

Electronic Social Work in Botswana: A Response to COVID-19 Challenges and BeyondKgomotso Jongman^[1] and More Tshupeng^[2]^[1]University of Botswana, Lecturer, Botswana^[2]Social Welfare Officer, Kgatleng District Council, Mochudi, Botswana

Abstract. Contemporary social workers can provide services to individual clients by using online counseling, telephone counseling, video conferencing, self-guided Web-based interventions, electronic social networks, mobile apps, automated tutorials, e-mail, text messages and a host of other services (NASW, 2017). Notably, the advent of COVID-19 pandemic with its need for adherence to health protocols such as social distancing, decongesting of office spaces, restricted movements and lockdowns exposed ICT inadequacy of the social work profession in Botswana. During the national lockdown between April and May 2020, critical therapeutic services such as individual counselling, group counselling, case conferencing and therapeutic procedures for various cases were interrupted due to restricted movement. However, in some instances, meetings were held, further risking contact of the disease by social workers and clients. Nevertheless, the preceding experiences present an opportunity for the profession to brace itself and transform technologically. This paper demonstrates the possibility of social work in Botswana to embrace ICT for better service delivery.

Keywords: Social work, ICT, COVID-19, e-Social work

Introduction

The use of technology by social workers is gaining momentum with developed countries showing progress in their interventions through ICT. Technology has transformed the nature of social work and improved social workers' ability to assist clients in need (NASW, 2017). Online Mental health resources and services began as early as 1982 through self-help support groups and the first known internet mental health service was established in 1995 by Sommers and by the late 1990s, clinicians started offering online counseling services to the public using secure Web sites (Reamer, 2015; Skinner & Zack, 2004). The use of technology in social work is increasing worldwide which then requires social workers to expand their abilities and develop creative interventions.

Since the 21st century e-Social Work has ignited interest in the profession worldwide as evidenced by research studies, standards, and ethical guidelines (Reamer, 2015). There are various types of technology-support interventions; some are merely technologically adapted, while some are driven by artificial intelligence systems (Chan & Holosko, 2018). As a result, ICT continues to be incorporated into traditional social work practice for administrative and therapeutic purposes (Bullock & Colvin, 2015). Both youth and adults rely on communication technologies for entertainment, information, and social connections (Mishna et al., 2012). Therefore, this makes such communication technologies convenient to utilize in therapeutic interventions.

Traditional Social Work practices involve uses of manual systems and face to face approach for delivery of social services. Therefore, traditional social work practices as demonstrated during COVID 19 in Botswana presented challenges to meet the needs of clients and therapeutic services were halted until the cessation of lockdown. The situation disadvantaged clients and interfered with the therapeutic processes and progress leading to some clients detaching from the interventions post lockdown. Given the nature of the disease and the immediate lifestyle change of families to remain indoors and enclosed, distress was

inevitable which also manifested in a rise in of gender-based violence. Nchunga (2020) noted that the Botswana Police Services recorded a high case of domestic and gender-based violence during the national lockdown which included intimate partner femicide, child sexual abuse such as defilement and incest, attempted murder, and rape. This is affirmed by Botswana Police statistics which reported 2789 rape cases since January 2020 (Thobega, 2020). These family experiences necessitated social workers' intervention and support, but they were disconnected from clients due to the absence of remote assistance or online platforms for clients to access them. These platforms are not only necessary to manage COVID 19 challenges, but they are an impetus to the profession in the twenty-first century and beyond.

The Exposition of Social Work in Botswana

It is important to note that social work as a profession emanated from charity organizations in America in the 1800's and later through the settlement houses in the United Kingdom. Social work was later imported to Africa by colonial masters. Social work as a formal discipline started in Europe and North America. Its activities can be traced to the work of philanthropists, missionaries, and voluntary work for charity organization movements, state boards of charity and Settlement houses. Osei-Hwedie and Rankopo (2012) indicate that social work in Africa and Asia was imported by the colonial masters in the quarter of the 20th century. Scholars such as Rwomire and Raditlhokwa (1996) believed that the profession of social work has never been fully understood in Africa. They further said, the profession of social work as a field of study and practice is not well understood, especially in Africa.

As indicated above, the confusion in the profession might be because social work is a profession still in its infancy in Africa, it came towards the end of the 20th century. These sentiments were echoed 25 years ago and today. It will be better to understand the socio-economics demographics of Botswana so that it becomes clear the role of social work and also understand how and where ICT can be incorporated in social work.

Botswana is in the Southern part of Africa, sharing borders with South Africa, Zambia, Namibia, and Zimbabwe. The country is roughly the size of France, but it has a far smaller population - approximately 2.2 million (Statistics Botswana, 2011). Like most developing countries, Botswana has a youthful population structure. In 2011 census, for example, 38.8% of the population was between the ages of 18 to 35 years (Statistics Botswana, 2011). The country attained independence in 1966, and at the time, it was one of the poorest countries in the world. It has since been transformed into one of the richest economies in southern Africa (Hope, 1996).

The economic success of Botswana has been attributed, among other things, to its natural resources and political stability. It is a large exporter of beef, and diamond-generated wealth has given Botswana one of the strongest foreign reserves in the world. Not only has the country made significant strides in the economic sphere, but it has also made considerable progress politically as well as in the provision of social and educational services. Botswana has a stable democracy and good governance. Since independence, the country has had free and fair elections every five years. Life expectancy, health, mortality rates, literacy, nutrition, and infrastructure improved significantly since 1966 (UNICEF, 2012).

While Botswana has been hailed as a beacon of economic management compared to most African states, unemployment, poverty, and inequality have remained major policy challenges (Sekwati, Narayan & Raboloko, 2013). In 2011, it was estimated that 19.8% of the households in Botswana were living below the poverty datum line. Moreover, 23% of the population lived on less than US \$ 1.25 per day (Republic of Botswana, 2003). Rural areas were more affected than urban areas. The proportion fell to 20% in 2011. However, it is worth noting that the Government of Botswana is taking steps to reduce poverty. These include employment creation

opportunities and direct safety net programs which target vulnerable groups such as destitute and orphans, and unemployed youth (Republic of Botswana, 2012).

Botswana, while more economically stable than other African countries, is in dire need of adequate social services (Bettmann et al., 2009). The above authors indicate that, the rapid economic growth has exacerbated the social issues rather than alleviate them among different populations. A study carried out by The World Bank (2015) revealed a decrease in inequality although with a Gini coefficient of 60.5 percent, Botswana remains one of the world's most unequal countries. The level of inequality in Botswana is the world's third highest, after South Africa and Seychelles. But between 2002/03 and 2009/10, the Gini fell from 64.7 percent to 60.5 percent. Most of the decline occurred due to welfare improvements in rural areas, while inequality in cities increased (The World Bank, 2015). Moreover, in the swift economic development, lack of employment opportunities, educational deficit, mass poverty predominates. Osei-Hwedie and Rankopo (2007) note that, about 36% of the population are poor and remain poor, politically marginalized, and generally ill-fed. The economic development has left social development behind hence it is important to access and ascertain the role of social work in this unequal society. This therefore calls for a critical look at social work practice in Botswana, its structures and infrastructure of intervention.

Social Work Practice in Botswana

As it was indicated in the introduction, social work came late in Africa around 1940's. Wass (1969) contends that, during the colonial period, there was lack of commitment to social development in Botswana. The author alludes that, social services such as education and health, which existed in their rudimentary state were provided by tribal organizations. In this respect, traditional volunteerism and mutual aid were key instruments to service provision in response to changing socio-economic conditions at the community level.

Moreover, Ngwenya (1991) buttress the above point by indication that, during the colonial era, individual chiefs devised their own strategies to deal with social welfare issues especially in the period 1966 to 1970, when community development was institutionalized as a national strategy for social development and nation building from grassroots. It is indicated that some social work aspects were incorporated into the community development strategy developed after independence though (Noppen, 1982; Republic of Botswana, 1983; Ngwenya, 1991; Osei-Hwedie, 1997). Osei-Hwedie et al. (2006) opine that, in the early stages of social work as part of community development, it focused more on the provision of basic infrastructure for social development such as roads, schools, clinics, dams, and was undertaken in the context of 'food for work' drought relief programs. Ngwenya (1991) indicates that the concept of food for work was a concept for Ipelegeng project which literally means, 'carry your weight'. Social work was seen as a tool for social mobilization and participation at grassroots level and emerged by way of training of community development workers (Osei-Hwedie et al., 2006).

Social work in Botswana was introduced around 1946 by the British government to care for soldiers returning from World War II and to take care of the youth (Jongman, 2015; Ferguson-Brown, 1996; Hedenqueist, 1992; Wass, 1969). Jongman (2015) explains that the role of the social welfare officer was to integrate the returnees into society and help with community development to improve their livelihoods. In addition, the above author also states that, in the early years before independence in Botswana, more men moved to the mines in South Africa and young people moved to towns and women and children remained in rural areas which left them vulnerable to poverty and destitution. Furthermore, this occurred at the onset of modernization, when men went in search of job opportunities in the mines in neighboring South Africa, while young people migrated to the newly established towns of

Lobatse and Francistown. Social welfare officer were dealing with delinquency among the youth and rehabilitation (Jongman, 2015).

Moreover, the breakdown of traditional social life and withering away of the extended family network contributed to many social issues such as poverty, destitution, excessive drinking, family conflicts, divorces, abuse of women and health problems. The traditional institutions could no longer deal with all the above-mentioned issues. Jongman (2015) indicates that the problems with the traditional institutions were compounded by the introduction of Christianity which rubbished the traditional system of dealing with issues.

Even though the British government did not invest more in social service in Botswana, various authors such as Hendiquet (1992); Lucas (1993); and Ferguson-Brown (1996) agree that social welfare can be traced back to 1946, where the first social welfare officer, Jack Leech was appointed to the protectorate after World War II (Hendiquet, 1992; Lucas, 1993; Ferguson-Brown, 1996; Osei-Hwedie & Rankopo, 2012; Jongman, 2015). The social welfare office was located at the Ministry of Education from 1946 and was moved to Ministry of Labour and Home Affairs and it is currently under the Ministry of Local Government and Rural Development (MLGRD). The ministry of LGRD has houses Department of Social Protection which houses social workers who are working at hospitals. It also oversees sixteen district councils which employ social workers as social welfare officers. The supervision of social workers at hospitals is done by the Department of Social Protection while at Local councils it is done by Council Secretaries who are not necessarily social workers. The department of social protection is charged with formulating social policies used by social workers. Employees at the department of social protection who are not based at hospitals are not necessarily social workers. The social welfare and social work to some extent has never had a fully-fledged ministry but is always submerged under other ministries and departments (Lucas, 1993).

The Situation of Social Workers in Botswana during COVID 19

Generally, the role of social workers worldwide differs depending on whether they are employed by government and non-governmental organizations; they are recognized and regulated as professionals; the balance of casework, group work and community development work; and the cultural, religious, political, and economic regimes in which they work (Banks et al., 2020). China was the first country to experience the COVID 19 pandemic and the Chinese Association of Social Workers developed guidelines for provision of services during the crisis, including opening hotlines for clients to continue accessing services (IFSW, 2020); Furthermore in China, social workers were engaged by government to implement the lockdown and to conduct duties in the community, including taking residents' temperatures, checking digital health codes and conducting home visits for contact tracing (Banks et al., 2020). During COVID 19 Social workers in the global South engaged in community development work and public education about hygiene and distribution of masks and sanitizing products, while the global North social workers worked to maintain existing services with individuals and families and finding ways around the new constraints (Banks et al., 2020).

Notably, by using COVID 19 as an opportunity for advancement, it is evident that the global north social workers regarded the continuity of services as paramount and utilized technology to provide services to their clients in the middle of a crisis. Internationally, social workers had to adapt rapidly and invent new ways of delivering services. The IFSW's overview report (2020, p. 14) stated that at a practical level, social workers around the world were innovative at an unprecedented rate: setting up new systems to support homeless people to access shelter, starting helplines to address signs of increased domestic violence, providing online family counselling, ensuring that community leaders understood social hygiene.

In Botswana, social work has not yet developed as in the western countries or even compared with neighboring South Africa. Social work as a profession is still underutilized,

only remembered when all avenues have been exhausted in addressing a crisis. The profession does not have a professional infrastructure to guide its practice. The country does not yet have an ACT of parliament that governs social work as a result the profession has been infiltrated by non-social work trained personnel. Furthermore, the only trained social workers are mostly employed by government under local authority (District councils). These social workers are placed in extension areas, villages, rural areas, and wards where they directly interact with the community and their supervisors through supportive supervision and meetings. In addition, most social workers operate under scarce resources including lack of transport, computers, photocopiers, scanners, internet, phones, and dilapidated offices. Where a social worker has been provided with a cellphone it would be a basic one without any applications to help them in their work or utilize ICT. Internet is very scarce in their offices and any information required by supervisors must be submitted in person. Most of the work done by social workers is paper based, face to face and workload is cumbersome with no specialization given that in a station (the station can be a village of more than 5000 people) there would be one social worker doing everything (micro, mezzo, and macro practice). During COVID 19 national lockdown social workers in Botswana were involved in household assessments, and registration including distribution of food basket, which constituted their major role besides a few who were assigned to quarantine sites to offer psychosocial support to clients on isolation. Social Workers who were engaged in household registration for COVID 19 food relief packages had to carry a bulk of papers to register each household and ultimately compile lists of qualifying beneficiaries, a process which also prolonged and delayed delivery of services to deserving clients. However, normal therapeutic services for groups, families and children could not be provided due to restrictions in movement. There were no systems put in place to ensure continuity in service provision. Notably important social workers' skills development and capacity building workshops were halted as a control measure to COVID 19, and this negatively impacted on service delivery since constant professional interaction is required for managing social issues.

Benefits of Integration of ICT in Social Work Practice

ICT is meant to facilitate ease and convenient execution of work and its integration can transform any discipline including social work, to a greater extent. The benefits involved include but are not limited to Information Management; Acceleration of access and service delivery for rural communities and People living with disabilities; Training, Research and Networking; Stakeholder collaboration and strategic partnerships; Electronic Advocacy and Scaling-up case reporting.

Improve Information Management

Electronic systems help workers to be more mobile in-service provision because they can access client records using Internet connection instead of carrying paper files around (Bullock & Colvin, 2015). Furthermore, social workers use various forms of technology to access; gather; manage information about clients and maintain encrypted electronic records; store sensitive information on their smartphones and on the "cloud," and have the capacity to search for information about clients using Internet search engines (NASW, 2017). In addition, with internet there would be no need for social workers to travel long distances to meet supervisors and/or submit information. Information would just be transferred electronically and social distancing amidst COVID 19 would be achieved.

Acceleration of Access and Service Delivery for Rural Communities and People Living with Disabilities

In the case of Botswana, where most social workers are based in rural areas, with resource constraints such as transport and shortage of personnel, ICT would go a long way in addressing

these challenges. Researchers have acknowledged that e-mail, instant messaging, and video conferencing can create opportunities for people in remote areas and for populations with limited mobility due to disability, to receive assessment and counseling services (Bullock & Colvin, 2015). Using ICT, people with disabilities and those rural areas could be easily accessed and a client-worker relationship with successful outcomes akin to face-to-face practice could be achieved (Mishna et al., 2014).

Training, Research and Networking

Most social workers in Botswana are in rural areas with limited opportunities for educational advancement; therefore, incorporating technology would accord them opportunities to study online. Internet is useful for researching additional client resources, communicating with service providers, generating online recording, and assessing online client databases (Bullock & Colvin, 2015). Given, the complexity that comes with emerging social problems, there is need for continuous research and networking which social workers could achieve with the availability of internet. Furthermore, with ICT social workers can explore and develop new technologies for practice and share them with colleagues. Brownlee, Graham, Doucette, Hotson, and Halverson (2009) as cited in Bullock & Colvin (2015) state that communication technology can improve social work practice in rural areas because through teleconferencing, rural social work practitioners are able to address problems such as professional isolation, lack of ongoing training, limited availability of supervision, and reduced access to professional development. The availability of technology for social workers in rural areas can close the knowledge gap and bring about well-informed professionals who demonstrate highest level of technical skills by applying contemporary interventions.

Stakeholder Collaboration and Strategic Partnerships

With regards to social workers at macro practice, technological tools could link them with stakeholders and solicit support for their organizations (Hill & Ferguson, 2014). In its annual plan, the Ministry of Local Government being the largest employer of social workers, seeks to establish stakeholder collaboration and solicit strategic partnerships. In this time of social distancing and limited face to face interaction, this objective could be accomplished using ICT because stakeholders connect, communicate, and coordinate from remote locations, thus making planning more efficient and timeous (Bullock & Colvin, 2015).

Electronic Advocacy

One way that technology can benefit Social Work is electronic advocacy. Fitzgerald and McNutt (1999) as cited in Moon and Deweaver (2005) define electronic advocacy as the use of technologically intensive media to influence stakeholders to effect policy change. This involves conducting policy research and information gathering; creating public awareness and public education; building cyber communities and activism; organizing communities online and offline; raising funds; and placing pressure and influence on policy makers. Electronic advocacy utilizes platforms such as blog sites; e-mail; electronic mailing lists; online news groups; photojournalism; and social networking sites (Hill & Ferguson, 2014). Currently Botswana is battling with gender-based violence as an issue that needs immediate intervention. However, advocacy in this time of COVID 19 restrictions is limited due to controlled gatherings and interactions. Therefore, launching electronic advocacy may facilitate the agenda and cause government to respond swiftly. Correspondingly, NASW (2017) indicates that Social Workers use technology in creative ways to address compelling social justice issues, organize communities, administer organizations, and develop social policy.

Provision of Platforms for Clients to Report Cases

Generally, regarding child welfare cases such as child neglect and abuse, there is under reporting which emanates from lack of convenient platforms for communities to report such cases. The Children's Act of 2009 posits that whoever reports a case of child in need of protection may do so anonymously but there is no clear platform that ensures anonymity. So, for fear of victimization, people may choose to remain silent on such issues, which further poses a risk to the welfare and protection of children. Therefore, digital platforms are a great opportunity to create anonymous platforms to report cases of children in need of protection.

Electronic Platforms that Botswana Should Explore

Online Counselling

This involves the delivery of therapeutic interventions via cyberspace where communication between a trained professional counselor and client(s) is facilitated using computer-mediated communication (CMC) technologies (Richards & Vigano, 2012). Another term used for online counselling is E-counselling which describes the use of electronic communication via the internet/online network for the purpose of providing counselling services (Johnson, 2017, p. 39). It takes other forms such as.

Email counselling: the client and counsellor use email as a forum for counselling. This offers people the opportunity to receive mental health services by exchanging therapeutic e-mail messages with clinical social workers (Reamer, 2015).

Bulletin Board Counselling: Clients post questions on a bulletin board, typically using pseudonyms to ensure confidentiality. A mental health professional then posts a response that is visible to all users.

Chat room counselling: Clients and counsellors engage in real-time communication over the internet in a chat room. In addition, clients can use electronic search engines to locate clinical social workers who offer counseling services using live online chat (Haberstroh, 2009).

Web-telephony counselling: The client and counselor use microphones and speakers to talk over the internet.

Computer assisted or stimulated counselling: The computer is automated to respond to the client through computer generated answers.

E-coaching: Counsellors provide guided activities regarding specific problems such as how to cope with anxiety and depression. Clients are given information and tasks associated with these topics and then receive feedback from a counsellor.

Video Counseling

According to Labi (2018, p. 26), video counselling is the counselling process between counselee(s) and a counselling specialist(s), who are in different physical locations and interact through digital channels which provide simultaneous video and audio broadcast to both the counsellor(s) and the counselee(s). Reamer (2015) confirms that Clinical social workers offer clients live distance counseling using webcams, pan-tilt zoom cameras, and monitors. This provides the counselor an opportunity to see the client and observe both the verbal and non-verbal behaviors in the same way they would during face-to-face interactions, hence it achieves the client-worker relationship and outcomes like the face-to-face approach.

Cyber Therapy and Avatar Therapy

According to Reamer (2015) this involves social workers offering individual and group counseling services to clients by using a 3-D virtual world where clients and practitioners interact with each other visually with avatars rather than real-life photos or live images. An

avatar is a digitally generated graphic image that clients and social workers use to portray themselves in a virtual world. Notably, clients and social workers join an online therapy community, create their avatars, and electronically enter a virtual therapy room for individual or group counseling. This is beneficial for clients who would like to be anonymous and helps to reach clients that would never opt for face-to-face contact. In this era of COVID 19, gatherings are not encouraged which makes group counselling a challenge, but cyber therapy can facilitate continuity of group counselling services.

Telephone Counseling

This involves offering services through a telephone to both clients' social workers know personally and those they never met. Reamer (2015) noted that in some cases clinicians supplement traditional face-to-face counseling with occasional telephone counseling. This is doable given that Botswana has achieved coverage of the whole country by different network providers, which government can leverage on to help social workers access clients all over the country.

Text Messages

In this platform the social worker and client exchange messages on the issue of concern or about scheduling of appointments. Barak and Grohol (2011) note that some practitioners have chosen to exchange text messages with clients informally, for example, when clients wish to cancel or reschedule an appointment or provide the social worker with a brief update during a crisis. This is quite cheap and convenient for the clientele since ownership of cellphones has increased over the years and clients can simply send short messages to alert the social worker of a problem or ask for assistance.

Smartphone Apps

Smart phones give social workers an opportunity to incorporate smartphone apps as clinical tools that clients can use. There are increasing numbers of clinical programs and apps that clients can download on their smartphones to record information about their clinical symptoms, behaviors, and moods; receive automated messages from treatment providers; obtain psychoeducation information; and links to supportive resources (Reamer, 2015). In addition, smartphones are convenient for installing various software and databases to manage client's information. This thus reduces paperwork and facilitates accessibility of information.

Electronic Social Networks

There are many social networks which include WhatsApp, Facebook, Instagram, and LinkedIn which can be utilized to service clients. Some clinicians believe that maintaining online relationships with clients on social networking sites can be used as a therapeutic tool because informal contact with clients on social networking sites empowers clients, humanizes the relationship, and makes practitioners more accessible (Barak & Grohol, 2011; Graffeo & La Barbera, 2009; Lannin & Scott, 2013) as cited in (Reamer, 2015). The use of social networks in the case of Botswana is very convenient where social workers have too much workload and lack of essentials such as transport, to access clients. In addition, more people could be reached at the same time through various social networks. This is indeed a useful opportunity for public education and raising awareness on social issues of concern by social workers. During this time where the country is managing a public health threat in the form of COVID 19, through social networks some social workers could still maintain professional relationships with clients and continue to offer critical services. Through some web services such as Microsoft teams and google meet, with internet and associated gadgets social workers could

continue to conduct staff development meetings, workshops, and seminars; interact with their supervisors while maintaining social distancing.

Implications for Social Work Practice in Botswana

Social Workers

It is time for the profession to rethink how to apply professional values and principles in the new contexts and make employers, professional associations, and policymakers aware of the serious harms and inequities experienced by people during the pandemic, including the difficulties in delivering social work services and proposals for improvements (Banks et al., 2020). This involves suggesting ICT motivated interventions for clients to their employers including advocating for resource provision in terms of computers, internet, smartphones, and other gadgets that can make e-social work practice possible. This is an opportunity for social workers to demonstrate their creativity and use the COVID 19 situation as an opportunity to develop the profession.

The University of Botswana

Currently in Botswana, the University of Botswana is the only institution that produces professional social workers at bachelor's degrees. Other institutions offer diploma and certificate qualifications only. The university should hasten to have online lessons especially integrating its field work practice to ICT. The lockdown and subsequent partial opening left students stranded with field practicum. The students had to go to organizations that did not even have social workers to do their practicum just to meet required credits. The University should have picked lessons during this time and corrected this anomaly.

Social Work Employers

Social workers in Botswana and globally have played a critical role during the COVID-19 crisis, covering the most urgent social needs of vulnerable groups, such as the homeless or elderly people (Redondo-Sama et al., 2020). However, research has been focused on health professionals, and less is known about the impact of social workers as frontliners, including those working in public health institutions. The employers should advocate to governments and draw attention to gaps in welfare systems and the need for improvements (Banks et al., 2020). The employers should recognize the critical role played by social workers in a challenging environment without resources and advocate for government's intervention to channel financial resources to improve the social workers working conditions in view of integrating ICT.

Botswana National Associations of Social Workers

The association is the voice of social workers in Botswana, and it must highlight key issues for social work practice in Botswana including advocating for better service to clients during this critical period. The associations as purported by Banks et al. (2020) must point out systemic factors putting some populations at risk and intensifying efforts to collect evidence on conditions for social workers and service users; advocating strongly with employers and governments to recognize social work roles and provide better guidance for maintaining services during the pandemic. The Association must engage government and the Department of social protection on equipping social workers with ICT and adopting some remote assistance-based interventions to ensure continuity of service during the era of social distancing and beyond.

Government of Botswana

In the Public Service Act, the government of Botswana does not recognize social workers among the essential workers even though they provide a critical service to improve the quality of life. This also explains why social workers are poorly resourced and only linked to social safety nets. There is need for government to acknowledge and recognize the critical role played by social workers in providing and supporting the society and providing community-based care during a pandemic; acknowledge social workers as key workers; ensure provision of the necessary hygiene and protective resources; issue clear guidelines on how to maintain social work services during a pandemic, keeping services open while operating as effectively and safely as possible (Banks et al., 2020). To ensure that services are maintained during this era and beyond, government should explore opportunities provided by ICT to ensure that social workers continue to reach clients bearing in mind that a universal crisis like COVID 19 presents itself with other social problems that need to be managed effectively.

Establishment of Social Work Act

With the introduction of ICT, ethical challenges and violations are inevitable, hence the need to set up a regulatory body to guide and deal with consequences thereof. There is need to establish the professional's council to oversee social work practice under an electronic charged environment. There is currently no such body in Botswana which further risks clients' rights and protection. After establishing the council, its core mandate would be to regulate practice, service to clients, caliber of professionals and enforce the ethics, principles, and values of social work. It would also deal with the violations thereof and establish ethical standards for e-social work practice (Jongman & Tshupeng, 2020).

Conclusion

The challenge of COVID 19 in Botswana took social work back to 1915 when Abram Flexner said social work was not a profession. But the advent of this pandemic has proven this assertion wrong and highlighted the importance of this profession with learned men and women, putting to use their qualifications to address the plight of society during this trying time. The COVID-19 crisis should be an opportunity for social work visibility, transition, and creativity in the form of technology. The traditional methods of service provision should be upgraded to suit the prevailing situation and meet the needs of clients in the twenty first century. Notably, in some instances the traditional methods and technology can be infused to achieve holistic intervention. This transformation may come with ethical challenges given the sensitivity of the profession in dealing with human beings. Nevertheless, this can be managed through a functional council, robust code of ethics and instituting proper controls for clients' protection. Already in Botswana, there are informal social media platforms on Facebook and WhatsApp offering advises on various social problems, which signifies a professional need for assistance through digital platforms. The profession should retrospect its relevance in this challenging moment and further redefine itself through ICT. Furthermore, the profession should work towards adapting social services to a new world, managing ethical dilemmas, and integrating transformative practice through e-Social Work.

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