention since they were sharing a phone stationed at the reception. Phone calls were made in the presence of the officials working at the reception, which was unprofessional. During COVID-19, social workers encountered many challenges in adhering to ethical values and principles of their profession (Farkas and Romaniuk, 2020).

Participant 8: “even the intervention, you do it through the phone. So it was a bit difficult because it is not how the intervention is supposed to be like. It is that thing of like, you have to compromise the issue of confidentiality because even the phone was a landline that was stationed at the reception you just have to talk to the client in the presence of people who are working at the reception, the auxiliaries, and and the admin clerk you see.”

Time was also limited because others also had to make calls.

Participant 8: “and also time was limited, because that time it was that thing of... all of us have to use that phone and we are about 12 here I think, eer yes, somewhere there, 12 social workers so we must have that thing of, when you talk to the client you must immediately shift and give another one a chance just like that”

In addition, for family matters, joint interviews or joint sessions were difficult to conduct. Mediation was not easy to conduct telephonically when clients were not in the same environment. Pascoe (2022) indicated that there were ethical implications with the use of telephone since it affected confidentiality, privacy, and professional boundaries.

Participant 9: “that was the challenge to say how were you going to mediate, because you call this one and hang up and then call that one and hang up. After that you must go back to that other one and say “oh! That person said so so so so” oh! It was something else [laughing].”

Regarding family conflict cases, it was difficult since they were unable to continue attending their sessions. Telephonic intervention was also conducted to clients infected and affected by

COVID-19. After managing the case, follow ups were conducted to check how the clients were coping, particularly for those who were infected and affected by COVID-19.

Face to face intervention

Participants reported that during the initial stage of lockdown there was no face-to-face contact. However, during level 3, clients were allowed to consult but adhering to the rules and regulations of COVID-19.

Participant 3: "I think the second one during the the the level three, yes we started having face to face...interactions with clients with the masks on, and the sanitizers, and everything"

Some participants stated conducting home visits for one-on-one intervention on clients infected and affected by COVID-19 to provide counselling. While some reported that no home visits or walk-ins were allowed during COVID-19. Clients made appointments before visiting the office to maintain social distancing. Counselling for infected clients was provided through the window during home visits, to minimise the risk of contracting the virus.

Participant 10: "in their homes, we use to do home visits then we do home visit then, because COVID-19 you never know whether they have it or...so we were able to stand at the windows then they stand at that side then we communicate and then after we give them counselling and tell them how to survive during COVID-19 so that they cannot spread the...the virus"

Participant 11: "Even when we go they were saying we must talk when we are outside maybe over the window"

After providing counselling services, follow ups were conducted to ensure that clients were coping well. In other offices, such counselling services were provided telephonically. During one-on-one intervention only one person was allowed at a time in the office, no family meetings or conference were allowed due to limited space.

Participant 12: "they allow only one person in an office, we are not doing a family conference"

During COVID-19, participants were not allowed to accommodate two or more people in the office.

Participant 12: "Because we were, because of the space. Our office is too small you cannot accommodate three or four people on that time"

Food distribution

The findings demonstrate that lots of food parcels were delivered during COVID-19. During food distribution, some participants highlighted that a state vehicle was offered for delivering food.

Participant 11: "We had a car available to deliver the food parcels".

Participant 5: “There were some men from Asians, yea, that’s Asians, Indian, Pakistans. So, they came with their own cars and, yes and...we were taking them to those villages to provide food parcels, yes... yes! They were eer donations because they were also the donors, they came with the food parcels themselves, the the government did not provide”

In other offices, regarding food distribution, they sent SMSs to the clients. After assessing the client, their personal information was sent to the district office, then an SMS with a voucher was sent to them. Also, the shop to redeem the vouchers was sent to clients through SMS. However, there were no follow ups conducted since the focus was only on assessments.

Participant 8: “eer, with food they said... they were talking of, they will use the SMSes and send SMS to the potential clients, eeeer then then they will then come and take, what are they called ... [thinking], to take some voucher of some sort”

Some participants highlighted that they were emphasising more on food parcels than other significant cases such as child abuse. In addition, there were restrictions in consulting with clients, participants were expected to contact the clients they assessed telephonically when delivering food parcels.

Participant 6: “When you go deliver food parcel, when the food parcels are, are being delivered, you must be there yes. So you get into houses, even though you don’t touch people and what not but, you need to pick up and put them inside. Who is going to pick up the food for you? You don’t have man power”

During food distribution, social workers would inform clients to meet at a certain place in the village (at headmaster) where they will be distributing food parcels. The rules and regulations of COVID-19 such as social distancing, wearing of masks, and sanitizing were also practiced. There were no door-to-door deliveries.

Participant 7: “after that when the food parcels arrive, so then it was that thing of like, they must assign two people or three is either its social workers, yes who were supposed go to the community. When they get there in the community, they must stay in one place, we don’t go house to house and we delivered food parcels individually. That thing of like, the community would come, and you come with your list and you call them those you expect to meet and how many are they and also, they, they look at the issue of COVID, the rules and regulation...to check how many they are supposed to be that is expected to gather, like in the chief yard...what do they call them, the headmasters, something like that yes, so that’s how they were giving food parcels”

During food delivery, the SASSA officials and supervisors were responsible for handing them out. Some participants highlighted that they were never in contact with their beneficiaries.

Participant 14: “But us we were never in contact with with the beneficiaries we never go outside, we were just doing office work yea, the very people I’m talking I’m talking about are those from SASSA and the supervisor, they are the ones who were delivering those food parcels”

Participants were working together with SASSA officials and the Mine representatives (Anglo) for the provision of food parcels.

Participant 15: “and there was a project that we were, we were working with SASSA but it was lockdown and people were not working and we were providing food parcels to people. We were working with SASSA and we were also working with mine”

The mine representatives would inform the department about the availability of food vouchers they would like to donate to a certain number of people. The department will then screen or assess those who qualify to receive food parcels.

Participant 12: “when the mine says it wants to give people food, a certain list, it means you must make sure that you assess all people so that by that date when they want to give them when they want to give them food they are covered”

Participant 15: “we were working with SASSA after that we worked with Anglo, Anglo was saying that no...during the...what is it? ...at the time like this we have the food parcels but they link them with the Department of Social Development to say we can screen people”

Rotations

Rotations were difficult and impractical. Working one week in and one week off resulted in some participants losing track of their progress.

Participant 10: “then the problem was that, you can see the client this week and then from there we were off...you will see them that other week-...yes that rotation plan the way it was set...it made it very hard for us to work because when you came back next week you no longer remember were you left off”

During rotations, the day offs did not mean being completely absent, they had to be available and reachable when needed since rotation meant working from home. According to Al-Habaibeh et al. (2021), to reduce the spread of COVID-19 the governments globally introduced lockdown, forcing millions of employees to work from home. Participants still received calls from the clients while working from home. Some clients used to send call backs and participants would call them using their own cell phones hoping they will be compensated. In addition, participants highlighted that clients also could not understand the issue of rotations.

Participant 6: “some were a bit challenging because when clients are hungry they do not, ee! Necessary understand that is the weekend or its your or eer off, if... because we were rotating, you

are not there or you understand, and they would then send call backs or they would call and say we need help, we don't have food, or this is what happened"

It was difficult to change from a normal schedule to rotation as they were not used to it. Participants indicated trying their best to adjust to the new reality. Attending to clients while at home was challenging as they preferred face to face intervention.

Participant 13: "it was very difficult to change from a day to day office going to work at home as it was difficult because we were not used to it in the first place but we did our best because the situation was around us and we have to cope with whatever is happening but it was not easy to attend the clients when we were at home because most of our clients we are supposed to face them face to face"

Theme 2: Emotional response during service delivery

Unhappy

Some participants were unhappy about offering their services due to the virus' nature. Other participants felt like they were failing their clients since they were unhappy with delivering services at that time.

Participant 1: "Eeem! I was attending them with low mood because of the way they they use to talk about it, this COVID-19 it was scary on its own"

Participant 6: "I, like even under normal circumstances you get cases were your heart just breaks, you see that this person really needs food parcels for example but, when you check, you don't have a budget for them. You write a memo, you don't get them. It's like... when you are alone, after knocking off you, you think about the cases to say but... so because it's under normal circumstances if I were to call them under normal circumstances, there are plans we made, but under COVID there were no plans to be made. Either food was there, or food was not there"

Participants reported not feeling comfortable during service delivery due to the way COVID-19 used to spread.

Participant 1: "I was not feeling comfortable, it was that thing of, I don't know whether I can say it was sad or... but I wasn't happy when I was attending them."

For participants, it was hard to offer services while most people were at home and they were never compensated for being at work, which made them feel frustrated.

Participant 11: "It wasn't easy because most of the people were at homes and us we were working and we were not being compensated. That was the other thing that was giving us frustration. You see if we were given something to appreciate, we were maybe things will be different"

Some participants asserted that they were demoralised during service delivery due to lack of resources within the province as compared to other provinces.

Participant 6: "I personally felt thrown into the deep end like.... There you go, here is what we can offer provide to you and nothing more. And when you speak to your colleagues from..., I have colleagues from other provinces. I have one colleague who works in Pretoria in Town, and when you speak to her she will tell you "no! We have one, we have two, we have three, they said we shouldn't share phones, we shouldn't..., everybody was subsidised and given one two three, and you wonder, how? Are we not providing the same kind of service? You are..., so it demoralizes you as well because you realize that no... but we are under one department"

Fearful

Few participants reported being scared of contracting the virus and infecting their family members.

Participant 4: "For me I felt like... with me it was like very emotional because I had, I just recently came back from maternity so I had a small baby. It was a challenge for me because I felt like what if I felt infected, then the child is also in danger."

Some were scared of what might happen if they contracted the virus. They highlighted being in a risky situation. However, they were still expected to render services.

Participant 13: "As I've indicated that it was not good, it was risky because when you were delivering services you use to hear that so and so is sick then... some they quarantine and succeed, some they quarantine and ended up dying. It was very much difficult for someone to cope with that situation".

Participant 15: "To be, to be honest we were scared. We were scared because we were the first people to start, but we told ourselves that let's go, there is no one who can, because they use to tell us that okay within our office they need people who can volunteer and we couldn't say refuse."

Privileged

Few participants expressed feeling privileged during service delivery since permit letters were offered to those offering services or essential workers. Permit is a form of a paper that enables or grants permission to essential workers delivering services during COVID-19 to move from one point to another.

Participant 9: "I can just say is a benefit or is what? It was that thing like, they gave us the..., what were they? What were they called? Those letters of allowing you to go to Gauteng even though people are restricted...er! Permit! What are they...something like- yea [phone ringing, it's how they call it, yes. Like even when I go to Shoprite I never stand at the cue I would show them that letter that I'm at work]"

Important

Some participants felt important, since being an essential worker during COVID-19 made them realise that they were making a difference in the community.

Participant 10: “mm first of all, maybe before you think about there is COVID-19 you started to see that maybe we are very much important you see to render services so they saw that it means that it is important for us to be here during service delivery so even you you start to see and understand that it means to be me like I give difference in the community”

They were happy and satisfied with making their clients feel special.

Participant 11: “The fact that we were working and servicing our clients it was somehow giving us hope and like at least you were feeling happy because you made someone special. You see by giving them services at this time of... where everyone is is at home not allowed to go to the shops you see”

Participant 15: “The most important thing was that we, we were just happy that we are working and we are helping other people. Just to say okay I am also a social worker and...I made an oath. I must know that I have made an oath to say I’m going to help someone...regardless of money, as long as is part of our job, that’s what matters, yes”

Feeling great

Some participants reported feeling great during service delivery, further indicating that social work profession is their passion.

Participant no 12: “We deliver, and we like our job. Most of the time, even myself I love the social work so much that’s why I just do it, even when we are delivering the food parcels I just go there to deliver. On a Saturday or Sunday I just go there because I just have that feeling that these people needs social worker”

Participant no 15: “And I’m not, is not like I’m boosting you see, you see during...during you know, during COVID-19 I’m proud. I’m proud of myself. We helped lot of people and without considering the issue of money or, because we are social workers yes”

Theme 3: Fears concerning contracting the virus

Contracting the virus

Most participants reported being scared of contracting the virus. They were worried about contracting the virus and spreading it to their loved ones (McFadden et al., 2021). In addition, they were concerned about their immune system and questioned if they were strong enough to fight the virus.

Participant 2: “And that time remember I was pregnant [smiling]. Mmm [laughter] then it was not easy, I was always scared...to say what if I become, I become positive, what’s gonna happen to me and at the same time I’m pregnant”

Participant 8: “Fit people were badly affected by those thing. People that we thought they were fit they were negatively affected, so it was the survival of the luckiest” (Participant no 3). “You are not even sure if you are contracted by a flu, you are not sure if it is flu or not, because you are always scared that it is COVID”

Participants were afraid of contracting the virus from clients who consulted at the office, and during food parcels delivery. During COVID-19, social workers were at a higher risk of being infected and transmitting the infection to their loved ones, but they continued to provide services to their clients and society at large (Abrams and Dettlaff, 2020).

Participant 9: “Fear that was there amongst us, it was like, when we deliver food parcels at people’s homes, you find that, maybe the funder or the donor, comes, maybe sometimes they are Indians, you as a social worker you have to go with them to deliver those foods at the respective households, and you don’t know whether these people have COVID or not. Mm, that’s what made us to become fear, and me I was those who remained. Me I never rested, that thing of saying people are not coming to work”

Participant 12: “It was so horrible because we were always fearing that maybe this person can come with a disease and go back but we were just saying God is there”

Some indicated that their offices were not fully secure for service delivery as compared to other departments where adjustment were made after COVID-19 was declared. These adjustments include placing a glass window between the client and the official.

Participant 12: “We don’t have any safety, like at the shops they have er this thing of...I I think maybe department can make, they call it what? This thing of er... glass yes a glass glass, just cover to say the client must be there and must be there and then you are covered”

Some reported being afraid to consult the clinics due to fear of the possible outcomes.

Participant 8: “You are not sure, and you are also afraid to go to eee the doctor or or or to the clinic or to the hospital, just for fear of because of it’s a restriction you can go there and find that you you you get sick even worse, you see”

Furthermore, some participants feared not knowing when COVID-19 will possible end. They thought it will not end due to the rate it was spreading without medicine for its cue.

Participant 10: “And then another fear that I have was that you don’t know whether it will pass or it will not pass. We didn’t know about it, we just hold on and see what’s gonna happen. And again mmm yea, even the issue of when are we going to get medicine for it or how”

Dying

Participants feared dying due to COVID-19. Fear of contracting the virus increased whenever they heard about deaths of healthcare professionals. The increasing number of infections and deaths was a threat for social workers to continue exercising their profession (Martinez-Lopez et al., 2021).

Participant 3: “Will I will I be able to survive? Is my immune system is strong enough?. But if I die from this thing how how how are they going to...to make it”

Participant 10: “Yes fear yoo, obvious death [smiling]. And like the way COVID-19 was spreading fast, we were having that fear that one of the good days or one of the bad days you might find that I have contacted it you see”

Participant 10: “And it was uncontrollable because just imagine when they say doctor so and so is gone and you are a social worker, you are social worker sitting there, you don’t know about medical issues you see, but you end up hearing them saying doctor so and so is gone because of COVID-19. So, if you started to see those people passing on you start to have fear to say yoo even with yourself there is a possibility of being infected and not able to be treated”

Participants highlighted that the daily statistics for individuals infected by COVID-19, and those dying increased fear of contracting the virus. According to Okafor (2021), the COVID-19 pandemic took many lives, and social workers as employees supposed to manage disasters were expected to render services to ensure the clients' wellbeing. Therefore, it was a difficult experience for them.

Participant 5: “We looked at the stats every day. Yes! We looked at the news, we watch the news, we watch the stats, so, yea it was, it was terrible”

Participant 6: “People are dying left right and centre, you are also afraid of dying (“I use to say what’s going to happen to me?, Am I going to die or what’s going to happen [Laughter], because that thing of COVID like, when it’s started to come, it’s like everyone was afraid and not knowing how to protect themselves”

Participant 7: “You are afraid of something that you don’t know and you don’t know what’s going to happen with you. Even though you hear from the news, everywhere, social media, but you feel that this thing is very dangerous. And I’m an essential worker I have to go to work”

Family members

Participants were afraid of infecting their family members, or to dying leaving their families behind. They were concerned about how their family members will survive without them.

Participant 3: “And then what about my family, will I also infect them?”

Other participants feared losing their family members since they were distant from them. Moreover, they were concerned about their safety and being away from them increased their fears.

Participant 9: “Eer that one we were living inside a big fear, that one of “what if I get virus and take the virus home, my kids won’t be safe”

Participant 10: “Even the fear of losing family members, because if you can see we work far from people... just imagine when you are at work and you find out that your mother has COVID-19, you will start to get worried and not able to focus at work. Basically we had fear of what if one of the family member because we do not spend time at home, and you heard that they have COVID-19 or like passed away due to COVID-19, you are here yourself, the kids you are far from them, you don’t even know like how safe they are”

Participant 11: “To some of us it was for the first time when we know about COVID-19, and when we started to research and Google to check what is it you see. It was then that it told us what it is, what it does to you, how it transfers from one person to the other, so it was a little bit scary, we were also afraid that we will infect our kids at home. Every time when you come back from work you ask yourself that “didn’t I come back with it?”

Fears were minimal

Few participants reported that the fear of contracting the virus was minimum since everyone was careful. Most people wore their masks and constantly sanitised their hands minimising the spread of COVID-19.

Participant no 5: “The fears were actually eer quiet minimum, the fear, fear was really minimum. Because remember, by then, everybody was careful. People wore their mask. We also eer, so..., the sanitizers were available”

Theme 4: Managing Work pressure and personal life

Imbalance

Most participants reported having difficulties in balancing their work and personal life. Participants felt like their lives were stuck considering how they used to do things.

Participant 7: “My life changed like it was affected by COVID-19 because during COVID-19, even though like they had opened the roads as times goes and the initiation of stages that allows you to go to town or you can go whatever to do the shopping, to be fair and honest I was no longer doing the shopping, I just come to work and go home because I was very much afraid even to go out to go to town, I thought that maybe I will get there and contact the, I mean COVID and take it home. So I was very... actually my life had stacked a bit”

Participant 11: “My personal life I think it was stacked somehow. Somehow, mm because we were, when you go out of the house it was only when you were going to work. In most cases yes, our social

life was on hold. You see, mm...when you were doing shopping maybe for basic needs that's when you you, that's when you were participating in your special, what can I say... personal whatever. But for that time our personal things were on hold, I just, some of us like travelling, going out so we... those things were stacked"

Additionally, most participants reported that their personal life was strained particularly for those working away from their homes, since there were travelling restrictions. Their family members were also not comfortable with them being at work.

Participant 1: "Eeer, it was very difficult, to balance ee work life and the..., I mean life... and work. During lockdowns I didn't go ho..., I don't remember going home. Yes, because of the restrictions that were there, those ones that says no eee! We are not supposed to move from one place to another, eee if I can remember very well I didn't even go home during COVID"

Participant 3: "[deep breath] yaa personally it did because we we we couldn't even go home to to to see our families. We were just stuck were you are until further notice.

Participants were also emotionally affected by the change of schedules for going home.

Participant 1: "Emotionally I was affected because of I was that kind of a person who if I skip one week without going home, then following week I must go, you understand, I had to change things now. Now I'm no longer controlling myself to say no next week I'm going or not, is just the issue of I'm not going total."

For some participants, it was not easy to balance work and personal life, causing conflicts amongst family members, particularly for couples working far from each other.

Participant 6: "I remember, when it was time of hard lockdown. You should remember that most of us are hereby work, we did not live with our children or our family members. So you would be here at work, and then you would want to see your son, or they would call and say your child is not feeling well. They were there, so I couldn't see them, I couldn't see my partner"

Other participants were unable to care for their children since they were expected to be working. Therefore, they were unable to balance their work and personal lives. For some participants, working from home put them in a state of failing to balance between work and personal life especially married women with many responsibilities (De Tiroina et al., 2021)

Participant 12: "It was too hard because most of the time we need to, I was supposed to take care of my kids but is not, when they call at work I just go. I just go to work, but when I'm at work seeing the families covering their children I will say ah! But I've got the kids why should I come to work but because of I like this profession I just come"

Rotations

Some participants reported that the issue of rotations made it easy for them to balance work and life. According to Ispen et al (2021), more employees reported having positive experiences as they were able to balance work and life,

Participant 2: “Aaah to manage, I didn’t see any problem ...because that time we were able to go to work on shifts.”

To some participants, their experience with balancing work and personal life was positive, particularly after the rotations were introduced, it enabled them to spend enough time with their families. Ispen et al. (2021) further indicated that working from home was beneficial for many people since they were able to balance work and life. They had control over their work, they were productive, and able to socialise.

Participant 4: “Weekend is very short, a day actually, because me I go to church Sunday morning I go to church... so rotation for me it was fun, it was... it was, it was so okay, I was able to manage my things, when I’m off I do my things, and when I’m at work I do my things. To be honest for me working far from my children is very difficult... stressful, to start with. You go home for two days, they only see you for two days, when they are happy all of a sudden you are coming back...so it’s ah!... so that rotation arrangement think it was perfect. Ooh I felt like maybe the department must just change the schedule. How about we rotate because I don’t think we are needed here every day”

Participant 5: “During that time, it was actually much much easier to do it, because remember we were on rotation. Yes, yes, you didn’t come to work, eer for the whole week, maybe you have to, eer twice a week or three times a week. It was doable, it was doable

Participant 8: “I think that balance that time it was there because you, we had, I was having enough time of of being at home because we were rotating you find that maybe you come to work two days or three days in a week, then you are able to be at home and be with family. Then at least it was that thing of... it was not like that thing of saying you are gone maybe for a week and come back on Fridays, that time you were able to be seen, like some few days while you are at home. So at least there was a bit of balance in terms of the issue of work and and and and that thing, life at home”

To some it made them feel refreshed. It created more time for families and made participants feel rested. Additionally, they wished to continue with rotations as it worked for them.

Participant 4: “Yes, you come back to work very fresh, refreshed, me I was so refreshed, plus I don’t think the supervisor noticed, I, I did not even complain”

Some participant reported that they managed to balance work and personal life since the workload was reduced during COVID-19. They only focused on specific cases including food parcels, and assessments were conducted telephonically. Therefore, there was less administration work, resulting in more time to spend with families. Some employees find working from home a way of

balancing work and life since they were able to manage their time without being distracted at the office, and complete work tasks on their own time (De Tiroina et al., 2021).

Participant 8: "That that time the work was not too much as such, eer... because we were just working remotely because we were just doing the interviews through telephone, the assessments over the phones, then even the paperwork was not that much to do the files"

Although most participants perceived rotation as one of the factors that enabled them to balance their lives and work, to some it made their lives difficult, particularly for those working away from their homes. They reported that when they were on rotation, they would still be requested to come to work, inconveniencing them.

Participant 13: "It was difficult because, sometimes when you are just sitting, you can just hear them saying you must come to work while you are still busy with your life. It means you must leave everything and then go and attend a certain case or you might find that the rotations have changed, all of a sudden we are changing, because if you remember those stages were not always stay the same. The more you are relaxed and say no this is my pleasure...time to do this and that, the stage starting to change, it means you must go to work, and the rotation changes. There was no proper way of a person to balance the pressure and work"

Contrarily, for some it was challenging to work from home, they were also expected to attend to clients which was more difficult.

Participant 13: "It was not easy to attend the clients when we were at home because most of our clients we are supposed to face them face to face"

Permits

Permits also made participants' lives easier, they were able to balance their lives and work. Some reported that it was hard until permits were introduced, making it easier for them to balance their lives.

Participant 2: "And us we were given the..., and we were given the, those things to move around what do they call them? Those papers for moving around. What do they call them, they were like passport like. I forgot how they were called".

Participant 10: "It was not simple cause at least it ended up being better because they ended up saying we can be able to have that m-m-, what do they call that thing? So that we can be able to move from this point to that point. Because they ended up allowing us so that at least we can be able to move, so that we can be able to jump borders, so that we can move here to see our families"

To some participants it was not easy in the beginning of COVID-19 since they were struggling to see their family members.

Participants 6: “So you are here, you have rented a room, you can’t go home because first of all eer when the, the the hard, very hard lockdown started there were no eer Permits remember Permits came shortly after but, at the beginning they were no Permits”

Theme 5: Cases handled during COVID-19

Food Parcels

All participants highlighted that they mostly attended to distribution of food parcels during COVID-19. Many professionals including social workers prioritised providing services to clients to promote the well-being of those living in poverty, the homeless, and those in need of social support (Martinez-Lopez et al., 2021). Food Parcels are also known as Social Relief of Distress (SRD) in terms of services provided by social workers. Participants further indicated that assessments for food parcels were done telephonically. Although assessments of food parcels were conducted in numbers, most individuals did not receive them. Some participants reported that during COVID-19 most individuals lost their jobs, resulting in requesting food parcels for survival. A study conducted by Abrams and Dettlaff (2020) revealed that food parcels were in high demand and social workers were the ones distributing them, which resulted in them being overwhelmed with caseloads.

Participant 1: “They were people who needed SRD most of the time”

Participant 2: Most of the cases that were there were assessments for food parcels. Even though but those food parcels were received by few people, most of the people didn’t get them. And most of the people had lost their jobs, they were staying at their homes”

To some, the only contact they had with clients was during service delivery, while following rules and regulations of COVID-19 such as wearing of masks, sanitising, and practising social distancing. However, some participants reported not having any contact during service delivery since their assessed clients were sent text messages with vouchers to redeem at Indian shops. For some, the food parcels were delivered directly to them by shop owners. During delivery, they would gather at the same place to collect their food parcels.

Participants 3: There were food that were coming from the department saying they must be given to people, and then we have to come back to assess those people, but we did those assessments over the phone, we were not in direct contact with these families”

Participant 3: “It seems like at that time there were voucher, it seems like it was like a receipt or something wherein people would take to the shops and get food... It was not those that use to come physically so these ones they needed approval, approval to say this amount go and spend at this shop and people went there, and collect, and went home because shopping was allowed at that time”

Participants 7: “And the for requesting food parcels, because most of people during that time were retrenched from their work, there were no longer working”

Domestic violence

Some participants highlighted that there were few cases of domestic violence reported during COVID-19. However, they were unable to attend to them due to the restrictions placed. COVID-19 restricted many clients from reporting to the social workers because they were afraid of contracting the virus (Abrams and Dettlaff, 2020). For example, fewer cases were reported regarding rape and domestic violence (Abrams and Dettlaff, 2020).

Participant 1: “And then maybe even even what...the domestic, but it was not reported enough because it was reported but we were unable to attend it...”

Participant 8: “And then most of other cases they were cases of, of, of, of domestic violence”

Participant 13: “The domestic violence ones also those they were many, mm they were many”

Family matters

Family matters were some of the cases participants attended to. However, they highlighted that such cases were not reported in numbers because there were more restrictions. Additionally, cases perceived as emergency were food parcels since most people had lost their jobs.

Participant 6: “But telephonically we would also handle the eer try handling eer family preservation services as well, but it was just a challenge”... “So, sometimes we would handle such cases, sometimes we would try to handle eer conflict... different kinds of conflict... different kind of conflicts in the family”

Furthermore, most of the family conflicts resulted from financial problems caused by COVID-19 outbreak that brought economic changes.

Participant 12: “We were having er... family matters er, specifically it was er financial problems”

Participants reported that they used to conduct joint sessions or family meetings through conference calls. Hence, they never reached consensus with such families, they only experienced challenges. Moreover, the participants highlighted that even if they tried to engage with those families by calling them individually, it never worked. Instead, it become worse particularly when the clients provided different stories. The kind of strategy they used was not effective as the face to face way of intervention.

Participant 6: “But the conference call do not have, they don’t have order. Conference calls because when you are speaking someone speaks, when you are speak someone speaks. So you try and call them individually, but the challenge with calling individually is that when you speak to the man. The woman, the children; this one will give their own interpretation of your call and say the social worker called and said one two three. Its either it’s their interpretation or they blatantly lie and say, they said I must not say anything or give you anything. So it’s not like you are sitting with them here to say but this is how it supposed to be”

Foster care

Some cases handled by participants were related to foster care, which needed intervention in terms of renewal and children behaviour. However, those cases that needed foster care placement were not further attended, participants only completed intakes.

Participant 4: “And the foster care cases, because some they did not have time to come to renew their things”

Participant 8: “Then those of foster care as well, because that time we were still doing foster care all of us. Yes, so they use to call and say no this and this and that regarding the child who is in foster care and what they need or what is needed... ...have behaviour problems... something like that”

Participant 15: “Yes there were cases where people called regarding foster care but you find that we were only doing intake”

Child abuse

Participants indicated that they also attended to child abuse cases during COVID-19. They were also attended telephonically, it was difficult to conduct assessments and interventions through the phone. Participants further indicated that cases of child abuse and neglect were not handled properly, particularly regarding children who needed removal, with the courts not functioning properly. Participants were not satisfied with how they handled child abuse cases during COVID-19.

Participant 7: “Most of the children like at that time they were neglected like in other families. Even those we were attending them through phone and it was very difficult because especially when it coming to doing assessment as a social worker. You are unable to have a clear information because you depend on the phone, you are unable to know of which one is right which one is wrong, you don’t even understand how to handle such cases during that time”

Participant 8: “Like you can’t go and assess in the family, you can’t remove, eem, even the courts were functioning somehow that time. So yea, it really, it was difficult to end up intervening on cases

that were reported and to intervene in a way that was satisfying to the client, and in a way that you will be satisfied as the official that you have provided enough services, you see.”

Gender Based Violence

GBV cases were also reported and attended to. However, participants reported that they faced challenges in handling them due to restrictions. According to Roy et al (2022), during COVID-19, there was an increase in number of GBV cases globally and the most affected countries were Kenya, Uganda, Nigeria, and South Africa. Offering services to GBV related cases was regarded non-essential since the government's main focus was on combating the spread of COVID-19 (Roy et al., 2022). Leburu-Masigo and Kgadima (2020) assert that regarding handling GBV cases, social workers in South Africa considered the use of technology and online services for service delivery and attending to clients during COVID-19.

Participant 5: “And gender based violence but? But eer I was unable to go outside you see, mm ...I only rendered services, in the office”

COVID-19 cases

Few participants reported to have attended COVID-19 cases. They rendered services to covid-19 infected and affected clients. They faced challenges such as lack of resources to protect themselves while attending to these cases. Participants indicated that they provided counselling to clients who were infected and affected by covid-19. They also handled emotional issues related to grief and loss caused by the COVID-19 (Abrams and Dettlaff, 2020). However, they only attended to few cases of COVID-19.

Participant 2: “We were attending the cases of COVID those people who had COVID who are positive, we had to attend to them, and at that time we didn't have resources to protect ourselves”

Participant 9: Then the cases that people who have other family members who were infected, who need counselling. Yes, and then those who lost their loved ones through COVID-19 they also needed counselling. They were few is just that when it was on your hands, you were supposed go to attend it.”

Participant 10: “For example em you might find that at home they have lost someone due to COVID-19 and who pass on and they need counselling though it was not simple because... because we were supposed to maintain distance, the other one sitting there and another one sitting there like, things like that. So, it was for those who were already, what do we call that? They like they they they are isolated. We were just giving them er that tips on how they can to survive during COVID-19, you see”

Participants further indicated that it was difficult to provide counselling to the infected clients since it was conducted through the window. Contrarily, other participants reported that for most clients affected and infected by COVID-19, counselling was provided telephonically. According to Ramoshaba (2023), South African social workers were also expected to render services such as providing counselling, being educators, and a broker during COVID-19.

Participant 10: “But it was not simple because you might find that many of the cases we use to talk to them over the window... you talk on this side and they talk while on that side you see, so that we can be able to at least they can be able to get information”

Participant 11: “So other cases were that one if there was a person who was affected of COVID-19, some counselling, in most cases we were doing them over the phone call. We were getting the referrals and then we call them to check if they are okay...”

Counselling for those who had COVID-19 was conducted telephonically, and to family members who lost their loved ones due to COVID. However, it was challenging since they had to maintain social distancing.

Theme 6: Availability of resources for service delivery

The government provided resources and protective equipment during COVID-19. Government resources were telephones and state vehicles. Also, there were additional resources available for participants to protect themselves while delivering services such as PPEs, masks and sanitizers. However, most participants reported scarcity of these resources. Some participants reported that lack of resources was not caused by COVID-19 but it has always been a challenge within the department. For instance, a state vehicle has always been a scarce resource in the department. Below are the resources which were available to assist with service delivery during COVID-19.

Telephone

Participants highlighted that one of the main resources they used for service delivery during COVID-19 was the telephone, since most cases were handled telephonically.

Participant 8: “That time, it was just, basically it was a telephone”

Participants had to use their own personal resources for service delivery.

Participant 7: “There were no that much of resources especially when coming to call the clients”

Contrarily, some participants reported that it was a privilege to have airtime and data sent to them for service delivery.

Participant 14: “We were at Mokopane, based at in Mokopane, using an office telephone of the department, although they sent us the... [Silent], what was that? Was it data that thing? Was it one gig or 2 gig or something that was the only thing that they have sent us I don’t know why, and airtime yea airtime”

Participant 15: “In fact during lockdown were were also given the airtime”

State vehicle

Participants reported that a state vehicle was provided to assist with food parcels delivery. However, to some participants such resources were not enough even before COVID-19.

Participant 1: “Aahhh-mm, if I recall very well, eer, the resources were also scarce. Eer, they have always been scarce... eer, we have been always been using a Van if I can remember well. We were having Ranger by that time, so I can say the resources basically were...yes, state vehicle, only one”

Participant 15: “the state vehicles were there... the ones to see clients”

Participants indicated that lack of resources is a significant challenge particularly on the issue of transport. As a result, they used their own cars to deliver services during COVID-19.

Participant 10: “Resources here on us is a problem to be honest. The car, we were using our own cars during COVID-19”

Protective equipment

PPE

Participants reported that challenges with service delivery, including limited resources such as PPE, masks, and sanitizers. According to the participants, PPE were the most limited resources as compared to masks, and sanitizers. In addition, most responses indicate that PPEs were provide later after the onset of COVID-19. Gunhidzirai et al. (2022) assert that it was challenging for social workers to effectively deliver services due to lack of resources such as PPEs.

Participant 8: “So they were never enough in terms of the issue of protection and those PPE of theirs, those equipment, no”

Participant 9: “By that time protective measures were available like. They use to give us the aprons”

Masks and sanitizers

Although the masks were available, they were not satisfying for the participants since they were inadequate. Resultantly, participants ended up buying their own masks to protect themselves. Some participants indicated that it took a long time to be provided with masks.

Participant 3: “And the mask was so so so bad, those once we got from the department. Oh [laughter] aah! we we had to and buy ourselves er masks because we were given, I don’t know what what, so heavy, and soo so so hot, like, oh no...yoo yoo, they were not proper those ones, yes. We didn’t use them too too too long, I mean..., for sure it was two or three days and then we had to go and buy ourselves er mask that we we we prefer”

Participant 6: “I remember buying masks for myself so I don’t remember... I, we received masks later”

Participant 8: “If ever maybe eer that sanitizer is finished, you just have to get your own sanitizer and buy it yourself”

Due to lack of adequate masks and sanitizers, some participants reported that they were assisted by the health department where their office were based.

Participant 10: “but health at least we were having a good relationship with them and we work well together, they were able to provide us with masks, sanitizers, and those those ones we wear so at least so that we can be safe,”

Participants also highlighted that sanitizers and masks were also available during service delivery. However, they were provided later after COVID-19 was declared.

Participant 3: “The sanitizer will come in big bottles and they... we we will bring er 500ml for for... so they can share with us in them”

Participant 7: “The department was able to provide like the masks but the masks came later after a while. All along we were using our own personal, it also provided the sanitizers but after a long time... when the staff came back”

Few participants indicated that in their offices, protective equipment such as sanitizers and masks were available, and they were enough for them. The only challenge was delays in restocking them. Even after returning to work after lockdown, the resources were still scarce.

Participant 9: “And even the sanitizers they were available at that time they were not scarce”

Participant 9: “Even the sanitizers came and when they finish [tapping hands] they take time to be delivered... yes and the masks started to be scarce like the resources started to be scarce...”

Gloves

Few participants indicated that the department also provided gloves for them to use during service delivery.

Participant 9: “The gloves were available, is just that some of us we were not wearing them but they were available”

Participant 15: “The time when we were supposed to see the clients contact to contact we were given the gloves”

Theme 7: Reaching out to clients

Telephonic

During COVID-19 people were not allowed to move around to minimise the spread of the virus. Individuals were given cell phone numbers to consult social workers’ offices whenever they need assistance. Therefore, due to such restrictions, in the Department of Social Development most cases were attended telephonically.

Participant 8: “even the assessment it was done through the phone then even the whole entire process,”

Participant 10: “we use to call clients and then we ended up addressing them through the phone...”

Participant 15: What happed was that there was landline. We were using landline phone”

Home visits

Participants reported that some cases required home visits for effective intervention. food parcels also had to be delivered directly to the clients. Some participants reported that clients didn’t come to the office during COVID-19 due to restrictions. During the initial stage of COVID-19, clients were not allowed to consult the office. However, it was a challenging situation since most clients still did consult the office without knowing. Hence, social workers had to assist and not send them back

Participant 1: “Yes, there were some cases wherein we follow them”

Participant 6: “There wasn’t a lot of interaction with clients physically, majority of the interactions was telephonic”

Participant 6: “Em, majority of the time, most clients didn’t necessarily come to the office. I think it is also because of the fear as well, so when you saw someone at the...when someone was at the gate requesting to come in”

Office consultations

Few participants indicated that although the main methods of reaching out to clients were telephonic and home visits, there was also walk-ins, where clients would consult the office even with the restrictions. Such cases were regarded as emergency, such as child abuse issues.

Participant 9: “but then... there were those who use to come in the office like let’s say maybe a child got raped those ones... I forgot to tell you about it, like they...yes, child abuse cases they use to come at the offices then so that we can be able to intervene”

Section C: The impact of COVID-19 on social work service delivery

Theme 1: Quality of life

Participants reported that their lives were highly affected during COVID-19. They had to change or adjust how they used to do things. Participants who were extroverts were affected by the restrictions, to minimise the spread. Sub-themes such as movement, hygiene, change of lifestyle, cautious about sickness, and spirituality were pointed out by the participants as changes that occurred during COVID-19 .

Movement

Most participants reported that their movements were affected by COVID. Some struggled to purchase basic commodities during the initial stages of COVID-19. However, with time, Permit letters were introduced that enabled essential workers to move around when delivering services.

Participant 1: “It affected the issue of movement as you know, our movement were restricted it means, it affected the way of, when we go to the shops”

Participant 8: “even the issue of social gatherings you find people gathered somewhere somehow even at the shops, so you end up... because you can’t live without food and you just have to go to the shops and buy, something like that”

Some participants stated that due to restrictions, they could not visit their family members. They indicated that for them to find happiness they like to go out with their children and spend time with them.

Participant 10: “I go out and maybe I go somewhere let’s say Kruger National Park and play with the kids and get back home you see, so so the moment the COVID-19 started it means now I was no longer able to do, I can’t be able to like to have enough time with my children I no longer able to like you see so it was something that was disturbing me, you find that my things are no longer going well, I can’t be able to keep that bond with children, things like that”

Participant 13: "I was a person who liked to go to...what can I say? ...there are women functions like the...what is it? The 'Doek on fleak' yes. I loved 'doek on fleak', but that time it means that 'doek on fleaks' have to come to an end and we had to face COVID that was there at that particular time so, ei it affect, it affect because my life were, have to change"

Hygiene

Participants indicated that COVID-19 had a positive impact in their way of doing things, particularly in relation to their hygienic practices behaviours.

Participant 1: "Is the issue of, I feel like it taught us the issue of hygiene too much that time to say eer, basically it is important for us to stay clean. That process of washing hands, eer, some of us it taught us something. It means this thing basically, in order for us not to contact diseases even if it's not COVID-19... basically if you can live in cleanliness, you cannot contact many diseases"

Change of Lifestyle

The participants indicated that there were changes in their lifestyle. Those who were extroverts were struggling to survive because they felt that their life was stuck.

Participant 7: "As compared to the way I use to live: I use to like going out like, and go shopping, and go anywhere and to the malls, but that time no, [laughter], I ended up no longer going to the malls"

Participant 8: "we were not able to go to the malls even if you go to the malls, you go with fear with that fear of what if, what if because where there is crowded, they didn't want us to be in a crowd and we must keep distancing"

Participant 10: "we were used here on our side that basically we use to have Good Friday gatherings, the family gatherings you see so it means when COVID-19 it started it means we are no longer gathering, we are no longer going to churches and we are no longer...you see, things like that. At work we are no longer having, what do we call this, the the farewells"

Participants reported that many restrictions also affected their physical exercise schedules.

Participant 8: "and then another thing is that there were restrictions of saying you cannot exercise. I am the person who do exercises too much so you cannot go to a gym, you cannot go and say you are going to jog on the road if the police catch you they will ask you what you are doing and they might end up arresting you [laughter]"

Some participant reported that even concerning self-care, they were unable to do all the things that they use to do due to several restrictions

Participant 13: "lots of things I was not doing them that I use to do like to make up myself, it means...how am I going to make up myself when I am wearing a mask? How can I put on my lipstick"

while wearing a mask? it means that, yes, though they were saving me money... by that particular time because it means that we were no longer wearing makeup, we were no longer wearing the lipsticks, but it means that my life was difficult...”

Some participants indicated that COVID-19 changed their perceptions on how social events such as funerals can be handled, particularly with lower costs or better financial management.

Participant 5: “I can say that eer, for me, it changed the perceptions of some things that, er, I would say that it was an eye opener on other things it showed us, that eer a person can die on Monday and can be buried on Wednesday and there were no excessive expenses, and that I still believe, if our people can carry, can take that mentality back and go on with it, no things will be much easier for them”

Participant 6: “Taking into consideration as well the funerals, some people passed on and we could not burry them, mind you we were used to attending funerals like this... so during COVID, we only attend like this. So it leave out some kind of fear to say reaction is no longer the same like reaction, you understand”

Cautious about sicknesses

Some participants indicated that they became more cautious about sicknesses because of COVID-19. It taught them to take care of themselves and better attend to their sicknesses, as exemplified in the below quotations:

Participant 6: “sometimes when somebody gets sick whether it’s you or the child you would take your time and say let me just check them and see if eer they will wake up better or... right now me my fear after being admitted like that so many times, when a child starts getting sick I get up and go. I, I, don’t, and I live with my children now, so, if I knock off and they say one child is sleeping she said she does not feel well or... aah my sister I get up and go to the doctor now no I’m not doing that thing of saying no, so that is how I do things even for me”

Participant 9: “mm, with me it affected us negatively because [sigh], have you ever seen living inside fear we know that we are going to die right, but is not a thing that is always in the mind to say okay I’m going to die but this one because it is facing you you feel like anytime or maybe you are sitting, I’m sitting with you like this and you started to sneeze or cough. I started to have that thing of saying eer that person, yes, and when you start having a mere flu you like what if what if. You see those things”

Spirituality

Some participants, shown below, reported that there were changes in terms of spirituality. They were no longer attending churches as they used to, which was an unpleasant experience for them.

Participant 3: “we didn’t go to church, yes we would pray on our home but is not...because we want, we want fellowship, we want togetherness [laughter] with fellow believers to sing and praise...”

Participant 13: “I was a person that liked to go to church every Sunday, it means that the church has to stop, I was no longer going to church”

Theme 2: Protection from COVID-19

This study’s participants reported that they managed to protect themselves from COVID-19. However, they had limited resources resulting in them adjusting to using their own money to buy equipment to supplement those that they had received from the government. Participants protected themselves with PPEs, Masks, sanitizers, and vaccination, which were introduced during the middle stages of the COVID-19 pandemic. In addition, participants generally followed the rules and regulations to prevent the spread of COVID-19.

PPE

The below findings, aligning with previous research (McFadden et al., 2021), suggest that the resources that were least or not available to the social workers were PPEs

Participant 1: “Eer, protective measures... equipment, protective equipment. Eer, yes, they were there but they were not complete” “[laughter] eer, the overalls which were dressed during COVID, eee if I can remember here on our side we didn’t have them”.

For some of the current study’s participants the PPEs were available and were enough, they still had the fear of contracting the virus, as reported by Participant 3 saying, “*We just trusted those... those PPEs to say maybe they are safer because even the way they use to undress them...*”

Masks and Sanitizers –

Participants reported that they were protecting themselves with their own personal masks during COVID-19. They ensured that they were always following the rules and regulations for preventing the spread of COVID-19, including wearing of masks at all times. Most participants reported that in order to protect themselves they bought their own masks since the ones provided were not enough. The below quotations explain this:

Participant 7: “with me like...we were protecting ourselves with our own things, our personal... eer the, the sanitizers and whatever that we were using, because even when we were here at work, it was that thing of you must have your own mask and have your own sanitizers”

Participant 8: “It was never enough, because that time eer, they were giving us eer, I think about one bottle, five, what is it, 500ml of sanitizer. And then the masks, I don’t think, they were never, the masks it was just us, our own masks that we bought for ourselves. Yaa! With masks they only delivered one badge that only took two days to three days,”

Participant 8: “So usually it was the issues of mask all the time. Then sanitizer, you sanitize your hands, I mean each and every about... after every five minutes. Yes! You just have to sanitize your hands because that time it was that thing of we were told that anything that you touch, even this table... [Hitting the table]... even on this desk, there are some, there might be some things that are contaminated here...and then you end up touching yourself and do all the stuff, something like that... because [laughing] ...”

Participants reported that initially, sanitizers were not enough and they had to share them. The department also provided one big bottle of sanitizer that social workers would then pour in the smaller bottles. However, there were improvements on this over time, leading to the department managing to provide each office with their own bottle of sanitizer, as narrated below:

Participant 1: “In fact they use to buy a big bottle and place it at Thabaleshoba, then from there they would go around pouring to our small bottles.” “In fact they use to buy a big bottle and place it at Thabaleshoba, then from there they would go around pouring to our small bottles”

Participant 1: “It is just that the improvements started to be there as times goes, and when COVID started to be serious then they were able to give us bottles, your hands”

Participant 4: “But we would wear the masks, and sanitized every time when we get to the office, we sanitize in the table, before you could touch the documents of the clients we sanitize”

Vaccination

Some participants reported that another method that they implemented to ensure that they were protected from COVID-19 was vaccination. When the COVID-19 vaccination was introduced, the participants, who were regarded as the essential workers, were among the first to be vaccinated as a way of preventing themselves from contracting the virus.

Participant 8: “Eer, yea during that period, the first time it was the issue of vaccination... yes, I vaccinated, and then after that it was... because vaccine came longer before, yes I mean after the COVID was busy”.

Keeping social distance

Participants indicated that, to protect themselves from COVID-19, they ensured to follow the rules and regulations implemented to control the spread of the virus, such as social distancing. They distanced themselves from clients and their family members.

Participant 2: "Sometimes when you go to attend cases, you just have to keep 5... is it 5 meters away?"

Participant 7: "Every time I was making sure that I distance myself. Right, from people, looking at that one point (1.), it was 1.5cm away"

Participants further indicated that, to protect themselves from contracting COVID-19, they were also not allowing people to visit their offices as per COVID-19 regulations, as Participant 8 described, *"then we were trying to minimize the issue of contact in the office, to say officers that are available there should be the the the rotation."* As well as Participant 11 said, *"And we were not allowing people in our offices right"*

Theme 3: Measures taken ensuring that family members are not infected

Following rules and regulation of COVID-19

Participants reported that they ensured that they protected their family members during COVID-19 to ensure that they were not infected. Several measures were taken by the participants to ensure that family members are protected from the spread of COVID-19. Such was done through sanitizing before getting home, hand washing with soap, wearing masks, changing clothes immediately when they get to their homes, using thermometer, testing for COVID-19, and avoiding visiting family members.

Hand washing and sanitizing

Participants indicated that, to protect their family members from contracting the virus they ensured that they washed their hands with soap and water, and they also sanitised their hands, the below participants explained:

Participant 3: "Yes I was sanitizing before getting in, mm, we sanitize or or or or or or wash my hands with with soap and everything before touching children..."

Participant 8: "then you sanitize all the time. And then you make sure that when you entre at home, like you sanitize every, each and everything, I mean you sanitize and spray everywhere; the shoes, the clothes [demonstrating]. Every, everywhere, just to kill the bacteria if ever maybe it was there somewhere, if it is on the clothes or has catches you somewhere somehow"

Participant 11: " , firstly we were, I I was always carrying my sanitizer every time when I get home before I can talk-, touch anyone I would...I would sanitize myself yes, I will make sure that I, when I bath my hands I use soap yes, just just the precautionally measures that they were just telling us to do we were following those"

Wearing masks

Participants reported that they ensured that their family members were not contracting COVID-19 by wearing masks all the time. Some were encouraged by their church leaders to continue protecting themselves with the masks.

Participant 8: "I was sure about the issue of... this things, the masks because it was that thing of when you go home you must, I must wear the mask and then not mask that I was working with a different one that I put somewhere in the car or where I stay"

Participant 9: "my mom and my dad we were wearing masks and we make sure that the sanitizer is there yes. Everybody who comes, even a visitor or any family member...who come, we use to sanitize them when they enter at home."

Changing clothes

Changing clothes was difficult for young children who could not understand why their parents changed in terms of the usual hugs when they come back home. Most participants reported that, to minimise the spread of COVID-19, they also ensured that they changed clothes immediately when they came home, before meeting or touching family members, these findings are demonstrated in the following narratives:

Participant 2: "when you get home you know what, the clothes that you were wearing you just throw them... you don't even want to see them because [laughter] if something is on them [laughter] yes, oh no, I use to be scared"

Participant 9: "and it was that thing of, that thing of... from other departments we use to hear that if you come wearing clothes when you get home you must take them off... on that room, and change, and bath then you will be able to go to the children"

Some participants indicated facing difficulties resulting from insufficient protective equipment. Therefore, they relied on bathing after work to prevent the spread of COVID-19, as explained below:

Participant 12: "eish! It was, that's why I'm saying we just got sake because we don't have any protection but we just go home and bath. You just say God is there. We we we were working and seriously so it was a pressure because you don't know that when you go home. You are infected through the clothes or what what, but we just go, but God protected us"

Thermometer

One participant reported that, to ensure that they protected themselves from spreading the virus to other family members, they also used thermometer even to those who were entering their homes. They were strict in terms of following the rules, participant 9 narrated below:

Participant 9: “then, like my father is a pastor people use to bring children so he can pray for them we use to sanitize them and took the temperature, we got thermometer at home yes we went all out [laughter]”

Participant 9: “... and therefore every time whoever the comes in we check them, yea even them, when I’m not around, whoever that comes it they check hi, if the temperature is high they tell him that temperature is high, sit for a while we will check you again, if it doesn’t change you will go back, you will come back maybe tomorrow”

Testing for COVID-19

Some participants reported that they regularly tested for COVID-19 to ensure that they were COVID-19 negative, to protect their families when they visit them, this is supported by the following quotations:

Participant 10: “when I know that I’m going home on that day, we do the testing, they test...[smiling] to test if I don’t have COVID-19 you see at least to make sure you see or when I get home I don’t infect children and staff you see...parents and even other people you see. So I use to make sure that before I leave they test me COVID-19 right”

Participant 10: “: at all times you see. So, even though when I get home, one thing that I do I can go to the clinic and test cause you’ll never know along the way because we pass the toll gates we pass...you’ll never know like along the way what happened mm so yea, when I get home then I know that okay fine I’m okay, then we will be able to use protective measures, measures you see so that at least I cannot contract COVID-19”

Avoiding visiting family members

Some participants indicated that they managed to protect themselves and their family members by sticking to no visitations to avoid the spread of COVID-19, as indicated below:

Participant 5: “I protected myself buy following the rules and regulations of COVID-19 and I did ensure that even my family does the same yes, so there were no visits there were nothing”

Participant 13: “I was making sure that I don’t go to home all the time though we were having that thing of... the rotation it means that I was forced to be inside the room, even though I feel like I have a little flu I don’t go”

Section D: Kind of support social workers received from their supervisors

Theme 1: The frequency of support received from the supervisors

Not regularly

Some participants indicated that their supervisors were supportive, but this was not regular since COVID-19 was also new to them, as reported below:.

Participant 2: “How can I put it? hm-mmm, remember that time everyone was... but sometimes they were supportive”

Participant 2: “But the supervisors, they are also human, mmm, yes, everyone was scared that time but they were trying as much as they can to be supportive”

Participant 13: “yes I have shown that the support was there but it won’t be be, it was not be the same as the one we use to be at work every day”

Regularly

Some participants also indicated that the supervisor was always available to support them during COVID-19. Changes only occurred after the introduction of the workdof were introduced.

Participant 8: “So at least I can say that in terms of support she was providing it during that time because even the time when were were rotating, she was making sure that, like she was always available during the rotation no she was always available, but is just that some of the days she would rest a bit. But is just that, but majority of the time she was always available when we were rotating. Actually she made sure she was available if this group is in she will be available, even with the next group she is also available, she was able to have, to offer the support as a supervisor

Participant 10: “Mmmm yes to be honest, here I do not want to lie, the guy was supportive to be honest he was supportive. He was very supportive, he made sure, is just that it was tough cause we were having shortage in terms of the resources”

Some participants indicated that they had a supervisor who was very supportive, and is the one that is knowledgeable about the social work profession, as shown below:

Participant 12: “support was too much because that time it was a new supervisor who knows the social worker profession by itself ee [smiling. She was giving us support at all means strong one strong one”

Participant 15: “during the COVID I was with the supervisor 100% because, all er, eish, even from the first day when I received a call to say okay there is a lockdown and they are closing, they have closed but the department said it needs people who will work. From the first day right each and every day I was talking to the supervisor, because the work that I was doing, I must report back to the supervisor, then to be taken to district yes, we were one on one”

No support

Some participants reported that they did not receive support from their supervisors during COVID-19 since they were not available, and for some even when they were available they were not supportive.

Participant 5: “during that time there was no support because the supervisor too, was not working. The supervisor was not working so, we worked on ourselves, and even supervised our own work”.

Participant 9: “mmm [sigh] our supervisor no she does not give support at all...support? She doesn't support”.

Participants indicated that the support was not enough since the supervisors were also affected by the situation, it was a new pandemic and they were also scared on our behalf.

Participant 2: “Even them they were also scared, even when they send you to attend cases... they just send you but scared for you to say what if someone's child is not going to be right, what if she can contact this thing and come back with it they were also scared on our behalf, but there was nothing they can do...”

Participant 5: “they were no roles because even, because remember I received a request for food parcels, then I assess, then I even authorize myself. So everything depended...depended on me”

Theme 2: Kind of support received from supervisors

Telephonic

Some participants indicated that supervisors were available telephonically in terms of making follow ups and attending to the supervisor's needs. However, they preferred a face to face supervision.

Participant 5: “telephonically yes they were available yes, but eer to me personally, face to face supervision is more efficient, than telephonically”

Participant 6: "Majority of the communication was either via Email or WhatsApp, majority but she tried, I also can't blame her because she is also in a situation where she is facing something new, she does not know as well"

Providing guidance and attending cases

Participant indicated that their supervisors provided guidance during service delivery.

Participant 2: "But, they were trying to support, when you come back to attend case, they were able to ask you how you attended it, how everything went, but are you okay? Yes, they were trying"

Participants indicated that the supervisors also assisted in attending some cases with them during COVID-19.

Participant 2: "sometimes some cases they use to attend with you yes, mmm where it was possible"

Participant 15: "ah the support was... I was with him I still remember when we, all the areas I was with him. Even when we were... there was a time where they are cases that were reported to say there is, there were people, there is ... like I'm just giving an example...we have to trace some of the clients. I was with him mm, during the COVID, so that they can, they can benefit from the services I was with him, because at the ends we go together yes 99.9 I was with him. He was there"

Food parcels distribution

Participants reported that supervisors were supportive only during food parcels distribution in terms of ensuring that the state vehicle is available for delivery.

Participant 1: "the only thing that I saw they were supporting us on it, it was the only one wherein they were able to provide food, the masks... to order them, but eeee, physical eee, what do they say, physical support eeem I didn't see it, it was not there"

Participant 14: "yes I can say that it is this one of they were just being there for us and most of the time you can understand that... cause he was, we were expecting that he would be a supervisor and look at us and making sure that the job is being carried out, but he was also part of it. He was even [laughter] taking the food parcels and...yes, we do er, he take the food parcels on the street he supported us"

Emotional support

Participants reported that the supervisor was very supportive and encouraging them to consult whenever they experience the signs and symptoms of COVID-19 time whenever we are not feeling right. He was emotionally supportive and checking how the participants feel every time after attending COVID-cases and encourages them to follow the rules and regulation of COVID-19.

Participants 10: "He use to always tell us that if like you are not feeling right go and consult in time you see, if you don't feel right go and consult in time, but...there was this other day I was telling him that I was having a flu and we were from attending another case of a person with COVID-19"

Participant 15: "99.9 I was er...we were communicating each and every day during er first lockdown, second lockdown, yea"

Providing protective equipment

Participants reported that the supervisors made sure that the protective equipment were provided. They were able to order them for the participants, and some supervisors were able to buy the protective equipment for participants such as PPEs and sanitizers.

Participant 4: "They tried because we were given the free masks from the District. They also gave us the, mmm sanitizers...yes the small bottles for sanitizers, even the big ones at the reception, so every officer have a bottle of sanitizer, if its finished we report then they will arrange another one"

Participant 7: "okay, let me just say, eer the supervisors like, even her she was able to like... I remember before the department supply us with the PPE. Before that, my supervisor was able to buy the PPE for all social works who were working during that time. She was able to buy the sanitizers with her own money for me I saw that as a support that was great because, like she did not want anyone to end up contracting COVID-19 here at work"

Participant 8: "at least I can say she was trying even though..., because some of the things were beyond her control, even with the issue of the PPE because she use to request them, when they bring them they do not cover all of us, then how was she going to distribute amongst officers even when she distribute them, as much as she was trying to make sure that all of us can have them"

Support from other colleagues

Although some participants experienced lack of support from the supervisor, they were able to support each other as colleagues. In addition some participants indicated that they were supervising themselves.

Participant 4: “At least because we would communicate as colleagues you would share your experiences to say... hei today I was scared because somebody came and coughed like...”

Participant 6: “Eer, the most of eer! Support that we received were from colleagues in the office. Like if we are rotating and then you are rotating with three other people, you get support from them, but as from eer the upper structures or would I say management? There wasn’t a lot of support”

Participant 13: “yes, we use to support each other telephonically yes, in cases where the cases become difficult for us or they need some, an input”

Conclusion

This chapter presents the study findings. Social workers played a crucial role in responding to social needs of the clients during COVID-19 (Gavrila-Ardelean & Runcan, 2022). The chapter presents participants’ experiences during service delivery, which they demonstrate that it was mostly through telephonic means. Bhagwan (2023) indicated that interventions were facilitated telephonically. This was a difficult experience since COVID-19 was risky and yet they had limited resources. According to Gavrila-Ardelean and Runcan (2022), COVID-19 pandemic was a challenging period to social workers as they were at risk of contracting the virus while delivering services, and were more concerned about their lives, health, and family members. Nonetheless, participants were able to balance work and life, although quality of life was affected. In addition, supervision and support was different depending of the supervisors: some participants received regular support, some not regularly, and some did not receive any support.

CHAPTER 6

MAIN FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

Introduction

This chapter provides the main findings of the study, the conclusions of the study, and recommendations. The main aim of the study was to explore the experiences of social workers in service delivery during COVID-19 in Waterberg District, Limpopo. The main findings of the study are structured based on three main objectives of the study, as synthesised below.

Objective 1: Exploring the experiences of social workers in service delivery during COVID-19

Theme 1: Case management

This study's findings show that during COVID-19, the social workers' caseloads were handled telephonically. Cell phones were available to deliver services. However, social workers encountered some challenges while implementing telephonic interventions. These challenges included insufficient airtime, lack of confidentiality, and no verification. However, a few offices were allocated airtime. Most of the participants were not satisfied by how they handled caseloads during COVID-19.

The study's findings reveal that some face-to-face interventions were implemented even during COVID-19. Face-to-face intervention was implemented through home visits, especially to clients and family members who were infected and affected by COVID-19. During face-to-face intervention, the rules and regulations of COVID-19 were maintained, including maintaining social distancing, wearing of masks, and hands sanitising.

Findings show that food parcels were distributed using several methods such as vouchers that were sent to assessed clients through SMSs to be redeemed at the nearest shops, meetings at one place in the village where assessed clients collected, and in some offices SASSA officials and supervisors made distributions.

Work shifts were introduced during COVID-19 but they were difficult to implement due to social workers: losing track of cases, being requested to avail themselves to work whenever they are needed, and receiving calls to assess while they were at home. Furthermore, participants experienced difficulties changing from normal schedules to work shifts since they preferred face-to-face interventions.

Theme 2: Emotional response during service delivery

Some participants were uncomfortable during service delivery. Some were unhappy about being essential workers and continuing to work during COVID-19, especially because there was no additional compensation for this strenuous work. A lack of resources also demoralised some of the social workers to continue with service delivery. Some were fearful of contracting the virus. Contrary, some of this study's findings show that some participants felt privileged of being essential workers since they were given permit letter that allowed them to be mobile. Some felt important and useful to their respective communities by making clients feel special through delivering services, and others felt grateful since they were passionate about their job.

Theme 3: Fears concerning contracting the virus

Findings suggest that some participants had fear of contracting the virus from clients during service delivery or if visited in their offices. They were also afraid to infect their family members and to lose their family members. Some were concerned about their physical state of wellbeing. Participants had fear of dying particularly when looking at the statistics on the news that were rising every day for people infected by COVID-19. However, few participants had minimal fear since there were protective measures to minimise the spread of the virus.

Theme 4: Managing work pressure and personal life

Findings suggest that some participants had difficulties balancing work and life since they were working far from their homes and were unable to regularly see their family members such as spouses and children. Conversely, some participants suggested that work shifts allowed them to balance work and life. Work shifts also gave them the opportunities to rest, making it possible for them to manage cases at their own pace. Furthermore, for some participants, their lives became easier after they were given permits to move from one place to another.

Theme 5: Cases handled during COVID-19

Most of the caseloads that social workers faced during the COVID-19 period were distributing food parcels through home visits as well as vouchers and conducting telephonic assessments. During food parcel distributions social workers were following the rules and regulations for controlling the spread of the COVID-19 pandemic. In addition, social workers dealt with domestic violence cases and GBV. Family matters cases were also handled telephonically although it was difficult for social workers to arrange joint sessions and family group conferences. Foster care and child abuse cases were also attended. Other social workers provided support to clients in dealing with COVID-19 cases by providing counselling to the infected and affected clients. The main challenge was that there were

not enough resources to protect participants and it was a difficult experience. COVID-19 cases were also handled telephonically.

Theme 6: Availability of resources for service delivery

Although limited, there were some resources that were available. The main resources which were easily available to deliver services were telephones. The main challenge with telephones was that participants were using their own expenses to buy airtime when government airtime runs out. Some social workers were promised that they would be provided with incentives such as airtime, but they did not receive these. Contrary, others social worker were privileged to be sent airtime and data. A state vehicle was also an available resource to deliver food parcels. Other resources to protect participants while delivering services were PPEs, sanitizers, masks, and, gloves. However, these resources were not always enough, leading some participants to buy their own sanitizers and masks.

Theme 7: Reaching out to clients

The main method of reaching out to clients was telephonically, since there were several restrictions. Another method to contact the clients was home visits, particularly when they were distributing food. Furthermore, some clients, especially with emergencies, consulted the social workers' offices even when there were restrictions.

Objective 2: Exploring the impact of COVID-19 on social work service delivery

Theme 1: Quality of life

Findings suggest that there were a number of changes in terms of their movements due to restrictions. Therefore, some were unable to visit their own families. However, permit letters were sometimes used, which allowed them some movements. On the other hand, some participants' quality of life improved as they also improved their self-care, including hygiene and being cautious about sicknesses. The participants' lifestyles were changed, those who were extroverts faced challenges since there were restrictions to movement and being in social gatherings. Furthermore, those who usually exercised, were unable to do so. Some participants where church goers, but their attendance was compromised when the movements and social gatherings were restricted as a response to COVID-19.

Theme 2: Protection from COVID-19

Some participants were able to protect themselves from contracting COVID-19 with available resources. The department was able to provide protective equipment but they were limited. These

included PPEs, masks, sanitizers, and vaccination. Resultantly, participants had to supplement using their own expenses to buy protective equipment such as masks and sanitizers to ensure that they were protected.

Theme 3: Measures taken ensuring that family members are not infected

Findings suggest that most participants followed the rules and regulations of preventing the spread of COVID-19. These included hand washing and sanitizing, as well as wearing of masks. Another method that they used, specifically to ensure that their family members were protected was changing of clothes immediately when they arrived home from work. Thermometers were also used by participants as a way of protecting themselves and ensuring that anyone who entered their home had normal temperatures, indicating less chances that they would have contracted COVID-19. Another method was avoiding family visits. Social workers also ensured to constantly test for COVID-19 to prevent bringing the virus to their family members.

Objective 3: Exploring the kind of support the social workers received from their supervisors

Theme 1: The frequency of support received from the supervisors

The findings suggest that it was difficult for many social workers to receive sufficiently frequent supervision support during the COVID-19 period. However, some social workers did receive supervisors' support and felt that it was enough for them. Other participants had an opinion that since it was a new and deadly pandemic, the supervisors also did not know how to offer support to them, and they might have needed support themselves as well. In line with this narrative, some supervisors in the current study said they did not know how to offer emotional support to the social workers.

Theme 2: Kind of support received from supervisors

Some supervisors were supportive during COVID-19. They were offering supervision telephonically although some participants preferred face-to-face engagements. Some of the supervisors provided guidance and emotional support to social workers during service delivery. They also attended cases with the social workers and assisted with the distribution of food parcels, where necessary. Furthermore, supervisors ensured that protective equipment were ordered and provided, although at times they took time to be delivered and were also limited. In addition, some social workers were supportive to each other since they had similar experiences.

Conclusions

It was difficult for participants to render telephonic services compared to face-to-face consultations. Telephonic methods were often not effective. Social workers had to adjust to the changes that were introduced by COVID-19. The main challenge faced by social workers was limited resources to render services, putting participants at risk, instilling fear in them and others used their own expenses to render services. Furthermore, during service delivery participants experienced increased fear of contracting the virus and infect their family members.

Although other participants did not feel happy during service delivery, others felt valuable and useful to their communities. Some participants faced difficulties to balance between work and life, whereas others relied on work shifts to balance this. Another challenge encountered was change of lifestyle for most participants due to more restrictions. Findings further suggest that most participants were cautious to ensure that their family members were protected by following the rules and regulations of COVID-19. Supervision, guidance, and emotional support were offered telephonically. Furthermore, supervisors were involved in food distribution and attendance to some cases. In addition, social workers had peer systems to support each other.

Recommendations

Department of Social Development

This study suggests that there were limited resources to successfully deliver services during COVID-19. Therefore, the researcher proposes that the department should provide enough resources to employees when rendering services. Providing resources include adherence to promises of incentives such as provision of airtime and data to employees. In the future, to instil trust to employees, the department needs to adhere to their promises. Most participants complained that they used their own expenses to render services with the hope of being compensated as promised. Inequality, in relation to provision of resources (airtime and data) need to be reviewed since in other offices they received such yet other offices did not receive.

Training to supervisors

Supervisors need to be trained about supporting employees. One of the important aspects which was reported is a lack of support from the supervisors. Several participants reported that they had not received support and there were supervision inconsistencies. Only few participants reported that they had received enough support. Therefore, the researcher recommends proper training of

supervisors, including on how to provide emotional support so that during tough times they will be able to offer necessary support.

Future research

Findings suggest that supervisors were not sufficiently supportive enough during COVID-19. Yet they were expected to provide full support during the pandemic, which was also new to them. Therefore, future research needs to explore the challenges or experiences encountered by supervisors during COVID-19 since there were high expectations from them even in the midst of the new and deadly pandemic. Research can be conducted to understand, from their perspective, what they went through instead of putting much blame to them.

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APPENDIX A

RESEARCH INSTRUMENT

INTERVIEW GUIDE

EXPERIENCES OF SOCIAL WORKERS IN SERVICE DELIVERY DURING COVID-19: A CASE STUDY IN WATERBERG DISTRICT, LIMPOPO

SECTION A: BIOGRAPHICAL INFORMATION

- Gender:
- Race
- Age:
- Occupation:
- Years of experience:
- Service office:

SECTION B: The experiences of social workers in delivering services during COVID_19?

- How did social workers manage to handle cases during COVID-19
- How did social workers feel during service delivery?
- What were their fears concerning contacting the virus?
- How did social workers manage the work pressure and their personal lives?
- What are the type of cases which were mostly reported and how they were addressed?
- What were the resources available for you to deliver services?
- How social workers have been reaching out to clients?

SECTION C: What were the impact of COVID-19 on social work service delivery?

- How did COVID-19 affect the quality of life of social workers?
- How have they been protecting themselves from COVID-19?
- What measures did they take in ensuring that they do not infect their family members?

SECTION D: What kind of support did social workers receive from their supervisors?

- How often did social workers receive the support from their supervisors
- What kind of support did they receive from their supervisors



APPENDIX B

PARTICIPANT INFORMATION SHEET (PIS)

Dear Sir / Madam

My name is Fhumulani Preious Munyai. I am a Masters student in Social Work in Coursework and Research Report (Occupational Social Work) at the University of the Witwatersrand, Johannesburg. My supervisor is Prof. Nkomo. I am conducting a research study about Social Workers during COVID-19. The study title is experiences of social workers in service delivery during COVID-19: A case study in Waterberg District, Limpopo.

I am inviting you to take part in an interview. If you decide to take part, your participation in this research study will last approximately an hour. The interview will take place at the place and the time convenient for the participants

With your permission, I would like to audio record the interview. This data will be stored in a password-protected computer and deleted after five 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 your age.

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 do not have to take part. 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 decide 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 the Department of Social Development (Waterberg District office in Modimolle). The name of the counsellor is Mr Matjila and the contact details for the counselling service are 073 739 7008.

This research study will be written up as a research report. The report will be available on the university library website. The research report will also be published. 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

Fhumulani Precious Munyai

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ANNEXURE C

CONSENT FORM

Title of project: Experiences of social workers in service delivery during COVID-19: A case study in Waterberg District, Limpopo

Name of researcher

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 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)