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Exploring the perceptions of social workers at the Department of Social Development regarding working remotely during the Covid-19 pandemic in Sedibeng region of Gauteng Province

Songwane, Sellwane Annah

2025

University of the Witwatersrand, Johannesburg

https://hdl.handle.net/10539/48566

Songwane, Sellwane Annah. (2024). Exploring the perceptions of social workers at the Department of Social Development regarding working remotely during the Covid-19 pandemic in Sedibeng region of Gauteng Province [Master's dissertation, University of the Witwatersrand, Johannesburg]. WIReDSpace. https://hdl.handle.net/10539/48566

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Exploring the perceptions of social workers at the Department of Social Development regarding working remotely during the Covid-19 pandemic in Sedibeng region of Gauteng Province

A report on a research study presented to

The Department of Social Work
School of Human and Community Development
Faculty of Humanities
University of the Witwatersrand

In partial fulfilment of the requirements
for the degree Master of Arts in Social Work in the
field of Occupational Social Work

by
Sellwane Annah Songwane

1690481

November, 2024

Supervisor: Dr Nkosiyazi Dube

DECLARATION

I **Sellwane Annah Songwane**, declare that this is my unaided work and that all relevant sources applied in this study have been acknowledged. I also declare that this research report was not submitted previously for any degree or at any other university for examination.

Signature  **Date** 29 November 2024

DEDICATION

The work is dedicated to my nuclear family (husband, son, and twin daughters), extended family, in-laws, colleagues, and friends. Their support contributed to the completion of this study. Finally, a special dedication to the participants of this study for volunteering to take part in the study, and all social service professionals working to develop the lives of communities in need of social work services from the Department of Social Development.

I would like to thank God for fulfilling this academic promise to me. I will never give up on anything in life because I know that the God I serve, will never give up on me as it took me five years to complete my master's degree due to tribulations. God blessed me with a marriage and three children in the process of studying towards the master's degree and He granted me with the strength to balance and appreciate all the blessings.

I would like to thank Dr. Nkosiyazi Dube for being so supportive and changing my attitude towards research in a positive way as I have been stagnant to get my Master of Arts degree because my priorities delayed me to complete research. I gained back my confidence in studying as he made himself available for supervision and guidance when I was in need, I became a very focused student because of his support and encouragement.

Thank you to the Department of Social Development Gauteng Provincial Office and Sedibeng Regional Office for allowing me the opportunity to conduct the study with the employees in their working environment. I appreciate participants' contribution to the study, and I hope the study will have the positive impact on the social workers regarding their working environments.

ABSTRACT

The study explored the experiences of social workers from the Department of Social Development (DSD) in the Sedibeng Region, Gauteng Province, South Africa, who were required to work remotely during the COVID-19 lockdown. Traditionally, social workers relied on each other for support in office settings, but remote work shifted this support to family members. Despite the significance of this shift, there has been little research on its impact. This qualitative study therefore sought to the experiences of social workers from the Department of Social Development (DSD) in the Sedibeng Region, Gauteng Province, South Africa, on working remotely during the COVID-19 lockdown. The study was conducted with fifteen social workers employed by the Department of Social Development (DSD). Purposive sampling was applicable to recruit the research participants for the study. A Semi-structured interview guide was applied as a research tool to guide the data collection process, with in-depth face-to-face interviews used as a method of data collection. The collected data were analysed using thematic analysis.

Findings from the study revealed that there were several challenges related to working remotely that was done by social workers during the COVID-19 period. These included inadequate tools for remote work whereby Social Workers only cell phones instead of laptops, Wi-Fi, and printers. Work-life balance was a challenge where some Social Workers were struggling with time management and worked after hours when it was supposed to be family time. Some Social Workers reported that there was lack of support from the DSD as some Social Workers tested positive but there was no support from direct seniors or referrals for psychosocial support services.

The study recommends further research on remote work during pandemics to address these challenges and improve service delivery for vulnerable communities.

Key words: perceptions, social workers, working remotely, COVID-19 pandemic, lockdown, Department of Social Development - Sedibeng Region – Gauteng province.

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CHAPTER ONE

INTRODUCTION TO THE STUDY

1.1 INTRODUCTION

The Coronavirus (COVID-19), which hit the world in early the year 2020, affected the lifestyles of people including work, thus affecting different work fields all over the world. Majority of work field had to determine the suitable alternative ways to increase production and service delivery using teleworking or a work-from-home policy. “The WHO has recommended teleworking as a measure to prevent the spread of COVID-19 and maintain business continuity. For instance, in collaboration with the International Labour Organization (ILO), the WHO published a technical brief on February 2, 2022, emphasizing the importance of teleworking during the pandemic” (World Health Organization, 2022) . The transition to working from home not only reshaped organizational operations but also significantly impacted workplace dynamics, particularly the relationship between employees and employers. Remote work created challenges in communication, collaboration, and trust-building, as face-to-face interactions were replaced by virtual meetings and digital correspondence. Many employees experienced feelings of isolation, decreased engagement, and difficulties in maintaining work-life balance, while employers faced challenges in monitoring productivity, ensuring accountability, and fostering a cohesive team culture. These factors collectively contributed to a shift in traditional workplace relationships, requiring organizations to adopt new strategies to sustain employee well-being, motivation, and overall job satisfaction (Irawanto et al., 2021).

“The South African government also responded to the COVID-19 global pandemic by imposing national lockdowns. These ranged from the most stringent lockdown level 5 (27 March - 30 April 2020) to the less restrictive lockdown level 1 (21 September to 28 December and resumed in March 2021). One directive that spans all lockdown levels is for non-essential workers to work from home, conditions permitting” (Benhura and Magejo,2021). South Africa implemented a five-level COVID-19 alert system to manage the pandemic, with Level 5 being the most restrictive and Level 1 the least. This approach was guided by criteria such as infection rates, healthcare capacity, and the socio-economic impact of restrictions.

Level 5: Implemented from March 26 to April 30, 2020, this phase involved a nationwide lockdown to curb the virus's spread.

Level 4: From May 1 to May 31, 2020, restrictions were slightly eased, allowing certain sectors to resume operations under strict conditions.

Level 3: Effective June 1 to August 17, 2020, more businesses reopened, but social gatherings remained limited.

Level 2: From August 18 to September 20, 2020, further easing occurred, permitting larger gatherings and alcohol sales.

Level 1: Starting September 21, 2020, most activities resumed with health protocols in place.

The alert levels were adjusted in response to infection trends, with the National State of Disaster lifted on April 5, 2022. Most social workers at the Department of Social Development did not have laptops due to the department's financial constraints, which affected the administration work whereby reports were expected to be typed and submitted on time. Social workers had to work remotely for the sake of COVID-19 safety precautions in South Africa.

In South Africa, social workers play a pivotal role in facilitating community access to essential services. Many of these professionals operate from office-based settings, serving as accessible points of contact for community members seeking assistance. The South African Council for Social Service Professions (SACSSP) underscores the importance of such roles, emphasizing that all individuals practicing within the social service professions are mandated to register with the Council. This registration ensures that social workers are recognized and authorized to provide services within their communities (South African Council for Social Service Professions, n.d.). All social workers at the Department of Social Development Sedibeng region were working remotely to meet the COVID-19 safety precaution of social distancing. Thus, social workers were working in rotating shifts due to limited office spaces. In South Africa, many changes have occurred in the workplace and homes over the past few decades. Social workers were constrained in their work due to the COVID-19 pandemic, yet they were expected to deliver care as usual (Donelly et al., 2021). Social workers were reported to have struggled to perform their duties, as they lacked training and guidance to navigate through the pandemic. Some feared for their mental health, whereas some lacked the resources to do their job (Ashcroft et al., 2022). It was reported by Banks et al. (2020), that social workers struggled to prioritise

clients with increasing and complex needs while working with limited resources. Furthermore, the report elaborated that, social workers were facing difficulty managing daily work routines, meeting client needs and dealing with a range of social justice issues amidst the pandemic (Banks et al., 2020). These experiences were reported by social workers in Canada, there was a lack of research in exploring these experiences in South Africa by South African social workers.

Mortality rates in low- and middle-income countries (LMICs) are influenced by a variety of factors, including healthcare access, socioeconomic conditions, and public health policies. These countries generally experience higher mortality rates compared to high-income nations due to several challenges, including infectious diseases, underdeveloped healthcare infrastructure, and poor living conditions.

In low-income countries, mortality rates are typically higher due to inadequate healthcare infrastructure, malnutrition, and infectious diseases. According to the World Health Organization (WHO), low-income countries suffer from disproportionately high rates of preventable diseases such as malaria, tuberculosis, and HIV/AIDS (World Health Organization, 2020). The lack of access to essential health services, combined with low vaccination coverage and limited access to clean water and sanitation, exacerbates these problems (Addai, 2019).Infant mortality is also significantly higher in low-income countries. The Global Health Observatory data from the WHO indicates that sub-Saharan Africa, which includes many low-income countries, has an infant mortality rate far exceeding that of high-income countries (World Health Organization, 2020). This is often attributed to maternal malnutrition, insufficient prenatal care, and limited access to neonatal healthcare (United Nations, 2019).

Mortality rates in low- and middle-income countries are shaped by a complex interaction of factors including healthcare access, lifestyle changes, and socioeconomic conditions. While low-income countries continue to face high mortality rates from infectious diseases and poor healthcare infrastructure, middle-income countries are experiencing an epidemiological transition with increasing mortality from non-communicable diseases. Addressing these disparities requires both domestic policy changes and global support to improve healthcare access and public health infrastructure.

1.2 PROBLEM STATEMENT AND RATIONALE FOR THE STUDY

The COVID-19 pandemic has affected all social spaces, conditioning our daily personal and work routines (Lopez, 2021). In the field of social work in particular, officials at the Department of Social Development were working remotely because of the COVID-19 pandemic, this is something that has never happened before. “Social workers have struggled to continue to do their work, that is, having to adapt and innovate to meet new needs and reprioritize the most urgent and important aspects of their roles. An example is that of Livhuwani, an interviewed South African social worker who stated, ‘I woke up in the morning, I went to the office, I gathered all the files and then I started working from home – rescheduling the clients, telling them that we will talk over the phone” (UNICEF, n.d.). Considering Livhuwani’s interview, there are limited studies in South Africa that explored the perception of DSD social workers working remotely during the COVID-19 pandemic in the Sedibeng region.

The existing literature on remote work has predominantly focused on general employee populations, with limited attention to the unique challenges faced by social workers. This gap is significant, considering the distinct nature of social work, which often involves direct client interactions and community engagement. For instance, Grant et al. (2019) conducted a systematic review examining the well-being of remote e-workers, highlighting issues such as social and professional isolation. However, this study did not specifically address social workers.

Similarly, Oakman et al. (2020) reviewed the impact of remote working on physical and psychological health, noting both positive and negative outcomes, but without a focus on the social work profession. The scarcity of research on remote work within the social work sector underscores the need for studies tailored to this field. Understanding the unique challenges and opportunities that remote work presents for social workers is crucial for developing effective support mechanisms and policies.

There was a gap in existing literature in the industry of social workers regarding working remotely and most of the social workers have complained about lack of resources which hindered service delivery during working remotely. This lack of resources was also reported on a global scale by authors who explored the experiences of social workers working remotely during COVID-19 (Ashcroft et al., 2022; Ross et al., 2021; Banks et al., 2020). Thus, this study is

important because it may create an awareness on social work services that can be rendered during pandemics as part of essential services so that the social issues are also attended to during the pandemics and how social workers can be supported by DSD in providing relevant resources for service delivery to reach the targeted communities providing psycho-social services.

The study will contribute to the development of policies and guidelines for programmes such as telephonic counselling, and knowledge on how social workers can be capacitated and prepared for future pandemics. Again, the findings emphasize the inclusion of social workers whenever policies are developed in relation to social work service delivery during pandemics.

1.3 DEFINITIONS OF KEY CONCEPTS

COVID-19 pandemic: Coronavirus disease 2019 "(COVID-19) is a worldwide health emergency; causing pneumonia, severe acute respiratory syndrome (SARS), multiorgan dysfunction, and death among others" (Weiss & Murdoch, 2020). This definition by Weiss & Murdoch. (2020) was used in this study.

Lockdown: COVID-19 lockdown is a physical activity safety measure which is the closure of gyms and restrictions on 'nonessential' travel imposed by the World Health Organisation (Ding et al.,2020). The definition was the applicable one for the study.

Social workers: These are professionals that offers services to individuals, families, groups, and communities. The Services offered cover different conditions such as alcohol and drug abuse, child and women abuse, marital and family conflicts (Gambrill, 2012). Social workers focus on eliminating environmental forces that contribute to the vulnerability of individuals (Ricciardelli *et al*., 2020).

Working remotely: This means working from home. It became a new way of operating for many workers and the process happened because of the COVID-19 lockdown restrictions (Matli, 2020).

1.4 SCOPE OF THE STUDY

The study focused on the Sedibeng Region in the southern part of Gauteng Province, South Africa. The focus of the study was on social workers employed by the Department of Social

Development (DSD) in the Sedibeng Region. These professionals were required to work remotely during the COVID-19 lockdown. “The Sedibeng District Municipality, a Category C municipality situated at the southern tip of the Gauteng Province, encompasses the Emfuleni, Lesedi, and Midvaal Local Municipalities. It includes historic townships such as Evaton, Sebokeng, Boipatong, Bophelong, Sharpeville, and Ratanda, which are notable for their rich political history and heritage” (Sedibeng District Municipality, n.d.).

In South Africa, Category C municipalities refer to district municipalities**,** which are responsible for coordinating and supporting multiple local municipalities within their jurisdiction. These municipalities provide shared services and governance functions that may be beyond the capacity of individual local municipalities. It manages broader infrastructure planning, economic development, and municipal services that extend across these areas (Sedibeng District Municipality, n.d.). During the COVID-19 lockdown, social workers in this region, like many others globally, had to adapt to remote work. This shift presented unique challenges and opportunities, especially in a context with such significant socio-political heritage and needs.

1.5 OVERVIEW OF THE RESEARCH DESIGN AND METHODOLOGY

The study was qualitative in nature and employed a case study as a research design. Qualitative research enabled the researcher to provide an in-depth exploration of the phenomenon under study. The study employed purposive sampling and it had a sample of 15 participants. The research instrument used was a semi-structured interview schedule, tested with 1 participant prior the commencement of the research study. Data was collected using in-depth face-to-face interviews with participants, and thematic analysis was used to analyse the collected data

1.6 LIMITATIONS AND DELIMITATIONS OF THE STUDY

- Private office space to interview participants was one major challenge as they use an open plan system, however, arrangements were made with participants to be interviewed in spaces that were comfortable and allowed for confidentiality to be maintained.
- The busy schedule of the participants prolonged the duration of data collection. Patience was exercised and suitable dates and times were negotiated with participants in advance.

- Participants with more than 5 years of work experience did not have interest in participating permission was requested from the research supervisor to interview few participants with less than 5 years of work experience who had the interest and willingness to participate.

1.7 ORGANISATION OF THE REPORT

The research report is structured into five chapters as described below:

Chapter one provided the introduction to the study and the aim and research objectives, a brief overview of the research methodology and the motivation for the study are part of the discussed aspects.

Chapter two the existing literature relating to the study was reviewed and the theoretical framework underpinning the study was also discussed.

Chapter three describes the research methodology applied in the study.

Chapter four is the presentation and discussion of the research findings.

Chapter five summarizes and concludes the main findings, and gives recommendations based on the issues that arised from the research.

CHAPTER TWO

REVIEW OF THE LITRATRURE AND THEORETICAL FRAMEWORK(S)

2.1 INTRODUCTION

The chapter provides the review of existing literature relating to the research topic of the study. Covid-19 pandemic is discussed as well as its impact on the social service delivery while working remotely during the lockdown. The theoretical framework underpinning the study is discussed in this chapter.

2.2 THE COVID-19 PANDEMIC

Covid-19 is a corona virus disease that was discovered in Wuhan, in the Hubei province of China in December 2019 as declared by Chinese CDC and China Health Authority (Gralinski and Manachery, 2020). The disease spread all over the world and was thus declared a pandemic by the World Health Organization in March 2020 (WHO, 2020). Due to the rapid rises in Covid-19 related illnesses and death cases, by mid-January 2021 the numbers had exponentially reached over 95 million globally (WHO, 2020). As a result, many countries including South Africa introduced the lockdown to curb the spread of Covid-19. A strict national lockdown (Alert level 5) was imposed by the South African government to mitigate the risk of Covid-19.

During the initial week of South Africa's lockdown, Minister of Police Bheki Cele reported that over 87,000 complaints related to gender-based offences had been filed. The significant rise in reported cases of abuse may have been influenced, at least in part, by lockdown measures that forced both victims and perpetrators to remain in the same household, limiting victims' ability to escape. Additional contributing factors may have included heightened stress, anxiety, fear, resentment, and financial difficulties (Cele, 2020).

African governments faced numerous challenges in responding to the COVID-19 pandemic, stemming from pre-existing systemic issues and the unprecedented nature of the crisis. Key challenges included:

- **Weak Healthcare Systems**: Many African nations had fragile health infrastructures, making it difficult to manage the surge in COVID-19 cases. These systems often lacked adequate medical equipment, healthcare personnel, and facilities, hindering effective pandemic response (World Health Organisation, 2020) .
- **Economic Vulnerabilities**: The pandemic exacerbated economic challenges, with disruptions in global supply chains and declines in commodity prices affecting African economies. Countries reliant on exports faced reduced revenues, limiting their capacity to fund public health initiatives and social support programs (McKinsey & Company, 2020).
- **Dependence on Foreign Aid**: Many African countries relied heavily on foreign aid for healthcare funding. During the pandemic, reductions in aid and global economic downturns strained these nations' abilities to respond effectively to the crisis.
- **Public Health Communication and Misinformation**: Combating misinformation was a significant hurdle. Initiatives like the United Nations' "Verified" campaign and UNESCO's #DontGoViral aimed to provide accurate information, but widespread misinformation still impeded public health efforts.

2.2.1 Social worker's roles during Covid-19

The roles of these social service providers included risk assessments, crisis management, individual and group therapy, case management, advanced care planning, systems navigation, resource allocation, policy development and community mobilization (Ashcroft et al., 2022; Bern-Krug and Beaulieu, 2020; Walter-McCabe, 2020). Social workers were also tasked to meet and address psychological effects of Covid-19 for children, families, and communities (Rasool, 2020). Furthermore, as part of their roles social workers were required to quickly adapt to adherence to public health guidelines such as physical distancing requirements and use of Personal Protective Equipment (PPE) (Krist et al., 2020; Donnelly et al., 2021).

Rasool,2020, p 429-435 stated that during the COVID-19 pandemic, social workers played a pivotal role in addressing the psychological effects experienced by children, families, and communities. Their responsibilities encompassed:

1. **Providing Mental Health Support**: Social workers offered counselling and therapeutic services to individuals affected by anxiety, depression, and stress due to the pandemic. They facilitated coping strategies to manage these challenges.
2. **Facilitating Access to Resources**: They connected families to essential services, including food assistance, healthcare, and financial support, mitigating the socio-economic impacts of the pandemic.
3. **Advocating for Vulnerable Populations**: Social workers advocated for marginalized groups, ensuring their needs were addressed in public health responses and policies.
4. **Supporting Children and Families**: They provided guidance to parents on managing children's behavioural issues arising from disruptions in routine and schooling, promoting family cohesion.
5. **Addressing Ethical Challenges**: Social workers navigated ethical dilemmas, balancing client needs with public health directives, and adapted to remote service delivery while maintaining confidentiality and effectiveness.

2.2.2 General challenges faced by social workers during Covid-19

Benzies *et al*. (2022) reported "unlike most disasters where professionals may come from an unaffected area to serve an affected area, the pandemic has affected the global community and social service providers will experience the impact of COVID-19 in their own homes and neighborhoods and also in the lives of their clients". People in general, including social workers, where afraid of the exposure to the virus. For example, at the beginning of the pandemic a major concern among social workers was the lack of PPE (Redondo-Sama, 2020). Other studies carried out reported social isolation, loneliness and frustration as difficulties experienced by social workers during the pandemic (Serafini *et al*., 2020; Vigo *et al*., 2020). Furthermore, as stated above, social workers had to deal with rapid changes in guidelines from public authorities on how to respond to Covid-19 related challenges (Redondo-Sama, 2020).

During the COVID-19 pandemic, social workers encountered numerous challenges that impacted their ability to deliver essential services effectively. These challenges included:

- **Ethical Dilemmas**: Social workers faced complex ethical decisions, such as balancing client confidentiality with public health requirements and determining how to provide equitable services amid resource constraints (Banks et al., 2020).
- **Increased Workload and Burnout**: The pandemic led to a surge in demand for social services, resulting in heavier caseloads and heightened stress among social workers. This increased workload contributed to burnout and mental health issues within the profession (Fraser et al., 2022).
- **Resource Limitations**: Social workers often had to operate with limited resources, including personal protective equipment (PPE) and access to technology necessary for remote service delivery. These constraints hindered their ability to perform their duties safely and effectively (Manthorpe & Harris, 2020). .
- **Communication Barriers**: The shift to remote work introduced challenges in maintaining effective communication with clients, particularly those lacking access to digital technologies or the skills to use them. This digital divide impeded service delivery and client engagement (McFadden et al., 2021) .
- **Personal Health Risks**: Social workers on the front lines faced increased exposure to the virus, elevating their risk of infection. This situation led to anxiety and concerns about their own health and the well-being of their families (O'Leary et al., 2021).
- **Addressing Health Inequities**: The pandemic exacerbated existing health disparities, requiring social workers to advocate for marginalized communities and navigate systemic inequities while delivering services (McFadden et al., 2021) .

These challenges underscored the need for robust support systems, adequate resources, and comprehensive training to equip social workers to navigate crises effectively. The pandemic was found to also psychologically impacted half of the population in China, with ratings between moderate to severe (Wang *et al*., 2020). In their study, Benzies *et al*., (2022) revealed that it is unknown how social service providers perceive their personal risk of contracting the SARS-CoV-2 virus. Harrikari *et al*. (2021) concluded that the Covid-19 pandemic not only revealed the number of existing problems, but new challenges were also created in social welfare. Some of

these new challenges were inadequate crisis management and communication, limited infrastructure for working remotely and polarization of working teams into “camps” (Harrikari *et al*., 2021).

2.2.3 Working remotely.

The work-from-home practice was reported by Ten Brummelhuis *et al*., (2012) to offer some advantages. It was found to provide flexibility in terms of having flexible hours that fits personal schedules, comfort of own home and being able to take breaks in between work activities. Improved employee health and wellbeing has been associated with flexible working arrangements (Mache *et al*., 2020). Contrary to these findings, remote working was also found to offer some disadvantages such as the tendency of some employees to overwork themselves by working long hours than usual whilst at home (Donelly and Johns, 2021). Thus, managers at workplace needed to not only monitor productivity but also the wellbeing of the remote workers in dealing with the challenging period of Covid-19. In the study by de Klerk et al. (2021), working from home was found to be an effective alternative work arrangement. However, being forced to work at home was not ideal.

Working remotely was not just a change in physical location. Thus, influenced by the surrounding environment, organizational expectations, required resources and collaboration. “Given that a year has passed since the first lockdown, it is expected that employers have had sufficient time to adjust most of their operations to enable effective remote working. Using data from the South African National Income Dynamics Study Coronavirus Rapid Mobile Survey” (NIDS-CRAM), this paper explores the characteristics of workers who are not able to work from home and whether the structure of their jobs is also contributory. Benhura and Magejo, 2021 study “shows that men are more unable to work from home than women, while non-white race groups have lower probabilities of working from home relative to whites. Individuals who dwell in shacks/informal housing are less likely to work from home than those who dwell in a house/flat. In addition, workers in urban areas have lower probabilities of working from home than those in rural areas”.

Employees in formal jobs are less likely to work from home than their counterparts in informal jobs. For occupations, workers in elementary occupations and plant and machine operations are more likely to be unable to work from home than managers and professionals. Further, workers

in the mining sector, private households, the manufacturing sector and community, social and personal services are more likely to be unable to work from home compared to workers in financial intermediation. These results call for interventions that minimize the risk of the vulnerable workers' exposure to COVID-19 in the workplace. As for South Africa, Kerr and Thornton (2020) used the Post-Apartheid Labour Market Series data for 2017-2019 to classify occupations into those that can be plausibly done from home and those that cannot. The method of classification was adapted from US-based measures in Dingel and Neiman (2020). Results show that 13.8 percent of South Africans who were employed before the stringent lockdown could feasibly work at home (about 2 million). In addition, 63 percent of workers were shown to be neither essential nor could work from home (about 10.5 million workers). The study broadly concludes that working from home is possible only for relatively skilled workers. For instance, 65 percent of senior managers and 56 percent of professionals could work from home. However, no workers in low skilled occupations could work from home, since their jobs involve tasks that require them to be at their workplace (Benhura and Magejo, 2023).

2.2.4 Working remotely during Covid-19

Millions of employees were forced to work from home due to Covid-19 when governments of different countries implemented lockdown restrictions (de Klerk *et al*., 2021; He, 2020). As a result of the Covid-19 pandemic, there has been vast published research worldwide on employees remotely (de Klerk et al., 2021). However, there is lack of research on the perceptions of social workers of the Department of Social Development in particular regarding working remotely during the Covid-19 pandemic in Sedibeng region of Gauteng Province. In the study by Reddy et al., (2020), it was reported that 97.1% of participants selected stayed at home during lockdown as a prevention measure against Covid-19. From the employer's point of view, working remotely benefits the organization. Such as improved performance enhanced financial returns, employee engagement and organizational effectiveness (Conradie and de Klerk, 2019; Lee, 2018; Khodakarami and Dirani, 2020). Contrary to this, extensive remote working was found to offer disadvantages such as limited employee engagement and social isolation (Vander Elst et al., 2017; Sardeshmukh, Sharma and Golden, 2012). Overall decreased life satisfaction was also stated by Kazekami (2020) as a disadvantage of extensive remote working.

During the COVID-19 pandemic, employees' perceptions of remote work varied, influenced by factors such as job nature, personal circumstances, and organizational support. Some employees appreciated the flexibility and autonomy that remote work offered, noting improvements in work-life balance and productivity. For instance, a study by the Pew Research Centre found that among those working from home, 78% expressed a desire to continue doing so after the pandemic, up from 64% in 2020 (Parker et al., 2022).

Conversely, other employees faced challenges, including feelings of isolation, difficulties in communication, and blurred boundaries between work and personal life. Research highlighted that the sudden shift to remote work led to increased stress levels and emotional exhaustion among employees, particularly those lacking adequate technological support or a conducive home working environment (Kniffin et al., 2021). Additionally, the transition to remote work prompted organizations to re-evaluate their work policies. Many companies adopted hybrid models, offering employees flexibility in choosing their work locations. A study analysing employee preferences revealed a significant inclination towards maintaining remote work options, with variations observed across different industries and age groups (Pacheco, 2025).

2.2.5 Perceptions of non-social service employees regarding working remotely during the Covid-19 pandemic.

In South Africa, there has been various perceptions and experiences on the novelty and severity of the disease (Reddy *et al*., 2020). Matli (2020) carried out a survey in South Africa with first-time remote workers and not necessarily social workers to get their insights on the changing work landscape as a result of the Covid-19 pandemic. Thus, the current study aims to contribute to emerging literature, by interviewing social workers at the Department of Social Development on their perceptions regarding working remotely during the Covid-19 pandemic. South African caregivers took on multiple roles, balancing parenting, teaching, and employment until schools gradually reopened, starting with Grade 12 on August 3, 2020, followed by grades R to 11 on August 24, and concluding with Grades 5 and 8 on August 31 (Enca, 2020; Makou, 2020). However, due to ongoing social distancing requirements in 2021, many schools still alternated attendance schedules, causing students to attend only part-time, which affected learning continuity (van der Berg, 2020). Remote work presented added challenges, especially for employees managing childcare while working from home, often fearing exposure to COVID-19

through work interactions (Odeku, 2020). Care obligations for sick family members and increased work hours further impacted working parents, especially women, who shouldered greater household responsibilities (Khwela-Mdluli & Beharry-Ramraj, 2020). Experts recommend establishing supportive systems for remote-working women, particularly during school closures, to balance health and work (Odeku, 2020). Additionally, couples tried staggered work schedules, but this still affected productivity, while in India, women reported higher emotional exhaustion from household demands while working remotely (Shockley et al., 2020; Bhumika, 2020; Daniel, 2022).

2.2.6 Perceptions of social workers on working remotely during Covid-19

Social workers experienced difficulties in monitoring progress of clients virtually (Amorcida et al., 2020). Increased workload was a challenge to social workers as they had to link a lot of clients with relief and community-based organizations. This was due to the fact that many families had lost their sources of income and had to depend on assistance from the Department of Social Development (Salmon, 2021). Furthermore, the workload was increased as a result of increased provision of therapeutic counselling and shifting clients who experienced domestic and gender-based violence to safe houses (Gunhidzirai, 2022)

One of the social worker's perceptions of working remotely during Covid-19 mentioned by Pascoe (2022) was digital divide, which is influenced by education, language, gender, and socio-economic factors. This digital divide stems from unequal access to technology and digital skills. Ultimately, social workers feared that the service users may feel unheard, misunderstood, and undervalued. Therefore, it was concluded by Truell and Crompton (2020) that technology presented both the challenges and opportunities relating to social services during the Covid-19 pandemic.

2.2.7 Social worker's work-life balance before Covid-19

There is not a standard definition of work-life balance. Thus, work-life balance is defined by Kalliath and Brough (2008) as "the individual perception that work and nonwork activities are compatible and promote growth in accordance with an individual's current life priorities". Personal life is housed within the non-work aspect. Also included in the non-work group is family, friends, religion, and society (Francis et al., 2023). Therefore, the work-life balance is a

subjective concept which entails the magnitude of balance between non-work and work domains (Joseph and Sebastian, 2019). Work-life balance impacts employee well-being and organizational performance significantly (Stankevičiūtė and Kunskaja, 2021). In support to this, a study by Sirgy and Lee (2018) discovered that workers with a well-balanced work-life experienced job satisfaction and reported low levels of emotional exhaustion.

Impacting the work-life balance of social workers are various factors including work overload, work-family interference, organizational culture and environment, work styles, autonomy, job duties, social interaction, work satisfaction (Wilson, 2022). Social workers are at high risk of experiencing an unsatisfactory work-life balance as they perform emotional labour such as dealing with individuals who experienced significant trauma (Jia et al. 2020). Furthermore, daily tasks performed by social workers such as paperwork and administrative tasks contribute to their imbalance work-life (Bartley et al., 2016). Contrary to these fundings, other social workers found satisfaction in helping others and contributing to society. Thus, they experienced emotional fulfillment which further enhances their work-family relationship (Senreich et al., 2020; Kalliath et al., 2020).

2.2.8 Social worker's work-life balance during Covid-19

A survey by Mithran (2020), reported a third of social workers who considered quitting their social work career in the midst of the Covid-19 pandemic. These social workers experienced tremendous difficulties in balancing work and personal life. This is due to the fact that overlapping of workspace and personal living space causes dysfunction or imbalance (Francis et al., 2023). Similarly, the findings by Stanley and Sebastine (2023) indicated that social workers had low levels of social support and work-life balance. High levels of burnout were also reported during the pandemic. The results from the study by Stankevičiūtė and Kunskaja (2021) reported that during the Covid-19 pandemic, employees generally struggled with work-life balance.

When surveying the impact of the covid-19 pandemic on social workers at the frontline, Ashcroft et al (2022) concluded "whilst social workers have seen some positive outcomes in innovative approaches for service delivery, social workers have also experienced personal and professional burdens". Generally, literature review reveals that there was an imbalance in the professional work and personal life of social workers worldwide during Covid-19. Thus, after examining social worker experiences in balancing work and life, Wilson (2022) recommended that social

worker organizations could construct a merged remote and traditional working environment that allows a harmonious state of work and life. There is lack of published research on the social worker's work-life balance during Covid-19, particularly in South Africa. Research worldwide has been predominantly based on academics (Jali, 2021; Manzoor 2021).

Due to the governmental lockdown, parents had to work from home while fulfilling their children's teacher and parent roles (Casale & Posel, 2020). Thus, a tremendous burden was placed on families (Del Boca *et al*., 2020) as they balanced their responsibilities in unexpected ways (Limoncelli, 2020) and work hours were influenced by what happened within homes (Casale & Posel, 2020). "To achieve a balance between work and childcare, employees used personal resources such as people and spaces. Specifically, there were employees that chose private versus shared spaces to conduct their remote work at home.

Those who chose private spaces strengthened the barriers between work and family life by trying to keep these two aspects separate by, for example, informing children not to disturb them when they are in their home office. Alternatively, some of the employees actively diminished these barriers by combining childcare and work, such as working outside while children played or working while children completed their homework in shared spaces such as dining rooms. This finding concurs with other research; whereas some employees prefer a separation between work and non-work roles, others choose to blur these roles (Gonsalves, 2020). Moreover, following the COVID-19 lockdowns the world of work has changed indefinitely, with more than a third of middle-class South Africans continuing working from home".

2.2.9 Solutions developed by social workers to meet challenges.

Social workers faced numerous challenges during the COVID-19 pandemic, including ethical dilemmas, increased workloads, resource limitations, communication barriers, personal health risks, and the need to address health inequities. To navigate these obstacles, they developed and implemented several innovative solutions and they were as follows:

- **Adoption of Telehealth Services:** To maintain service delivery amidst physical distancing measures, social workers transitioned to virtual platforms for client interactions. This shift allowed for continued support while mitigating health risks

associated with in-person meetings. However, challenges such as technological barriers and concerns about maintaining confidentiality emerged during this transition (Banks et al., 2020).

- **Enhanced Community Collaboration:** Recognizing the strain on resources, social workers strengthened partnerships with community organizations to coordinate support services. This collaborative approach facilitated resource sharing and ensured that clients received comprehensive care tailored to their needs (Grand Challenges for Social Work, 2020).
- **Implementation of Crisis Intervention Strategies:** In response to the heightened stress and anxiety experienced by clients, social workers employed crisis intervention techniques. These strategies aimed to provide immediate support and stabilize individuals facing acute emotional distress (National Association of Social Workers, 2020).
- **Advocacy for Policy Changes:** Social workers actively engaged in advocacy to influence policy decisions, striving to secure additional resources and support for vulnerable populations affected by the pandemic. Their efforts aimed to address systemic issues exacerbated by the crisis (International Federation of Social Workers, 2020).
- **Focus on Self-Care and Professional Support:** Acknowledging the emotional toll of their work, social workers prioritized self-care and sought professional support networks. This focus helped mitigate burnout and maintained their capacity to provide effective care (Banks et al., 2020).

These solutions underscore the adaptability and resilience of social workers in the face of unprecedented challenges, highlighting their commitment to supporting individuals and communities during the pandemic. There was lack of research on the impact of social work activity on socially vulnerable groups affected by Covid-19.The Ubuntu philosophy, with its focus on humanity and interconnectedness, encourages social workers to adopt a compassionate approach grounded in a distinctly African perspective of community needs. This approach promotes innovative practices that honor the cultural context and values of those served (Manomano, 2021). By challenging political narratives around social issues, social workers advocated for communities, fostering empowerment through Ubuntu principles, which hold significant potential for rebuilding social unity within South African communities. According to

Manomano (2021), South Africa's capacity to effectively manage crises, such as the COVID-19 pandemic, hindered by pervasive issues, including poverty, inequality, unemployment, corruption, and domestic violence. These systemic challenges impact the nation's ability to achieve resilience and health equity.

2.2.10 South African government's interventions during Covid-19

DSD's support was needed to improve psychological wellbeing of the social workers. De Klerk reported organizational support as the key requirement for working from home. Pascoe (2022) stated that during the pandemic, "social workers were also managing personal challenges such as increased anxiety, social instability, concerns of safety, feelings of grief or loss, and accessing resources during lockdowns". Therefore, support was needed. It was concluded by Kim et al. (2021) that the impact of the pandemic on mental health and non-health related should be considered by policymakers in South Africa to maximize the well-being of citizens.

During the COVID-19 pandemic, the South African government implemented several measures to protect employees and mitigate the pandemic's economic impact. One such initiative was the Temporary Employer/Employee Relief Scheme (TERS)**,** which provided funds to businesses or directly to employees to ensure wage payments during the pandemic (Noyoo, 2021). Additionally, increased Social Assistance was introduced, with the Department of Social Development expanding food relief programs from supporting 1.1 million to 3.3 million individuals to ensure food security during the national lockdown (Noyoo, 2021).

Further interventions included financial relief measures**,** where the government implemented additional economic and social relief programs to support businesses and individuals affected by the crisis (White & Case LLP, 2020). Moreover, support for vulnerable groups was enhanced through investments in civil society organizations addressing gender-based violence and strengthening the Gender-Based Violence Command Centre to meet rising service demands (Government of South Africa, 2020). These interventions aimed to safeguard employees' livelihoods and address the broader social challenges exacerbated by the pandemic.

2.3 THEORETICAL FRAMEWORK UNDERPINNING THE STUDY

2.3.1 Ecosystem approach

The study was grounded in the ecosystem approach, which considers the varied complexities of natural ecosystems alongside the intricate frameworks of human-established systems—legal, administrative, and institutional. The effective implementation of the ecosystem approach remains a challenging task due to the wide range of interconnected issues involved. These complexities make it difficult to create specific, universally applicable rules for its operationalization. Nevertheless, the ecosystem approach has become a widely recognized guiding principle across multiple fields, often regarded as essential for sustainable management of ecological systems (Langlet & Rayfuse, 2019). Moreover, this approach has gradually influenced the development of new normative tools, shaping legal interpretations in ways that better address environmental complexities (Bohman, 2022). A significant aspect of the ecosystem approach is the emphasis on public participation and stakeholder engagement, which fosters broader acceptance, ownership, and support for ecological management initiatives (Langlet & Rayfuse, 2019).

The COVID-19 pandemic has significantly reshaped social work practice, highlighting the relevance of the ecosystem approach in understanding, and addressing the multifaceted challenges faced by clients and practitioners alike. The ecosystem approach, originally proposed by Bronfenbrenner, views individuals as part of a complex system of interactions within various environments, including family, community, and society at large (Bronfenbrenner, 1979). During the pandemic, this approach became crucial for social workers as they navigated the interconnected layers of individual and systemic needs. According to Lachman et al. (2021), social workers utilized the ecosystem framework to assess the impact of COVID-19 on different levels of clients' lives, from immediate family dynamics to broader societal stressors such as economic instability and public health concerns.

Employees navigated a complex system of interactions during the COVID-19 pandemic across various environments, including family, community, and society at large. Bronfenbrenner's ecological systems theory provides a framework to understand these multifaceted influences by delineating different environmental layers that impact individuals (Bronfenbrenner, 1994).

The **microsystem**, which includes direct interactions with immediate environments such as family, workplace, and close social circles, was significantly affected. Employees had to adapt to remote work setups and altered family dynamics due to lockdowns (Bronfenbrenner, 1994). The **mesosystem**, which represents the interconnections between various microsystems, saw the blurring of boundaries between professional responsibilities and family life, causing challenges in balancing work and personal obligations (Bronfenbrenner, 1994).

The **exosystemic** comprises broader social structures, such as governmental policies and economic conditions, which influenced employees indirectly. Governmental interventions, including financial relief measures and social assistance programs, played a crucial role in supporting employees during the pandemic (Noyoo, 2021). Meanwhile, the **macrosystem**, which encompasses cultural values, societal norms, and overarching ideologies, experienced a shift as the pandemic led to a re-evaluation of work culture, emphasizing flexibility, mental health, and work-life balance (Bronfenbrenner, 1994).

Understanding these interconnected systems is essential for comprehending the multifaceted challenges employees faced during the COVID-19 pandemic. The ecosystem approach has enabled social workers to adopt a holistic view of clients' circumstances, facilitating interventions that address multiple aspects of well-being. For instance, Tronto and Evetts (2022) emphasize the importance of considering how social determinants of health, such as access to healthcare, education, and employment, are interrelated and impacted by the pandemic. By understanding these connections, social workers were better equipped to devise comprehensive support strategies that encompassed both individual and community-level solutions.

Moreover, the pandemic highlighted the significance of interagency collaboration within the ecosystem model. Social workers coordinated with healthcare providers, educational institutions, and community organizations to create integrated support networks for clients (Thompson & West, 2022). This collaborative approach not only enhanced service delivery but also strengthened the resilience of communities facing unprecedented challenges. As Rizzo et al. (2023) point out, the ecosystem approach fostered adaptability and innovation in social work practice, paving the way for more effective responses to complex social issues.

The onset of COVID-19, social workers faced significant shifts, as remote work became essential to reduce health risks within traditional office environments This change introduced challenges to maintaining effective service delivery, as remote work redefined the boundaries of social workers' environments. The ecosystem approach serves as a guiding framework for investigating how these adaptations impacted social workers' ability to serve clients and comply with health protocols. Findings from such studies may support the development of future protocols that balance service delivery with health and safety (Banks et al., 2020).

The ecosystem approach was highly relevant to research on social work service delivery because it provides a holistic framework for understanding the complex interactions between social workers, clients, and the environments they both navigate. Social work often involves addressing various interconnected issues that clients face, which can be affected by factors in their physical, social, and economic environments. By using an ecosystem approach, researchers can better evaluate how these external factors, such as community resources, social policies, or environmental stressors, influence both the challenges clients face and the effectiveness of service delivery.

Furthermore, this approach emphasizes adaptability, interdisciplinary collaboration, and stakeholder engagement, which aligns with the principles of social work. The COVID-19 pandemic, for example, highlighted the need for flexible, responsive services in changing conditions, underscoring the ecosystem approach's relevance in planning for future disruptions. By incorporating ecosystem principles, social work research can contribute to more sustainable, adaptable service delivery models that prioritize well-being and resilience at both individual and community levels (Ungar, 2011; Langlet & Rayfuse, 2019).

2.4 CHAPTER SUMMARY

Chapter two discussed both the literature review and the theoretical framework of the study. The sections that were cover are the history of Covid-19 pandemic and theoretical framework underpinning the study is also provided indicating how the theory is applicable to the study .The next chapter discusses research methodology.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 INTRODUCTION

This chapter elaborates the research methodology that was applicable for the study. The methods of data collection and data analysis are also discussed. This chapter also addresses the trustworthiness and ethical principles were considered during the study.

3.2 RESEARCH QUESTION

What are the perceptions of social workers at the Department of Social Development regarding working remotely during the COVID-19 pandemic in Sedibeng region of Gauteng province?

3.3THE PRIMARY AIM AND SECONDARY OBJECTIVES

3.3.1 Aim:

The study explored the perceptions of social workers at the DSD regarding working remotely during the COVID-19 pandemic in Sedibeng district municipality-Gauteng province.

3.3.2 Objectives:

- To explore DSD social workers' understanding of working remotely.
- To explore the experiences of DSD social workers regarding working remotely during COVID-19 pandemic lockdown.
- To elicit DSD social workers' views on how they can be supported when working remotely during the pandemics.

3.4 RESEARCH APPROACH AND DESIGN

The study undertook the qualitative approach. "Qualitative research is a scientific method of observation to gather non-numbered data by using various strategies to enhance validity" (Liamputtong 2013). It is an approach that is apprehensive in discovering phenomena from the interior and taking the viewpoints and accounts of research participants as a preliminary point. It

is also defined by Spriner & Creswell (2012) “as a means for exploring and understanding the meaning individuals or groups ascribe to a social or human problem” (p.56) .

The researcher also understands a qualitative approach as an approach that works in acquiring data from participants’ perceptions. It considers the participant’s point of view as a point of departure when gathering information and it is also used more in exploring the research question. Through this approach, the researcher will be able to communicate with participants and gain an understanding of their thoughts, experiences, and ideas about the research question. Thus, allowing the researcher to gain more understanding of the research study.

Akthar (2016) defined a research design as “the structure of research it is the “Glue” that holds all the elements in a research project together, in short it is a plan of the proposed research work” (p.45). The type of research design that was applicable in this study is the case study design. A case study is defined as “an intensive study about a person, a group of people or a unit, which is aimed to generalize over several units (Gustafsson, 2017). The case study was focused on a specific group of social workers in the geographical location, during a particular time (the Covid-19 pandemic), and the study explored their experiences and perceptions regarding the shift to remote work. The advantage of using a case study is that it allows for in-depth understanding of the single phenomenon when the researcher wants to specific phenomenon arising from a particular entity (Heale & Twycross, 2018). However, the limitation of the case study is that the volume of data generated can be difficult to organize. Also, data analysis and integration strategies need to be well thought (Heale and Twycross, 2018). During a case study, the researcher must be very alert (Akthar, 2016).

3.5 POPULATION AND SAMPLING PROCEDURES

Maree (2011) explained population as the number of people in a geographic area. It is also defined by Gravetter and Wallnau (2017) as all elements, individuals, or units that meet the selection for the group to be studied. A sample is defined as a subset of the given population consisting of a predetermined number (Maree 2011). Gravetter et al (2017) also defined a sample as a set of individuals selected from a population usually intended to represent the population in a research study. For this study, the sample comprised of 15 social workers at the Department of

Social Development in the Sedibeng region with the experience of working remotely due to COVID-19 lockdown.

The initial stage of the selection procedure was to seek permission from the Human Research Ethics Committee at the University of the Witwatersrand (Appendix E). Once permission was granted, the researcher approached the Gauteng Department of Social Development to obtain permission to contact the social workers with more than five years of working experience from the Sedibeng regional office (Appendix D). Participants with more than 5 years of work experience did not have interest in participating permission was requested from the research supervisor to interview few participants with less than 5 years of work experience who had the interest and willingness to participate. The researcher informed them about the purpose of the study and the participants who agreed to participate were issued with the participation information sheet that had the duration of the interviews. Ritchie et al (2014) defined a purposive sampling as a process where participants are chosen because they have particular features or characteristics.

The researcher believed that purposive sampling was applicable for the study as the participants were selected because they posed characteristics that will benefit the project being studied. Ritchie et al (2014) defined a purposive sampling as a process where participants are chosen because they have particular features or characteristics. Therefore, the disadvantage of purposive was that it made room for the researcher to be biased because a purposive sample was created based on the researcher's judgement (Sharma, 2017) via the researcher was also a social worker by profession.

3.6 RESEARCH INSTRUMENT

A semi-structured interview schedule was employed as the primary research tool in this study to explore social workers' perceptions of remote work during the COVID-19 pandemic (Appendix C). This method allows for flexibility, as it combines both open-ended questions and the freedom to explore participants' responses more deeply through follow-up questions (Bryman, 2016). In the context of this study, the interview guide consisted of nine questions that were directly linked to the study's objectives, enabling the researcher to gather comprehensive data while maintaining a structured approach (Creswell, 2014). One key advantage of using semi-structured interviews

is the opportunity for the researcher to engage participants in a conversation that can delve into areas that were not initially anticipated, offering a richer understanding of the participants' experiences and perceptions (Silverman, 2016).

However, this method also comes with challenges, such as participants' initial hesitancy to engage in interviews during office hours, which may affect the quality of the data collected (Bryman, 2016). The researcher's professional background as a social worker further enhanced the ability to conduct interviews effectively, ensuring that the interviews were conducted in a manner that encouraged openness and trust. The tool requires interviewing skills and the fortunately the researcher is a social worker by profession and skilled to interviewing. The disadvantage of the tool was that participants were hesitant at first as they had to be interviewed during office hours.

The type of questions included in the schedule are as follows: The participants were requested to define working remotely in their own understanding, the other question was to elaborate the experience of working remotely personally and professionally, the participants were asked about the impact of Covid-19 on their workloads and reaching targets. The other question was sharing the lessons from working remotely on service delivery, the participants were requested to state how the seniors supported participants, and they were asked how they balanced work and like during the pandemic. The other question was for the participants to provide recommendations in case future pandemic strike again (Appendix C).

3.6 PRE-TESTING OF THE RESEARCH INSTRUMENT

Pre-testing the interview questions before the start of the research was necessary to test the relevance of the questions to the study to gather relevant information and addresses the gaps that may be identified before the actual study (Mikuska, 2017). One social worker who met the requirements was requested to do a pre-test of the research instrument. The social worker who took part in the pre-test did not take part in the main study. The pre-test really helped the researcher to estimate the duration of the interviews as the pre-tested participant was a senior Social Worker at the DSD, and all the questions from the semi-structured interview schedule were understood by the participant.

3.7 METHOD OF DATA COLLECTION

Data collection was gathered using in-depth face-to-face interviews. This type of interview employs a relatively detailed interview structure. The advantage is that participants are free to respond to open-ended questions as they wish and the researcher may probe the responses (McIntosh & Morse, 2015). One key benefit of face-to-face interviews is the depth of information they provide. Since researchers can interact directly with participants, they can ask follow-up questions to clarify and expand responses, leading to a more comprehensive understanding of the topic (Creswell & Poth, 2018). Additionally, non-verbal cues, such as facial expressions and body language, contribute to data interpretation, enhancing the credibility and accuracy of findings (Bryman, 2016). The ability to build rapport with participants is another advantage, as it encourages openness and honesty, particularly in sensitive research topics (Opdenakker, 2006).

Despite these advantages, face-to-face interviews can be time-consuming and expensive. The process of scheduling, conducting, and transcribing interviews requires considerable effort and resources (Silverman, 2016). Another challenge is the potential for researcher bias, as participants may modify their responses to align with perceived expectations (Bryman, 2016). Additionally, due to logistical constraints, sample sizes tend to be smaller, limiting the generalizability of findings (Creswell & Poth, 2018). Lastly, participants may be hesitant to discuss sensitive issues in a face-to-face setting, which could impact data accuracy (Opdenakker, 2006). The disadvantage of in-depth interviews is that they may be empathetic and politically engaged. This shifts the researcher's perspective from a neutral, objective stance to one of political involvement (McIntosh & Morse, 2015). Permission or consent was requested from the participants to audio record the interviews. All the interviews were done in English language as the language of communication.

Some of the interviews were conducted in interview rooms where clients were being interviewed as Social Workers are based in an open plan office space, other interviews were done in the cars as there was strike by the Non-Profit Organisation sector regarding their funding being cut and the Social Workers' offices were closed for two months (March and April) in the year 2023**.** The shortest interview was 20 minutes and the longest interview was 45 minutes, the interviews

duration was guided by participants' personalities as some were introverts and others were extroverts.

3.8 DATA ANALYSIS

Thematic analysis is a qualitative research method used to identify, analyse, and interpret patterns within data (Braun & Clarke, 2019). This study applied Braun and Clarke's (2019) structured the framework to systematically analyse the data and the below steps were followed in the study:

1. **Familiarization with Data:** Initially, the researcher transcribed the audio recordings and thoroughly reviewed the transcripts multiple times. This immersion in the data helped highlight key ideas and patterns, facilitating the identification of preliminary insights (Braun & Clarke, 2019).
2. **Generating Initial Codes**: The next phase involved manually assigning codes to different segments of the dataset. Each piece of relevant data was systematically labelled with a code that captured its core meaning. This structured approach ensured that all essential information was categorized effectively (Braun & Clarke, 2019).
3. **Identifying Themes**: After coding, the researcher examined the codes to determine broader themes. Similar codes were grouped together to form overarching themes that captured significant aspects of the dataset. The process involved analysing how different codes were connected and how they contributed to answering the research question (Braun & Clarke, 2019).
4. **Defining and Refining Themes**: In the final phase, themes were refined to ensure clarity and distinction from one another. Each theme was carefully named to accurately represent its significance in the data. These refined themes provided a structured narrative aligned with the research objectives, ensuring a meaningful interpretation of the findings (Braun & Clarke, 2019).

By following this method, the study ensured a systematic and rigorous analysis, leading to a deeper understanding of social workers' perspectives on remote work during the COVID-19 pandemic.

3.9 TRUSTWORTHINESS

To ensure the trustworthiness of the study, the researcher followed the four criteria outlined by Shenton (2004):

Credibility: Ensures the research accurately reflects the perspectives of participants. This is achieved through techniques such as member checking, prolonged engagement, and triangulation (Creswell & Poth, 2018).This was ensured through semi-structured interviews and by establishing professional relationships with participants to create a comfortable environment for open communication.

Transferability: Refers to the applicability of findings in other contexts. Researchers enhance transferability by providing rich, detailed descriptions that allow for comparisons with similar studies (Nowell et al., 2017). Detailed descriptions of the research methodology and findings were provided, enabling comparisons with similar studies.

Dependability: Ensures consistency in the research process, meaning that if the study were replicated, similar results would be obtained. This is achieved by maintaining an audit trail and detailed methodological descriptions (Shenton, 2004).The study's methodology was thoroughly described, allowing for its replication.

Confirmability: In qualitative research refers to the degree to which research findings are shaped by the participants' responses and not influenced by the researcher's biases or personal motivations. To establish confirmability, researchers must ensure that their research process and resulting interpretations are traceable and auditable. This transparency allows other researchers to follow the path of analysis and verify how conclusions were drawn from the raw data.The data-driven approach used in the study ensured that the findings were grounded in the data collected.

Additionally, the researcher employed reflexivity due to her professional background in social work, acknowledging the subjectivity inherent in data analysis.

3.10 ETHICAL CONSIDERATIONS

Hammersley and Traianou (2014) defined ethics as the study of determining what is right or good, focusing on the creation of ethical codes and principles for moral behaviour. May (2011) supported this, describing ethics as guiding principles for respectful treatment of participants. The researcher adhered to several ethical considerations in this study, including ethical clearance, confidentiality, informed consent, anonymity, voluntary participation, and ensuring no harm, along with ensuring trustworthiness.

Ethical Clearance: Ethical clearance was obtained from the Departmental Ethics Committee before data collection began. The certificate ensured that all ethical guidelines recommended by the committee were followed with the ethics reference number/protocol number (SW22/08/16) (Appendix E) .

Confidentiality: Confidentiality refers to maintaining the privacy of participants, ensuring that no identifiable information is shared unless harmful or dangerous situations are disclosed (Grober et al., 2013). Ritchie et al. (2014) similarly defined confidentiality as the responsibility to protect participants' identities and ensure their statements during interviews are not disclosed. Some participants shared how unfair support was provided by their seniors as some Social Workers were selected to access EAP services during the pandemic and others were not selected, the participants regarded this as favouritism whereas most Social Workers needed support while working remotely. Participant were informed that the information will not be disclosed but will be shared with the University only for evidence purpose.

Informed Consent: According to Ritchie et al. (2014), informed consent involves providing participants with sufficient information to decide whether to participate in a study. Babbie (2011) emphasized that participation should be voluntary and based on full awareness of any potential risks. In this study, participants were fully informed about the study before agreeing to participate (Appendix B).

Anonymity: Anonymity means participants' identities are protected and cannot be linked to their responses (Creswell, 2014). Waite (2012) added that anonymity means participants should not be distinguishable. In this study, participant names were excluded from transcripts to maintain their

anonymity, and the researcher used pseudonyms (Participant 1, participant 2, participant 3, to participant 15)

Voluntary Participation: According to Atkins and Wallace (2012), participants should not be coerced into participating, and they must be informed that they can withdraw at any point without consequence. The researcher informed participants of their right to withdraw at any stage of the study without penalty.

Doing No Harm: The researcher ensured that the study would not cause harm to participants. Should any negative emotional impacts arise, participants could withdraw or be referred for psychosocial support, especially considering the potential sensitivities during the COVID-19 pandemic.

3.11 CHAPTER SUMMARY

The chapter three of this study outlined the approach and design used to explore social workers' perceptions of remote work during the COVID-19 pandemic lockdown. Furthermore, the chapter elaborated on the semi-structured interview schedule, which was pre-tested to address potential issues. The chapter also included the process of obtaining ethical clearance from relevant authorities and ensuring confidentiality, informed consent, and voluntary participation. The next chapter presents and discuss the findings of the study.

CHAPTER FOUR
PRESENTATION AND DISCUSSION OF THE FINDINGS

4.1 INTRODUCTION

This chapter presents and discusses the findings of the study aligned to the set objectives of the study; the data was analyzed using thematic analysis and the responses of the participants are reported in verbatim quotations below.

4.2 Demographic profile of the participants

The table below shows the demographic profile of the participants.

Table 4.1: Demographic profile of the participants (N = 15)

Demographic factor	Sub-category	Number of participants
Gender	Female	9
	Male	6
Age	21-30 years	3
	31-40 years	7
	41-50 years	4
	51-60 years	1
Years of social work experience	1-10	11
	11-20	3
	21-30	1

The table above displays the demographic information of the fifteen participants that were interviewed for the study. The participants consisted of 9 females and 6 males that are registered social workers. Only three participants were between the ages 21and 30, seven participants between the ages 31 and 40, four participants between the ages 41 and 50, and one participant who was between 51 and 60. The marital status of the participants was discussed, which formed

part of work and life balance during the COVID-19 lockdown to get the perceptions of how the two were balanced.

4.3 Themes that emanated from the study are as follows:

Firstly, there was Participants' understanding of providing social work services remotely, which led to the two sub-themes that were working from home and working out of office. Secondly, there was Participants' experiences of working remotely, which led to the advantages of working remotely and challenges of working remotely as sub-themes. Lastly, there were future suggestions for preparing and addressing service delivery during a pandemic which led to the two sub-themes namely, Provision and increment of required resources as well as enhancement of the DSD's support to the social workers.

4.3 DSD SOCIAL WORKERS' UNDERSTANDING OF WORKING REMOTELY.

4.2.1 They understood working remotely as working from home.

The participants were requested to define working remotely in their own understanding and the findings from the study indicated that the participants understood working remotely as similar to working from home: To support this, the following are some of the responses.

"*It meant that we had to work at home. In general, it was mostly working at home because we could not access the office due to the COVID pandemic (P4, F, 43 years)".*

And

"It meant working from home for safety reasons because we were exposed to COVID-19 at the time, it meant being able to perform your duties in the safety of your own living environment. (P12, F, 31 years)".

And another participant added the following response.

"Working remotely was working from your own home environment but yet still rendering services to the clients on needs basis. (P7, F, 36 years)".

In addition to the above two participant one participants added

"My *understanding of working remotely in social work is basically to render social work services to clients while working from home through use of phone calls and other platforms to also link clients with resources to attend to meetings and trainings. Workshops were done via, virtual platforms. And to also keep records of whatever that I'm doing electronically and manually. (P13, F, 30 years)".*

And

"My understanding with working remotely in social work practice was that the country was experiencing a disaster which was beyond anyone's control and because of the highest number of people in my work environment as a mitigating factor the department came with the intervention that people should work remotely because there was business continuity plan (P3, M, 48 years)".

According to the participants above, they explained working remotely as working from home. Remote working is simply defined as the lack of face-to-face interaction with colleagues and their clients (Toscano and Zappalà, 2020). This was to ensure that social distance is kept amongst social workers for safety reasons. According to Atiku, Jeremiah, and Boateng (2020) employers insisted that employees work from home as a way of curtailing the spread of Covid-19 through social distancing. In addition, the pandemic itself forced workplaces globally to adjust their patterns of working (Davison, 2020; Richter, 2020). The literature agrees with the findings that face-to-face interaction was limited as one participant mentioned that online links were shared in order to attend the meetings and trainings instead of sitting in a boardroom together or attending a training at a conference center physically.

The following responses were from the two junior Social Workers:

"For me personally, I thought working remotely meant working from home and every duty that you can possibly do from home, you can do by calling your clients, making appointments with your clients. Not necessarily coming to the office but making sure that by the time your appointment comes with your client, you have every precaution taken. Because of the pandemic you actually do admin, you do everything. Everything that you can possibly do when you're in the office, but just, from home. (P14, F, 30 years)"

And the other junior Social Worker responded that:

"My understanding of working remotely in social work is basically to render social work services to clients while working from home through use of phone calls and other platforms to also link clients with resources to attend to meetings and trainings. Workshops via, you know, virtual platforms. And to also keep records of whatever that I'm doing electronically and manually. (P13, F, 30 years)

The junior Social Workers were just employed when they experienced working remotely and because they did their four months internship program at the Department of Social Development in Sedibeng Region, they were able to respond to the research questions in relation to the working remotely during the Covid-19 pandemic.

4.2.2 Working out of office.

The findings of the study indicated that some of the participants understood working remotely as working out of the office and their responses were as follows:

"It was to execute my duties away from the office as I am office based. (P6, M, 37 years)".

And

"My understanding was working away from the people, in isolation avoiding face to face contact with the clients at the office. (P9, M, 34 years)".

Additionally to the above two responses, two participants responded as follows:

"I understood that we still had to perform certain duties while not at the office and at the same time remain accessible during the time that we are not at the office (P1, F, 52 years)".

And

"My understanding about working remotely was that we could work from anywhere, but at the time we're working from home, so my understanding of working remotely is that you can work from anywhere as long as you get the job done (P8, F, 35 years)".

The recent definition of remote work, also known as telecommuting, describes it as a work arrangement that enables employees to fulfill their job duties outside of the traditional office

environment, often from home. This arrangement relies on digital communication and internet-based tools to facilitate interaction between remote employees and office-based colleagues (Calilio, 2023). In addition, by enabling flexibility in work location, remote work allows employees to leverage technology for tasks like video conferencing, messaging, and cloud-based project management, enhancing productivity and work-life balance (Kurland & Bailey, 2020). In contrast, this setup, while convenient, also brings unique challenges, such as the potential for reduced in-person collaboration and supervision, highlighting the importance of intentional communication strategies to support remote teams effectively (Calilio, 2023). The literature supports and agrees with the findings that one can work from any location as long as the job is done with applicable resources, and people are being serviced as expected.

4.3 DSD SOCIAL WORKERS' VIEWS ON HOW THEY CAN BE SUPPORTED WHEN WORKING REMOTELY DURING THE PANDEMICS.

Social workers had different views on how they can be supported in order to render services satisfactory, below are the identified sub-themes from the participant's responses:

4.3.1 DSD's support

The theme that emerged from the study is the support provided by the Department of Social Development (DSD) to social workers, particularly during the COVID-19 pandemic. As frontline service providers, social workers faced numerous challenges, including remote work adjustments, increased workloads, and emotional strain. The role of the DSD in offering resources, guidance, and psychosocial support became essential in ensuring the continuity of service delivery.

"Yeah, I think the employer was very, very good because even they even gave us everything. I mean during that time. So, the employer was very, very supportive (P2, M, 49 years)".

"Honestly, I'd say they were supportive and unsupportive. The reason why I say they were supportive, they said they were understanding to reporting on time. But, also unsupportive that in instances where they were expecting work to be done, but there were no resources for the work to be done. So, the expectation was that you get your work done, but you could not say you do not have resources. So, I think in that instance you are not supportive. But in terms of

submitting reports and stats on time or late, they were supportive in that regard because they understood that we were in the middle of a pandemic (P8, F, 35 years).”

From my side, there was no support. Like there was no emotional support at all. Resources, no tools of trade, we didn't have anything. Like for my side, we didn't have support at all. That's my wish for the future, if maybe this pandemic comes back again, for us to receive that support because it was not easy for us. We are also human beings, so when we are working, we had to go to work and this pandemic and then maybe it, eish it was like, it causes a lot of stress for us as well. But we didn't have a choice, we had to come back to work. So, I wish maybe in the next future, the department maybe can provide us with maybe emotional support and ensure that at least we do have tools of the trade. (P11, F, 32 years)

4.3.2 Debriefing sessions.

Debriefing sessions emerged as a significant theme in the study, highlighting their importance in supporting social workers' emotional well-being and professional resilience. Given the stressful nature of their work, particularly during the COVID-19 pandemic, social workers often encountered emotionally demanding situations that required structured opportunities to process their experiences.

“ *I am going to talk about my personal experience. So, with me, fortunately, I was one of the beneficiaries for the debriefing session and I am aware that most of the social workers were not part of that service. So yeah, that was one of the things that I benefited from. I have also heard from other colleagues saying that they have benefited from EAP services for the different personal issues that they had (P13, F, 30 years)”.*

“But I don't think that there was much support that was provided because you know, the pandemic hit us emotionally more than anything. So as much as we have the EAP program in place, but I think more awareness needed to be done. You know, the service, the awareness in terms of the service with regards to EAP needed to be more marketed so that people will know. You know because a lot of people lost their loved ones. So, that's why I'm saying not much was done as per support, I think that they just expected people just to move on with life as usual, even though it was not the normal time. We needed to be normal in an abnormal situation (P4, F, 43 years)”

"From my side, there was no support. Like there was no emotional support at all. Resources, no tools of trade, we didn't have anything. Like for my side, we didn't have support at all. So, I wish maybe in the next future, the department maybe can provide us with maybe emotional support and ensure that at least we do have tools of the trade. (P11, F, 32 years)".

This theme explored how debriefing sessions provided a platform for reflection, peer support, and coping strategies, ultimately helping to prevent burnout and compassion fatigue. Additionally, it examines the accessibility, frequency, and effectiveness of these sessions within the Department of Social Development (DSD). Identifying gaps in the availability of debriefing support may offer insights into improving mental health resources for social workers, ensuring they receive adequate emotional and psychological support while carrying out their duties.

Encouraging supervisors to promote EAPs and debriefing options could mitigate stress and maintain emotional resilience among social workers. Implementing consistent support structures may also reduce turnover and ensure professionals remain motivated, enabling them to continue delivering critical services to vulnerable communities effectively throughout ongoing and future crises (Wilson, 2021). Participants above noted both negative and positive views regarding the support from the DSD. Emotional support services, such as Employee Assistance Programs (EAPs), were recommended but underutilized, with many social workers were unaware of or unable to access these resources in a timely manner. The literature agrees that employers support is very crucial to employees and DSD's support to the social workers was reported to have not been satisfactory as some social workers were selected to benefit from EAP services and others were not made aware of such services at DSD.

4.3. 3 Information on self-protection.

Given their role in providing essential services to vulnerable communities, social workers were often exposed to high-risk environments, making access to accurate and timely self-protection information crucial. This theme explored the extent to which social workers received guidance on health protocols, personal protective equipment (PPE) usage, and workplace safety measures. The theme was identified, and the responses was as followed:

"*I felt it was okay. I am not going to say it was more than okay or lesser because we were always informed on what is going on. How to protect ourselves, we always received such emails. But we were also expected to do our work. We were also expected to take precaution but do your work. We did home visits, knowing very well that you are going to be exposed to the possibility of contracting Corona even after we came back from stage five of the pandemic. But we were provided sanitizers that is some sort of support. We were provided information, we had support. But it was just okay (P15, F, 28 years)".*

Understanding the accessibility and effectiveness of self-protection information can help identify gaps in occupational health and safety policies, ultimately enhancing preparedness for future public health crises and ensuring the safety of social workers in the field.

4.3. 4 Poor and limited support.

This theme explored the extent to which social workers received institutional support, including access to technology, supervision, emotional well-being initiatives, and policy adjustments.

"It was very poor. I was only given a cell phone that time. I was expected to write reports and to deliver reports to court with public transport as I do not have a car. The public transport system itself was on strike because they were not allowed to fill up their taxis so there was lack of support (P6, M, 37 years)".

And

"The support from employer was there but not enough as we were issued masks and protective gloves occasionally instead of always making sure that they were available for the employees. But I understand because the pandemic was the first-time experience (P3, M, 48 years)".

And

"If I could rate the support on a scale of 1 to 10, I would give the support 3 because there was no support available but I understand because even management were also at risk so it was very difficult for everyone and the employer thought that social workers are matured enough and do not need to be baby seated. The two weeks in a month one will be sitting at home without laptop. (P7, F, 36 years)".

The theme highlighted areas where support may have been lacking and its impact on social workers' efficiency and job satisfaction. Understanding the level and effectiveness of DSD's support can provide valuable insights into improving workforce resilience and preparedness for future crises.

4.3.6 Benefit of doubt.

The theme was essential aspect in understanding the experiences of social workers, particularly in navigating trust and accountability within their professional roles. In the context of remote work during the COVID-19 pandemic

" It was not enough. They tried because this was the first time. Obviously, this thing was happening for the first time, but it was not enough. It was a bit confusing as well, the whole situation was a bit confusing, but it was not enough. Even the resources we were given were not enough. Sanitizers were running out. We got those, what are those things? That barrier between us and the clients? Very late. Face masks, some of us we were not given face masks, we had to bring our own. Not saying that we have, but it would just be nice as the employer to know and take into consideration that you know my space of work and make sure that employees everything that they need to work. So, it was not enough, but the employer tried (P14, F, 30 years".

The study further examined how organizational policies and managerial approaches influenced the trust dynamic, affecting overall job satisfaction and motivation. By addressing these concerns, institutions like the Department of Social Development can foster a supportive work environment that values the integrity and professionalism of social workers.

4.4 PARTICIPANTS' PROPOSED CHANGES BASED ON EXPERIENCE.

Due to the work changes during the pandemic one participant had a suggestion on what can be done to improve work schedules below:

"I think the work schedule with regards to the number of people and number of days on the rotation schedule needed to be stretched so that some service delivery issues were balanced. (P3, M, 48 years)".

The COVID-19 pandemic fundamentally transformed the social work profession, prompting social workers to propose significant changes in how services are delivered remotely. In addition,The abrupt shift to remote work highlighted both opportunities and challenges, leading to a re-evaluation of practices and methodologies. According to Lynch (2021), social workers identified the need for better technological infrastructure and training to enhance the efficacy of remote service delivery. The lack of access to reliable internet and digital tools often hampered their ability to engage with clients effectively.

4.4.1Provision of needed resources

A few participants articulated on what the DSD could improve which possibly will assist in the rendering of services if future pandemic strike again and the responses are as follows:

4.4.1.1 Resources - tools of the trade required to facilitate working remotely.

The transition to remote work during the COVID-19 pandemic highlighted the critical need for adequate resources and tools to enable social workers to continue delivering services effectively. This theme explores the availability, accessibility, and adequacy of essential resources such as laptops, stable internet connections, secure communication platforms, and digital case management systems.

“ Eish! firstly, the thing that I will change is for us as social workers who are working with communities and then communities that need our help almost on daily basis is for the department to ensure that at least we do have tools of trade. To continue with the service delivery because it becomes difficult when you do not have the tools of trade to be able to assist the organizations. Then another thing, for the NPOs, I wish if maybe this pandemic comes back again, the NPOs should continue operating even if maybe they do not operate on daily basis. But beneficiaries at least, should come even if maybe they do not do their daily programs. But maybe they should come for meals because most beneficiaries they are relying on those NPOs to get food. Yes, at their homes it is a challenge. So, some of the beneficiaries used to get calls from the center managers that beneficiaries are eating in the dustbins of which it was not okay because not all persons with disability receive the disability grant. (P11, F, 32 years).

And

“ The employer must provide tools such as permanent cars for intake social workers, cell phones with data and airtime, laptops with routers. There was no need for intake social workers to report to the offices to give supervisors feedback face to face as zoom should have been used. In our line of work, admin takes up a lot of work. The employer could have technologically equipped social workers. (P6, M, 37 years)”.

Challenges such as digital literacy gaps, data costs, and confidentiality concerns further influenced the effectiveness of remote work. Examining this theme provides insight into how resource availability shaped social workers' experiences and identifies areas for improvement in future remote work arrangements. In addition to the above responses, the following participant found the question difficult and the response was as follows:

“ It is a very difficult question but the most thing that was disadvantaging us was resources so I might say even though it is not upon me but upon superiors the allocation of sufficient resources to enable the social workers to the work to the full potential. If working remotely, let the social workers be in communities so that social workers are accessible to the communities because what I have realised with the experience of working remotely was that social workers were in urban areas. People in the outskirts of the townships were struggling to reach our services so what I envisioned is the social work centres for working remotely to be in the communities so that clients can reach the services. (P10, M, 34 years)” .

The Department of Social Development (DSD) can play a critical role in supporting social workers during pandemics by addressing resource needs and providing essential tools and technology. During COVID-19, many social workers struggled with limited access to necessary equipment, such as laptops, mobile phones, and internet connections, which hindered effective service delivery (Smith, Williams, & Jones, 2020). In preparing for future crises, DSD can implement a comprehensive needs assessment to identify and allocate resources that facilitate remote work, ensuring continuity in support for vulnerable populations. Additionally, increasing awareness and accessibility of Employee Assistance Programs (EAP) is crucial for promoting social workers’ mental health and well-being, especially as they cope with pandemic-induced stressors (Walter-McCabe, 2020).

4.5 FUTURE SUGGESTIONS FOR PREPARING AND ADDRESSING SERVICE DELIVERY DURING A PANDEMIC.

4.5.1. Collaborate with other government departments.

Collaboration between the Department of Social Development (DSD) and other government departments plays a crucial role in ensuring effective service delivery, especially during crises such as the COVID-19 pandemic. Social workers often rely on interdepartmental cooperation to address complex social issues, including poverty alleviation, healthcare support, child welfare, and mental health services. One participant highlighted the need for the involvement of other departments below:

" Contingency plan needed to be the employer's priority, the employer must interact with other departments especially the department of health, and there must a task team of professionals who will come and educate employees more about the issues of that pandemic. (P3, M, 48 years)".

The COVID-19 pandemic underscored the need for robust and adaptable social work service delivery models capable of withstanding unprecedented challenges. Future suggestions for preparing and addressing social work service delivery during pandemics emphasize the importance of proactive measures and strategic planning. In addition, According to Barber and McLaughlin (2021), social work agencies should invest in developing comprehensive disaster response plans that include specific protocols for service continuity in crises. This includes the establishment of remote service delivery infrastructures and training programs that equip social workers with the skills needed to effectively utilize digital platforms for client engagement (Banks et al., 2022).

Furthermore, the experiences of social workers during the COVID-19 lockdown offer valuable insights for future practice. There is a clear need for improved infrastructure and support systems to facilitate remote work. Employers should invest in appropriate technological tools and ensure robust training programs to help social workers adapt to digital service delivery methods (Turner, 2021). Future research should focus on developing comprehensive guidelines and best practices for remote social work to ensure preparedness for any similar crises in the future (Wilson, 2021).

4.5.1 Market EAP services.

Another key suggestion involves policy development that supports social workers' mental health and well-being, recognizing the increased stress and burnout experienced during pandemics. Ensuring access to mental health resources, flexible work arrangements, and continuous professional development opportunities can help mitigate these challenges (Peterson & Miller, 2023).

"They should make their services visible. They should market their services. They should be known in the regions, in the service points. They should be accessible as well, because currently the services are only accessible at head office. And some of the colleagues also, they do not know what is it that they offer. So, if they market their services, they make them accessible and even with the briefing sessions, they should be regular as well. When they become regular, they should also encourage officials (the social workers that were nominated) to voluntarily participate in such because sometimes, especially with the previous one that they offered, people were nominated to attend that (P13, F, 30 years)".

Moreover, enhancing the visibility and accessibility of support services like EAP can mitigate the psychological impact of remote work on social workers (Cooper & Davidson, 2021). Additionally, integrating ethical guidelines for remote practice, focusing on data protection and client confidentiality, is crucial for maintaining trust and safeguarding client relationships in digital settings (Wilson et al., 2021).

4.5.2 Emotional support and debriefing sessions

This theme explored the significance of emotional support and structured debriefing sessions in helping social workers cope with the psychological and emotional demands of their profession, particularly during challenging periods such as the COVID-19 pandemic. Two participants had the following to say about the DSD enhancing its support towards social workers below:

"I think it is going to be the same thing. Emotional support, the department must ensure that even though the social workers go to the community for service delivery, but they must make sure that emotionally they are okay because we were like, all of us we were in shock. We thought, what if I go and conduct maybe a home visit and then in that household, there is a case of a person who already maybe has had COVID-19. So, it was not easy at all. So, I wish in future,

emotional support, we do need emotional support. De-briefing sessions whereby maybe we debrief and talk about the experiences that we have since delivering services during the pandemic and then again tools of trade because having to do your daily job only with a cell phone? There was nowhere maybe we have a laptop where we had to capture the information that we do daily? So, it became lot of work when one had to complete report is a lot (P11, F, 32 years)".

And.

" The department needs to be in the shoes of the social workers as there were targets to be met which were realistic at the time so more engagement needs to be done with the social workers in order for the social workers to utilise necessary tools of trade (P7, F, 36 years)."

During the COVID-19 pandemic, social workers faced immense emotional strain and a critical need for structured support and debriefing opportunities. The unpredictable and high-stakes nature of their work, combined with the shift to remote and often isolated settings, increased their vulnerability to burnout and compassion fatigue (Senreich, Straussner, & Steen, 2020). Access to emotional support through regular debriefing sessions was found to be essential in helping social workers process challenging cases, especially those related to trauma or heightened client distress (Rizzo, Kane, & Davidson, 2023). Addressing these challenges through regular debriefing opportunities and peer support mechanisms is crucial for sustaining the well-being of social workers.

4.6 CHAPTER SUMMARY

The findings were discussed as per themes and sub-themes with the responses of the participants to the research question. Literature was also reviewed in comparison to the responses of the participants to support the data that was collected during research interviews. Some social workers understood working remotely as working from home and others as working out of office.

CHAPTER FIVE

SUMMARY OF THE MAIN FINDINGS , CONCLUSION AND RECOMMENDATIONS

5.1 INTRODUCTION

The study aimed at exploring the perceptions of social workers at the DSD regarding working remotely during the COVID-19 pandemic in Sedibeng district municipality-Gauteng province. Chapter five is the last chapter of the report where the main findings of the study are summarized aligning the finding with the set research objectives, recommendations are made for future pandemics to avoid hindering of social workers' services during the lockdown. The conclusion is made in this chapter interpreting the implications of the findings.

5.2 SUMMARY OF THE MAIN FUNDINGS

5.2.1 DSD social workers' understanding of working remotely.

The DSD social workers understood that working remotely meant working from their own safe space during the Covid-19 lockdowns as long as there was business continuity plan with regards to service delivery to the targeted clients. The social worker understood that there were expected to reach the set targets and report on monthly basis that statistics of service delivery recipients. This understanding highlighted their awareness of the expectations associated with remote work and their commitment to fulfilling their professional duties despite the shift in work arrangements at the time of Covid-19 pandemic.

The findings from this study reveal that social workers at the Department of Social Development (DSD) understood remote work to continue service delivery during the COVID-19 lockdown, while ensuring their safety. The participants understood that their primary responsibility was to maintain the continuity of their work by meeting set targets and providing services to clients, despite the shift in the traditional working environment. This understanding aligns with the general shift to remote work observed globally during the pandemic, where employees in various sectors were expected to adapt to new ways of working while still fulfilling their roles (Alon et al., 2020).

Social workers' awareness of their accountability in terms of reporting and delivering services remotely indicates that they understood the importance of adhering to performance standards despite the challenges of working outside the traditional office environment. However, this also points to the pressure that social workers felt in ensuring service delivery targets were met, particularly in a time when there were substantial shifts in operational protocols. Their understanding suggests that, while the physical environment in which they worked changed, the nature of their professional duties remained largely unchanged. This underscores the adaptability of social workers and their commitment to their professional responsibilities, even during a crisis (Friedman, 2020).

The expectations around reporting monthly statistics on service recipients also suggest that DSD social workers were tasked with maintaining the same operational procedures, despite the disruption caused by the pandemic. This could have contributed to a sense of strain, as the workers had to manage remote work while simultaneously trying to comply with administrative tasks in a non-traditional setting.

Overall, DSD social workers' understanding of remote work reflects a pragmatic approach to service delivery during the pandemic, acknowledging the challenges posed by the physical separation but maintaining a strong commitment to achieving their professional obligations. It also highlights the adaptability of social workers, who, despite the challenges of remote working, continued to strive to meet their targets and support their clients effectively.

5.2.2 The experiences of DSD social workers regarding working remotely during COVID-19 pandemic lockdown.

The experiences of DSD social workers regarding remote work varied significantly. Most social workers faced challenges due to a lack of necessary resources such as laptops, mobile phones, and internet connectivity. Additionally, they expressed concerns about conducting virtual meetings with clients, fearing possible limitations in effectively assessing and addressing their needs.

However, some social workers had a positive experience working remotely. They reported that remote work allowed them to spend more time with their families, thereby improving their work-

life balance. These individuals adapted to the new working arrangement by utilizing personal resources to maintain service delivery. Their experiences suggest that, while remote work presented challenges, it also offered some benefits, particularly in terms of flexibility and family engagement.

The overall impact of the pandemic on remote working dynamics in the social work sector reveals significant implications for future work practices. The findings indicate that the pandemic forced social workers to innovate and adapt, but it also exposed the inequities in access to resources and the need for systemic support. The mixed experiences of social workers during the lockdown demonstrate the challenges of maintaining service delivery when working remotely, particularly in a field that often requires face-to-face interactions for effective practice (Thompson et al., 2021).Additionally, while some social workers enjoyed the autonomy and flexibility of remote work, the lack of clear structure, supervision, and support created feelings of isolation for others. This points to the need for stronger organizational frameworks and more comprehensive support systems to ensure that social workers have the tools and guidance necessary to navigate the complexities of remote work in the social services sector.

Overall, the findings suggest that while remote work can offer flexibility and work-life balance benefits, it also presents challenges related to resource availability, client engagement, and maintaining professional standards. These findings highlight the importance of adequate preparation, both in terms of technological support and organizational structures, to ensure that social workers can provide high-quality services in any work environment.

5.2.3 DSD social workers' views on how they can be supported when working remotely during the pandemics.

To enhance remote work efficiency in future pandemics, DSD social workers emphasized the need for adequate support and provision of essential work tools. They identified mobile phones, laptops, routers, vehicles, and sufficient office space as critical resources for ensuring seamless service delivery. The lack of these resources was a major challenge during the COVID-19 lockdown, and addressing this issue would improve preparedness for future crises. The

participants also mentioned the need to have employee support programmes and debriefing sessions.

Furthermore, social workers highlighted the importance of employee wellness programs, particularly the Employee Assistance Program (EAP). They suggested that EAP services should be actively promoted through internal communication channels, such as emails, and that senior managers should play a proactive role in encouraging their teams to utilize these services. Referrals to EAP should be facilitated to ensure that social workers receive the necessary psychological and emotional support when needed.

5.3 CONCLUSION

Social workers had different understanding and experiences and they had some views on how they the can be support during pandemics. The Covid-19 pandemic was shock to the world in general and needs assessments should be prioritized when it comes to social work services as the social workers are the professionals working with vulnerable group who need social work interventions. The study aims to contribute to the development of guidelines for remote social work practices, such as telephonic counselling, and to enhance the preparedness of social workers for future pandemics or similar disruptions.

The findings underscore the need for improved resource allocation, structured emotional support, and managerial involvement in promoting the well-being of social workers. These measures will not only enhance service delivery during future pandemics but also contribute to the overall job satisfaction and effectiveness of DSD social workers.

The study seeks to provide practical recommendations for the DSD and policymakers to support social workers in remote settings, ensuring effective service delivery and well-being. By focusing on the specific experiences of social workers in the Sedibeng Region, the study provides localized insights that can inform broader strategies for remote social work practices in similar contexts. In conclusion, while remote social work services offer distinct advantages, they also require careful consideration of participants' needs and preferences to ensure equitable and effective support. Future studies should explore strategies to mitigate the barriers and enhance the efficacy of remote social work practices.

5.4 RECOMMENDATIONS

5.4.1 Department of Social Development.

Social workers should have the privilege to have the Sedibeng's Regional Occupational Health and Safety Committee. Social work supervisors' committees should liaise with the social workers Sedibeng's Regional Occupational Health and Safety Committee regarding employee health and wellness programmes as the profession on its own might be emotionally which leads to less provision of services to communities in need. It is recommended that the social worker have their own committee without seniors and nominate delegates who will report to the seniors with their challenges or future plans about the profession or service delivery.

5.4.2 SACSSP

The SACSSP should play vital roles to advocate and mediate more than any other roles for social workers by attending to the matters such as national crisis and pandemics for social workers. Closing monitoring should be done through visits to the Social Workers' offices ensuring code of ethics are abided by both employees and employers even during the pandemics.

5.4.3 Employee Wellness Division.

Social workers work on the ground level and directly with community members, the employer should make time to always consult the social workers and conduct needs assessment on social workers' needs in order to provide relevant support to the social workers incase another pandemic strike again. Working remotely is hardly effective for everyone and options should be provided to the employees as long as there will be business continuity plan with regards to service delivery to the community members. Employee health and wellness program practitioners should be based in the Sedibeng region as there is awareness of services via emails, but majority of the social workers do not make time to drive and access those services. Delegations of employees to task should bear in mind that employees are also family members to their own family and their health should not be taken for granted when service delivery is provided.

5.5 RECOMNEDATIONS FOR FUTURE RESEARCH

Future research can focus on all provinces of South Africa as the current study only covered the Sedibeng Region of Gauteng province whereas there four other regions in the province. Social Work Supervisors and Social Work Managers should also be part of the participants to provide their views as seniors to the Social Workers. Social Workers from Non-profit Organizations not only DSD should also be included as participants to share their views on studies. Future research can also focus on occupational health and safety committee in social work offices to ensure each office have such a committee to present their needs to the DSD Provincial and National office.

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APPENDIX A

SOCIAL WORK
THE SCHOOL OF HUMAN AND COMMUNITY DEVELOPMENT (SHCD)

Private Bag 3, Wits, 2050 • Tel: 011 717 4472 • Fax: 011 717 4473 • E-mail: socialwork.SHCD@wits.ac.za

PARTICIPATION INFORMATION SHEET.

Exploring the perceptions of social workers at the Department of Social Development regarding working remotely during the COVID-19 pandemic in Sedibeng region of Gauteng Province.

Good day,

My name is Sellwane Songwane and I am a postgraduate student registered for the degree MA in Social Work by course work and research report at the University of the Witwatersrand. My supervisor is Dr. Nkosiyazi Dube and as part of the requirements for the degree, I am conducting research on exploring the perceptions of social workers at the Department of Social Development regarding working remotely during the COVID-19 pandemic in Sedibeng region of Gauteng Province. The outcome of this study could inform both debates and the practice of Social Work in the public-sector settings

As a qualified registered social worker with more than 5 years of working experience. I, therefore, wish to invite you to participate in my study. If you accept my invitation, your participation would be entirely voluntary, and you are free to withdraw at any time without penalty. There are no consequences or personal benefits of participating in this study. If you agree to take part, I will arrange to interview you at a time and place that is suitable for you. The interview will last approximately one hour. If you choose to participate, you may withdraw from the study at any time and you may also refuse to answer any questions that you feel uncomfortable with answering. If you decide to participate, I will ask your permission to tape-record the interview. No one other than the researcher and the supervisor will have access to the tapes. The tapes will be kept in a

locked cabinet for two years following any publications or for six years if no publications emanate from the study. A copy of your interview transcript without any identifying information will be stored permanently in a locked cupboard and may be used for future research Please be assured that your name and personal details will be kept confidential and no identifying information will be included in the final research report.

The results of the research may also be used for academic purposes (including books, journals, and conference proceedings) and a summary of findings will be made available to study participants on request. This research study will be written up as a research report. The report will be available on the university library website. If you would like to receive a summary of this report, I will be happy to send it to you.

Please contact me on (0732844491) or (1690481@students.wits.ac.za) and if you have any questions regarding my study or my supervisor at (011 717 0481) and (Nkosiyazi.dube@wits.ac.za). We shall answer them to the best of our ability. If you have any concerns and complaints about the study, please contact ***Human Research Ethics Committee (Non-Medical) Contact Details:*** Tel: 011 717 1408, email: hrecnon-medical@wits.ac.za

Thank you for taking the time to consider participating in the study.

Yours Sincerely,

Researcher

Sellwane Songwane

1690481@students.wits.ac.za

0732844491

APPENDIX B

SOCIAL WORK
THE SCHOOL OF HUMAN AND COMMUNITY DEVELOPMENT (SHCD)

Private Bag 3, Wits, 2050 • Tel: 011 717 4472 • Fax: 011 717 4473 • E-mail: socialwork.SHCD@wits.ac.za

CONSENT FOR PARTICIPATION AND AUDIO RECORDING.

Exploring the perceptions of social workers at the Department of Social Development regarding working remotely during the COVID-19 pandemic in Sedibeng region of Gauteng Province.

I ……. hereby consent to participate in the research study. The purpose and procedures of the study have been explained to me.

I understand that:

- My participation in this study is voluntary and I may withdraw from the study without being disadvantaged in any way.
- I may choose not to answer any specific questions asked if I do not wish to do so.
- There are no foreseeable benefits or particular risks associated with participation in this study.
- My identity will be kept strictly confidential, and any information that may identify me will be removed from the interview transcript.
- A copy of my interview transcript without any identifying information will be stored permanently in a locked cupboard and may be used for future research.
- I understand that my responses will be used in the write up of a Masters's research report and may also be presented in conferences, book chapters, journal articles or books.
- I agree that the interview may be audio recorded and the recording will be transcribed

and any information that could identify me will be removed.

…… **(signature)**

…… **(name of participant)**

…… **(date)**

…… **(signature)**

…… **(name of researcher)**

…… **(date)**

APPENDIX C

SOCIAL WORK
THE SCHOOL OF HUMAN AND COMMUNITY DEVELOPMENT (SHCD)

Private Bag 3, Wits, 2050 • Tel: 011 717 4472 • Fax: 011 717 4473 • E-mail: socialwork.SHCD@wits.ac.za

SEMI-STRUCTURED INTERVIEW SCHEDULE.

Exploring the perceptions of social workers at the Department of Social Development regarding working remotely during the COVID-19 pandemic in Sedibeng region of Gauteng Province.

1. What do you understand of working remotely?

Prompt: definition

2.How challenging and/or how beneficial was working remotely?

Prompts: personally, professionally

3. What was the impact of the COVID-19 pandemic on service delivery?

Prompts: workload and reaching targets

4. What lessons learned from remote working when it comes to service delivery?

Prompt: experience

5.How was the employer's support to the social workers during working remotely?

Prompt: resources

6. How was the supervisors' and managers' support to the social workers during working remotely?

Prompts: emotional support when infected, support professionally

7. What was the impact of working remotely on your work and life balance?

Prompt: personally, professionally

8. How was work and life balanced during working remotely?

Prompts: time management

9.If you had the opportunity to change anything regarding working remotely, for future pandemics in terms of social work practice, what would you change?

Prompt: recommendations

APPENDIX D

DEPARTMENT OF SOCIAL DEVELOPMENT APPROVAL LETTER

GAUTENG PROVINCE
SOCIAL DEVELOPMENT
REPUBLIC OF SOUTH AFRICA

Enquiries: Dr. Sello Mokoena
Tel: 082 331 0786
File no.: 01/11/22

Dear S Songwane

RE: APPLICATION TO CONDUCT RESEARCH IN THE GAUTENG DEPARTMENT OF SOCIAL DEVELOPMENT

Thank you for your application to conduct research within the Gauteng Department of Social Development.

Your application on the research on ***"Exploring perceptions of Social Workers regarding working remotely during the covid-19 pandemic"*** as approved by *University of Witwatersrand* has been considered and approved for support by the Department as it was found to be beneficial to the Department's vision and mission. The approval is subject to the Department's terms and conditions as endorsed on the 13th November 2019.

You have permission to interview departmental officials and beneficiaries, conduct observations and access relevant documents where necessary.

May I take this opportunity to wish you well on the journey you are about to embark on.

We look forward to a value adding research and a fruitful co-operation.

With thanks

Dr Sello Mokoena
Director: Research and Policy Coordination
Date: 11/11/2022

APPENDIX E

ETHICS CLEARANCE CERTIFICATE

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

SCHOOL OF HUMAN AND COMMUNITY DEVELOPMENT ETHICS COMMITTEE
CONSTITUTED UNDER THE UNIVERSITY HUMAN RESEARCH ETHICS COMMITTEE (NON-MEDICAL)

CLEARANCE CERTIFICATE	**PROTOCOL NUMBER: SW22/08/16**
PROJECT TITLE	Perceptions of social workers at the Department of Social Development regarding working remotely during the COVID-19 pandemic in Sedibeng district municipality-Gauteng Province
INVESTIGATOR	**SELLWANE SONGWANE**
SCHOOL/DEPARTMENT OF INVESTIGATOR	SOCIAL WORK
DATE CONSIDERED	15 November 2022
DECISION OF THE COMMITTEE	Approved unconditionally
RISK LEVEL	MINIMAL RISK
EXPIRY DATE	22 November 2025

ISSUE DATE OF CERTIFICATE 22 November 2022 **CHAIRPERSON** (DR L PETERSEN)

cc: Supervisor: Dr N Dube

DECLARATION OF INVESTIGATOR

To be completed in duplicate and **ONE COPY** returned to the Chairperson of the School/Department ethics committee.

I fully understand the conditions under which I am are authorized to carry out the abovementioned research and I guarantee to ensure compliance with these conditions. Should any departure to be contemplated from the research procedure as approved I/we undertake to resubmit the protocol to the Committee.

Signature **Date** 23, 11, 2022

PLEASE QUOTE THE PROTOCOL NUMBER ON ALL ENQUIRIES

APPENDIX F

Turnitin Originality Report

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