The capturing, interpretation and provision of service delivery information by police social workers: obstacles and solutions

by

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SUMMARY

The capturing, interpretation and provision of service delivery information by police social workers: obstacles and solutions

Key terms:

Operational Police Social Workers, service delivery data/information, data capturing/recording, data integrity, feedback interpretation.

Background:

Police Social Work Services (PSWS), together with the spiritual and psychological services, forms the three sub-sections of the Employee Health and Wellness (EHW) component of the South African Police Service (SAPS). It has always been expected of police social workers employed on the operational level to monthly capture and provide data on the nature of their services to the higher echelons of the organisation. Such data is viewed as essential in establishing PSWS's contribution to the reaching of the organisation's strategic objectives and for further planning.

The way in which service data/information was captured, as well as the system that was used, was, however, not always up to standard. As a result, the EHW's management decided in 2006 to "upgrade" and expand this system. The aim was to develope one standardized data/information capturing system for all three sub sections within the EHW component.

The new technologically supported system, the Service (Delivery) Information Record (SIR), was developed and implemented in April 2009. The large number of conceptual, practical and logistical problems experienced during the implementation process prompted a thorough, scientific analysis of this new system. The need also arose for the development of a training programme that would enable social workers to benefit more fully from the information that they had recorded and provided.

Objectives:

The primary aim of the study was to identify the obstacles and deficiencies in the social worker's completion and utilization of the SIR and to determine if a newly developed training programme could address some of these issues.

Method:

The study involved a combination of quantitative and qualitative research methods. The quantitative research primarily consisted of a survey that was aimed at determining EHW professionals' SIR related knowledge, attitude and behaviour/practice. The use of a pre-test-post-test questionnaire with a group of social workers aimed to measure the effect of the training programme. The qualitative method entailed an in-depth focus group discussion with EHW professionals.

Results:

Through the study it was proved that the social workers experienced specific problems in recording information on the SIR and also in utilizing the feedback report information to their benefit and advantage. Some of the problems were addressed through the training programme.

OPSOMMING

Die invordering, interpretasie en verskaffing van diensleweringsinligting deur polisie maatskaplike werkers: hindernisse en oplossings

Sleutelterme:

Polisie Maatskaplike Werkers, dienslewerings data/ inligting, data invordering/weergawe, data integriteit, terugvoer interpretasie.

Agtergrond:

Polisie Maatskaplike Werk Dienste (PMWD) is sedert 1979 in die Suid-Afrikaanse Polisiediens (SAPD) geïmplementeer. Maatskaplikewerk-dienste, tesame met geestelike en sielkundige dienste, vorm die drie sub-seksies van die "Employee Health and Wellness" komponent van die SAPD en is verantwoordelik vir dienslewering aan die werknemers van die organisasie. Dit was nog altyd van die maatskaplike werkers, wat op operasionele vlak diente verrig, verwag om maandeliks terugvoer aangaande hul dienslewering te gee. Hierdie inligting is dan verskaf aan die bestuurskorps van die organisasie. Die akkurate, relevante en tydige verskaffing van inligting is van belang om te bepaal tot watter mate die PMWD bydra tot die bereiking van die organisasie se strategiese doelwitte.

Data-insameling op die toe voorgeskrewe vorms het egter nie altyd aan die gewenste standaard voldoen nie. Die gevolg hiervan was dat Polisie Maatskaplike Werk Dienste sowel as die organisasie ontneem is van inligting noodsaaklik vir hul effektiewe funksionering. Gevolglik het die EHW bestuur in 2006 die behoefte geïdentifiseer vir die opgradering en uitbreiding van die bestaande data/inligtingsisteem na 'n sisteem wat deur al drie EHW se sub-seksies gebruik kon word

'n Nuwe tegnologies ondersteunde sisteem, bekend as die "Service (Delivery) Information Record (SIR)", is ontwikkel en in April 2009 in gebruik geneem. Verskeie konseptuele, praktiese en logistiese probleme is egter gedurend die ingebruiknemingsproses ondervind. Dit het 'n behoefte na 'n deeglike wetenskaplike ontleding van hierdie nuwe sisteem, asook die ontwikkeling van 'n opleidingsprogram vir maatskaplike werkers laat onstaan.

Doelstellings:

Die primêre doel met hierdie studie was om te bepaal watter probleme en tekorte die maatskaplike werkers ervaar in die voltooiing en gebruik van die SIR en om te bepaal of die nuut ontwikkelde opleidingsprogram vir hul van hulp sou wees om hierdie aspekte aan te spreek.

Prosedure:

In die studie is daar van 'n kombinasie van kwantitatiewe en kwalitatiewe navorsingsmetodes gebruik gemaak. Die kwantitatiewe navorsing het uit twee komponente bestaan. Dit was 'n opname wat daarop gemik was om die EHW professies se SIR verwante kennis, houding en gedrag te bepaal en 'n voortoets/na-toets vraelys om die effek van die opleidingsprogram op 'n groep maatskaplike werkers te toets. Die kwalitatiewe metode het uit 'n in-diepte fokusgroep bespreking met professionele persone van die EHW bestaan.

Resultate:

Met die studie is bewys dat die maatskaplike werkers wel spesifieke probleme ondervind om inligting met die SIR weer te gee, asook om baat by die terugvoer van inligting te vind. Verskeie van hierdie probleme is deur die opleidingsprogram aangespreek.

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SOLI DEO GLORIA

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- Ms Candi Fourie for the language editing of the manuscript.

PRESENTATION OF THE RESEARCH RESULTS

This manuscript is presented in an article format in accordance with Rule A.8.2, read together with rules A.1.18, A1.36, A.7.2.2, A.7.5.7.4 and A.7.5.7.5 as set out in the General Academic Rules of the North-West University (NWU, 2010).[1] The content requirements of the South African journals *Social Work/Maatskaplike Werk* and *Social Work Practitioner-Researcher/ Maatskaplikewerk-Navorser-Praktisyn* (see Appendix 6) were used as basis in the formulation of the articles.

The co-author gave Ms Maria Magrietha Janse van Rensburg permission to submit this manuscript for the purposes of a MSW degree.

[1] For more information, see: http://www.nwu.ac.za/opencms/export/NWU/html/gov-man/policy/index.html

LIST OF ABBREVIATIONS

The following abbreviations will be used in this manuscript

- EAS = Employee Assistance Services
- EHW = Employee Health & Wellness
- KAB = Knowledge, Attitudes & Behaviour
- OMR = Optical Mark Reader
- OPSW = Operational Police Social Worker(s)
- PEP = Performance Evaluation Process
- PSW = Police Social Worker
- PSWS = Police Social Work Services
- SAPS = South African Police Service
- SIR = Service (delivery) Information Record
- SIS = Service (delivery) Information System

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Article 1

SECTION 1:
ORIENTATION AND METHODOLOGICAL OVERVIEW

1 ACTUALITY OF THE RESEARCH

It has since a start was made with a social work section within the South African Police (SAP) been a requirement that these professionals would monthly capture and then provide data/information on the nature of their services to the higher echelons of the organisation. This requirement continued when the South African Police Service (SAPS) was formed in the mid 1990's.

In the early 2000's, it became apparent that the social workers of the Police Social Work Services (PSWS) section of the SAPS were experiencing various problems with the capturing and provision of their service delivery data. Some preliminary studies that were done in 2006 indicated that the operational police social workers (OPSWs) did not always complete and interpret the then Service Information System (SIS) in the most desirable manner. As a result they, as well as the organisation, were deprived of information that was crucial for their effective functioning.

The SAPS management took a decision in 2006 that the Employee Health and Wellness (EHW) component had to "upgrade" and expand the current system to an integrated one that would cover the outputs of all three professional groups that make up the EHW component. These are the chaplains, social workers and the psychologists/psychomotrists. This new system became known as the "Service (Delivery) Information Recording" system or simply SIR.

Soon after a start was made with the implementation of the SIR in 2009, various conceptual, practical and logistical problems arose that had to be addressed. One of the potential responses was to do in-depth scientific research into the operational police social workers' utilization of the system and, based on the results, to develop appropriate interventions. This need, coupled with the fact that the researcher was directly involved in the development and implementation of the SIR system, gave rise to the study on which this manuscript is based.

The study commenced in 2009 with the piloting of a survey questionnaire with a group of operational EHW professionals mainly responsible for service delivery. The results of this study were discussed in an in-depth focus group with some of the professionals who participated in the study. The outcomes of the focus group and the pilot survey served to improve the national survey questionnaire and provided information for the content development of the training programme. In January 2010 the national survey questionnaire was posted to the rest of the operational EHW

professionals employed in the SAPS at the time. The newly developed training programme was then piloted with a group of operational social workers in June of the same year.

The nature and results of this process will be covered in this manuscript.

2 AIM AND OBJECTIVES

The research had a twofold aim. They were:

- to identify obstacles and deficiencies in operational police social workers' completion and utilization of the SIR, and
- to determine if a newly developed training programme could address some of these issues.

In order to achieve the aforementioned aims, four objectives were formulated. These were:

- to explore and determine the factors that prevent social workers from providing accurate, timely and relevant information,
- to develop a training programme for the social workers that will focus on the optimal utilization of the Service (Delivery) Information Record (SIR) and the feedback report,
- to measure the effect of this training programme and
- to provide guidelines for the improvement of relevant elements of the SIR and the training programme.

3 HYPOTHESIS

The study tested the twofold hypothesis:

- *that the deficiencies in social workers' completion and utilization of the SIR were primarily caused by a lack of knowledge and a negative attitude towards management information and*
- *that these obstacles could be effectively addressed through the "Optimal Utilization of the Service (Delivery) Information Record" (OUSIR) training programme.*

4 DEMARCATION OF THE STUDY

The main target of the study was the "operational police social workers" (OPSWs) employed in the SAPS at the time. These are the workers that are responsible for delivering social work services directly to the *employees* of the SAPS. However, some social work supervisors/managers, as well as forensic social workers, were also included. The latter is responsible for delivering service to minors who are victims of crime.

5 THE RESEARCH DESIGN AND PROCEDURE

This section will only contain a very brief overview of the research design and procedure. More detail on each of the facets of the research will be provided in the respective articles.

5.1 The research design

In the study three primary designs were used in each phase of the research process.

The study involved a combination of quantitative and qualitative research. The quantitative research primarily consisted of a cross-sectional survey design (cf. Fouché & De Vos, 2006:137) that was aimed at determining EHW professionals' SIR related knowledge, attitude and behaviour/practice and the use of a "one-group pre-test-post-test design" (cf. Fouché & De Vos, 2006:139) to measure the effect of the training programme. The qualitative research took the form of an in-depth focus group session. During the session, data was systematically collected and then later subjected to an analysis in order to identify meanings, themes and the experience of participants (cf. Fouché, 2006:270). Use was also made of the triangulation of the different data sets that were produced by the study (cf. Weyers, Strydom & Huisamen, 2008:207-9).

5.2 The research procedure

The researcher formed part of the team that developed, implemented and managed the SIR. This enabled her to monitor the implementation and utilization of the system and placed her in a prime position to identify the needs and problems associated with this process. The particular nature of these problems and needs had a direct influence on the nature of how the study was ultimately conceptualised.

The research consisted of a pre-study phase and three subsequent content phases. Each will be dealt with briefly.

5.2.1 The pre-study phase

The current research flowed from two exploratory studies that were undertaken by the researcher during December 2006 and February 2007 as part of her work requirements. They primarily consisted of surveys conducted amongst police social workers that were aimed at exploring the nature of the problems that they were experiencing with the completion and interpretation of the then current Service Information System (SIS). These studies showed that they did not always complete and interpret the SIS in the most appropriate manner or to their own benefit. The results obtained in the pre-study phase served as an orientation to the research field and helped with the conceptualization and demarcation of the study (cf. Terminology Committee for Social Work, 1995:67).

5.2.2 Phase 1: The literature study

A comprehensive literature study had to be undertaken in order to design the measuring instruments and develop the required training programme. This study, amongst others, covered fields such as management information, accountability and data integrity, the prerequisites that should be met in training programmes for adults, the requirements for effective programme

presentations, the statistical analysis of data and the measurement of the effect of interventions. Sources that were consulted included local and international books, journal articles, dissertations and other research reports from fields such as social work, organisational management, adult education and psychology.

The literature covered also included the South African Police Service Act 68 of 1995 and the organisation's regulations, standing orders and policy documents that deal with performance management and accountability. Some of the legislations that govern the accountability requirements that the different professions involved in the study had to meet, were also analysed.

The following databases were utilized in order to identify appropriate sources:

- Social Science Index
- Social Work Abstracts
- EBSCOhost
- Catalogue- Ferdinand Postma Library, North-West University
- Catalogue- SAPS Library, Pretoria.

5.2.3 Phase 2: The situational-analysis and development of the training programme

The second phase consisted of four interlinking steps. This involved the designing and pilot testing of a survey questionnaire, the utilization of a focus group to improve the survey questionnaire, the conducting of a national survey and finally, the development and pilot testing of the "Optimal Utilization of the Service (DeIivery) Information Record" (OUSIR) training programme. Next, each of these steps will be covered in more detail.

5.2.3.1 Step 1: The development and piloting of the survey

The results of the literature study, coupled with the experience that the researcher had gained from the development and implementation of the SIR system and various consultation sessions with the EHW Management, were used as a basis to develop a concept survey questionnaire. Its primary aim was to establish what challenges operational EHW professionals faced in the capturing and provision of service delivery data/information. The survey questionnaire was distributed amongst the 153 EHW professionals in Gauteng Province in June 2009. A total of 85 were returned and analysed.

5.2.3.2 Step 2: The focus group interview

The second step involved the utilization of a focus group to discuss the results of the pilot survey. The primary aim with the group was to improve the questionnaire so that it could be used for a national survey. This opportunity was also used to determine if there was a need for a training programme and, if so, what the content of such a programme should entail.

The focus group was held on 25 November 2009 and consisted of eight (8) EHW professionals from the Gauteng Province. The data collected during the group discussion was clustered into themes and trends, and then interpreted.

5.2.3.3 Step 3: The finalization and conducting of the national survey

The results obtained from the pilot testing of the questionnaire were combined with the information obtained from the focus group to improve and finalize the instrument. This paved the way for the conducting of the national SIR survey.

In January 2010, the national survey questionnaire was posted to all the operational EHW professionals (including chaplains and psychologists) employed in the SAPS at the time. The EHW professionals of the Gauteng Province, because of their involvement in the pilot survey, were excluded in this national survey in order to prevent data contamination. Of the 423 questionnaires that were posted, 264 questionnaires (62.4%) were returned by the required date in March 2010. Out of these, a total of 251 (59.3%) were complete enough to be used for statistical analysis purposes. The latter was done in conjunction with the Statistical Consultant Services of the North West University. The results of this analysis were included in feedback reports and the two research articles.

5.2.3.4 Step 4: The development and pilot testing of the training programme

The results of the literature study, the two surveys and the focus group discussion were then used to design the concept "Optimal Utilization of the Service (Delivery) Information Record" (OUSIR) training programme. It was piloted amongst operational social workers in the Gauteng Province on 8 June 2009. A pre-test/post-test research design was used to measure the effect of the programme on the participants' knowledge, attitude and behaviour/practice (KAB).

5.2.4 Phase 3: Completion of the research reports

After all the data had been captured, analysed and interpreted, two research articles were written and additional feedback reports drawn up. This includes guidelines on how the SIR related training could, in future, be improved.

6 THE PARTICIPANTS

The participants in the total research project can be divided into four groups. These were:

- the 85 operational EHW professionals from the Gauteng Province who took part in the pilot testing of the survey questionnaire,
- the eight (8) EHW professionals of Gauteng Province who participated in the focus group,
- the 251 operational EHW professionals from across the country who responded to the national survey and
- the 50 operational police social workers from Gauteng Province who attended the first OUSIR training programme.

7 THE MEASUREMENT INSTRUMENTS

Three categories of instruments were utilized during the study. They primarily consisted of a survey questionnaire, a focus group interview schedule and a KAB questionnaire.

Due to the unique nature of the organisation and its service delivery information system, standardised questionnaires/scales could not be used in the study. As a result new instruments had to be developed and in some cases, tested and standardised. In order to bridge potential shortcomings in the individual instruments, triangulation was used. For the purposes of this study, triangulation was seen as a method where "...the strengths of one procedure compensated for the weakness of another approach" (cf. De Vos, Strydom, Fouch & Delport, 2006: 314).

7.1 The survey questionnaire

The structure and content of the SIR was used as the primary organising principle in the design of the survey questionnaire. It consisted of six sections that explored:

- the implementation and orientation to the SIR and Guide,
- data collection and representation with the SIR,
- the utilization of the SIR Sheets and Guide when recording information,
- attitudes (as well as knowledge and behaviour/practice) regarding the recording of information,
- SIR related training needs and
- the value the SIR will add to the Integrated Approach of the EHW.

The questionnaire was primarily made up of closed, Likert-type questions, but also contained some multiple choices and an open question (see Section 4).

7.2 The focus group's interview schedule

The focus group schedule comprised of six main themes that correlated with the content of the survey questionnaires. Initial and follow-up questions were developed to clarify results obtained from the pilot survey.

7.3 The KAB questionnaire

The KAB questionnaire that was developed to measure the effect of the "Optimal Utilization of the Service (Delivery) Information Record" (OUSIR) training programme on attendees, will briefly be discussed next. In the overview, some attention will also be given to the formulas used in the analysis of the data. More details in this regard will be provided in Article 2.

7.3.1 The nature of the questionnaire

This unique pre-test/post-test questionnaire was designed to measure the pilot training programmes' effect on the participants' knowledge, attitude and intended behaviour/practice (KAB). Williams (2003:44) indicated that "KAB studies are based on the premise that human

functioning can be divided into three dimensions; the cognitive, the affective and the conative (behavioural).... change in one dimension does necessarily not lead to change in another and bringing about change in one dimension (e.g. attitude) is not necessarily a prerequisite for change in another dimension (e.g. conduct)".

The questionnaire mainly consisted of Likert-type questions. These were clustered into scales through which the magnitude of the effect that the pilot training programme had on each of the three individual dimensions could be calculated.

The first part of the questionnaire was completed by the 50 police social workers of the Gauteng Province before the start of the OUSIR course and the second part after its conclusion. The post-test questionnaire also included an additional section through which the value, relevance and quality of the training itself could be evaluated.

7.3.2 Data processing

Data collected with the measurements were analysed in conjunction with the Statistical Consultation Services of the North-West University: Potchefstroom Campus, and with the aid of the SAS computer package (SAS Institute Inc, 1999). Before the data could be analysed, it was first necessary to determine whether the measurement scales were reliable and, secondly, whether they were able to measure change. The procedures and formulas that were used for this purpose will be discussed briefly.

7.3.2.1 Procedures and formulas used for the calculation of reliability

In order to determine the reliability of the questionnaire, the 'Cronbach Alpha coefficient' (abbreviated as Cronbach Alpha, "CA" or simply "α") of each scale was calculated to determine its reliability (Gravetter & Forzano, 2003:455). Due to the non- clinical nature of the scales/subscales, an $\alpha = 0.5\text{-}0.79$ was viewed as acceptable and an $\alpha \geq 0.8$ as highly reliable (cf. Jackson, 2003:87-91).

7.3.2.2 Procedures and formulas used for the calculation of change/effect

Cohen's formula for the calculation of effect sizes (Cohen, 1988:20-27; Steyn, 2000:1-3) was used to determine the extent (if any) to which the training had changed the attendees' KAB . It entails dividing the difference between two averages (or averages of a given mean) by the standard deviation (cf. Gravetter & Forzano, 2003:454). The nature of this formula, as well as the interpretation of the results produced by it, will be covered in more detail in Article 2.

8 ETHICAL ASPECTS

Permission was obtained from the South African Police Service to conduct the research in the organisation. The study was also approved by the Ethics Committee of the North-West University: Potchefstroom Campus (Approval no. NWU-0083-08-S1).

The research focused solely on the change experienced by, as well as the KAB of the EHW professionals involved. Respondents/attendees were reminded in writing that their participation was voluntary and that their personal details/identity would not, without prior consent, be made known. Before the start of the focus group session, informed written consent (Strydom, 2006:59) was also required from each participant. All the instruments were structured in such a way that no particular person could be identify through them.

The research was conducted across cultural boundaries. Special effort was made to avoid the making of value judgements regarding cultural or religious aspects.

9 DEFINITIONS

The following concepts used in the research report require some explanation.

9.1 Effect analysis/measurement

The concept 'effect analyses' in this report will refer to the process and the results obtained through the use of Chohen's formula for the calculation of effect size. 'Effect' will refer to the magnitude of the change brought about by the pilot training programme (independent variable) with respect to the respondents' knowledge, attitude and behaviour.

9.2 Focus group

A focus group in this report refers to a qualitative research method where themes not well-known to the investigator are explored and information gained from a group of eight to twelve selected individuals about their subjective feelings, views and experiences regarding a specific topic. An interviewing procedure/schedule is followed to obtain several qualitative responses about the same topic. The researcher is able to gain insight into the people's shared understanding of the topic and the ways in which individuals in the group are influenced by others in the group situation (Bender & Ewbank, 1994:63; Bloor, Frankland, Thomas & Robson, 2001:1-2, Gibbs, 1997:1).

9.3 Knowledge, attitude and behaviour (KAB)

The knowledge, attitude and behaviour domains are defined differently depending on the discipline and theoretical model (Farrior, 2005:1).

9.3.1 Knowledge

Knowledge refers to facts, information and the theoretical or practical understanding of a specific topic or of the world in general usually acquired by experience or by learning.

9.3.2 Attitude

Attitude refers to the internal predisposition or tendency of people to respond positively or negatively towards a certain idea, object or situation. The four major components of attitude that influence the positive or negative response towards stimuli are (1) affect (emotions or feelings), (2) cognition (Beliefs or opinions held consciously), (3) conation (indication for action) and (4) evaluation (positive or negative response to stimuli). The individuals can be conflicted about or ambivalent towards an idea, object or situation, meaning that they simultaneously possess both a positive and negative attitude towards the item in question (Albanese, 1978:260-262).

9.3.3 Behaviour

Behaviour is seen as the response of the individual to an action, environment, person or stimulus. Behaviour and behaviour change is affected by many variables, including knowledge, attitude, experience, values and morals, self-efficacy, skills, social norms, and outside influences (Farrior, 2005:1).

9.4 Training programme

Training is defined by Vandenbos (2006:950) as systematic instruction and practice, either long-term or a series of courses/programmes, by which an individual acquires competence in a specific discipline, talent, vocational or recreational skill and activities.

9.5 Service delivery data

Data refers to raw, unanalysed facts, figures and events pertaining to services delivered (Hellriegel & Slocum, 1988:663)

9.6 Service delivery information

Information is useful knowledge derived from data and is communicated for a purpose. Information regarding services delivered helps with decision making (Hellriegel & Slocum, 1988:663).

9.7 Service information record

The service information record of the Employee Health and Wellness component of the South African Police Service is an optical mark reader (OMR) form on which police social workers capture/record data regarding services delivered to the employees of the organisation. The OMR forms are scanned with a machine and the data captured on a computerised database. The data is transformed into information reflected in feedback reports.

9.8 Operational EHW Professionals

The Employee Health and Wellness (EHW) component of the SAPS employs three professional groups; social workers, chaplains and psychologists/psychomotrists who are either appointed as operational workers or managers. The operational EHW professionals are mainly responsible for profession-specific service delivery to the SAPS employees and their family members.

9.9 Operational Police Social Worker

In the Police Social Work Services the social workers who work on operational level and are directly responsible for service delivery to the SAPS employees and their family members, are known as the operational police social workers.

10 LIMITATIONS OF THE RESEARCH

The nature and scope of the research, as well as the presentation of the findings, were limited by a number of factors. These included the population that had to be targeted, the conceptual, practical and logistical problems encountered as well as the nature of the "article format" itself.

The first limitation of the research was the fact that although the SIR related problems experienced by the police social workers on operational level were the main aim of the study, the EHW management had expressed the need that the study include the other two professional groups (chaplains and psychologists/psychomotrists). Thus the target population could not be studied as an entity in all the research processes.

The fact that both the SIR: Activity Sheets as well as the Guide were draft documents that were amended on a regular basis during the research period of 2009 to 2010 was also experienced as a limitation in the research. Since the research project coincided with the amendment period it influenced the respondent's questionnaire as well as the focus group responses.

Another limitation was logistical by nature. Although the survey questionnaire was sent to each EHW professional as part of a SIR package, logistical problems in some of the bigger provinces contributed to difficulty with the timely return of the survey's questionnaires. This added to poor results in the response rates.

The non-exposure of the police social workers on operational level to the SIR feedback reports, posed to be a limitation as well as a negative impact on the implementation of the practical exercises during the Optimal Utilization of the Service (Delivery) Information Record (OUSIR) training programme. This lack of feedback in the feedback loop concerning service delivery data/ information from the OPSW (bottom) to the PSWS management on provincial and national level (top) and back to OPSW (bottom), had a definite limiting effect on the research process.

The "article format" that was chosen as the mechanism to present the research findings has especially three inherent restrictions and challenges. The first is that the articles should be able to function as independent units that could be published in separate scientific journals. This necessitates the duplicate inclusion of some background information in the two articles that make up the core of the research report. A second problem is that the length of the articles would out of necessity be longer that the maximum requirements set by the targeted journals. The reason being that the researcher must still prove that she is able to meet the core requirements for masters' degree level qualification, i.e. the ability to do independent research. If the articles were to be considered for future publication, their length will be shortened. It should, thirdly be noted that the source reference system that will be used in this manuscript would be one that is prescribed by the North-West University. It would be adapted to those of the target journals once final decision on possible publication had been made.

11 THE PRESENTATION OF THE RESEARCH RESULTS

In presenting the research results, use will be made of the article format. The overall report will have the following structure.

In presenting the research results, use will be made of the article format. The overall report will have the following structure.

SECTION 1: ORIENTATION AND METHODOLOGICAL OVERVIEW

- This section will, amongst others, cover the actuality of the research, its aim and objectives and the nature of the research design and the procedure that was followed.

SECTION 2: THE JOURNAL ARTICLES

Article 1

- Title: *Obstacles in the capturing and provision of service delivery information: Police social workers' experience*
- Intended journal: *Social Work/ Maatskaplike Werk*
- Structure:
  - Introduction
  - The utilization of service delivery information: a view from theory
  - The utilization of service delivery information: the SAPS experience
  - The research design and procedure
  - Nature and results of the piloting of the survey questionnaire
  - Nature and results of the focus group
  - Nature and results of the national survey
  - Obstacles in the capturing, interpretation and provision of service delivery information by the Operational Police Social Workers (OPSW's)
  - Closing remarks

Article 2

- Title: *The effect of the "Optimal Utilization of the Service Information Record" training programme of Police Social Work Services*

- Intended journal: *Social Work Researcher-Practitioner/ Maatskaplikewerk-Navorser-Praktisyn*
- Structure:
  - Introduction
  - The nature of the SAPS service information record
  - The content of the "OUSIR" training programme
  - Research design and procedures
  - Problems encountered in the research
  - The data collection instrument: the KAB questionnaire
  - The effect of the training on the knowledge, attitudes and behaviour of the attendees
  - Recommendations regarding the improvement of the OUSIR training programme
  - Concluding thoughts on the SIR training programmes

SECTION 3: CONSOLIDATED FINDINGS AND RECOMMENDATIONS

- Introduction
- Conclusions regarding the research design and procedure
- Conclusions regarding the SIR related problems experienced by the OPSW's
- Conclusions regarding the design of the training programme
- Conclusions regarding the effect of the training programme
- Conclusions regarding the quality of the programme presentation
- Findings
- Guidelines and recommendations
  - Guidelines and recommendations for the improvement of the survey study
  - Guidelines and recommendations for the improvement of the training programme
  - Guidelines and recommendations for the improvement of the SIR in general
- Concluding remarks

SECTION 4: APPENDIXES

- The appendix will include the focus group schedule and questionnaires that were used in the study.

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SECTION 2:
THE JOURNAL ARTICLES

ARTICLE 1

Janse van Rensburg, M.M. & Weyers, M.L.

OBSTACLES IN THE CAPTURING AND PROVISION OF SERVICE DELIVERY INFORMATION: POLICE SOCIAL WORKERS' EXPERIENCE

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ABSTRACT

Background: It has since 1979 been a requirement in South Africa's police service that their social work sub-components would monthly capture and then provide data on their service delivery to the higher echelons of the organisation. This requirement continued when the South African Police Service (SAPS) was formed soon after 1994. Early in 2006, SAPS management took the decision to "upgrade" and expand the then current system to an integrated one that would cover all three professional groups within its Employee Health & Wellness (EHW) component. Apart from social workers, the other two groups are the chaplains and the psychologists/psychometrists.

Later in 2006, a start was made with the development and implementation of the new technological supported system which became known as the "Service (Delivery) Information Recording (SIR) system". Because of the large number of conceptual, practical and logistical obstacles and problems that emerged during this process, it was decided in 2008 to subject the new system to a thorough, scientific analysis. The resultant research project dealt with a variety of obstacles and potential solutions associated with the capturing, interpretation and provision of service delivery data. This paper will, however, only focus on social workers' experience of these obstacles.

Objectives: The overall study had a twofold objective. It was to identify the police social workers' knowledge of, attitudes towards and practices in the capturing (i.e. acquiring and presentation) of service delivery information and to ascertain if a specialised training course could eliminate deficiencies that may have existed in this regard. Only the first issue will be dealt with in this article.

Method: The first phase of the study involved the development of a survey questionnaire and the undertaking of a national survey amongst all the social workers, chaplains and psychometrists in the employ of the organisation's Employee Health and Wellness (EHW) component.

Results: Important trends emerged from the national survey. One of these was the indication that the quality of the orientation training when the SIR was implemented was deficient. This resulted in EHW practitioners being more concerned with the timely than the accurate provision of service delivery information. Another trend was that, although the indications were that EHW professionals had a positive attitude towards the recording of data, they experienced the SIR as a time consuming and cumbersome data capturing system. Lastly, the indication was that the professionals queried the personal benefit that the SIR would purportedly have for them and identified specific SIR related training needs to address these aspects.

1 INTRODUCTION

It has, from the beginning, been a requirement in the South African Police (SAP) that their social work sub-section would monthly capture service delivery information and then provide the data to the higher echelons of the organisation. This requirement continued when the South African Police Service (SAPS) was formed in 1994. Early in 2006, the SAPS management took a decision that the Employee Health and Wellness (EHW) component had to "upgrade" and expand the current system to an integrated one that would also cover the outputs of the other two professional groups that make up the EHW component of the organisation. These were the chaplains and the psychologists/psychomotrists. The new system became known as the "Service (Delivery) Information Recording" system or simply SIR.

It soon became apparent that the social workers of the Police Social Work Services (PSWS) section, as well as the other two professional groups, were experiencing various problems with the capturing and provision of their service delivery data. Some preliminary studies that were done in 2006 indicated that the operational police social workers (OPSWs) did not always complete and interpret the then Service Information System (SIS) in the most appropriate manner. As a result they, as well as the organisation, were deprived of information that was crucial for their effective functioning. The same trend also manifested in the other subsections of the EHW. As a result the higher echelons of the organisation expressed concerns about this state of affairs.

These problems prompted the EHW management in 2006 to embark on the development of a standardized data/information capturing system for the whole component. This new system become known as the "Service (Delivery) Information Recording" (SIR) system. Soon after a start was made with its implementation in 2009, however, various conceptual, practical and logistical problems arose that had to be addressed. Part of the response was to launch an in-depth study into the problems that OPSWs experienced with the implementation and utilization of the SIR.

The study commenced in 2009 with the piloting of a survey questionnaire with a group of operational EHW professionals. The results of this pilot questionnaire were then discussed with a focus group of EHW professionals. The outcomes of the focus group and the pilot survey questionnaire served as a basis to develop both a national survey questionnaire and a training programme. The national survey questionnaire was posted to the rest of the operational EHW professionals during January 2010. Those that were returned by March 2010 were analysed in conjunction with the Statistical Consultation Services of the North West University: Potchefstroom Campus.

This article has a twofold purpose. The first is to provide a theoretical overview on some of the core aspects involved in the provision and utilization of service delivery information - also known as management information - in an organisation. The second purpose is to explore the obstacles experienced by OPSW in the capturing, interpretation and provision of service delivery data/information. The focus will specifically be on the knowledge, attitude and behaviour of OPSW re the capturing and provision of such information.

2 THE UTILIZATION OF SERVICE DELIVERY INFORMATION: A VIEW FROM THEORY

Theory differentiates between information systems and information technology. Both are seen as vital components of an organisation in the current "information age". The two components are necessary ingredients for an organisation's success in today's dynamic global environment and to gain and sustain competitive advantages (Butcher, 1998:44; Haag, Cummings & Phillips, 2007:4; Jessup & Valacich, 2006:64; O'Brien & Marakas, 2008:12; Post & Anderson, 2003:6).

Information technology (IT) refers to the various computer hardware, software, networking, and data management components necessary for an information system to operate. People use these computer-based tools to work with information and support the information and information-processing needs of an organisation (O'Brien & Marakas, 2008:4; Post & Anderson 2003:4; Haag, Cummings & Phillips, 2007:4).

An information system (IS) is defined as any organized combination of people, hardware, software, communication networks, data resources, policies and procedures that store, retrieve, transform and disseminate information within an organisation (Butcher, 1998:19; O'Brien & Marakas, 2008:4; Post & Anderson, 2003:20). Information systems can be classified as either operations or management support systems and highlight the major role each plays in the operational and managerial decision-making processes of an organisation.

Management support systems comprise of management information systems (MIS), decision support systems (DSS), and executive information systems (EIS). A MIS provides information in the form of reports and displays. These documents then serve as support to the decision-making process of managers and other professionals. A DSS gives direct computer support to managers during the decision-making process. An EIS provides critical information derived from a MIS and DSS and a wide variety of other internal and external sources in easy-to-use displays to executives and managers. In the real world, integrated combinations of all these systems are utilised in order to support a variety of functions (O'Brien & Marakas, 2008:14-16).

2.1 The nature of Management Information Systems (MIS)

The concept of a MIS was born in the 1960's when the role of processing data into useful, informative reports was added to the existing record keeping, transaction processing, accounting and other electronic data processing processes (O'Brien & Marakas, 2008:10). A MIS deals with the co-ordination and utilization of people (end-users and IS experts), hardware (machines and media), software (programmes and procedures), data (data and knowledge bases), networks (communications media and network support) to perform input, processing, output, storage and control activities that convert data resources into information products. This network of people, behaviours and machines established within an organisation, ought to provide managers with the information they need to function effectively (Post & Anderson, 2003:4; O'Brien & Marakas, 2008:35).

Haag, Cummings and Phillips (2007:29) postulated that there are three key resources in a MIS.

- People who:
  - know when and why to apply technology,
  - can define the information they need,
  - know how and where to obtain that information,
  - understand the information once they receive it,
  - can act appropriately based on the received information and
  - are guided by ethical principles.
- Information that:
  - has a personal dimension that includes time (access to information when needed), location (access to information no matter where) and form (in the most usable and understandable form free of errors) as well as
  - an organisational dimension that includes information flow (up, down, horizontal, inward/outward), granularity (the extent of detail within the information) and what the information describes (internal, external, objective or subjective aspects).
- Information technology including:
  - hardware (the physical devices that make up a computer) and
  - software (the set of instructions that the hardware executes).

Simply stated a MIS has four operational functions:

- Data collection. Data pertinent to the operation of the organisation is collected from both external and internal sources.
- Data input. Data is converted to a form that is suitable for processing (input) in the system and stored in data bases at the information processing core of the system.
- Data processing. Data is manipulated and converted/ transformed (processed) into useful information with the assistance of computer software programmes and judgements made by technical support staff or end-users and stored for future use (storage).
- Information output. The information is retrieved or communicated to its ultimate end-user (output) according to the correct processing procedures (control) and utilized to make a variety of decisions relating to the conduct of operations and their improvement (O'Brien & Marakas, 2008: 33; Schermerhorn, 1989:456).

2.2 The provision of management information

The potential value of management information is determined by its accuracy, timeliness and relevance. These aspects affect each other uniquely and impact on data/information integrity.

2.2.1 Accuracy

Providers usually enter data directly into a computer system or record information about transactions or services on some type of physical medium such as a paper form. The quality of the entered data, that is the extent to which it represents the actual facts/events, is a measure of its accuracy.

Verifying the accuracy of all data gathered requires almost twice as much time, effort and cost as is incurred in collecting it in the first place. The higher the quality of the data that is required, the more costly the acquiring and maintaining of the data/information system. Managers must, consequently, decide whether absolute accurate information is required for decision-making. If not, it may not be worth the additional cost (O'Brien & Marakas, 2008:34; Haag, Cummings & Phillips, 2007:8). However, inaccurate information may result in management failing to take action when needed or responding to a problem that does not exist.

Data integrity requires awareness that data/information collections only have integrity if the data on the various databases is logically consistent and accurate (Vosburg & Kumar, 2001:22). If inaccuracies or inconsistencies are evident, the resultant data set is described as "dirty". The most appropriate mechanism to identify "dirty data" is through triangulation (Coulshed & Mullender, 2006:121).

It has only become possible in recent years for frontline operational staff to directly feed information into computers. They may, however, do so incorrectly. This is especially the case where a software program is often modified or when the system is overly complicated. It, therefore, stays the responsibility of management to train employees how to collect and record information accurately (Coulshed & Mullender, 2006:122).

2.2.2 Timeliness

The quality of a MIS not only lies in its ability to provide the exact information needed by management, but also in its timeliness and accessibility (Post & Anderson, 2003:5; Donnelly, 2004:15). If the time-lapse between gathering and presentation takes too long, even accurate data would become outdated and of little use (Keith & Keith, 1985:14; O'Brien& Marakas, 2008:6). The same applies when access to the appropriate data is impeded (Robbins & Decenzo, 2004:382). The best is to have access to accurate data at the correct time (cf. O'Brien& Marakas, 2008:6).

2.2.3 Relevance

The potential value of management information is, thirdly, determined by its relevance (Coulshed & Mullender, 2006:121). This, basically, entails the extent to which management can use it to inform their decisions (Butcher, 1998:41).

The relevance of the information is not only determined by the system used, but also by the extent to which operational employees understand the overall management information (MI) 'picture' and its impact on the organisation. They should be trained to "read" the MI picture, to re-think effective resource dispensations and to increase the satisfaction rates with services delivered (Coulshed & Mullender, 2006:122). They should also be enabled to recognize trends, discern patterns in service needs and identify the types of services that are required (Butcher, 1998:43; Googins, 1993: 61).

2.3 The utilization of management information in organisations

The value of management information is fully understood once the information needs of individuals and groups, functioning on the different organisational levels, are clearly outlined. In this overview, the latter will especially focus on high-level, mid-level and low-level managers

2.3.1 The value of information for management

The purpose of a MIS is to produce detailed information that would assist managers in managing an organisation or part of an organisation effectively. Depending on the role and task of the various managers at any given time, a MIS provides information that serves as an inventory, planning or controlling system (Jessup & Valacich, 2006:18, Keith & Keith, 1985:13). It also supports business processes and operations, the decision-making of employees and managers, as well as the planning of strategies (Haag, Cummings & Phillips, 2007:9). Information obtained from a MIS can also help managers to constantly monitor and improve services and operations, to clarify options, to identify alternate courses of action and to alert them to new opportunities (Jessup & Valacich, 2006:59; Butcher, 1998:41, 44).

2.3.2 The utilization of information in managerial functions

Providing information and support for decision-making by all types on managers is a complex task. (O'Brien & Marakas, 2008:15). The information needs of managers may vary according to their level of responsibility and the purpose that the information has to serve. These factors determine the characteristics of the required information, such as its source, scope (well-defined and narrow vs. very broad), aggression level (detailed vs. composite), time horizon (daily, monthly, annually), currency, accuracy (precision), frequency of use, and type (quantitative vs. qualitative) (Hellriegel & Slocum, 1988:668). The information needs on the three identified management levels warrants a closer look.

2.3.2.1 High-level managers

High-level managers have to deal with very complex, non-routine problems and be able to formulate strategies and policies, long-term plans and objectives, and make strategic decisions (Schermerhorn, 1989:455). A major problem at this level of decision-making is predicting the future of the organisation and its environment, and matching the characteristics of the organisation to the environment. An effective management information system facilitates the collection and processing of such data/information into intelligence information for use by these key decision-makers (Crawford, 1997).

Information required for strategic planning is usually obtained from both external and internal sources, is often broad in scope, aggregated, periodic and infrequent, and is usually loosely structured. It need not be completely accurate, should be predictive rather than historical and is likely to be qualitative rather than quantitative (Jessup & Valacich, 2006:62; Keith & Keith, 1985:13).

2.3.2.2 Mid-level managers

Middle managers formulate operational plans and objectives with the aim to implement strategy and make operational decisions (Schermerhorn, 1989:455). Information required for these control/tactical managerial functions enable middle managers to ensure the satisfactory progress towards achievement of established aims and objectives. Organisations set specific targets for each operational unit to ensure that the overall aims and objectives of the organisation will be met (Jessup & Valacich, 2006:60).

At this level, control/tactical decisions involve close interaction with those who are carrying out the tasks of the organisation. Contact takes place within the context of broad policies and objectives set out by the strategic planners (Crawford, 1997).

Weekly or monthly information summaries serve as confirmation to middle managers that operations and processes progress in anticipated ways and could confirm that the organisation is on target in achieving its overall aims and objectives. Should information be at variance with expectations or desires, it may indicate that there is a problem that needs immediate attention to ensure that the targets are met (Jessup & Valacich, 2006: 61).

2.3.2.3 Low-level managers

Lower level managers focus on the implementation of the operational plans and objectives, making of short-term decisions and transacting day-to-day operations. Information required for the executing of daily operational tasks is mainly quantitative in nature. To be of use to the manager, the operational information must be accurate, detailed, highly structured, well-defined and narrow in scope (Jessup & Valacich, 2006:60). Data on daily operations flows vertically, horizontally, inward and outward within an organisation to facilitate problem-solving, decision-making and planning processes (Schermerhorn, 1989:455).

2.3.3 The utilization of information in the managerial decision-making process

A proper information system should be able to generate information that would support decision-making on the different managerial levels (O'Brien & Marakas, 2008:15).

Higher-level decision makers/managers usually base their decisions on reports received from lower level managers within the organisation (Post & Anderson, 2003:9). This decision-making process is not a single event, but rather a series of activities taking place over a period of time (Crawford, 1997). Because of a volatile external environment, as well as the hectic pace of modern organisations, they often do not know the nature of information that they will require beforehand. This makes it hard for them to determine what kind of data to capture for daily and future use (Post & Anderson, 2003:4). There are also other factors that influence a manager's ability to properly utilize information in decision-making. These include organisational dysfunction, problems with the information itself and the manager's own cognitive limitations (Jessup & Valacich, 2006:51).

Crawford (1997) and Luthans (2005:348) indicate four stages that outline the role and function of information in all levels of managerial decision-making:

- The first stage is intelligence collection. It involves problem identification in the organisation, establishing why and where it occurs and with what effects. This broad set of information-gathering activities is required to inform managers how well the organisation is performing and where problems exist. MIS that delivers a wide variety of detailed information is useful, especially if these systems report exceptions.
- The second phase is designing numerous possible solutions to the identified problems. This phase may require more information in order to decide if a particular solution is appropriate. In these cases, more carefully specified and direct information activities and capabilities focusing on specific designs are required.
- The third phase encompasses choosing one of the potential solutions. In order to do so, a manager would require an information system which can estimate the costs, opportunities and consequences of each alternative solution. This system required is likely to be fairly complex because of the detailed analytic models required to calculate the outcomes of the various alternatives. Human beings are used to make such calculations but, in the absence of formal information, they tend to rely on generalization and/or intuition in order to do so.
- Implementation is the final stage in the decision-making process. Here, managers can install a reporting system that delivers routine reports on the progress of a specific solution, the difficulties that may arise, resource constraints, and possible remedial actions.

These decision-making steps do not necessarily follow a linear path from intelligence to design or choice to implementation. At any point in the process it may be necessary to loop back to a previous stage to obtain more or specific information (Crawford, 1997).

2.4 Concluding remarks

From the overview of the management information system it should be clear that each employee, no matter their position in the hierarchy of authority, should take responsibility for the provision of accurate, timely and relevant service delivery information to the higher echelons of an organisation. With proper information at their disposal, managers can more soundly monitor the organisation's progress towards its objectives, coordinate key tasks more effectively and respond to new challenges with targeted interventions.

3 THE UTILIZATION OF SERVICE DELIVERY INFORMATION: THE SAPS EXPERIENCE

Police social workers experienced unique problems with the provision of service delivery information to the higher echelons of the organization. To understand these problems, it is important to take note of the development of service information usage in the Police Social Work Services as well as attempts made to ensure data integrity.

3.1 The development of service information usage in the SAPS

The history of the Police Social Work Services (PSWS) shows that, ever since occupational social work gained professional status within the South African Police Service (SAPS) in 1979, it has been a standing requirement that service delivery information be captured and provided to management (Stutterheim & Moruane, 2002:3). The purpose was, and still is, to acquire timely, relevant and accurate information (Donnelly, 2004:15) and to benchmark these against set standards or planned outcomes/targets. This forms part of the PSWS' accountability function. A second purpose is to track the extent to which PSWs reach the operational and strategic objectives of the section itself, that of the Employee Health & Wellness (EHW) component and the organisation as a whole. It enables managers to address inadequacies and to take action to correct any deviations from the set standard (Robbins & Decenzo, 2004:375). Deficiencies in the current capturing, provision and interpretation of information with the Service (Delivery) Information Record made the achievement of these goals unattainable. The main thrust of the research was to eliminate these deficiencies.

The research project was preceded by two initial studies into problems experienced with the capturing and provision of service delivery data/information.

3.1.1 Initial studies

The first study, which was undertaken from June to December 2006, focussed on the completion and interpretation the Service Information System (SIS), in use at the time. The intended was to ascertain to what extent social work service delivery was planned according to the operational and strategic goals of the organisation, as well as the expressed needs of employees and their families. This study did, however, not produce any conclusive results. This was mainly because of the fact that, of the 180 OPSW employed by the SAPS during December 2006, only 99 (55%) submitted their SIS forms. Only 14 of these respondents went on to analyse and interpret the data that they had captured. These results indicated that the system, as well as its utilization by practitioners, was seriously flawed.

The above trends necessitated a follow-up study in February 2007. A survey questionnaire covering different aspects of the SIS was used for this purpose. The questionnaire consisted of twelve questions that utilised a five point Likert-type ratings scale that ranged from "strongly disagree" to "strongly agree". It produced a much better response rate than in the 2006 study with a total of 168 OPSW's who completed it.

From the two initial studies it was concluded that the utilization of the SIS was seriously flawed primarily due to a lack of understanding of and skills on how to complete the SIS and interpret the data. It indicated that steps were urgently needed to rectify the situation.

3.1.2 PSWS submission procedures for data/information

The provision of timely, relevant and accurate information on police social work service delivery has always been difficult and precarious. This has been primarily due to the submission procedures that

were followed and the number of levels that it has to go through. These procedures and levels are summarised in Table 1.

TABLE 1: PSWS ACCOUNTABILITY INFORMATION COLLECTION PROCESS WITH THE SIS

6. The South African Police Service's Personnel Service Head interprets the EAS service data to determine if the organisation's strategic objectives have been reached.
↑
5. The Employee Assistance Head consolidates PSWS service data with that of the other EAS services and sends it to the Personnel Service Head.
↑
4. Police Social Work Service's National Head consolidates and interprets the data provided by the ten Provincial Managers and sends it to the Employee Assistance Head.
↑
3. The Provincial Manager consolidates and interprets the data provided by the supervisors and sends it to National Head Office.
↑
2. The supervisor of a cluster consolidates and interprets the data and provides it to the Provincial Manager.
↑
1. The police social workers in the ten provinces capture, interpret and provide informative data to the supervisor.

As indicated in Table 1, social workers throughout the ten SAPS provinces (Head Office forms the 10th province) had to capture, interpret and provide the SIS to the supervisor responsible for a cluster of OPSWs. The supervisor then had to consolidate and interpret the information of the specific cluster before providing it to the Provincial Manager who consolidated and interpreted the information for his/her province. The Provincial Manager submitted the information to the PSWS National Head who interpreted and consolidated the information of the ten Provincial Managers before submitting it to the Head of the then Employee Assistance Services (EAS). The Employee Assistance Service Head at the time consolidated the PSWS information with other EAS information and submitted it to the Personnel Service Head of the SAPS. He/she had to determine if the EAS had reached its planned strategic objectives.

Although any breakdown at any level of the accountability information collection process would render the whole system useless, the first level of capturing and interpretation could be viewed as the most critical. The results of the exploratory studies and experience from practice have, however, shown that there are serious deficiencies at this level as well as the whole process of information provision on the different levels.

In 2006 the higher echelons of the SAPS indicated dissatisfaction with the inadequate record-keeping and provision of service delivery information. At the same time, the Employee Assistance Service's 'name' was changed to "Employee Health and Wellness (EHW) Services" and some changes were made to its service delivery paradigm. These two factors prompted the development of a standardised data capturing system for all three professional groups (chaplains, psychologists/psychomotrists and social workers) within the section. Accountability requirements mandated in various legislative documents also contributed to the urgent need for a functional data capturing system. Another need was for a central computerized database (MIS) that would be able to quickly provide appropriate data when required. The ideal was that the system should be user-friendly, time-saving and accessible to operational EHW professionals.

A task team was then set up to explore viable technological data capturing mechanisms. Although a computerized system initially seemed to be the answer, it soon became apparent that this would not be a feasible route to follow. This was mainly due to the fact that:

- not all the EHW professionals had access to computers and the other requisite technological facilities (e.g. internet connections) in their work environment and
- some lacked the required computer skills.

The only viable alternative was to use optical mark recognition (OMR) forms. These became known as "service (delivery) information activity sheets". They would be completed by the practitioners on a monthly basis and then sent via their respective provincial offices to the National Office. The latter would then process the forms and capture the information on a centralized database. Feedback Reports could then be generated for each Province with the aid of an Excel-based software programme.

The development of the new system coincided with a paradigm shift in the EHW services inasmuch as it was now envisaged that the three occupational groups within the section would deliver their services in a more integrated manner. In order to reflect this "integrated approach", one Service (Delivery) Information Record (SIR) system had to be developed that would accommodate all three. This gave rise to a detailed, albeit somewhat cumbersome and complicated reporting system. A "SIR Guide" was, however, also developed as an aid. It basically explained how the activity sheets should be completed, as well as the nature of and need for management information.

A start was made with the phasing in of the new SIR system at the beginning of 2009. During March, delegates from each province were trained in its use. They were then expected to orientate the EHW professionals in their respective provinces on how to utilize the SIR Activity Sheets and Guide.

The semi-computerized SIR system was then implemented in April 2009. The information collection process to account for social work services delivery was also altered. This new process is summarised in Table 2:

TABLE 2: PSWS ACCOUNTABILITY INFORMATION COLLECTION PROCESS WITH THE SIR

5. The SAPS Personnel Management Head interprets information contained in the SIR Feedback Report to determine to what extent the organisation's strategic objectives have been reached.
↑
4. The Provincial Heads of the respective Provinces interpret the information contained in the SIR Feedback Report to determine to what extent the Provincial objectives were reached and provide feedback to the EHW professionals.
↑
3. At the EHW National Office the optical reader forms are scanned and the data/information on the central computerized data base processed with relevant software in feedback reports that are supplied to the respective Provinces and to the SAP Personnel Management Head.
2. The Provincial Head arranges that the envelopes be couriered to EHW National Head Office.
↑
1. The police social workers in the ten provinces complete the SIR Formats daily and submit the optical marked sheets monthly in a sealed and marked envelope to the Provincial Head of the respective Province.

Table 2 indicates that social workers throughout the ten SAPS provinces (Head Office forms the 10th province) had to frequently captured service delivery information on the SIR: Activity Sheets and monthly provide it in a sealed envelope directly to the Provincial Head of the respective Province. The Provincial Head would then collect all the envelopes and arrange for them to be couriered to the EHW National Office. At EHW National Office, the activity sheets would be scanned with an "optical mark scanner machine" and the data stored on the computerized data base. This data would then be "cleaned" (i.e. obvious mistakes and inconsistencies would, as far as possible, be rectified) and afterwards processed into "SIR feedback reports" with the aid of a computer software programme. These reports would be sent back to the provinces. It was expected of the EHW operational employees to, amongst others, utilise them as a mechanism to establish the progress that they had made in reaching the set targets of the province. The SIR feedback report was also provided to the SAPS Personnel Management Head to ascertain to what extent the organisation's strategic objectives had been reached.

A breakdown at any level of the information collection process could still render the whole system useless. The first level of the capturing and provision of accurate service delivery information, as well as the interpretation of the SIR feedback report by the social workers, was still viewed as the most critical step of the whole process.

It soon became apparent that scientific research was required in order to determine if the SIR system enabled police social workers to record and provide accurate, timely and relevant service delivery data/information. The nature of the resultant research project will be looked at next.

4 THE RESEARCH DESIGN AND PROCEDURE

The following section will give a broad overview of the research design and procedure. Some of the aspects that will be covered include the aim and objective of the study, the nature of the research designs that were used, the research process, the participants involved, the data collection instruments that were utilized, as well as the procedures and formulas that were used in the analysis of the acquired data.

4.1 The aim and objectives

The research consisted of three core steps, each with its own specific aims.

The first step was to develop and pilot a survey questionnaire amongst operational EHW professionals in the Gauteng Province. Its aim was to utilize the obtained results to improve the content and effectiveness of the instrument (Strydom, 2006:210) so that it could be used successfully on a national basis.

The second step was to mobilise a focus group. The aim of the discussion was to clarify the results of the pilot survey questionnaire, as well as to determine themes and trends to integrate into the interpretation of the statistical data.

The aim with the national survey was to determine the problems experienced by operational EHW professionals in the capturing, provision and utilization of service delivery information, as well as to identify their knowledge of, attitude towards and behaviour/practices in the whole process.

In order to achieve these aims, three objectives were pursued. They were:

- to measure the knowledge, attitude and behaviour practices of the operational EHW professionals in the capturing and provision of service delivery data/information.
- to determine the challenges experienced by them during this process and
- to formulate guidelines for the development of a training programme that would assist police social workers to optimally use their service delivery information as well as the SIR feedback reports.

4.2 The research design

A research design, according to Fouché and De Vos (2006:132-133), serves as a guideline to determine data collection methods. In this regard they differentiate between quantitative and qualitative methods.

In the first phase of the overall research process, as covered in this article, use was made of both a quantitative (survey) design (Fouché & De Vos, 2006:137) and a more qualitative/ phenomenological design (Fouché, 2006:270). The latter took the form of a focus group.

The utilization of questionnaires and measurement instruments are of importance in quantitative research. It usually also involves some type of statistical analysis and the interpretation of collected data.

In qualitative research, focus groups serve as one of the interviewing methods to collect information. De Vos (2006:333) indicated that in qualitative research, data analysis focuses on the search for general statements, relationships among categories of data, significant patterns and the identification and the creation of order and structure from the collected data.

In this study, both qualitative and quantitative research designs that were utilized focused on the knowledge, attitude and behaviour/practices of the EHW professionals, as well as on the challenges they experienced in the capturing and provision of service delivery information.

4.3 The research procedure

The procedure followed with the research involved four interlinking steps. The steps were the designing and pilot testing of a survey questionnaire, the utilization of a focus group to improve the survey questionnaire, the conducting of a national survey and finally the development and pilot testing of the "Optimal Utilization of the Service (Delivery) Information Record" (OUSIR) training programme.

4.3.1 Step 1: The development and piloting of the survey

The results of the literature study, coupled with the experience that the researcher had gained from the development and implementation of the SIR system and various consultation sessions with the EHW Management, was used as a basis to develop a concept survey questionnaire. The primary aim with the pilot survey was to determine if the newly developed instrument could effectively and efficiently determine the challenges operational EHW professionals faced in the capturing and provision of service delivery data/information. This survey questionnaire was piloted in June 2009 with the 153 EHW professionals of Guateng Province.

4.3.2 Step 2: The focus group interview

The second step of the process involved the utilization of a focus group in order to; firstly, discuss the results of the pilot survey and the strengths and weaknesses of the questionnaire. The aim was to improve the questionnaire to such an extent that it could be used effectively in a national survey. The opportunity was also used to determine the appropriate content for a SIR related training programme. The focus group was held on 25 November 2009 with eight (8) EHW professionals from the Gauteng Province.

4.3.3 Step 3: The finalisation and conducting of the national survey

The results of the pilot tested survey questionnaire were combined with the information obtained from the focus group discussion to improve and finalize the survey questionnaire. This paved the

way for the conducting of the national SIR survey in January 2010. It involved posting questionnaires to all 423 operational EHW professionals (excluding those of Gauteng Province) employed in the SAPS at the time.

4.3.4 Step 4: The development and pilot testing of the training programme

The results of the literature study, two surveys and the focus group discussion were then used to design a concept training programme. It was entitled the "Optimal Utilization of the Service (Delivery) Information Record" (OUSIR) programme. It was piloted amongst 50 social workers of Gauteng Province on 8 June 2009. This was accompanied by the completing of a pre-test/post-test questionnaire intended to measure the effect of the programme on the participants' knowledge, attitude and behaviour (KAB). The outcome of this intervention will be discussed in detail in article two.

4.4 The research groups

The overall study involved four groups. The first two were the operational EHW professionals (i.e. social workers, chaplains and psychologists/psychomotrists) of Gauteng Province that were targeted in the pilot survey and involved in the focus group. The national survey targeted all frontline EHW social workers, chaplains and psychologists in the country. The piloting of the training programme was, however, limited to operational police social workers from the Gauteng Province.

4.4.1 The pilot survey participants

The 153 operational EHW professionals of Gauteng Province were selected by means of stratified sampling as research group for the pilot survey, as they were viewed as a relatively representative sample of the 576 operational EHW professionals (chaplains, psychologists/psychomotrists and social workers) in the employ of the SAPS in 2009.

4.4.2 The focus group participants

The focus group comprised of eight (8) members selected by means of purposive sampling from chaplains, psychomotrists/psychologists and social workers from Gauteng Province. This sampling was based entirely on the judgement of the researcher in that the sample comprised of elements that contain the most characteristics, representation and attributes of the EHW population.

4.4.3 The survey participants

For the final national survey all 423 operational EHW professionals employed in the SAPS in the remaining nine provinces (the National Head Office is also categorized as a SAPS province) were included in the study. The EHW professionals of Gauteng Province were excluded since they

participated in the pilot survey. The resultant data of 251 useable survey questionnaires were analysed in conjunction with the Statistical Consultant Services of the North West University and the interpretations included in feedback reports and the two research articles.

4.4.4 The training programme participants

The 50 operational police social workers from the Gauteng Province that attended the OUSIR training programme on 8 June 2010, were selected by means of stratified random sampling.

5 NATURE AND RESULTS OF THE PILOTING OF THE SURVEY QUESTIONNAIRE

The reason for piloting or pre-testing the survey questionnaire was not only to ascertain if it was a reliable and valid measuring instrument, but also to provide essential background knowledge that was required for the focus group, final survey questionnaire and the training programme. In order to see these latter stages of the research process in context, it is necessary to cover the nature and results of the piloting process in some detail.

5.1 The nature of the pilot survey questionnaire

The pilot survey questionnaire was the result of the literature study, coupled with the experience that the researcher gained from the development and implementation of the SIR system and the various consultation sessions with the EHW management. It consisted of closed questions (e.g. true or false), multiple choice questions (e.g. where five options are offered to choose from), Likert-type questions (e.g. strongly disagree, disagree, agree, strongly agree) and a completion question (where three factors could be named) (De Vos, Strydom, Fouché & Delport, 2006:175-176). The initial questions were formulated as an attempt to determine the respondents' existing knowledge, attitudes and behaviour at the time.

5.1.1 The content of the questionnaire

The survey questionnaire contained six sections (see Table 3):

- The first section focused on the orientation and implementation of the SIR: Activity Sheets and the SIR: Guide. Questions in this Section were mainly closed, multiple choice and Likert-type questions.
- The second section focused on the data collection and representation of service delivery information on the SIR activity sheets. This section consists of multiple choice questions.
- The third section focused on the utilization of the SIR Activity Sheets and the SIR Guide. Multiple choices, Likert-type question as well as an open question were asked to indicate experienced challenges.
- The fourth section focused on attitudes regarding the recording of information. In this section the Likert-type questions were designed to measure knowledge, attitude and behaviour/practice with regards to the SIR: Activity Sheets and Guide, service information

delivery in general, computerization of the service information delivery system and the managerial aspects of the service delivery information system.

- Section five consisted of Likert-type questions focusing on the SIR related training needs.
- Section six consisted of a multiple choice question to indicate what value the SIR will add to the integrated approach of Employee Health and Wellness (EHW).

In all the sections the respondents had to choose the most applicable answer.

TABLE 3: THE COMPOSITION OF THE SIR SURVEY QUESTIONNAIRE

SECTION	FACETS COVERED IN THE SIR SURVEY	QUESTIONS
Particulars	Profile of the respondents	Seven demographic characteristics
Section 1	The orientation re and implementation of the SIR	Questions 1 to 4
Section 2	Data collection and representation	Questions 5 to 6
Section 3	The utilization of the SIR: Activity Sheets and SIR: Guide	Questions 7 to10
Section 4	Attitudes regarding the recording of information	Question 11 to 12
Section 5	SIR related training needs	Seven Likert-type questions
Section 6	The value that the SIR will add to the integrated approach of Employee Health and Wellness (EHW)	Two Likert-type questions

5.1.2 The distribution of the questionnaire

This survey was piloted in June 2009 with 153 operational EHW professionals of Guateng Province. During an EHW meeting attended by all the participants, the background, purpose and nature of the questionnaire were first explained. It was also reiterated that they had a choice to participate in the survey or not. The questionnaires were then handed out and the completed ones taken in later.

5.1.3 The participants in the pilot survey

In spite of the process that was followed, only 85 (55.55%) of the returned questionnaires were usable for statistical analysis. Even in these, not all the questions were fully answered. However, the response rate was still higher than the required minimum sample size of 32% as recommended by Stokes (in Strydom, 2006:196).

5.2 Procedures used in the analysis of data

All the data collected with the pilot survey was analysed in conjunction with the Statistical Consultation Services the North-West University. Herein use was especially made of descriptive statistics such as totals, percentages, averages, and means.

5.3 The results of the pilot survey

Apart from the actual data produced by the pilot survey, it also held another advantage. This was to assist the researcher in identifying the reliability and validity of individual questions and to improve the layout and sequence of questions. Where necessary, invalid questions were left out or changed and new ones added to the national survey questionnaire.

The statistical data produced by the pilot questionnaire served as a guideline for the development of the focus group schedule, as well as the development of the training programme. Some of the results of the survey will be discussed briefly.

5.3.1 Identifying particulars

In order to have a better understanding of the profile of the participants, the questionnaire provided a breakdown of the practitioners' gender and age distribution, their service years as professional practitioners in general and specifically in the SAPS, their operational levels and their qualifications.

5.3.1.1 Gender and age

The age and gender profile of the respondents is summarised in Table 5.

TABLE 5: GENDER AND AGE PROFILE OF PILOT RESPONDENTS

Gender	**Male**			**Female**				**n**
Distribution	29 (34.94%)			54 (65.06%)				83
Age	**21-26 yrs**	**27-32 yrs**	**33-38 yrs**	**39-44 yrs**	**45-50 yrs**	**51-56 yrs**	**57 + yrs**	**n**
Distribution	1 (1.23%)	6 (7.41%)	42 (51.85%)	14 (17.28%)	15 (18.52%)	2 (2.47%)	1 (1.23%)	81

The gender and age profiles of the respondents as indicated in Table 5 were generally in line with that of the practitioner composition of EHW Services of Gauteng Province at the time.

The gender profile of the respondents indicated that there are more female (65%) practitioners than males (42%). The age profile of the respondents showed that more than half (60.49%) fell in the under-39 years age bracket, while 3.7% were older than 50. The only small anomaly was the fact that no 21-26 year-olds and, therefore, beginner practitioners responded. Because they usually

do not comprise more than 2% of the particular workforce, this should not be taken as an indication that the respondents were unrepresentative of the total group.

5.3.1.2 Years of service

The pilot questionnaire covered two facets of years of service. The first was the total number of years the respondents practiced as professionals, while the second dealt with their professional practice years in the SAPS. The reason for this differentiation was to determine the level of experience and exposure of the practitioners to other working environments prior to practicing their professions in an occupational setting like the SAPS.

TABLE 6: YEARS OF SERVICE OF PILOT RESPONDENTS

Total years of service	**0-5 yrs**	**6-10 yrs**	**11-15 yrs**	**16-20 yrs**	**21-25 yrs**	**26-27 yrs**	**31+ yrs**	**n**
Distribution	30 (35.29%)	25 (29.41%)	13 (15.29%)	9 (10.59%)	3 (3.53%)	1 (1.18%)	4 (4.71%)	85
Years of service in SAPS	**0-1 yrs**	**2-4 yrs**	**5-8 yrs**	**9-13 yrs**	**14-18 yrs**	**19-23 yrs**	**24 + yrs**	**n**
Distribution	6 (7.14%)	39 (46.43%)	21 (25.00%)	6 (7.14%)	9 (10.71%)	3 (3.57%)	-	84

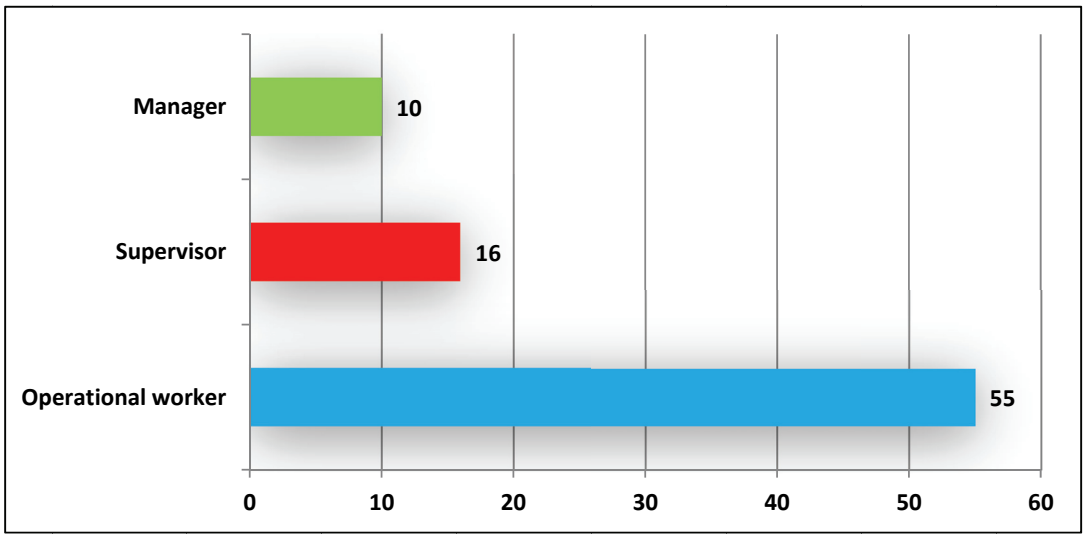
The responses of the participants in Table 6 indicated that 55 (64.70%) practitioners in general have less than ten years' experience in their professional fields. This indicated that the respondents were not yet experts in their professional fields.

With regards to service years in the SAPS 66 (78.57%) of the respondents had less than nine years' experience. Of 66/ 78.57% professionals, 45/ 53.57% practitioners had less than five years' experience in the SAPS. The conclusion reached was that the EHW professional participants of Gauteng Province did not as yet have sufficient experience of the systems and unique functions of the SAPS as an organisation.

5.3.1.3 Operational levels

In the Gauteng Province the professionals functioned as follows: one provincial head functioned as manager overseeing the three profession-specific supervisors (chaplain, psychologist and social work). The provincial manager also represented the EHW on the higher level management. The three profession-specific managers on their turn supervised and liaised with the cluster managers who in turn supervised the operational professional practitioners. These supervisors acted as middle level managers. The operational EHW professionals as lower level managers were those responsible for the functional service delivery to the SAPS employees and their families. Due to the fact that Gauteng Province is a highly populated province these functional levels were installed. The middle level managers were also involved with service delivery to the SAPS employees.

FIGURE 1: OPERATIONAL LEVELS OF SERVICE OF PILOT RESPONDENTS



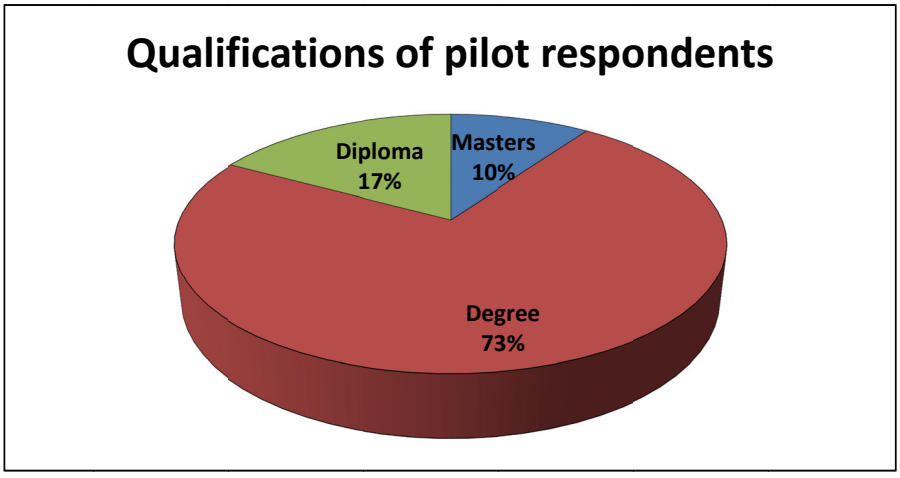
n=81

The profile reflected in Figure 1 was not in line with the EHW Service's personnel profile at the time as the EHW in each province only had one provincial manager. The fact that the managerial component was indicated as large can be contributed to the respondents' misinterpretation of the term 'manager' utilized in the pilot survey questionnaire.

5.3.1.4 Qualifications

The qualification levels of the respondents (figure 2) served to indicate the extent to which the professional practitioners were able to scientifically utilize data/information in the planning and interpretation of their service delivery.

FIGURE 2: QUALIFICATIONS OF RESPONDENTS



n=82

The respondents indicated that 83% (68) were academically trained to capture and interpret scientific data/information, whilst 17% (14) of the practitioners' academic training may not

necessarily include scientific utilization of data/information (Figure 2). A sound understanding of the importance of data integrity with the recording and provision of data could be expected from these professional practitioners.

5.3.2 Orientation and implementation of the SIR

Section one of the pilot questionnaire focused on the extent to which the Gauteng EHW professionals were made aware of the new data capturing system, the quality of training they received and how soon after the training the SIR was implemented.

5.3.2.1 Awareness, orientation and time lapse utilization

The first part of section one's questions dealt with the respondents' awareness of the new data capturing system; the orientation training received re the utilization of the SIR and the time-lapse before the actual implementation of the system took place. This data was obtained with three choice questions. Due to length constraints, these results will be clustered in the following exposition.

TABLE 7: EHW PROFESSIONAL'S AWARENESS, ORIENTATION AND TIME LAPSE RE UTILIZATION

Q 1. Aware of SIR	*Yes*		*No*			**n**
Distribution	80 (95.24%)		4 (4.76%)			84
Q 2. Orientated about SIR	*Yes*		*No*			n
Distribution	69 (84.15%)		13 (15.85%)			82
Q 3. Time-lapse before utilization	*Immediately*	*Within a month*	*Two months afterwards*	*Three months afterwards*	*Still not completing it*	**n**
Distribution	27 (35.53%)	29 (38.16%)	17 (22.37%)	2 (2.63%)	1 (1.32%)	76

The findings contained in Table 7 indicated that the 95.24% practitioners of Gauteng Province were well aware of the new data capturing system to be implemented. The majority (84.15%) were also trained/ orientated in how to use the SIR: Activity Sheets and Guide and were able to implement the SIR within a month after the training. These results served as an indication that during the focus group discussion these practitioners should be able to share the challenges they experienced with the capturing of data/information with the SIR.

5.3.2.2 Usefulness of the orientation/training

The fourth pilot question of section one was aimed at measuring the extent to which the training had prepared the respondents for their task. These questions focused on three facets of the training that the practitioners of Gauteng Province had received. These were the quality of their

training, as well as their knowledge on how to complete the SIR and the purpose of the system. The responses to these questions are summarised in Table 8.

TABLE 8: USEFULNESS OF THE ORIENTATION TRAINING

Q4.1: Clear instructions	*1. I strongly disagree*	*2. I disagree*	*3. I agree*	*4. I strongly agree*	**n**
Responses	12 (15.58%)	8 (10.39%)	50 (64.94%)	7 (9.09%)	77
Q4.2: Understood purpose	*1. I strongly disagree*	*2. I disagree*	*3. I agree*	*4. I strongly agree*	**n**
Responses	12 (15.58%)	8 (10.39%)	50 (64.94%)	7 (9.09%)	77
Q4.3: Knew how to complete	*1. I strongly disagree*	*2. I disagree*	*3. I agree*	*4. I strongly agree*	**n**
Responses	8 (10.39%)	21 (27.27%)	42 (54.55%)	6 (7.79%)	77

The responses indicated that 57 (74.03%) of the respondents perceived the training/orientation instructions as clear and 48 (62.34%) knew how to complete the SIR afterwards. A substantial number of respondents (25.97 %), however, did not perceive the instructions as clear nor did 37.66% know how to complete the SIR afterwards.

5.3.3 Data collection and presentation

The focus in this section of the pilot survey was on the exploration of the time needed to complete an activity on the SIR: Activity Sheet, as well as the stage at which they recorded it.

Since the SIR documents were already in use for three (3) months before the pilot study commenced, it was expected that the respondents would be fairly familiar with the SIR and at most would not need more than four to six minutes to complete the SIR: Activity Sheets. The results as contained in Table 9, however, paint a somewhat different picture.

TABLE 9: WHEN THE SIR ACTIVITIES SHEETS WERE COMPLETED AND TIME UTILIZED

Q 5. Time to complete SIR Sheets	**2-4 minutes**	**4-6 minutes**	**6-8 minutes**	**8-10 minutes**	**10+ minutes**	**n**
Distribution	9 (10.98%)	22 (26.83%)	14 (17.07%)	6 (7.32%)	31 (37.80%)	82
Q 6. When Sheets were completed	**Immediately after service**	**At the end of the day**	**Within a week**	**Within 2 weeks**	**At end of month**	**n**
Distribution	4 (4.88%)	23 (28.05%)	24 (29.27%)	4 (4.88%)	27 (32.93%)	82

Table 9 shows that 62.19% of the respondents required between six to ten or more minutes to complete one service delivery activity. This implies that a considerable amount of time was utilized

to complete only one SIR: Activity Sheet. Only 67.08% of the respondents were able to record their service delivery information immediately, within a week or at the end of two weeks. The delay in data capturing by 37.81% of the practitioners could affect the data integrity of the Gauteng Province, as well as the National EHW data base.

5.3.4 The utilization of the SIR: Sheets and SIR: Guide

The survey also included an evaluation of the SIR: Activity Sheet as such and the SIR: Guide. The results of the pilot study will be discussed in the following sections.

5.3.4.1 Evaluation of the SIR: Guide

The manner in which the practitioners orientated themselves towards the SIR: Guide as an aid to complete the SIR: Activity Sheets was explored through question 7. The results are contained in Table 10.

TABLE 10: ORIENTATION TOWARDS THE SIR: GUIDE

Q 7. Approach to the SIR: Guide	Only glanced through the SIR Guide	Paged through the SIR Guide	Selectively read parts of the SIR Guide	Completely read through the SIR Guide	Studied the SIR Guide in depth	n
Distribution	0 (0%)	9 (10.84%)	21 (25.30%)	31 (37.35%)	22 (26.51%)	83

It was a somewhat unexpected result that only 22/26.51% of the respondents made an in-depth study of the SIR: Guide, whilst only another 31/37.35% read though the whole document. The fact that nearly a third of the respondents had only limited knowledge of the guide would probably have contributed to the problems that they had experienced with the SIR.

Question eight was aimed at measuring the user-friendliness of the SIR: Guide and its value to the practitioner. It consisted of four scaled sub-questions that focused on how clearly it was formulated, the extent to which all professional services were covered and effectively defined, as well as the extent to which it provided an overview of services rendered. The responses to these sub-questions are summarised in Table 11.

TABLE 11: EVALUATION OF THE SIR: GUIDE

Q 8.1. Clearly formulated	*I strongly disagree*	*I disagree*	*I agree*	*I strongly agree*	**n**
Responses	15 (18.07%)	26 (31.33%)	41 (49.40%)	1 (1.20%)	83
Q 8.2. Covers all services	*I strongly disagree*	*I disagree*	*I agree*	*I strongly agree*	**n**
Responses	20 (23.81%)	40 (47.62%)	24 (28.57%)	-	84

Q 8.3. **Services clearly defined**	*I strongly disagree*	*I disagree*	*I agree*	*I strongly agree*	**n**
Responses	17 (20.48%)	32 (38.55%)	33 (39.76%)	1 (1.20%)-	83
Q 8.4. **Provide overview of services**	*I strongly disagree*	*I disagree*	*I agree*	*I strongly agree*	**n**
Responses	12 (14.63%)	25 (30.49%)	43 (52.44%)	2 (2.44%)	82

Only half (41/49.4%) of the respondents indicated that the SIR: Guide was not clearly formulated (Table 11: Question 8.1) and 37/45.12% that it did not provide a clear overview of the service delivery of each profession (Table 11: Question 8.4). The same type of trend also emerged from the other questions. This higher than expected negative response should be seen within the context of the fact that a large number of the respondents had not yet made the effort to study the guide in any depth (see Table 10).

5.3.4.2 Evaluation of the SIR Activity Sheets

Question/scale 9 aimed to establish how the practitioners of Gauteng Province experienced the completion of the SIR: Activity Sheets, to what extent the SIR: Guide served as an aid to complete it, if the completion of the Sheets were time consuming, and if a comprehensive record of services delivered could be captured with the Sheets. The results are summarised in Table 12.

TABLE 12: EVALUATION OF THE SIR: ACTIVITY SHEETS

Q 9.1. **Easy to complete Sheets**	*I strongly disagree*	*I disagree*	*I agree*	*I strongly agree*	**n**
Responses	12 (14.46%)	36 (43.37%)	34 (40.96%)	1 (1.20%)	83
Q 9.2. **Guide assist to**	*I strongly disagree*	*I disagree*	*I agree*	*I strongly agree*	**n**
Responses	8 (9.76%)	17 (20.73%)	55 (67.07%)	2 (2.44%)	82
Q 9.3. **Less time to complete**	*I strongly disagree*	*I disagree*	*I agree*	*I strongly agree*	**n**
Responses	35 (41.67%)	31 (36.90%)	14 (16.67%)	4 (4.76%)	84
Q. 9.4. **Provide comprehensive record of work**	*I strongly disagree*	*I disagree*	*I agree*	*I strongly agree*	**n**
Responses	11 (13.25%)	41 (49.40%)	26 (31.33%)	5 (6.02%)	83

The indications in Table 12 are that 48/ 57.83% of the respondents did not find it easy to complete the SIR: Activity Sheets (Question 9.1) and that 66/ 78.57% found it too time consuming (Question 9.3). Although 54/ 69.51% respondents indicated that the SIR: Guide guided them with the

recording of service delivery information on the Sheets, 52/62.65% were also of opinion that a comprehensive record of their work could not be provided with the SIR (Question 9.4).

5.3.4.3 Factors contributing to difficulties with the SIR

In an open question the respondents were requested to indicate three aspects they personally experienced as difficulties in the provision of data/information with the SIR. These qualitative responses were analysed and grouped according to three main themes with sub- themes. The three main themes were: difficulties associated with a lack of knowledge, difficulties associated with technical deficiencies and difficulties associated with attitude-related issues. The main themes with the relevant sub-themes will be discussed in the next sections.

5.3.4.3.1 Difficulties associated with a lack of knowledge

The sub-themes associated with a lack of knowledge included: no training received, insufficient training received; deficient implementation of the training received and, lastly, a lack of knowledge of professional terminology utilized when indicating and defining services. The responses are contained in Table 13.

TABLE 13: DIFFICULTIES ASSOCIATED WITH A LACK OF KNOWLEDGE

Q 10.1. Lack of knowledge	Distribution within the group
No training	2 (13.3%)
Insufficient training	2 (13.3%)
Deficient training	6 (40%)
Lack knowledge of professional terminology	5 (33.4%)
Total respondents (n)	**15**

The written responses of the respondents indicated that deficient training played a significant causal factor in the difficulties associated with the capture of service delivery information with the SIR. Some of the remarks were:

"*Lack of training"*
"I don't understand the SIR"
"Words used in the Guide confuse me"

5.3.4.3.2 Difficulties associated with technical deficiencies

The responses to the core question highlighted deficient SIR Guide codes, omission of station codes, deficient SIR: Guide codes for forensic social workers (FSW); insufficient encoding of SIR sub-sections, difficulties in locating profession specific codes, a lack of progress feedback and the illegibility of some photocopied SIR: Guides. The distribution of the responses is contained in Table 14.

TABLE 14: DIFFICULTIES ASSOCIATED WITH TECHNICAL DEFICIENCIES

Q 10.2. Technical deficiencies	Distribution within the group
Deficient SIR: Guide codes	20 (35.7%)
Deficient FSW SIR guide codes	1 (1.9%)
Encoding of SIR sub sections	14 (25%)
Omission of station codes	4 (7%)
Location of profession specific codes	13 (23.2%)
Lack of progress feedback	1 (1.9%)
Readability of SIR: Guide	3 (5.3%)
Total respondents (n)	**56**

Table 14 indicates that various problems associated with service delivery codes were a major stumbling block in the completion of the SIR: Activity Sheets. Responses in this regard included:

"Lack of all Station codes"

"Some of the services are not coded"

"The RR and TS codes are confusing"

5.3.4.3.3 Difficulties associated with attitude related issues

Difficulties associated with attitude-related issues included; the bubbles on the OMR Sheets, the selection of and bubbling of codes; and the general resistance towards the SIR as a data/information capturing system. The results are reflected in Table 15

TABLE 15: DIFFICULTIES ASSOCIATED WITH ATTITUDE RELATED ISSUES

Q 10.3. Attitude related issues	Distribution within the group
Bubble of OMR Sheets	28 (48%)
Selection of bubbles and codes	8 (13%)
Resistance towards SIR System	23 (39%)
Total responses	**59**

The responses showed that 28/48% of the respondents experienced the actual recording of data on the "bubbles" of the SIR: Activity Sheets as difficult and time consuming. 23/39% also expressed some type of direct resistance to the system as a whole. It included statements such as:

"SIR system is a waste of time and money"

"Too time consuming"

"The colouring of the bubbles caused me not to record everything properly"

"Sometimes I forget to complete the SIR immediately"

5.3.5 Attitude towards the recording of information

Section four of the pilot questionnaire focused on the EHW professional's attitude towards data/information capturing in general.

The sub-questions of question/scale 11 were clustered together to determine the respondents' attitudes towards:

- the SIR: Activity Sheets and Guide;
- the provision of data/information in general and with the SIR
- fully computerized data/information capturing system
- managerial actions towards inaccurate and late submitted data/information.

A last question in this section tested the respondents' attitudes with regards to their accurate provision of data/information for the past three months.

5.3.5.1 Attitude towards the SIR Guide and Activity Sheets

The first section of pilot question eleven was aimed at measuring the attitude of the practitioners when utilizing the SIR: Activity Sheets and Guides. It, amongst others, focused on the time consumed in completing the SIR: Activity Sheets, how user-friendly the Sheets were, how easy it was to complete them and to what extent the completion of the Sheets enhanced accountability. All the results as summarised in Table 16.

TABLE 16: ATTITUDE TOWARDS THE SIR: ACTIVITY SHEETS AND SIR GUIDE

Q 11.1. SIR Sheets are time-consuming to complete	*I strongly disagree*	*I disagree*	*I agree*	*I strongly agree*	**n**
Responses	7 (8.33%)	12 (14.29%)	29 (34.52%)	36 (42.86%)	84
Q 11.3 SIR Sheets are user-friendly	*I strongly disagree*	*I disagree*	*I agree*	*I strongly agree*	**n**
Responses	14 (16.67%)	28 (33.33%)	41 (48.81%)	1 (1.19%)	84
Q 11.4. SIR Sheets easy to complete	*I strongly disagree*	*I disagree*	*I agree*	*I strongly agree*	**n**
Responses	13 (15.48%)	26 (30.95%)	43 (51.19%)	2 (2.38%)	84
Q 11.5. SIR Sheets enhance accountability	*I strongly disagree*	*I disagree*	*I agree*	*I strongly agree*	**n**
Responses	9 (10.71%)	16 (19.05%)	49 (58.33%)	10 (11.90%)	84

Q 11.6. SIR Sheets provide overview of services	*I strongly disagree*	*I disagree*	*I agree*	*I strongly agree*	**n**
Responses	12 (14.46%)	23 (27.71%)	44 (53.01%)	4 (4.82%)	83
Q 11.7. SIR Sheets help with feedback	*I strongly disagree*	*I disagree*	*I agree*	*I strongly agree*	**n**
Responses	9 (10.84%)	16 (19.28%)	54 (65.06%)	4 (4.82%)	83
Q 11.8. SIR Sheets enable targeted interventions	*I strongly disagree*	*I disagree*	*I agree*	*I strongly agree*	**n**
Responses	10 (12.05%)	20 (24.10%)	48 (57.83%)	5 (6.02%)	83
Q 11.9. Regular entries on SIR Sheets important	*I strongly disagree*	*I disagree*	*I agree*	*I strongly agree*	**n**
Responses	6 (7.14%)	8 (9.52%)	61 (72.62%)	9 (10.71%)	84
Q 11.10. SIR Guide helps with accurate completion of Sheets	*I strongly disagree*	*I disagree*	*I agree*	*I strongly agree*	**n**
Responses	7 (8.43%)	27 (32.53%)	43 (51.81%)	6 (7.23%)	83
Q 11.11. SIR Guide helps to quickly complete the Sheets	*I strongly disagree*	*I disagree*	*I agree*	*I strongly agree*	**n**
Responses	12 (14.63%)	43 (52.44%)	24 (29.27%)	3 (3.66%)	82
Q 11.15. Completion of Sheets for management to measure productivity	*I strongly disagree*	*I disagree*	*I agree*	*I strongly agree*	**n**
Responses	4 (4.76%)	8 (9.52%)	56 (66.67%)	16 (19.05%)	84

Some of the responses indicated in Table 16 corresponded with those in Table 11 and 12. The completion of the SIR: Activity Sheets was again indicated as too time consuming by 65/ 77.38% respondents (Question 11.1). And although 49/ 59.04% of the respondents were of opinion that the SIR: Guide assisted them to accurately complete the SIR: Activity Sheets, 55/ 67.07% indicated that the utilization of the SIR: Guide was too time consuming (Question 11.11.).

Although 72/ 85.72% of the respondents viewed the SIR as a method for management to measure their productivity (Question 11.15), some personal benefits of the SIR were indicated. Of the respondents, 59/ 70.23% were of opinion that the SIR assisted them with accountability (Question

11.5), 58/ 69.88% respondents indicated that the Sheets provided feedback on their service delivery (Question 11.7) and according to 53/ 63.83% targeted interventions could be planned with the information recorded on the SIR (Question 11.8).

5.3.5.2 Attitudes towards the provision of data/information

This second section of question eleven was aimed at measuring the attitude of the practitioners towards the provision of data/information in general. The questions focused on the practitioners' general attitude towards: the provision of data/information, inaccurate recording, the late submission of data/information, as well as their attitude towards the data/information provision expectations of the SAPS and their respective professions.

TABLE 17: ATTITUDES TOWARDS PROVISION OF DATA/INFORMATION

Q 11.2. Do not like to provide data	*I strongly disagree*	*I disagree*	*I agree*	*I strongly agree*	**n**
Responses	36 (42.86%)	41 (48.81%)	3 (3.57%)	4 (4.76%)	84
Q 11.13. Not bothered with late submission	*I strongly disagree*	*I disagree*	*I agree*	*I strongly agree*	**n**
Responses	32 (38.10%)	44 (52.38%)	5 (5.95%)	3 (3.57%)	84
Q 11.14. Accurate recording of data not necessary	*I strongly disagree*	*I disagree*	*I agree*	*I strongly agree*	**n**
Responses	31 (36.90%)	44 (52.38%)	5 (5.95%)	4 (4.76%)	84
Q 11.16. Recording of data compulsory in SAPS	*I strongly disagree*	*I disagree*	*I agree*	*I strongly agree*	**n**
Responses	3 (3.57%)	2 (2.38%)	56 (66.67%)	23 (27.38%)	84
Q 11.17. Data provision part of professional accountability requirements	*I strongly disagree*	*I disagree*	*I agree*	*I strongly agree*	**n**
Responses	5 (5.95%)	3 (3.57%)	60 (71.43%)	16 (19.05%)	84
Q 11.18. Data provision part of ethical requirements for professionals	*I strongly disagree*	*I disagree*	*I agree*	*I strongly agree*	**n**
Responses	6 (7.32%)	6 (7.32%)	48 (58.54%)	22 (26.83%)	82

The overall impression gained from this subsection of the questionnaire was that the respondents were, in spite of the difficulties experienced, fairly positive towards to whole system. Table 17, for example, indicates that 89.28% of the pilot group recorded the information accurately (Question 11.14) and 90.48% that the timely submission of service delivery data/information was important (Question 11.13). This may be because 91.67% of the respondents did not have a problem with data/information capturing (Question 11.2) and 94.05% knew that the recording of service delivery information was a SAPS requirement (Question 11.16). Other factors that may have contributed to this positive attitude are the fact that the practitioners know that they have to be professionally accountable (Question 11.17) and adhere to the ethical requirements of their professions in the provision of service delivery information (Question 11.18).

5.3.5.3 Attitude towards a computerized data/information system

One sub-question of question eleven was aimed at measuring the attitude of the practitioners towards a computerized data/information capturing system. The results (see Table 18) indicate that the majority (75.61%) of the respondents were of the opinion that a computerized system would enhance their computer literacy level.

TABLE 18: ATTITUDE TOWARDS A COMPUTERIZED DATA/INFORMATION CAPTURING SYSTEM

Q 11.12. Computerized system will improve computer literacy	*I strongly disagree*	*I disagree*	*I agree*	*I strongly agree*	**n**
Responses	10 (12.20%)	10 (12.20%)	38 (46.34%)	24 (29.27%)	82

5.3.5.4 Attitude towards managerial actions against "dirty data"

These sub-questions were designed to determine the respondents' attitude towards management steps to prevent dirty data. Their responses are contained in Table 19.

TABLE 19: ATTITUDES TOWARDS MANAGEMENT OF DATA/INFORMATION

Q 11.19. Management must take steps against the late provision of data	*I strongly disagree*	*I disagree*	*I agree*	*I strongly agree*	**n**
Responses	17 (21.25%)	24 (30.00%)	32 (40.00%)	7 (8.75%)	80
Q 11.20. Management must take steps against the inaccurate provision of data	*I strongly disagree*	*I disagree*	*I agree*	*I strongly agree*	**n**
Responses	23 (28.40%)	29 (35.80%)	24 (29.63%)	5 (6.17%)	81

Table 19 showed that the majority (64.20%) of respondents were not in favour of managerial action against those practitioners who provided inaccurate information (Question 11.20) and that 51.25% were also not in favour of managerial action against late submissions (Question 11.19). This, however, still leaves a large number who were ignorant about the impact of inaccurate and late submitted data on the planning and decision-making of the EHW component.

5.3.5.5 Accuracy of the data/information provided on the SIR.

Question twelve focused on the how accurate the practitioners recorded information over a period of three months. These results are reflected in Table 20.

TABLE 20: ACCURACY OF DATA/INFORMATION PROVIDED ON THE SIR ACTIVITY SHEETS

Q 12. Accurate information provision with SIR Sheets.	*Less than 25% accurate*	*Between 25% & 50% accurate*	*About 50-50*	*Between 50% - 75% accurate*	*More than 75% accurate*	**n**
Distribution	5 (6.49%)	10 (12.99%)	13 (16.88%)	23 (29.87%)	26 (33.77%)	77

The results show that 66.23% of the EHW professionals of the Gauteng Province did not record data/information accurately during the preceding three months. If the positive attitude of the practitioners as contained in Table 17 is taken into consideration, the only reason for this dismal showing must be that some other factors must have prevented the professionals from providing accurate data.

5.3.6 SIR related training needs

The pilot questionnaire also contained a section that covered training needs. They had to indicate which of the suggested training initiatives will be of value or not. These dealt with:

- the completion of the SIR to indicate profession specific data;
- the interpretation of the SIR feedback report;
- how to utilize data on the SIR feedback report to improve the planning of services;
- the establishment of the impact of the data on strategic issues;
- the use of data to provide feedback to management and;
- the verification of the outcomes of operational plans with the data.

The responses are contained in Table 21.

TABLE 21: THE TRAINING SIR RELATED TRAINING NEEDS OF RESPONDENTS

Sec.5 .1 Specialized SIR training	*... will have little or no value*	*... will have below average value*	*... will have above average value*	*... will have a lot of value*	**n**
Responses	7 (8.43%)	7 (8.43%)	24 (28.92%)	45 (54.22%)	83
Sec.5.2 Specialized training to interpret SIR data	*... will have little or no value*	*... will have below average value*	*... will have above average value*	*... will have a lot of value*	**n**
Responses	7 (8.64%)	6 (7.41%)	30 (37.04%)	38 (46.91%)	81
Sec. 5.3. Specialized training to interpret feedback report	*... will have little or no value*	*... will have below average value*	*... will have above average value*	*... will have a lot of value*	**n**
Responses	4 (4.82%)	5 (6.02%)	36 (43.37%)	38 (45.78%)	83
Sec. 5.4. Training to use SIR data for planning.	*... will have little or no value*	*... will have below average value*	*... will have above average value*	*... will have a lot of value*	**n**
Responses	3 (3.66%)	2 (2.44%)	38 (46.34%)	39 (47.56%)	82
Sec. 5.5. Training on how SIR data impact on strategic issues	*... will have little or no value*	*... will have below average value*	*... will have above average value*	*... will have a lot of value*	**n**
Responses	4 (4.82%)	4 (4.82%)	36 (43.37%)	39 (46.99%)	83
Sec. 5.6. Training on use of SIR data to give feedback	*... will have little or no value*	*... will have below average value*	*... will have above average value*	*... will have a lot of value*	**n**
Responses	5 (6.02%)	3 (3.61%)	34 (40.96%)	41 (49.40%)	83
Sec 5.7. Training on verification of operational plan with SIR data	*... will have little or no value*	*... will have below average value*	*... will have above average value*	*... will have a lot of value*	**n**
Responses	5 (6.10%)	5 (6.10%)	37 (45.12%)	35 (42.68%)	82

The results contained in Table 21 indicated that the majority of respondents (93.90%) were of opinion that training on how to utilize the SIR data to plan service delivery would have the greatest value (Section 5.4). Training in the utilizing the SIR data to provide feedback to the management (Section 5.6) as well as how the SIR data impacts on strategic issues of the SAPS (Section 5.5) were also indicated as a substantive need.

5.3.7 The value the SIR will add to the EHW's integrated approach

Section six of the questionnaire aimed to establish to what extent the conjoint discussions about the SIR data at regular EHW meetings would add value to the integrated work approach followed by the EHW. The respondents were to indicate if they agree or disagree with each of the statements provided. The results were reflected in Table 22.

TABLE 22: THE VALUE THE SIR WILL ADD TO THE INTEGRATED APPROACH

Sec.5 .1. Service can be aligned only by discussion of the SIR	*I strongly disagree*	*I disagree*	*I agree*	*I strongly agree*	**n**
Responses	13 (15.66%)	23 (27.71%)	23 (27.71%)	12 (14.46%)	83
Sec 5.2. EHW services can be aligned with conjoint analysis	*I strongly disagree*	*I disagree*	*I agree*	*I strongly agree*	**n**
Responses	13 (15.66%)	18 (21.69%)	42 (50.60%)	10 (12.05%)	83
Sec 5.4. Conjoint interpretation of SIR info to plan needs based services	*I strongly disagree*	*I disagree*	*I agree*	*I strongly agree*	**n**
Responses	11 (13.25%)	9 (10.84%)	50 (60.24%)	13 (15.66%)	83
Sec 5.5. SIR cannot enhance the integrated approach	*I strongly disagree*	*I disagree*	*I agree*	*I strongly agree*	**n**
Responses	15 (18.29%)	28 (34.15%)	30 (36.59%)	9 (10.98%)	82

One of the surprising results was that 52/44% of the respondents were of opinion that the discussions of the SIR data cannot enhance the integrated service delivery paradigm of EHW (Table 22: Section 5.5). The respondents, however, did indicate that the a conjoint analysis of the SIR data could help to align the service delivery of the three professions (Section 5.2), to identify targeted interventions (Section 5.3) and to plan needs-based services in time (Section 5.4).

5.4 Conclusions drawn from the pilot survey

The pilot survey brought a number of interesting trends to the fore. Some of these will be highlighted next. It should, however, be noted that these were only preliminary in nature and that they had to be verified during the focus group discussion, as well as with the national survey.

5.4.1 Identifying Particulars

Initially a separate pilot questionnaire was designed for each professional group. During the statistical analysis a breakdown per profession in response to the various identifying particulars requested, could not be provided. The profile section of the national survey was subsequently redesigned to overcome this construction deficiency.

The results indicated that the majority of the respondents did not have more than ten years' practice experience. They were thus viewed as not being experts in their respective professions. Since the practitioners did not have more than ten years' experience in the SAPS, it could be concluded that they did not as yet possess sufficient knowledge of the systems and unique functions of the SAPS as an organization.

The knowledge of the functions and SAPS systems, as well as the practice expertise of the EHW practitioners in the remaining provinces, needed to be verified with the national survey as these aspects have a definite impact on the capturing and provision of service delivery information.

5.4.2 Orientation and implementation of the SIR

Despite the fact that the majority of EHW practitioners in Gauteng Province indicated that they benefited from the SIR orientation training and afterwards knew how to complete the SIR Activity Sheets with the aid of the Guide, a substantial number indicated it not to be the case. This prompted a further discussion of the quality of the orientation training during the focus group session.

Although 74.03% of the practitioners indicated that they understood the general purpose of the SIR, e.g. that it serves as a tool for management to measure their productivity (Question 11:15), it would have been of value to establish to what extent they viewed the SIR as being of personal benefit to them. This prompted the inclusion of an addition question about the personal benefits of the SIR in the final survey questionnaire, as well as an attempt to cover it in the envisaged new training programme.

5.4.3 Data collection and presentation

The pilot survey showed that the amount of time it took to complete the SIR: Activity Sheet had to be covered in both the national survey and during the focus group discussion.

5.4.4 The utilization of the SIR: Activity Sheets and SIR: Guide

5.4.4.1 Evaluation of the SIR Guide

The SIR was implemented three months prior to the pilot survey. The fact that most respondents did not attempt to study the SIR: Guide had to be explored during the focus group discussion. It was also necessary to ascertain if this state of affairs had changed by the time the national survey was conducted. The same applied to the problems experienced with the SIR: Guide as a document.

5.4.4.2 Evaluation of the SIR: Activity Sheets

The pilot survey highlighted a number of problems associated with the SIR: Activity Sheet. These needed to be covered in more detail during both the focus group discussion and national survey.

5.4.4.3 Factors contributing to difficulties with the SIR.

The following responses obtained from the open (qualitative) question had to be explored in the focus group:

- the quality of the orientation training as they indicated that the deficient training contributed to the difficulties they experienced with the SIR,
- the specific problems the practitioners of the different professions experienced with the deficient service delivery codes of the SIR: Guide and
- the general resistance of the respondents towards the SIR as data capturing system.

5.4.5 Attitudes regarding the recording of information

The completion of the SIR: Activity Sheets and the utilization of the SIR: Guide were experienced as too time consuming. These aspects were explored in the focus group and verified with the final survey study.

A general attitude of the practitioners was that the purpose of the SIR was to enable managers to establish the productivity of the EHW professionals. It was important to explore the extent to which the practitioners believed that they could personally benefit from the SIR in the focus group.

The results also indicated that the respondents were ignorant about the impact of inaccurate and late submission of data on the planning and decision-making of the EHW component. This had to be verified in the national survey and also explored during the focus group.

5.4.6 SIR related training needs

The pilot survey brought a number of training needs in the Gauteng Province to the fore. It was consequently necessary to ascertain if a similar profile of needs also existed on the national level.

5.4.7 The value the SIR will add to the EHW's integrated approach

The question that covered the extent to which the SIR would add value to the EHW's integrated approach showed some serious flaws. It was, consequently, decided to redesign it for the national survey. It was also apparent that this theme needed to be discussed during the focus group.

6 NATURE AND RESULTS OF THE FOCUS GROUP

In order to ascertain operational EHW professionals' challenges with the capturing and provision of data/information, one focus group discussion was held on 25 November 2009 with eight (8) EHW professionals of Gauteng Province. It especially explored the problems that they had experienced in the capturing and providing data/information with the SIR. The session was also used as a mechanism to inform some of the trends that immerged from the pilot survey and as an aid in the finalisation of the national survey questionnaire.

The focus group discussion was designed to find an answer to two core questions. These were:

- "What are the factors that prevent EHW professionals from providing accurate, timely and relevant data/information?" and
- "To what extent will the EHW professionals benefit from the newly-developed programme focusing on the optimal utilization of the Service (Delivery) Information Record (SIR) feedback report?"

In order to find the answers in the most cost-effective way possible, use was made of a semi-structured focus group interview schedule (see Appendix 2). The main components of this schedule will be looked at first.

6.1 The interview schedule

This schedule worked on the basis of six initial/core questions supported by follow-up questions. The initial questions were made available to all the participants beforehand so that they could come prepared to the discussion. During the discussion, appropriate follow-up questions were selected from the available list or the existing one adapted to fit the occasion.

The core/initial questions covered the following themes:

- data collection and representation,
- proper utilization of the SIR: Activity Sheets and Guide,
- attitudes towards data/information capturing and provision,
- potential training needs regarding the SIR
- the value the SIR adds towards the EHW integrated approach.

These themes, as well as the initial and follow-up questions, are summarised in Table 24.

TABLE 23: THE STRUCTURE AND CONTENT OF THE INTERVIEW SCHEDULE

INITIAL QUESTIONS	FOLLOW-UP QUESTIONS
THEME 1: **The Orientation and Implementation of the SIR**	
1. *How did you experience the orientation session conducted by your Provincial delegates in dealing with the SIR: Guide, the SIR: Activity Sheets and the benefits of the SIR for the EHW?*	*1.1. Did you experience that the facilitator of the orientation session regarding the SIR was well informed and knowledgeable?* *1.2. Do you understand the overall benefit of the SIR for the Employee Health and Wellness?* *1.3. What do you think prevented the EHW Functionaries from completing the SIR: Activity Sheets immediately after the orientation session?*
THEME 2: **Data collection and representation**	
2. What do you think are the general problems the EHW professionals are experiencing when collecting and indicating data with the SIR?	*2.1. What do you think are the factors contributing to the fact that EHW professionals use ten (10) minutes or more to complete one (1) SIR: Activity Sheet?* *2.2. What contributes to the fact that the EHW professionals only record information on their SIR: Activity Sheets at the end of each month?*
THEME 3: **The Utilization of the SIR Activity Sheets and the SIR: Guide**	
3. What are the specific challenges you experience regarding the SIR: Guide and SIR: Activity Sheets?	*3.1. How can the EHW professionals ensure that all the services they rendered are reflected in the SIR: Guide?* *3.2. What are the factors that make it difficult for the EHW professionals to complete the SIR: Activity Sheets?* *3.3. What aspects contribute to the fact that the completion of the SIR: Activity Sheets is more time consuming than the previous reporting format?* *3.4. To what extent, according to you, do the SIR: Activity Sheets provide a comprehensive record of EHW services rendered during a month?*
THEME 4: **Attitudes Regarding The Recording Of Information**	
4. What do you think is the general attitude of the EHW professionals towards the recording of information/data?	*4.1. What factors contribute towards the tendency of EHW professionals being reluctant to spent time in completing /capturing data on a data capturing format?* *4.1. Can the SIR: Guide assists EHW professionals to more speedily complete the SIR; Activity Sheets?* *4.1. What kind of steps do you suggest EHW Management need to take regarding inaccurate capturing of information/data?*
THEME 5: **Potential Training With Regards to the SIR**	
5. What kind of training do EHW professionals still need regarding the SIR?	*5.1. How will EHW professionals benefit from training on how to complete the SIR: Activity Sheets regarding Profession-Specific (Social Work, Spiritual, and Psychological) aspects?* *5.2. How will EHW professionals benefit from training regarding the interpretation of individual and Provincial feedback report results?* *5.3. How will EHW professionals benefit from training on how to utilize SIR data to plan services and/or give feedback to SAPS Management?*

	5.4. How will EHW professionals benefit from training as to how the SIR data indicates a link with the reaching of the Operational plan and Strategic goals?
THEME 6: **The Value the SIR will Add to the Integrated Approach of the EHW**	
6. To what extent can the SIR add value to the EHW Integrated approach?	*6.1. To what extent can the mere discussion of the SIR data of the EHW professionals enhance the EHW Integrated approach?* *6.2. What will the value of a proper conjoint analysis of the SIR data is for the EHW Integrated approach?* *6.3. Can the SIR at all contribute to the EHW Integrated approach?*

Except for the identifying particulars of the participants and the introductory explanations prior to the discussion, the main focus was on the overall results and implications of the responses on each individual initial/core question.

6.2 The identifying particulars

The focus group session took place at the SAPS National Head Office in Pretoria on 1 December 2009 and lasted three (3) hours.

The identifying particulars of the eight attendees are contained in Table 4. It shows that the group consisted of two (2) chaplains, two (2) psychologists and four (4) social workers. The chaplains and psychologists were represented by a female and male whilst the social workers were only females. The chaplains and psychologists had worked for three (3) years in their professional capacity in the SAPS, whilst the social workers' service years ranged from 1 to 9 years.

The participants were specifically selected to ensure that they would be representative of the total population as practically possible. An attempt was especially made to bring the group composition in line with Brotherson's (1994:13) view that: "It is important to seek out and maintain diversity in the selection of participants but at the same time participants must be chosen so that they share selected commonalities".

TABLE 24: IDENTIFYING PARTICULARS OF THE FOCUS GROUP AND PARTICIPANTS

Location of the session:	SAPS National Head Office Pretoria		
Date of the session:	7 December 2009		
Total participants:	**8**		
Gender of the participants:	1. *Male* **2**	2. *Female* **6**	
Profession:	1. *Chaplain* **2**	2. *Psychologist* **2**	3. *Social Worker* **4**
Service years in the SAPS:	1. *Chaplain* **3 years**	2. *Psychologist* **3 years**	***3. Social Worker*** **1 to 9 years**

6.3 The introduction to the discussion

The focus group discussion was introduced with the following statement**:**

Welcome to this discussion session.

As you are all aware, in April this year (2009) the Service Information Record (SIR) was implemented as a data/information capturing system for the three professions of the EHW.

Although the aim was to develop a computerized data/information capturing system, specific problems prevented this and a technologically supported system, the SIR, was developed and implemented.

Now three quarters of the financial year later, it becomes important to evaluate the implementation and utilization of the SIR. This evaluation process forms part of a scientific research project with regards to the problems experienced with data/information capturing and provision.

The SIR is a large and expensive initiative of the EHW to establish a central data base. The main aim with a central data base is to obtain and provide data/information as it is requested by the EHW individuals and managerial components.

To accomplish this it is important to determine the challenges experienced by the professionals with SIR in an attempt to capture and provide timely, accurate and relevant data/information.

Since the survey questionnaire with regards to the SIR was piloted by the EHW professionals of Gauteng Province you have already had the opportunity to indicate the problems you experienced with the capturing and provision of data/information. As a representative of your professional group your participation in the in-depth discussion about the results of that study will add value to the ongoing evaluation process of the SIR.

The discussion will be taped for research purposes but all the names of the participants will be kept confidential. For your protection, and as part of the ethical aspects of the research, a consent form needs to be completed by each participant as the results of the discussion will be published in a Master thesis at the North- West University.

6.4 A summary of the focus group results

The discussion was facilitated by the researcher and an assistant-moderator. Apart from the tape recording of the session, the latter also took some notes on the participants' responses.

The presentation of the results of the discussion will be structured according to the six core themes that were covered.

6.4.1 Orientation and implementation of the SIR

A number of problems regarding the orientation sessions and implementation of the SIR emerged from the session. It first became apparent that not all the operational EHW professionals in Gauteng received the prescribed training on the proper utilization of the SIR: Activity Sheets and

Guide. For those who did, the actual benefit of the SIR as a data/information capturing system was never clearly outlined.

There was also a considerable time lapse between the orientation sessions/training and implementation of the SIR because of documents being distributed or received late. The implementation process was further impeded with a backlog of data/information that had to be captured once the SIR documents were received.

6.4.2 Data collection and presentation

Collecting data/information with the SIR was experienced as a time consuming procedure. Since the participants were unfamiliar with the new data/information capturing system, they could not find the applicable codes with ease. The OPSW of Gauteng indicated that they normally compiled their "statistics" at the end of each month. The SIR, according to them, demanded daily time and discipline to complete in order to ensure that data/information is properly collected and all delivered services presented. The change in their data capturing practice was experienced as a problem by the participants and this could have contributed to a negative attitude towards the new system.

6.4.3 Utilization of the SIR: Activity Sheets and Guide

Most participants expressed the view that the SIR is problematic and too time consuming. They experienced difficulties with the recording of service delivery activities due to insufficient codes. The colouring in of the bubbles on the SIR: Activity Sheets contributed to the time consumption and was experienced as a tiring process.

Another frustrating factor was the constant "changes" (upgrading) being done to the SIR: Guide. The result was that groups were using different and incompatible versions of the SIR: Guide when capturing the data/information. Above all, the lack of adequate and sufficient training on completion of the SIR: Activity Sheets and the lack of feedback re utilization mistakes were experienced as setbacks in the proper utilization of the system.

6.4.4 Attitude towards the recording of information

The group indicated that the EHW professionals' negativity towards the SIR system was probably due to:

- the constant changes to the SIR: Guide and the different versions issued and not received by every professional,
- the fact that they are still stuck with the manual completion of a time-consuming system while a computerized system was promised,
- the feeling of being individually exposed to the scrutiny of top management when using it,
- the fact that too much and too detailed data/information had to be captured with the new system.

The participants felt that EHW management needed to thoroughly explore factors contributing to inaccurate capturing of data/information. They also strongly indicated that the professionals must be enabled to utilize their time for service delivery and not to spend unnecessary time on the accurate capturing of data/information.

6.4.5 SIR related training needs

The participants preferred to be directly trained by delegates from National Head Office instead of provincial delegates being trained as trainers. Regular update sessions had to be held, especially with major changes and adjustments that were made to the SIR: Guide and Activity Sheets.

They also expressed a need for specialised training on the interpretation of the SIR Feedback Report and how it could be used to identify service delivery trends and to plan targeted interventions. They indicated that training on the optimal utilization of to SIR feedback report will enhance feedback on service delivery to the SAPS management and be of assistance in the marketing of their services.

6.4.6 The value the SIR will add to the EHW's integrated approach

The participants were divided as to the value that a conjoint discussion/analysis of the SIR feedback report will add to the EHW's integrated approach. Some indicated that this practice will evoke division and competition amongst the professions. Others were of opinion that the sharing of data/information contained in the feedback report will assist the professions to clarify profession specific roles and joint responsibilities towards the SAPS's employees.

6.5 Responses on the core questions and their implications

Apart from the general trends that emerged from the group discussion, a number of specific issues also came to the fore. These played a major role in changes made to the survey questionnaire, as well as in the subsequent development of the concept SIR training programme. Because of this, the responses to the core questions and the interpretations derived from the discussion will be summarised in Table 25. Reponses not relevant to the core questions were left out.

TABLE 25: A SUMMARY OF THE RESPONSES DURING THE FOCUS GROUP DISCUSSION.

5.6.1 Initial question: "*How did you **experience the orientation** session conducted by your Provincial delegates, dealing with the SIR: Guide, the SIR: Activity Sheets and the **benefits of the SIR** for the EHW?"*
Responses: • No training/orientation on how to utilize the SIR: Guide and Activity Sheets were received from our provincial delegates • The three professional groups were grouped together for a training /orientation session. The SIR documents were discussed in general and no attention was given or opportunity provided to discuss profession-specific aspects with regards to its utilization • With one orientation training session's time constraints hampered, the quality of the session and self study was required to understand the SIR documents. • One trainer was very knowledgeable about the SIR documents and had the whole day for orientation/training.

- The explained benefit of the SIR was that it, in future, will provide easy access to data/information when needed
- A second proposed benefit was that the SIR feedback report would indicate individual performance that could be used during quarterly work performance assessments.
- It was also said that the SIR will, in future, assist the professionals with case management

Trends that emerged from specific responses and the group discussion in general

The participants who expressed views with regards to the orientation training and explained benefits of the SIR indicated that:

- The EHW employees of Gauteng were not orientated/ trained on how to utilize the SIR.
- The quality of the orientation training received was insufficient or inadequate.
- Orientation training regarding the SIR documents was not implemented in a uniform manner.
- The benefits of the SIR were only explained in some of the orientation training sessions.

5.6.2 Initial question: "*What do you think are the **general problems** the EHW professionals are experiencing in **collecting and indicating data** with the SIR?"*

Responses:

- A lot of time was utilized to find applicable service delivery codes in the SIR Guide.
- Daily completion of the SIR was problematic because it was too time consuming to find the codes and colour the "bubbles" on the SIR: Activity Sheets.
- The constant changes made to the SIR: Guide was a frustrating experience.
- The updated versions of the SIR: Guide was not distributed to all the professionals.
- Gauteng professionals in the past had a meeting at the end of the month and the whole day was set aside to capture data/information and submit the documents. The expectation to capture data/information daily or weekly required time and self discipline. Since the professionals lacked these aspects they still completed the SIR: Activity Sheets at the end of the month.

Trends that emerged from specific responses and the group discussion in general

The participants expressed the following views with regards to the general problems experienced in the capturing and provision of data/information:

- General deficiencies existed with the code provision in the SIR: Guide.
- Difficulties were experienced in finding .profession specific codes in the Guide.
- The process of selecting codes from the Guide and to "bubble" them on the optical mark reading SIR: Activity Sheets was too time consuming
- The constant changes to the SIR: Guide and the unavailability of the updated version frustrated everyone.
- The habit of capturing data/information at the end of each month was still practised.

5.6.3 Initial question:"*What are the **specific challenges** you experience regarding the SIR: Guide and SIR: Activity Sheets?*"

Responses:

- The lack of appropriate codes in the SIR: Guide to indicate delivered services.
- The SIR: Guide was not user-friendly as the profession specific codes were not separately indicated.
- The provision of adequate numbers of SIR: Activity Sheets caused problems.
- The manual colouring of the bubbles on the OMR SIR: Activity Sheets while a computerized system was promised were tiring and frustrating.
- The duplication of work as data/information captured on the diary had to be transferred to the SIR: Activity Sheets

Trends that emerged from specific responses and the group discussion in general

The participants expressed views with regards to specific problems experienced with the SIR: Guide and Activity Sheets indicated:

- Insufficient profession-specific codes were provided in the SIR: Guide.

- The SIR: Guide is not a user-friendly document.
- A computerized data/information capturing system was preferred above a manual system.
- The data/information capturing and provision process is too time-consuming.

5.6.4 Initial question: *" What do you think is **the general attitude** of the EHW professionals **towards** the **recording of data/information**?"*

Responses:

- Nobody had a positive attitude towards capturing data/information with the SIR.
- The professionals manipulated the data/information because they were negative about the SIR.
- The availability of data/information of each individual on a data base was experienced as too exposing.
- The fact that too much data/information was required contributed to the negative attitude.
- Management's tendency to "over focus" on the provision of service delivery data/information impacted on actual service delivery.

Trends that emerged from specific responses and the group discussion in general

The participants expressed views with regards to the general attitude towards the recording of data/information indicated:

- A general negative attitude towards data/information capturing and provision due to the SIR.
- The manipulation of data/information capturing due to negativity.
- The amount of data/information to be captured was experienced as too cumbersome.
- Management's over focus on data/information capturing and provision hampered service delivery.

5.6.5 Initial question: "*What kind of training do EHW professionals still need regarding the SIR?*"

Responses:

- Further training on any aspect of the SIR was to be done by the National Head Office as the training by provincial delegates was inadequate and in sufficient.
- Proper training about the interpretation of the SIR feedback report would enhance service delivery.
- Training with regards to the utilization of the SIR feedback report will in future assist the professionals with feedback provision to relevant stakeholders and marketing of service delivery.

Trends that emerged from specific responses and the group discussion in general

The following training needs were indicated by the participants:

- Quality and adequate training on profession-specific data/information capturing to be conducted by National Head Office delegates.
- Future training on the optimal utilization of the SIR feedback report.

5.6.6 Initial question: *"To what extent can the SIR add value to the EHW Integrated approach?"*

Responses:

- A conjoint analysis of the SIR data will cause a lot of competition and comparison amongst the three professions.
- Pending the professional's approach towards a conjoint analysis of the SIR data/information this practice will assist with the demarcation of service delivery and the planning of integrated interventions.

Trends that emerged from specific responses and the group discussion in general

The participants expressed views with regards to the value the SIR can add to the EHW integrated approach indicated that:

- Future conjoint analysis of the SIR data will either contribute a division amongst the professional groups or the demarcation of service delivery and the planning of integrated service delivery will be enhanced.

6.6 Conclusions re the views of the focus group participants

The focus group discussion produced a wide range of responses. Overall it seemed as though the SIR as data/information capturing system had a number of specific deficiencies that needed to be addressed. It especially did not fully meet the participants' need for a computerized, user-friendly and time-saving data/information capturing system that would enhance service delivery feedback, planning and the marketing of services.

The extent to which these and other views was representative of the entire EHW professional group had to be tested by a national survey.

7 NATURE AND RESULTS OF THE NATIONAL SURVEY

The nature of and results achieved with the national survey will be covered in the following sections.

7.1 The data collection instrument

The survey questionnaire consisted of the same type of closed, multiple choice, Likert- and completion type questions as were used in the pilot. They were formulated in such a way that they would determine the respondents' knowledge, attitudes and behaviour at the time. It is as Kaliyaperumal (2004:7) simplistically stated: “KAP studies tell us what people know about certain things, how they feel and also how they behave”.

7.1.1 Content of the survey instrument

The survey questionnaire consisted of six sections as indicated in Table 7.

- The first section focused on the orientation and implementation of the SIR and the SIR: Guide. Questions in this Section were mainly closed, multiple choice and Likert-type questions.
- The second section focused on the data collection and representation of service delivery information on the SIR: Activity Sheets. This section consists of multiple choice questions.
- The third section focused on the utilization of the SIR; Activity Sheets and the SIR Guide. Multiple choice, Likert-type question as well as an open question were asked to indicate experienced challenges.
- The fourth section focused on attitudes regarding the recording of information. In this section the Likert-type questions were designed to measure knowledge, attitude and behaviour/practice with regards to the SIR: Activity Sheets and Guide, service information delivery in general, computerization of the service information delivery system and the managerial aspects of the service delivery information system.
- Section five consisted of Likert-type questions focusing on the SIR related training needs.
- Section six consisted of a multiple choice question to indicate what value the SIR will add to the integrated approach of Employee Health and Wellness (EHW).

In all the sections the respondents had to choose the most applicable answer.

TABLE 26: THE COMPOSITION OF THE SIR SURVEY QUESTIONNAIRE

SECTION	FACETS COVERED IN THE SIR SURVEY	QUESTIONS
Particulars	Profile of the respondents	Seven demographic characteristics
Section 1	The orientation re and implementation of the SIR	Questions 1 to 4
Section 2	Data collection and representation	Questions 5 to 6
Section 3	The utilization of the SIR: Activity Sheets and SIR: Guide	Questions 7 to10
Section 4	Attitudes regarding the recording of information	Question 11 to 12
Section 5	SIR related training needs	Seven Likert-type questions
Section 6	The value that the SIR will add to the integrated approach of Employee Health and Wellness (EHW)	Two Likert-type questions

7.1.2 Distribution of the survey questionnaires

The survey questionnaire was posted to all 423 operational EHW professionals employed in the SAPS during January 2010. Those of the Gauteng Province, as pilot group for the initial survey, were excluded in the national survey in order to prevent the danger of data contamination. The questionnaires were posted to each professional as part of a SIR document package. Ethical procedures were followed which allowed the professionals with a choice to participate in the research study or not.

Of all the questionnaires that were sent out, a total of 251 'usable' ones were returned. This represents a response rate of 59% of the total targeted population.

7.2 Procedures and formulas used in the analysis of data

All data collected with the survey was analysed in conjunction with the Statistical Consultation Services the North West University. Before the data as such could be interpreted, it was firstly necessary to determine whether the measurement scales were reliable and secondly whether they could be viewed as valid.

In order to determine the reliability of the questionnaire, the 'Cronbach Alpha coefficient' (abbreviated as Cronbach Alpha, "CA" or simply "α") of each scale was calculated (Gravetter & Forzano, 2003:455). Due to the non-clinical nature of the scales/subscales, an α = 0.5-0.79 was viewed as acceptable and an $\alpha \geq 0.8$ as highly reliable (cf. Jackson, 2003:87-91).

The validity of the questions were, to a large extent, already determined via the pilot survey and during the focus group discussions. This especially pertained to the extent to which the scales were able to measure the respondents' knowledge, attitude and behaviour/practice effectively. In addition, use was also made of some anova statistical analyses in order to identify if there were any significant difference between the responses from chaplains, psychologists and social workers. The most important of these were the P-scores where they had to be below 0.05 in order to indicate a significant difference between sets of respondents.

Most of the other data produced by the survey was analysed by means of descriptive statistics such as totals, percentages, averages, means and standard deviations.

7.3 Results of the survey questionnaire

The presentation of the results of the national survey will, apart from the identifying particulars of the respondents, be structured according to the six sections/themes covered in the questionnaire (see Table 26).

7.3.1 Identifying particulars of the participants

The 423 operational EHW professionals who were targeted in the national survey were employed in the remaining nine provinces of the SAPS. A look will first be taken at the general profile of the target population before focussing on the identifying particulars of those who responded to the survey. The latter will cover aspects such as professional association, gender, race, years of service elsewhere and in the SAPS, operational levels, qualifications and province of origin.

7.3.1.1 Profile of the targeted operational EHW professions

A profile of the 423 operational EHW professional employees employed in the targeted provinces on 1 January 2010 is contained in Table 27. Each provincial manager, as well as the HIV/AIDS and Disability coordinators is also included although they were not necessarily involved in operational service delivery.

TABLE 27: THE EHW PROFESSIONALS PER PROVINCE

PROVINCE	TOTAL TARGETED EHW PROFESSIONALS (2010)
Eastern Cape	**64** (13 36%)
KwaZulu Natal	**62** (12.94%)
Free State	**55** (11.48%)
National Office	**48** (11.35%)
Limpopo	**47** (9.81%)
North West	**45** (9.39%)
Northern Cape	**41** (8.55%)
Mpumalanga	**31** (6.48%)
Western Cape	**30** (6.27%)
TOTAL	**423 (100%)**

Since the focus of the study was to establish the challenges experienced by the three different professional groups, a breakdown per province of those targeted is provided in Table 28.

TABLE 28: BREAKDOWN OF OPERATIONAL EHW PROFESSIONALS PER PROVINCE

OPERATIONAL EHW PROFESSIONALS PER PROVINCE (2010)				
PROVINCE	**CHAPLAINS**	**PSYCHOLOGISTS**	**SOCIAL WORKERS**	**TOTAL**
Eastern Cape	19 (31.14%)	22 (36.07%)	20 (32.79%)	**61 (15.13%)**
KwaZulu Natal	19 (32.20%)	21 (35.60%)	19 (32.20%)	**59 (14.64%)**
Free State	21 (41.18%)	11 (21.57%)	19 (37.25%)	**51 (12.66%)**
National Head Office	21 (43.75%)	13 (27.08%)	14 (29.17%)	**48 (11.91%)**
Limpopo	17 (37.78%)	9 (20%)	19 (42.22%)	**45 (11.12%)**
North West	18 (42.85%)	7 (16.67%)	17 (40.48%)	**42 (10.43%)**
Northern Cape	22 (55%)	3 (7.5%)	15 (37.5%)	**40 (9.92%)**
Mpumalanga	12 (41.38%)	3 (10.34%)	14 (48.28%)	**29 (7.19%)**
Western Cape	8 (28.57%)	5 (17.85%)	15 (53.58%)	**28 (6.95%)**
TOTAL	**157 (38.77%)**	**94 (23.20%)**	**152 (38.03%)**	**403 (100%)**

7.3.1.2 The respondents

The survey questionnaire was posted to all targeted 423 operational EHW professionals in January 2010. Of these, 264 (62%) were returned on the required date in February 2010. A total of 13 inadequately completed questionnaires had to be discarded which left a maximum of 251 responses or 59% of the population. Of these 96 (38%) were received from social workers. This response rate is in line with the proportion of social workers in the targeted population (see Table 28) and more than the required minimum sample size of 20% recommended by Stoker (in Strydom, 2006:196). The same type of trend also emerged for the other two groups.

A total of nine socio-demographic and geographic descriptors were used to profile the respondents. These were gender, age, qualifications, years of service in the SAPS and elsewhere, occupation and occupational level and province where currently employed. Due to length constraints, some of these will be clustered in the following exposition.

7.3.1.2.1 Gender and age

The age and gender profile of the respondents are summarised in Table 29.

TABLE 29: GENDER AND AGE PROFILE OF RESPONDENTS

Gender	**Male**			**Female**				**n**
Distribution	104 (42%)			143 (58%)				247
Age	**21-26 yrs**	**27-32 yrs**	**33-38 yrs**	**39-44 yrs**	**45-50 yrs**	**51-56 yrs**	**57 + yrs**	**n**
Distribution	0 (0%)	37 (15.61%)	75 (31.65%)	68 (28.69%)	35 (14.77%)	17 (7.17%)	5 (2.11%)	249

The gender and age profiles are in line with that of the operational level practitioner composition of EHW Services at the time. It indicates that there are more female (58%) practitioners than males (42%). The age profile of the respondents showed that nearly half (47.26%) fell in the under 39 years of age bracket, while less than 10% were older than 50. The only small anomaly was the fact that no 21-26 year olds and, therefore, beginner practitioners responded. Because they usually do not comprise more than 2% of the particular workforce, this should not be taken as an indication that the respondents were unrepresentative of the total group.

7.3.1.2.2 Years of service

The questionnaire covered two facets of years of service. The first was the respondents' total number of years' experience in their professions, while the second dealt with their years of service in the SAPS. The reason for this differentiation was to determine the level of experience and exposure of the practitioners to other working environments prior to practicing their professions in an occupational setting like the SAPS. The results are contained in Table 30.

TABLE 30: YEARS OF SERVICE OF RESPONDENTS

Total years of service	**0-5 yrs**	**6-10 yrs**	**11-15 yrs**	**16-20 yrs**	**21-25 yrs**	**26-27 yrs**	**31+ yrs**	**n**
Distribution	53 (21.63%)	77 (31.43%)	44 (17.96%)	36 (14.69%)	18 (7.35%)	9 (3.67%)	8 (3.27%)	245
Years of service in SAPS	**0-1 yrs**	**2-4 yrs**	**5-8 yrs**	**9-13 yrs**	**14-18 yrs**	**19-23 yrs**	**24 + yrs**	**n**
Distribution	23 (9.24%)	61 (24.50%)	95 (38.15%)	12 (4.82%)	25 (10.04%)	17 (6.83%)	16 (6.43%)	249

Table 30 indicates that 130 (53.06%) of the respondents in general had less than ten years' experience in their professional fields. They could, consequently, not yet be viewed as "experts" in their respective professional fields.

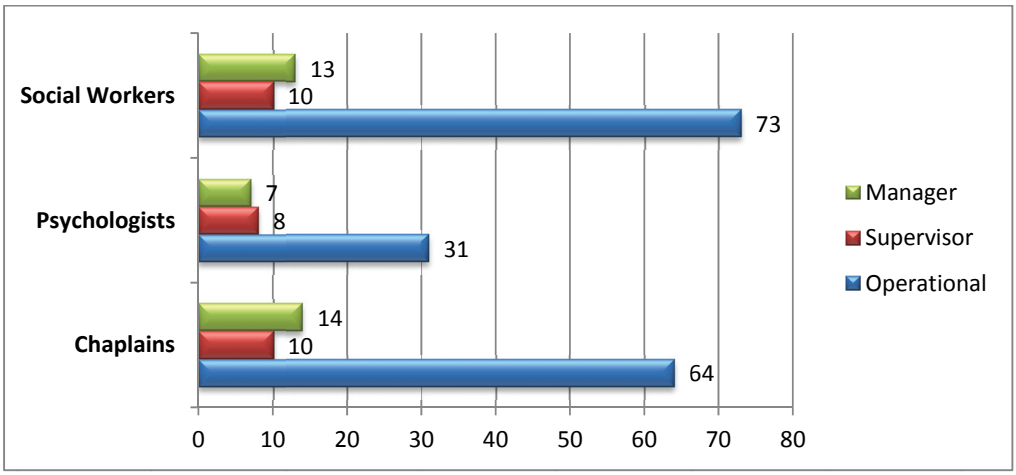
With regards to service years in the SAPS, 179 (71.89%) of the respondents have less than nine years' experience. Of these, 84 (33.74%) had less than five years' experience. The indication was that the EHW professional participants did not as yet have sufficient experience of the systems and unique functions of the SAPS as an organisation. Continuous training and an uninterrupted information feedback loop are consequently required to expand their knowledge of the SAPS' system and functions (cf. Coulshed & Mullender, 2006:122; Butcher, 1998:43).

7.3.1.2.3 Operational levels

In the SAPS the professionals on provincial level functioned as follows: one provincial head functioned as manager overseeing the three profession-specific supervisors (chaplain, psychologist and social work). The provincial manager also represented the EHW on the high-level management level. The three profession-specific managers, as middle-level managers, supervise their

operational practitioners. The operational EHW professionals as lower-level managers were those responsible for the functional service delivery to the SAPS employees and their families. Due to staff shortage in some provinces, it was at times expected from managers on higher and middle-level management to also do service delivery. The inclusion of professional practitioners on all levels provided an opportunity to establish how they were able to capture and provide data/information with the SIR and to obtain an "information picture" that will assist them to see trends and plan service delivery accordingly (cf. Googins, 1993:61).

FIGURE 3: OPERATIONAL LEVELS OF SERVICE OF RESPONDENTS



n=230

Of the 230 respondents who answered this question, 96 (41.74%) were social workers, 46 (20%) psychologists and 88 (38.26%) chaplains. This profile was in line with the composition of the EHW Service's personnel profile at the time.

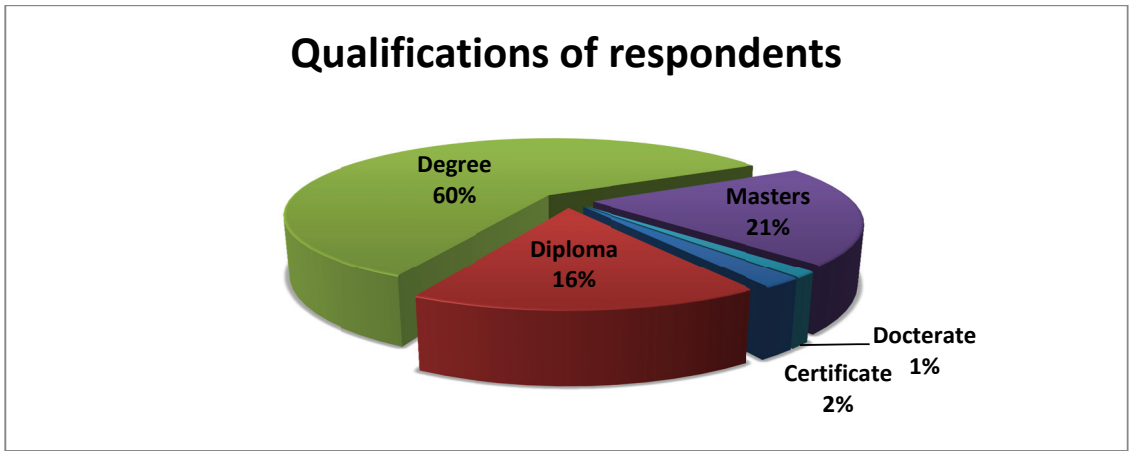
According to Figure 3, the majority (168/73.04%) of the all the respondents were operational practitioners in capacity. The fact that the managerial component of the social workers (13/13.54%) and the chaplains (14/15.91%) were indicated to be larger than the supervisor component of each profession, can probably be attributed to the respondents' misinterpretation of the terms 'supervisor' and 'manager' used in the survey questionnaire.

Figure 3 also indicates that 73 (76 %) of the social workers who responded were operational workers, while 31 (67 %) were operational psychologists and 64 (73%) operational chaplains. Since the operational EHW professionals are responsible for the service delivery, and the operational social workers are in the majority, it can be concluded that the results of this study will reflect mainly their knowledge, attitude and behaviour towards the capturing, provision and utilization of service delivery data/information with the SIR.

7.3.1.2.4 Qualifications

The qualification levels of the respondents (See Figure 2) served to indicate the extent to which the professional practitioners were able to scientifically utilize data/information in the planning and interpretation of their service delivery.

FIGURE 4: QUALIFICATIONS OF RESPONDENTS



n=249

Of the 249 respondents to this question, 203 (81.5%) were academically trained and probably able to capture and interpret scientific data/information. This will not usually apply to the rest (46/18.5%). This implies that a sound understanding of the importance of data integrity could be expected from at least 81.5% of the practitioners, whilst the others should be made aware of this fact. (It should be noted that university level training is not a prerequisite for becoming a chaplain.)

7.3.1.2.5 Provinces

Table 32 provides an overview of the total EHW population per province as on 1 January 2010, as well as the respondents of each province who participated in the survey (it includes questionnaires that could not be used in the statistical analysis).

TABLE 31: PROVINCIAL RESPONSE RATE OF POLICE SOCIAL WORKERS PER PROVINCE

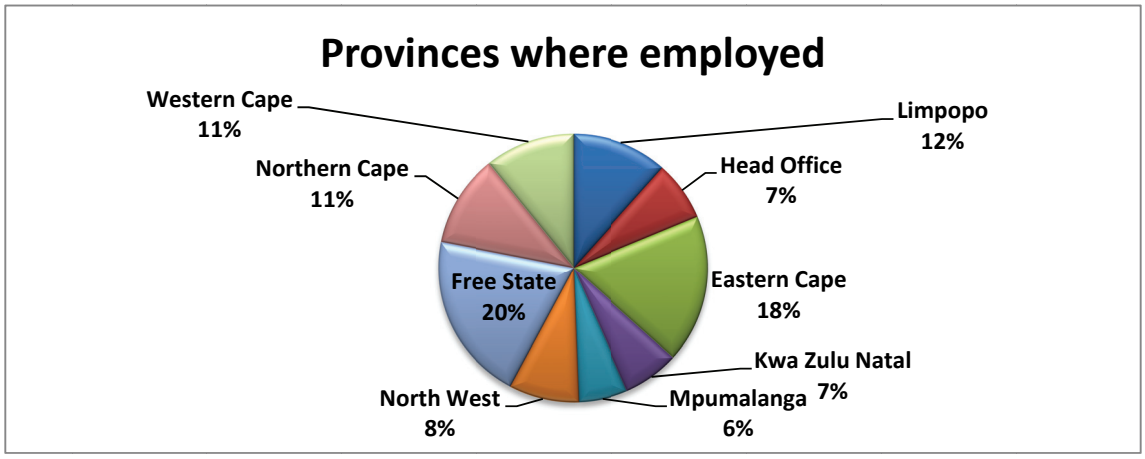
PROVINCE	TOTAL EHW PROFESSIONALS IN SAPS (2010)	TOTAL OF EHW PROFESSIONALS SURVEY RESPONDENTS	RESPONSE RATES AS A % OF TOTAL TARGETED EHW PROFESSIONALS PER PROVINCE
Eastern Cape	**64** (13.36%)	47 (17.80%)	73.43%
Kwa Zulu Natal	**62** (12.94%)	19 (7.21%)	30.65%
Free State	**55** (11.48%)	51 (20.32%)	92.73%
National Office	**48** (11.35%)	19 (7.20%)	39.58%
Limpopo	**47** (9.81%)	29 (10.99%)	59.18%
North West	**45** (9.39%)	23 (8.71%)	51.11%
Northern Cape	**41** (8.55%)	29 (10.98%)	70.73%
Mpumalanga	**31** (6.48%)	19 (7.19%)	61.29%
Western Cape	**30** (6.27%)	26 (9.60%)	86.66%
TOTAL	**423 (100%)**	**264 (100%)**	**Ẍ = 62.41%**

n=423

Table 31 indicates that the proportional response rates, especially from KwaZulu Natal (30.65%), National Office (39.58%) and North West (51.11%), were below the statistical national average (62.41%). This may be indicative of a negative attitude to the SIR system especially in these provinces.

Figure 5 showed that the highest number of professional practitioners, 51 (20/ 32%) who responded to the survey were from the Free State Province. The operational EHW professionals from this province appeared to be actively involved with the implementation and utilization of the SIR as data capturing system and were highly interested and motivated to participate in the evaluation and monitoring process of the SIR.

FIGURE 5: PROVINCES WHERE RESPONDENTS ARE EMPLOYED



n= 251

7.3.2 Section One: The orientation re and implementation of the SIR

In order to contextualise the development and implementation of the SIR, it should be noted that it was identified as a key priority during various National and Provincial EHW management meetings from 2008 to 2009. It also received complete and active support from the higher-level management. Without their support, the system would never be fully implemented. Provincial Managers and Supervisors, as change agents (cf. Kreitner and Kinicki, 2001:675; Robbins & Decenzo, 2004:205), were also tasked to sensitize and prepare operational EHW practitioners accordingly.

Part of the implementation strategy that was followed was to mobilise delegates from each province to attend a 'train-the-trainer' session at National Head Office. It was then expected that they would orientate/train the other professionals in their respective provinces with regards to the utilization of the SIR. Once this was done, it was expected that the immediate implementation of the SIR would commence.

The national survey had to, amongst others; ascertain to what extent this chosen strategy was a success. The responses and conclusions that could be reached from them will be covered next.

7.3.2.1 Awareness, orientation and time-lapse re utilization.

The first three questions of section one dealt with the respondents' awareness of the new data capturing system, if they had received the orientation training and the time that had elapsed between the training and the actual implementation of the system. The responses to the questions are clustered in Table 32.

TABLE 32: AWARENESS, ORIENTATION AND TIME LAPSE BEFORE IMPLEMENTATION

Q 1. Aware of SIR?	*Yes*	*No*	**n**
Distribution	237 (95.95%)	10 (4.05%)	247
Q 2. Orientated re the SIR?	*Yes*	*No*	n
Distribution	225 (91.09%)	22 (8.91%)	247

Q 3. Time-lapse before implementation?	*Immediately*	*Within a month*	*Two months afterwards*	*Three months afterwards*	*Still not completing it*	**n**
Distribution	96 (41.92%)	80 (34.93%)	31 (13.54%)	21 (9.17%)	1 (0.44%)	229

Table 32 indicates that the awareness levels (237/95.95%) of the new data capturing system, as well as the number of respondents who received the orientation training on how to utilize the SIR: Activity Sheets and its Guide (225/91.09%), were fairly high (i.e. more that 90%). The discrepancy between the two responses should not be seen as significant because of the low numbers involved and the possibility that some of the respondents would have been on leave at the time. It could, therefore, be concluded that the staff generally heeded the management's instructions re the implementation of the new system (cf. Coulshed & Mullender, 2006:122).

A total of 176 (76.85%) of 229 operational EHW professionals implemented the SIR system within a month after being orientated. Only 52 (22.71%) lagged behind before they implemented the SIR. This could have been the result of the logistical problems experienced in larger provinces, but also indicative of some resistance to the SIR. This possibility was identified through other questions.

It could be concluded that, at the time of the national survey, the implementation of the SIR on a national level was well underway.

7.3.2.2 Usefulness of the orientation training

The fourth question measured the extent to which the orientation training had prepared the respondents for their task. It consisted of four sub-questions that were combined to form a scale. This scale proved to be highly reliable with a Cronbach alpha coefficient of α=0.9. The responses to the scale was subjected to anova statistical analysis in order to identify if there were any significant

differences between the responses of the chaplains, psychologists and social workers. The P-score (which had to be below 0.05 to be significant) (see Table 33) showed that this was not the case and, consequently, that they shared the same basic view.

TABLE 33: P-SCORE AND CRONBACH ALPHA COEFFICIENT OF QUESTION/SCALE 4

Profession	Mean	Std. Deviation	Tukey B	P-score	α
Chaplains	2.7946	.66105	2.6657	₱ 0.465	⁸⁸0.908
Psychologists	2.7381	.62213	2.7381		
Social Workers	2.6657	.72214	2.7946		

₱ No significant difference between groups: P > 0.05

⁸⁸ Highly reliable scale/instrument: α ≥ 0.9

Scale 4 focused on four facets of the orientation training. These were the clarity of the instructions that were formulated, if it enabled them to complete the Activity Sheets and the extent to which the respondents could understand the purpose and benefits of the new system. The responses to these questions are summarised in Table 35.

TABLE 34: USEFULNESS OF THE ORIENTATION TRAINING

Q4.1: Clear instructions	*1. I strongly disagree*	*2. I disagree*	*3. I agree*	*4. I strongly agree*	**n**
Responses	15 (6.5%)	37 (16.1%)	141 (61.3%)	37 (16.1%)	230
Q4.2: Understood purpose	*1. I strongly disagree*	*2. I disagree*	*3. I agree*	*4. I strongly agree*	**n**
Responses	20 (8.7%)	51 (22.2%)	130 (56.5%)	29 (12.6%)	230
Q4.3: Knew how to complete	*1. I strongly disagree*	*2. I disagree*	*3. I agree*	*4. I strongly agree*	**n**
Responses	12 (5.2%)	52 (22.6%)	143 (62.2%)	23 (10.0%)	230
Q4.4: Understood benefit	*1. I strongly disagree*	*2. I disagree*	*3. I agree*	*4. I strongly agree*	**n**
Responses	20 (8.7%)	85 (37.0%)	103 (44.8%)	22 (9.6%)	230
Average (%)	16.8 (7.3%)	56.3 (24.5%)	129.3 (56.2%)	27.8 (12.1%)	

The results contained in Table 34 indicated that, on average, the majority of the respondents agreed ($\ddot{x}$ =129.3/56.2%) or strongly agreed ($\ddot{x}$ =27.8/12.1%) with the positive statements re the orientation/training. Of these, the strongest facets were the clear instructions that were given on how to complete the SIR (Question 4.1) and their knowledge on how to do so (Question 4.3). This should be contrasted with the responses to the other two questions which showed a substantial number were of the opinion that the system would not benefit them personally (Question 4.4) and

that they did not clearly understand its purpose (Question 4.2). Taken together, this showed that, although the nature and purpose of the SIR was clear, a substantial number of respondents queried its usefulness. This would probably have caused some resistance towards it.

7.3.3 Section Two: Data collection and representation

The main aim with the SIR was the development of a user-friendly service delivery data/information capturing system. Some practical and financial constrains, unfortunately, prevented the development of a fully computerized system. Operational EHW professionals still had to manually capture the information on optical mark recognition forms.

Focus of the questions in the second section of the questionnaire was on the time it took to complete an activity on the SIR: Activity Sheet and the stage at which the practitioners recorded such activities. Since the SIR documents had already been in use for nine (9) months prior to the national survey, it was expected that they would be familiar with the system and would, at most, require four to six minutes to complete an SIR: Activity Sheet. Table 35 shows that this was not the case.

TABLE 35: WHEN THE SIR: ACTIVITIES SHEETS WERE COMPLETED AND TIME USED

Q 5. Time to complete SIR Sheets	2-4 minutes	4-6 minutes	6-8 minutes	8-10 minutes	10+ minutes	n
Distribution	33 (13.31%0	50 (20.16%)	53 (21.37%)	33 (13.31%)	79 31.85%	248
Q 6. When Sheets were completed	**Immediately after service**	**At the end of the day**	**Within a week**	**Within 2 weeks**	**At end of month**	**n**
Distribution	19 7.69%	51 20.65%	76 30.77%	17 6.88%	84 34.01%	247

It is clear from Table 35 that the majority (66.53%) of the respondents required more than six minutes to complete the sheets (Question 5). A factor that could have contributed to this was that they had still not become proficient in utilizing the SIR documents due to the continuous changes made to the codes contained in the SIR: Guide. However, if this trend continued even after the SIR system had been finalized, it would indicate that the system is not user-friendly or cost effective.

It also appeared as though 59.11% of the respondents strove to maintain data integrity by completing the SIR: Activity Sheets within a week after a service (Table 35: Question 6). However, 40.89% indicated that they delayed the completion of this task and thereby jeopardized data integrity.

7.3.4 Section Three: Utilization of the SIR: Guide and Activity Sheets

The effective utilisation of the SIR; Guide was viewed as one of the most important determinates of the ultimate successful implementation of the new system. As a result, a number of questions in the survey questionnaire focused on its quality, relevance and the extent to which respondents made use of it during the implementation process. The responses to these questions will be covered next.

7.3.4.1 Utilisation and evaluation of the SIR: Guide

Question 7 of the questionnaire dealt with the extent to which respondents had studied the SIR: Guide by the time that the survey had been undertaken (see Table 35).

TABLE 36: ORIENTATION TOWARDS THE SIR: GUIDE

Q 7. Approach to the SIR: Guide	Only glanced through the SIR: Guide	Paged through the SIR: Guide	Selectively read parts of the SIR: Guide	Completely read through the SIR: Guide	Studied the SIR: Guide in depth	n
Distribution	0 (0 %)	21 8.47%	67 27.02%	112 45.16%	48 19.35%	248

The responses show that 200/80.65% of the respondents did not study the SIR: Guide in depth. This could have contributed to the high amount of time that was required to record the service delivery data/information on the SIR: Activity Sheets (see Question 5). It should, however, be noted that it emerged from the focus group that practitioners tended to only study those sections of the guide that was applicable to their specific professions and ignored the rest.

Question eight was aimed at measuring the user-friendliness of the SIR: Guide and its value to the practitioner. It consisted of four sub-questions which were combined to form a scale. This scale proved to be highly reliable with a Cronbach alpha coefficient of $\alpha = 0.8$. The responses to the question/scale were then subjected to anova statistical analysis in order to identify if there were any significant differences between the responses from chaplains, psychologists and social workers. The P-score (which had to be below 0.05 to be significant) (see Table 37) showed that this was not the case and that the professional groups shared the same basic view.

TABLE 37: P-SCORE AND CRONBACH ALPHA COEFFICIENT OF QUESTION/SCALE 8

Profession	Mean	Std. Deviation	Tukey B	P-score	α
Chaplains	2.5426	.58011	2.4239	**℗ 0.055**	[88] **0.827**
Psychologists	2.4239	.57704	2.5426		
Social Workers	2.6641	.55468	2.6641		

℗ No significant difference between groups: P > 0.05
[88] Highly reliable scale/instrument: α ≥ 0.8

Scale 8 focused on four facets of the SIR: Guide. These were the extent to which it was clearly formulated, if it covered all the different types of professional services, if these services were clearly defined and if it provided a comprehensive overview of all the professional services.

TABLE 38: EVALUATION OF THE SIR: GUIDE

Q 8.1. Clearly formulated	*I strongly disagree*	*I disagree*	*I agree*	*I strongly agree*	**n**
Responses	10 (4.00%)	92 (36.80%)	128 (51.20%)	20 (8.00%)	250
Q 8.2. Covers all services	*I strongly disagree*	*I disagree*	*I agree*	*I strongly agree*	**n**
Responses	29 (11.55%)	120 (47.81%)	90 (35.86%)	12 (4.79%)	251
Q 8.3. Services clearly defined	*I strongly disagree*	*I disagree*	*I agree*	*I strongly agree*	**n**
Responses	15 (6.00%)	95 (38.00%)	122 (48.80%)	18 (7.20%)	250
Q 8.4. Provide overview of services	*I strongly disagree*	*I disagree*	*I agree*	*I strongly agree*	**n**
Responses	11 (4.42%)	57 (22.89%)	163 (65.46%)	18 (7.23%)	249

Table 38 shows that the SIR: Guide *is* clearly formulated (Question 8.1), the included services are clearly defined (Question 8.3) and that it offers a good overview of the type of service that are provided by EHW professionals (Question 8.4). A significant number of respondents, however, thought that it did not cover all possible services (Question 8.2). This is an issue that should be addressed in the further development of the system.

7.3.4.2 Evaluation of the SIR: Activity Sheets

The SIR: Activity Sheets are optical mark recognition sheets onto which the various codes obtained from the SIR: Guide is marked. It needed to be established if this system enabled the swift and easy completion of the sheets whilst, at the same time, providing a comprehensive record of the services delivered.

Question nine was aimed at measuring the extent to which the practitioners were able to complete the SIR: Activity Sheets. It consisted of four sub-questions which were combined to form a scale. This scale proved to be fairly reliable with a Cronbach alpha coefficient of $\alpha = 0.7$. This scale was also subjected to anova statistical analysis which showed that there were no statistical significant differences between the responses from chaplains, psychologists and social workers (see Table 39).

TABLE 39: P-SCORE AND CRONBACH ALPHA COEFFICIENT OF QUESTION/SCALE 9

Profession	Mean	Std. Deviation	Tukey B	P-score	α
Chaplains	2.5777	.54926	2.4837		
Psychologists	2.4837	.56125	2.5395	₱ 0.429	₰ **0.731**
Social Workers	2.5395	.56856	2.5777		

₱ No significant difference between groups: P > 0.05
₰ Reliable scale/instrument: α ≥0.7

Scale 9 aimed to establish how the EHW professionals experienced the completion of the SIR: Activity Sheets and how useful the Guide was during this process. The results are contained in Table 40.

TABLE 40: EVALUATION OF THE SIR: ACTIVITY SHEETS

Q 9.1. Easy to complete Sheets	*I strongly disagree*	*I disagree*	*I agree*	*I strongly agree*	**n**
Responses	17 (6.83%)	102 (40.96%)	120 (48.19%)	10 (4.02%)	249
Q 9.2. Guide assisted completion	*I strongly disagree*	*I disagree*	*I agree*	*I strongly agree*	**n**
Responses	6 (2.41%)	30 (12.05%)	188 (75.50%)	25 (10.04%)	249
Q 9.3. Less time to complete	*I strongly disagree*	*I disagree*	*I agree*	*I strongly agree*	**n**
Responses	77 (31.05%)	87 (35.08%)	64 (25.81%)	20 (8.06%)	248
Q. 9.4. Provide comprehensive record of work	*I strongly disagree*	*I disagree*	*I agree*	*I strongly agree*	**n**
Responses	20 8.13%)	65 (26.42%)	144 (5854%)	17 (6.91%)	**246**

Two of the strongest facets that emerged from Table 40 were that the SIR: Guide was a useful aid when completing the Sheets (Question 9.2) and that the Sheets were able to provide a comprehensive record of the work being done (Question 9.4). The latter response should be viewed as very significant as it represents one of the core reasons why the new system was implemented in the first place.

Although the majority of the respondents indicated that it was easy to complete the Sheets, a significant number indicated it not to be the case (Question 9.1). The main problem experienced by

the respondents, were the amount of time consumed by the completion of the Sheets (Question 9.4). A conclusion that could be reached was that the new system did not fully achieve a balance between effort/time and results.

7.3.4.3 Factors contributing to difficulties with the SIR.

In an open question the respondents were requested to indicate three aspects they personally experienced as difficulties in the provision of data/information with the SIR. These qualitative responses were analysed and, afterwards, grouped according to three main themes with sub-themes. The three main themes that emerged from the analysis were:

- difficulties associated with a lack of knowledge,
- difficulties associated with technical deficiencies and
- difficulties associated with attitude-related issues.

7.3.4.3.1 Difficulties associated with a lack of knowledge

The sub-themes identified for difficulties associated with a lack of knowledge, as well as the distribution of responses, are contained in Table 41.

TABLE 41: DIFFICULTIES ASSOCIATED WITH A LACK OF KNOWLEDGE

Q 10.1. Lack of knowledge	Distribution within the group
No training	5 (12.19%)
Insufficient training	10 (24.39%)
Deficient training	13 (31.70%)
Lack knowledge of professional terminology	13 (31.70%)
Total responses	**41**

A total of 26 (63.4%) respondents indicated that they felt that their training was deficient in some way, while another 13 had difficulty with the terminology that was used. Some of their written responses were the following:

- *"Not enough training was provided for the SIR"*
- *"The SIR was not explained in depth"*
- *"Not all information (terminology) used in the Guide is clear to me"*
- *"It is difficult to understand the SIR "*

7.3.4.3.2 Difficulties associated with technical deficiencies

The sub-themes identified for difficulties associated with technical deficiencies, as well as the distribution of responses, are contained in Table 42.

TABLE 42: DIFFICULTIES ASSOCIATED WITH TECHNICAL DEFICIENCIES

Q 10.2. Technical deficiencies	Distribution within the group
Deficient SIR: Guide codes	89 (38.69%)
Deficient FSW SIR: Guide codes	11 (4.78%)
Encoding of SIR sub sections	73 (31.73%)
Omission of station codes	11 (4.78%)
Changing of codes	16 (6.95%)
Location of profession-specific codes	14 (6.08%)
Lack of progress feedback (reports)	5 (2.17%)
User "unfriendly" SIR: Guide	8 (3.47%)
Readability of SIR: Guide & user friendly SIR	3 (1.30%)
Total responses	**230**

The responses contained in Table 42 indicate that a large number of respondents experienced one or other problem with the codes that were contained in the SIR: Guide. These ranged from the omission of some codes to the view that too many were used. Other issues included a lack of feedback reports that should have been received from Head Office to illegibly photocopied Guides. Some of the written responses were:

- *"Not all services are mentioned in the SIR: Guide"*
- *"Some services we delivered do not have codes"*
- *"Some EHW duties are omitted in the SIR: Guide."*
- *"No codes for forensic social work systemic interviews in the SIR: Guide'*
- *"Not always know which RR/TS codes are more applicable"*
- *"There are too many headings/codes like RR, PC, TS, RN used in the SIR".*

The problems experienced with codes are so widespread that this issue represents something that should be addressed in the further development of the system.

7.3.4.3.3 Difficulties associated with attitude-related issues

The attitude related responses that emerged from the written responses are summarised in Table 43.

TABLE 43: DIFFICULTIES ASSOCIATED WITH ATTITUDE-RELATED ISSUES

Q 10.3. Attitude related issues	Distribution within the group
Bubble of OMR Sheets	12 (14.63%)
Selection of bubbles and codes	59 (71.96%)
Resistance towards SIR System	11 (13.41%)
Total responses	**82**

It emerged from the written responses that the negative attitude towards the new system was to some extent predicated on the fact that at least 82 respondents found the process to be too time consuming in some way. This reinforced a previous finding (see Scale 9) that the new system did not fully achieve a balance between effort/time and results.

Some of the individual responses were:

- *"It is time consuming to find codes and a waste of time to colour the bubbles"*
- *"Very time consuming system in total which leads to inaccurate representation of services.*
- *"It is time consuming to page through the whole Guide for codes and then to bubble it"*
- *"Not enough time in a day to look up codes and bubble also"*
- *"Just colouring is already hard work and time consuming- can't it be done on the PC?"*

7.3.5 Section Four: Attitudes re the recording of information

Section four of the survey focused on the EHW professional's attitude towards data/information capturing in general, as well as with the SIR. It especially dealt with the respondents' attitudes towards:

- the SIR: Activity Sheets and Guide;
- the provision of data/information in general and with the SIR
- fully computerized data/information capturing system
- managerial actions towards inaccurate and late submitted data/information.

7.3.5.1 Attitude towards the SIR: Guide and Activity Sheets

Question 11 of the survey questionnaire consisted of 21 sub-questions (see Appendix 1). Eleven of these who especially focussed on the respondents attitudes towards the SIR: Guide and Activity Sheets were combined to form Scale 11.1. It proved to be highly reliable with a Cronbach alpha coefficient of α = 0.891. The anova statistical analysis indicated no significant differences between the responses from chaplains, psychologists and social workers. Its P-score and α, as well as the data on which they were based, are contained in Table 44.

TABLE 44: P-SCORE AND CRONBACH ALPHA COEFFICIENT OF QUESTION/SCALE 11.1

Profession	Mean	Std. Deviation	Tukey B	P-score	α
Chaplains	2.6938	.52783	2.5679	₱0.397	[88]0.891
Psychologists	2.5679	.54604	2.6602		
Social Workers	2.6602	.47710	2.6938		

₱ No significant difference between groups: P > 0.05
[88] Highly reliable scale/instrument: $\alpha \geq 0.8$

Scale 11.1 dealt with a number of attitude-related issues that pertained to the completion of the Activity Sheets and the use of the Guide. The responses to these questions are summarised in Table 45.

TABLE 45: ATTITUDE TOWARDS THE SIR: ACTIVITY SHEETS AND SIR: GUIDE

Q 11.1. SIR Sheets are time consuming to complete	*I strongly disagree*	*I disagree*	*I agree*	*I strongly agree*	**n**
Responses	10 (4.02%)	58 (23.29%)	103 (41.37%)	78 (31.33%)	249
Q 11.3 SIR Sheets are user-friendly	*I strongly disagree*	*I disagree*	*I agree*	*I strongly agree*	**n**
Responses	17 (6.80%)	55 (22.00%)	163 (65.20%)	15 (6.00%)	250
Q 11.4. SIR Sheets easy to complete	*I strongly disagree*	*I disagree*	*I agree*	*I strongly agree*	**n**
Responses	12 (4.82%)	108 (43.37%)	115 (46.18%)	14 (5.62%)	249
Q 11.5. SIR Sheets enhance accountability	*I strongly disagree*	*I disagree*	*I agree*	*I strongly agree*	**n**
Responses	17 (6.83%)	42 (16.87%)	153 (61.45%)	37 (14.86%)	249
Q 11.6. SIR Sheets provide overview of services	*I strongly disagree*	*I disagree*	*I agree*	*I strongly agree*	**n**
Responses	10 (4.07%)	98 (39.84%)	116 (47.15%)	22 (8.94%)	246
Q 11.7. SIR Sheets help with feedback	*I strongly disagree*	*I disagree*	*I agree*	*I strongly agree*	**n**
Responses	12 (4.88%)	45 (18.29%)	164 (66.67%)	25 (10.16%)	**246**
Q 11.8. SIR Sheets enable targeted interventions	*I strongly disagree*	*I disagree*	*I agree*	*I strongly agree*	**n**
Responses	11 (4.53%)	58 (23.87%)	149 (61.32%)	25 (10.29%)	**243**
Q 11.9. Regular entries on the Sheets are important	*I strongly disagree*	*I disagree*	*I agree*	*I strongly agree*	**n**
Responses	6 (2.47%)	41 (16.87%)	168 (69.4%)	28 (11.52%)	**243**
Q 11.17. Sheets help management to measure productivity	*I strongly disagree*	*I disagree*	*I agree*	*I strongly agree*	**n**
Responses	1 (0.40%)	15 (6.07%)	166 (67.21%)	65 (26.32%)	247
Q 11.10. SIR: Guide helps with accurate completion of Sheets	*I strongly disagree*	*I disagree*	*I agree*	*I strongly agree*	**n**
Responses	3 (1.22%)	62 (25.31%)	155 (63.27%)	25 (10.20%)	245
Q 11.11. SIR: Guide helps to quickly complete the Sheets	*I strongly disagree*	*I disagree*	*I agree*	*I strongly agree*	**n**
Responses	17 (6.94%)	97 (39.59%)	113 (46.12%)	18 (7.35%)	245

The following strong trends emerged from an analysis of the contents of Table 45. Although the layout of the SIR: Activity Sheets are user-friendly (Question 11.3), it was still too time consuming (Question 11.1) and not necessarily easy to complete (Question 11.2). Despite these constraints, the majority viewed regular entries on the SIR: Activity Sheets as important (Question 11.9).

A substantial number of respondents (46.53%) indicated that the SIR: Guide did not help them to complete the SIR: Activity Sheets quickly (Question 11.11). This result corresponded with the findings of the pilot survey, the focus group discussion as well as the qualitative responses of Question 10. This is a strong indication that the SIR system is too time consuming.

The practitioners did not view the SIR as having any personal benefit for them (Question 4.4) but only served as a method for management to measure their productivity (Question 11.17), to gain feedback on services rendered (Question 11.7) and to plan targeted interventions (Question 11.8). It had to be concluded that the attempt to "sell" the SIR system as a mechanism that would empower individual practitioners was not very successful. It may also be one of the reasons why the majority indicated in Section 5 of the questionnaire that specialized training in the SIR would have a lot of value.

7.3.5.2 Attitude towards the provision of data/information

Six of the sub-questions of Question 11 dealt with EHW professional's general attitude towards data provisioning. They were combined to form Scale 11.2. It had a Cronbach Alpha coefficient of α = 0.774 and the anova statistical analysis did not indicate any significant differences between the responses of the three targeted groups (see Table 46).

TABLE 46: P-SCORE AND CRONBACH ALPHA COEFFICIENT OF QUESTION/SCALE 11.2.

Profession	Mean	Std. Deviation	Tukey B	P-score	α
Chaplains	3.2534	.44298	3.1326		
Psychologists	3.1326	.49118	3.2534	***Þ***0.127	[88]0.774
Social Workers	3.2917	.40393	3.2917		

Þ *No significant difference between groups: P > 0.05*
[88] *Reliable scale/instrument:* $\alpha \geq 0.7$

The questions of Scale 11.2 focused, amongst others, on the timely submission of activity sheets, the level of accuracy that is required and service delivery data as an ethical requirement for professionals. The data produced by them is summarised in Table 47.

TABLE 47: ATTITUDES TOWARDS PROVISION OF DATA/INFORMATION

Q 11.2. Do not like to provide data	*I strongly disagree*	*I disagree*	*I agree*	*I strongly agree*	**n**
Responses	70 (28.11%)	156 (62.65%)	16 (6.43%)	7 (2.81%)	249
Q 11.13. Not bothered with late submission	*I strongly disagree*	*I disagree*	*I agree*	*I strongly agree*	**n**
Responses	119 (48.37%)	115 (46.75%)	7 (2.85%)	5 (2.03%)	246
Q 11.14. Accurate recording of data not necessary	*I strongly disagree*	*I disagree*	*I agree*	*I strongly agree*	**n**
Responses	90 (36.29%)	132 (53.23%)	21 (8.47%)	5 (2.02%)	248
Q 11.16. Recording of data compulsory in SAPS	*I strongly disagree*	*I disagree*	*I agree*	*I strongly agree*	**n**
Responses	5 (2.01%)	8 (3.21%)	151 (60.64%)	85 (34.14%)	249
Q 11.17. Data provision part of professional accountability requirements	*I strongly disagree*	*I disagree*	*I agree*	*I strongly agree*	**n**
Responses	1 (0.40%)	15 (6.07%)	166 (67.21%)	65 (26.32%)	247
Q 11.18. Data provision part of ethical requirements for professionals	*I strongly disagree*	*I disagree*	*I agree*	*I strongly agree*	**n**
Responses	1 (0.40%)	16 (6.43%)	165 (66.27%)	67 (26.91%)	**249**

Two trends emerged from the analysis of the data contained in Table 47. The first was that the vast majority of the respondents (90 %+) basically knew that the provision of service delivery information was a *requirement* of both their employer and their profession (cf. Q11.16; Q11.17 & Q11.18). The second was that only a small minority (-11%) were overtly negative about providing such information (cf. Q11.2; Q11.13 & Q11.14). A conclusion that could be reached from these two trends is that, if instances arise where inaccurate service information is provided or when it is done late or not at all, the reasons would, in the majority of cases, probably fall outside the ambit of a negative attitude. Other possible reasons could include structural and or procedural deficiencies.

7.3.5.3 Attitude towards the utilisation of a computerized data/information capturing system

Length constraints only made it possible to include two sub-questions in the questionnaire that specifically dealt with the respondents' attitudes towards a computerised data capturing system (as opposed to the current paper-based one). Because Scale 11.3 only contained two questions, the somewhat marginally reliable Cronbach alpha coefficient of α = 0.497 came as no surprise (see Table 48). The results did, however, indicate a clear trend.

TABLE 48: P-SCORE AND CRONBACH ALPHA COEFFICIENT OF QUESTION/SCALE 11.3

Profession	Mean	Std. Deviation	Tukey B	P-score	α
Chaplains	2.6322	.64906	2.6322	***Ᵽ*** 0.135	[88]0.497
Psychologists	2.7391	.75084	2.7391		
Social Workers	2.8368	.68588	2.8368		

Ᵽ *No significant difference between groups: P > 0.05*
[88] *Unreliable scale/instrument:* $\alpha \geq 0.4$

The responses to the questions (see Table 49) indicate that, although 82.38% of the respondents preferred a computerised system, only 38.47% felt that they possessed the computer skills to utilise it. This implies that the implementation of a (costly) computerised system would not represent a "quick fix" to the current impediments and that any such system would require considerable computer training.

TABLE 49: ATTITUDE TOWARDS A COMPUTERIZED DATA/INFORMATION CAPTURING SYSTEM

Q 11.12. Preference for a computerized system	*I strongly disagree*	*I disagree*	*I agree*	*I strongly agree*	**n**
Responses	7 (2.87%)	36 (14.75%)	114 (46.72%)	87 (35.66%)	244
Q 11.19. Skilled to complete a computerized system	*I strongly disagree*	*I disagree*	*I agree*	*I strongly agree*	**n**
Responses	43 (17.41%)	109 (44.13%)	67 (27.13%)	28 (11.34%)	247

7.3.5.4 Attitude towards managerial actions against "dirty data"

Two sub-questions also dealt with the steps that management should take against those who provided inaccurate data or submitted their returns late. The subsequent scale (Scale 1.4) unrepentantly had a Cronbach Alpha coefficient of α = 0.787 (see Table 50).

TABLE 50: P-SCORE AND CRONBACH ALPHA COEFFICIENT OF QUESTION/SCALE 11.4

Profession	Mean	Std. Deviation	Tukey B	P-score	α
Chaplains	2.4310	.67416	2.2717		
Psychologists	2.2717	.70480	2.4310	₱0.262	₰0.787.
Social Workers	2.4787	.73658	2.4787		

₱ No significant difference between groups: P > 0.05
₰ Reliable scale/instrument: $\alpha \geq 0.79$

The attitude towards the core question of what management's response to "dirty data" should entail, was somewhat mixed. Although 60.08% of the respondents felt that management should do "something" against those who produced their data late, only 33.6% felt the same about inaccurate information. The only plausible explanation (as indicated by the focus group) was that the system, because of its perceived inadequacies, did not always allow absolute accurate information. The respondents did, however, have control over *when* they submitted it.

TABLE 51: ATTITUDE TOWARDS MANAGEMENT OF DATA/INFORMATION

Q 11.20. Management to take steps against late provision of data	*I strongly disagree*	*I disagree*	*I agree*	*I strongly agree*	**n**
Responses	23 (9.27%)	76 (30.65%)	123 (49.60%)	26 (10.48%)	248
Q 11.21. Management to take steps against provision of inaccurate data	*I strongly disagree*	*I disagree*	*I agree*	*I strongly agree*	**n**
Responses	37 (14.98%)	127 (51.42%)	72 (29.15%)	11 (4.45%)	247

7.3.5.5 Accuracy of the data/information provided on the SIR.

The issue of the accuracy of the completed activity sheets was further explored with Question 12. It indicated that 54.17% of the respondents produced below par (i.e. less than 75% accurate) data (see Table 52). This result not only reaffirms the finding of Scale 11.4, but also raises serious questions about the reliability and usefulness of the whole SIR system at the time of the survey.

TABLE 52: ACCURACY OF DATA/INFORMATION PROVIDED ON THE SIR ACTIVITY SHEETS

Q 12. Accurate information provision with SIR Sheets.	*Less than 25% accurate*	*Between 25% & 50% accurate*	*About 50-50*	*Between 50% - 75% accurate*	*More than 75% accurate*	**n**
Distribution	3 (1.25%)	19 (7.92%)	28 (11.67%)	80 (33.33%)	110 (45.83%)	240

7.3.6 Section Five: SIR-related training needs

The first few sections of the survey questionnaire were especially aimed at identifying inadequacies within the SIR system. With Section Five the focus changed to one of the potential remedies, viz. a viz. training.

The seven sub-questions of Section Five were combined to form Scale 5. It produced a very high Cronbach Alpha coefficient of $\alpha = 0.927$. The responses to the questions/scale were then subjected to anova statistical analysis which showed that there *were* significant differences between those of the psychologists/psychomotrists on the one hand and those of the social workers and chaplains on the other (see Table 53). They were, consequently, viewed as separate 'units'.

TABLE 53: P-SCORE AND CRONBACH ALPHA COEFFICIENT OF QUESTION/SCALE 5

Profession	Mean	Std. Deviation	Tukey B	P-score	α
Chaplains	3.5313	.63216	3.2795	**₱0.042**	ǂǂ0.927
Psychologists	3.2795	.80472	3.5313		
Social Workers	3.5468	.50292	3.5468		

₱ *Significant difference between groups: P < 0.05*
ǂǂ *Highly reliable scale/instrument:* $\alpha \geq 0.9$

The trend amongst psychologists/psychomotrists as a professional group was that they were inclined to feel that SIR-related training would have below average value. The responses of social workers and chaplains, however, tended in the other direction. The only possible reason for this discrepancy that could be identified was that the SIR: Guide did not cover their types of services in a sufficient manner (see Table 34: Question 8.4) and that no amount of training would be able to rectify this deficiency.

In spite of the discrepancy between the groups, the sub-questions still indicated an overall strong need for training (see Table 54). Although the general trends that emerged from Scale 5 will be discussed next, it will probably be necessary to do a further survey amongst psychologists/ psychomotrists before a specific training programme can be designed for them.

TABLE 54: THE TRAINING NEEDS WITH REGARDS TO THE SIR

Sec. 5 .1 Specialized SIR training	*... will have little or no value*	*... will have below average value*	*... will have above average value*	*... will have a lot of value*	**n**
Responses	16 (6.43%)	13 (5.22%)	65 (26.10%)	155 (62.25%)	249
Sec. 5.2. Specialized training to interpret SIR data	*... will have little or no value*	*... will have below average value*	*... will have above average value*	*... will have a lot of value*	**n**
Responses	7 (2.81%)	5 (2.01%)	72 (28.92%)	165 (66.27%)	249

Sec. 5.3. Specialized training to interpret feedback report	*... will have little or no value*	*... will have below average value*	*... will have above average value*	*... will have a lot of value*	**n**
Responses	8 (3.24%)	10 (4.05%)	73 (29.55%)	156 (63.16%)	247
Sec. 5.4. Training to use SIR data for planning.	*... will have little or no value*	*... will have below average value*	*... will have above average value*	*... will have a lot of value*	**n**
Responses	8 (3.23%)	14 (5.65%)	78 (31.45%)	148 (59.68%)	248
Sec. 5.5. Training on how SIR data impacts on strategic issues	*... will have little or no value*	*... will have below average value*	*... will have above average value*	*... will have a lot of value*	**n**
Responses	4 (1.60%)	11 (4.40%)	85 (34.00%)	150 (60.00%)	250
Sec. 5.6. Training on use of SIR data to give feedback	*... will have little or no value*	*... will have below average value*	*... will have above average value*	*... will have a lot of value*	**n**
Responses	8 (3.20%)	11 (4.40231%)	82 (32.80%)	149 (59.60%)	**250**
Sec 5.7. Training on verification of operational plan with SIR data	*... will have little or no value*	*... will have below average value*	*... will have above average value*	*... will have a lot of value*	**n**
Responses	9 (3.60%)	7 (2.80%)	80 (32.00%)	154 (61.60%)	**250**

Nearly 90% of all the respondents indicated that some or other type of specialised SIR training would be of value to them (see Table 5: Section 5.1). This overwhelmingly positive response, if viewed in conjunction with other responses to the survey, indicates that the original orientation training was insufficient and that further training is required to master the system.

Apart from the introductory question, the others focussed on a number of specific themes that could be covered in training. All of these produced a 90%+ rating. This implies that any future training programme should be comprehensive in nature and cover as many facets of the SIR system as practically possible. Special attention should, however, be given to the interpretation of the SIR data (cf. Table 5: Section 5.2) and the SIR feedback report (cf. Table 5: Section 5.3), as well as the verification of operational plans with SIR data (cf. Table 5: Section 5.7).

7.3.7 Section Six: The value the SIR will add to the EHW's integrated approach

The final question of the survey aimed to establish to what extent the conjoint discussions of the SIR data at regular meetings of the three professions would add value to the integrated approach followed by EHW. The respondents had to choose between five alternatives (see Table 55).

TABLE 55: THE VALUE THE SIR WILL ADD TO THE EHW

Ways the SIR reports can be used to improve the EHW integrated approach	*1. Meet for regular presentation of each profession's SIR reports*	*2. Professions meet to analyse SIR reports & identify trends*	*3. Professions meet to analyse SIR reports and formulate targeted interventions*	*4. Professions meet to analyse SIR reports to plan combined needs-based services*	*5. Discussion/ analysis of SIR is NOT going to enhance integrated approach*	**n**
Distribution	38 (15.90%)	26 (10.88%)	52 (21.76%)	95 (39.75%)	28 (11.72%)	239

The responses to the question indicate that less that 12% of the respondents felt that the SIR data would not contribute to the integrated approach in some way. The most appropriate strategy to follow would probably be to combine the analysis of the SIR data (Table 55: Option 3) with discussion of the SIR feedback report (Table 55: Option 4) in order to plan needs-based services and targeted interventions.

7.4 The main conclusions that could be drawn from the survey

The broad conclusions that could be reached from the national survey study will be discussed in this section. It will also be informed by some of the finding produced by the focus group and pilot survey.

This review will be structured according to six themes. They are the orientation and implementation phase of the SIR, the collection and representation of data with the SIR, an evaluation of the SIR: Activity Sheets and Guide, the general attitude of the practitioners towards information capturing and provision, SIR-related training needs and the potential contribution of the SIR system to integrated approach of EHW.

7.4.1 The SIR: Activity Sheets and Guide: Orientation and implementation

For the successful implementation of the SIR, the "buy-in" of the EHW management as well as the extent to which they made the EHW professionals aware of the newly developed system, was of paramount importance. The results of the study indicated that the operational EHW professionals were sufficiently prepared for the change of system.

Despite indications of the focus group that the standard of the SIR-related orientation training differed from group to group in the Gauteng Province, the national survey showed that it was sufficient to enable them to know how to record data with the SIR. They, however, queried the personal benefit and usefulness of the system for them as individual practitioners.

7.4.2 Data collection and representation

Both the survey and the focus group indicated that the recording of one service delivery activity on the SIR: Activity Sheet was too time-consuming. This, as well as other 'technical' difficulties associated with the Sheets, resulted in practitioners not being able to record information within a week after service delivery. They, consequently, tended to postpone this task to the end of a month. In the process, data integrity was jeopardised.

7.4.3 The utilization of the SIR: Activity Sheets and Guide

The utilization of the SIR: Guide and the SIR: Activity Sheets appeared not to be without problems. The Guide was experienced as too cumbersome when relevant codes were required for the recording of data on the SIR: Activity Sheet. This was aggravated by the EHW professionals' lack of in-depth knowledge of the Guide and the view that not all of their services were codified and included. The SIR was, in addition, viewed as user unfriendly and the manual completion ("bubbling") of the SIR: Activity Sheets as too time-consuming. The main conclusion that could be reached from all the different responses was that the practitioners tended to experience the system as overtly complicated.

7.4.4 Attitudes regarding the recording of information

The survey and focus group showed that the amount of time required to record data and the fact that it is not always easy to complete the SIR: Activity Sheets and utilize the Guide, contributed to the negative attitude towards the SIR. Although a computerized system was mooted as an alternative, the lack of required computer skills did not make it a viable alternative in the near future.

In spite of a somewhat negative attitude, the majority of respondents were not averse to providing service delivery data. They saw it as part of their professional responsibility and accepted that their employer would require it from them. A false note in this regard, however, was that a sizable proportion was somewhat unconcerned about the accuracy of the data that they presented. This would, in the final analysis, have a detrimental effect on the usefulness of the whole system.

7.4.5 SIR-related training needs

Although the majority of respondents indicated that the orientation training that they received was sufficient to start *implementing* the system, the results of the needs assessment showed that further training was needed on how to *use* the results. The latter had to cover nearly all the facets of data analysis and the utilization.

7.4.6 The value the SIR will add to the EHW's integrated approach

The vast majority of the respondents to the survey felt that the SIR system could make a contribution to the furthering of EHW's integrated approach. Indications are that they felt that the sharing of the data/information contained in the SIR feedback report will assist them to clarify

profession specific roles and to take joint responsibilities for SAPS employees, as well as enhance the planning of targeted interventions.

8 OBSTACLES IN THE CAPTURING, INTERPRETATION AND PROVISION OF SERVICE DELIVERY INFORMATION BY OPSW's

The research, finally, indicated that the main obstacles experienced by the operational EHW professionals with the capturing, provision and interpretation of the service delivery data/information were:

- the lack of sufficient and standardized SIR-related orientation training.
- their lack of an in-depth knowledge of the SIR: Guide.
- the lack of time to daily/weekly capture service delivery information on the SIR: Activity Sheets.
- the constant changes to the SIR: Guide and Activity Sheets during the implementation period.
- the amount of time consumed to record one service delivery activity on the SIR: Activity Sheets.
- the SIR: Guide not containing all the codified EHW services.
- them being unclear about the personal benefit of the SIR.
- them never receiving any individual SIR feedback reports to acquaint themselves with its content.
- them not knowing how to interpret and optimally utilize data/information on the SIR feedback report.
- them not comprehending the impact of inaccurate data/information capturing and provision for the EHW component as well as each sub-section.

If these obstacles are not addressed by EHW management, the data integrity of the centralized database will be jeopardised. This will have a negative impact on the planning and decision-making processes of the EHW component of the SAPS.

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ARTICLE 2

Janse van Rensburg, M.M. & Weyers, M.L.

THE EFFECT OF THE "OPTIMAL UTILIZATION OF THE SERVICE INFORMATION RECORD" (OUSIR) TRAINING PROGRAMME OF POLICE SOCIAL WORK SERVICES

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ABSTRACT

Background: Police Social Work Services (PSWS) implemented a new system for the recording of service delivery data/information in 2009. This semi-computerized system, known as the Service Information Record (SIR) system, consisted, amongst others things, of SIR: Activity Sheets and a Guide. The implementation of the SIR was preceded by orientation training aimed at assisting Operational Police Social Workers (OPSWs) to, firstly, complete the SIR: Activity Sheets accurately with the aid of the Guide and secondly, to optimally utilize the feedback information generated with system for their own professional benefit.

In early 2010, a national survey was conducted amongst all Employee Health and Wellness (EHW) practitioners in the SAPS in order to, amongst other things, identify obstacles and deficiencies in their completion and utilization of the SIR and to ascertain if further training in this regard was required. This study showed that there was indeed a dire need for further training. This led the way to the development of a concept training programme entitled the "Optimal Utilization of the Service Information Record System" (OUSIR) programme.

A need arose to test pilot this new programme before it would be rolled out to the rest of the EHW professionals. It was decided to target only Operational Police Social Workers (OPSWs) in the Gauteng Province in this test.

Objective: The main objective of the study was to measure the effect of the OUSIR training programme on OPSW's knowledge of, attitudes towards and practices in the capturing (i.e. acquiring and presentation) and utilisation of service delivery information.

Method: During the pilot study, use was primarily made of a pre-test/post-test research design to measure the effect of the independent variable (the OUSIR programme) on the knowledge, attitude and behaviour (KAB) of attendees. It, however, also contained a component through which their experience of the training itself was ascertained.

Results: The OUSIR training programme generally had a large effect on attendees. The study, however, also showed that it required some further refinement in content and a few changes in the way that it is presented before being rolled out to the rest of the EHW professionals.

1 INTRODUCTION

It has always been a requirement in the South African Police Service (SAPS) that their social work sub-section would capture monthly and then provide information to the higher echelons of the organisation.

Over time it became apparent that the social workers of the Police Social Work Services (PSWS) section of the SAPS, amongst other things, experienced various problems with the capturing and provision of their service delivery data. It was also found that the type of data that was produced was of such a nature that it could not be effectively used as a basis for service delivery planning. The management of the SAPS, consequently, decided in 2006 to develop a new integrated system that would include all three professional groups (i.e. social workers, chaplains and psychologists/ psychomotrists) within their Employee Health and Wellness (EHW) component. This new system became known as the "Service (Delivery) Information Recording" system or simply the SIR.

Soon after a start was made with the implementation of the SIR in 2009, various conceptual, practical and logistical problems arose that had to be addressed. One of the potential responses was to do in-depth scientific research into the professional groups' utilization of the system and, based on the results, to develop appropriate interventions. This need, coupled with the fact that the researcher was directly involved in the development and implementation of the SIR system, gave rise to the study on which this manuscript is based.

The first phase of the research basically involved the pilot testing of a survey questionnaire and an associated focus group session (2009), followed by a national survey amongst all the operational EHW professionals in the country at the time (2010). The latter did, amongst other things, indicate a dire need for further training in the utilisation of the new system. It led the way to the development of a training programme to address this need. The pilot testing of this programme, entitled the "Optimal Utilization of the Service Information Record System" (OUSIR) training programme, made up the second primary phase of the study. This article will especially focus on the development and testing of the OUSIR programme.

2 THE NATURE OF THE EHW SERVICE INFORMATION RECORD (SIR)

When the Employee Health and Wellness (EHW) task team embarked on the development of the SIR in 2006, the development of a computerized data capturing system was not feasible due to specific challenges and restrictions. The utilization of Optical Mark Reader (ORM) forms at the time seemed to be an answer to a problem. Thus, ORM sheets named SIR: Activity Sheets were designed to enable the professionals to indicate or "bubble" their services delivery with the indication of specific codes obtained from the SIR: Guide. The codified services were defined not only to ensure the utilization of the correct code but also for confidentiality purposes.

The collection process of information to account for social work service delivery has changed since April 2009 with the implementation of the SIR. The main aim was to shorten the time utilized on provincial level to collect and collate the service delivery data.

As depicted in Table 1 the SIR: Activity Sheets were completed by each individual social worker and handed in, in a sealed envelope at the provincial office by a prescribed time. The envelopes are then posted directly to the National Head Office. To be scanned with the Optical Mark Reader Scan Machine to distract the data of the SIR Sheets onto a comprehensive data base. After the respective provinces were allowed the opportunity to correct mistakes obtained from the initial data sweeping process, data sorting/ mining took place to obtain the required data that will be reflected in a SIR feedback report. The SIR feedback report is then handed to the provincial EHW Heads and the SAPS Personnel Service Head to determine if the strategic objectives have been reached. The provincial EHW Heads provide feedback to the OPSWs regarding the extent to which they achieved their operational objectives.

This whole collection and data collation process is depicted in Table 1.

TABLE 1: PSWS ACCOUNTABILITY INFORMATION COLLECTION PROCESS WITH THE SIR

7. The Provincial Head interprets the SIR feedback report' service data to determine if the Province reached operational objectives and provides feedback to the OPSW of the Province.
↑
6. The SAPS Personnel Service Head interprets the SIR feedback report' service data to determine if the organisation's strategic objectives have been reached.
↑
5. The EHW Nodal Point then provides the SIR feedback report to the SAPS Personnel Services Head as well as the EHW Heads of the respective Provinces.
↑
4. At the EHW Nodal Point the captured data base is then codified, classified and swept for mistakes. After data sorting/mining takes place the required data is summarized in a SIR feedback report.
↑
3. The EHW Nodal Point receives the SIR: Activity Sheets and scans them with the Optical Mark Scanner Machine to capture the data on the SIR Sheets.
↑
2. The Provincial Head collects all the envelopes containing the SIR Sheets and couriers it to the EHW Nodal Point at the SAPS National Office.
↑
1. The police social workers in the ten provinces daily complete the SIR: Activity Sheets and by the end of each month all the relevant SIR Sheets are placed in a sealed and marked envelope and provided to the Provincial Head of the respective Province.

The goal with the SIR feedback report was not only to provide relevant information on time to the managerial components but was also intended to provide each individual operational social worker with an informational summary based on the data he/she captured with the SIR.

Due to the cumbersome implementation of, and adjustments to the SIR, the provision of feedback reports to individual social workers took some time.

The results of the national survey and focus group discussion obtained during the implementation period underlined the importance of the development of a training programme based on the following important findings:

- The EHW professionals indicated that the initial SIR-related training was sufficient enough to implement the system but the personal benefit and usefulness of the SIR system for them as individual practitioners were unclear. There was thus an expressed need for training on how to analyze and utilize the data of the SIR feedback report.
- The negative attitude of the EHW practitioners towards the SIR as data capturing system were based on the fact the SIR was not experienced as a user-friendly system. Yet they were not averse to providing service delivery data with the SIR as they saw it as part of their professional responsibility and accepted that their employer would require it from them. The concern, however, was the sizable proportion of respondents who were somewhat unconcerned about the accuracy of the data they presented which will have a detrimental effect on the usefulness of the whole system.

The development of the SIR was initially prompted due to the provision of ineffective data that was provided with the former data capturing system. The mentioned findings indicated that a training programme that underlines the personal benefit and value of the SIR and the feedback reports for each individual social worker will not only prevent despondency to the system but also enhance and reinforce accurate data recording and provision to ensure a consistent and stable data base for the provision of reliable SIR feedback reports.

This is stressed by Zwell, in Ford (2004:325), that in order to establish an intensive learning mode for adult employees it is of utmost importance to provide intense support. An organization must be prepared to provide that support through training and communication initiatives. The more rigorous the process, the more time and effort are required on the part of managers and employees. Zwell (Ford, 2004:325) continues to postulate that without sufficient support and reinforcement mechanisms to maintain momentum and encourage quality, the development processes will usually regress to superficial and meaningless gestures that may cause more harm than good.

3 THE CONTENT OF THE OUSIR TRAINING PROGRAMME

The results obtained with the national survey in 2010 showed that social workers, amongst others, required further training in all the facets of the SIR. The training needs that did, however, stand out were to improve their ability to:

- interpret the monthly SIR feedback report,
- utilize the SIR data to provide feedback to the SAPS management and
- establish how their data impacted the strategic issues of the SAPS.

The needs that were highlighted by the survey were used as a starting point in the development of the new OUSIR training programme. The survey did, however, also bring a number of other impediments to the fore that had to be addressed through training. How these translated into the structure and contents of the programme will be looked at next.

3.1 The structure and content of the training programme

The training had two primary purposes. They were to empower social workers to provide accurate and timely service delivery data and to use the resultant SIR feedback data optimally. A summary of the way in which it was constructed to achieve these outcomes is provided in Table 2.

TABLE 2: THE STRUCTURE OF THE OUSIR TRAINING PROGRAMME.

SECTION A: AN OVERVIEW OF SERVICE INFORMATION RECORDING WITH THE SIR
1. Introduction
2. Management Information
3. The Employee Health and Wellness Service Information System
4. Evaluation
SECTION B: OPTIMAL UTILIZATION OF THE SIR BY EMPLOYEE HEALTH AND WELLNESS FUNCTIONARIES
1. Introduction
2. The nature of the computerized Service Information Record system
3. The need for an Employee Health & Wellness computerized service
4. The content of the computerized Service Information Record feedback report
5. The optimal utilization of the computerized Service Information Record feedback report
6. Conclusion
7. Evaluation

At the start of the training, the attendees received a manual that contained information on all the topics that would be covered. This manual, entitled "Training in the Optimal Utilization of the SIR", was structured as follows:

- Section A
  - An introduction to management information in the SAP
  - The various aspects covered and concepts used in management information
  - The components of the EHW Service Information System, marking instructions, data processing process, "dirty data" and its impact of data integrity (this component included some exercises)
  - An evaluation of the value and standard of the orientation/training.
- Section B covered:
  - The nature of the SIR as a technologically supported data/information capturing system
  - The purpose of the SIR
  - The centralized database provided with the SIR
  - The layout and content of the SIR feedback report
  - The utilization of the SIR feedback report and its benefits in individual Performance Enhancement Process (PEP) sessions.

3.2 The presentation of the training programme

The entire training programme was conducted in one day and all the sessions lasted for a total of six (6) contact hours. This included the completion of the pre-test and post-test questionnaires, presentations by the researcher, practical exercises and questions-and-answer sessions, as well as brainstorming sessions and group discussions. The procedure that was followed and topics covered are summarised in Table 3.

TABLE 3: PRESENTATION OF THE TRAINING PROGRAMME

SECTION	TOPIC	ACTIVITY	AIDS
		Attendees complete questionnaire	Pre-test questionnaire
A: An overview of service information recording	**1. Introduction** 1.1 Expectations 1.2 Learning goals 1.3 Learning objectives 1.4 Intended outcomes	Brainstorming Presentation	Flip chart paper and marker pens
	2. The origin of and purpose with the SIR	Presentation	Slides
	3. Types of information ***3.1. Performance information*** • What is performance information? • The purpose of performance information. • The validation of performance information: the implications for EHW. ***3.2. Management information*** • How to obtain management information. • The purpose of management information. • The uses of management information.	Presentation Group discussion: Define performance information Presentation Brain storming Presentation Group discussion: How do you obtain management Information Group discussion: Define data, information, management	Flip chart paper and marker pens Slides Flip chart paper and marker pens Flip chart paper and marker pens Flip chart paper and marker pens Slides
	4. The EHW SIR system ***4.1. Legislation that compelled accountability***	Presentation	Slides

	4.2. The benefits of the SIR for EHW ***4.3. The contents of the SIR*** ***4.4. Marking mistakes*** • Factors contributing to marking mistakes • Dirty data • Data integrity	Presentation Group discussion: Marking problems experienced Group discussion: Define dirty data	Slides Flip chart paper and marker pens Flip chart paper and marker pens
B: Optimal utilization of the SIR by EHW functionaries	**1. Introduction** • Overview of the session. **2. The nature of the computerized SIR system** • The data collection process. **3. The need for an EHW computerized SIR system** • How the centralized data base is utilized. **4. The content of the SIR feedback report** **5. Optimal utilization of the feedback report** • Aspects that may impact on SIR feedback report. • The content of the SIR PEP information sheet. • The general benefits of the SIR PEP information sheet. • The practical utilization of the SIR PEP Information sheet. • Feedback session	Presentation Presentation Presentation Presentation Group discussion: How knowledge of, attitude re and utilization of the SIR: Activity Sheets & Guide may impact on the quality of the SIR feedback report Presentation Individual complete the SIR PEP information sheet following steps in training manual. Individual feedback to bigger group	Slides Slides Slide Slide Flip chart paper and marker pens Slides 3 months SIR Feedback Reports & SIR PEP Information Sheet
CLOSURE		Presentation	
EVALUATION		Attendees complete questionnaire	Post-test questionnaire

One of the important aims of the training was to change the attendees' attitudes towards the whole system. It was thought that this could be partly achieved by enabling them to answer the question: *"What is in it for me?"* (to capture monthly and provide timely and accurate service delivery data/information with the SIR). This was done by including an exercise where each attendee received a feedback report on their personal performance and had to complete a "checklist" that could be utilized as a reference during their quarterly performance appraisal (Performance Enhancement Process [PEP]) session (see Table 4: B.5).

4 RESEARCH DESIGN AND PROCEDURES

The following section will give a broad overview of the research and objectives. Some of the aspects that will be covered include the aim and objectives of the study, the nature of the research design that was used, the research procedure that was followed and the participants involved in the study.

4.1 Aim and objectives

The primary aim of this phase of the study was to pilot the training programme and, based on the results, formulate guidelines for its improvement and future use. In order to achieve this aim, two basic objectives were pursued. They were:

- to measure the effect of the OUSIR training programme on social workers' knowledge, attitudes and behaviour and
- to determine what influence (if any) the quality of the presentation of the training had on this effect.

4.2 Research design

The study took on the form of a one-group pre-test/post-test research design. In it, the dependant variable (the existing knowledge, attitude and behaviour of social workers in the optimal utilization of service delivery information) was first measured, followed by the introduction of the independent variable (the training programme) and, finally, the repeated measurement of the dependent variable (their potentially new knowledge, attitude and intended behaviour) (Fouché & De Vos, 2006:139).

4.3 Research procedure

The research procedure consisted of four basic steps. They were the development of the training programme, the design of the measuring instrument, the presentation of the OUSIR programme and the measuring of its effect on the KAB of attendees.

4.3.1 Step 1: Development of the OUSIR training programme

The training programme was based on the results of a previous national survey, as well as an extensive literature study. The latter focussed on the qualities, features and requirements of service delivery information, the requirements that training programmes for professional employees should meet and the nature of effect measurements. It included the documents of the South African Police Service that dealt with accountability procedures, data integrity and the evaluation of employees' work performance.

4.3.2 Step 2: Design of the measurement instrument

The researcher had to design a completely new KAB questionnaire because no other was available that could cover the unique contents of the programme. It consisted of a pre-test and an equivalent post-test component. The pre-test questionnaire covered the attendees' identifying particulars, their knowledge of the SIR system, attitude towards the system and behaviour/practice in terms of the capturing, provision and utilization of service delivery information. In the case of the post-test questionnaire, a section was added through which they could evaluate the value and quality of the training.

At the core of the instrument were 31 Liker-type questions. These could be combined to form independent measurement scales. The non-standardised nature of the scales implied that their reliability had first to be ascertained before any differences between the pre- and post-intervention data could be interpreted. In cases here the scales met the reliability requirement, the differences between the two measurements would indicate the net effect (if any) of the intervention. This effect was measured with the help of a format that was developed by Cohen (Cohen, 1969; Cohen, 1988).

4.3.3 Step 3: Presentation of the OUSIR programme

The OUSIR programme was presented to a group of 50 police social workers from the Gauteng Province on 6 June 2010. They completed the KAB questionnaire directly before the start of the training, as well as directly afterwards. The profile of the participants will be discussed later (see heading 7.).

4.3.4 Step 4: The measurement of the effect, relevance and quality of the OUTSIR programme

The fourth step will entail the analysis and interpretation of data that was produced by the questionnaire.

It was first necessary to ascertain the reliability of a scale/sub-scale before it could be used as a measurement instrument. In this regard, the Cronbach alpha coefficient (abbreviated as Cronbach Alpha or simply 'α') of each was first calculated (Gravetter & Forzano, 2003:454). Due to the non-

clinical nature of the subscales, a $\alpha = 0.5 – 0.79$ was viewed as acceptable and $\alpha \geq 0.8$ as highly reliable (cf. Jackson, 2003). All of the subscales adhered to the minimum requirement (see Table 7).

The second step was to utilize Cohen's formula for the calculation of effect size or d-values (Steyn, 2000; Cohen, 1988) to measure the size of the difference between the pre- and post-test. It entails the difference between two means divided by the standard deviation for the data or:

$$d = \frac{\mu_E - \mu_K}{\sigma_K}$$

The following guidelines were used to judge the d-values:

- d = 0.2 indicates a small effect, implying that the research should be repeated in order to confirm if there is an effect,
- d = 0.5 indicates a medium effect, implying that the result can be viewed as significant, but also that better planned research could produce even more significant results, and
- d = 0.8 indicates a large effect which is of practical significance (note that the *d* might be larger than one).
- Because there are no absolute boundaries between the three d-values, concepts such as 'small to medium effect' and 'large effect' can be used (Spatz, 2001; Steyn, 1999; Cohen, 1969).

The post-test questionnaire also contained a section through which the attendees could evaluate the value and quality of the training. The results produced by it were primarily interpreted through the use of descriptive statistics.

The data obtained through the study was analysed in conjunction with the Statistical Consultation Services of the North West University and with the aid of the SASS computer package.

5 PROBLEMS ENCOUNTERED IN THE RESEARCH

Three core problems were encountered during the pilot testing of the training programme. The first was that, although the SIR feedback reports were sent to the EHW manager of Gauteng Province on a monthly basis, these were not apparently forwarded to the attendees. This caused some practical problems with the implementation of the practical exercises during the programme. As a result, the full potential of this part of the training could not be fully realised.

A second problem was that not all the attendees completed both the pre- and post-test questionnaires. Even those that had did not necessarily complete each question. The result is that the response rates (valid "n") would differ from question to question and scale to scale.

The third problem was that a completely new and un-standardised questionnaire had to be used in the study. As a result, it was not always able to measure change to the highest possible degree. The unique nature of the questionnaire warrants a closer look.

6 THE KAB QUESTIONNAIRE

The data collecting and measurement instrument used in the study was dubbed the "KAB" questionnaire because of its primary focus on attendees' knowledge, attitudes and behaviour/practice. It consisted of three sections. Section 1 covered the demographic characteristics of the attendees, Section 2 dealt with their knowledge, attitudes and existing/intended behaviour and Section 3, which was only included in the post-test, focussed on the quality and relevance of the training.

The second section consisted of a total of 31 Likert-type questions that were grouped into three scales measuring knowledge, attitudes and behaviour/skills respectively. The composition of the questionnaire, as well as the questions that were used, is summarised in Table 4.

TABLE 4: THE COMPOSITION OF THE KAB QUESTIONNAIRE

SECTIONS AND SCALES	QUESTIONS
Section 1: Demographic characteristics of attendees	Questions covering gender, age, qualifications, etc.
Section 2: KAB scales ***Scale 1: Knowledge re data capturing, provision and utilization***	1. My knowledge of the definition of "management can be described as.. 2. My knowledge of the definition of "data" can be described as.. 3. My knowledge of the definition of "information" can be described as.. 4. My knowledge of the meaning of the concept "performance information" can be described as.. 5. My knowledge of the meaning of the concept "management information" can be described as.. 6. My knowledge of the consequences of "dirty data" can be described as.. 7. My knowledge of the importance of "data integrity" can be described as.. 8. My knowledge of the "benefits of the SIR feedback report for EHW practitioners" can be described as…
Scale 2: Attitude towards data capturing, provision and utilization	1. I understand the purpose of the SIR 2. I understand that Performance Information can be obtained with the SIR 3. I know why management information is important for EHW functions 4. I know how management information is utilized on the different managerial levels of the SAPS 5. I know the legislation applicable to professional accountability 6. I know the overall benefits that the SIR has for EHW 7. I have been provided with clear instructions on how to complete the SIR: Activity Sheets 8. I know the content of the SIR: Guide 9. I know how to complete the SIR: Activity Sheets 10. I understand the purpose of all the different SIR Sheets 11. I am aware of the implications of making mistakes on the SIR optical mark reader forms 12. I am aware of the impact of dirty data 13. I understand the importance of data integrity

	14. I know how to utilize management information 15. I analyse the SIR feedback report critically 16. I know how to utilize the SIR feedback report information in my PEP sessions
Scale 3: Behaviour relating to data capturing, provision and utilization	1. I wholeheartedly supported all the developments regarding the capturing of service information 2. I diligently implemented the SIR as indicated in the SIR: Guide 3. I strive to ensure data integrity at all times 4. I ensured that my service information reflected my performance as a professional 5. I made it my priority to optimally utilize management information 6. I keenly analyse the SIR feedback report as received from National Office 7. I used the SIR feedback report during my PEP sessions
Section 3: Quality and relevance of the training	Questions covering the presentation skills gender of the presenter, the extent to which attendees will be able to apply their new knowledge, etc.

The questionnaires were made up of Likert-type questions (e.g. poor, inadequate, adequate and excellent) (cf. Jackson, 2003:61). They were formulated in such a way that they would determine the OPSW existing and newly acquired knowledge, attitude and behaviour/practice regarding the capturing, provision and optimal utilization of service delivery information feedback reports. The pre-test questionnaire was administered immediately before of the training session and the post-test questionnaire directly after the training was finalized.

The second part of the questionnaire (post-test) had an added section consisting of an additional 10 questions whereby the OPSW could evaluate the overall value of the training session.

7 THE EFFECT OF THE TRAINING ON THE KNOWLEDGE, ATTITUDE AND BEHAVIOUR OF ATTENDEES

It was, for measurement purposes, assumed that the attendees would have already developed a certain level of KAB with regard to the SIR prior to the piloting of the training programme. These levels were determined by means of the pre-test. These levels would, presumably, be changed to some extent by the intervention (i.e. training programme). It would, by measuring the same constructs after the training and comparing the results with the pre-test, be possible to ascertain if the intervention did bring about any practical significant changes. The outcomes of this process will be discussed next.

7.1 A profile of the respondents

The demographic information of the participants included the following aspects:

- gender to ascertain the representation of the different sexes
- age distribution of the participants to establish the age grouping amongst the participants

- the total service years of the participants as social workers and their general experience in the social work field
- the service years of the participants as OPSW in the SAPS and their knowledge of the organization
- the level on which the participants function as social workers in the SAPS
- the qualifications of the OPSW and their academic knowledge to scientifically analyze data (see Table 5).

TABLE 5: PROFILE OF THE RESPONDENTS

Gender	**Male**				**Female**			**n**
Distribution	1 (2%)				48 (98%)			49
Age	**21-26 yrs**	**27-32 yrs**	**33-38 yrs**	**39-44 yrs**	**45-50 yrs**	**51-56 yrs**	**57 + yrs**	**n**
Distribution	0 (0%)	3 (6.3%)	23 (47.9%)	13 (27.1%)	5 (10.4%)	4 (8.3%)	0 (0%)	48
Total years in the profession	**0-5 yrs**	**6-10 yrs**	**11-15 yrs**	**16-20 yrs**	**21-25 yrs**	**26-27 yrs**	**31+ yrs**	**n**
Distribution	1 (2.1%)	15 (31.9%)	19 (40.4%)	7 (14.9%)	1 (2.1%)	2 (4.3%)	2 (4.3%)	47
Years of service in SAPS	**0-1 yrs**	**2-4 yrs**	**5-8 yrs**	**9-13 yrs**	**14-18 yrs**	**19-23 yrs**	**24 + yrs**	**n**
Distribution	0 (0%)	20 (40.8%)	12 (24.5%)	7 (14.3%)	9 (18.4%)	1 (2.0%)	0 (0%)	49
Performance level	**Manager**		**Supervisor**		**Operational worker**			**n**
Distribution	2 (4.3%)		8 (17%)		37 (78.7%)			47
Qualification	**Diploma**		**Degree**		**Masters**		**Doctorate**	**n**
Distribution	1 (2%)		41 (82%)		7 (14%)		1 (2%)	47

Table 5 indicates that the majority of the respondents were middle-aged (33-44 years) females with 6 to 15 years' experience in social work and 4 to 8 years' employment in the SAPS. Approximately 78% were operational social workers and 82% of them had a BSW or equivalent qualification. This profile is fairly representative of all the social workers in the employ of the EHW component of SAPS. It could, consequently, be assumed that if the training brought about changes in their KAB, the same trend would emerge if it were being presented to the rest of the OPSWs.

7.2 The effect on the respondents' knowledge

The questions of "Scale 1: Knowledge re data capturing, provision and interpretation" focused on determining the respondents' level of knowledge before and after the completion of the training.

The different scores that were obtained with the pre and post-test, as well as the eventual effect size, is summarised in Table 6. The Table will also contain the scale's Cronbach alpha coefficient (α).

TABLE 6: SCALE 1: EFFECT ON KNOWLEDGE OF DATA CAPTURING, PROVISION AND INTERPRETATION

PRE TEST			POST TEST			t-value	α	*Effect size (d value)*
Valid n	Mean	Std. Dev.	Valid n	Mean	Std. Dev.			
50	2.609643	0.459577	48	3.124913	0.517320	5.21777	ǂǂ 0.877	**1.00

ǂǂ *Highly reliable scale:* $\alpha \geq 0.8$
*** Practical significant effect:* $d \geq 0.8$

It is indicated in Table 6 that the scale fell in the highly reliable category (i.e. α bigger than .8) and that the results could, consequently be used with confidence. From an effect size of d=1.00 it is clear that the programme had a large to very large effect on the respondents' level of knowledge. Within the context of the nature and aim of the programme, this result should be viewed as very important. It has three specific implications. The first is that the respondents' baseline knowledge at the beginning of the training was lower than expected. This would indicate that previous attempts to inform them about the nature and utilization of the SIR must have been seriously flawed. The second implication is that the training programme did indeed have the ability to address this serious weakness. Its current content and format is, consequently, sufficient to reach its intended goals. The third implication is that the training should be presented to all existing EHW practitioners, as well as newcomers to the section. It would, based on the current high effect rating, be able to address the deficiencies in the knowledge that must exist amongst current practitioners and prevent newcomers from following the same route.

An analysis of the data on which the overall measurement was based, indicated that the programme was especially strong in seven fields (See appendix 6). These were the following:

- It increased their ability to critically analyse the information contained in the SIR feedback report (d = 0.88) by "reading" the management information picture and re-thinking effective service delivery (Coulshed & Mullender, 2006:122).
- This in turn contributed to their increased knowledge on how to use the SIR feedback report's information in their Performance Enhancement Process (PEP) session (d = 1.26) and finally answered the question: "What is in it for me to complete this time consuming data capturing system every month?".
- They were also more knowledgeable about the benefits of the SIR for the EHW practitioners (d=0.84)
- They understood the utilization of management information on the different managerial levels within the SAPS (d=0.87).
- The implications of mistakes made on the SIR Activity Sheets were clear to them (d=0.96).

- And they were keenly aware of the impact dirty data has on the EHW data base (d=1.06) as imperative feedback cannot be provided to the higher echelons of the SAPS to outline the service delivery of the OPSWs in a workplace like the SAPS (Googins, 1993: 61).
- Clarity obtained during the remedial training increased their knowledge of how to complete the SIR Activity Sheets (d=0.80) and proved that they benefited from the support and reinforcement (Ford, 2004:325).

7.3 The effect on the respondents' attitudes

The questions of 'Scale 2: Attitude towards data/information capturing, provision and utilization' were partly based on Luthans's (1998:139) view of an attitude as a "persistent tendency to feel and behave in a particular way towards an object". The questions also focused on the time it will take the respondents to modify their attitude towards the adoption of the new innovation and practice (Rodgers, 1962:150). The scores obtained with the questions, as well as the eventual effect size, are summarised in Table 7 and also contain the scale's Cronbach alpha coefficient (α).

TABLE 7: SCALE 2: ATTITUDE TOWARDS DATA CAPTURING PROVISION AND INTERPRETATION.

PRE TEST			POST TEST			t-value	α	*Effect size (d value)*
Valid n	Mean	Std. Dev.	Valid n	Mean	Std. Dev.			
50	2.716786	0.568975	47	3.171733	0.491647	4.2018	[88] 0.882	**0.80

[88] *Highly reliable scale: $\alpha \geq 0.8$*
*** Practical significant effect: d ≥ 0.8*

The scale, according to Table 7, fell in the highly reliable category (i.e. α bigger than .8). From an effect size of d=0.80 it is clear that the programme had a large effect on the respondents' attitudes. Within the context of the nature and aim of the programme, this result should also be viewed as very important. It has the following noteworthy implications. Firstly, that the baseline of the respondents' attitudes at the beginning of the training was lower than expected. This would indicate that previous attempts to positively motivate the practitioners to cultivate a positive attitude towards data, capturing, provision and utilization, failed. The second is that the programme did indeed have the ability to address this negative aspect. Its current content and format is, consequently, sufficient to reach its intended goals. A third implication is that the training should be presented to all existing EHW practitioners, as well as newcomers to the section. It would, based on the current high effect rating, be able to introduce the desirable attitude towards service delivery recording, provision and utilization of the current practitioners and as well as newcomers to the EHW.

An analysis of the data on which the overall measurement was based, indicated that the programme was especially strong in two fields (See appendix 6). These were the following:

- An attitude change took place when they became aware of the impact of dirty data (d=1.02),

especially when they had to establish if they had met the overall aims and objectives of their operational plans (Jessup & Valacich, 2006:60)

- Their attitude changed when they understood that a negative attitude towards data capturing and provision will only deprive them of the benefits they can gain from the SIR feedback report (d=0.91).

7.4 The effect on the respondents' behaviour

The questions of 'Section 3: Behaviour towards data/information capturing, provision and utilization' aimed to change the participant's behaviour towards the optimal utilization of the SIR and the monthly feedback report. The aim with the questions was to ascertain if this result was achieved. The achieved results are summarized in Table 8.

TABLE 8: SCALE 3: DATA CAPTURING, PROVISION AND INTERPRETATION RELATED BEHAVIOUR

PRE TEST			POST TEST			t-value	α	*Effect size (d value)*
Valid N	Mean	Std. Dev.	Valid N	Mean	Std. Dev.			
50	2.687143	0.589497	47	3.217629	0.660686	4.17787	[8] 0.733	**0.80

[8] *Reliable scale:* α = 0.5 - 0.79

*** Practical significant effect: d ≥ 0.8*

It is clear from Table 8 that Scale 3 was highly reliable (i.e. α bigger than .8) and that the intervention had a practical significant effect (d = 0.8) on the respondents' intended behaviour/practice. Within the context of the nature and aim of the programme, this result should also be viewed as very important. It has the following significant implications. The first being, that the baseline of the respondents' behaviour/practice at the beginning of the training was lower than expected. This would indicate that proper behaviour/practice regarding accountability ethics were not instilled in the practitioners during the initial orientation/training. Secondly, the implication was that the training programme did indeed have the ability to address this shortfall. Its current content and format is, consequently, sufficient to reach its intended goals. The third implication is that the training should be presented to all existing EHW practitioners, as well as newly appointed EHW professionals.

An analysis of the data on which the overall measurement was based, indicated that the programme was especially strong in one field (See appendix 6). It was the following:

- The change in behaviour towards the analysis of SIR feedback reports received from the National Office (d=0.97) will improve data capturing and the quality of information that will flow vertically, horizontally, inwards and outwards within the PSWS (Schermerhorn 1989:455).
- This will enhance the problem solving, decision making and planning processes of the EHW.

7.5 Quality and relevance of the training

In order to determine the quality and the relevance of the pilot training programme, the post-test questionnaire contained an additional ten Likert type questions. The findings made in this regard will be discussed in the following two sections.

7.5.1 The quality of the training

The data collected with the three questions that were aimed at measuring the quality of the training, is summarised in Table 9.

TABLE 9: QUALITY OF THE TRAINING PROGRAMME

QUESTIONS	n	*CHOICES AND RESPONSES* [8]			
		1. I strongly disagree	*2. I disagree*	*3. I agree*	*4. I strongly agree*
1. The presenter(s) is knowledgeable about the subject that he/she presented	46	1 (2.2%)	1 (2.2%)	31 (67.4%)	13 (28.3%)
2. The presenter(s) was able to explain difficult/abstract concepts	45	0 (0%)	4 (8.9%)	33 (73.3%)	8 (17.8%)
3. The presenter(s) was able to link the material to my level of knowledge	45	0 (0%)	4 (8.9%)	29 (64.4%)	12 (26.7%)

[8] Cronbach alpha coefficient for Section 3a: $\alpha = 0.89$ *(highly reliable)*

Findings contained in Table 9 showed that 95.7% of the participants were of the opinion that the presenter is knowledgeable about the subject matter. She was also able to explain difficult/abstract concepts (91.1% positive response) and meet them on their knowledge level (91.1% positive response). These responses indicate that the presenter was up to standard and that any deficiencies in the effect of the programme could not be attributed to this facet.

7.5.2 The relevance of the training

The questionnaire contained a total of seven questions that with the relevance of the training. The responses are summarized in Table 10.

TABLE 10: RELEVANCE OF THE TRAINING PROGRAMME

QUESTIONS	n	*CHOICES AND RESPONSES* [8]			
		1. I strongly disagree	*2. I disagree*	*3. I agree*	*4. I strongly agree*
4. The training stimulated my interest in the SIR	45	3 (6.7%)	6 (13, 3%)	26 (57, 8%)	10 (22, 2%)
5. The training stimulated my creative thinking about how service information could be utilized	45	1 (2.2%)	4 (8.9%)	33 (73, 3%)	7 (15,6%)
6. I will be able to apply my new knowledge and insights in future PEP sessions	45	1 (2, 2%)	5 (11,1%)	32 (71,1%)	7 (15,6%)
7. The training session provided sufficient time to discuss issues	45	4 (8.9%)	8 (17.8%)	26 (57,8%)	7 (15,6%)
8. The training session provided sufficient time to learn how to apply the new knowledge in practice	45	3 (6,7%)	12 (26,7%)	24 (53,3%)	6 (13,13%)
9. All EHW functionaries will benefit from this training.	46	2 (4.3%)	7 (15,2%)	26 (56,5%)	11 (23,9%)
10. Additional training programme/courses on the completion and utilization of the SIR must be developed	46	4 (8, 7%)	5 (10,9%)	22 (47,8%)	15 (32,6%)

[8] Cronbach alpha coefficient for Section 3b: α= 0.897 *(highly reliable)*

The responses contained in Table 10 indicated that the nature of the training was relevant as it equipped the participants (86.7%) with the knowledge to utilize the SIR feedback reports to their own benefit in future. The practical exercises, included in the training, were experienced as valuable since 73.4% of the participants indicated sufficient time was allowed for discussion and 66.43% were able to apply the gained knowledge.

The indication was that 80.4% of the participants were of the opinion that all EHW practitioners will benefit from this training and 80.4% were of the opinion that additional SIR training programmes must be developed.

The relevance of training pertaining service delivery information capturing, provision and utilization proved to be of extreme importance for the operational EHW professionals.

8 RECOMMENDATIONS REGARDING THE IMPROVEMENT OF THE OUSIR TRAINING PROGRAMME

Although the responses to the questionnaire indicated that the training programme in its original form was effective, relevant and of a sufficient quality, some potential improvements to it also emerged. Recommendations on how its content and presentation could be improved will be covered next.

8.1 Recommendations for improving the contents of the training programme

The content of the programme can be improved by adding information/notes to the SIR training manual that would add value to the skill-seeking professional practitioners while supporting their internal motivation to change (cf. Cronje, Blignaut & Botha, 2002:212). These should focus on the following:

- The consequences for the EHW when practitioners omitted to record all the relevant information to reflect their individual performance. Practical exercises can be included to demonstrate to participants how they can ensure that all their delivered services are reflected on the SIR.
- Key directives indicated in the SIR: Guide that are often not followed by the practitioners.
- How EHW professionals can optimally utilize EHW as well as other relevant and available management information of the SAPS to plan applicable interventions. The inclusion of exercises where the value of combining relevant SAPS and EHW data/information to plan interventions are demonstrated as imperative.

8.2 Recommendations for the improvement of the presentation of the training programme

The literature on adult learning emphasised the role of support in a training programme to increase the performance of the participants (Osman & Castle, 2006:525). Thus to improve the presentation of the training programme (Gouws & Dicker, 2007:250), especially where behaviour/practice change is the aim, the presenter/facilitator needs to:

- Have sound knowledge and skills of the SIR training manual as well as how to record data with the SIR and optimally utilize the SIR feedback information.
- Be supportive and helpful in the execution of the practical exercises without losing focus of the training at hand.
- Constantly aimed to not only increase the knowledge and skills of the participants but also their self-confidence in the process of data recording with the SIR and the optimal utilization of feedback reports.

9 CONCLUDING THOUGHTS

It was clear from the piloting of the OUSIR training programme, as well as the national survey that preceded it, that the provision of training social workers in the optimal utilization of information obtained from SIR feedback reports was long overdue. The intervention did, consequently, address an important need.

It was also argued in this article that the OUSIR training programme would make social workers keenly aware of the value and importance of timely and accurately recorded data/information. This would provide an answer to the crucial question: "What is in it for me to capture monthly and provide timely, relevant and accurate service delivery data/information with the SIR?" The possibility that they had found new meaning in performing this task may have contributed to their very positive evaluation of the value of the training.

The OUSIR training programme also seems to serve as a remedial instrument. The attendees were, as a result of it, much more focussed on providing accurate and timely data than beforehand. This will enhance SAPS management's ability to proceed with data-based service delivery planning.

It was also interesting to note that most of the attendees, for the first time, saw the SIR feedback report data as an instrument that would help them during their Performance Enhancement Process (PEP). This changed their view of the SIR as an instrument wheeled by management to one that could benefit them personally.

The primary finding of this phase of the research process was that the OUTSIR training programme (in an improved form) should be presented to all the professional groups within the EHW component. Without it, the South African Police Service would be deprived of information that is crucial for its effective functioning.

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SECTION 3:
CONSOLIDATED FINDINGS, GUIDELINES AND RECOMMENDATIONS

1 INTRODUCTION

The management of the of the South African Police Service (SAPS) instructed its Employee Health and Wellness (EHW) component in 2006 to address the data integrity problems being experienced with the provision of service delivery information. This led to the development and implementation of the new Service (Delivery) Information Record (SIR) system in 2009. It made, for the first time, provision for the recording of service delivery information from all three professional groups within the component (viz. social workers, chaplains and psychologists/psychomotrists) on one, integrated system.

The development and implementation of the SIR was accompanied by a number of conceptual and practical difficulties. In response, an in-depth study was undertaken to identify the types of problems being experienced and to find ways to address these. This dissertation reported on the results obtained from this study.

The research had a twofold aim. They were:

- to identify obstacles and deficiencies in operational police social workers' completion and utilization of the SIR, and
- to determine if a newly developed training programme could address some of these issues.

In order to achieve these aims, four objectives were formulated. They were:

- to explore and determine the factors that prevent social workers from providing accurate, timely and relevant information,
- to develop a training programme for the social workers that will focus on the optimal utilization of the Service (Delivery) Information Record (SIR) and the feedback report,
- to measure the effect of this training programme and
- to provide guidelines for the improvement of relevant elements of the SIR and the training programme.

The results obtained through the empirical research have already been extensively discussed in the two articles (see Section 2). Therefore, only its main conclusions and recommendations will be discussed next. They will, *inter alia*, cover the research design and procedures, the results of the focus group and survey questionnaire, as well as the effect of the training programme itself.

2 CONCLUSIONS REGARDING THE RESEARCH DESIGN AND PROCEDURES

The use of three primary designs (a quantitative survey, a qualitative focus group session and a quantitative effect measurement) during the research produced content rich results. This made it possible to explore various facets of the presenting problem in-depth and to produce well-grounded recommendations.

The national survey was based on a pilot survey and the results of a focus group session. It was primarily aimed at determining EHW practitioners' SIR-related knowledge, attitude and behaviour/practice with regard to the recording, provision and utilisation of service delivery information. It brought a number of issues to the fore that needed to be addressed by EHW management. It also highlighted the need for further training in the completion and use of the SIR system.

The results obtained from the survey and focus group provided the basis for the development of the OUSIR training programme. The extent to which this programme could change the knowledge, attitude and behaviour (KAB) of the social workers was tested with the help of a one-group, pre-test/post-test design and effect measurements. This showed that it generally had a practical significant effect on attendees and, in so doing, achieved the results that it set out to do.

It can be concluded that the selected research design(s) and procedure was appropriate for the type of study that was undertaken.

3 CONCLUSIONS REGARDING THE SIR-RELATED PROBLEMS EXPERIENCED BY THE OPSW

One of the main original goals of the study was to identify obstacles and deficiencies in operational police social workers' completion and utilization of the SIR. The researcher, however, went a step further and also included operational chaplains and psychologists/psychomotrists in the national survey. This was fortuitous because the survey showed that the needs of psychologists/ psychomotrists were, in one area, different from those of the other two groups.

The survey, coupled with the results from the focus group, brought a number of problems and needs to the fore that will have to be addressed by EHW management (see Heading 8: Guidelines and recommendations). It also showed that there was a need for further training in the completion and use of the SIR.

4 CONCLUSIONS REGARDING THE DESIGN OF THE TRAINING PROGRAMME

The "Optimal Utilization of the Service (Delivery) Information Record" (OUSIR) training programme was designed with a threefold purpose in mind. The first was be able to used it to train newly appointed EHW practitioners on how to complete the SIR: Activity Sheets with the aid of the SIR: Guide. The second was to use it as a remedial mechanism for those practitioners who had already received the initial orientation/training but still had not mastered the new system successfully. The third was to prove that the SIR feedback reports could be used to the personal benefit of social workers (and others) when they had to provide feedback to the SAPS management on their performance, as well as during their Performance Enhancement Process (PEP) sessions.

5 CONCLUSIONS REGARDING THE EFFECT OF THE TRAINING PROGRAMME

The results of the pilot testing of the OUSIR programme showed that it was able to achieve the results for which it was originally designed. It did have a practically significant effect on the knowledge levels of attendees, changed their attitudes towards the SIR system as a whole and the SIR feedback reports in particular, and made them decide to change their future behaviour. This result was further affirmed by the participants' evaluation of the value of the training. It was clear from all the results that the programme could, after minor changes, be rolled out to the rest of the country.

6 CONCLUSION REGARDING THE QUALITY OF THE PROGRAMME PRESENTATION

The attendees' assessment of the quality of the programme presentation indicated that the presenter/facilitator met all the training requirements. It could, however, also be concluded that if the programme were to be presented elsewhere in the country, the presenter(s)/vacillator(s) should be someone with an intimate knowledge of the intricacies of the SIR system.

7 FINDINGS

If all the individual findings are combined, it is clear that the two primary hypotheses were correct. They are, namely:

- *that the deficiencies in social workers' completion and utilization of the SIR were primarily caused by a lack of knowledge and a negative attitude towards management information and*
- *that these obstacles could be effectively addressed through the use of the "Optimal Utilization of the Service (Delivery) Information Record" (OUSIR) training programme.*

It was, however, also additionally clear that there were some content, technical and procedural issues involved in the SIR system that had to be addressed by EHW management.

8 GUIDELINES AND RECOMMENDATIONS

It is clear from the study that the SIR data capturing and provision system needs to be more user-friendly and less time-consuming. It is, consequently, recommended that EHW management would use the results of this study to review the system as a whole and try to rectify the number of smaller problems that hamper its effective use. The introduction of a fully computerised system should also form part of its long term planning.

The national survey was conducted within nine months after the initial orientation training and implementation the SIR. Since then, numerous adjustments have been made to the SIR: Activity Sheets and SIR: Guide. The results of this study will probably also lead to further adjustments. It is recommended that a follow-up national survey be conducted after this phase of adjustments has been completed. If the original survey questionnaire is used as a basis for this follow-up one, it would enable EHW to compare findings and thus determine if the new changes have produced the desired results.

The OUSIR training programme should be rolled out to the rest of the country after some changes have been made to it. This includes the revision of the training manual to include more practical exercises that will address the various training needs of the attendees, as well as adapting the course to be relevant for three somewhat different target groups. These are the social workers, chaplains and psychologists/psychomotrists.

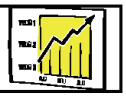
9 CONCLUDING REMARKS

Accurate, relevant and timely data will have to, in future, form the basis of the planning and decision-making processes of the Employee Health and Wellness (EHS) service of the SAPS in general and especially that of its Police Social Work Service. This, on the one hand, requires a more stream-lined and user-friendly system and on the other, professionals with the knowledge, attitude and skills to run and utilise the system effectively. If either of these two dimensions fail, the employees of the SAPS will be deprived of an effective health and wellness service.

SECTION 4:
APPENDIXES

APPENDIX 1: SURVEY QUESTIONNAIRE

QUESTIONNAIRE RE THE: SERVICE INFORMATION RECORD (SIR)
EMPLOYEE HEALTH AND WELLNESS



EHW: Nodal Point
South African Police Service
Private Bag X94
Pretoria, 2009

QUESTIONNAIRE: SERVICE INFORMATION RECORD (SIR)

1. Introduction

This questionnaire aims to identify the problems that **you**, the functionary, may experience with the completion and utilisation of the Service Information Record: Activity Sheets and/or Member Detail Sheet (henceforth abbreviated with *"SIR Activity Sheets"* and " *SIR Member Detail Sheet"*), as well as the Service Information Record Guide (henceforth abbreviated with "*SIR Guide"*). Your contribution will also help Employee Health and Wellness (EHW) to identify those elements of the SIR that works effectively and the elements that should be changed. In order to achieve this goal, it is *essential* that you complete the following questionnaire **honestly** and **in full**. Your honest and personal views will help the EHW to serve the SAPS better.

2. Instructions for completing this questionnaire

2.1 Mark the answers **to the questions** by making a **cross** ☒ in the appropriate open blocks (*not* in the shaded areas). The cross must ***not go outside the outline of the block.***
2.2 Please mark only **one block** per question/item.
2.3 Please respond to **all** the questions/items.
2.4 Complete the questionnaire **on your own.**

Do not write your name anywhere on this questionnaire. For research purposes we, however, need some indication of your gender, highest qualifications, service period, etc. **This can and will not be used to identify you as a person.**

When you have completed the questionnaire, please return it in the envelope that is provided. By completing this questionnaire, you give permission that the data may be used for research purposes.

3. Particulars

Gender	Male				Female			(1)
Highest Qualification	Certificate	Diploma	Degree	Masters	Doctorate			(2)
Service years in total	0- 5 years	6-10 years	11- 15 years	16- 20 years	*21-25 years*	*26-27 years*	*31+ years*	(3)
Total service years in SAPS	0- 1 years	*2-4 years*	*5- 8 years*	9-13 years	*14-18 years*	*19- 23 years*	*24+ years*	(4)

	QUESTIONNAIRE RE THE: SERVICE INFORMATION RECORD (SIR) EMPLOYEE HEALTH AND WELLNESS	

To be completed by: Chaplains	Chaplain: Operational worker	Chaplain: Supervisor	Chaplain: Manager	(5)
To be completed by: Psychologists/ Psychomotrists	Psychologist/ Psychomotrist: Operational worker	Psychologist/ Psychomotrist: Supervisor	Psychologist/ Psychomotrist: Manager	(6)
To be completed by: Social Workers	Social Worker: Operational worker	Social Worker: Supervisor	Social Worker: Manager	(7)

Province	*Gauteng*	Limpopo	*Head Office*	*Eastern Cape*	*Kwa Zulu Natal*		(8)
	Mpumalanga	North West	*Free State*	*Northern Cape*	*Western Cape*		
Age	*21-26 years*	*27-32 years*	*33-38 years*	*39-44 years*	*45-50 years*	*51-56 years*	*57+ years*	(9)

SECTION 1: THE SERVICE INFORMATION RECORD (SIR) AND GUIDE: ORIENTATION AND IMPLEMENTATION

Question 1:

Were you aware of the fact that Employee Health and Wellness (EHW) has a (relatively) new data capturing system, entitled the "Service Information Record" (SIR)?
*(Mark only the appropriate block. If your answer is "No", do **not** complete the rest of the questionnaire. You must, however, **still return this questionnaire** in the envelope that is provided.)*

Yes	**No**	(10)

Question 2:

Have you received any form of orientation as to the use of the SIR and its Activity sheets?
*(Mark only the appropriate block. If your answer is "No", do **not** complete questions 3 and 4, but move on to **Question 5**.)*

Yes	**No**	(11)

	QUESTIONNAIRE RE THE: SERVICE INFORMATION RECORD (SIR) EMPLOYEE HEALTH AND WELLNESS	

Question 3:

How long after the orientation session did you start to complete the SIR: Activity Sheets?

(Mark only the most appropriate block)

1.	*2.*	*3.*	*4.*	*5.*	
Immediately afterwards	**Within a month**	**Two months afterwards**	**Three months or more afterwards**	**I have still not completing any**	(12)

Question 4:

To what extent do you agree or disagree with the following three statements?

Questions	*1.*	*2.*	*3.*	*4.*	
1. The facilitator provided me/us with *clear instructions on how to complete* the Service Information Record (SIR) during the orientation session.	*1. I strongly disagree*	*2. I disagree*	*3. I agree*	*4. I strongly agree*	*(13)*
2. After the orientation session I understood the overall *purpose* of the SIR.	*1. I strongly disagree*	*2. I disagree*	*3. I agree*	*4. I strongly agree*	*(14)*
3. After the orientation session I knew *how to complete* the SIR: Activity Sheets.	*1. I strongly disagree*	*2. I disagree*	*3. I agree*	*4. I strongly agree*	*(15)*
4. After the orientation session, the overall *benefit* of the SIR for EHW was clear to me.	*1. I strongly disagree*	*2. I disagree*	*3. I agree*	*4. I strongly agree*	*(16)*

SECTION 2: DATA COLLECTION AND REPRESENTATION

Question 5:

How long, on average, does it take you to complete one SIR Activity Sheet?

(Mark only the most appropriate block)

1.	*2.*	*3.*	*4.*	*5.*	
Between 2 to 4 minutes	**Between 4 to 6 minutes**	**Between 6 to 8 minutes**	**Between 8 to 10 minutes**	**More than 10 minutes**	*(17)*

Question 6:

***When* do you usually record information onto the SIR Activity Sheet?**

(Mark only the most appropriate block)

1.	*2.*	*3.*	*4.*	*5.*	
Immediately after a service was rendered	**At the end of the day on which the service was rendered**	**Within a week after the service was rendered**	**Within 2 weeks after the service was rendered**	**At the end of each month**	*(18)*

	QUESTIONNAIRE RE THE: SERVICE INFORMATION RECORD (SIR) **EMPLOYEE HEALTH AND WELLNESS**	

SECTION 3: THE UTILIZATION OF THE SIR SHEETS AND SIR GUIDE

Question 7:

How did you approach the SIR Guide ? *(Mark only the most appropriate block)*

1.	*2.*	*3.*	*4.*	*5.*	
I only glanced at the SIR Guide	**I paged through the SIR Guide**	**I selectively read parts of the SIR Guide**	**I completely read through the SIR Guide**	**I studied the SIR Guide in depth**	*(19)*

Question 8:

To what extent do you *agree or disagree* with the following statements re the SIR *Guide*?
(Please respond to all four items)

Questions	*1.*	*2.*	*3.*	4.	
1. The SIR Guide is *clearly formulated*	*1. I strongly disagree*	*2. I disagree*	*3. I agree*	*4. I strongly agree*	*(20)*
2. The SIR Guide covers *all* the different types of services rendered by each EHW profession	*1. I strongly disagree*	*2. I disagree*	*3. I agree*	*4. I strongly agree*	*(21)*
3. The SIR Guide *clearly defines* the nature of the services rendered by each EHW profession	*1. I strongly disagree*	*2. I disagree*	*3. I agree*	*4. I strongly agree*	*(22)*
4. The SIR Guide provides an overview of all the different *EHW services*	*1. I strongly disagree*	*2. I disagree*	*3. I agree*	*4. I strongly agree*	*(23)*

Question 9:

To what extent do you *agree or disagree* with the following statements re the SIR Activity Sheet? *(Please respond to all four items)*

Questions	*1.*	*2.*	*3.*	*4.*	
1. It is easy *to complete* the professional EHW service that I render on the SIR Activity Sheets	*1. I strongly disagree*	*2. I disagree*	*3. I agree*	*4. I strongly agree*	*(24)*
2. The SIR *Guide* is *a helpful aid* in the completion of the SIR Activity Sheets	*1. I strongly disagree*	*2. I disagree*	*3. I agree*	*4. I strongly agree*	*(25)*
3. It is *less time consuming* to complete the SIR Activity Sheets than the previous recording formats	*1. I strongly disagree*	*2. I disagree*	*3. I agree*	*4. I strongly agree*	*(26)*

	QUESTIONNAIRE RE THE: SERVICE INFORMATION RECORD (SIR) EMPLOYEE HEALTH AND WELLNESS	

4. The SIR will provide a *comprehensive record* of the different EHW services that were rendered during a month	*1. I strongly disagree*	*2. I disagree*	*3. I agree*	*4. I strongly agree*	*(27)*

Question 10:

Briefly name/describe three factors that makes it difficult for you to provide all the data that is required for the current SIR

1.	*(28)*
2.	*(29)*
3.	*(30)*

SECTION 4: ATTITUDES REGARDING THE RECORDING OF INFORMATION

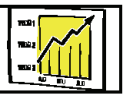
Question 11:

To what extent do you *agree or disagree* with each of the following statements?

(Please respond to all 20 items)

Questions	*1.*	*2.*	*3.*	*4.*	
1. The completion of the SIR Activity Sheets are *too time consuming*	*1. I strongly disagree*	*2. I disagree*	*3. I agree*	*4. I strongly agree*	*(31)*
2. I do *not like* to provide data on the EHW services I render, no matter what the format	*1. I strongly disagree*	*2. I disagree*	*3. I agree*	*4. I strongly agree*	*(32)*
3. The layout of the SIR Activity Sheets are *user-friendly* (i.e. I can understand what is expected of me)	*1. I strongly disagree*	*2. I disagree*	*3. I agree*	*4. I strongly agree*	*(33)*
4. It is *easy* for me to complete the SIR Activity Sheets	*1. I strongly disagree*	*2. I disagree*	*3. I agree*	*4. I strongly agree*	*(34)*
5. The SIR Activity Sheets enables me to be *accountable* for what I am doing as an EHW professional	*1. I strongly disagree*	*2. I disagree*	*3. I agree*	*4. I strongly agree*	*(35)*

QUESTIONNAIRE RE THE: SERVICE INFORMATION RECORD (SIR)
EMPLOYEE HEALTH AND WELLNESS



6. The data on my SIR Activity Sheets provide a *complete overview* of the EHW services that I have rendered to the employees of the SAPS	*1. I strongly disagree*	*2. I disagree*	*3. I agree*	*4. I strongly agree*	*(36)*
7. The completion of the SIR Activity Sheets will *help to provide feedback* on my EHW services to SAPS management	*1. I strongly disagree*	*2. I disagree*	*3. I agree*	*4. I strongly agree*	*(37)*
8. Feedback on my SIR Activity Sheets will enable me to render more *targeted* EHW services	*1. I strongly disagree*	*2. I disagree*	*3. I agree*	*4. I strongly agree*	*(38)*
9. Making *regular entries* on my SIR Activity Sheets are very important to me	*1. I strongly disagree*	*2. I disagree*	*3. I agree*	*4. I strongly agree*	*(39)*
10. The SIR Guide helps me to complete the SIR Activity Sheets *accurately*	*1. I strongly disagree*	*2. I disagree*	*3. I agree*	*4. I strongly agree*	*(40)*
11. The SIR Guide helps me to complete the SIR Activity Sheets *quickly*	*1. I strongly disagree*	*2. I disagree*	*3. I agree*	*4. I strongly agree*	*(41)*
12. I would *prefer a computerized version* of the SIR Activity Sheets	*1. I strongly disagree*	*2. I disagree*	*3. I agree*	*4. I strongly agree*	*(42)*
13. It does not bother me if I submit my SIR Activity Sheets *late*	*1. I strongly disagree*	*2. I disagree*	*3. I agree*	*4. I strongly agree*	*(43)*
14. The *accurate recording* of data on my SIR Activity Sheets is not necessary (i.e. an approximation will do)	*1. I strongly disagree*	*2. I disagree*	*3. I agree*	*4. I strongly agree*	*(44)*
15. The reason why I have to complete the SIR Activity Sheets is so that Management can *measure my productivity*	*1. I strongly disagree*	*2. I disagree*	*3. I agree*	*4. I strongly agree*	*(45)*
16. It is *compulsory* that all the EHW services that are rendered in the SAPS must be *recorded*	*1. I strongly disagree*	*2. I disagree*	*3. I agree*	*4. I strongly agree*	*(46)*
17. The provision of data on services rendered is part of the *accountability requirement* for a EHW professional	*1. I strongly disagree*	*2. I disagree*	*3. I agree*	*4. I strongly agree*	*(47)*
18. The provision of accurate data on services rendered is part of the *ethical requirements* that all EHW professionals must meet	*1. I strongly disagree*	*2. I disagree*	*3. I agree*	*4. I strongly agree*	*(48)*

	QUESTIONNAIRE RE THE: SERVICE INFORMATION RECORD (SIR) EMPLOYEE HEALTH AND WELLNESS	

19. I already have the skills to complete a computerised version of the SIR: Activity Sheets	*1. I strongly disagree*	*2. I disagree*	*3. I agree*	*4. I strongly agree*	*(49)*
20. Management must take decisive steps against me if I *do not submit* my SIR Activity Sheets *on time*	*1. I strongly disagree*	*2. I disagree*	*3. I agree*	*4. I strongly agree*	*(50)*
21. Management must take decisive steps against me if I *do not complete* my SIR Activity Sheets *accurately*	*1. I strongly disagree*	*2. I disagree*	*3. I agree*	*4. I strongly agree*	*(51)*

Question 12:

Think back on the past three months: During this time, how ***accurate* was the information that you have provided on your SIR Activity Sheets?**

*(It is important that you should be **honest** in your estimation)*

1.	*2.*	*3.*	*4.*	*5.*	
Less that 25 % accurate	**Between 25% & 50% accurate**	**About 50-50**	**Between 50% & 75% accurate**	**More than 75% accurate**	*(52)*

SECTION 5: SIR RELATED TRAINING NEEDS

Instructions:

We need your inputs to improve the way in which SIR information is utilised. The following section contains six ideas on how this could be achieved. Please indicate the extent to which each idea would be of *value*.

Questions	*1.*	*2.*	*3.*	*4.*	
1. Specialised training in *how to complete* the SIR: Activity Sheets for especially *my profession*…	*1. …will have little or no value*	*2. …will have below average value*	*3 …will have above average value*	*4. …will have a lot of value*	*(53)*
2. Specialised training on the *interpretation* of the results produced by the SIR Activity Sheet data…	*1. …will have little or no value*	*2. …will have below average value*	*3 …will have above average value*	*4. …will have a lot of value*	*(54)*
3. Specialised training on the *interpretation of the report* that I receive from National Office on my SIR data…	*1. …will have little or no value*	*2. …will have below average value*	*3 …will have above average value*	*4. …will have a lot of value*	*(55)*

	QUESTIONNAIRE RE THE: SERVICE INFORMATION RECORD (SIR) EMPLOYEE HEALTH AND WELLNESS	

4.	**Training on how to use my SIR data to *improve the planning* of my services....**	*1. ...will have little or no value*	*2. ...will have below average value*	*3 ...will have above average value*	*4. ...will have a lot of value*	*(56)*
5.	**Training on how my SIR data *impacts on the strategic issues* of SAPS...**	*1. ...will have little or no value*	*2. ...will have below average value*	*3 ...will have above average value*	*4. ...will have a lot of value*	*(57)*
6.	**Training on how to use my SIR data to give *feedback to the SAPS management...***	*1. ...will have little or no value*	*2. ...will have below average value*	*3 ...will have above average value*	*4. ...will have a lot of value*	*(58)*
7.	**Training on how to *verify the outcomes of my Operational Plan* with my SIR data...**	*1. ...will have little or no value*	*2. ...will have below average value*	*3 ...will have above average value*	*4. ...will have a lot of value*	*(59)*

SECTION 6: THE VALUE THAT THE SIR WILL ADD TO THE INTEGRATED APPROACH OF EMPLOYEE HEALTH AND WELLNESS (EHW)

Instructions:

We need your input to improve the way in which the Service Information Record is used in the integrated approach of the EHW. The following section contains five ideas on how this could be done. Please choose the most appropriate option.

(Mark only one of the blocks)

1.	*2.*	*3.*	*4.*	*5.*	
The regular presentation of the SIR reports on each profession's services to a meeting attended by all the professions	The different professions regularly meeting together to analyse their SIR reports in order to identify trends	The different professions regularly meeting together to analyse their SIR reports in order to formulate targeted interventions for each profession	The different professions regularly meeting together to analyse their SIR reports in order to plan conjoint needs based services	The discussions or analysis of SIR reports is NOT going to enhance the integrated approach	*(60)*

Thank you for completing this questionnaire

APPENDIX 2: FOCUS GROUP SCHEDULE

FOCUS GROUP INTERVIEW SCHEDULE:
EMPLOYEE HEALTH AND WELLNESS SERVICE INFORMATION RECORD (SIR)

Areas to be Explored

THEME 1:

The Orientation and Implementation of the SIR

Delegates from Gauteng Province attended an orientation session at National Head Office regarding the implementation and utilization of the Service Information Record (SIR). These delegates then had to go back to the Province and orientate the Employee Health Wellness functionaries regarding the use of the SIR: Guide, as well as the completion of the SIR Activity Sheets. They also had to explain the overall benefit of the SIR for the Employee Health and Wellness.

QUESTION TO FOCUS GROUP MEMBER	FOLLOW- UP QUESTIONS	DESIRED OUTCOMES	NOTES
1.1How did you experience the orientation session conducted by your Provincial delegates, dealing with the SIR: Guide, the SIR Activity Sheets and the benefits of the SIR for the EHW?	1.1.1. Did you experienced that the facilitator of the orientation session regarding the SIR was well informed and knowledgeable? 1.1.2. Do you understand the overall benefit of the SIR for the Employee Health and Wellness? 1.1.3. What do you think prevent the EHW Functionaries to start completing the SIR Activity Sheets immediately after the orientation session?	Positive feedback about the facilitator's facilitation of the orientation session. The EHW functionaries understand that the SIR can help EHW to be accountable and ensure data integrity. The unavailability of the SIR documents and logistical problems experienced in the distribution of the documents.	

THEME 2:

Data collection and representation

The aim with the SIR is to ensure data integrity. Information regarding EHW services rendering needs to be on time, relevant and accurate.

QUESTION TO FOCUS GROUP MEMBER	FOLLOW- UP QUESTIONS	DESIRED OUTCOMES
2.1. What do you think are the general problems the EHW functionaries are experiencing in collecting and indicating data with the SIR?	2.2.1. What do you think are the factors contributing to the fact that EHW functionaries use ten (10) minutes or more to complete one (1) SIR: Activity Sheet? 2.2. 2. What contributes to the fact that the EHW functionaries only record information on their SIR: Activity Sheets at the end of each month?	Not being familiar with the codes of the SIR Guide, the SIR Guide is not user friendly or poses certain gaps. The lack of planning for time to account, a lack of discipline to ensure data integrity.
THEME 3: **The Utilization of the SIR Activity Sheets and the SIR: Guide** *To ensure data integrity the SIR: Activity Sheets can only be completed accurately if the SIR: Guide is studied properly and in-depth.*		
QUESTION TO FOCUS GROUP MEMBER	**FOLLOW- UP QUESTIONS**	**DESIRED OUTCOMES**
3.1. What are the specific challenges you experience regarding the SIR: Guide and SIR: Activity Sheets	3.1.1. How can the EHW functionaries ensure that all the services they rendered are reflected in the SIR: Guide? 3.1.2. What are the factors that make it difficult for the EHW functionaries to complete the SIR: Activity Sheets? 3.1.3. What aspects contribute to the fact that the completions of the SIR Activity Sheets are more time consuming than the previous reporting format? 3.1.4. To what extent, according to you, does the SIR: Activity Sheets provide a comprehensive record of EHW services rendered during a month?	By providing their contributions to the EHW: Nodal Point for consideration. The lack of proper orientation towards the SIR and the fact that the SIR Guide were not studied. The detailed information that needs to be reflected and the coloring of the bubbles. 90% of all activities are reflected but codes still needs to be developed as services are needed.

THEME 4:

Attitudes Regarding The Recording Of Information

It is important that the EHW functionaries cultivate or uphold a positive attitude regarding accountability and data integrity regarding service rendering.

QUESTION TO FOCUS GROUP MEMBER	FOLLOW- UP QUESTIONS	DESIRED OUTCOMES
4.1. What do you think is the general attitude of the EHW functionaries towards the recording of information/data?	4.1.1. What factors contribute towards the tendency of EHW Functionaries being reluctant to spent time in completing /capturing data on a data capturing format? 4.1.2. How can the SIR: Guide assist EHW Functionaries to more speedily complete the SIR Activity Sheets? 4.1.2. What kind of steps do you suggest EHW Management needs to take regarding inaccurate capturing of information/data?	Lack of commitment because the importance of data integrity is not fully understood. They can highlight their own relevant codes that they regularly used in service rendering. Proper disciplinary steps.

THEME 5:

Potential Training With Regards to the SIR

It is important for EHW functionaries to optimally use their SIR information regarding certain aspects and to indicate if they need specific training regarding these aspects.

QUESTION TO FOCUS GROUP MEMBER	FOLLOW- UP QUESTIONS	DESIRED OUTCOMES
5.1. What kind of training do EHW Functionaries still need to complete the SIR: Activity Sheets with the aid of the SIR: Guide?	5.1.1. How will EHW Functionaries benefit from training on how to complete the SIR: Activity Sheets regarding Profession Specific (Social Work, Spiritual, and Psychological) aspects? 5.1.2. How will EHW Functionaries benefit from training regarding the interpretation of individual and Provincial feedback report results? 5.1.3. How will EHW Functionaries benefit from training on how to utilize	It will help them to demarcate services of each profession and determine generic services that can be rendered by each profession. They will be able to render targeted services

	SIR data to plan services and/or give feedback to SAPS Management? 5.1.4. How will EHW functionaries benefit from training as to how the SIR data indicate a link with the reaching of operational plan and Strategic goals?	and convince managers with facts about the needs of the Organization. The will be able to determine if their services are a return on investment for the Organization.

THEME 6:

The Value the SIR will Add to the Integrated Approach of the EHW

A conjoint analysis of the data of the EHW Functionaries (Social Work, Spiritual, Psychological) can provide a picture of the team effort to:

a) align EHW services
b) render integrated services to the SAPS employees
c) indentify the need for targeted interventions
d) and plan needs based services in time.

QUESTION TO FOCUS GROUP MEMBER	FOLLOW- UP QUESTIONS	DESIRED OUTCOMES
6.1. To what extend can the SIR add value to the EHW Integrated approach?	6.1.1. To what extend can the *mere discussion* of the SIR data of the EHW Functionaries enhance the EHW Integrated approach? 6.1.2. What will the value of a proper conjoint analysis of the SIR data be for the EHW Integrated approach? 6.1.3. Can the SIR at all contribute to the EHW Integrated approach?	Not really because it is not contributing or promoting team work. It will assist the EHW to align and integrate services, to identify targeted interventions and plan needs based services in time. Yes it can be of great value if used correctly

APPENDIX 3: FOCUS GROUP CONSENT FORM

CONSENT FORM FOR PARTICIPANTS

Research Employee Health & Wellness

Service Information Record (SIR)

- I herby consent to participate in this Focus Group discussion
- The aim and purpose of the discussion were explained to me
- I understand that the discussion will be electronically recorded for verification purposes
- I expect that my responses will be kept confidential and that my participation will not pose any negative consequences to me.

Name of the Participant:……

Date: **…….**

Signature: **…….**

As the researcher I am bound by the aforementioned and agree to the conditions mentioned on the consent form. I undertake to adhere to the conditions.

Name of researcher:……

Date: **…….**

Signature: **…….**

APPENDIX 4: RESULTS OF THE FOCUS GROUP DISCUSSION

FOCUS GROUP: EMPLOYEE HEALTH AND WELLNESS (EHW): SERVICE INFORMATION RECORD (SIR)

7 DECEMBER 2009

THEME 1: <u>THE ORIENTATION AND IMPLEMENTATION OF THE SIR</u>

QUESTION: How did you experience the session conducted by your Provincial delegates (facilitators) that was aimed at orientating you with regard to the SIR Guide, SIR Activity Sheets and the benefits that the SIR could have for the EHW?

PS 1 : We didn't get any training, we actually struggled to get the guide so I borrowed someone's guide and made a copy and then the new one came out and then I borrowed that one as well to copy just to start doing it.

SS 2: We took all three-profession specifics together but they did not go into detail, we basically just went through it. Later on we found out that there was a miscommunication with some of us because we are not sitting all in one place, especially my cluster we are still using old codes and now there are new codes out, that was the frustration all the time with the SIR. We weren't informed about new codes, changes in the guide and new additions were made with the codes.

SS 2: I think she was really well but it wasn't enough time cause we had a meeting and there was only 20 minutes given to her, so it was very quick and had to go very quick over it and then you had to read it yourself so basically this is you had codes and you had to fill it in and this was it. Basically we had to go home and read it yourself.

SS 1: In our case at Provincial level the facilitator was very knowledgeable, so he was very good and there for the day. He was there from 8 o'clock in the morning and was suppose to be there till 3 in the afternoon but we left by lunch time. But there were areas where there were problems, the codes the projects to which codes to use and even the hours. Still there are those codes that we don't know where exactly which codes to use. And all three professions were there.

PS 2: I don't know what happened, we were for sure trained on the SIR and the only thing that was done was to check the booklet ……

SW 2: station codes and cluster codes …….

SW 4: With us our facilitator was keen on doing the training; she was there for 4 hours ….

PS 1: I think it will be easy access to all if somebody wants to know something they can go back to the SIR. Another thing is the SIR is almost like PEP basis; one can always go back and see what that person did or did not do.

SS 2: I think a benefit will be if we can actually also have or receiving the data back, feedback to say ok this is what you did for this month and you can also see your personal growth. At the moment we are wondering and we are doing all this things and it takes so much time but there's no reward for it. I think it will be nice to have it and check if we are on track.

SW 4: case management …

SW 1: The books weren't available and had to do 2 months at once ….

PS 2: That was the big thing that we had to do it for 2 months ….

THEME 2: <u>DATA COLLECTION AND REPRESENTATION</u>

<u>QUESTION:</u> What general problems do EHW functionaries experience in collecting appropriate data and completing the SIR?

SS 2: I've seen that codes, with a lot of my work there is no codes it's irritating cause now I must put it somewhere cause otherwise it looks like I'm not working and I actually I mean, even with a family you spend 5 hours there or preparing for a funeral I mean you were working it takes you 5, 6 hours but how can you show it on your stats. That's a problem because lots of the work that we are doing there are not reflecting on the codes, especially with the RR as well. For me as a chaplain it's frustrating

PS 2: Whenever I do admin work I don't know how to capture it on the SIR and what codes to use.

SW 1: You asked if … you get use to the guideline and you know your codes …….

PS 2: Maybe from my side I'll just say we don't have time its hectic for the whole day, when you get to the office there's something's you need to do and you will find the next day when you want to start there is something else you need to do. But I think if you start the 1st day it will be better, I hope I will get that right.

SS 1: It asks discipline, because it's very difficult to keep up on a daily basis and the other way I was doing it weekly to start just to touch up later and even there it's rush-rush, so I do it just before we knock off, you can actually see from the shading that it was still rushed.

PS 1: We've got monthly meetings and that time is reserved for stats, everyday there is no specific time reserved for that and at half past 3 in the afternoons I say we get together to do stats that will also work.

SS 1: It's truly duplication cause we still keep up our diaries with all the codes and now we are repeating them over in the book by the time you sit down for your stats.

SW 2: I think for me it's less time the SIR cause with the old forms you had to complete 5 now it's only 1, for me it's less time.

SS 1: Always go back to your diary and check because it's the one that forms the SIR.

PS 1: I've tried with the provincial visit also to get electronic diaries but then they say we must still note it in our diaries….

SW 1: … That can work ….

PS 2: While I'm sitting here I'm thinking ….it's frustrating any way ..

SS 2: I think not for us for Spiritual Services it's taking longer cause it was very organized but it was a given but now it's a lot of things you do without codes. Sometimes I do phone …. van Straaten to help me but then he says he will come back to me or he will discuss it…… There is no codes in for weddings.

THEME 3: <u>THE UTILIZATION OF THE SIR ACTIVITY SHEETS AND THE SIR GUIDE</u>

<u>QUESTION:</u> What are the specific problems that you and your colleagues have experienced in the use of the SIR Guide and the completion of the SIR Activity Sheets? (Please specify)

PS 1: It's simple why must you shade every time the month and the year, especially do it once a month

SW 1: If your talking about 1 day, say I'm doing admin now for 2 hours, I'm seeing a client and doing admin again, I'm combining the admin, if you are talking about activity its wrong, that's why people are doing so many pages on the SIR, people don't combine, the right way is to combine all the admin for the day, I think this one of Ill-Health is going to be a problem because those with rank and race and gender you give a AA code to each member so you won't, I don't know if you will be able to change this..

SS 1: Going to be better if there was a way of separating, there was things that we were doing that falls under that code 001, it will be better if we can differentiate codes so that you know exactly.. Also for our chaplains working after hours, there's a waiting time / period there is a problem how to manage and capture that, cause you now you waited for that person, the code is accurate it is how to report, the time wasted waiting for somebody or commander to come out and tell you who was hospitalized, the tracking is sometimes a problem..

SS 2: Especially if you are working after hours, you sit there and wait, it's frustrating. For me also the carbon paper is not going through.

SW 2: I just think when we get the feedback then people will see that we are only doing administration.

PS 2: The versions of the SIR are quickly changing and you can't keep up with all the new things and codes ….

SW 4 … I'm not working at the station … shading the station codes …

SW 1: Isn't that were you are placed because it's you …

SS 2: I did and I think it's very clear because they even show you how to color in, I think it's very clear.

PS 1: Our old cluster, we all trying to work it out, it's not so easy, because you said cascade so far it doesn't cascade so far because me and my supervisor are sitting and helping each other cause we must check other peoples and when she comes back, remember now the first 6 or 5 months we bubble from now on, she also doesn't know. And something else to come back to the point, she went to farms like three times the last 2 months to do formal debriefing for 10 days so now must she fill in everyday 10 days…

SS 2: The problem for me is the front page, because I never had my own copy and then I have to go and borrow and go to a different station and borrow somebody else's to make a copy of that and if they might have one then it's fine. So I don't know why it's so scares, cause I never got my own one. But this month I just sent my stats like that to her and then they have to fill it in themselves because I never have the front page, that's a problem.

SS 1: The distribution of it was a problem ….

SS 2: But see there is only 1 person that can work with the stats he goes and then it's a different cluster so our clusters don't have front pages and it takes us hours to go to the different clusters to get the page. So why can't they just give us, there is 12 months give us 12 then we know we've got one for each month, then everybody has their own. Then you have your own thing, then you don't have to go and beg and borrow. So now we make a photocopy and they need to fill it in themselves.

SW 2: I remembered the 10111 …..

PS 2: I think the last time ….

SW 1: There's a problem with PSS Railway Station...

PS 2: They can read and understand …

SW 2: I had a problem with 246 … activity involved..

SW 3: For me I just answer cause if there's no codes they ask me now why did you put nothing ….

SS 1: I should think there is also a code for meetings if you cheer a meeting and if you scribe there is a different code and if you attended without a being a scribe or a chairperson. For attendance, there is a code or did something there is a code.

SS 2: I think what helped me was to take a highlighter, I highlighted things that is applicable to a chaplain that I know I going to use and if there is something else I go and look for the one that are not highlighted. To make it user friendly for myself.

THEME 4: <u>ATTITUDES TOWARDS THE RECORDING OF INFORMATION</u>

<u>QUESTION:</u> What do you think is the general attitude of the EHW functionaries towards the recording of service information / data?

SS 1: It's a very expensive thing and it will only last for 2, 3 years thereafter I think it will change

SS 1: Partly of the frustration and all the things about the SIR that are difficult.

PS 2: Most of us think it's a waste of money, maybe also the thing that it is manually it was suppose to be electronic so that all the EHW could have access to it and e-mail the fact that this SIR came in but the other thing is it would have been easier if all had e-mail so that it could be sent to other offices.

SS 2: I don't think they are very positive. I mean if I talk with everyone in our cluster if you talk about SIR they get an instant headache. I've never heard something positive about it

SW 4: What I heard some people saying is that the SIR is going to expose them to when there is something that is lost or not done. People will be able to see who is working and not working and then they will look at each other.

PS 1: Motivating, negative attitudes are making people to cook up the stats. Some people are doing their work but it's the reporting part that they struggle with. Just tell the people is it more important to do their work or to report.

SW 4: I think they must consult with the members to check what the problems are sometimes ……..

PS 2: I agree with her, I'm working in Johannesburg where there is lots of activities …….

PS 1: Standard questioning because it's normal things, why don't people ask why members does not pitch up for work? If someone doesn't do their work some people will scream on them some will open a grievance against them it's the same thing.

SS 2: I think definitely because that SIR guide will tell who and what you are doing They don't look at the resources, if I take my own transport, I drive my own car otherwise it will look like I never work because there is never cars available but they don't go and see how can

they perform better they just have to perform. I think that's also why the people are negative, I think they are expecting too much, I don't know how to put it.

PS 2: That's the only way and e-mail for now ..

THEME 5: <u>POTENTIAL TRAINING WITH REGARDS TO THE SIR</u>

<u>QUESTION:</u> What training – if any do EHW functionaries need in the use of the SIR Guide and or the completion of the SIR Activity Sheets? Please specify.

PS 2: It will be better because that way all …..

SW 2: Not maybe that I'm thinking, we all are recording things differently ……

PS 2: I think quarterly.

PS 2: Annual is fine.

SS 2: Definitely when the codes change, when new ones are added then new training.

SW 1: Another suggestion is you people at National Office, do not use train the trainer, because listen what happens in clusters, other clusters we are trained well but because of train the trainer some people just don't do it. So if National Office train us then we now it's done.

PS 1: It will have the purpose maybe a lot of debating will take place, asking more people why we're doing stats. People want to know why are they submitting stats, what do you do with that? This will serves as feedback as well and will help them to understand better.

SS 2: I think it will also help out especially with the clusters having to give feedback to the Commissioner as well, to see how we actually have a role because I don't always know or they don't always think we are there to show them the stats and say this is what we are doing. It's also a marketing tool that they can see, wow they can help us and they are there and they can do this and this and they can see. Because I think for so many years we didn't play a vital role, so maybe it can really help especially when they have these reasons that we can give feedback and say this is what happened. I know if we can market, they can also use us.

THEME 6: <u>THE VALUE OF THE SIR TO THE INTEGRATED APPROACH OF THE EHW</u>

<u>QUESTION:</u> Do you think that the SIR can add value to the EHW's integrated approach? (If so, how?)

PS 1: I think a lot of competition and comparison will take place

SS 2: I think we are all part of a hand, we all have an important role. It's not necessarily that I'm better than you. And I think for so many years that even if I'm thinking that at the station everybody thought I'm a Social Worker because I'm female so I have to be a Social Worker and now I'm not. Just to know that there is different professions and we all can help you

it's not just one profession, but I don't think we are here to compare. I'm not in competition with social workers and psychologists and know what I'm suppose to do and there is a part where I can help a person so far and then I have to go to the other professions for help. So I think if we all just know why we are here and we have this important role there won't be need for competition and comparing. Because sometimes a Chaplain of Psychologist will be more needed than others. It's like Jeppe Chaplains are more there because they are busy with funerals because death was a big thing that month. But with other months there might be other problems that they will be more needed, so I think it's like we have to go and say this one is better than that one. This is a need and are you actually doing what you are suppose to be doing. If the analysis is there and we are not on track, what are we going to do to get there? For that, I will say the training will be great to see if we are on track.

PS 2: What kind of problem … consultation …

PS 2: I think it can stimulate …

SW 2: It is about Cluster discipline, the type of support that is given…

APPENDIX 5: QUESTIONNAIRE USED IN THE EVALUATION KAB OF THE TRAINING PROGRAMME

1 Pre-test questionnaire

	QUESTIONNAIRE RE THE: SERVICE INFORMATION RECORD (SIR) **"UTILIZATION OF THE FEEDBACK REPORT TRAINING COURSE"** **EMPLOYEE HEALTH AND WELLNESS**	

EHW: Nodal Point
South African Police Service
Private Bag X94
Pretoria, 2009

A QUESTIONNAIRE RE:

THE SIR "UTILIZATION OF THE FEEDBACK REPORT" TRAINING COURSE

This Questionnaire must be completed ***BEFORE*** The SIR "UTILIZATION OF THE FEEDBACK REPORT" training course

1. Introduction

You are about to complete the "Service Information Record (SIR) Feedback Report" training course. This course forms part of the training, monitoring and evaluation initiative aimed at the utilization of the SIR by the individual Employee Health Wellness functionaries. It is important to establish to what extent the training will meet your needs and interests. For this we need your input. Please complete the following questionnaire, honestly and in full, and don't guess. We need your personal views as it will help to improve the training and the feedback reporting process and content.

2. Instructions for completing this questionnaire

This questionnaire covers various aspects relating to the SIR system and your utilization of its feedback report for your Performance Enhancement Process (PEP) sessions.

2.1 This questionnaire must be completed **BEFORE** the programme is presented.

2.2 Mark the answers **to the questions** by making a **cross** ☒ in the appropriate open blocks (*not* in the shaded areas). The cross must ***not go outside the outline of the block.***

2.3 Please mark only **one block** per question/item.

2.4 Please respond to **all** the questions/items.

2.5 Complete the questionnaire **quickly** and **on your own.**

Do not write your name anywhere on this questionnaire. For research purposes we, however, need some indication of your gender, highest qualifications, service period, etc. **This can and will not be used to identify you as a person.**

When you have completed the questionnaire, please return it in the envelope that is provided. By completing this questionnaire, you give permission that the data may be used for research purposes.

Note: In this questionnaire the following acronyms will be used; "SIR"= Service Information Record, "PEP"=Performance Enhancement Process, "EHW"=Employee Health & Wellness.

	QUESTIONNAIRE RE THE: SERVICE INFORMATION RECORD (SIR) "UTILIZATION OF THE FEEDBACK REPORT TRAINING COURSE" EMPLOYEE HEALTH AND WELLNESS	

3. Particulars

Gender	Male				Female			(1)
Highest Qualification	Certificate	Diploma	Degree	Masters	Doctorate			(2)
Service years in total	0- 5 years	6-10 years	11- 15 years	16- 20 years	*21-25 years*	*26-27 years*	*31+ years*	(3)
Total service years in SAPS	0- 1 years	*2-4 years*	*5- 8 years*	9-13 years	*14-18 years*	*19- 23 years*	*24+ years*	(4)
Position	Operational worker		Supervisor		Manager			(5)
Province	*Gauteng*	Limpopo	*Head Office*	*Eastern Cape*	*Kwa Zulu Natal*			(6)
	Mpumalanga	North West	*Free State*	*Northern Cape*	*Western Cape*			
Age	*21-26 years*	*27-32 years*	*33-38 years*	*39-44 years*	*45-50 years*	*51-56 years*	*57+ years*	(7)

4. PROVIDE THE CORRECT ANSWER FOR EACH OF THE FOLLOWING STATEMENTS

SCALE 1: MOST RELEVANT RESPONSE

To what extend do you agree/disagree with the following statements

Questions	*1.*	*2.*	*3.*	*4.*	
1. I understand the purpose of the SIR	*1. I strongly disagree*	*2. I disagree*	*3. I agree*	*4. I strongly agree*	(8)
2. I understand that Performance Information can be obtained with the SIR information	*1. I strongly disagree*	*2. I disagree*	*3. I agree*	*4. I strongly agree*	(9)
3. I know why management information is important for EHW functionaries	*1. I strongly disagree*	*2. I disagree*	*3. I agree*	*4. I strongly agree*	(10)
4. I know how management information is utilized on the different managerial levels of the SAP	*1. I strongly disagree*	*2. I disagree*	*3. I agree*	*4. I strongly agree*	(11)
5. I know the legislation applicable to professional accountability	*1. I strongly disagree*	*2. I disagree*	*3. I agree*	*4. I strongly agree*	(12)
6. I know the overall benefits that the SIR has for EHW	*1. I strongly disagree*	*2. I disagree*	*3. I agree*	*4. I strongly agree*	(13)
7. I have been provided with clear instructions on how to complete the SIR Activity Sheets	*1. I strongly disagree*	*2. I disagree*	*3. I agree*	*4. I strongly agree*	(14)

	QUESTIONNAIRE RE THE: SERVICE INFORMATION RECORD (SIR) "UTILIZATION OF THE FEEDBACK REPORT TRAINING COURSE" EMPLOYEE HEALTH AND WELLNESS	

8. I know the content of the SIR Guide	*1. I strongly disagree*	*2. I disagree*	*3. I agree*	*4. I strongly agree*	(15)
9. I know how to complete the SIR Activity Sheets	*1. I strongly disagree*	*2. I disagree*	*3. I agree*	*4. I strongly agree*	(16)
10. I understand the purpose of all the different SIR Sheets	*1. I strongly disagree*	*2. I disagree*	*3. I agree*	*4. I strongly agree*	(17)
11. I am aware of the implications of marking mistakes on the SIR optical mark reader forms	*1. I strongly disagree*	*2. I disagree*	*3. I agree*	*4. I strongly agree*	(18)
12. I am aware of the impact of dirty data	*1. I strongly disagree*	*2. I disagree*	*3. I agree*	*4. I strongly agree*	(19)
13. I understand the importance of data integrity	*1. I strongly disagree*	*2. I disagree*	*3. I agree*	*4. I strongly agree*	(20)
14. I know how to utilize management information	*1. I strongly disagree*	*2. I disagree*	*3. I agree*	*4. I strongly agree*	(21)
15. I analyse the SIR feedback report critically	*1. I strongly disagree*	*2. I disagree*	*3. I agree*	*4. I strongly agree*	(22)
16. I know how to utilize the SIR feedback report information in my PEP sessions	*1. I strongly disagree*	*2. I disagree*	*3. I agree*	*4. I strongly agree*	(23)

SCALE 2: MOST RELEVANT RESPONSE

Choose the most relevant response to each question

1. *Poor* = I am totally lost in this area.
2. *Inadequate* = I know a little, but not enough to feel comfortable.
3. *Adequate* = I am fairly comfortable with my knowledge in this area.
4. *Excellent* = I have mastered this area (i.e. I know 75% more than most people).

Questions	*1.*	*2.*	*3.*	*4.*	
1. My knowledge of the definition of "*management* "can be described as…	*1. Poor*	*2. Inadequate*	*3. Adequate*	*4. Excellent*	(24)
2. My knowledge of the definition of "*data*" can be described as…	*1. Poor*	*2. Inadequate*	*3. Adequate*	*4. Excellent*	(25)
3. My knowledge of the definition of "*information*" can be described as…	*1. Poor*	*2. Inadequate*	*3. Adequate*	*4. Excellent*	(26)
4. My knowledge of the meaning of the concept "*performance information*" can be described as…	*1. Poor*	*2. Inadequate*	*3. Adequate*	*4. Excellent*	(27)

	QUESTIONNAIRE RE THE: SERVICE INFORMATION RECORD (SIR) "UTILIZATION OF THE FEEDBACK REPORT TRAINING COURSE" EMPLOYEE HEALTH AND WELLNESS	

5. My knowledge of the meaning of the concept *"management information"* can be described as…	*1. Poor*	*2. Inadequate*	*3. Adequate*	*4. Excellent*	*(28)*
6. My knowledge of the consequences *of "dirty data"* can be described as…	*1. Poor*	*2. Inadequate*	*3. Adequate*	*4. Excellent*	*(29)*
7. My knowledge of *importance of data integrity* can be described as…	*1. Poor*	*2. Inadequate*	*3. Adequate*	*4. Excellent*	*(30)*
8. My knowledge of the *benefits of the SIR Feedback Report* for EHW practitioners can be described as...	*1. Poor*	*2. Inadequate*	*3. Adequate*	*4. Excellent*	*(31)*

SCALE 3: HOW OFTEN...

Instructions: How often have the following things occurred in your career as an EHW professionals? (Please answer the following questions absolutely honestly)

Questions	*1.*	*2.*	*3.*	4.	
1. I wholeheartedly supported all the developments regarding the capturing of service information	*1. Seldom/ Never*	*2. Sometimes*	*3. Periodically*	*4. Frequently/ Always*	*(32)*
2. I diligently implemented the SIR as indicated in the SIR Guide	*1. Seldom/ Never*	*2. Sometimes*	*3. Periodically*	*4. Frequently/ Always*	*(33)*
3. I strived to ensure data integrity at all times	*1. Seldom/ Never*	*2. Sometimes*	*3. Periodically*	*4. Frequently/ Always*	*(34)*
4. I ensured that my service information reflect my performance as a professional	*1. Seldom/ Never*	*2. Sometimes*	*3. Periodically*	*4. Frequently/ Always*	*(35)*
5. I made it my priority to optimally utilize management information	*1. Seldom/ Never*	*2. Sometimes*	*3. Periodically*	*4. Frequently/ Always*	*(36)*
6. I keenly analysed the SIR feedback report as received from National Office	*1. Seldom/ Never*	*2. Sometimes*	*3. Periodically*	*4. Frequently/ Always*	*(37)*
7. I used the SIR feedback report during my PEP sessions	*1. Seldom/ Never*	*2. Sometimes*	*3. Periodically*	*4. Frequently/ Always*	*(38)*

Thank you for completing this questionnaire

2 Post-test questionnaire

	QUESTIONNAIRE RE THE: SERVICE INFORMATION RECORD (SIR) "UTILIZATION OF THE FEEDBACK REPORT TRAINING COURSE" EMPLOYEE HEALTH AND WELLNESS	

EHW: Nodal Point
South African Police Service
Private Bag X94
Pretoria, 2009

A QUESTIONNAIRE RE:

THE SIR "UTILIZATION OF THE FEEDBACK REPORT" TRAINING COURSE

This Questionnaire must be completed ***AFTER*** The SIR "UTILIZATION OF THE FEEDBACK REPORT" training course

1. Introduction

You have completed the "Service Information Record (SIR) Feedback Report" training course. This course formed part of the monitoring and evaluation initiative regarding the optimal utilization of the SIR Feedback Report by individual Employee Health Wellness Functionaries. It is important to establish how effective this report met your needs and interests. For this we need your input. Please complete the following questionnaire, honestly and in full, and don't guess. We need your personal views as it will help to enhance the feedback reporting process and content.

2. Instructions for completing this questionnaire

The following SIR Feedback Report Questionnaire covers various aspects relating to service information recording and the utilization of the SIR feedback report for your Performance Enhancement Process (PEP) sessions.

2.1 This questionnaire must be completed **AFTER** the programme is presented.
2.2 Mark the answers **to the questions** by making a **cross** ☒ in the appropriate open blocks (*not* in the shaded areas). The cross must ***not go outside the outline of the block.***
2.3 Please mark only **one block** per question/item.
2.4 Please respond to **all** the questions/items.
2.5 Complete the questionnaire **quickly** and **on your own.**

Do not write your name anywhere on this questionnaire. For research purposes we, however, need some indication of your gender, highest qualifications, service period, etc. **This can and will not be used to identify you as a person.**

When you have completed the questionnaire, please return it in the envelope that is provided. By completing this questionnaire, you give permission that the data may be used for research purposes.

Note: In this questionnaire the following acronyms will be used; "SIR"= Service Information Record, "PEP"=Performance Enhancement Process, "EHW"=Employee Health & Wellness.

	QUESTIONNAIRE RE THE: SERVICE INFORMATION RECORD (SIR) "UTILIZATION OF THE FEEDBACK REPORT TRAINING COURSE" EMPLOYEE HEALTH AND WELLNESS	

3. Particulars

Gender	Male					Female		(1)
Highest Qualification	Certificate	Diploma	Degree	Masters	Doctorate			(2)
Service years in total	0- 5 years	6-10 years	11- 15 years	16- 20 years	*21-25 years*	*26-27 years*	*31+ years*	(3)
Total service years in SAPS	0- 1 years	*2-4 years*	*5- 8 years*	9-13 years	*14-18 years*	*19- 23 years*	*24+ years*	(4)
Position	Operational worker		Supervisor			Manager		(5)
Province	*Gauteng*	Limpopo	*Head Office*	*Eastern Cape*	*Kwa Zulu Natal*			(6)
	Mpumalanga	North West	*Free State*	*Northern Cape*	*Western Cape*			
Age	*21-26 years*	*27-32 years*	*33-38 years*	*39-44 years*	*45-50 years*	*51-56 years*	*57+ years*	(7)

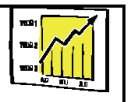
4. PROVIDE THE CORRECT ANSWER FOR EACH OF THE FOLLOWING STATEMENTS

SCALE 1: MOST RELEVANT RESPONSE

To what extend do you agree/disagree with the following statements

Questions	*1.*	*2.*	*3.*	*4.*	
1. I understand the purpose of the SIR	*1. I strongly disagree*	*2. I disagree*	*3. I agree*	*4. I strongly agree*	(8)
2. I understand that Performance Information can be with the SIR	*1. I strongly disagree*	*2. I disagree*	*3. I agree*	*4. I strongly agree*	(9)
3. I know why management information is important for EHW functionaries	*1. I strongly disagree*	*2. I disagree*	*3. I agree*	*4. I strongly agree*	(10)
4. I know how management information is utilized on the different managerial levels of the SAP	*1. I strongly disagree*	*2. I disagree*	*3. I agree*	*4. I strongly agree*	(11)
5. I know the legislation applicable to professional accountability	*1. I strongly disagree*	*2. I disagree*	*3. I agree*	*4. I strongly agree*	(12)
6. I know the overall benefits that the SIR has for EHW	*1. I strongly disagree*	*2. I disagree*	*3. I agree*	*4. I strongly agree*	(13)

QUESTIONNAIRE RE THE: SERVICE INFORMATION RECORD (SIR)
"UTILIZATION OF THE FEEDBACK REPORT TRAINING COURSE"
EMPLOYEE HEALTH AND WELLNESS



7. I have been provided with clear instructions on how to complete the SIR Activity Sheets	*1. I strongly disagree*	*2. I disagree*	*3. I agree*	*4. I strongly agree*	(14)
8. I know the content of the SIR Guide	*1. I strongly disagree*	*2. I disagree*	*3. I agree*	*4. I strongly agree*	(15)
9. I know how to complete the SIR Activity Sheets	*1. I strongly disagree*	*2. I disagree*	*3. I agree*	*4. I strongly agree*	(16)
10. I understand the purpose of all the different SIR Sheets	*1. I strongly disagree*	*2. I disagree*	*3. I agree*	*4. I strongly agree*	(17)
11. I am aware of the implications of marking mistakes on the SIR optical mark reader forms	*1. I strongly disagree*	*2. I disagree*	*3. I agree*	*4. I strongly agree*	(18)
12. I am aware of the impact of dirty data	*1. I strongly disagree*	*2. I disagree*	*3. I agree*	*4. I strongly agree*	(19)
13. I understand the importance of data integrity	*1. I strongly disagree*	*2. I disagree*	*3. I agree*	*4. I strongly agree*	(20)
14. I know how to utilize management information	*1. I strongly disagree*	*2. I disagree*	*3. I agree*	*4. I strongly agree*	(21)
15. I analyse the SIR feedback report critically	*1. I strongly disagree*	*2. I disagree*	*3. I agree*	*4. I strongly agree*	(22)
16. I know how to utilize the SIR feedback report information in my PEP sessions	*1. I strongly disagree*	*2. I disagree*	*3. I agree*	*4. I strongly agree*	(23)

SCALE 2: MOST RELEVANT RESPONSE

Choose the most relevant response to each question

1. *Poor* = I am totally lost in this area.
2. *Inadequate* = I know a little, but not enough to feel comfortable.
3. *Adequate* = I am fairly comfortable with my knowledge in this area.
4. *Excellent* = I have mastered this area (i.e. I know 75% more than most people).

Questions	*1.*	*2.*	*3.*	*4.*	
1. My knowledge of the definition of "*management* "can be described as…	*1. Poor*	*2. Inadequate*	*3. Adequate*	*4. Excellent*	*(24)*
2. My knowledge of the definition of "*data*" can be described as…	*1. Poor*	*2. Inadequate*	*3. Adequate*	*4. Excellent*	*(25)*

	QUESTIONNAIRE RE THE: SERVICE INFORMATION RECORD (SIR) "UTILIZATION OF THE FEEDBACK REPORT TRAINING COURSE" EMPLOYEE HEALTH AND WELLNESS	

3. My knowledge of the definition of *"information"* can be described as…	*1. Poor*	*2. Inadequate*	*3. Adequate*	*4. Excellent*	*(26)*
4. My knowledge of the meaning of the concept *"performance information"* can be described as…	*1. Poor*	*2. Inadequate*	*3. Adequate*	*4. Excellent*	*(27)*
5. My knowledge of the meaning of the concept *"management information"* can be described as…	*1. Poor*	*2. Inadequate*	*3. Adequate*	*4. Excellent*	*(28)*
6. My knowledge of the consequences of *"dirty data"* can be described as…	*1. Poor*	*2. Inadequate*	*3. Adequate*	*4. Excellent*	*(29)*
7. My knowledge of *importance of data integrity* can be described as…	*1. Poor*	*2. Inadequate*	*3. Adequate*	*4. Excellent*	*(30)*
8. My knowledge of the *benefits of the SIR Feedback Report* for EHW practitioners can be described as...	*1. Poor*	*2. Inadequate*	*3. Adequate*	*4. Excellent*	*(31)*

SCALE 3: HOW OFTEN...

Instructions: How often have the following things occurred in your career as an EHW professionalr? (Please answer the following questions absolutely honestly)

Questions	*1.*	*2.*	*3.*	4.	
1. I wholeheartedly supported all the developments regarding the capturing of service information	*1. Seldom/ Never*	*2. Sometimes*	*3. Periodically*	*4. Frequently/ Always*	*(32)*
2. I diligently implemented the SIR as indicated in the SIR Guide	*1. Seldom/ Never*	*2. Sometimes*	*3. Periodically*	*4. Frequently/ Always*	*(33)*
3. I strived to ensure data integrity at all times	*1. Seldom/ Never*	*2. Sometimes*	*3. Periodically*	*4. Frequently/ Always*	*(34)*
4. I ensured that my service information reflect my performance as a professional	*1. Seldom/ Never*	*2. Sometimes*	*3. Periodically*	*4. Frequently/ Always*	*(35)*
5. I made it my priority to optimally utilize management information	*1. Seldom/ Never*	*2. Sometimes*	*3. Periodically*	*4. Frequently/ Always*	*(36)*

QUESTIONNAIRE RE THE: SERVICE INFORMATION RECORD (SIR)
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6. I keenly analysed the SIR feedback report as received from National Office	*1. Seldom/ Never*	*2. Sometimes*	*3. Periodically*	*4. Frequently/ Always*	*(37)*
7. I used the SIR feedback report during my PEP sessions	*1. Seldom/ Never*	*2. Sometimes*	*3. Periodically*	*4. Frequently/ Always*	*(38)*

5. EXPECTATION OF THE TRAINING COURSE

To what extent do you agree or disagree with <u>each</u> of the following statements?

Questions	*1.*	*2.*	*3.*	*4.*	
1. The presenter(s) is knowledgeable about the subject t that he/she presented	*1. I strongly disagree*	*2. I disagree*	*3. I agree*	*4. I strongly agree*	*(39)*
2. The presenter(s) was able to explain difficult/abstract concepts	*1. I strongly disagree*	*2. I disagree*	*3. I agree*	*4. I strongly agree*	*(40)*
3. The presenter(s) was able to link the material to my level of knowledge	*1. I strongly disagree*	*2. I disagree*	*3. I agree*	*4. I strongly agree*	*(41)*
4. The training stimulated my interest in the SIR	*1. I strongly disagree*	*2. I disagree*	*3. I agree*	*4. I strongly agree*	*(42)*
5. The training stimulated creative thinking about how service information could be utilized	*1. I strongly disagree*	*2. I disagree*	*3. I agree*	*4. I strongly agree*	*(43)*
6. I will be able to apply my new knowledge and insights in future PEP sessions	*1. I strongly disagree*	*2. I disagree*	*3. I agree*	*4. I strongly agree*	*(44)*
7. The training session provided sufficient time to discuss issues	*1. I strongly disagree*	*2. I disagree*	*3. I agree*	*4. I strongly agree*	*(45)*
8. The training session provided sufficient time to learn how to apply the new knowledge in practice	*1. I strongly disagree*	*2. I disagree*	*3. I agree*	*4. I strongly agree*	*(46)*
9. All EHW functionaries will benefit from this training	*1. I strongly disagree*	*2. I disagree*	*3. I agree*	*4. I strongly agree*	*(47)*
10. Additional training programme/courses on the completion and utilization of the SIR must be developed	*1. I strongly disagree*	*2. I disagree*	*3. I agree*	*4. I strongly agree*	*(48)*

Thank you for completing this questionnaire

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APPENDIX 6: QUESTIONNAIRE RESPONSES OBTAINED FROM THE KAB OF THE TRAINING PROGRAMME

EFFECT ON KNOWLEDGE OF DATA CAPTURING, PROVISION AND INTERPRETRATION

Question 4; Scale1: 1 to 16	pre	post						pre	post			Effect size
	Mean	Mean	t-value	df	p	Valid N	Valid N	Std.Dev.	Std.Dev.	F-ratio	p	
Q4S1N1	2.680000	3.083333	-2.47281	96	0.015164	50	48	0.890769	0.709610	1.575763	0.119787	**0.45**
Q4S1N2	2.500000	3.145833	-4.16682	96	0.000068	50	48	0.814411	0.714279	1.300023	0.368180	**0.79**
Q4S1N3	2.800000	3.208333	-2.64772	96	0.009473	50	48	0.832993	0.682870	1.488011	0.173510	**0.49**
Q4S1N4	2.400000	3.125000	-4.64599	96	0.000011	50	48	0.832993	0.703336	1.402677	0.246156	**0.87**
Q4S1N5	2.880000	3.208333	-2.14283	96	0.034656	50	48	0.824126	0.682870	1.456500	0.197698	**0.40**
Q4S1N6	2.448980	3.065217	-4.31869	93	0.000039	49	46	0.737711	0.646432	1.302348	0.373636	**0.84**
Q4S1N7	2.604167	3.195652	-4.41891	92	0.000027	48	46	0.736281	0.542405	1.842640	0.041472	**0.80**
Q4S1N8	2.829787	3.195652	-3.07862	91	0.002749	47	46	0.636538	0.499758	1.622289	0.106847	**0.57**
Q4S1N9	3.000000	3.282609	-2.42598	92	0.017218	48	46	0.618853	0.501688	1.521624	0.159691	**0.46**
Q4S1N10	2.680851	3.195652	-3.86910	91	0.000205	47	46	0.754879	0.499758	2.281575	0.006450	**0.68**
Q4S1N11	2.723404	3.311111	-4.95998	90	0.000003	47	45	0.615104	0.514438	1.429656	0.236006	**0.96**
Q4S1N12	2.551020	3.333333	-5.88606	92	0.000000	49	45	0.737711	0.522233	1.995465	0.022013	**1.06**
Q4S1N13	2.714286	3.239130	-4.20533	93	0.000060	49	46	0.677003	0.524289	1.667399	0.086184	**0.78**
Q4S1N14	2.666667	3.108696	-3.46724	92	0.000801	48	46	0.694456	0.526129	1.742230	0.063673	**0.64**
Q4S1N15	2.265306	2.956522	-4.92499	93	0.000004	49	46	0.784631	0.556038	1.991231	0.021406	**0.88**
Q4S1N16	2.000000	3.000000	-6.92592	93	0.000000	49	46	0.790569	0.596285	1.757813	0.058658	**1.26**

ATTITUDE TOWARDS DATA CAPTURING, PROVISION AND INTERPRETATION

Question 4; Scale2: 1 to 8	pre	post						pre	post			Effect size
	Mean	Mean	t-value	df	p	Valid N	Valid N	Std.Dev.	Std.Dev.	F-ratio	p	
Q4S2N1	2.795918	3.065217	-1.89073	93	0.061774	49	46	0.790031	0.573573	1.897195	0.032179	**0.34**
Q4S2N2	2.980000	3.212766	-1.89153	95	0.061600	50	47	0.654342	0.549156	1.419768	0.233034	**0.36**
Q4S2N3	3.102041	3.222222	-0.95374	92	0.342715	49	45	0.653353	0.559581	1.363232	0.300471	**0.18**
Q4S2N4	2.840000	3.148936	-2.38314	95	0.019156	50	47	0.710274	0.550838	1.662663	0.084500	**0.43**
Q4S2N5	2.700000	3.170213	-3.51707	95	0.000671	50	47	0.762648	0.524162	2.116986	0.011475	**0.62**
Q4S2N6	2.306122	3.191489	-5.63418	94	0.000000	49	47	0.870921	0.647346	1.810027	0.045289	**1.02**

Q4S2N7	2.580000	3.191489	-4.25844	95	0.000048	50	47	0.835195	0.537235	2.416835	0.003071	**0.73**
Q4S2N8	2.428571	3.195652	-5.24260	93	0.000001	49	46	0.841625	0.542405	2.407635	0.003543	**0.91**

DATA CAPTURING, PROVISION AND INTERPRETATION RELATED BEHAVIOUR

Question 4; Scale3: 1 to 7	pre	post						pre	post			Effect size
	Mean	Mean	t-value	df	p	Valid N	Valid N	Std.Dev.	Std.Dev.	F-ratio	p	
Q4S3N1	2.320000	3.127660	-3.99403	95	0.000128	50	47	1.019003	0.969469	1.104798	0.735249	**0.79**
Q4S3N2	3.265306	3.553191	-1.72007	94	0.088710	49	47	0.907733	0.716529	1.604904	0.109486	**0.32**
Q4S3N3	2.938776	3.510638	-3.18798	94	0.001946	49	47	0.987593	0.748109	1.742715	0.060677	**0.58**
Q4S3N4	3.480000	3.434783	0.26868	94	0.788762	50	46	0.838852	0.806974	1.080567	0.795152	**-0.05**
Q4S3N5	3.020408	3.391304	-2.21379	93	0.029288	49	46	0.877729	0.744708	1.389151	0.268504	**0.42**
Q4S3N6	1.918367	2.955556	-4.82832	92	0.000005	49	45	1.017283	1.065056	1.096128	0.753736	**0.97**
Q4S3N7	1.836735	2.555556	-3.05083	92	0.002982	49	45	1.086795	1.197641	1.214390	0.509759	**0.60**

APPENDIX 7:
GUIDELINES FOR AUTHORS

1 *Instructions to authors:* Social Work/ Maatskaplike Werk

The South African journal for social work *"Social Work/Maatskaplike Werk"* (ISSN – 0037-8054) provides the following instructions to authors:

INSTRUCTIONS TO AUTHORS	***VOORSKRIFTE AAN OUTEURS***
The Journal publishes articles, short communications, book reviews and commentary on articles already published from any field of social work. Contributions relevant to social work from other disciplines will also be considered. Contributions may be written in English or Afrikaans. All contributions will be critically reviewed by at least two referees on whose advice contributions will be accepted or rejected by the editorial committee. All refereeing is strictly confidential. Manuscripts may be returned to the authors if extensive revision is required or if the style or presentation does not conform to the Journal practice. Commentary on articles already published in the Journal must be submitted with appropriate captions, the name(s) and addressees) of the author(s) and preferably not exceed 5 pages. The whole manuscript plus one clear copy as well as a diskette with all the text, preferably in MS Windows (Word or WordPerfect) or ASCII must be submitted. Manuscripts must be typed double spaced on one side of A4 paper only. Use the Harvard system for references. Short references in the text: When word-for-word quotations, facts or arguments from other sources are cited, the surname(s) of the author(s), year of publication and page number(s) must appear in parenthesis in the text, e.g. "…" (Berger 1967:12). More details about sources referred to in the text should appear at the end of the manuscript under the caption "References". The sources must be arranged alphabetically according to the surnames of the authors. Note the use of capitals and punctuation marks in the following examples.	Die Tydskrif publiseer artikels, kort mededelings, boekbesprekings en kommentaar op reeds gepubliseerde artikels uit enige gebied van die maatskaplike werk asook relevante bydraes uit ander dissiplines. Bydraes mag in Afrikaans of Engels geskryf word. Artikels in Afrikaans moet vergesel wees van 'n Engelse opsomming van ongeveer 200 woorde. Alle bydraes sal krities deur ten minste twee keurders beoordeel word. Beoordeling is streng vertroulik. Manuskripte sal na die outeurs teruggestuur word indien ingrypende hersiening vereis word of indien die styl nie ooreenstem met die tydskrif se standaard nie. Kommentaar op artikels wat in die Tydskrif gepubliseer is, moet van toepaslike titels, die naam(name) en adres(se) van die outeur(s) voorsien wees en verkieslik nie langer as 5 bladsye wees nie. 'n Disket met die hele teks, verkieslik in MS Windows of ASCII moet die hele manuskrip en een duidelike kopie daarvan vergesel. Manuskripte moet slegs op een kant van die bladsy in dubbelspasiëring getik word. Verwysings moet volgens die Harvard-stelsel geskied. Verwysings in die teks: Wanneer woordelikse sitate, feite of argumente uit ander bronne gesiteer word, moet die van(ne) van die outeur(s), jaar van publikasie, en bladsynommers tussen hakies in die teks verskyn, bv. "…" (Berger, 1967:12). Meer besonderhede omtrent bronne moet alfabeties volgens die vanne van die outeurs aan die einde van die manuskrip onder die opskrif "Bibliografie" verskyn. Let op die gebruik van hoofletters en leestekens by die volgende voorbeelde.

TWO AUTHORS/TWEE OUTEURS: SHEAFOR, BW & JENKINS, LE 1982. Quality field ***instruction in social work.*** Program Development and Maintenance. New York: Longman.

COLLECTION/BUNDEL ARTIKELS: MIDDLEMAN, RR & RHODES, GB (eds) 1985. ***Competent supervision, making imaginative judgements.*** New Jersey: Prentice-Hall.

ARTICLE IN COLLECTION/ARTIKEL IN BUNDEL: DURKHEIM, E 1977. On education and society. ***In*:** KARARABEL, J & HALSEY, AH (eds) ***Power and ideology in education.*** New York: Oxford University Press.

JOURNAL ARTICLE/ARTIKEL IN TYDSKRIF: BERNSTEIN, A 1991. Social work and a new South Africa: Can social workers meet the challenge? ***Social*** Work/Maatskaplike Werk, 27(3/4):222-231.

THESIS/TESIS: EHLERS, DMM 1987. Die gebruik van statistiese tegnieke vir die ontleding van gegewens in maatskaplikewerk-navorsing. Pretoria: Universiteit van Pretoria. (M tesis).

MINISTRY FOR WELFARE AND POPULATION DEVELOPMENT 1995. Draft White Paper for Social Welfare. ***Government Gazette*****,** Vol. 368, No. 16943 (2 February). Pretoria: Government Printer.

NEWSPAPER REPORT/KOERANTBERIG: MBEKI, T 1998. Fiddling while the AIDS crisis gets out of control. ***Sunday Times*****,** 8 March, 18

2 *Requirements set by the journal:* THE SOCIAL WORK PRACTITIONER-RESEARCHER

The Social Work Practitioner-Researcher

Editorial objectives

This is an academic journal providing guidance, based on sound research, for those who practice, tutor, research or study in the field of social work and social development in South Africa and in Africa. The journal's main aim is to present the latest research and developments in disciplines of relevance to social work and social development.

General principles

It is the intention of this journal to maintain a balance between theory and practice, contributors are encouraged to spell out the practical implications of their work for those involved in social work practice and the social services in the African context.

The ethos of this journal remains that articles based on research and evidence rather than philosophical speculation are particularly welcome.

Editorial scope

The Social Worker Practitioner-Researcher is a refereed interdisciplinary journal for social workers and social service professionals concerned with the advancement of the theory and practice of social work and social development in the African context and in a changing global world. The purpose of the journal is to promote research and innovation in the practice of helping individuals, families, small groups, organizations and communities to promote development and human well-being in a society. Social work and social service practice includes deliberately designed intervention programmes to address contemporary social problems and issues including social policy. The journal is committed to the creation of empowered, humane, just and democratic societies.

Manuscripts that would be appropriate are: (1) Conceptual analyses and theoretical presentations; (2) literature reviews that provide new insights or new research questions, (3) manuscripts that report empirical work. Topics that will be considered – but are not limited to – the following: lifespan, populations at risk, poverty, livelihoods, anti-discriminatory practice, service delivery

systems, development management, social security, human rights, and community based development, comparative health and mental health, education, urban and rural development, civic service, voluntarism, civil society, social movements and social change.

The reviewing process

Each manuscript is reviewed by the Editor and Editorial Board. If it is judged suitable for this journal, it is sent to two reviewers for blind peer-review. Based on their recommendations, the editorial committee decides whether the manuscript should be accepted as is, revised or rejected.

Manuscript requirements

Manuscripts should be submitted as electronic attachments to the Editor: wam@lw.rau.ac.za in Word format. All authors should be shown and the author should not be identified anywhere in the article.

As a guide, articles should be between 4 000 and 6 000 words (10 to 15 pages) in *length*. A *title* of not more than ten words should be provided. An *autobiographical note* should be supplied including name, affiliation and e-mail address. A *structured abstract* must be included under 4-6 sub-headings: Purpose; Methodology; Findings; Research limitations/implications (if applicable); Practical implications (if applicable); and the originality/value of the paper. Maximum is 250 words. In addition, provide up to six *keywords*, which encapsulate the principle topics of the paper. Categorise your article under one of these *classifications*: research paper; viewpoint; technical paper; conceptual paper; case study; literature review or general review.

Where there is a *methodology* it should be described under a separate heading. *Headings* must be short, clearly defined and not numbered. Notes should only be used if absolutely necessary and must be identified in the text by consecutive numbers, enclosed in square brackets and listed at the end of the article.

All *figures* (tables, diagrams and line drawings) should be submitted in both electronic form and hard copy originals. Figures should be of clear quality, black and white and numbered consecutively with arabic numerals.

Electronic figures should be copied and pasted or saved and imported from the origination software into a blank Microsoft Word document. Figures created in MS PowerPoint are also acceptable. Acceptable standard image formats are:.eps,.pdf, .ai and .wmf. If you are unable to supply graphics in these formats then please ensure that they are .tif, .jpg, .bmp, .pcx, .pic, .gif or .pct at a resolution of at least 300 dpi and at least 10cm wide.

In the text of the paper the preferred position of all figures should be indicated by typing on a separate line the words “Take in figure (No)”. Supply succinct and clear captions for all figures.

Tables must be numbered consecutively with roman numerals and a brief title. In the text, typing on a separate line the words “Take in Table IV” should show the position of the table.

References to other publications must be in Harvard style and checked for completeness, accuracy and consistency. You should include all authors’ names and initials and give any journal title in full.

You should cite publications in the text: (Adams, 1997) using the first named author's name. At the end of the paper a reference list in alphabetical order should be supplied.

Books: last name, initials, (year), *title of book,* publisher, place of publication, e.g. Swanepoel, H. and De Beer, F. (1996) *Community Capacity Building,* Johannesburg: Thomson Publishing.

For book chapters: last name, initials, (year), "chapter title", editor's last name, initials, *title of book*, publisher, place of publication, pages, e.g. Boult, B.E. (1998), "Adoption", in Bezuidenhout, F.J. (Ed.), *A reader in selected social issues,* Pretoria: van Schaik Publishers, Second Edition, 41-52.

For journals: last name, initials, (year), "title of article", *Journal name*, volume, number, pages, e.g. Mda, C. J. (2004), "Population ageing and survival challenges in rural Ghana", *Journal of Social Development in Africa",* Vol. 19 No. 2, 90-112.

For electronic sources: If available online the full URL should be supplied at the end of the reference.

Final submission of the article

Once accepted for publication, the final version of the manuscript must be provided, accompanied by a 3,5" disk. Alternatively, the final version can be sent as an attached file to an e-mail.

APPENDIX 8:
ALL REFERENCES

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