

THE ACTIVATION OF THE HELPING PROFESSIONS
OF THE SOUTH AFRICAN POLICE SERVICE (SAPS)
WITH RESPECT TO AN INTERNAL EMPLOYEE
ASSISTANCE PROGRAMME IN THE WEST
METROPOLE

By

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PRETORIA

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Declaration by candidate:

I, James Biehl, hereby declare that the contents of this mini-dissertation represent my own work, and that this dissertation has not previously been submitted for academic examination towards any qualification. Furthermore, the dissertation represents my own opinions and not necessarily those of the University of Pretoria.

ABSTRACT

Employee Assistance Programmes are to be established in all government departments, according to a circular of the director-general of the Department Public Service Administration. According to the head office of SAPS, the three disciplines of the Helping Professions should implement this programme. The Helping Professions consist of the Chaplains, Psychological Services and Police Social Work Services.

The services rendered by the three disciplines were fragmented and had to be streamlined and coordinated. This dissertation researched the activation of the existing helping professions in the West Metropole to participate in the development and integration of an effective internal EAP. This would result in more effective teamwork and minimising the duplication of services.

In Chapter 1 the research problem was identified, namely activating the three disciplines into an EAP team for the benefit of the SAPS client. When this research was done, proper guidelines from the SAPS National Head Office were yet not in place.

To put together an effective EAP team, the uniqueness of each discipline first had to be uncovered to ascertain its strong and weak points, and to determine how the three disciplines would complement one another. Attention was given to the relationship between their discipline-specific training and the core technologies of the EAP. Chapter 2 addresses these aspects.

Chapter 3 consists of the findings of the literature review regarding the collaboration between the different disciplines within the helping professions over the broader spectrum. Quite a number of themes that were covered by the literature review were also identified and highlighted by the respondents of the helping professions of the West Metropole.

Chapter 4 contains the results of the data analysis and interpretation of the empirical study. Rich data was obtained through a semi-structured schedule used in the interviews.

A balance was struck between the functioning of the different disciplines, the literature review and the results of the empirical study, and that was captured in Chapter 5 where certain recommendations were made.

OPSOMMING

Werknemerhulpprogramme (WHP) moet in alle staatsinstansies geïmplimenteer word volgens 'n skrywe van die direkteur-generaal van die Departement: Staatsdiens Administrasie. Volgens die Hoofkantoor van die SAPD sal die bestaande hulpprofessies in die SAPD die WHP implimenteer. Die kapelane, maatskaplikewerke en die sielkundiges vorm die Hulpprofessies in die SAPD.

Gefragmenteerde diens was tot dusver deur die drie dissiplines gelewer en moet nou in lyn gebring word met die kern beginsels van die WHP. Dit moet lei tot die totstandkoming van 'n effektiewe WHP span wat die duplisering van dienste sal teenwerk.

In Hoofstuk Een is die navorsingsvraag geïdentifiseer, naamlik hoe om die hulpprofessies te aktiveer om in 'n WHP verband saam te werk. Voor en tydens die navorsing was daar minimum leiding van die SAPD Hoofkantoor aan die hulpprofessies aangesien die WHP beleid en werksprotokol nog nie gefinaliseer was nie.

Hoofstuk Twee handel oor die uniekheid en besondere bydrae van elke betrokke dissipline. In die hoofstuk word daar gekyk na die dissipline-spesifieke take en die take waar oorvleueling plaasvind. Ook word daar gekyk na die verband tussen die spesifieke opleiding van die hulpprofessie werke en die kern beginsels van die WHP.

Die samewerking tussen die verskillende dissiplines word ondersoek aan die hand van die nuutste literêre bronne. Heelwat temas was in die literêre navorsing blootgelê wat ook in die empiriese navorsing weerspieël word. Dit alles word in Hoofstuk Drie behandel.

Hoofstuk Vier bevat die resultaat van die data analise en die interpretasie van die empiriese navorsing. Ryk data was verkry deur die gebruik van 'n semi-gestruktureerde onderhoudskedule.

In Hoofstuk Vyf word die samevatting en aanbevelings van die navorsing gedoen. In die hoofstuk word die huidige werkswyse, kennis uit die literêre navorsing verkry en die toekomstige verwagting sinvol met mekaar verbind.

TERMINOLOGIES

Multi-disciplinary teams - Multidissiplinêre spanne

Helping Professions - Hulpprofessies

Chaplain - Kapelaan

Social Worker - Maatskaplikewerker

Psychologist - Sielkundige

South African Police Service - Suid-Afrikaanse Polisie

Employee Assistance Programme - Werknemerhulpprogram

Discipline-specific tasks - Dissipline-spesifieke take

Collaboration between disciplines - Samewerking tussen dissiplines

Core technology of the EAP - Kern beginsels van die WHP

Professional boundaries - Professionele grense

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Chapter 1

The activation¹ of the helping professions of the South African Police Service (SAPS) with respect to an internal employee assistance programme in the West Metropole

1.1 INTRODUCTION

As in many other government departments, the Employee Assistance Programme (EAP) is also a new addition to the South African Police Service.

The EAP's existence is grounded in the following legislation, namely:

- ❖ The Constitution of the Republic of South Africa (Act No. 108 of 1996).
- ❖ The Occupational Health and Safety Act (Act No. 85 of 1993).

The White Paper on Transforming Public Service Delivery, notice no. 1459 of 1997 (Department of Public Service and Administration, 1997b), stipulates that the wellbeing of employees needs to be accounted for.

In line with the above-mentioned legislation and policies, all State departments are compelled to establish Employee Assistance Programmes in the workplace. These government decisions are reiterated further in a circular of the office of the Director-General of the Department of Public Service Administration (DPSA), dated 19th June 1997, with reference number 3/4/5/14 (SAPS Draft National Instruction: 4/2000). Both the National Ministry and the top management of the Department of Safety and Security within the police have accepted this decision as reflected in the SAPS's strategic planning for the time period 2002-2005 (SAPS Strategic Plan, 2002:43-44).

The top management of the SAPS decided that the helping professions consisting of the existing social workers, psychologists and chaplains will manage and implement the Employee Assistance Programme.

1.2. RATIONALE FOR THE TOPIC OF CHOICE

The researcher has been employed as a chaplain in the service of the SAPS for the last twelve years and was appointed as the Area Head: Helping Professions, in January

¹ Activation: refers to the active participation of the professions of psychology, social work, and chaplaincy, in more effective teamwork and minimising the duplication of services with the ultimate goal of integration of these existing services.

2002. Since his appointment, the researcher has been acting less in the field of chaplaincy, but more in line with the coordination of the Helping Professions.

The researcher's direction of study is applicable to his current work situation in that the helping professions of the SAPS are facing the challenge of implementing and integrating an Employee Assistance orientation and programme in their delivery of services. This challenge is in keeping with the SAPS's decision that these specialised disciplines, namely, psychologists, social workers, and chaplains, work together as a multidisciplinary team.

This integrated way of working in the SAPS remains unfamiliar and new to these disciplines, and brings with it much uncertainty and mistrust amongst the various role-players.

Many discussions, meetings, and workshops with various disciplines have aided in the researcher's understanding of the frustrations, dilemmas and uncertainty of the helping professionals. In addition to this uncertainty, is the helping professions' lack of knowledge of what Employee Assistance Programmes entail.

The above-mentioned frustration is fed by the absence of clear guidelines from the National Head Office regarding the work orientation that the EAP necessitates. A launch was organised on the 20th September 2002 in the East Metropole in which the collaborative agreement/EAP work-orientation between the three helping professions and the police community was introduced. The EAP could not be introduced officially owing to the lack of provincial and national management endorsement. The helping professions, however, were in favour of the presented ideas and were keen to incorporate these into current practices. Consequently, the "new integrated work orientation" was adopted by the helping professions in the East Metropole (East Metropole, Helping Professionals Minutes, 2002-07-16). (After the researcher's transfer to the West Metropole in July 2003, it was discovered that the same sentiments were shared and expressed among the helping professions in the West Metropole as experienced by the East Metropole.)

The mistrust, misperceptions and ungrounded fears amongst the said professions will have to be addressed and resolved, since the development and/or incorporation of the EAP is a given in all state departments, and consequently also within the SAPS. The rationale of "an integrated work orientation" is also likely to yield more effective and efficient EA Services in the long run.

The researcher has thus aimed to obtain and develop guidelines regarding how the three disciplines could be activated to work together in a more integrated, EAP-orientated way.

1.3 PROBLEM FORMULATION

According to Grinnell and Williams (1990:59), a problem has two outstanding characteristics. Firstly, a problem is a problem when the individual becomes aware of its existence. Secondly, the individual must be able to do something to address and/ or resolve the problem. A problem is thus a problem in that something can be done about the situation. In most cases, the tasks of the various disciplines in the SAPS imply solving problems and helping workers to overcome their difficulties. They are in the problem-solving business.

The three disciplines (psychology, social work, and chaplaincy) have been operating within the SAPS for several years. Each has, in the past, formed its own directorate and was for all practical purposes managed via three separate directorates that tiered into the SAPS head office. There was also minimal contact between these disciplines on area and provincial levels. Each was managed via an Area Head who reported to the Provincial Head. As a result of minimal contact even on ground level, individualism, professionalism and superiority paved the way for rampant professional jealousy.

The acceptance and implementation of the EAP in its entirety is actually a crisis for the SAPS, as it is expected of the helping professions to become more integrated without the provision of significant guidelines.

The abovementioned guidelines should have been in place if the top management of the SAPS had not raised objections to certain suggestions regarding the implementation of the EAP. It should be mentioned that the suggestions were fairly radical and that it would have entailed certain name changes, the use of new terminology and changes to particular work orientations. The historical development of the Helping Professions in the SAPS, has influenced top management's decision to not endorse the suggestions at that stage (as discussed with Senior Superintendent G.A.M. (Dalene) Schoeman, National SAPS EAP coordinator, in May 2002).

At this stage the SAPS's top management is glimpsing the latter concepts. It is the researcher's contention that the true nature of a valuable EAP in the SAPS is too

overwhelming at the moment, and that the SAPS infrastructure is not EAP friendly as a result of mistrust and uncertainty among the helping professions.

When reference is made to practitioners and specialists, there is the assumption that an organisation is likely to utilise one or two EAP practitioners to deal with intake and assessment followed by referral to external EAP specialists or service providers. The situation is slightly complicated by the fact that the experts providing counselling and therapy are already in the employ of the SAPS. In order for a “full-blown” EAP to be successful, there have to be different people operating in the capacity of practitioners and specialists. Presently, in the West Metropole (SAPS), the helping professionals aim to fulfil both roles.

The researcher is of the opinion that the implementation of Resolution 7 of 2002 early in 2003, further complicated the issue around the helping professions. This Resolution aimed to restructure all state departments in terms of equity and representivity, and also to increase service delivery in all government departments. The aforementioned Resolution has led to certain senior officials being declared redundant and their being redeployed. The helping professions were affected the most in that it dampened the morale and enthusiasm of the respective professionals.

In order to avert this fiasco and possible large-scale redeployment, more senior posts were made available in order to accommodate the area heads of the respective helping professions. The positions of the helping professions area heads were for all practical purposes freed of their original appointment as psychologist, social worker, or chaplain. They were to manage the component and thus did little or no discipline-specific casework.

The operation of Resolution 7 of 2002 created new structures in the SAPS for the helping professions and brought about the change of the area head's title and span of control over all three disciplines. The helping professions area head became the office head with the tasks of running the day-to-day routine of area office and also coordinating the services rendered by the three disciplines. As substructure, the head had one Assistant Director and three Captains. (The three captains represented the three disciplines and had to help in managing the component as a whole.) This new dispensation was not conducive because there were some assistant directors and captains in the helping professions that could not be accommodated in the new structure. The survival and significant existence of the SAPS Helping Professions is

most likely to be locked in the previous statement but also brings with it uncertainty amongst the current helping professionals.

Given the above-mentioned situation, certain unique problems arose and needed to be addressed:

- ❖ How and where do the helping professions fit together?
- ❖ How should the EAP, as practised by the helping professions in the East Metropole for the last 12 months, be interpreted in terms of an EAP context? Is it a true EAP or is it a weak reflection of an EAP?
- ❖ Is the suggested EAP the new work-orientation of the helping professions of the SAPS or is it just one of many programmes that need to be driven and managed by the helping professions?
- ❖ What is the SAPS helping professions' understanding of an "Employee Assistance Programme" and do they have clarity about their own professional roles?
- ❖ If there were a true EAP functioning, which of the professionals would operate as practitioners and which as specialists?

Further fear is that the various disciplines may lose their identity and consequently there is a measure of resistance. This research addresses this issue and assists in identifying workable guidelines for the activation of the helping professions in an internal EAP within the South African Police Service.

1.3.1 Research question

Royse (1991:39) states that the research process is introduced by either a question that needs to be answered or a hypothesis that needs to be tested.

The researcher does not make any statement and does not set out to prove anything true or false; therefore a hypothesis is not applicable to this research, but rather a research question. According to Royse (1991:40), hypotheses and research questions may flow from theory, literature, or interactions with colleagues or clients. The attendant research question flowed from the researcher and his colleagues' despair regarding how to activate the helping professions' participation in developing an internal EAP within the SAPS.

The research question that this study addresses is the following:

How can the existing helping professions of the SAPS be activated to participate in the development and integration of an effective internal Employee Assistance Programme?

1.4 GOALS AND OBJECTIVES OF THE STUDY

According to Fouché (2002:107), the goal refers more to the end product that the study achieves, the ultimate “dream”. Furthermore, objectives relate to more concrete, measurable steps that need to be taken to reach and fulfil the “dream”. Fouché also posits that objectives need to be realistic, achievable and time-limited at a grassroots level.

1.4.1 Goals

The goal of the study is to establish workable guidelines with respect to the activation and participation of the helping professions of the South African Police Service in an internal employee assistance programme in the West Metropole.

1.4.2 Objectives

The objectives of this study are as follows:

- To undertake an encompassing literature review that would provide the theoretical framework for standardising the functioning of an EAP.
- To establish the conceptualisation of the link between helping professionals’ respective roles and the EAP.
- To establish the functions of the respective helping professions by means of a situational analysis.
- To identify current and future collaboration possibilities amongst the three disciplines in employee assistance service delivery.
- To establish the need for additional, Employee Assistance-related training with respect to integrated employee assistance service delivery.
- To explore anticipated obstacles in implementing the SAPS EAP directive.
- To make recommendations regarding EAP implementation as affected by job descriptions, attendant protocols, task division, etc.

1.5 RESEARCH APPROACH

According to Fouché (2002:104-105), the researcher should orientate himself with regard to the different approaches. Sequentially, the researcher had to decide upon which research approach he would follow. There are essentially two types, namely, qualitative and quantitative approaches.

The quantitative approach seeks to measure the social world objectively, test hypotheses, and to predict and control human behaviour (Fouché & Delport, 2002:79). This approach is also termed “cold” in that it deals with cold, clinical facts, figures and statistics. In contrast, the qualitative approach is seen as the “warm” approach in that data is obtained via interviews and contact with people.

According to Fouché and Delport (2002:9), the latter approach is holistic and aims to understand social life and the meaning that people attach to it. Reid and Smith (in Fouché, 2002:105) indicate that users of the qualitative approach are likely to obtain a “first-hand” and holistic understanding of the phenomenon at hand.

As indicated by Van der Merwe (1996:291-292), qualitative methodology includes direct observation as well as a summary of different documents and artefacts, participatory observation and unstructured interviewing. The researcher has decided on the qualitative approach in that he seeks to gain a better understanding of the phenomenon at hand rather than explaining it.

1.6 RESEARCH TYPE

Fouché (2002:108) differentiates between basic and applied research, while Arkava and Lane, as well as Grinnell, *et al.* (in Fouché, 2002:108), see both basic and applied research as broad goals of research.

According to Newman (in Fouché, 2002:108), the basic researcher aims to answer questions and to formulate a base of knowledge and understanding. Applied research is aimed at addressing and resolving specific management problems. It is thus undertaken in order to resolve problems practically, and, as this study is contextualized in the workplace, the applied research type will be used.

1.7 RESEARCH DESIGN

According to Bless and Higson-Smith (1995:63), a research design has two meanings:

- Firstly, it can refer to the planning of any research, the gathering of data, and the analysis and interpretation of the obtained data.
- Secondly, and more specifically, it refers directly to the testing of the hypothesis. It is thus applied to test a specific hypothesis under specific circumstances.

There are inevitably different research designs and the choice of a particular research design is determined by the research question. According to Grinnell and Williams (1990:140), the various known research designs are: exploratory design, descriptive design, explanatory design, experimental design and evaluative design.

Exploratory research is undertaken when insufficient information with regard to a certain subject exists. The investigation is then piloted in order to obtain more insight into the situation (Bless & Higson-Smith, 1995:41).

According to Van der Merwe (1996:295) exploratory studies focus on exploring relatively unknown territory where the purpose is to gain new insight with regard to the manifestation of the subject at hand.

Although there is enough information regarding Employee Assistance Programmes in general, there is not much in relation to EA Programmes in the South African Police Service. The researcher will thus utilise the exploratory research design as more information and insight are needed regarding an EAP in this context.

1.8 RESEARCH PROCEDURE

Qualitative research objectives are in keeping with the development of grounded theory and understanding. The ideal is for the individual to gain an improved understanding of and better insight into his² situation (Van der Merwe, 1996:291). The emphasis lies in an improved understanding of human behaviour and experience.

Research in the social sciences begins where there is an actual problem or where a problem situation exists. Essentially questions arise from the research of a problem that needs to be addressed or resolved. As the problem is addressed, solved or rectified,

² The pronoun “he/his/him” is used for stylistic conciseness throughout the thesis. The use of he/his/him in this guideline refers to both male and female persons.

changes or improvements occur and there is systematic movement from the known to the unknown, much like thinking processes (Royse, 1991:37).

1.8.1 Data collection and methodology

On account of the use of the qualitative approach, data will be gathered via face-to-face interviews and a semi-structured questionnaire will be administered. (See annexure 2.) The afore-mentioned questionnaire will be used as a guideline in that open and closed questions are used to elicit respondents' own, unique observations and perceptions with minimal limitations. Rich data should be obtained in this manner.

Bless and Higson-Smith (1995:107) are of the opinion that rich data can be captured in this manner in that the respondents have scope to answer in the manner that they wish, without the researcher's confronting them with leading questions. The semi-structured interview allows the researcher to follow up, build on and clarify certain subjects as mentioned by the respondents. The disadvantage to the researcher is that so much divergent raw data and so many themes can be exposed, and this appears to complicate the task of identifying and assimilating relevant information.

Much interesting and relevant information can be lost during the course of interviewing according to Greef (2002:304-305). To counteract this problem, the interviews will be recorded on a Dictaphone, and transferred to a computer from which it will be transcribed and stored on a CD. The researcher will also take notes and formulate relevant questions in order to use the semi-structured format of the interviews to its fullest capacity.

The researcher will analyse the raw data after the data-collection phase, in order for it to be easily assimilated (Royse, 1991:42-49). Analysis is a logical process by which the raw data is assimilated.

Data will be obtained via transcriptions and categorised into themes and sub-themes and key concepts will be identified (De Vos, 2002:340-345). The empirical findings will be supported by the literature as far as possible.

1.9 SAMPLING TECHNIQUE

1.9.1 Description of the population and the demarcation of sampling and sampling procedure

Social research is undertaken to obtain reliable scientific data from phenomena that involve large numbers of people. Marshall and Rossman (1999:68) contend that researchers cannot possibly capture all relevant circumstances, happenings or people in an in-depth or intensive manner during the course of a research project. A representative sample needs to be selected on this account.

For Arkava and Lane (in Strydom & Venter, 2002:198), the universe, also known as the population, refers to all the potential subjects who possess the attributes that interest the researcher. The universe in this research thus comprises all the helping professionals in the employ of the South African Police Service.

The population, those individuals within the universe with particular character traits, will be limited to the helping professionals in the West Metropole of the SAPS where the researcher is based.

A sample is a selected group that essentially represents the larger group (universe). It should maximise the effectiveness of the research and should also, by its nature, be representative of the population (Anastas & MacDonald, 1994:258; 260). No particular sampling technique will be used to identify the participants as there are only 13 professionals working in the West Metropole, and all 13 professionals will be involved in the research. This group consists of two chaplains, four psychologists and seven social workers, thus representing all three disciplines.

1.10 PRELIMINARY INVESTIGATIONS

In order to do scientific research successfully, the researcher should have thorough background knowledge; the preliminary investigation can be very fruitful here (Strydom, 2002c:210). Strydom ventures further in calling it the *practice-run* of the study, during which the *fine-tuning* gets done (Mitchell & Jolley in Strydom, 2002c: 211). The following components constitute the preliminary investigation:

1.10.1 Literature review

Mouton (2001:86) is of the contention that each research project should start with a literature review. It is also the phase during which an empirical study is done. According

to Mouton (2001:87), the literature review helps the researcher to establish which research has already been done in the area of study. A thorough literature review obviates possible duplication and unnecessary costs. A further goal of the literature survey is to orientate the researcher in respect of the subject.

The preliminary literature review provides the researcher with background knowledge that could be useful in the course of setting up maintenance schedules. It will be helpful to first know how other researchers, writers and role-players (social workers, psychologists, chaplains, personnel practitioners and human resource managers) of the EAP understand and execute their respective roles.

The researcher will consult the following resources: books, journal articles, dissertations, newspapers and magazines (Mouton, 2001:88). Permission has already been obtained for the researcher to use the libraries of the Universities of Stellenbosch, Pretoria and Cape Town. The Internet will also be utilised.

1.10.2 Consultation with experts

Consultation with experts is an integral part of the preliminary investigation because connecting themes can be identified and addressed (Strydom & Delport, 2002:337). According to the researcher, these themes can be important building blocks in the research.

Interviews will be undertaken with experts that are already in the EAP field or otherwise assisted in the implementation of an EAP, and will include the following persons:

❖ Dr Stephan le Roux : Eskom

Dr Le Roux was employed by the Department of Health and Welfare for nine years and is currently in the employ of Eskom in Bellville. He has held the post of Senior EAP Advisor for the past thirteen years. He is the only EAP Advisor for Eskom in the Western Cape region.

He completed a doctorate in alcoholism and traffic safety in 1990 at the University of Port Elizabeth. It should also be mentioned that he was instrumental in refining a stress-measuring instrument that has been used successfully nationwide by Eskom's branches for the past five years. External organisations also use this instrument with considerable success.

Dr Le Roux is a valuable member of the Western Cape EAPA Forum and delivers a service of outstanding quality.

❖ **Mr Johnny van der Merwe: Correctional Services**

Mr Van der Merwe has worked for the Department of Correctional Services for the past thirteen years and is effective as an EAP Practitioner. He has also lectured part-time at the University of Potchefstroom and at Protea College. He has the following qualifications: MA Social Work, BA (Hons) in Human Resource Management and a certificate in EAP (UP).

❖ **Snr Supt. G.A.M. Schoeman: South African Police Service**

Senior Superintendent Schoeman has been a social worker in the SAPS since February 1988. She has a Master's degree in Social Work and the translated title of her thesis is *The Role of the Social Worker in the South African Police Service*. She was appointed as the National EAP Coordinator of the SAPS in 1996.

Snr Supt. Schoeman has done various EAP courses via the Tracy Harper Foundation and the Independent Counselling and Advisory Services (ICAS), as well as the shortened EAP course at the University of Pretoria. She occupies the post of Vice-Chairperson of the Jacaranda branch of EAPA-SA, and is also a member of the National EAPA-SA Board.

❖ **Mrs Valda September: Post Office**

Mrs September has been employed by the Post Office as an Occupational Social Worker since 2000. From time to time she acts as a Human Resource Manager tasked with training and development.

She holds a Master's degree in Social Work and has specialised in Management, Administration, Leadership and Planning. She also has a diploma in Labour Law.

Mrs September lectured in the Department of Social Work at the University of the Western Cape (UWC), and the first- and fourth-year research students were entrusted to her. At Peninsula Technikon (Bellville), she lectured in the Department of Science and was responsible for the first-, second- and third-year students (Health Inspectors, Primary Health and Community Development).

Her current employers have tasked her with the establishment of an EAP in the workplace. She is currently still busy with the development of the strategy. She is also involved with further studies.

1.10.3 Feasibility of the study

The researcher is a senior official and the Area Head: Helping Professions in the West Metropole of the Police in the Western Cape, and should consequently experience no problems in conducting the specified research. The researcher is a part-time student and has the support of his employer on National, Provincial and Area levels and written permission has been obtained from the West Metropole Area Commissioner to conduct this study in the West Metropole.

1.10.4 Piloting of the measuring instrument

The researcher agrees with Strydom and Delport (2002:337) that a preliminary investigation as well as the piloting of the measuring instrument is important.

Since the researcher is using a semi-structured interview schedule, the same schedule will also be used during the pilot study. The pilot study can yield more than one positive outcome:

- Firstly, during the testing of the measuring instrument, it can ensure that the correct and relevant questions are asked.
- Secondly, that the questions deliver the desired results.
- Thirdly, possible mistakes can be identified during the exercise and corrected or eliminated where appropriate.

Three respondents, who fulfil the same requirements but are not part of the main sample group, will be used to test the interview schedule.

1.11 ETHICAL ASPECTS

Ethical research can be best described as a delicate operation during which great caution should be taken and balance maintained, according to Dane (1990:58). Dane further mentions that researchers should strike a balance between furthering their general duties to improve knowledge and their general obligation to treat respondents

reasonably (1990:59). It is also the researcher's responsibility to protect the rights and welfare of the respondents.

Dane (1990:59-60) continues by spelling out the following:

- Participation in the research should be voluntary.
- Preventative measures should be incorporated to limit physical or psychological damage, if not to ward these off.
- Confidentiality should be ensured, as research invades personal life.

Royse (1991:240) agrees with this and notes that informed consent should be obtained from participants. Participants should also be protected against social and economic damage that a third party could possibly inflict when the obtained data is used or misused.

Strydom (2002a:64-73) describes eight ethical aspects that should be taken into account. The researcher will highlight only the relevant ethical aspects that are of concern during the course of this study.

1.11.1 Voluntary participation

According to Strydom (2002a:65), participants should be fully informed of the value of the investigation, the procedure that is to be followed, as well as the possible advantages, disadvantages and dangers that the research may yield. Respondents should be able to make informed decisions regarding their participation or non-participation. Their participation should be voluntary. It should also be possible for them to withdraw from the research at any stage if they wish. The researcher is aware of the aforementioned issues and will inform the potential respondents of their rights and position in the research during a preceding interview.

To guarantee the scientific nature and integrity of the process, their voluntary participation will be obtained in writing, and their participation or possible early withdrawal will be respected. Furthermore, a comprehensive consent form will be developed and presented to each potential respondent before his involvement in the interviews.

1.11.2 Privacy/anonymity/confidentiality

According to Strydom (2002a:64), researchers have an ethical responsibility to protect their respondents' privacy and identity. Privacy refers to personal privacy, while confidentiality refers to the handling of information as private and confidential. Because there is such a high premium placed on confidentiality, the researcher shall have a written undertaking to treat the respondents' contributions as confidential and also undertake to contact respondents individually if the information they provided is foregrounded in the research. If necessary, the researcher will consult regularly with the supervisor, the ethics committee and the Rights Division of the Police as groundwork, before the final report is published.

1.11.3 Dissemination / publication of findings

Good scientific research is of little value unless it is published. The researcher has an ethical responsibility to word the findings in an accurate, full and objective manner and to make them available to the public at large in written form.

A further responsibility of the researcher is to ensure that plagiarism is not committed and that recognition is given to each resource that is utilised. The researcher aims to do objective and honourable research and intends to give individual feedback to each of the respondents in recognition of their unique contribution to the success of the research.

1.12. DEFINITIONS OF KEY CONCEPTS

1.12.1 Employee Assistance Programmes [EAP]

The *E-memberNews* (2003) defines an EAP as follows:

“Employee assistance is the work organisation's resource that utilises specific core technologies to enhance employee and workplace effectiveness through prevention, identification and resolution of personal and productivity issues.”

Gómez-Mejia, Balkin and Cardy's (1995:507) definition is as follows:

“... programs designed to help employees whose job performance is suffering because of physical, mental, or emotional problems.”

The researcher's own definition of an EAP is:

“An EAP is a structured worksite based programme aimed at identifying and helping the troubled employee whose productivity has decreased owing to work-related and/or personal concerns. Personal concerns include, but are not limited to: health, marital, family, financial, substance abuse, legal, emotional, difficulties in relationships, harassment, grief and bereavement” (taken and adapted from EAPA, 1999:5).

1.12.2 Helping professionals vs. EAP professionals/practitioners

The South African Police Service words the abovementioned as follows:

“The service providers in terms of the EAP are professionals and practitioners attached to the Helping Professions of the SAPS, namely social workers, psychologists, spiritual councillors and health management personnel” (SAPS: EAP Policy, 2002).

According to Du Plessis (1990:246) and McKibbin (1993:36), EAPs are increasingly associated with Occupational Social Work, as though the majority of EAP practitioners and specialists stem from this profession.

Maiden (1997:1) sees EAP practitioners and specialists as coming from the professions of psychology, social work, psychiatry and any other human resource fields, with a Master's degree as a minimum qualification.

The researcher differentiates between EAP practitioners and EAP specialists:

EAP Practitioners: This is a knowledgeable group skilled in the following:

- Assessment
- Counselling (Short term)
- Crisis Intervention/ Trauma debriefing
- Referral
- Monitoring
- After-care
- Reintegration of the worker into the workplace
- Responsible feedback to the original referring agent.

EAP Specialists: This group is responsible for the following:

- Assessment
- Counselling (long-and short-term)
- Consultation (with individuals and management)
- Therapy
- Training (with individuals and management)
- Further referral (should other unique expertise be necessary).

1.12.3 Areas and Metropolises

An area, also called a Metropole, is a geographical location of several police stations that are grouped together under the leadership and management of an Area Commissioner. Several areas form a Province that is managed by a Provincial Commissioner.

1.12.4 Area West Metropole (SAPS)

This Metropole consists of 30 police stations, employing 13 000 police members and civilians. The area encompasses 767 square kilometres, with a population of 1.4 million. It is managed by an area commissioner and eight deputy area commissioners. It stretches from Sea Point to Simonstown, from Hout Bay to Mitchell's Plain and all other towns and villages in between (SAPS : Operational Plan 2003/2004:5-6).

1.12.5 Western Cape Provincial Head Office

This locality refers to the provincial boundaries of the Western Cape as laid down by the national government.

1.12.6 SAQA (South African Qualifications Authority)

SAQA was established by Section 3 of the South African Qualifications Authority Act (Act No. 58 of 1995). This law was promulgated to develop the skills of the South African workforce. (See also the Skills Development Act [Act No. 97 of 1998].)

1.12.7 NQF (National Qualifications Framework)

The NQF is embedded in the SAQA Act and classifies all education and training according to eight levels. (The South African Qualifications Authority Act [Act No 58 of 1995].)

1.12.8 Broad-brush approach

In former years, work place programmes concentrated mainly on alcohol problems. The broad-brush approach addresses other aspects of the troubled employee also (Masi, 2004:404).

1.12.9 Core Technology of the EAP

The following are accepted worldwide as being the Core Technology of the EAP:

- Assessment
- Short term therapy/counselling
- Referral to internal and external service providers
- Monitoring (during treatment)
- Aftercare (after treatment)
- Re-integration into the workplace after treatment
- Feedback (to the referring agent)
- Consultation with management regarding the troubled employee
- Marketing and communication.

1.12.10 Multi-disciplinary teams

The multi-disciplinary teamwork model is based on the inclusion of professionals from multiple disciplines or agencies who share a common task or are working with the same individual. Multi-disciplinary teams can meet on a regular basis, share information, and, in some cases, coordinate their activities. In a multi-disciplinary team each discipline remains relatively autonomous and can make decisions independently regarding how best to serve the client (Garner, 1994b:21-22).

1.12.11 Inter-disciplinary teams

Inter-disciplinary teamwork occurs when two or more professionals from different disciplines work together in planning and delivering services to the same client and use a team decision-making process to establish a plan for the individuals being served (Garner, 1994b:27).

When referring to teams working together, it should be seen that the researcher is more inclined to a multi-disciplinary teamwork approach.

1.13 LIMITATIONS TO THE STUDY

The following can be seen as limitations to the study and is thus inhibiting the outcome of the study:

Since the establishment of the GEMOF (Gesamentlike Multidissiplinêre Ondersteuningsforum / Joint Multi-disciplinary Support Forum) in 1998, it took the SAPS at least six years to have an EAP policy approved and to complete a training manual in supervisory training. Little information or guidance regarding the EAP came from the National Head Office of the South African Police Service. They were tight lipped as their research had to be completed first before the much-needed guidance could be given to the Helping Professions. The said policy and training manual was all put in place and finalised just a few months before this research was made public.

Now that the members of the Helping Professions are all trained in the EAP of the SAPS, the valuable information and insight gained through this study can only be used to sensitise relevant role players how to fit into and work in a multi-disciplinary team. Parts of this study was used and implemented into the place of work in the West Metropole as the workers were searching for guidance and answers regarding the EAP. The application and implementation of the knowledge gained was fragmented and not that effective as envisaged by the researcher.

1.14. FRAMEWORK FOR RESEARCH

The research report will be set out as follows:

General Introduction

Chapter 1: Background and research methodology of the study

Chapter 2: The functioning of the three disciplines of the South African Police Service: West Metropole

Chapter 3: Literature review regarding the collaboration between different disciplines

Chapter 4: Empirical study, data analysis and interpretation

Chapter 5: Conclusions and recommendations

Chapter 2

The functioning of the three disciplines of the South African Police Service: West Metropole

2.1 INTRODUCTION

The following was taken from the Draft National Instruction 4/2000 of SAPS, regarding the EAP.

2.1.1 Mandate for the establishment of an Employee Assistance Programme

The late Minister of Safety and Security, Minister Steve Tshwete, placed considerable emphasis on the introduction of an integrated EAP within the South African Police Service in his briefing to the media conducted on 11th September 2000. In addition to this, the National Commissioner prioritised the EAP as a national priority within the SAPS Strategic Plan, 2002 to 2005, under the strategic priority Human Resources Management. This implied that the South African Police Service (SAPS) was obliged to develop an Employee Assistance Programme and it also mandated the allocation of organisational resources to such development.

A circular from the office of the Director General, Department of Public Service Administration (DPSA), dated 19th June, 1997, with reference 3/4/5/14, provided further impetus to the establishment of an EAP. It communicated an instruction for the establishment of an EAP by all state departments by the Minister of Public Service and Administration. This instruction was ratified by the Public Service Commission.

The South African Police Service was fortunate to have had some structure of assistance for employees in place. The three disciplines of the SAPS, namely, Spiritual Services, Psychological Services and Police Social Work Services, were rendering services to troubled employees and their dependants. These services were fragmented and not cost-efficient.

This research will show that even long before the 20th of September 2002, efforts had been made between the three disciplines to work together in unison, for the benefit of the SAPS clientele. More will be said in this paper regarding the 20th of September 2002, when the three helping professions of the East Metropole merged, to work together in a “new integrated way”.

To fully understand the complexity and challenge of how to activate the helping professions of the South African Police Service with respect to an internal employee assistance programme in the West Metropole, one first needs to explore the three disciplines. One needs to understand, how and when they were introduced into the SAPS and what their tasks were.

2.2 POLICE SOCIAL WORK SERVICES

2.2.1 Historical background

Until 1996, according to Stutterheim and Weyers (2002:3), the Police Social Work Services used a therapy-centred approach. This approach, which had become the norm in SAPS, had to change. Today the operationalised version of social work's strengths-approach forms the basis of occupational social work in the SAPS. Stutterheim and Weyers continue to report on the historical background of police social work by dividing it into different phases:

2.2.1.1 The pre- social work phase: 1952-1969

In 1952, the Rev. H.P. Martin was approached to deal with the spiritual needs and social problems of South African Police members. Mr Martin worked on a contractual basis. The first full-time Chaplain, the Rev. V. Cloete, was appointed only in 1960. Mr Cloete, and other chaplains who followed him, mainly focused on spiritual needs and religious matters, but also dealt with the police members' social problems. Social work problems were therefore dealt with from a spiritual perspective. (Social problems had been prevalent in the SAP since the establishment of the police force. These problems were also dealt with by social workers from external welfare organisations and referrals were done mostly by the commanders.) (Police Social Work Services, National Work Protocol, Section A.1:1.)

2.2.1.2 The welfare officers' phase: 1969-1979

The chaplains could no longer handle the massive increase in SAP members' social problems, and subsequently authorisation was given to appoint welfare officers to help the chaplains in their task.

Welfare officers were to be recruited from the ranks of the South African Police. It was assumed that they would be familiar with the structure, culture and activities of the

South African Police. These candidates had to have completed at least 9-12 years of service in the SAP, had to hold the rank of a warrant officer or lieutenant and had to be willing to undergo a three-month orientation course in welfare-related issues at university level. The first welfare officers joined Chaplain Services on the 1st of August, 1971. These welfare officers were ill equipped, and it was later decided to employ fully trained social workers. Social workers appointed had to undergo the basic police-training course of six months. (They actually were trained as policemen and -women.)

2.2.1.3 The transitional phase: 1979-1990

A social work division was established in 1979, and gave professional status to social workers in the South African Police. Unfortunately the services rendered by social workers were still viewed as part of Chaplain Services. Only in 1990 was a separate and autonomous occupational group for social workers was created in the SAP.

2.2.1.4 The structural repositioning phase: 1991-1996

From January 1991, social workers functioned as an autonomous section under the auspices of Human Resource Management. For the first time, social workers worked independently of Chaplain Services. After demilitarising the sections in SAP that did not perform functional police work, the first civilian social workers were employed on the 25th of January 1993. There were now two groups of social workers: one group appointed under the Police Act and another group appointed under the Police Service Act. This untenable situation changed when all social workers were appointed in terms of the South African Police Service Act, in 1996. (The South African Police force then changed its name to the South African Police Service on the 1st April 1995. The Social Work division's name was then also changed and it was called the Police Social Work Services.) (Stutterheim & Weyers, 2002:3.)

2.2.1.5 The development of a new paradigm for service delivery: 1996 to present

After a feasibility study, the Police Social Work Services were earmarked for outsourcing. A remarkable turnaround of events culminated in 2002, when 203 new posts for social workers were allocated to PSWS by the National Commissioner (Stutterheim & Weyers, 2002:4-5).

Research showed that a need for reactive and therapy-centred social work services still existed. At a national conference held in September 1999 for all social workers in the service of the SAPS, it was decided to shift to a strengths-approach. At that specific conference there was a widespread support for the idea of the development and implementation of proactive services. These services should take on the form of personnel capacity building programmes (Stutterheim & Weyers, 2002:6).

2.2.2 Services rendered in the South African Police Service

The personnel capacity building programmes consisted of the following:

- Managing stress effectively
- Substance dependency
- Colleague sensitivity
- Be money wise
- HIV/Aids prevention and awareness
- Domestic violence
- Life skills

Healthy lifestyles

Conflict management

Self- knowledge

Problem-solving

Motivation

Communication

Assertiveness

Time management

Planning of goals

These programmes are still running today. Each programme consists of prescribed learning material workbooks and handouts for participants, and a comprehensive presenter's guide and presentation plan. The programmes are presented in workshops in order to maximise group participation and as far as possible to meet individual needs. The programmes are also usually presented when requested to different sections and stations, but in some instances they are presented as a result of an organisational analysis (Stutterheim & Weyers, 2002:6-8).

2.2.3 Training and development

After the development of any programme it is piloted both in rural and urban areas. Representatives from each province were trained in the implementation of the final

programmes. The method “train-the-trainer” was then used to teach all the other social workers.

Before any programme was implemented, adequate training was done, and then only was it cascaded down to the lowest level. All social workers are aptly trained in a professional way to perform social work. (The researcher is of the opinion that social workers are aptly equipped to operate within an EAP operation.) The social workers are trained and retrained on a continual basis to ensure that they are in a position to render a service to the SAPS clientele. The core goal of occupational social work is to empower employees to function effectively in the working environment and also as individuals.

According to Stutterheim and Weyers (2002:10), it was necessary to enable members to play a more direct and active role in enhancing one another’s capacities. This is done by means of group involvement in proactive capacity building programmes and support groups.

There was a clear move away from purely reactive clinical work, in favour of a mixed approach that also incorporated proactive interventions (Stutterheim & Weyers, 2002:13).

The National Work Protocol of the Police Social Work Services was also used to research this topic of the social workers. The objective of the National Work Protocol is to structure and clarify the specific role and functions of Police Social Work Services. This will enable the police social workers to be more professional and standardised in their service rendering (Police Social Work Services, National Work Protocol, Section A.1:1).

It seems that the Police Social Work Services is one of a very few disciplines that are in line with EAP principles. In initial training, employee wellbeing is touched on, and the PSWS went as far as, when compiling their work protocol, to acknowledge that changes in service rendering were a real possibility, and that the implementation of an EAP was receiving serious consideration by the National Management of the South African Police Service (Police Social Work Services, National Work Protocol, Section A.1:1) .

2.3 SPIRITUAL SERVICES

2.3.1 Historical background

From the three disciplines of the Helping Professions within the South African Police Service, the chaplaincy was the first to be introduced in 1952. According to Rothman

(1980:2), the Rev. Harper Martins, of the Dutch Reformed Church, was the first chaplain ever to be appointed in the SAP. Owing to the fact that a proper structure was not yet in place, he was initially appointed on a contractual basis. He then became a government-paid official.

The Chaplain Services in the SAP were really established in 1966 when the Rev. V. Cloete was appointed as the first permanent chaplain, with the purpose of establishing the chaplain services of the SAP (Police Social Work Services, National Work Protocol, Section A.1:1).

2.3.2 Services rendered within the South African Police Service

A document was prepared by Mr Martins, which outlined the tasks that were to be performed by the police chaplain. Some of the tasks were:

- Spiritual work: preaching and praying
- Marital and family problems
- Visits to homes, barracks and hospitals
- Social services
- Station visits (at least once per year)
- Involvement in training of SAP members
- Parades
- Chaplain's periods
- Border visits
- Pastoral counselling
- Distribution of spiritual literature (Rothman, 1980:13; 60-62).

Owing to the fact that the SAP had no social workers in its service, it was entrusted to the chaplains to also deal with the social problems of members. As mentioned already, the first welfare officers were only appointed on the 1st August 1971, as a result of the escalation of social problems of SAP members (Police Social Work Services, National Work Protocol, Section A.1:1). Over a period of time, the tasks of the chaplains changed, as new disciplines were taken into the service. Standing Order 10 of the SAP can be seen as the work protocol of the chaplains. This SAPS document was replaced by a new protocol in early 2004.

It is interesting to note that chaplains in the USA and in other countries are not paid by the government. They are legitimate, trained and ordained pastors; sent from their respective denominations, to render a service, free of charge, in the various government departments (Roen, 1996:45).

According to McNally (2000:23), the Federal Bureau of Investigation (FBI) of America at that time had more than 100 volunteer chaplains, who provided an estimated 20 000 hours of direct services annually. Most of the FBI chaplains were experienced police chaplains. McNally further states:

They also assist with personal traumas, such as the death or suicide of a loved one and in the-line-of-duty deaths and injuries. In addition, chaplains provide services to help employees address spiritual issues, long-term illnesses, marital and family problems, stress and anger management, and substance abuse problems.

2.3.3 Training and development

To be appointed as a chaplain in the SAP, one had to be an ordained minister of religion and in good standing with one's church. (Lately it has been required that a chaplain should only be certified as a preacher by his denomination.) All police chaplains, after appointment, need to do a chaplain orientation course and a police officer course. Refresher and other capacity enhancement courses are also run for chaplains on a continual basis.

When matching police chaplains with chaplains from the South African National Defence Force, it has been found that their chaplains, also called pastoral counsellors, are ordained clergymen trained in psychological counselling to deal with problems of belief, morals, guilt, and life issues. SANDF chaplains differ from other chaplains as far as their training, roles and work environment are concerned (Eygelaar, 1999:9).

Although they are volunteers in some American law agencies, chaplains need to be trained, re-trained and to receive in-service training. The International Conference of Police Chaplains (ICPC) offers three levels of certification:

- Level 1: A 35-hour continuing education programme covering 12 different areas.

- Level 2: This is available to chaplains with at least five years of experience and requires 150 hours of class work.
- Level 3: This level is otherwise known as the Master's Level; with a requirement of 250 hours of course work. Chaplains must also write a Master's paper and participate in an oral interview to receive this certificate (Roen, 1996:46).

2.4 PSYCHOLOGICAL SERVICES

2.4.1 Historical background

The Psychological Services of the South African Police Service was established in 1984 as a national unit and was then called the Institute for Behavioural Science. The name was changed to Psychological Services owing to certain semantic problems experienced with behavioural sciences. According to Grobler (National head of SAPS Psychological Services), the discipline Psychological Services has a very definite purpose in SAPS, especially in view of the inherent specifications of the police official's work, and the obligation that rests upon the organisation to support the well-being of all employees (Report to the Auditor General, 2000:1).

2.4.2 Services rendered within the South African Police Service

While researching this chapter, the researcher interviewed a psychologist to obtain first-hand information on how the psychological services operate within SAPS. This interview was transcribed and used as a resource, as a written protocol for psychological services at area level did not exist. According to Edith Jacobs, (Western Cape, Acting Provincial Head of the Psychological Services (Interview, Edith Jacobs, 2004-02-04), there are two very distinct streams, namely the clinical counselling and the organisational stream.

The clinical counsellors are registered psychologists, and their tasks differ significantly from those of the organisational psychologists. Clinical psychologists will see clients individually for counselling and therapy. They diagnose and treat people.

The organisational psychologist can conduct organisational diagnoses (ODs), but legally counselling and clinical psychologists are prohibited from participating in an organisational diagnosis. The clinical and counselling psychologists' main tasks are to manage and conduct assessment and selection procedures. In the SAPS that includes

anything from entry level constables, specialised selection, career assessments and clinical assessments.

Psychometrists are not allowed to do counselling or therapy. One needs to be registered to do counselling and/or therapy.

2.4.2.1 Assessment of entry-level constables

This type of assessment is very basic and general, and one does not need the presence of a registered psychologist, as no feedback will be given in or on that session. This assessment can be done by a psychometrist.

2.4.2.2 Specialised assessment

More specialised assessments, like behavioural management (e.g., ascertaining if a police person should be allowed to carry a firearm or not), would be done by a psychologist. In terms of the Mental Health Act, no 56 of 1974, a psychometrist is not allowed to diagnose.

2.4.2.3 Career assessment

This kind of assessment is done by a registered psychologist, and a psychometrist might help. The psychologist will complete the battery of tests, which could be marked by a psychometrist. The psychologist will do the analysis, write the feedback and give it to the client.

2.4.2.4 Assessment or selection for specialised units

When a police person, for example, wants to migrate from one unit to a specialised unit, such a person will have to pass the selection criteria. There is a specific battery of tests in place, compiled by the National Office of the SAPS (Interview, Edith Jacobs, 2004-02-04).

2.4.2.5 Organisational diagnosis

This was the only protocol that was on paper, as drawn up by Captain Westraat of Psychological Services, Area West Metropole. According to Westraat, organisational development is a specialised tool for determining areas of development within an

organisation. This specific tool is used to make evaluations and recommendations regarding an organisation, and therefore falls within the ambit of industrial psychology.

The procedure that will be followed in the Area West Metropole of SAPS is the following:

After receiving a written request for organisational development, the relevant consultant/psychologist will arrange a meeting with the client. The psychologist will use that meeting to familiarise himself with the circumstances, acquire the actual reason(s) for the OD, as an organisational development should not be a punitive measure to promote hidden agendas and presupposed ideas. At that meeting the expectations, responsibilities and rights of the relevant role-players will be established.

After contracting, the next step would be to do an actual assessment through questionnaires or any other instruments. Once the information gathering is done, a detailed report will be done by the psychologist. Feedback will be given to the client in the contracted fashion, making sure that the client is not burdened with terms which are unfamiliar to him. Interventions can now take place after this has been contracted once again with the client. Post-assessment is the prerogative of the psychologist and should be done after any and all interventions.

Westraat ends off by saying: “Organisational development is a lengthy process which needs to be conducted with care to ensure its continued success” (Procedural Document: Organisational Development: Psychological Services: Western Cape, 2003-09-03).

The two distinct streams are sub-divided into seven specific functions, namely:

- To manage and conduct assessments and selection procedures:

- Entry-level constables

- Specialised unit/ component selection

- Career assessment

- Clinical assessment

- Organisational diagnosis

- Assessment centres (senior management)

- Validating test batteries

- Targeted selection

- MBI selection/ interview

Competency profiling

Emerging Leader Programme.

- To manage and implement national/provincial/area pro- active programmes/ workshops and area HRM programmes.
- To maintain and manage a professional psychological and EAP service (at provincial and area level).
- To conduct research on priority psychometric assessment and topics.
- To consult with management at provincial and area level.
- To manage and implement continuous professional and development programmes for internal and external professionals.
- To manage and maintain professional administrative systems.

2.4.3 Training and development

In a SAPS document regarding the restructuring of the Helping Professions, Elize Jacobs (Western Cape Provincial Head of the Helping Professions), outlined the qualifications obtained by psychometrists and registered psychologists.

Psychometrists would possess the following qualifications:

- A three-year Bachelor of Arts degree
- A one-year Honours degree.
- An internship of six months: this totals four years and six months.

Psychologists would possess the following qualifications:

- A three-year Bachelor of Arts degree
- A one-year Honours degree.
- A Master's degree (internship of two years and thesis of one year) (SAPS, Helping Professions Restructuring Proposal by Elize Jacobs).

Registered psychologists, like social workers, need to register with their respective governing bodies. They also need to obtain 25 CPD (continuous professional development) points per year to further support their registration. As from 2004, social workers will also need CPD points for their registration. CPD points are accrued by attending registered and acknowledged training sessions and workshops (Interview with Edith Jacobs). To keep the professionals in the psychological field up-to-date, in-service training and workshops are held on a regular basis within SAPS.

2.4.4 Psychological Services and multi-disciplinary cooperation

According to Grobler (Report to the Auditor General, 2000:3), the Psychological Services, as an auxiliary service of the SA Police Service, is committed to a multi-disciplinary approach. It further aims to cooperate with the other auxiliary services such as the Spiritual Services and the Police Social Work Services in order to render a service to the community and/or to prevent the overlapping of tasks.

2.5 COLLABORATION ATTEMPTS AND TRAINING WITHIN THE HELPING PROFESSIONS

When the researcher was appointed as a chaplain in 1992, little or no collaboration existed between the different disciplines within SAPS. Each discipline had a separate directorate on national level, with chaplains even having a chief director (general) as their head. The chaplains out-ranked the other two disciplines, and enjoyed certain privileges. Quite distinctly, there were major discrepancies.

The above-mentioned and also the fact that some members felt that they were better or equally trained, and did not get the same salary, were all stumbling blocks on the road to collaboration. The social workers wanted to keep their distance and celebrate and enjoy their independence from the yoke of the chaplains. (In former years they formed part of chaplain services.) They did not want to be enslaved again.

The researcher was personally also of the opinion that if a SAPS member turned to him for help in whatever area, such a referral or self-referral was seen as a sincere vote of confidence in the capabilities and skills of the counsellor. The researcher would have gone even beyond his own scope of training and expertise to help such a troubled employee. To have referred the client, would have meant the acknowledgement of both failure and incompetence. The researcher hardly or ever referred clients to the other two disciplines.

The next section should be seen as clear and honest attempts to sincere collaborations between the various members of the helping professions of the South African Police Service.

2.5.1 GEMOF minutes depicting possible collaboration

On the 9th of March 1998, the workers of the West Metropole helping professions, along with a HRM representative, came together to form the GEMOF (Gesamentlike

Multidissiplinêre Ondersteuningsforum / Joint Multi-disciplinary Support Forum). Their aim was to streamline the helping professions' services rendered to police personnel and their dependants.

The researcher used 18 sets of minutes to research this section. Two sets of minutes came from the Western Cape Provincial office and also the office of the Area East Metropole. The remaining minutes recorded the meetings held in the West Metropole. (The minutes in question spanned the period of March 1998 through to November 2002.)

It needs to be noted that the discussions of working together and having joint ventures, took place at both provincial and area levels, although the areas were closer to grassroots.

It is also note-worthy to read that the role-players, even at the first GEMOF meeting in March 1998, spoke about policies and procedures. They openly spoke about their fears, disappointments and expectations and they even suggested ideas of how the different disciplines could work together in harmony. When going through these minutes, one can sense the sincere wish of the three disciplines to collaborate with one another in a more structured fashion.

The themes that emerged from the minutes, echo the EAP and its principles. Some of the themes were:

- Working together as a multi-disciplinary team, integrating the work being done.
- Working together with outside service providers (e.g. clinics, hospitals, physicians and other health personnel).
- Management's involvement in the whole process of health care and assistance.
- Professionals sharing their skills, needs and expectations.
- Teams meeting on a regular basis.
- Referral procedures, monitoring, follow-up and after-care.
- Managing absenteeism.
- Trauma debriefing and victim support.
- Interventions, programmes, training and workshops.
- Confidentiality.
- Consultation with management.
- Joint feedback and statistics.

- Continual evaluation of the process.
- Marketing.

Reviewing the minutes of Area East Metropole, the following themes were foregrounded:

- Induction course for new helping profession workers.
- Orientation course for existing helping profession workers.
- Focus areas for helping professions.
- Establishing an intake office to do assessment and referral.
- Doing a thorough skills audit of all professionals in the helping professions.
(This will help when courses are to be run and also when referrals are done.)
- Distinguish between discipline-specific tasks and tasks overlapping all three disciplines.
- Knowing all the services rendered by the different disciplines.
- Purification of role functions.

In the minutes, there was a greater focus on policies, structures and strategies. In meetings more time was spent discussing a standardised feedback document, a proper and correct referral system and the availability of an encompassing list of resources (GEMOF minutes, East Metropole, West Metropole and Provincial Head Office, 1998 – 2002).

Researching the above-mentioned minutes showed what was really taking place at grassroots level, how the EAP was perceived, and what was being done regarding it. It is possible that many of these meetings were held with attendees taking cognisance of the EAP and its benefits to both the employee and the employer.

2.5.2 South African Police Service EAP pilot project: Detective Division

On 13-18 March 2000, Professor L.S. Terblanche and the late Mrs Mamasela of the University of Pretoria presented a training course to the helping professions and the detective area heads of SAPS. It was envisaged that the University of Pretoria would also at a later stage be involved with the training of SAPS detectives in the principles of the EAP.

The National Office of the Police envisaged a pilot project for detectives. This project would have included the training and orientation of detective heads, supervisors and

commanders in the introduction, implementation and marketing of the EAP within SAPS. The suggested date for the implementation of this project was the 1st May 2000. Despite ongoing monitoring of the EAP activities, a formal evaluation would have been launched from the 1st November 2000. (EAP letter from Schoeman, SAPS HQ and a document prepared by Terblanche and Schoeman, 23rd March 2000).

2.5.3 EAP manual: Supervisory Training

By the third quarter of 2000, Carla Fourie and Rita Retief, both social workers from West Metropole, compiled an EAP training manual for supervisors and commanders. The document was in Afrikaans and was only workshopped in the West and East Metropolises. Some of the employee assistance principles were discussed, and to some of the helping professions these principles were quite new, although other disciplines had been acquainted with these principles in their initial training. Members of the three disciplines took note that the EAP was the way forward for the helping professions in all state departments.

The two social workers went further and used these EAP principles at four police stations in West Metropole. It cannot be seen as a rollout of the EAP, because the EAP at that time was not a workable method of working within the SAPS. The three disciplines were then still comfortably entrenched in their own separate methodologies.

This training was not exclusively for the detective division, but included uniformed supervisors as well, and commanders and supervisors on different levels were trained.

The success of the two social workers was remarkable. The relationships with commanders improved and they were also now more skilled in screening, interviewing and making more appropriate referrals regarding troubled employees. This newfound knowledge empowered them to identify situations better and sooner. The commanders were more confident and could thus support employees better. Owing to a lack of managerial support, this initiative died a natural death.

As the EAP was discussed, the idea dawned on the researcher and the helping professions, that the South African Police Service, like some other government departments, was unique. Within SAPS, these three disciplines were already collaborating, albeit in a very limited manner. A unique and specific SAPS EAP had to be established.

2.5.4 Provincial EAP meetings

From time to time the provincial head of the helping professions would have meetings with the area managers of the helping professions. At this stage no formal structure was in place. There was a great deal of uncertainty and the morale of helping profession workers was low, since the spectre of Resolution 7 of 2002 was looming. The support services in SAPS were being restructured and it seemed as if Helping Professions were targeted. The restructuring meant a possible move of senior helping profession workers. (Certain senior members were appointed as area managers, and thus they were no longer utilised in the profession for which they had initially been recruited and appointed.)

The provincial and area management of the Helping Professions grappled with many issues to outline a clear and workable structure for the newly established Helping Professions in the Western Cape Province and in the various areas. A strategic planning session was scheduled for the 11th of April 2003. The points for discussion on the agenda included the following:

- Clarification and functions of:
 - * Helping Professions Head: Provincial and Area Levels.
 - * Management teams at Provincial and Area Levels.
- Chain of command at Provincial and Area Levels.
- Supervision and Management of helping profession workers.
- EAP functioning at Provincial and Area Level.

Other issues that were discussed in follow-up meetings were:

Code of Conduct; referral structures; assessment; the establishment of a call centre with one nodal point and a joint feedback document (Minutes: Western Province Helping Professions Forum, 11th April, 2003).

The above-mentioned issues were real because the SAPS EAP policy and training manual for the helping profession workers and functional supervisors was still being drawn up by National Head Office in Pretoria. These indeed were trying times for the Helping Professions of SAPS.

Research on the topic of the activation of the helping professions within the South African Police Service would not be complete if nothing were said regarding the “launch” that the Area East Metropole had on the 20th September 2002.

2.6 LAUNCH OF THE “NEW INTEGRATED WAY OF WORKING TOGETHER”

2.6.1 East Metropole

On the 15th July 2002, the management of the Helping Professions of East Metropole made personal and direct presentations to the area commissioner and his deputies. The idea of the EAP was sold to them and a date was fixed for the “launch” of the EAP in East Metropole.

Owing to the fact that the EAP was not formally introduced in the Western Cape by the Provincial Commissioner’s office, that the EAP Policy was still in draft form at that stage, and that an EAP training Manual was not yet written, the “launch” was called by another name. It was decided to call it “the launch of the new integrated way of working together amongst the three disciplines of the South African Police Service, in East Metropole”. It should have been the launch of the EAP in the East Metropole of the South African Police Service.

The launch committee worked feverishly. It was decided to draw the Area Management and all station commissioners together for that occasion and to hand to them a thoroughly compiled Conduct and Reference Manual for Police Members. A psychologist, Supt J. du Randt, played a major role, as she had virtually completed the manual when the publication was decided on.

After consultation with National Head Office, it transpired that Business Against Crime had initially had the idea of publishing and distributing such a manual; instead of a manual, it was decided to compile pamphlets and distribute these as handouts at the launch and at the stations.

The researcher, who was involved in all of this, produced, with the help of fellow colleagues, a unique EAP policy statement for the use of East Metropole. This policy statement was especially prepared for each individual police station and it was also used as an advertising tool, jointly signed by Area Commissioner, A. Lamoer (the area commander of East Metropole); the researcher, as head of the three helping professions; and the station commissioner of each police station.

In signing, the station commissioner acknowledged that personal and work-related problems might have an impact on work performance. The head of the helping professions vowed in co-signing, to render these services to address these problems encountered by troubled employees. The area commissioner, on the other hand,

promised in signing, to ensure that the necessary resources were given to render effective and efficient services.

The signed policy statements were then laminated, prior to being handed over to the station commissioner at a station launch of the EAP at a later stage. Many such “road shows” took place at various stations where the new integrated method of working together was marketed. All three disciplines were involved. In all fairness, it needs to be mentioned that it should not have been called the “new method”, as the helping professions had been working in that fashion for quite some time in different areas. Working together is not new; however the EAP within the SAPS is new.

The launch was widely covered in the media and the following newspapers reported on it: *Cape Times*, 20th September, 2002, (page 5); *Cape Argus*, 23rd September, 2002, (page 8); *Pretoria News*, 25th September, 2002, (page 6) and *TygerBurger*, 16th October, 2002, (page 11). The police magazine, *Servamus*, of November 2002, also reported on this matter (page 55). On that day and some days to follow, at least three radio interviews were conducted by Cape Talk, KFM and Radio CCFM.

2.6.2 West Metropole

No such launch has taken place in West Metropole where this research was conducted. After the restructuring and downsizing of the Helping Professions in SAPS, the researcher was transferred to the West Metropole, because of the Police Resolution 7 of 2002.

An attempt was made to bring together the existing members of the Helping Professions in West Metropole. A one-day workshop was held, whereby the three disciplines could really meet one another, and start to understand what the EAP was all about and how they could and should work together. (For some members it was the very first time that they had come into such close contact with EAP and its principles.) Captain Edith de Winnaar, a SAPS social worker by profession, and also a Master’s student, did a presentation on the EAP *per se*.

The following topics were discussed at this workshop held on the 21st July 2003:

- Initial defusing
- Supervisory training of SAPS supervisors in EAP
- Maintenance debriefing

- Teamwork
- A possible EAP Newsletter (Minutes: West Metropole Helping Professions, 21st July, 2003).

2.7 CONCLUSION

The above-mentioned details reveal the establishment and working of a diverse grouping of professionals. Merging them into a multi-disciplinary team will be a vast challenge to the workers and management of the helping professions in the West Metropole and in the rest of the South African Police Service.

Chapter 3

Literature review regarding the collaboration between different disciplines

3.1 INTRODUCTION

According to Garner (1994a:1-3), it is widely accepted that professionals need to work together in teams to meet the complex needs of clients and patients across the life span. Professionals from different disciplines are working together in teams, communicating information, making shared decisions, and pursuing common goals.

It has been more widely recognised that the needs of most clients are beyond the remit and expertise of any single profession. To provide a genuinely user-centred service requires inter-professional collaboration and effective teamwork.

This may necessitate professionals setting aside historical power struggles and the protection of historical boundaries to deliver efficient and comprehensive care which meets the needs of the client group (Sandall, West & Slater in Freeth, 2001:38).

Most professionals today acknowledge that no discipline has “the answer” to all the problems faced. Further, most acknowledge that only when the knowledge and skill of all disciplines and professionals serving an individual are combined and coordinated, can the needs of the whole person be met (Garner, 1994a:2).

When teamwork is absent, the consequences for clients and patients are frustration, inefficiency, inconsistency, and even serious mistakes. If communication does not occur among helping professionals working with the same individual, important decisions are made without complete information regarding the nature of the problems, the person’s strengths and needs, and the resources and supports available (Garner, 1994a:3). With a collaborative approach, the “whole person” is treated and fragmentation in service delivery is thus addressed (Rivard, Johnsen, Morrissey and Starrett, 1999:62).

For Sondheimer and Evans (in Rivard, *et al.*, 1999:62), it is important to know how services become integrated and how barriers, posed by fragmented organisation of service delivery systems are overcome. Through this research, the researcher tries to answer these questions and address these barriers.

Literature has undoubtedly shown that “collaboration” is indeed the magic word for the success of any team working together. If any team is sincere about the common goal,

which should be effective service to the client, then that team will set aside all power struggles and rather combine all their strengths for the benefit of the client.

Freeth (2001:38) is of the opinion that working together is quite a tall order for the helping professions and that inter-professional education or training is often suggested as the first logical step. This research will show that training does play an important role in equipping the team.

3.2 BARRIERS TO INTER-PROFESSIONAL WORKING

“Unknown is unloved” is a frequently quoted maxim, and that is the case when diverse disciplines come together. When people are to work together, and it is perceived that they are forced to work together, they will find reasons not to work together. Apart from their possible reluctance, there are genuine barriers that will be discussed in this research.

Barriers to inter-professionals working, according to Clark and Henderson, include the following: (1) the absence of a shared language; (2) the lack of common understanding of agencies' and individual's roles; (3) differing goals and objectives; (4) ascribed or perceived states; (5) occupational knowledge and the perceived authority of such knowledge; (6) fear and mistrust; and (7) the profound effect of power structure (in Lax & Galvin, 2002).

Garner (1994a:5) adds to this extensive list the following aspects that could be experienced as barriers: specialisation, organisational structure, role ambiguity, incongruent expectations, authority and power structures.

The first step in addressing barriers is for practitioners and service managers to recognise and acknowledge their existence (Lax & Galvin, 2002).³ In the past, relationships between certain professional groups were conducted within a hierarchical framework. Although they can no longer be formally characterised in such a way, the qualifications and social status of different profession can effectively undermine true collaborative partnerships (Solity & Bickler, 1994:20). According to Cowley, Bliss, Matthew and McVey (2002:36), there is evidence to confirm that geographically dispersed and fragmented services have great difficulty in establishing rapport and

³ Where no page numbers are given, journal articles were downloaded from EbscoHost and other vendors. Page numbers of such articles therefore do not correspond with page numbers in the published journals (as indicated in the bibliographic entry).

coordinated services. Likewise, professions that do not support or encourage professional development and collaboration, or practitioners who do not value the potential of their roles, or recognise the potential of inter-disciplinary teamwork, will adversely affect this envisaged multi-disciplinary working.

Freeman, Miller and Ross (2000:243) reported an instance where a third professional opted not to cooperate. The guilty person's closed professional working and lack of role flexibility therefore constrained the beneficial outcome of her team's intervention. Some team members, administrators, and team leaders deliberately withhold information. Knowing that knowledge is power, they seek to control and limit that power by sharing information selectively. Ironically, such power differentials limit not only the ability of the groups to function as teams but also the ability of the administrator or team leader to ensure that team goals are achieved (Garland, 1994:107). Withholding of information, insight and experience gained in cases, is a serious barrier to effective teamwork.

According to Leathard and Leiba (in Elston & Holloway, 2001:21), power, status and gender could also be barriers to inter-professional working.

3.3 POWER, STATUS, GENDER AND PRESTIGE

Dingwall and McIntosh (in Elston & Holloway, 2001:23) suggest that about two decades ago inter-professional collaboration without corresponding equal status, power or prestige to different health care professionals might have been problematic and futile. (It is known that general practitioners have jealously guarded their independence and status as medical doctors.)

There is a "directive" philosophy most frequently held by members of the medical professions and by some non-specialist nurses. It is based on an assumption of hierarchy where one person would take the lead by virtue of status and power, and thereby directs the actions of others (Freeman, *et al.*, 2000:241).

Physicians may be accustomed to having a perceived higher degree of status than other members of a team. Owing to their high esteem in society, general practitioners often tend to be seen as natural leaders, and they also see themselves this way. (Other primary care professions sometimes resent this and become frustrated.) This creates problems for teams committed to consensus decision-making (Garland, 1994:100; Elston & Holloway, 2001:23).

There is an assumption, cited by Bassoff (in Orelove, 1994:31), that different disciplines in a team gather together as equals, while an overt statement of a desired state, cloaks the reality that some team members are more equal than others. A special status problem occurs when a team perceives some members as being inferior.

According to Stevenson and Barker (1996:51), the perception of status differences can be a constraining factor on multi-disciplinary working. Social class and gender differences between members of various disciplines are likely to play a part in constraining discourse between those professions (Rogers & Pilgrim in Barnes, Carpenter & Dickinson, 2000:566). Differences in power, status and experience can sabotage working together.

Braye and Preston-Shoot suggest that negative stereotypes and competitiveness are evident and that mutual suspicion may arise from the insecurity in one's own professionalism and contribution. Such professionals fear the loss of status and power, role conflict and overlap (in Barnes, *et al.*, 2000:566). One's status or prestige should not stand in the way of desired collaboration between disciplines.

It is a fact that all initial training is not the same in duration and in intensity. There are remarkable differences between the different disciplines because they render services from different angles. For a successful collaboration, team members **must** accept one another as **equal partners**. If team members perceive themselves as superior and of higher status, and act accordingly, they will cause the drift to become bigger amongst the participating team members.

Within the South African context teams need to give special attention to the aspect of gender. South African black men do not easily accept the authority of a woman. In their culture, the man is superior and thus the woman should be subservient to the man as he is traditionally seen as the hunter. A course in managing diversity might help the team to overcome this hurdle.

3.4 BOUNDARIES FOR NETWORKING

For members from various professions to work together in an effective multi-disciplinary team, some boundary crossings will unfortunately take place. This is not an easy task, as many professional issues are at stake. In working collaboratively, rather than being in conflict, Stevenson and Barker (1996:4) suggest that the negotiation of boundaries

between disciplines will be necessary if effective multi-disciplinary teamwork is to develop.

Developing healthy alliances and learning to work inter-professionally, demands engagement with other service providers and consumers to listen and hear one another's perspectives. This is a prerequisite to the development of a shared value base and principles and the acknowledgement of differences is essential to the process. Another key component of successful alliances is reducing professional boundaries and power bases through learning from other professionals and to use and build on one another's skills, knowledge and experience (Lax & Galvin, 2002).

It is a fact that clients could experience problems on more than one level and thus would need the help of more than one therapist. The increase of helping professions from few to many, and their overlap when providing services to people who experience more than one problem, have inevitably led to difficulty in defining professional boundaries (Morales & Sheafor, 1998:54-5).

3.4.1 The blurring of boundaries

Molyneux (2001:29) reports that much of the literature on professional working focuses on the potential difficulties in achieving effective working relationships between practitioners from different professions. Many professionals from various disciplines find their working together with other disciplines quite scary. Elston and Holloway (2001:25) reported that some GPs were worried about changes in the way of working, while others saw it as necessary. While the blurring of professional boundaries requires understanding and respect for one another's roles, it might diminish the distinctive identities of each of the professions.

It is true that organisational structures, professional standards, working criteria and philosophies of the respective professions do not reflect a shared learning environment. There is a need for this in clinical and non-clinical areas to break down some of the traditional views of demarcation. The reason for many medical and nursing educational establishments to maintain a multi-disciplinary approach may be linked to professional insecurity. Members of professions feel much safer in their own specific competence and expertise (Elston & Holloway, 2001:26). According to the researcher, professionals need not be afraid of becoming generic therapists because nobody will be able to do everything, all the time. People's problems are unique and so are the remedies.

According to Nolan (in Elston & Holloway, 2001:22), a truly inter-professional approach results in blurring professional boundaries and it requires trust, tolerance and a willingness to share responsibility.

3.4.2 Professional adulthood

Laidler (in Molyneux, 2001:33) addresses the issue of crossing professional boundaries. She writes about the concept, which she describes as *professional adulthood*. In her view, staff from different disciplines needs to feel sufficiently confident in their own roles and in their own professional identity, in order to feel safe enough to share and defer from their professional autonomy to work effectively together. Laidler developed a multi-professional model of working, in a patient- focused way, sharing ideas and expertise, but with each professional retaining the core experience of his own profession.

She suggests that if this professional adulthood is not achieved, then inter-professional jealousy and conflicts may arise to the detriment of team members and more importantly, as a result, to the detriment of patient care.

In theory, the unique roles and capacities of each discipline appear to be clear and workers need only coordinate their efforts. In reality, however, there is considerable blurring of lines between the various helping disciplines. Turf problems inevitably will emerge, and if not resolved, can jeopardise good client service. Thus, inter-professional collaboration and teamwork are essential (Morales & Sheafor, 1998:130).

3.5 COLLABORATION

For Solity and Bickler (1994:20), positive collaboration is all about professionals developing policies that specify aims and objectives and the mechanisms for planning, delivering and managing services in a coordinated way, drawing on the skills and expertise of the different professional groups.

Collaborations are formed for various reasons. Some of the reasons would be to save money for the organisation or to make best use of limited resources. Inter-professional collaboration has also been encouraged by increased emphasis on centring provision around the ideologies of holistic care and the involvement of users and caregivers (Freeth, 2001:38).

3.5.1 Discouraging collaboration

Quite a few factors could strain inter-professional collaboration. These could include the location and timing of meetings, dual (or indeed multiple) reporting structures and requirements, and increased practical problems of communication, availability and accommodation as teams increase in size and diversity (Hallet & Freeth, in Freeth, 2001:38).

However, difficulty in resolving mundane matters is inextricably linked to the complex issues of allocating limited resources, the ability and willingness to share power, gains and losses for participants, the congruence of participants' objectives, support at the policy-making level, grassroots support, overcoming resistance to change and persistently maintaining effective communication. It is also a fact that uncooperative stakeholders can negate the efforts of local enthusiasts (Freeth, 2001:39). Beattie and Biggs (in Freeth, 2001:39) draw attention to the conflicting loyalties and concerns about potential loss of identity which may trouble professionals engaged in inter-professional collaboration.

3.5.2 Sustaining and terminating collaboration

Vanclay (in Freeth, 2001:39), regarding collaboration between general practitioners and social workers, claims that collaboration is sustained by similar factors to those important for first developing collaboration, namely understanding of roles and responsibilities; sharing information about structures and procedures; regular face-to-face contact; joint working on local projects of specific topics; and support from senior management. Education and training are seen as pivotal to providing the conditions and skills required for sustaining collaboration.

It seems reasonable to list dissatisfaction as one of the possible threats to collaboration. If partners in an inter-professional collaboration benefit unequally from the collaboration, it is likely that those gaining least will become dissatisfied. If they feel unable to change the distribution of benefit, it would be natural to gradually withdraw support. Less often, all parties may come to feel that the benefit of a collaborative venture is not sufficient for the resources expended. If attempts to sustain the collaboration through re-planning and innovation did not yield a viable and widely supported plan, one would expect the collaboration to be terminated (Freeth, 2001:40).

Supported by the above-mentioned, it is the researcher's contentions that if a partner of any collaboration is treated unfairly or as inferior, that partner will become disenchanted and might even sabotage any future dealings. All worthwhile collaborations should be handled with care.

3.5.3 Collaborative climate

In their extensive research over a three- year period, Larso and LaFasto (in Garner, 1994a:9-11) proposed eight characteristics of effective functioning teams. Collaborative climate was one of the characteristics. A climate in which people work well together was viewed as essential for teamwork. This climate was defined as including clear roles, responsibilities, and lines of communication. It also included a feeling of trust among the team members. Trust fosters teamwork by allowing team members to stay focused on the problem and promotes more efficient communication and coordination. When a deep level of trust exists in a team, the members are able to confront problems and deal openly with negative factors affecting the team's functioning. It also improves the quality of the collaborative outcomes and allows team members to compensate for one another's deficiencies.

3.5.3.1 Trust and self-competence

Poland (in Lax & Galvin, 2002) suggests that engaging people in social action takes a greater deal of time to allow trust and self-competence to develop. This empowering process cannot be hurried. Effective collaboration and participation can be time-consuming and often frustrating to achieve and, for many over-stretched practitioners, something they may prefer to avoid.

At any level, inter-disciplinary collaboration takes time to blossom to its fullest advantage. Just as individual professionals grow towards responsiveness to collaboration, teams also experience a parallel growth process before true cohesiveness and collaboration appear (Pappas, 1994:70).

Inter-professional collaborations, particularly in fields with no tradition of collaboration or even worse, a tradition of enmity, may take a few years of nurturing to properly bear fruit. Furthermore, if an inter-professional collaboration is truly breaking new ground (and not all will or should), no one can be certain of how the collaboration will really function until it is underway (Freeth, 2001:40).

The above-mentioned could just be the key to the success of the activation of the helping professions of the South African Police Service. The three disciplines only really started to move towards one another about 18 months ago. At grassroots level they are nowhere near a structured collaboration and hopefully this research might help the helping professions of the West Metropole to become a successful multi-disciplinary team.

3.6 TEAMWORK

According to Ingrain, *et al.* (in Webster, 2002) teamwork is characterised by practitioners working together “in harmony”, the intended outcome being to benefit clients and the team as a whole. Botha (1995:208) further contends that the inter-disciplinary team approach is generally regarded as the method whereby a comprehensive and coordinated service can be delivered. Teamwork is a process in which activities are organised in a manner according to which people are managed to execute these organised tasks. It provides the terrain on which different tasks can be meshed and various disciplines can operate. According to Botha (1995:208) there is an on-going debate on precisely what is understood by the term “teamwork”. There are quite a few descriptive views in the literature on the subject. Brill (in Botha 1995:208) cites the following:

A team is a group of people, each of whom is responsible for making individual decisions, who together hold a common purpose, who meet together to communicate, collaborate and A team is a group of people, each whom possesses particular expertise, each consolidate knowledge, from which plans are made, actions determined and future decisions influenced.

When considering all the elements mentioned in the various definitions, it seems evident that a multi-disciplinary team has to have a common goal. Furthermore, the individual members of the team, while retaining their personal and professional responsibilities, have to divide the work, allocate specific tasks to members who are best qualified for the tasks, and in so doing direct the team’s effort toward attaining its common goals (Botha, 1995:209).

In multi-professional teamwork, it is required of professionals to communicate effectively and to understand each other’s contribution to benefit the client at the end of the day (Freeman, *et al.*, 2000:237). Each discipline has its own and unique code of

conduct. The researcher is of the opinion that all codes of conducts will prioritise the needs of the client, and that is why all services should benefit the end user.

3.6.1 The process of team development

Some teams seem to become enmeshed in negative processes with team members not trusting one another, not communicating, and feeling left out. They further have divided loyalties, are competing for control and pursue their independent goals. Team leaders and administrators often attribute these problems to a variety of factors, including personality conflicts, lack of ample time, inadequate leadership and insufficient organisational support (Garner, 1994a:13).

From various definitions it is quite clear that a group of people, who wish to develop into a team, have to undergo a process of development. Tuckman and Payne (in Botha, 1995:209) state that groups go through the process of **forming** (getting together), **norming** (coming to general agreement about how the group should work), and **performing** (getting on with the work-sharing without worrying too much about relationships in the group). Brill (in Botha, 1995:209) adopts a similar approach and suggests a developmental process which he coined **orientation process** consisting of **accommodation, negotiation, and operation**.

Tuckman (in Garner, 1994a:14-15) identifies four stages of team development, which use the more common terminologies, namely, **forming, storming, norming, and performing**.

3.6.1.1 Forming stage

During the forming stage, the team develops a sense of its purpose and its identity. The trust level in the team is low at this point and communication is guarded, constricted, and topic-centred. Usually the interaction is leader-centred or among subgroups, within the team. It is observed that this early stage also involves “testing” by team members as they attempt to seek their place in the group. Tuckman (in Garner, 1994a:14-15) refers to this as the orientation phase of team development. Team members are getting to know one another, developing relationships, and seeking clarification regarding the team’s goals and their respective roles.

3.6.1.2 Storming stage

Tuckman (in Garner, 1994a:14-15) continues to discuss the second stage of team development, namely, storming. This is the beginning of the search for group values, procedures, and norms. This kind of search usually leads to conflict in a variety of forms. In some teams this stage is characterised by confusion on the part of some team members as they attempt to understand the team's legitimate role in the process of making decisions. In other teams different members of the team compete with one another for control and influence. Tuckman (in Garner, 1994a:14-15) refers to this behaviour as "infighting". In the face of this conflict, some team members begin to withdraw or feel trapped, and start to question the team's direction. The interaction pattern is erratic during this stage and communication can be distorted, angry, and confrontational.

3.6.1.3 Norming stage

Fortunately, teams mature and move through a transition period leading to the more productive norming stage. Here, teams develop a shared sense of their values, expectations, procedures, and traditions. A greater openness in communication leads to increased sharing of perceptions and the giving and receiving of feedback. Issues are confronted more easily with an improved balance between the group task and group maintenance concerns (Tuckman in Garner, 1994a: 15).

3.6.1.4 Performing stage

The performing stage is characterised by a strong sense of "we" and of team cohesiveness. Collaboration, coordination, and consistency become realities instead of goals. The team becomes efficient in making decisions and resolving conflict. Interaction patterns within the team are usually group centred, flexible, and move from task to person to team. Higher levels of the performing stage include the expression of affection and the willingness to take risks. The mature team in this stage provides a supportive environment in which all team members can actualise their personal and professional potential (Tuckman in Garner, 1994a:15).

When functioning well, multi-disciplinary teams provide a supportive work environment for their members. Team members often enjoy a level of interpersonal closeness that allows the expression of appreciation for one another's contributions and concerns for

experiences of stress and frustration. In addition, multi-disciplinary teams can provide a form of peer supervision in which team members receive helpful feedback from one another, leading to improved job performance (Garner, 1994a:27). From the discussion on this subject, it seems that one can refer to a team as a group of people who have common goals and who plan their work in such a manner that team members have a mutual regard for one another when pursuing their common objectives and working together as a team in an effective and responsible manner (Botha, 1995: 209).

Existing or newly formed teams can experience great success in teamwork if they are familiar with the above-mentioned and are mindful of group dynamics. A great deal of conflict can be handled amicably if one knows and understands people and their dynamics.

3.6.2 The value of teamwork

Effective teamwork can address two key problems with the old paradigms. Firstly, under the old paradigms, the talent of individual employees was often not fully used, and the organisation suffered as a result. Secondly, isolation of individuals meant that the organisation failed to capitalise on synergy, the effort of working to achieve something collectively that could not have been achieved through individual efforts. The output of group work is, in many instances, greater than the combined output of its individual members working alone (Rees, 1991:37).

According to Mitchell and Ameen (1994:151), the synergistic effect of teamwork makes it possible to delegate a tremendous amount of responsibility to teams, even those responsibilities traditionally thought to be management orientated. To fully experience this synergistic benefit, it is critical that teams be allowed to grow and have opportunities even to fail, for through these experiences team members learn what works and what their capabilities are.

3.6.3 Teamwork means different things to different people

To some people teamwork means having positive attitudes toward professionals from other disciplines, sharing information periodically, and cooperating – but at a comfortable distance. Yet, to others, teamwork means a collaborative working relationship in which daily communication ensures consistency, where major decisions are made through consensus, and where a sense of equal partnership prevails. Teams

differ in their purpose, size, structure, leadership, and power. Teams differ also in the amount of independence the team members have. In some teams decisions are reached through a consensus decision-making process, and all team members are expected to implement the decision. In other teams the members communicate their knowledge, insight, and observations, but the team is not expected to make any major decisions (Garner, 1994a: 19-20). (See also the definitions on multi-disciplinary and inter-disciplinary approaches in Chapter 1.)

When professionals from multiple disciplines come together to plan and deliver coordinated services, they must establish teamwork procedures: (1) for leadership and decision-making that will be equitable and functional, (2) for communication that will be accessible and intelligible and (3) for standards that will hold both the group and its' individual members accountable, across the disciplinary and bureaucratic boundaries that typically separate them (Dyer in Garland, 1994:102).

According to Compton and Galaway (1994:502) and Lax and Galvin (2002), teamwork requires openness to different views and opinions, ease with conflict, and a willingness to enter into negotiations to resolve the differences. Developing healthy alliances and learning to work inter-professionally also demands engagement with other service providers and consumers to listen and hear each other's perspectives. This is a prerequisite to the development of a shared value base and principles. Acknowledgement of differences is essential to the process.

Davies and Davies (1993:190) are of the opinion that teamwork is not achieved in many health centres and surgeries, as individual members may be very isolated, and may never meet or talk to one another. In other teams, meetings may be held, but because of the poor understanding of each other's respective roles, little meaningful communication occurs. Regular multi-disciplinary practice meetings are important, where each member can feel equal to other team members and also have a say in policy decisions. This aspect of regular meetings between participating professionals is repeatedly mentioned throughout this dissertation and should be taken cognisance of.

3.6.4 Ten essentials of teamwork

Team members have mutually inter-dependent purpose, so that the success of one team member is contingent on the success of others. In addition, each person has a

sense of belonging in membership, and all team members accept certain behaviours based on group norms, procedures and constraints (Rees, 1991:38).

For a team to stay alive and to keep on functioning well, the following needs must be met: (1) common goals, (2) leadership, (3) interaction and involvement of all members, (4) maintenance of individual self-esteem, (5) open communication, (6) power within the group to make decisions, (7) attention to process and content, (8) mutual trust, (9) respect for differences, and (10) constructive conflict resolution (Rees, 1991:38-41).

Webster (2002) adds the following to the list: (1) a clear operational policy, (2) process of team activity, and (3) clearly defined roles, responsibilities and accountability of individual team members.

3.6.5 Personal and professional development

A final tenet of teamwork, subscribed to by most advocates, is that teamwork promotes personal and professional development, facilitates reliable feedback among colleagues, and provides emotional support for professionals working in demanding and stressful situations. Where teams are functioning effectively, professionals report high levels of satisfaction with their jobs, high morale, and a reduction of stress (Varney in Garner, 1994a:5).

How practitioners perceive themselves and their skills within a multi-professional team is vital. If individual practitioners do not value or perceive their roles as being an important part of the multi-professional team, then other team members may well dismiss their contributions as a whole. Likewise, it is vital that practitioners are perceived as being credible and that practice is grounded in evidence-based research and not anecdotal or traditional practices. This forms a huge challenge for multi-professional teams because much clinical research is discipline- or diagnosis-related and the challenge is not only to bridge the theory/practice gap, but to bridge the gap between individual professional disciplines and practices (Webster, 2002).

Varney (in Garner, 1994a:8) recommends a process of role clarification when a new team is being formed or where role conflict occurs within an existing team. He advocates open discussions during team meetings to establish role definitions so that all team members can understand and support the decisions. He further recommends the use of a third party, such as a process consultant, to assist teams in resolving some of the difficult decisions regarding roles and responsibilities. This person can also assist

teams in clarifying their roles during team communication and decision-making processes

When discussing the role of the specialist, one can see that one of the problems in team functioning may involve a lack of role definition, as several roles may overlap. Continuous ongoing communication and role negotiation are needed (deLamerens-Pratt & Golden, 1994:167).

3.7. GROUP THINK AND INTER-DISCIPLINARY BALANCE

The most powerful teams are those that have available resources from a variety of backgrounds and disciplines. Teams that tend to have like-minded thinkers in terms of individual skills and knowledge brought to the job, run the risk of practising group think. Group think is a phrase used in the literature to describe a situation where people working together, for a variety of reasons, feel that they must concede to the group's wishes to avoid conflict or bad feelings within the group. The result is that everyone begins to think the same way to avoid conflict. Building a team of staff with similar backgrounds does not always imply that this will occur.

Team members must have enough commonality in their approaches to implement a plan of action, but also they must have differing viewpoints to stimulate more creative thinking. At times, these differing opinions may result in conflict that in these circumstances should be viewed as healthy and helpful (Mitchell & Ameen, 1994:152).

While it is often typical to avoid conflict, highly functional teams that have inter-disciplinary balance will actually stimulate conflict because they generate a wide variety of creative and challenging ideas in doing so. Some of the best solutions to problems often surface in this process. A synergistic effect occurs when the combined ideas of many and different people are merged (Mitchell & Ameen, 1994:152).

Although sustainable harmony in a team is desirable, no team can afford the impact that group-think might have on that group. To a certain extent, group think can cause stagnation, which is the beginning of the end for any team. Group-think needs to be examined before it is just accepted or rejected.

3.8 TEAMS AND TEAM MEMBERS

Compton and Galaway (1994:509) compiled a list of seven principles to provide for a degree of egalitarianism in the team functioning, namely: (1) the recognition of joint and

differing expertise, (2) sharing of all information, (3) all team members involved in all phases of planning, (4) team members free to express differing opinions, (5) differences of opinions considered and action plans negotiated, (6) responsible behaviour required of all team members and (7) performance problems discussed openly. According to Webster (2002), the main function of a multi-professional team is to meet the needs of clients effectively.

A successful team needs members who have both the technical skills to achieve the team's objectives and the personal skills to work in collaboration with others (Garner, 1994a:10).

Compton and Galaway (1994:509) and Rees (1991:38-41) give sound advice to any multi-disciplinary team regarding the sustaining and functioning of teams. The above-mentioned points supplement one another, and if workshopped could give remarkable guidance to any team.

3.8.1 Teams

3.8.1.1 Team leadership

A multi-disciplinary team frequently has a strong leader who calls and presides over meetings, who feels primarily responsible for collecting and analyzing information from all team members, and who ultimately makes final decisions (Garner, 1994a:26).

3.8.1.2 Team decision-making

Multi-disciplinary teams exist to bring together people who are working with the same students, clients, or patients. The team allows its members to communicate information that the other professionals may need to do their job better and through communication some coordination of activities is often achieved. Multi-disciplinary teams often make recommendations rather than implementing final decisions (Garner, 1994b:26). Teams do not work in a vacuum and sometimes team members may need to tolerate some disruptions or regressions in the developmental progress of the team. Team cohesiveness may temporarily revert to the joining or conflict stages while new team members are being introduced (Pappas, 1994:73).

The strength and growth potential of any team is noticeable in the way that teams can make decisions in a group. This calls for a reasonable amount of maturity within the group.

3.8.1.3 The need for structure and process

Teamwork is best and effectively implemented where both structure and process are present. The structure for teamwork requires, for example that teams have time to meet, are given the resources necessary to support their decisions, and are granted administrative sanction for their work. Furthermore, the process of teamwork requires that each team member contribute to the quality of communication, decision-making, conflict resolution and relationship building (Mitchell & Ameen, 1994:143). The Ideal Team is characterised by high teamwork structure and high teamwork process.

The researcher has experienced that not all teams are at liberty to make decisions and to implement them. The type of worker organisation the team finds itself in will determine the amount of power a team has. Owing to the hierarchical nature of the SAPS, the multi-disciplinary teams of the helping professions are not heard that loud and clear. Many good and proper recommendations are not implemented by management at all.

3.8.2 Team members

3.8.2.1 Distance between team members

Multi-disciplinary team members most often experience varying degrees of physical and psychological distance between their respective work spaces and one another. Opportunities for informal and frequent communications are decreased when team members do not share the same general space. Psychological factors are seen as when the meeting location is rotated among the participating agencies and the team members are aware of whose turf the meeting is being held on. In clinics based on the multi-disciplinary model, the psychological distance between work areas is often guarded as each discipline respects and protects each other's independence (Garner, 1994a:25).

3.8.2.2 Independence of team members

Workplace settings differ from one another. In some settings, like the child development clinics, the team members function relatively independently, seeing the child or parents alone; administering discipline-specific assessments, and developing recommendations within their respective areas of expertise. Communication and sharing of information are

highly valued in multi-disciplinary teams, but the team seldom makes a decision that all team members are expected to follow (Garner, 1994a:26).

3.8.2.3 Responsibilities of team members

Being a member of, and working as a team, implies that a common focus is agreed upon and that roles, responsibilities, accountability and communication are clear (Bennett & Ebrahim in Webster, 2002). Teams could develop where team members complement one another. Teamwork challenges professionals to share their knowledge and to cross those expert boundaries which can often be so firmly entrenched in the notion of “professionalism” (Cooper, Stevenson & Hale in Cooper, *et al.* 1996:13).

For Furniss (in Cooper & McInnes, 1996:68), being an expert means being able to respect the expertise, the skill and the responsibilities of fellow professionals. Experts in this sense are holistic professionals, open-minded, and aware of their own values. Professionals from different agencies therefore do not need to practise from a similar theoretical background, as this could lead to professional greyness. Differences in approaches should be respected, celebrated and actualised, and used for the benefit of the service user in the delivery of holistic care.

Team members come to the team with specific skills and strengths. Some skills or tasks are profession-specific, and thus understandably, the professional training, codes of practice, and legal requirements may restrict certain functions to specific professions only. Other responsibilities and competencies may overlap, while yet others such as counselling, chairing meetings or running groups may be common to various professions (Botha, 1995:212).

Each member of the team inevitably perceives his role on and responsibility to the team through the lens of his own training, experience and value system, and each may expect to have greater or lesser input to the decision making process (Garland, 1994:102). Of utmost importance is the fact that professionals should have respect for the training and expertise of fellow professionals. The lack of respect for fellow workers can be a barrier to collaboration.

3.9 OVERLAPPING OF ROLES

It is inevitable that professionals charged with working with individuals and their relationships will have areas of overlap, uncovering certain tasks that either professional

could do. These areas may have to be negotiated around individuals' situations and can be effectively handled in this way. However, conflict over who does what often causes bitter feelings and raises barriers to collaboration.

There is a tendency for representatives of different professions to see their turf as being the village green and other professions as occupying only individual plots of ground. Workers should work on defining areas of overlap as well as areas of special competence. A dimension of collaborative skill for members of different professions is the ability to engage in role negotiation to be able to broaden the sanction appropriately and to bargain for turf, especially when other professionals may have some claim to some of the same territory (Compton & Galaway, 1994:502-503).

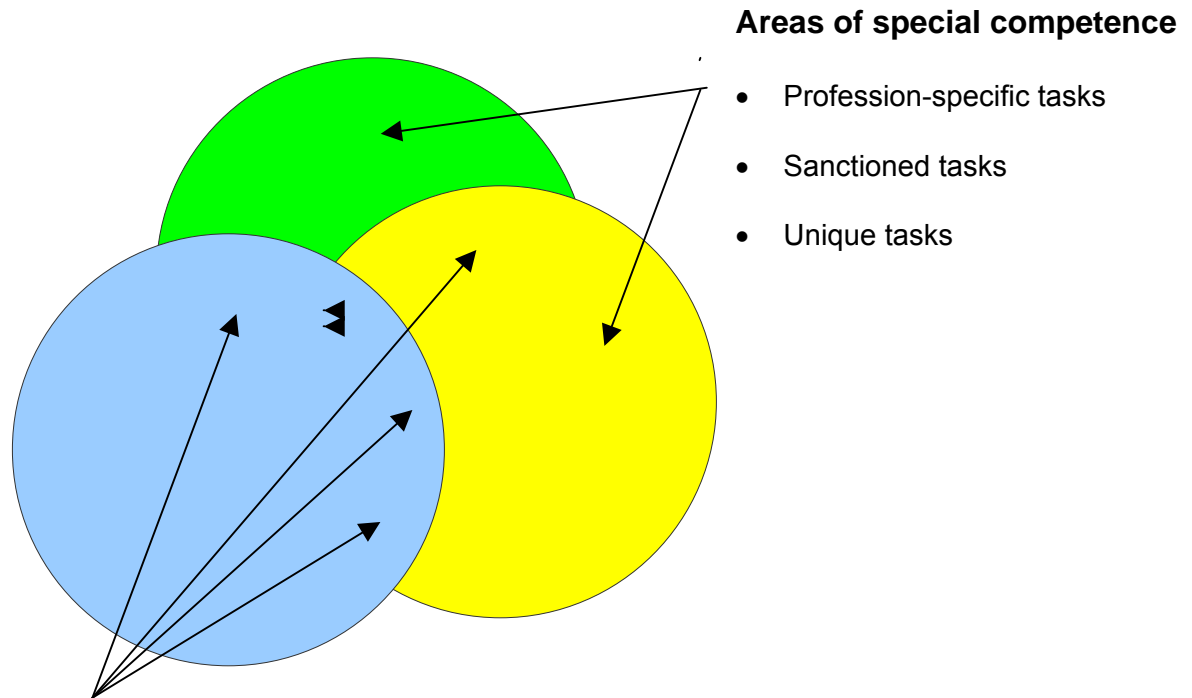
In agencies that use the talents of several professions or disciplines in delivering their social programmes, problems in multi-disciplinary collaboration inevitably occur. Although the professions have carved out their boundaries or unique missions in general terms, in practice there are overlapping areas. Individual practitioners often drift in their practice activities towards the orientation of their colleagues, blurring even further the boundaries between the disciplines (Morales & Sheafor, 1998:192).

Regarding the roles of different professions, one of the respondents in Elston and Holloway's research said the following:

The three disciplines working together will get the most effective package, but it needs to be pretty even. We have to understand each other's roles and we have to respect each other's roles and then use skills we have obtained through our working lives to work as a team (2001:22-23).

The researcher, in conjunction with Compton and Galaway (1994:502-503), compiled the following diagram to show the possible overlap of three disciplines working together.

Figure 3.1 Specific and overlapping areas



(See Annexure 1 for a comprehensive list of discipline-specific and overlapping tasks.)

3.10 CONFLICT

Competition and conflict among the professionals frequently result as well. In too many settings professional turf is carefully guarded, and distrusting camps plot against one another beneath a veneer of “professionalism”. The human services disciplines may be called “the helping professions”, but they can be extremely competitive and even vicious with one another under certain conditions (Garner, 1994a:3). This is uncalled for and unnecessary, but true.

When role overlapping into “their professional domain” occurs, conflict could be the result. According to Nash (in Garland, 1994:105) and West and Pillinger (in Elston &

Holloway, 2001:26), conflict is inherent in team progress, but can also be destructive. For conflict to be addressed in an amicable way, role players need to come up with creative answers. Sometimes a conflict situation is needed so that a creative solution can be found.

Clear aims for the whole group and task orientation will help members to manage and cope with conflict. If conflict is not handled in a constructive manner, it will adversely affect cohesiveness and reduce team effectiveness.

In conflict situations members' responses become more uniform and they more often employ withdrawal or avoidance as a form of self-protection. This is detrimental to teamwork and multi-professional collaboration could become strained. To sustain collaboration, conflict and responses to conflict need to be recognised and acknowledged. To see a process through and to make sure that all members are committed to it, according to Freeth (2001:40), it is necessary for all team members to be involved in creative problem solving.

When conflict regarding plans of care arises, the problem can be addressed openly through skilful communication methods. If there is conflict regarding professional role ambiguity, or "who does what?" it should be common practice for team members to identify possible areas of overlap so that negotiation can be entered into and the question be resolved. In this way costly and time-consuming duplication of services is minimised or eliminated (Hernan, 1994:209-210).

Without clear procedures for dealing with conflict and for making decisions, endless discussions without resolution can destroy the emotional climate of trust necessary for teamwork. Perhaps in greater jeopardy is the team that is unable to air conflict at all (Garland, 1994:106). Being able to air conflict, and to come up with amicable solutions, can only occur in a climate of trust and open communication.

Team members can participate in decision-making and shared leadership only to the extent that they have access to all the information needed to make good decisions and to move the team towards mutually agreed on and commonly held team goals. Protocols should ensure that all team members have equal access to information (Nash in Garland, 1994:106-107).

It is an undisputed fact that unresolved conflict is contra-productive to any team and/or organisation and should be ironed out as soon as possible.

3.11 COMMUNICATION

In Freeth's (2001:37) research, investigations of cases where clients have received poor service have repeatedly drawn attention to failure in communication and co-operation between different professionals.

Communication is thus vital, but in practice there is potential for communication breakdown due to the nature of multi-disciplinary working and the lack of understanding of the roles and functions of other disciplines. This is endorsed by Embling (in Webster, 2002): "The effective coordination of a client's care is sometimes put in jeopardy due to team members not understanding or having little knowledge of one another's functions and roles."

3.11.1 Jargon

Each individual brings to the team his own experience and view of the world. Such philosophical differences may be difficult to resolve, especially if the team members are used to working in isolation and have not been provided with opportunities to solve problems cooperatively. Moreover, differences in professional jargon may further obscure communication between professionals. Such differences can be overcome, particularly when team members recognise the presence of these differences. It is fine to use jargon, especially when it clarifies rather than obscures, but it is preferable to use easily understood terms in speaking or writing reports to colleagues and clients (Orelove, 1994:50).

Thorp and McCollum (in Garland, 1994:107) are of the opinion that team members from multiple disciplines should have a common vocabulary that enables them to share their disciplinary expertise, plan interventions and incorporate shared disciplinary knowledge into their own interventions.

Technical vocabulary and professional jargon have so invaded the lives and work of team members that they may be unaware of the ways in which their language results in unclear communication and misconceptions, and sometimes even closes the door to future interaction. "Each time I call my social worker," one father said in disbelief, "they tell me she's working in the field." Pointing to the rainstorm outside his window he asked, "What kind of field could she work in on a day like this?"(Garland, 1994:107). That kind of *jargon* completely confused him.

Team members must develop and use a common language and individual professionals must be asked to explain their disciplinary jargon, if necessary (Pappas, 1994:71). Searching for common ground over definition may entail the selection of alternative wordings or even creating team-specific phraseology.

Hernan (1994:208) rounds off this discussion by saying:

It is the nature of various health care disciplines to develop certain terminologies, abbreviations, and acronyms specific to their field of practice. During team meetings however, the use of discipline-specific jargon should be kept to a minimum so that the level of understanding can remain high between and among all members. Slipping back into *jargonese* usually necessitates good-natured reminders from fellow team members.

In most cases situational comedy thrives on the misunderstanding of jargon, and in so doing, entertains us. It is also true that this misinterpretation has cost many a life in a critical situation. If it is viewed that using jargon could complicate matters, it needs to be refrained from.

3.11.2 The sharing and/or withholding of relevant information

In a study done by Freeman, Miller and Ross (2000:242), professionals wished to share knowledge and information about a patient which was outside their parameters of training and expertise. In their set-up, several of the doctors operated on a need-to-know basis. This meant that other professionals were only informed of what the doctors felt needed to be disseminated, and what the doctors required others to do. Brief messages were frequently relayed to other professionals' communication books. Those professionals who chose not to communicate comprehensively with others, did not only fail to gain the wider picture of the patient, but also prevented others from having full access to their assessments, decisions and actions.

In another setting a newcomer joined a neurone-rehabilitation unit, where there was an almost total commitment to integrative teamwork. It was expected of all team members to regularly attend all meetings and give account of their actions; however this professional did not attend any meetings on a regular basis. Although all other members of this team wrote joint notes, he declined to participate in the system, keeping his own notes locked in his office. As a result of this reluctance on the part of the newcomer to reveal the basis of his clinical decisions, and how he intended to proceed with a programme of care, resentment grew among other team members and doubts were

fostered about the extent of the newcomer's knowledge and skills (Freeman, *et al.*, 2000:243).

3.11.3 The importance of structured meetings

In regular multi-disciplinary practice meetings, all members must feel on equal terms and have a say in policy decisions (Davies & Davies, 1993:190). Regular multi-disciplinary meetings will aid helping professionals to understand one another's individual roles and get to know one other (Cowley, *et al.*, 2002:35).

According to Cowley, *et al.* (2002:35), meetings ensure that care provision is focused, well planned and timely, as well as enhancing working relationships and communication. Some people might think that having multi-disciplinary practice meetings is time wasted. Molyneux (2001:31), in her research, found it to be time well spent. In this way all get a chance to raise their points and work together. That helps with the setting of goals and tying in the blurring of roles. Adam and Baker (in Molyneux, 2001:34) also found that joint case notes improved working relationships between team members and aided their understanding of one another's roles.

In Compton and Galaway's view, a case conference is a good device for joint planning and joint monitoring of work when more than one worker is involved with the client system. The client should be told about these conferences and their outcomes or even invited to attend and participate (1994:513).

A specific time for team members to meet and conduct planning is essential. At a minimum, team members should meet weekly. Meetings should be designed in a way that promotes decision-making, rather than giving everyone an opportunity to socialise or tell "war stories". A clearly defined agenda is essential to the process. Meetings need to be arranged at times that allow all members to attend. These events should have an important status within the organisation (an organisational priority) and deserve the staff's full attention (Mitchell & Ameen, 1994:153).

Staff meetings are important, as they provide the greatest opportunity for communication and the exchange of information among professionals. Since no single developmental problem pertains exclusively to one discipline, without question, the views of all team members are equally valued. During daily rounds involving all members, the team discusses each patient's progress and often makes

recommendations regarding long term care. In hospital settings these meetings are called ward rounds (deLamerens-Pratt & Golden, 1994:165).

Professionals involved are often in different locations so that information must be exchanged via telephone contact or written reports. This causes a time delay and without a team conference, some members may miss out on information obtained by another discipline. This will cause the client's problem to be addressed in a disjointed manner, which may lead to poor patient compliance (deLamerens & Golden, 1994:171).

Hernan ends this discussion on meetings and suggests the inclusion of simple refreshments at each meeting. The sharing of food and the polite act of refilling one another's coffee cups tend to help create an atmosphere of professional camaraderie that is conducive to accomplishing tasks and maintaining the team's spirit and cohesion (1994:210-211). No price can be placed on open and honest communication, as it is necessary for any relationship to bloom and be successful.

3.12 OTHER AND OWN DISCIPLINE

3.12.1 Other discipline

Frequently, people know very little about what others do, about what the company as a whole does, and about how their jobs affect others. As a result it is difficult to get people to solve complex problems involving several sections or departments (Rees, 1991:35) and that is why it is understandable that a lot of inappropriate referrals are made because professionals do not know one another's roles and boundaries (Cowley, *et al.*, 2002:38).

Professionals should acknowledge the different philosophical and educational backgrounds and identities of the other professions. Between the different professions there are different priorities, for instance: although both are in the healing business, general practitioners and nurses tend to focus on different aspects of the recovering process (Elston & Holloway, 2001:21).

What usually begins as gradual acceptance has in numerous cases turned to respect and then to the realisation that there are more advantages in forging alliances than there are in continued opposition (Brooks & Gersten, 1990:481).

3.12.2 Own discipline

Respondents in Molyneux' (2001:31; 33) research experienced the lack of multi-professional jealousy because staff in the team felt confident in their own professional role and did not feel threatened by staff from any other discipline. Being secure in one's own professional knowledge, allows one to let go, or to move boundaries. Professionals should be confident in their own core skills and expertise and find security in that knowledge. They also should be fully aware of and confident in the skills and expertise of fellow professionals (Lax & Galvin, 2002).

3.12.3 Crossing disciplines

Being able to cross over different disciplines, one needs professional maturity, which Laidler (in Molyneux, 2001:33) describes as professional "adulthood". According to her, staffs from different disciplines need to feel sufficiently confident in their own roles and in their own professional identity, in order to feel safe enough to share their professional skills and expertise with other disciplines.

When working in a group, professionals give up more personal control to the group. To be able to give up some control and to be an effective team member, the individual must, once again, first feel comfortable and competent within his own expertise and knowledge (Orelove, 1994:41). Openness to multi-disciplinary participation with other disciplines becomes more viable as individual professionals gain more competence and confidence in their own discipline. Recognition grows in the professional that other disciplines also may have important contributions to make in addressing a particular complex situation. Being confident and competent in one's home discipline, makes the individual become more comfortable turning to other disciplines for advice and sharing (Pappas, 1994:67-68). Lowe and Herrarien (in Garner, 1994b:31) state that all professionals need to develop a strong identity with their respective disciplines but also an in-depth understanding and appreciation of one another's roles and functions.

Professional insecurity has led to the reluctance of both students and teachers of professional disciplines to engage in shared learning at pre-registration level. West and Pillinger (in Elston & Holloway, 2001:26) suggest that professionals need training and education in team working because this facilitates knowledge of each other's work. It also enhances shared understanding of the task that can only be achieved when professionals know about their colleagues' roles and expertise.

3.13 TRAINING

According to Lax and Galvin (2002), inter-professional training could bring about changes in professional knowledge and attitudes. Through this training and education, collaboration between different professional groups could also take place. This could address cultural and professional values and differences and allow professionals the opportunity to expand their roles, understand the viewpoints of others and their professional culture, and work more effectively across professional boundaries. Rothman (2000:51) maintains that the fact that different professionals are trained differently means that their approach and theoretical framework may ultimately differ.

Most helping professions are trained in isolation from one another and therefore have a poor understanding and little appreciation of one another's knowledge and skills; that's why awareness workshops, pre-training, in-service training and open discussions are needed (Garner, 1994a:8).

Current literature supports the view that shared learning is the most appropriate method of bringing improvement about (Elston & Holloway, 2001:26). Weinstein (in Elston & Holloway, 2001:26) suggests that shared learning should provide the vehicle for developing a common philosophy of care and knowledge about one another's roles. In a study, willingness to learn from others not only aided individual professional development, but also created a pool of team skills and knowledge (Freeman, *et al.*, 2000: 245).

It seems that initial professional training does not prepare professionals to be able to work effectively in a multi-disciplinary setting. According to Miller (in Freeman, *et al.*, 2000:245), few professional education programmes explicitly address team working issues, and still fewer consider that these might be addressed in a multi-professional educational context.

Another key component of successful alliances is reducing professional boundaries and power bases through learning from and learning with other professionals to use and build on one another's skills, knowledge and experience. Professionals will only learn from one another if they acknowledge others as equal partners and have the necessary respect for one another (Lax & Galvin, 2002)

There should be a willingness to engage in multi-professional learning. In a research project, a doctor was asked about those from whom he had learned. He chose his seniors as the source of his professional learning and his learning about multi-

professional working. Where a professional had status and power, this was translated as other professionals working *for* them, rather than working *with* them (Freeman, *et al.*, 2000:242-244).

As mentioned before, if professionals have an attitude of being superior, and people working *for* them, instead of working *with* them, then that team is on a certain course of destruction and conflict.

According to Barnes, Carpenter and Dickinson (2000:568), professional training is often long and individuals often make sacrifices, such as spending valuable personal time and living on a reduced income, in order to meet the requirements of professional membership. One can then understand the fear of professionals of becoming uni-therapists or some or other generic worker. Inter-professional education and training is perceived as an important means of facilitating collaboration.

3.13.1 Personal development

Professionals willing to develop their skills in working as part of a team can begin with relatively small but significant efforts. Reading journals beyond one's own discipline and attending conferences outside one's area of primary interest are good ways to start. Asking to observe a colleague from another discipline at work, asking follow-up questions about the interview technique, and asking for help in acquiring those new skills, are all ways in which team interaction can be enhanced. Asking for observation and feedback from colleagues in other disciplines on one's work can also expand the extent of team interaction. Receiving and making use of feedback to evaluate and modify one's own behaviours occurs easily in a climate of openness and mutual respect (Garland, 1994:111).

In this case the transfer of skills will not take place. The psychologist will not teach the chaplain how to do organisation development, but will share the reasons for the intervention and how the intervention will be done. Armed with this information, it is hoped that the chaplain will better understand his colleague's task and where he as a chaplain fits into the whole process.

It follows that team members have the professional responsibility to review current literature and to avail themselves of various continuous education programmes or in-service activities. To ignore or postpone this responsibility is to do a great disservice to

the team and the clients it seeks to serve. An administrative commitment to ongoing education impacts heavily on any team effort in this regard (Herman, 1994:212).

3.13.2 Pre-professional training

To overcome this confusion between disciplines regarding who should take what responsibility and the lack of confidence in other disciplines, Mariano (in Garner, 1994b:31) argues for “pre-professional” and professional team training. Through this type of training, students can come together with various other disciplines to learn principles and skills of collaboration, to explore role specialisation and role generality, to examine the unity of knowledge and connections among disciplines, as well as develop flexibility. It would be fair to state that most university programmes that prepare professionals in human services reinforce discipline-specific work at the expense of collaboration (Orelove, 1994:54).

The implications for in-service staff training are clear. Staff members should be trained to work together as a group of individual professionals with individual overlapping strengths that need to be capitalised on, rather than ignored because one may lack certain credentials. The super ordinate goal always must be to provide the best combination of services to meet the client’s needs (Losen & Losen, 1994:133).

3.13.3 Continuous Professional Development (CPD)

When involved in a team process it is expected that each member would be capable of a degree of autonomous practice in fulfilling the role for which he is employed. Through continued teaching and learning, each team member can keep up to date with individual skills development and personal growth. CPD thus involves continuous in-service training and the regular update of discipline-specific knowledge. Unfortunately all in-service training will not have CPD accreditation, and furthermore, CPD is only relevant to one’s own specific discipline.

3.14 GENERAL

3.14.1 Resistance to change

People, who are set in their ways and find themselves in a comfort zone, dread the idea of change. People further feel apprehensive when an outsider or somebody from another discipline imposes a shift in direction. In a medical setting where a multi-

disciplinary approach was to be followed, some GPs were worried about changes to their way of working. Others saw the changes as necessary and willingly obliged (Elston & Holloway, 2001:25).

Resistance to change is a common factor and needs to be acknowledged. Resisting change must be anticipated and confronted, and if left unchecked, can destroy a team (Orellove, 1994:53).

3.14.2 Holistic approach

Perhaps a more sure way of ensuring successful multi-disciplinary working would be to encourage professionals to be holistic in their approach. Hallett (in Cooper & McInnes, 1996:67) consider several advantages of multi-agency work, one of which is to increase the capacity to deliver comprehensive holistic services. Holistic practitioners must maintain their work orientation, and fulfil their statutory obligations and duties.

Working in a holistic fashion will mean that the “whole” person is served and serviced. One can also compare it with the **broad brush** approach of the EAP, where services are not just directed to one segment of the human being.

3.14.3 Referrals

It could very well happen that a professional cannot offer all the services a client needs or wants, in which case it would be appropriate to consult with one’s supervisor, peer or colleagues, and also with the client if one intends referring that client to another professional. Practitioners that are honest with themselves, and know their professional boundaries, will refer a client when they are uncertain of the assessment and future action plan. Furthermore they will do consultation if they are unsure and want a second opinion (Solity & Bickler, 1994:12).

According to Morales and Sheafor (1998:170), professionals should refer clients to other professionals when specialised knowledge or expertise is needed to fully serve clients. Referrals should take place when professionals believe that they are not effective or not making reasonable progress with clients and that additional service is required.

Cowley, *et al.* (2002: 36; 38) are of the opinion that referrals thrive where there are strong links between services and where sincere sharing of information takes place. Referrals should be beneficial to the clients and should therefore experience the active

participation of patients and caregivers alike. For referrals to be effective, they should be done as early as possible, with regular reviews and re-referrals if necessary.

Referrals should only be done to offer a better and more efficient service to the client.

3.14.4 Relationships

Practitioners working in a team are not only professionally but also socially connected to one another. Lunchtime, teatime, and other quality time spent with colleagues outside of one's agency or discipline should be used to relax and get to know colleagues on a friendly social basis. As in any other place of work, one will find some people more likable than others. You can, of course, enjoy their company comfortably as long as you do not create an atmosphere of exclusion of others (Rothman, 2000:50).

Although different theories compete with one another, they manage to co-exist in parallel. When flexibility and respect for others' understanding of the world are embraced, it is possible for professionals to co-construct their identities and so set up locally based and complex agreements in order to deliver quality care (Stevenson & Barker, 1996:54).

3.15 SUMMARY

One of the primary arguments for multi-disciplinary care addresses the need for treating the whole person instead of having a fragmented focus. Other reasons include preventing duplication of services, providing an efficient method of service delivery, and ensuring prompt access to the expertise of more than one discipline. The overriding emphasis is on interdependence of team members, for the collaborative effort and product of the whole team is greater than the sum of each member's individual contribution (Herman, 1994:199-200).

An example of team maintenance behaviours is that members express their appreciation for one another's good report or idea openly. When conflict regarding plans of care arises, the problems tend to be addressed openly through skilful communication methods. The intent is not to "walk on communication eggshells", when presenting a potential area of conflict, but simply to speak objectively to the team in a non-accusing manner (Hernan, 1994:209-210).

In collaboration with administrative personnel, the team should be able to manage the problem of territorial boundaries by verbally identifying each discipline's recognised area

of expertise and the areas of overlap between and among disciplines (Hernan 1994:211). Multi-disciplinary team functioning is not automatic and it is not an easy task or process for team members to undertake.

Articulating disciplinary and professional identity is important before multi-professional relationships can be successful. It is difficult to form collaborative ties when one is unsure of one's own professional identity (Molyneux, 2001:34).

Staff members in multi-disciplinary teams should be adaptable and flexible, open and willing to share with others and also not have a need to dominate other team members or disciplines (Molyneux, 2001:30).

The researcher would like to use Ovretteit's statement as cited by Lax and Galvin (2002):

The quality of the care given by health and social service professionals depends not only on their individual skills, knowledge and experience, but also on how those individuals work with each other.

Delaney (in Lax & Galvin, 2002) accentuates the importance of mutual awareness and recognition by acknowledging that colleagues in other professions have equally valuable skills and experiences to offer.

According to Carpenter and Hewstone (in Barnes *et al.*, 2000:569), the following variables are important in the success of collaborations between different disciplines: institutional support; equal status of participants; positive expectations; a cooperative atmosphere; a concern for and understanding of differences as well as similarities; and the experience of working together as equals.

Chapter 4

Empirical study, data analysis and interpretation: activating the helping professions of the S A Police Service to participate in the development and integration of an effective internal Employee Assistance Programme

4.1 BACKGROUND OF THE RESPONDENTS

The group of respondents for the empirical study comprised thirteen professionals who are all employed by the South African Police Service. All respondents had been interviewed on an individual basis according to an unstructured interview schedule. The group further represented all three disciplines, and also the four main ethnic groups, black, coloured, white and Indian. Both sexes were represented.

To ease the process, the researcher has numbered the respondents from 1 to 13 and only their professions are listed. Any further information could make identification possible because of the limited number of respondents working in the Area West Metropole of the SA Police Service – which may have some ethical implications regarding confidentiality and protection of respondents.

- Respondent 1 : Chaplain
- Respondent 2 : Psychologist
- Respondent 3 : Social Worker
- Respondent 4 : Psychologist
- Respondent 5 : Social Worker
- Respondent 6 : Psychologist
- Respondent 7 : Chaplain
- Respondent 8 : Social Worker
- Respondent 9 : Psychologist
- Respondent 10 : Social Worker
- Respondent 11 : Social Worker
- Respondent 12 : Social Worker
- Respondent 13 : Social Worker

The following is the breakdown of the years spent in the profession:

- More than 20 years : 1 person
- More than 10 years : 4 persons

- More than 5 years : 1 person
- Less than 5 years : 7 persons

About 50 % of the respondents are new in the SAPS, and new to the SAPS environment. This fact, especially, might advantage the process of establishing an EAP within SAPS. These newly appointed respondents might just bring with them a fresh outlook on and possible experience of an Employee Assistance Programme.

4.2 PROCEDURES FOR DATA ANALYSIS AND INTERPRETATION

While the interviews were taken down and later transcribed, quite a few themes were uncovered. The researcher saw fit to tackle this challenge by going through the questions one by one, and in this fashion uncovering and linking the different themes as portrayed by the respondents.

4.2.1 Most important tasks per profession (See Question 2 of the Schedule)

4.2.1.1 Chaplains

4.2.1.1.1 Pastoral tasks to be performed

In answering this question, Respondent 1 focused more on the pastoral side of his work in SAPS. According to him, the main tasks of the chaplains are to assist police members in the events of trauma and death, to officiate at funerals, and do pastoral counselling and preaching.

4.2.1.1.2 EAP tasks to be performed

According to Respondent 7, there is more to chaplaincy than just the above-mentioned tasks. He listed at least six of the nine aspects of the core technology of the EAP as being the task of the chaplain. These six aspects are counselling, aftercare, consultation, monitoring, referral and marketing, and thus link directly to the EAP. He was of the opinion that preaching alone plays a role in helping a troubled employee but that counselling in this set-up would achieve more.

4.2.1.1.3 Discussion of data

Since the chaplaincy's inception within the police, the tasks of the chaplain have changed remarkably and consist of more than just preaching. Before welfare officers

were appointed in 1969, chaplains also performed social work duties. After 1969, it was presumed that they could concentrate on more spiritual matters.

Perceiving chaplaincy in the way that Respondent 1 does, could be seen as a pre-EAP perception. With the coming of the EAP, the performance of services rendered by professionals has changed drastically. To be on target, service providers must adhere to the core technology of the EAP.

The researcher does actually agree with Respondent 7's contention that in a multi-disciplinary set-up chaplains in the past have gone beyond their traditional training in rendering service to the SAPS troubled employee. Within an EAP set-up they might in future just continue to go beyond their ambit of training and expertise. To truly assist them, they would need in-service training to get them to be competent and on par.

4.2.1.2 Psychological Services

4.2.1.2.1 Psychological tasks to be performed

There are different fields of expertise within this discipline, e.g., counselling, clinical, education, information, research and industrial psychology, and also the field of the psychometrist. The West Metropole employs psychometrists, counselling, clinical and industrial psychologists.

The tasks that these psychologists perform run over a broad spectrum. Many of these tasks are discipline-specific and can only be done by them, while only a few other tasks might be shared with other disciplines. (See Annexure 1 for a complete list of discipline-specific tasks and tasks and services jointly rendered by the different disciplines.)

The discipline-specific tasks will include organisational development, psychometric evaluation and the testing of entry-level constables, psychological and psychotherapeutic interventions and psychological assessments (which will include career assessment, personality functioning assessment and psychopathology assessment).

The psychologists interact with the workforce through counselling and clinical interviews, and with the organisation through interventions with groups, and organisational development. After an organisational development process, they might involve other disciplines to help with joint interventions. It seems as if clinical interviews and counselling are the only tasks that are not discipline-specific.

4.2.1.2.2 EAP tasks to be performed

When looking at the data received from Respondents 2, 4, 6 and 9, the following five tasks performed by psychologists are in line with the EAP core technology, namely, assessment, referral, counselling, feedback to the referring agent and consultation with management.

Respondent 2 observed his task to be maintaining the relationship between the individual and the organisation and getting the two to mutually benefit from one another. His main task is to help people to function at their best in the workplace, and thus favours the worker more. According to him, he will reprimand the organisation to get its act together so that the worker can work in a more conducive environment.

4.2.1.2.3 Discussion of data

Like any other EAP practitioner, the psychologist also has two clients; the troubled employee and the employer company (Ethics Committee of EAPA-SA, 1999:4). This dual responsibility poses a dilemma regarding loyalty.

Although the joint services are few and despite the fact that the psychologists have quite a few discipline-specific tasks, the research shows that the different disciplines need one another to render the remaining four aspects of the core technology of the EAP.

4.2.1.3 Police Social Work Services

4.2.1.3.1 Social work tasks to be performed

According to the social workers, almost 95 per cent of the core technology of the EAP is done by them, and that links them directly to the EAP. They do reactive and proactive programmes, workshops and training (Respondents 3 and 8).

When doing social work, they refer to casework with individuals and groups. As social workers they are advocates, mediators and educators for clients, and do assessments of the social functioning of people (Respondents 10 and 11).

The researcher is knowledgeable about the specific tasks that are allocated to the social workers by the South African Police Service. These tasks are performed and coordinated by them, and can be seen as discipline-specific tasks, although other disciplines can be invited to participate. (See Annexure 1.) It needs to be mentioned that these tasks are discipline-specific by allocation and not necessarily by initial training.

4.2.1.3.2 EAP tasks to be performed

The discipline-specific tasks of the social workers which link directly to the EAP core technology are: the whole process of substance abuse and rehabilitation, assessment, counselling, referrals, monitoring, follow-up, aftercare, psycho-social services, re-integration, feedback to the referring agent, consultation with management, marketing and a few pro-active programmes (Managing Stress, Be Money Wise, Colleague Sensitivity and Life Skills).

4.2.1.3.3 Discussion of data

One will notice that the whole range of the core technology of the EAP is covered by the social workers as they render their services. Later in the research it will surface that the social workers were initially trained in long-term counselling and that would need some adjustment regarding the short-term counselling that is being portrayed by the core technology.

4.2.2 Skilled in the utilisation of the core technology of the EAP

(See Question 3 of the Schedule)

4.2.2.1 Assessment

4.2.2.1.1 Social workers trained in assessment

According to Respondents 3, 5, 6, 10 and 13, social workers are thoroughly trained in assessment, as it is one of the core functions of social work.

4.2.2.1.2 Assessment skills through training

Respondents 3, 4, 5, 6, 8, 9, 10, 11, 12 and 13 admitted to intensive training in assessment.

4.2.2.1.3 Assessment skills through experience and contact with other professionals

Respondents 1, 2 and 7 gained insight and experience through contact with other professionals, reading and self-study. (Having refresher courses on assessment will help the team to remain up-to-date, and it will also help to bring the respondents lacking this skill on par). (Respondents 1 and 8). According to Respondent 5, the professional

will really start assessing on the day that professional starts working. Assessment is a process of growth for as long as one is living or practising.

4.2.2.1.4 Assessment skills through benchmarking

Respondent 8 admitted to benchmarking with other colleagues and experts in the area of assessment.

4.2.2.1.5 The methodology and assessment

Quite a few things regarding assessment emerged from the research, and which the researcher would like to highlight.

- Assessment can take place over more than one session (Respondents 3 and 4).
- Assessment stands first in line in the helping process. One cannot do counselling or therapy or refer if a thorough assessment is not conducted first (Respondents 3, 4, 10, 11 and 13).
- Continuous assessment is done, even while counselling or therapy is being done. It never stops, and the practitioner needs to be alert all the time (Respondents 4 and 6).
- In doing proper assessment, the practitioner must really listen attentively (Respondent 8).
- Assessment is at best asking the relevant questions. Practitioners need to know how to ask these questions (Respondent 8).
- Assessment skilfully used will help to unveil the real problem. Presenting problems are normally not the real problems (Respondent 4).

According to Respondent 13, a good intervention and prognosis depend on a good and thorough assessment.

4.2.2.1.6 Discussion of data

The researcher is of the opinion that assessment as part of the EAP core technology is thoroughly imbedded in the operation of the members of the helping professions of the West Metropole.

If professionals like Respondent 8 would be willing to benchmark with other professionals, everybody would benefit and a positive transfer of skills could take place.

4.2.2.2 Short-term therapy / counselling

Not everybody was trained in counselling, especially short-term counselling. There is a remarkable difference between short-term and long-term counselling / therapy. (Within EAP, short-term therapy runs over six to eight sessions.) These two models pose specific dilemmas, which will be discussed.

4.2.2.2.1 Training in this model

According to the results of the research, the respondents were divided into three separate categories:

- those trained in long-term counselling (Respondents 4, 6, 9 and 11)
- those trained in short-term counselling (Respondents 3, 5, 8, 10, 11, 12 and 13)
- those not trained in short-term counselling at all (Respondents 1, 2 and 7).

Dilemmas

4.2.2.2.2 Those not trained in short-term counselling/therapy

Those not trained at all were rather keen on being trained in counselling. The question was asked by Respondent 2, whether if they were trained in basic counselling skills as envisaged by SAPS, would they then be regarded as counsellors after one- or two-week training?

The issue becomes more intense as the issue of registration is raised. It is understood that a counsellor needs to be aptly trained, certified and registered to be able to practise as a counsellor. Would the psychometrist and the industrial psychologist be registered as counsellors?

Respondent 2 proposed a possible solution to this dilemma: a person can do a counselling or therapy course and then apply to be registered as a lay counsellor with the Health Professions Council of South Africa (HPCSA) or any other recognised board. It is the trainee's responsibility to make sure that the proposed training is accredited and in line with SAQA and NQF standards.

4.2.2.2.3 Those trained in short-term counselling

A second dilemma would be that of short-term counselling versus long-term counselling. Respondents 4, 5 and 11 were fortunate to have been trained in both, and for them to shift between the two models would not be a problem.

4.2.2.2.4 Those initially trained in long-term counselling

Those only trained in long-term therapy, especially the psychologists; do have a problem according to Respondents 4 and 8. The psychologist's specific perception of short-term therapy is anything between EAP's six to eight sessions and two years. According to Respondent 9, should he see a client for one hour per week for 24 months, it would still be seen as short-term therapy.

A third dilemma would be the training of some social workers. In their initial training, they were taught to go according to the pace of the client. If the client moved slowly, they were taught to stay with the client, and thus it became long-term therapy (Respondent 11).

To fully understand the dilemmas, one first needs to have a closer look at the stance of short-term counselling within the South African Police Service.

4.2.2.2.5 SAPS set-up and short-term therapy

According to some senior professionals, most of them were trained in long-term therapy, as most cases were linked to long-term therapy. In the past, the SA Police was accustomed to long-term therapy according to Respondents 5, 6 and 12.

According to the social workers, aftercare in alcohol treatment is regarded as long-term therapy in SAPS. One can thus understand why long-term therapy was administered in SAPS.

Moving away from long-term counselling would fit the SAPS better as the workforce is not large enough for the workload. There is no longer time for long-term therapy within SAPS, and also, EAP should be applied cost effectively.

Furthermore, short-term therapy forces the practitioner to be focused, thus wasting no time and money. Effective short-term counselling would necessitate proper planning (Respondent 12). If, after assessment, it is determined that the problem will not be rectified after eight sessions, such a client would then be referred.

Another dilemma is uncovered when clients are referred because referring clients to outside resources does have a cost implication (Respondents 6 and 11). The question was asked by Respondent 6 whether the client's medical fund would be in a position to pay for those services rendered by outside resources.

4.2.2.2.6 Discussion of data

Forming a team of professionals not equally trained, does pose a problem for the future functioning of that team. These dilemmas are real and will force the organisation to resolve the differences amicably. These and other dilemmas and discrepancies will have to be addressed if the three disciplines are to work together in harmony in an EAP set-up.

A way of addressing these dilemmas would be to go ahead with SAPS's proposed Course in Basic Counselling Skills. This envisaged course would be applicable to all members of the helping professions. When told about the proposed course, Respondents 4, 5 and 11 responded enthusiastically, welcoming it as good news, and looking forward to the training. Some actually applauded the National Office of SAPS for the initiative, while Respondents 2 and 11 would appreciate the course to be accredited and contribute CPD points.

The question asked by Respondent 2 regarding the training and registration of "counsellors" still needs to be addressed. Possibly SAPS should go the way suggested by Respondent 2: having these trainees registered as lay counsellors.

4.2.2.3 Referring to internal and external service providers

Once again the research revealed three types of professionals:

- those trained (about 80 per cent are thoroughly trained);
- those skilled through interaction; and
- those not trained.

4.2.2.3.1 Those not trained

Those professionals that were not really trained were honest enough to admit that they might have wronged clients by not referring in time, or by not referring at all. (The researcher thought it wise not to identify the respondents by number or profession). The former working method of SAPS enhanced the individualistic notion of the three disciplines, although limited referrals did take place. By not referring, one might have overstepped one's personal or professional field of expertise, noted one respondent.

4.2.2.3.2 The need for referrals

According to Respondent 2, it is quite easy to refer within the discipline of psychology as this discipline is so defined in its way of working. But no discipline can exist in a vacuum. One needs to refer as no professional will be able to treat all kinds of problems. One needs to grow into this mode of accepting one's own limitations (Respondents 3 and 5).

One's specific discipline is not the only discipline in the therapeutic process. There are other disciplines as well and one needs also to become accustomed to accepting their expertise and specific training (Respondent 11). Not referring a client when one should have can be seen as professional high treason, according to Respondent 5. Respondent 2 is also of the opinion that any referral should benefit the client, in order to stop and avoid further damage.

4.2.2.3.3 Reasons for referring

Respondent 3 remarked that it would be a sad day when professionals referred clients to other professionals just because they wanted to get rid of a difficult case. One would want to refer because of the client's specialised needs and because of one's own limitations in that specific field. Another reason for referring would be because of the next professional being better equipped to address that specific problem (Respondent 2).

The rationale for referring should be to benefit the client. The client's interest should be prioritised at all times. The idea should be to match the client with the best professionals and the best services available.

4.2.2.3.4 Clients' role

Clients also have their specific preferences and would sometimes like to be treated by a professional whom they trust and with whom they feel comfortable. It is understood by the researcher that the client also has a say in who should be involved with the proposed intervention. Respondent 3 vowed that he would help the client find another suitable professional, should the need arise.

4.2.2.3.5 Boundaries

The professional level of training and the specific problem presented, will determine if a specific professional should become involved and if referrals will take place. It is important to know one's boundaries and also to know when to refer according to Respondent 2. Know your own personal and professional limits, contends Respondent 5.

4.2.2.3.6 Discussion of data

Those not properly trained should not be a real problem as they only comprise a few professionals. They declared themselves willing to benchmark with other professionals and thus receive in-service training.

Although the SAPS has accepted the working method of the EAP, the three disciplines will have to put in extra effort in breaking down the individualistic notion of not referring a client when it is appropriate.

It is important for professionals to know and respect their own personal and professional limits. As stated by a respondent, it could be seen as professional high treason not to refer a client when referral is deemed suitable. Knowing when to refer is paramount.

Only when one is mature enough, will one know when to refer, and thus limit possible damage to the client. When referring, one is showing respect for oneself, one's client and one's profession. The respondents were of one mind in accepting the fact that they would still be the case manager, even after referring a client. They understood that referral does not imply that they have relinquished their responsibilities.

The researcher reached the following conclusion: should a client need help beyond the expertise or field of training of the professional, such a professional should be honest with himself and refer that client to another professional that might be better equipped to render the services that are required. The reason for referral should have the client's well being at heart, and should not just be a means of getting rid of a difficult customer.

4.2.2.4 Monitoring (during treatment)

Not all the respondents were trained in this model. Those not trained admitted that the terminology was new, but the concept not. It is remarkable to note that this model is well embedded in social work, according to Respondent 3, but not within the spheres of psychological services and spiritual services. Both disciplines pledged their willingness

to be exposed to this aspect of the core technology. The unique setting of the industrial psychologist will be discussed later.

4.2.2.4.1 Reasons for monitoring

Clients must be monitored to ensure that the counselling or treatment is appropriate and successful, and thus monitoring is inextricably part of the process of rendering help according to Respondents 5 and 11. It plays a role when feedback is to be given to the referring agent and when the success of the programme is evaluated. To be able to give proper feedback, continuous monitoring should take place, according to Respondent 3.

According to Respondents 3, 7 and 10, monitoring also takes place during treatment and that is why a professional might be invited to sit in on a session at a rehabilitation centre with his client and other centre professionals and practitioners. Respondents 5 and 7 are of the opinion that the client should not be the only person that is monitored, but also his family and his support system.

4.2.2.4.2 A continuous process

According to Respondent 3 there are five distinctive phases in the social work process: the contracting phase, the contract, action phase, evaluating phase and the terminating phase. Monitoring runs like a golden thread through all the phases. Monitoring is continuous.

For Respondent 12, monitoring is important and that is why provision is made for it as early as the contracting stage. For Respondent 4, reflection plays the role of monitoring, and is done all the time while counselling is done. In the very same way, assessment is also done continuously. To Respondent 6, monitoring and assessment is the same thing.

Apart from being continuous, according to Respondents 2, 3, 4, 10 and 12, monitoring can also be linked to re-integration. While professionals monitor their clients, this phase can also be used to prepare the client and all the other role players for the re-integration. The place of work is invited by the professional to make contact with the client while undergoing treatment. This is done to help both parties to successfully handle the after math of the rehabilitation and treatment.

4.2.2.4.3 The organisational development (OD) psychologist and monitoring

For Respondent 2, monitoring, aftercare and re-integration are all intertwined with one another. Since he is working with the individual within the organisation, the client is hardly taken out of the work set-up, is not sent away for rehabilitation, and will thus not be re-integrated into the place of work by the industrial psychologist.

The industrial psychologist will only become involved in the re-integration of a client, where the workplace has contributed to the problems of the worker. His task would be to ensure a more conducive environment for the worker to continue to work in. He concluded by saying that the issues of aftercare and re-integration were not addressed at all in his initial studies. Re-integration was a unique and new phenomenon to him.

4.2.2.4.4 Discussion of data

The researcher is of the opinion that formal training in this area is not necessary but could be discussed in case conferences and EAP meetings. Notice needs to be taken regarding the *modus operandi* of the industrial psychologist, since monitoring during treatment as perceived by the other disciplines, is not applicable to his profession.

Both disciplines pledged their willingness to be exposed to this aspect of the core technology as monitoring does play a role when feedback is to be given to the referring agent and when the success of the programme is evaluated. To be able to give proper feedback, continuous monitoring should take place.

External service providers might continue to invite referring professionals to sit in on case conferences. To be able to make proper and appropriate contributions, the referring professional should have monitored the client effectively. Practising professionals should continue to use this effective aspect of the core technology.

Some respondents made the positive suggestion of encouraging places of work to make contact with employees undergoing treatment away from the workplace, to ease the way for re-integration, both for the client and for the organisation. This should be adhered to.

Owing to Respondent 6's observing monitoring and assessment as one and the same thing, it is obvious to the researcher that the same values are not always given to the same terminologies used by the different disciplines. For the success of any multi-disciplinary team, these terminologies will have to be standardised.

4.2.2.5 Aftercare

4.2.2.5.1 Social workers aptly trained

Once again the research has shown that the social workers are aptly trained to do aftercare as well, as it is an integral part of the treatment process according to Respondents 3, 5, 11 and 12.

4.2.2.5.2 Need for aftercare

Respondent 3 is of the opinion that the professional and the referring agent have a responsibility towards the client, and therefore aftercare is needed and should be practised.

According to Respondent 12, treatment will be nullified if aftercare is not administered. In response to the question, Respondent 5 grouped aftercare and re-integration together in saying that aftercare is just a slightly longer process than re-integration.

4.2.2.5.3 Duration of aftercare

The duration of the aftercare will depend on the progress made by the client, the type of problem and the intensity of the problem (Respondent 5).

4.2.2.5.4 Alcoholism and aftercare

Within the South African Police Service, the social workers will monitor and do aftercare for 24 months after alcohol rehabilitation according to Respondents 5 and 12.

4.2.2.5.5 The psychologist and aftercare

Once again a unique situation was unfolded. Respondent 6 explains: "Aftercare does not exist with psychologists. If I have terminated with a client, then I have terminated." "If I should do aftercare after I have terminated, I would be sending out another message to the client," Respondent 4 added.

When a psychologist terminates with a client, it means that that client will not receive any further sessions from that psychologist. No aftercare can thus be done according to Respondents 4 and 6. Should such a client go back to the psychologist, it means that the case is being re-opened or that a new therapy session is starting. Psychologists do not refer clients to other professionals for

aftercare, according to Respondent 4, and neither do they do aftercare, according to Respondent 6.

According to Respondent 4, the termination phase could run over two or three sessions. In these sessions it will be conveyed to the clients who will be responsible to take them further after the *psychological intervention* has come to an end.

4.2.2.5.6 Duration of *psychological aftercare*

Respondent 4 stated that before termination, should the client still need psychological assistance, the psychologist would arrange for the therapy to be continued and this next period of sessions would then be re-negotiated. According to Respondent 4, aftercare in a hospital setting is mainly the task of the social worker, and in SAPS it would better fit with the other two disciplines. Also, SAPS psychologists could not involve themselves with aftercare owing to their limited human resources.

4.2.2.5.7 Discussion of data

Aftercare enjoys a high premium of attention with the social workers, in that treatment would be considered nullified should aftercare not take place.

It has been pointed out that Police Social Work Services spend 24 months on alcohol aftercare. If aftercare should be seen as part of the treatment, then it means that the social workers, like the psychologists, see a possible 24-month period of aftercare also as short-term counselling. The above-mentioned might pose a problem to the newly formed EAP structures and will have to be addressed by the helping professions of the West Metropole.

It seems to be discipline-specific for psychologists not to do aftercare as cited by Respondent 6. In the case of psychological services one cannot speak about the duration of the aftercare, but of the duration of the treatment. Care will be given as long as the treatment runs and that would depend on the progress made by the client, the type of problem and the intensity of the problem.

As already stated by Respondent 5, the duration of the aftercare within social work services will depend on the progress made by the client, the type of problem and the intensity of the problem.

Notwithstanding the above, it is a good thing that psychologists at least know about aftercare, who does it and where it fits into the therapeutic process. According to the

researcher, this knowledge will enhance their capacity and increase their level of understanding.

4.2.2.6 Reintegration into the workplace after treatment

4.2.2.6.1 Prior experience outside of SAPS

None of the respondents had any dealings with this subject in their initial training; neither did they have dealings with any work organisations regarding the troubled employee before they started working for the SAPS. Most of them only came into contact with this model after they started working for the South African Police Service. Respondent 11 coined this concept of re-integration as *new* and *interesting*.

4.2.2.6.2 Experience within SAPS

With enthusiasm, Respondent 7 recalled an opportunity he had to work closely with another professional from another discipline. Together they devised a plan to treat this client, and also worked out an action plan of how this client would be reintegrated into the workplace. According to this respondent, considerable skills were transferred during that time.

All respondents agreed unanimously that the commanders played a vital role in this part of the EAP and should be on board all the time. Preparing the workplace for reintegration should be a joint effort of the EAP professional and the place of work.

4.2.2.6.3 Discussion of data

Though not trained as such in this model, respondents, in line with their disciplines, became accustomed to working in this fashion within the SA Police Service. For those not on par yet, a few EAP case conferences would bring them on par quite easily.

This matter of re-integration was also discussed under the heading 'Monitoring' (4.2.2.4).

4.2.2.7 Feedback to the referring agent

4.2.2.7.1 Lack of feedback

The respondents agreed that they were not giving feedback to one another as they should have been doing. Respondent 1 was of the opinion that if the relationships between professionals were bad, feedback from one another would be likewise.

4.2.2.7.2 Need for feedback

All the respondents were unanimous regarding feedback to the referring agent. According to Respondent 3, the professional has a professional obligation to keep the referring agent and all relevant role players informed regarding the client and the progress of the intervention. This feedback should take place, especially if the referral was mandatory or statutory.

4.2.2.7.3 Types and content of feedback

There are different types and formats of feedback. Appropriate feedback could take the form of a letter or information note according to Respondent 4. To Respondent 2, writing a report for management would be his way of reporting to the referring agent, as case conferences could be seen as a form of feedback and consultation to the other disciplines.

4.2.2.7.4 Confidentiality

The content of the feedback was actually of concern to Respondent 10, as there is a high premium on confidentiality. To breach confidentiality, just the necessary information should be conveyed. All respondents were of the opinion that the information that would be given feedback on would first be discussed with the client.

According to Respondent 10, written consent from the client should be obtained in this regard, especially if the feedback is of a sensitive nature.

4.2.2.7.5 Discussion of data

The lack of complete and appropriate feedback to participating professionals could derail the collaboration and should be given urgent attention.

The respondents have shown that there is a need for and an obligation to give feedback to the referring agent and other relevant role players. The researcher agrees that the feedback formats will differ, as long as proper feedback is given. One need not really be trained in feedback, as it is common sense and good manners just to report back to other relevant role players according to Respondent 4.

Confidentiality is the cornerstone of the EAP and breaching it could cost a professional his registration. Some professionals contract confidentiality as early as the first session (Respondents 3 and 12).

The researcher summarised the following regarding confidentiality and feedback to the referring agent, especially in the case of a mandatory referral. The researcher shared the following with the respondents and they felt comfortable reporting on the following:

1. The client kept his appointments and the first session was held on whatever date.
2. The client does need help and has accepted or rejected it.
3. The intervention will span the following period of time. The client is in therapy/hospital and will be away from work for the next couple of days/ weeks/months and he wishes/does not wish to be visited straight away.

For the success of any intervention, proper and continuous feedback is important and as derived from the above-mentioned, professionals should take great care when giving feedback to referring agents.

4.2.2.8 Consultation with management regarding the troubled employee

4.2.2.8.1 Prior experience outside of SAPS

Almost all respondents were not trained in this technology, as they had no direct dealings with their clients' place of work. Only when they started working for the South African Police Service, did they have to start dealing with management and supervisors regarding their employees.

4.2.2.8.2. Benefits when consulting with management

There are quite a few benefits when consulting with management according to Respondents 3 and 5. Through consultation, one can gain the approval of management, especially where drastic changes in the workplace or amendments to management styles need to take place.

4.2.2.8.3 Discussion of data

While narrowing the gap between management and the professional through consultation, the professional needs to be mindful of not breaching confidentiality.

Management does not always understand and accept the opinion or recommendations of the professionals. They are not always in tune with what the individual is experiencing at grassroots level. The researcher agrees with Respondent 4 that proper and sincere information given to management should then enable management to make informed decisions.

4.2.2.9 Marketing and communication

Not all respondents were aptly trained in marketing, but all were unanimous that marketing should be done. Those that were not formally trained had a good idea of what should be done, and were willing to do just that. It is important that one should market one's services, according to Respondent 9.

Marketing of the Helping Professions and the EAP should be a continuous process and should be done with old and new SAPS members according to Respondent 3. He further notes that marketing could eradicate all ignorance regarding the helping professions and all their programmes.

4.2.2.9.1 Discussion of data

Although not formally trained in marketing, except Respondent 8, all other respondents were fairly business minded and understood the importance of marketing. The researcher also agrees with Respondent 9 that the Helping Professions should market themselves, especially in the present EAP-unfriendly environment.

4.2.3 Referrals to other disciplines (See Question 4 of Schedule)

4.2.3.1 Chaplains

4.2.3.1.1 Referrals not done in time

Respondent 1 admitted to not referring clients on time to other professionals. He delayed the possible referral because he tended to carry that client for too long.

4.2.3.1.2 Increased knowledge regarding referrals

According to Respondent 7, he knew enough about his own field of expertise and also about the other disciplines to know when and how to refer. His knowledge regarding the other two disciplines increased and was sharpened as he interacted with the other disciplines. He was also of the opinion that one had got to know one's own level of functioning and one's limitations.

4.2.3.2 Psychological Services

4.2.3.2.1 Uniqueness of the industrial psychologist

Owing to the uniqueness of the organisational development psychologists, they will hardly do any referrals.

4.2.3.2.2 Occasional referral

According to Respondents 2, 4, 6 and 9, they have received referrals from other disciplines and other psychologists from without and within the SA Police Service.

4.2.3.2.3 Scope of referrals

In general, the psychologists know their scope of training and expertise and will know when to refer a client. Referring is done to benefit the client and the profession (Respondents 2 and 9).

4.2.3.3 Social Work Services

4.2.3.3.1 Referrals as a second or third opinion

Respondent 3 was quite honest in saying that he had referred people to other social workers or other disciplines when he had reached his wit's end. Referring a client can also be seen as a chance of a second or third opinion.

4.2.3.3.2 Referrals to disciplines beyond

Owing to the complexity of the clients' problems, Respondent 3 went beyond the boundaries of the mentioned two disciplines, and referred clients to other disciplines and components within the support services of the SA Police Service.

4.2.3.3.3 Messages sent out by referrals

When referring, a message is sent out. Respondent 5 summed it all up by saying: "By referring to other disciplines you actually acknowledge the co-existence of the other disciplines. There is a place for everyone in the sun."

4.2.3.3.4 Discussion of data

The researcher can identify with this notion of the chaplains of "hanging on" to that client. While still practising as a chaplain, the researcher would "hang on" to that client

and try to help that person for as long as possible. To the researcher it felt like admitting to failure should he refer that person to another discipline. It is important that professionals know when and where to refer to, even if it means referring to other competent disciplines and components. They should also be aware of referring on time.

It could be that one sometimes reaches the end of one's tether. To refer then could possibly be the best for the client and the professional, as that referral could be viewed as a second opinion.

Through referrals one sends out a message that says: "I acknowledge you and your discipline and trust you to be in a better position to further help this client."

This data should also be read along with the section (4.2.2.3) written on Referring to internal and external service providers.

4.2.4 Future task divisions among different members of the helping professions in the West Metropole (See Question 5 of the schedule)

When analysing the responses, the following five themes were identified.

4.2.4.1 Boundaries

4.2.4.1.1 A need for definite and distinct boundaries

Respondents 1 and 7 echoed the idea that there is room for everybody within the helping professions of the South African Police Service, but it is of utmost importance to them that there should be definite and distinct boundaries set out for all disciplines. Guidelines should be compiled to prevent the overstepping of boundaries.

For both the social workers (Respondent 5) and the psychologists (Respondent 6) it is highly unlikely that the overstepping of boundaries will ever be prevented. Owing to the complexity of people's problems and the involvement of more than one discipline, overstepping of boundaries will inevitably occur and that makes defining boundaries so difficult. This is problematic even for Morales and Sheafor (1998:54-5).

As the interviews progressed, the researcher could actually see the growth taking place in Respondents 1 and 7. In the beginning of the interviews they were adamant that exact boundaries should be erected for each discipline. Later in the interview Respondent 1 actually acknowledged that the three disciplines had much in common and that the blurring and overstepping of boundaries inevitably would take place. He

then suggested that overstepping should be handled in the following fashion: all role players should be mindful of the existence of overlapping and possible overlapping should be discussed in a mature way.

4.2.4.1.2 Poorly defined boundaries

Poorly defined boundaries can cause clients not to get quality and correct treatment. Because of the lack of properly defined boundaries and proper referral, the client will suffer. Boundaries are there to protect the different disciplines, although rigid boundaries can sometimes make life very difficult (Respondent 9).

According to Respondents 2 and 6, respect for boundaries will ensure that proper referrals are done in time. Being aware of their own personal and professional boundaries will help professionals keep their integrity intact. Their integrity will further be kept intact when they are absolutely honest with themselves to know when a situation is beyond their training and experience. “They will then know when to refer,” commented Respondent 10.

4.2.4.1.3 Grey areas

Grey areas can occur due to the different disciplines laying so close to one another. It is not necessarily the results of poorly defined boundaries. Grey areas will always be there and cannot be wished away, but need to be handled. According to respondents 1 and 7 it is important to acknowledge the existence of grey areas which inevitably will result in overlapping. Respondents 4 and 8 felt very strongly about the fact that case conferences might help the professionals to sort out the grey areas, where as respondents 1 and 7 suggested workshops and formal meetings to define grey areas. Professionals or disciplines allowed to operate in grey areas should ensure that they are **trained** and **skilled** to do so.

These overlapping areas should not be seen as threats, but rather as opportunities to enhance the capacities of the different disciplines. Grey areas could best be tackled with the help and knowledge of the clients. The clients’ personal choice and insight will also help to sort out grey areas amicably (Respondent 12).

According to Respondent 7, the relevant role players need to demarcate tasks and streamline functions on a continuous basis.

4.2.4.1.4 Discussion of data

A multi-disciplinary team could try to establish watertight guidelines to prevent helping professions from overstepping any boundaries. That would be a tall order that would not be easily attained. The blurring and overstepping of boundaries will inevitably take place because disciplines have so much in common. It is important for these teams and individuals, when operating in grey areas, to ensure that they are skilled and have experience in these areas. Multi-disciplinary teams should purify their tasks and functions on a continuous basis, but also see these grey areas as opportunities instead of threats. The overstepping of boundaries should be discussed in a mature and professional way.

4.2.4.2 Intake officer

4.2.4.2.1 Preferred discipline as intake officer

Respondent 4 was of the opinion that an intake officer, coming from the ranks of the social workers, should be appointed within the multi-disciplinary team of the helping professions. According to him, a social worker could occupy that position because social workers are appropriately trained and have sufficient personnel to perform that task.

4.2.4.2.2 From the ranks of the other disciplines

Respondent 5 put forward another proposal, stating that the intake officer need not be appointed from a specific discipline and that the task of the intake officer could rotate among the helping profession workers.

4.2.4.2.3 Skills of the intake officer

All the respondents agreed that this intake officer should be thoroughly skilled in assessment and referrals and would have to know a great deal about the other internal and external disciplines. This person needs to be exceptionally well equipped, as his assessment will indicate the type of therapy the client will receive. It has already been mentioned that improper referrals could be detrimental to both the client and the helping professions.

In the absence of a skilled intake officer, daily meetings or case conferences will help the helping professions to distribute the work evenly and appropriately among the three disciplines. Meeting on a regular basis is just as important to all the respondents.

4.2.4.2.4 Discussion of data

It could be seen as a compliment and vote of confidence when it was suggested that the intake officer should be a social worker because they are so appropriately trained. The researcher is concerned that this notion might be seen as a way of minimising the role of the social workers and not giving the other disciplines an opportunity to participate in this very important task of the intake officer. The helping professions of the West Metropole should possibly adhere to another suggestion, which states that the post of the intake officer should rotate among the helping profession workers.

The researcher agrees that this intake officer will have to be multi-skilled in assessment and referrals and will have to know a great deal about the other internal and external disciplines to be able to make a proper referral.

4.2.4.3 Referrals

4.2.4.3.1 Incorrect referrals

According to Respondent 4, precious time is wasted because unnecessary energy is spent on the further assessment of a case that should have been referred from the start. Doing the correct and best referral first time could save money, time and unnecessary hardships.

4.2.4.3.2 Lack of proper referral structure

The helping professions of the West Metropole are being crippled by the lack of a workable referral procedure, according to Respondents 4 and 6. The way the helping professions are structured, causes problems. There is currently no procedure of sitting down and discussing a client's case. This way of functioning needs some urgent attention and adaptation.

4.2.4.4 Case conferences

Respondents 4, 6 and 8 placed a very high premium on case conferences being held. Through these case conferences held at least once per week, one will be able to determine how other professionals perform their tasks and how skilled they are.

When discussing cases, the group will learn from one another, but it could also be a chance to ascertain that the client is getting the best and appropriate help. Case

conferences could also be used to evaluate the progress of the client and the quality and impact of the service.

4.2.4.4.1 Discussion of data

For this multi-disciplinary team to be able to work smartly, all their professionals should be properly skilled in how and when to refer. The success and quality of services will depend on that. Incorrect referrals should be eradicated.

According to the respondents, there is more to case conferences than just talking. They could be used to:

- determine how skilled professionals are to perform their tasks;
- ascertain if clients are receiving the best and appropriate help available; and
- evaluate the progress of the client and the quality and impact of the service.

4.2.5 Additional training within the envisaged EAP (See Question 6 of the Schedule)

4.2.5.1 The need for training

All respondents were in agreement that training in EAP and other matters was much needed in the West Metropole. According to Respondents 7 and 12, such training should not just take place over two or three days, but should be ongoing and should be made available by the management of the SAPS.

4.2.5.2 Reasons for training

4.2.5.2.1 Differences in initial professional training

According to Respondents 2 and 9, professionals come from different professional backgrounds, and will unfortunately differ in their methods, approaches and training.

4.2.5.2.2 Lack of knowledge in EAP

Respondent 7 was of the opinion that everybody was not on standard regarding the EAP, and training would be the appropriate vehicle to bring everybody on par. If minimum standards were established, the training needs could be determined and addressed.

Respondents 5 and 12 stated that not everyone was *au fait* with the purpose and complete functioning of the EAP, and that is why, according to Respondents 6 and 10, professionals were “doing their own thing”, in their own little corner.

4.2.5.3 Training for everybody

Respondent 9 maintained that all helping profession workers in the West Metropole were trained professionals in their own respective disciplines and initially nobody was trained in EAP. According to Respondents 5, 7, 9 and 12, **all** professionals should be trained in EAP and any other relevant subjects. Respondents 4 and 8 added their voices in saying that everybody within the helping professions should be subjected to this proposed training irrespective of their prior professional training.

4.2.5.3.1 Benefits of training

Respondent 4 was of the opinion that going through this EAP training would not be a waste of time because, while going through this training, a professional might share some of his experiences and expertise and in doing so could make valuable contributions whereby others may benefit.

This training could also be seen as a refresher course because undergoing this training would give the helping professions a uniform way of doing things. It would also give all professionals insight into the way other professionals perform their tasks, as requested by Respondent 9.

4.2.5.4 Training needed in specific areas

Against all odds, respondents from both the psychological service and social work services suggested that they needed more training in the area of assessment (Respondents 4 and 10). According to them, a correct and proper assessment would lead to a correct and proper referral. Respondent 4 stated that training in this area would help them to do their jobs in the EAP in a more structured and disciplined way.

Respondents 8, 10 and 11 also identified counselling, marketing, consultation with management and supervisory training in EAP as areas that needed special attention.

4.2.5.4.1 Training by skilled tutors

According to Respondent 12, knowledgeable people in EAP are needed to do the training, whereas Respondents 7 and 10 feel that the South African Police Service could save a lot of money on additional training. All SAPS need to do is to acknowledge and use the talented professionals in its service.

4.2.5.4.2 Ways of training

According to Respondents 6 and 9, this enhancement of capacity can take place through in-service training, workshops, reading appropriate literature, information sessions and formal training through external tertiary institutions. Continuous Professional Development (CPD) could also play a major role. Respondent 9 further contended that the relevant disciplines should continue to top up their knowledge base as a certain number of CPD points per annum were required for annual registration in their profession.

4.2.5.5 Continuous Professional Development (CPD)

4.2.5.5.1 CPD points needed for registration

According to Respondent 12, in the near future social workers will also need CPD points to ensure registration with their governing body. Psychologists have been working in this fashion for some time.

4.2.5.5.2 CPD and stagnation

Respondent 3 maintained that professional topping up is important to prevent a professional from becoming stagnated. Stagnation is as bad for the professional as it is for the profession and the clients.

4.2.5.5.3 A CPD structure for EAP professionals

As there is continuous professional development for registered professionals, Respondent 7 argued that there should likewise be CPD structures in place for EAP practitioners / professionals. Respondent 8 agreed that top up in EAP was necessary, especially where helping profession workers had not done much extra reading or external courses.

4.2.5.5.4 Summary

A summary of this section of the discussion is found in the words of Respondent 3:

People within the helping professions need constant training, even within the different professions. One empowers oneself through training. I have a responsibility towards myself, my profession and my client system to be well prepared and equipped at all times.

4.2.5.5.5 Discussion of data

While going through these reports, it dawned on the researcher that training in EAP is much needed in the West Metropole. Professionals are trained in different ways and according to different models, and understandably they will differ in their approaches. There is a gap in knowledge regarding EAP as no one is sufficiently trained in EAP. The researcher echoes the notion of some respondents, that **all** professionals should be trained in EAP irrespective of their prior professional training.

EAP training for all professionals would benefit the organisation and the helping professions alike. Professionals could grow as they share their knowledge and expertise with their colleagues. Their own capacity will also be enhanced as they open themselves up to further enrichment by others. (Professionals should be willing to share their knowledge and expertise and other professionals should be willing to be instructed.) The helping professions of the West Metropole should adhere to the slogan of the Roman Catholic Church in their literacy programme: “Each one teach one.” This principle would enhance the capacity of the West Metropole.

This training will give professionals a uniform way of doing things and further also give all professionals insight into the way other professionals perform their tasks.

Training in specific areas will appropriately address specific needs that professionals might have as these training sessions will be handled by skilled EAP tutors from within and without the SAPS. Training could be done through in-service training, workshops, reading appropriate literature, information sessions and formal training through external tertiary institutions.

The researcher needs to mention that towards the middle of 2004, all participating professionals in West Metropole will be trained in EAP supervisory training. After being trained, it will be expected of them to train supervisors and commanders in the whole of the West Metropole. All respondents are looking forward to be trained in EAP principles.

They believe that the training will help them to find their niche in the process and that they will then know and understand the working and structure of the EAP better.

It is important that professionals stay on the cutting edge by being trained and re-trained on a continuous basis. Here the CPD structure plays a role in ensuring that professionals stay in tune with the ever-changing market. Continuous professional development will keep stagnation at bay. Some professions at present require CPD points to ensure registration.

As there is continuous professional development for registered professionals, having CPD structures in place for EAP practitioners and professionals should likewise be investigated.

4.2.6 Stumbling blocks that could prevent the establishment and implementation of the EAP in the South African Police Service (See Question 7 of the Schedule)

While interpreting the data collected under this question, the researcher uncovered at least 29 sub-themes. The respondents answered this question in a relaxed, well-balanced and mature way. The most pressing issues are discussed.

4.2.6.1 Change

Without identifying the respondent, it can be reported that at least one respondent was sceptical about the EAP and prophesied that it would never work. Respondent 5 was of the opinion that this fear is further stimulated by possibly uncovering the incompetence of certain professionals, now forced to work in an EAP set-up.

4.2.6.2 Lack of knowledge and understanding

It is the opinion of the following respondents (4, 7, 11 and 13), that the workers of the helping professions of the West Metropole lack proper and adequate knowledge and understanding of the Employee Assistance Programme. They do not know what their roles are and what their ways of functioning will be; neither do they know exactly what the other disciplines are doing or are supposed to do.

4.2.6.3 Lack of communication

According to Respondents 4, 5 and 8, effective and efficient communication is of utmost importance in any organisation. Respondent 12 upholds the idea that EAP meetings should be held at regular intervals, and that professionals should have open communication among themselves. According to Respondent 8, communication should be open, honest and constructive.

It is the task of management at each level to ensure that the relevant information reaches the lowest level of workers (Respondents 1 and 3). Respondents 12 and 13 regarded the lack of regular feedback to the referring agent as a major problem that should be addressed in a vigorous fashion.

4.2.6.4 Lack of respect and honesty

Respondent 5 does not compromise when contending that respect for the next person's training and skills are important. Without respect for one another, professionals will not learn anything from one another and neither will they learn from one other if they are in constant competition. Competing with one another will transmit a message saying: "My discipline and my specific services are better than yours."

Having an attitude about oneself and one's discipline will surely cause a rift among the helping professions, according to Respondent 7. He continues to say that the genuine and unconditional acceptance of every participant in the helping professions will be the only positive thing that will keep this emerging multi-disciplinary team afloat. Professionals need to accept one another as equal partners, and also trust one another's capabilities. Their not accepting other professionals as equal partners will most definitely become a major stumbling block.

According to Respondents 2, 6, 7 and 9, all professionals should be honest with themselves and with other professionals regarding their competencies, their insight, level of training and gained experiences. If any case and its remedy fall outside the ambit of the professional, he must know his limits and know when to refer the client. His aim should be to do no further harm to the client. The lack of honesty could pose a major threat and stumbling block, according to the respondents

4.2.6.5 Professional jealousy

Respondent 5 raised this aspect of professional jealousy and its being a stumbling block should it be present among the helping professions of the West Metropole. According to him, many professionals in the past experienced the horrible, negative impact professional jealousy had on them and their places of work.

4.2.6.6 SAPS and its rigid structures

4.2.6.6.1 Administrative “red tape”

A major predicted stumbling block in the working of the EAP would be the rigid SAPS structure. According to Respondent 12, the SAPS structure is not EAP user-friendly. Respondent 2 is of the opinion that professionals are bogged down by the never-ending administrative red tape of SAPS, for example, a report has to be presented in a specific style, in a specific format and according to a specific computer program. (Respondent 7 countered the argument in saying that some professionals do find it difficult to work in a very structured set-up similar to that of the South African Police Service.)

4.2.6.6.2 SAPS hierarchy

Apart from the red type regarding administration, the strong hierarchy of the South African Police Service makes it almost impossible for a professional to do his work. In the case of transfers and alternative placements for employees, management hardly listens to the professional advice and recommendations given by professionals (Respondent 2).

This indeed is a problem and could be a stumbling block, especially if management continues to disregard the consultancy role that the helping professions are supposed to play (Respondents 2 and 12).

4.2.6.7 Fears

“The overlapping of services and skills will undoubtedly occur in the helping professions. The overstepping of traditional boundaries will take place and one needs to identify and handle these grey areas.”

The above-mentioned statements really disturbed Respondent 2. The fear was voiced that working in an EAP setup will transform all the helping profession workers into practitioners that will know how to assess, refer, monitor and do short-term therapy.

These generic practitioners will eventually not know how to do genuine professional work.

This fear can be allayed by Respondent 9's contention: "A single practitioner will not be able to do everything. There will be fields of specialisation, and that is why we need the specialist."

Social workers and psychologists alike share the fear of becoming generic practitioners. In the views of Respondents 5 and 6, the chaplain will continue to do spiritual work, the psychologist will still be a psychologist and the social worker will still do social work. The professional will not lose his specialisation, although the groups will work closer to one another in an EAP set-up. All the respondents acknowledged the fact that there are discipline-specific tasks and tasks that will overlap.

Respondent 5 summarised it all by saying that it was important to work together and to acknowledge one another's profession, expertise and professionalism. There should not be infighting and internal politics.

4.2.6.8 Discussion of data

People have this natural tendency of mistrusting any new and unknown methods. There is an inherent resistance to change. As indicated, at least one respondent prophesied that the EAP would never work. The researcher is of the opinion that his scepticism can be found in the fear of the unknown awaiting the different disciplines in a future EAP.

The researcher is further of the opinion that change in the helping professions and in the support services of SAPS is a given. The South African Police Service is experiencing constant change as it endeavours to streamline its services.

The changes that will take place could bring a lot of uneasiness as people find themselves in a comfort zone. According to the researcher, this resistance to change could be addressed through training and education.

According to the researcher the lack of EAP knowledge and understanding will no longer be a stumbling block, as the proposed training will address these limitations.

This seems to be a major problem in massive organisations like the South African Police Service. According to many respondents, the success of this multi-disciplinary team will depend on the commitment of the EAP management to keep its members informed through regular meetings and information sessions. Professionals should have open communication among themselves.

It is not expected of professionals to love one another, but at least to respect one another. No cooperation, collaboration or transfer of skills can take place where colleagues have no respect for one another. When one has respect for others, one will also be honest in knowing when and where to refer.

The researcher agrees with the respondent's saying that this monster of professional jealousy should not be tolerated in any way in any organisation trying to establish a multi-disciplinary set-up. When professionals see themselves as partners, and accept one another as equal partners, then that acceptance will supersede jealousy and mistrust.

The researcher does not fully agree with the respondent complaining about the SAPS and its bureaucratic red tape. It is important to understand that statistics and trends need to be recorded otherwise the organisation or profession will not be able to evaluate itself and its services in future.

Another concern to address is the seeming reluctance of SAPS management to act on professional recommendations made by the professionals, especially recommendations regarding transfers and alternative placements for employees. The researcher was present at numerous meetings where management took responsibility for this situation. According to them they sometimes cannot act at that level because the decision should be taken at the next higher level. Sometimes they are also hesitant to act because the action could upset the employment equity ratio.

The above is indeed a problem and could be a stumbling block, especially if management continues to disregard the consultancy role that the helping professions are supposed to play.

The fear that all professionals in the helping professions of the West Metropole might become generic workers and counsellors is unfounded. In the views of Respondents 5 and 6, with which the researcher concurs, the chaplain will continue to do spiritual work, the psychologist will still be a psychologist and the social worker will still do social work. The professionals will not lose their specialisations, although the groups will work more closely with one another in an EAP set-up.

Regarding stumbling blocks, Respondent 9 ended off with the following wise words: "Stumbling blocks will be minimised and be cast away as people's visions are broadened. Luckily these envisaged stumbling blocks will surely not be 'boulders'."

4.2.7 Ways in which the Helping Professions of West Metropole could be activated towards participation in an EAP
(See Question 8 of the Schedule)

For many years, even decades, the three disciplines co-existed alongside one another, doing their own thing. In the West Metropole, their interaction took place on a very limited scale. To successfully activate the helping professions would need a sincere desire from all participants to truly work together. The respondents proposed the following ideas, and their ideas are discussed under three sub-headings.

4.2.7.1 Members of the Helping Professions

4.2.7.1.1 Knowing one another on a more personal and professional level

Although the professionals in the West Metropole were not complete strangers to one another, the EAP and the suggested way of working were fairly strange to them. According to Respondents 1 and 6, members of the helping professions should be exposed to one another, and to one another's professions. Professionals need to know one another on a more personal and professional level.

They continue to say that if professionals know one another, they will undoubtedly understand one another and accept one another. Knowing one another will imply having and attending social events on a regular basis.

4.2.7.1.2 Regular meetings

All respondents from all disciplines were unanimous in this regard; having and attending regular meetings are of utmost importance. According to Respondent 6, having regular meetings between the participating professionals and even informal "ward rounds" or case conferences could help activate the professionals.

For the success of any intervention, all disciplines should be on board and the EAP management should ensure that all disciplines are invited to be part of any EAP meetings and interventions (Respondent 6).

Having the need to congregate and have meetings on a regular basis is normal and is supported by literature (Mitchell & Ameen, 1994:153).

4.2.7.1.3 Feedback and the regular sharing of relevant information

According to Respondent 3, another sure way of motivating and activating workers would be to report on the benchmarking that is done in other government departments.

The success stories of other departments might just ignite enthusiasm. A positive aspect would also be to challenge the workers with what is taking place globally within their field.

It is a fact that knowledge is power, and according to Respondent 3, if any management wants to be successful in any event, they need to share this power with the workers. Management, at whatever level, need to keep their workers informed because people are empowered when they are informed. Proper and continuous feedback on relevant issues is a sure component of success, according to Respondent 4.

4.2.7.1.4 Training

In many cases stress occurs because one does not know exactly how to perform one's expected tasks. To eliminate this energy-draining situation, Respondent 5 maintained that workers could be empowered by giving them the appropriate training. A basic training in EAP would ensure that they know what is expected of them, and how and where they fit into the Employee Assistance Programme.

Management should assist in various ways where EAP training will take place. According to Respondent 7, regular training and information sessions should be run until every professional understands and accept the principles of the EAP. All role players in the EAP (management, supervisors, employers and union representatives) should be trained, reported Respondent 8.

4.2.7.2 Management of the work organisation

According to Respondent 3, a sure way to activate members of the helping professions would be to arrest rumours of outsourcing and restructuring by keeping workers informed and up to date with the necessary information. They need to be assured that they will not become generic practitioners; neither will they lose their specialisation or position within SAPS.

4.2.7.3 General

To pledge an allegiance to the EAP process and the West Metropole, could be too far-fetched, but a complete commitment to the process is essential. Respondent 7 felt so strongly about this commitment, that he suggested a formal commitment in writing,

whereby the professional promises, while part of the EAP, to render a quality service to the client and to the profession.

Respondent 8 was so passionate about the EAP and the idea of having a multi-disciplinary team that he actually came up with a plan of action. A normal Friday in the helping professions in West Metropole could be structured in the following fashion:

07:30	Report for duty
08:00	Area Personnel Meeting (chaired by the Area Commissioner)
08:15 - 08:30	Devotion / Motivation
09:00 - 12:00	Case conference / In-service training / Transfer of skills
12:00 -	See clients or do Continuous Professional Development (CPD)

4.2.7.4 Discussion of data

The researcher can report that over the last few years the helping professions have had their fair share of fears and doubts. Many of the fears and doubts were occasioned by rumours of managerial outsourcing and total restructuring. These rumours de-motivated workers. By having open discussions and keeping workers informed, workers will feel less threatened. There is no substitute for having regular meetings, according to numerous respondents.

The EAP management should also take note of the desire by professionals to know one another better, which might also include having regular social events.

4.3 CONCLUSION

The researcher tried to address some of the pressing themes that were identified. Those identified but not adequately discussed, could be further researched by another student with a passion for the EAP.

The respondents are not naïve in believing that this transformation will be plain sailing all the way. They also believe that once the ball is rolling, it will have a snowball-effect, and that it will cause a landslide (Respondent 7).

The following wise words uttered by Respondent 7 need to be recorded:

“Not everybody will buy in and understand the EAP at the same time; neither will everybody be activated at the same time. Be patient and continue to talk to them, continue to equip and to encourage them.”

Chapter 5

Summary, conclusions and recommendations regarding research on how to activate the helping professions of the West Metropole (SAPS) to participate in the development and integration of an internal Employee Assistance Programme

5.1 INTRODUCTION

The respondents are fully trained professionals in their various fields. The data obtained was useful and did contribute to the researcher's efforts to achieve his goals and objectives.

The researcher was objective about the research, as he knew that this research would add value to the EAP process. The goals of the research coincided with the need for structure and insight regarding the EAP within the West Metropole of the SAPS.

5.2 BACKGROUND TO THE RESEARCH

As instructed by government, there should be an EAP in all government departments. The three disciplines forming the helping professions within SAPS were part of SAPS for decades, but worked separately from one another with minimal contact between them. The minimal contact caused professional individualism, feelings of superiority and professional jealousy, and resulted into the fragmentation of the services rendered by the helping professions.

5.2.1 Goals and objectives

The aim of this research was to put workable guidelines together of how the three disciplines could be activated to work together in a structured EAP disposition.

Some of the objectives of the study were to standardise the functioning of the EAP, establish the link between the helping professions' respective roles and the EAP, to identify current and future collaboration possibilities, establish the need for additional training in EAP, to explore anticipated obstacles in implementing the EAP in SAPS and to make recommendations regarding such implementation.

5.2.2 Research approach

The reason for a qualitative approach is that it is a "warm" approach through which rich data could be obtained by means of an unstructured interview schedule during personal

interviews. This approach truly provided the researcher with enough rich data. Face-to-face interviews were held and a semi-structured interview schedule was used.

5.2.3 Feasibility of study

As anticipated, the researcher had no problems in conducting the research, and had the full support of the respondents and the management of the Area West Metropole. Written permission from the relevant authorities was obtained beforehand.

5.3 REASON FOR RESEARCHING THE THREE DISCIPLINES

The researcher was reluctant to include a chapter on the three disciplines when probed to do so. Researching these disciplines gave unprecedented information regarding these disciplines that had not been shared before with all participating disciplines. It also gave insight into what the disciplines were doing and revealed their links with the core technology and also their desire to work together in harmony. Excluding such a chapter would have left any research of this magnitude incomplete.

5.4 COLLABORATIVE ATTEMPTS

Owing to the fact that very few or no referrals took place between the three disciplines, one can almost applaud the Joint Multi-disciplinary Support Forum (also known as the Gesamentlike Multidissiplinêre Ondersteuningsforum [GEMOF]) as the forerunner of the collaborative attempts. Its aim was to streamline the services of the helping professions and as far back as then, it was in line with the not yet known core technology of the EAP.

It is remarkable to note that since GEMOF'S inception in 1998, it took the SAPS six years to truly implement the EAP principles, which were also the principles of GEMOF. Only in 2004 will the EAP and supervisory training be rolled out to the helping professions, managers and supervisors of the South African Police Service.

It is hoped that the West Metropole will experience the same positive results that former social workers, Carla Fourie and Rita Retief,⁴ experienced when they rolled out their "EAP Training Manual" for supervisors and commanders in 2000. These initiatives

⁴ Carla Fourie and Rita Retief were social workers responsible for implementing the EAP principles at various police stations in the West Metropole.

died a natural death owing to the lack of support from management and the Helping Professions (Interview, Rita Retief, 8th May, 2004).

As discussions regarding the EAP were taking place, it became clear to the researcher and other EAP role players that SAPS would have to establish a unique, SAPS customized Employee Assistance Programme.

5.5 LITERATURE REVIEW REGARDING COLLABORATION

5.5.1 Reasons for collaboration

Different disciplines need to collaborate owing to the complexity of human problems. These different disciplines will have to put their differences and power struggles aside as no single discipline has all the answers to all the problems they will be facing.

Many an intervention or treatment was not that successful and neither could the “whole” person be treated because of the lack of cooperation between disciplines. Collaboration is needed if fragmented service delivery is to be stopped.

5.5.2 Collaboration

Positive collaboration is all about professionals developing policies that specify aims, objectives, and the mechanisms for planning, delivering and managing services in a coordinated way and drawing on the skills and expertise of the different professional groups (Solity & Bickler, 1994:20).

Collaboration can be sustained through:

- Understanding the roles and responsibilities.
- Sharing information about structures and procedures.
- Regular face-to-face contact.
- Support from management.

It should be mentioned that dissatisfaction could be a possible threat to collaboration. If partners in a multi-disciplinary collaboration benefit unequally from the collaboration, it is likely that those gaining least will become dissatisfied and might gradually withdraw. Future dealings might be sabotaged by the disenchanting partner.

Within any collaborative climate, roles, functions, responsibilities and lines of communication need to be properly and clearly defined. This also encompasses a feeling of trust among the members, as trust promotes more efficient communication

and coordination. Where a deep level of trust exists, team members are able to confront problems and deal openly with negative factors affecting the team's functioning.

5.5.3 Teams and teamwork

Teamwork is a process by which activities are organised in the way people are to execute these organised tasks. Teamwork usually takes place for the benefit of the clients in addressing their needs. While retaining their personal and professional responsibilities, individual members of the team must divide the work and allocate specific tasks to members who are best qualified for the tasks (Botha, 1995:209). Teamwork means different things to different people, like:

- Having positive attitudes towards professionals from other disciplines.
- Sharing information periodically.
- Cooperating (at a comfortable distance).

Yet to others it means a collaborative working relationship in which there are:

- Daily communication, which ensures consistency.
- Major decisions made through consensus.
- A sense of equal partnership.
- Regular meetings.

Clients are at a disadvantage where teamwork does not take place as no informed decision can be taken and no proper treatment plan can be put together (Garner, 1994a: 3).

Implementing the following could break down a possible distance between professionals:

- Group them together in one geographical area in close proximity to one another.
- Have frequent and informal opportunities for communication among members.
- Provide opportunities for members to socialise as a group.
- Encourage members to spend their lunch breaks and tea breaks together (Rothman, 2000: 50).

5.5.4 Communication

5.5.4.1 Selective sharing and the use of jargon

Knowing that knowledge is power, some role players choose to control and limit that power by applying selective sharing of information. By sharing necessary information in a selective fashion and also by using jargon instead of a common language, barriers are put up to effective communication. Professionals should explain their discipline's jargon, or even better, create team-specific phraseology. For success, communication should be on-going and constructive.

5.5.4.2 Meetings

The aspect of regular meetings between participating professionals is repeatedly raised throughout this research and should be taken notice of. Even in the empirical study the respondents also identified regular meetings as an important component for establishing an effective team.

Regarding meetings, the following surfaced:

- All members as equals should have a say in the running of the office, the process and in policy decisions.
- Regular multi-disciplinary meetings will help professionals to understand one another's individual roles and also help to know each other better. It will enhance working relationships.
- Meetings should be well planned, focused and timely.
- Members should meet on a weekly basis.
- It should be a time to promote decision-making instead of its being a time for members to tell "war stories".
- Meetings should have a defined agenda.
- Meetings need to be arranged at times that allow all members to attend.
- Meetings should be a place where professionals have open and honest communication.
- Refreshments could be served at meetings, as food and drink tend to help create an atmosphere of professional camaraderie.

Respondents also gave good advice regarding meetings. According to them, EAP management should be committed to keep its members informed through regular

meetings and information sessions. Having regular meetings and/or case conferences, according to the respondents, could help in activating the professionals to work together in an EAP way.

5.5.5 Training

Initial training of the different disciplines differs remarkably because most helping professionals are trained in isolation. They therefore have a poor understanding of and very little appreciation for one another's knowledge and skills.

Inter-professional training could bring about changes in professional knowledge and attitudes, and could be done through awareness workshops, pre-training, in-service training and open discussions. Through this training and education, collaboration can also take place between different professional groups. Professionals of the helping professions of the SA Police Service will not be able to implement pre-professional training as the various institutions preparing professionals for the labour market could best address that.

Personal development and professional growth can be enhanced through:

- Reading journals beyond one's own discipline and attending conferences outside one's area of primary interest.
- Asking to observe a colleague from another discipline at work, asking follow-up questions about the interview technique, and asking for help in acquiring those new skills, are all ways in which team interaction can be enhanced.
- Asking for observation and feedback from colleagues in other disciplines on one's work can also expand the extent of team interaction.
- Receiving and making use of feedback to evaluate and modify one's own behaviours occurs easily in a climate of openness and mutual respect (Garland, 1994:111).

5.5.6 Professional adulthood, acceptance and respect

5.5.6.1 Professional adulthood

Professional adulthood is a multi-professional model of working, sharing ideas and expertise, but with each professional retaining the core experience of his own profession. This professional adulthood will prevent multi-professional jealousy and conflict (Laidler in Molyneux, 2001:33).

When one is sufficiently confident in one's own roles and in one's own professional identity, one will feel safe enough to cross over different disciplines to share professional skills and expertise with other disciplines. Being able to do that is called professional maturity.

5.5.6.2 Professional acceptance of one another as equal partners

For collaborations to be successful, team members must accept one another as equal partners. Where team members perceive themselves as superior and of higher status, collaboration will not last. According to Lax and Galvin (2002), professionals will only learn from one another if and when they acknowledge one another as equal partners and have the necessary respect for one another.

Not accepting one another as equal partners will most definitely become a major stumbling block in any team. Acceptance will supersede professional jealousy and mistrust.

5.5.6.3 Professionals having respect for one another

Although professionals might differ in their training and the angles from which they operate, they should have the necessary respect for the training and expertise of fellow professionals. Colleagues in other professions might have equally valuable skills and experiences to offer, and that should be thoroughly respected. Without respect for one another, professionals won't learn anything from one another and neither will they learn from one another if they are in constant competition with one another.

No cooperation, collaboration or transfer of skills can take place where respect for one another is absent.

5.6 CONCLUSIONS AND RECOMMENDATIONS IN RESPECT OF THE EMPIRICAL STUDY

5.6.1 Fears

5.6.1.1 Conclusions

There was a genuine fear that all professionals in the West Metropole will know how to assess, refer, monitor and do short-term therapy, thus resulting in generic therapists

who will not know how to do genuine professional work anymore. Some professionals feared that they might lose their professional identity.

These fears can be addressed by accepting the fact that a single professional cannot render all services to all clients. People's problems differ and so do their remedies. There will be fields of specialisation.

Within an EAP situation professionals will continue to render services according to the training and expertise, but also in conjunction with other disciplines. While performing discipline-specific tasks, there will be overlapping with other disciplines. The disciplines will not lose their specialisation, although the groups will work closely with one another.

5.6.1.2 Recommendations

The team of professionals should have an honest and open discussion whereby they will give one another the assurance that they will acknowledge and respect one another's training, expertise and professional identity. They should also vow to discuss and negotiate overlapping services. By doing this they could avert the fear of losing their identity.

5.6.2 Honesty

5.6.2.1 Conclusion

Should any services to be rendered fall outside the ambit of a professional's field of training or expertise, such a professional should be honest about it, know his professional boundaries and know when to refer appropriately. By his not being honest and not referring clients, greater harm could be done to the client.

5.6.2.2 Recommendations

Professionals should be candid with themselves and with other professionals regarding their competencies, insight and level of training. On a continuous basis, when necessary, they should clarify their roles and functions. This could be shared during meetings and case conferences.

5.6.3 Change and resistance to change

5.6.3.1 Conclusions

Not being able to adapt to change was seen as a possible stumbling block by some of the respondents. Owing to the fact that resistance to change is a common factor, it needs to be acknowledged and anticipated. If it is to be left unchecked it can destroy the functioning of any team.

5.6.3.2 Recommendations

This resistance could be addressed through training and education.

5.6.4 Training

5.6.4.1 Conclusions

According to this research, training in the EAP and in some aspects of the core technology is much needed in the West Metropole. There is a lack of knowledge regarding the EAP. The need for further training in assessment and counselling was identified.

5.6.4.2 Recommendations

The lack of knowledge regarding the core technology of the EAP could be eradicated through training in the EAP principles. This training should be for **all** professionals in the service of the police.

Advanced training in assessment and counselling should be given to those that need it. The suggested training could be done through in-service training, workshops, information sessions and formal training through outside tertiary institutions.

The Area West Metropole should at least subscribe to one EAP journal to enhance the capacity of professionals through reading. Furthermore the SAPS should ensure that professionals are subjected to Continuous Professional Development (CPD).

Professionals should be strongly advised to belong to outside bodies and organisations like EAPA-SA (Employee Assistance Professionals Association of South Africa), where they could enjoy the fellowship of fellow EA practitioners and professionals. (Professionals should be allowed time off to attend these meetings.)

5.6.5 The core technology of the EAP

5.6.5.1 Conclusions

Although fragmented, all three disciplines of the Helping Professions in SAPS had elements of the universally accepted core technology of the EAP in its methods, functions and way of working. These elements include the following:

- Assessment
- Referring to internal or external service providers
- Monitoring (during treatment)
- Aftercare
- Reintegration into the place of work after treatment
- Feedback to referring agent
- Consultation with management regarding the troubled employee
- Marketing and communication.

The following aspects of the core technology of the EAP are lacking in the West Metropole and need attention: short-term counselling/therapy, monitoring and aftercare. Not all disciplines are lacking in the same aspects as their colleagues and neither are all disciplines trained adequately. These aspects will be discussed under the respective headings and specific disciplines.

5.6.5.2 The three disciplines and the core technology

5.6.5.2.1 Chaplains

Conclusions

Although one of the two respondents could link his chaplain's tasks to the core technology of the EAP, the researcher is not convinced that SAPS chaplains are completely knowledgeable in the core technology of the EAP. Since the appointment of the first chaplain in 1952, the role and tasks of the chaplain as described by Rothman (1980: 60-62) have changed remarkably.

Recommendations

Owing to this change in roles and functions of the chaplains, it is recommended that they should receive further in-service training in the core technology of the EAP. Special

attention should be given to focused, short-term counselling, knowing when to refer to internal and external service providers, and reintegration into the place of work.

5.6.5.2.2 Psychological Services

Conclusions

This discipline is in line with the core technology regarding assessment, referral, counselling, feedback to the referring agent and consultation with management.

Recommendations

The psychologists of the West Metropole should be trained in the area of **short-term** counselling / therapy. Owing to their *modus operandi*, they may never need to be trained in monitoring, aftercare and reintegration into the workplace. They just need to be cognisant of, and understand these aspects.

5.6.5.2.3 Social Work Services

Conclusions

Possibly not through training, but in rendering their services, 95% of the aspects of the core technology are covered by the social workers. It surfaced in the research that social workers were initially trained in long-term counselling.

Recommendations

They too should be trained or even be retrained in short-term counselling / therapy.

5.6.5.3 Short-term therapy / counselling

5.6.5.3.1 Conclusions

The research identified the chaplains and industrial psychologist as not being trained in this area.

5.6.5.3.2 Recommendations

Those not trained should have an in-depth training in this model that would allow them to be registered as lay counsellors with the Health Professions Council of South Africa (HPCSA) or any other recognised board/council.

It is further recommended that attention should be given to the views of the social workers and the psychologists in respect of treating clients for alcohol abuse and personality disorders for more than 24 months and still seeing this as short-term therapy.

5.6.5.4 Referring to internal and external service providers

5.6.5.4.1 Conclusions

Those not trained in this aspect are few in number.

5.6.5.4.2 Recommendations

Through case conferences and sessions they could be sensitised and brought up to standard.

5.6.5.5 Monitoring (during treatment)

5.6.5.5.1 Conclusions

Formal training in this aspect is not necessary.

5.6.5.5.2 Recommendations

This aspect could be discussed in case conferences and EAP meetings.

It is recommended that places of work should be encouraged to also monitor and visit clients during this phase of treatment, as it will help with the client's reintegration into the workplace.

5.6.5.6 Aftercare

5.6.5.6.1 Conclusions

Aftercare does not exist within the *modus operandi* of the psychologist.

5.6.5.6.2 Recommendations

Psychologists should take note of the importance of aftercare to the other two disciplines.

5.6.5.7 Reintegration into the workplace after treatment

5.6.5.7.1 Conclusions

Training in this area is not necessary, as most respondents had no dealings with places of work regarding their troubled employees prior to SAPS. For them, dealing with the workplaces is unique to their setting within SAPS, thus in-service training within SAPS would be appropriate.

5.6.5.7.2 Recommendations

Those that are not on par yet could be sensitised through EAP meetings and case conferences.

5.6.5.8 Feedback to the referring agent

5.6.5.8.1 Conclusions

Feedback was seen as important although it was lacking in the West Metropole.

5.6.5.8.2 Recommendations

Professionals from the West Metropole need to address this lack of feedback to fellow referring professionals and managers by giving continuous and relevant feedback.

5.7 SUMMARY

The result of a study long overdue has eventually seen the light. Disciplines that are grouped together, as in the case of the South African Police Service, will find guidance as illustrated in this research.

The researcher was successful in obtaining the said goals listed on page 6 in Chapter 1. An all-encompassing literature review was done which gave new insight into the collaboration of different disciplines. The link between the helping professions and their respective roles was also established and uncovered through this research.

A situational analysis was conducted which was reported on in Chapter 2. The next goal was addressed in that guidelines were established for future collaboration between the different disciplines.

The researcher is proud to report that **all** goals and objectives of this study were obtained through this research. All the respondents spoke from their hearts and came up with useable suggestions that were formulated and proposed as recommendations by the researcher.

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Chapter 5

- Interview, Rita Retief, 8th May 2004.

- Assessments centres
- Hospital visits (psychiatric cases)

Chaplain Services (Areas of special competence)

Clinical Pastoral Counselling /Pastoral Care

- Pastoral counselling
- Pre-marital counselling
- Marital and family counselling
- Divorce counselling
- Quality aftercare
- Bereavement counselling
 - Grief work
 - Death and dying

Visits

- Stations
- Hospitals
- Homes and barracks

Spiritual Empowerment

- Devotions of shifts
- Prayers, etc.
- Spiritual support
- Memorial services
- Conveying death messages
- Conducting funerals of SAPS members
- Marriage enrichment programmes
- Weddings
- Spiritual and empowering, e.g. retreats and impetus

Moral Regeneration (To enhance morality, to build integrity, trust and character)

- Ethics and anti-corruption (Training work shops on Ethics)
- Retreats and contact camps
- Action against crime

- Transforming the city
- Mother's Day and Father's Day
- Police Sundays
- Themes for devotions
- God's answer to HIV/Aids
- State mortuaries
- Deepavali Celebration
- Mahalaya Patcham
- Cleansing and healing
- Christmas carols
- Easter celebrations
- Uniform chaplains training

Areas of overlap for the three disciplines

Suicide prevention : Psychologists

Trauma debriefing : Psychologists

(Initial and Formal Debriefing)

HIV / Aids : PSWS

(If trained as a peer educator)

VEP : Crime Prevention

Masifundi : PSWS

- Emergency standby (for the specific discipline)
- Debriefing standby
- Consultation with management
- Team building for management and members
- Training of managers
- Marketing of EAP
- Evaluation of the EAP
- Reintegration of employees
- Multi-disciplinary approach

RESEARCH: SEMI-STRUCTURED SCHEDULE

Principal Investigator:

James Biehl
SAPS: Senior Superintendent
SA Police Service
West Metropole
M SocSci (EAP)
University of Pretoria

TITLE OF THE MINI-DISSERTATION

The activation of the Employee Assistance Services of the South African Service in participating in an internal Employee Assistance Programme in the West Metropole Area.

RESEARCH QUESTION

How to activate the existing Employee Assistance Services of the South African Police Service to participate in an effective internal Employee Assistance Programme.

DEFINITION OF AN EAP

“Employee Assistance is the work organisation’s resource that utilises specific core technologies to enhance employee and workplace effectiveness through prevention, identification and resolution of personal and productivity issues” (*E-memberNews*, Sept. 2003).

DEMOGRAPHIC DETAILS

→ Trained as a: Psychologist
Social worker
Minister of Religion

→ Years in: Profession
SAPS

TERTIARY TRAINING

→ Diploma: 3 Years
Higher Diploma
→ BA / BTech
→ Honours
→ MA
→ DPhil

Question 1

Give details of your exposure regarding training in the EAP field under the following categories:

1.1 FORMAL TRAINING

Degree

Postgraduate

1.2 INFORMAL TRAINING

Workshops

Courses

Conferences

Self-study

Question 2

What do you see as the most important tasks of your own profession, and how do they link with the EAP?

Question 3

The following are accepted worldwide as being the Core Technology of the EAP:

- Assessment
- Short-term therapy/Counselling
- Referral to internal and external service providers
- Monitoring (During treatment)
- Aftercare (After treatment)
- Re-integration into the workplace after treatment
- Feedback (to the referring agent)
- Consultation with management regarding the troubled employee
- Marketing and communication

Are you skilled in and willing to utilise the above-mentioned functions within the context of your own discipline and also that of the EAP? Please substantiate your answer.

Question 4

Have you ever referred any of your clients to any of the other two disciplines? Please substantiate your answer.

Question 5

Describe your views on the future task division among different members of the Employee Assistance Services in West Metropole?

Question 6

Discuss your views regarding additional training within the envisaged EAP.

Question 7

Name a few possible stumbling blocks that could prevent the establishment and implementation of the EAP in the South African Police Service.

Question 8

Name ways in which the Employee Assistance Services could be activated towards participation in the EAP.

CONSENT FORM

Participant's Name: Date:

Principal Investigator: James Biehl: HRM: Helping Professions: Area West Metropole

Informed Consent

1. **Title of Study:** The activation of the Helping Professions of the South African Police Service (SAPS) to participate in an internal Employee Assistance Programme (EAP) in the West Metropole.
2. **Purpose of the Study:** To produce effective guidelines regarding the activation and participation of the Helping Professions of the South African Police Service in an internal Employee Assistance Programme in the West Metropole.
3. **Procedures:** The Principal Investigator will hold a semi-structured interview with me regarding the subject of the study. The interview will take approximately 1 hour. The interview will be scheduled at my convenience during working hours.
4. **Benefits:** The enhancement of a cost effective Multi-Professional EAP team within the Area West Metropole.
5. **Action and competence of the researcher:** The Principal Investigator is Senior Superintendent within HRM and is currently busy with his Master's degree in the EAP. He has successfully completed the theoretical part of the degree. The research will be done under the supervision of Prof. L. S. Terblanche of the University of Pretoria.
6. **Participant's Rights:** I may withdraw from participating in the study at any time.
7. **Financial Compensation:** There will be no financial compensation.
8. **Confidentiality:** In order to record exactly what I say in the interview, a tape recorder will be used. Only the Principal Investigator will listen to the tape. I understand that the results of testing will be kept confidential unless I ask that they be released. The results of this study may be published in professional journals or presented at professional conferences, but my records or identity will not be revealed unless required by law. Copies of the dissertation will be sent to the University of Pretoria, Helping Professions at SAPS Head Office and Area West Metropole. My identity will not be revealed.
9. If I have any questions of concerns, I can call James Biehl at (021) 467-8588 at any time during working hours.

I understand my rights as a research subject, and I voluntarily consent to participation in this study, I understand what the study is about and how and why it is being done. I will receive a signed copy of this consent form.

Subject's Signature

Investigator's Signature

Date:.....