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Perceptions of newly qualified social workers regarding supervision within the Department of Social Development in the Limpopo province, South Africa

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APPENDICES

APPENDIX A

PARTICIPANT INFORMATION SHEET

Good day

My name is MpulanaVelencia Maupye, I am a post graduate student registered for the degree MA in Occupation Social Work at the University of the Witwatersrand. As part of the requirements for the degree, I am conducting research on the perceptions of newly qualified social workers regarding supervision within the Department of Social Development, Waterberg District. It is hoped that this information may assist the Department to improve or strengthen supervision programmes for newly qualified social workers and help as a retention strategy.

I therefore wish to invite you to participate in my study. Your participation is entirely voluntary and refusal to participate will not be held against you in anyway. The interview will last at approximately 45 minutes and will take place in a private office at Mogalakwena and Lephalale Area. You may withdraw from the study at any time and you may also refuse to answer any questions that you feel uncomfortable with answering.

With your permission, the interview will be audio-recorded and verbatim transcripts will be compiled post the interviews. No one other than my supervisor will have access to the recordings and transcripts. The recordings, interview schedules and transcripts will be kept in a locked cabinet for two years following any publications or six years if no publications emanate from the study. Please be assured that your name and personal details will be kept confidential and no identifying information will be included in the final research. The information you will share with me might cause emotional reactions that might seek counselling to deal with. I have arranged with Mr Mhlongo Mpumelelo a clinical psychologist at George Masibe Hospital where you can get counselling in such instances.The contact numbers of a clinical psychologist are as follows; 015 423 6000/ 079 279 4113/ 0717577596.

If you have more questions about the study please feel free to contact me or my research supervisor using the details given below.

MpulanaVelencia Maupye

Cell number: 0723223669/0796992304

Email address: maupyem@gmail.com

RoshiniPillay: The Lecturer in the Wits Social Work Department (the supervisor)

Telephone number: 011 717 4486

Email address: roshini.pillay@wits.ac.za

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

Yours sincerely

…….

MpulanaVelencia Maupye

APPENDIX B



CONSENT FORM FOR PARTICIPATION IN THE STUDY

I hereby consent to participate in the research project. The purpose and procedures of the study have been explained to me. I understand that my participation is voluntary and that I may refuse to answer any particular items or withdraw from the study at any time without any negative consequences. I understand that my responses will be kept confidential.

Name of Participant:…….

Date:……..

Signature:…….

APPENDIX C



CONSENT FORM FOR AUDIO-TAPING OF THE INTERVIEW

I hereby consent to tape-recording of the interview. I understand that my confidentiality will be maintained at all times and that the tapes will be destroyed two year after any publication arising from the study or six years after completion of the study if there are no publications.

First Name and Surname of Participant: _____

Date: _____

Signature: _____

APPENDIX D

INTERVIEW SCHEDULE FOR NEWLY QUALIFIED SOCIAL WORKERS

A. Demographic Data

1. Gender

Female	Male

2. Age

3. When did you qualify as a social worker?
4. When did you commence work at DSD? Year and month?

B. Social Work Supervision

1. What does your job description entail?
2. What are the strengths of DSD supervision framework?
3. Describe what the term "supervision" means to you?
4. How often do you receive supervision per month?
5. Which of the following supervision method do you receive?

Individual supervision	
Group supervision	
Peer supervision	
No supervision	
Irregular or adhoc supervision	

1. What are the benefits of supervision?
2. What are the limitations of supervision?
3. What are the attributes of a good supervisor?
4. Please describe the relationship with your supervisor?
5. Cite an example of assistance you have received from your supervisor?

6. Would you like to imagine yourself as a social work supervisor who is about to retire, what advice will you give to a new supervisor to help them in conducting supervision?

APPENDIX E

KEY INFORMANTS INTERVIEW SCHEDULE

A. Demographic Data

1. Gender

Female	Male

2. Age

B. Social work supervision

1. How many months/ years have you been fulfilling the role of a supervisor?
2 How many social workers are you supervising?
3 What are the strengths of DSD supervision framework?
4 What do you understand by the term "supervision"?
5. How often do you supervise per month?
6. Which of the following supervision method do you employ in supervision?

Individual supervision	
Group supervision	
Peer supervision	
No supervision	
Irregular or adhoc supervision	

7. Which of the supervision methods do you employ the most and why?
8. What are the benefits of supervision?
9. What are the limitations of supervision?
10. What are the attributes of a good supervisor?

11. Please describe the relationship with your supervisee?
12. Cite an example of assistance you have provided to your supervisee?
13. What are the challenges being experienced as a supervisor?
14. If you experience challenges, what are you doing to manage these challenges?
15. What are your manager’s expectations regarding your role as a supervisor?

APPENDIX F

ETHICS CLEARANCE CERTIFICATE

Research Office

HUMAN RESEARCH ETHICS COMMITTEE (NON-MEDICAL)
R14/49 Maupye

CLEARANCE CERTIFICATE	**PROTOCOL NUMBER H14/04/04**
PROJECT TITLE	Perceptions of newly qualified social workers regarding supervision within the Department of Social Development in the Limpopo Province
INVESTIGATOR(S)	Ms MV Maupye
SCHOOL/DEPARTMENT	Human and Community Development/Social Work
DATE CONSIDERED	25 April 2014
DECISION OF THE COMMITTEE	Approved Unconditionally
EXPIRY DATE	03/06/2016

DATE 04/06/2014 **CHAIRPERSON** E.M. Take pp (Professor T Milani)

cc: Supervisor : Ms R Pillay

DECLARATION OF INVESTIGATOR(S)

To be completed in duplicate and **ONE COPY** returned to the Secretary at Room 10000, 10th Floor, Senate House, University.

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

_____ ____/____/____
Signature **Date**

PLEASE QUOTE THE PROTOCOL NUMBER ON ALL ENQUIRIES

APPENDIX G

LETTER OF PERMISSION FROM SOCIAL DEVELOPMENT

LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF SOCIAL DEVELOPMENT

Confidential

Ref : S5/3/1/2

Enq : Ledwaba MS

Tel : 015 293 6466

Date : 21 July 2014

To : Ms Maupye MV
P O BOX 1421
Senwabarwana
0790

RESPONSE ON THE REQUEST TO CONDUCT RESEARCH STUDY TITLED "PERCEPTIONS OF NEWLY QUALIFIED SOCIAL WORKERS REGARDING SUPERVISION WITHIN THE DEPARTMENT OF SOCIAL DEVELOPMENT".

1. The above matter refers to the memo dated, **14 May 2014**.
2. The Department hereby grant permission to conduct the above-mentioned research, on the provision that the Ethics Committee of Wits University has provided clearance for the study.
3. **NB**. On completion of the study, a copy of the mini dissertation should be submitted to the Department of Social Development in honour of your commitment.
4. The Department take this opportunity to wish you well during the period of research.

22/07/2014

SENIOR MANAGER: HUMAN CAPITAL DEVELOPMENT AND ORGANISATIONAL STRATEGY

DATE