Call Centre Report
A Quality Assessment and Improvement Study on loveLife’s Call Centre 2013
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1. Executive Summary

Background
loveLife has two national toll-free helplines, the Youth Line and Parent Line, which were established in 2000 to provide comprehensive reproductive health information and counselling services for both adolescents and parents/guardians. loveLife’s national Call Centre aims to promote open discussion around sex, sexuality and gender relations among adolescents and parents. By providing a safe space for discussion and counselling it seeks to empower adolescents and parents to change difficult circumstances they find themselves in. The Call Centre also aims to increase the uptake of adolescent and youth friendly health services and link young people to loveLife programmes.

The Call Centre study was conducted in January 2013 by loveLife’s Programme Measurement and Design Department, through funding provided by GIZ, the German Agency for International Development Cooperation. The study was undertaken to assess the quality of the Call Centre and its services, and explore areas in which the Call Centre operations could be improved.

Methods
The study had both a quantitative and a mixed-methods component. A quantitative questionnaire was administered to a sample of callers who phoned the Call Centre between 10 July and 17 October 2012. The mixed-methods component involved one-on-one interviews with Call Centre counsellors and operators who were asked to assess their own services, reflect on issues raised by callers and discuss how they thought the Call Centre could be improved.

Study population and sample
The study sample included adolescents and parents who had called the loveLife Call Centre via the Plz Call Me line, and a sample of Call Centre staff (counsellors and operators). A total of 420 people who had used the Plz Call Me function were interviewed telephonically – this was 6% of the total number of callers in the specified timeline who talked to loveLife for more than 10 minutes. Nearly half of the interviewees were between 20 and 24 years old (44%). The gender split of interviewees was relatively equal with 54% being females and 46% males. About every third respondent was from Gauteng (35%). Four counsellors and four operators were also interviewed – this was 40% of the total loveLife Call Centre staff.

Call Centre usage
The Call Centre received a total of 493,603 calls in 2012, which is a 23% decrease from the 605,858 calls received in 2011. The percentage of callers that requested counselling in 2012 was 43%, slightly higher than in 2011 when 42% of the callers requested counselling. Given the increase in the overall caller number the increase in counselling calls is encouraging. It indicated that there was an increase in genuine calls and an increase in the counselling service demand.
A total of 470,989 calls were received on the Youth Line in 2012, which was 20% less than the 588,429 calls received in 2011. Nearly three out of four young people (73%) contacted the Call Centre through the free Plz Call Me function. Almost a quarter of these callers were from the province of Gauteng and over half (54%) were female.

In addition, a total of 12,589 calls were received on the Parent Line in 2012, which is also a reduction in the number of calls from 2011 where 17,399 calls were received. Nearly nine out of ten (87%) of the callers used the Plz Call Me function to get in touch with the Call Centre and only 13% used the toll free helpline. Nearly one in three callers (31%) were from Gauteng.

Plz Call Me Line
Callers can contact the loveLife Call Centre using the Plz Call Me or callback system, in which they sent a free SMS to the Call Centre who then contacts them. Between 10 July and 17 October 2012 a total of 87,778 requests were received through this service, and 44% of these requests were counselling calls. Over half the callers (55%) were female and 38% of the total came from Gauteng. Zulu (28%) and Southern Sotho (18%) were the most common languages amongst callers. Nearly one in four callers (23%) wanted information on loveLife. Over one in five (22%) callers wanted to discuss relationships, a further one in ten (9%) were calling to discuss HIV, and 6% wanted to discuss about pregnancy.

Findings
Technical experience of using the loveLife Call Centre
More than half of the respondents (55%) reported that they received a call-back immediately, 43% stated that they received the call-back after a couple of minutes and 2% did not receive a call-back at all. In total, one in three people (34%) experienced technical difficulties while trying to contact the Call Centre.

Language of voice recording
Over half of the respondents (59%) and the Call Centre staff who were interviewed reported that they would like the voice recording to remain in English, while 40% indicated that they would like it to be in another language. As a single language Zulu was the most dominant language choice with 24%. Sotho, Setswana or Sepedi were identified as other languages out of which one could be offered together with Zulu to diversify the voice recordings in line with callers’ home languages.

Opening hours and staffing
Two out of three respondents (68%) recommended longer operating hours. Just over half of the respondents (52%) expressed particular interest in the Call Centre offering counselling services 24 hours a day, 7 days a week. Call Centre staff also felt that it was necessary to extend the opening hours to reach more people in need of counselling, but had concerns that more counsellors would be required in order to do so. This could be further explored in a trial period and staffing challenges potentially be addressed through a shift roster for counsellors that covers peak times and only provides a back-up counsellor during times when mainly information calls are received.

Counselling experience
Nine out of ten respondents (91%) showed satisfaction with the counselling they received; 76% were very satisfied and 15% were satisfied. Nine out of ten callers (90%) felt welcomed by the counsellor. Over nine out of 10 respondents (93%) fully agreed that they could speak openly and honestly with the counsellor and 90% agreed that the counsellor was friendly. Eighty four percent of respondents stated that they were not interrupted by the counsellor, but 14% found the counsellor dominant and intimidating. More than four out of five participants said that they received the support they needed at that time (86%), that the counselling was appropriate (84%) and that it made it easier for them to make a decision on how to address their problem. Nearly four out of five (79%) developed completely new ideas that they had not thought about before. Counsellors and Call Centre operators understood and practiced the reflective counselling methodology but also indicated that they would be able to improve further with more regular feedback. The comments of some callers who requested greater professionalism from the Call Centre staff and those that did not understand the reflective counselling methodology and found it frustrating because they wanted to receive advice indicated that despite the high satisfaction levels there is some room for improving the quality of the service offering.

Renaming the loveLife Call Centre
Whilst there were some interviewees and some Call Centre staff who felt that the loveLife Call Centre should be renamed there was no clear agreement around if this should happen and what the new name should be. Instead of focusing on a renaming, emphasis could be placed on creating wider knowledge of the Call Centre services and integrate it with the rest of loveLife’s services. Emphasis could also be placed on building a stronger sense of a loveLife team within the Call Centre to create a stronger shared identity.
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Call monitoring and supervision
In order to ensure that loveLife’s Call Centre employees are providing a quality service, the staff emphasised the need for increased call monitoring, quality assessments and supervision. They considered it as an important tool that would help them to improve their work, receive feedback and improve their counselling skills.

Training and mentoring
Call Centre staff requested additional training and mentoring that would allow them to improve their skills and provide an even better service to callers. They require more information about activities and campaigns carried out by other loveLife departments, as well as advanced, up-to-date information on HIV/AIDS and referral services so that they could better inform their clients.

Summary of recommendations
• Explore technical challenges that have affected the quality of counselling calls
• Offer additional voice recordings in Zulu and either Sesotho, Setswana or Sepedi to make the Call Centre more inclusive
• Extend the opening hours of the Call Centre for a trial period to see if this impacts upon the use of the service
• Increase call monitoring, quality assurance and supervision to provide regular feedback and guidance on calls
• Review the training and mentoring opportunities for Call Centre staff and offer refresher training for counsellors to diversify and improve their skills, and find ways to help with work with clients who request advice
2. Study Overview

The following report provides an overview of the loveLife Call Centre Study conducted in January 2013 by loveLife. It provides the background to the study, explains the methodology used and presents key findings around the issues experienced by users. The presentation of results is followed by an in-depth discussion of possibilities for increasing the quality of the Call Centre service offering.

2.1 Background and Objectives
The study was conducted by loveLife’s Programme Measurement and Design Department in partnership with GIZ. loveLife has a national Call Centre that aims to promote open discussion around sex, sexuality and gender relations among adolescents and parents. By providing a safe space for discussion and counselling it seeks to enable adolescents and parents to change difficult circumstances they find themselves in. The Call Centre further aims to accelerate the uptake of adolescent and youth friendly health services and link young people to loveLife programmes.

The rationale for conducting this study was to assess the quality of the service provided by the Call Centre team and to evaluate how much it enabled clients who requested counselling to take action and work towards changing their own situation. In its analysis, the study also focuses on eliciting feedback from clients around possible improvement areas for the Call Centre. The assessment and improvement study documents the views of 6% of callers who received counselling from the Call Centre over a three month period and also draws conclusions to help improve the quality of service provided by the Call Centre. Given that loveLife recently saw a decline in the use of the Call Centre, the study also provides feedback on users most preferred means of receiving counselling services. The study itself was undertaken by loveLife’s Programme Measurement and Design Department.

2.2 Methodology and Fieldwork
Two submissions of the study proposal and associated research tools were made to the Human Sciences Research Council’s Ethics Committee in September and October 2012 and provisional approval was granted. The final submission was made at the beginning of December 2012 and final approval was granted in December 2012. As such, fieldwork could start in January 2013.

2.2.1 Study Design
The study consisted of a quantitative and a mixed-methods component.

The quantitative study component took the form of a questionnaire, which was administered to callers who phoned the Call Centre between 10 July and 17 October 2012. During that time a total of 7,289 phone calls of a 10-minute duration or longer were received by the Call Centre. All conversations shorter than 10 minutes were excluded as it is unlikely that these were counselling conversations.

The mixed study component involved one-on-one interviews with Call Centre counsellors and Call Centre operators and focused on their own service assessment as well as a discussion around areas for improvement. The conversations were also used to discuss some of the challenges raised by callers to elicit the views of the Call Centre team on these.

Implementation of the quantitative component was started on 4 January 2013. The interviews were conducted by three field workers hired to carry out the study. Each of them conducted 9 to 15 calls daily which amounted to a team average of 35 calls a day. The mixed research component was carried out by one field worker and the Executive Manager of the Programme Measurement and Design Department. The interviews were conducted after the quantitative aspect of the research to ensure that some results could be probed further.
2.2.2 Study Population
The study population was three fold: adolescents and parents who had called the Call Centre as well as a sample of Call Centre staff.

2.2.3 Sampling Quantitative
As indicated, 7,289 entries were drawn from a database of callers who used the Plz Call Me service to contact the Call Centre between July and October 2012. The Plz Call Me service allows people to send an sms requesting a call back to loveLife's Call Centre on 083 323 1023. The Call Centre system then automatically calls back the person. Each caller surveyed had a conversation with the Call Centre team for at least 10 minutes. This meant that only the numbers of people who contacted the Call Centre through a cellphone were included in the study. The call duration and the cellphone number of the caller were exported from the web re-call system onto an excel sheet, which was used for the randomisation of callers. There was no link to the actual call or any other details of the caller.

Out of the 1,765 calls made by the three researchers, which represented 24% of the total number of callers, 420 were successful calls to people who had called the Call Centre and were willing to participate in the study. This represented 6% of the total number of callers in the specified timeframe who talked to loveLife for more than 10 minutes and 24% of the calls made during the study (see Table 1). Nearly two thirds (63%) of the people called were unreachable, 3% were not willing to participate and 10% did not call the Call Centre. The reason why the numbers of one in 10 callers who did not call the Call Centre were recorded, even though they did not phone the Call Centre, is largely due to someone else using their cellphone to contact the Call Centre. In many cases, the respondents even knew who used the phone to contact the Call Centre.

Table 1: Calls made in relation to total callers during the study period

<table>
<thead>
<tr>
<th>Type of engagement</th>
<th>Successful calls</th>
<th>Did not call the Call Centre</th>
<th>Unreachable/ Voice mail</th>
<th>Not willing to participate</th>
<th>Total calls</th>
</tr>
</thead>
<tbody>
<tr>
<td>No of calls</td>
<td>420</td>
<td>172</td>
<td>1,120</td>
<td>53</td>
<td>1765</td>
</tr>
<tr>
<td>Percentage in relation to all calls made during the study</td>
<td>24%</td>
<td>10%</td>
<td>63%</td>
<td>3%</td>
<td>100%</td>
</tr>
<tr>
<td>Percentage in relation to total callers of more than 10 minutes (7,289)</td>
<td>6%</td>
<td>2%</td>
<td>15%</td>
<td>1%</td>
<td>24%</td>
</tr>
</tbody>
</table>

Mixed Method
At the time of study implementation, the Call Centre operated with nine counsellors, 11 Call Centre operators and nine groundBREAKERS. For the guided interviews, only counsellors and Call Centre operators were selected. This was due to the fact that groundBREAKERS do not provide counselling services. The Call Centre Director suggested a sample of four counsellors and four Call Centre operators who could make a meaningful contribution and constitute a fair representation of the Call Centre team. The counsellors and operators interviewed constituted 40% of total staff.

Table 2: Call Centre interviews

<table>
<thead>
<tr>
<th></th>
<th>Counselors</th>
<th>Call Centre Operators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Actual no of staff</td>
<td>9</td>
<td>11</td>
</tr>
<tr>
<td>Interviews</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Total interviews</td>
<td>8 (40% of total counsellors and Call Centre operators)</td>
<td></td>
</tr>
</tbody>
</table>
2.2.4 Analysis Framework
The Call Centre had defined the following outcomes for its staff and the recipients of its services.

- Adolescents receive information, guidance and counselling as well as assistance in situations need in a safe and non-judgmental environment
- Adolescents are empowered to make a decision based on the conversation with a loveLife Call Centre counsellor and actively work on changing their own situation
- Parents receive information, guidance and counselling as well as assistance in situations of need in a safe and non-judgmental environment
- Parents are empowered to make a decision based on the conversation with a loveLife Call Centre counsellor and actively work on changing their own situation
- Call Centre staff are competent, have updated information at their disposal and provide professional counselling to clients

Based on the defined outcomes of the Call Centre, the following indicators were tested in the questionnaire:
1. Technical Experience with the Call Centre
2. Counselling Experience
3. Empowerment to Action
4. Areas of Improvement for the Call Centre

This report presents the results for the different outcomes. It also mirrors feedback received from Call Centre counsellors and operators.

2.2.5 Limitations of the Study
Limitations of this study include the relatively low sample size, in comparison to the total number of Call Centre users. Another limitation was that data collection was conducted by field worker recruited by loveLife and not independent researchers.
3. Literature Review

3.1 Introduction
This literature review gives an overview to the background and functioning of call-centres. Much of the literature on call centres is linked to business and organisational structures, but still remains relevant to the running of a service such as the loveLife Call Centre. The literature review also focuses more specifically on call centres offering psychosocial support to young people and others, as well as those that focus on HIV/AIDS support. This section further gives an overview of the main call centres offering psychosocial support in South Africa and the range of services that are available.

An introduction to call centres
Call centres are offices established by organisations to deliver services remotely over the phone, thus replacing the need for face-to-face interactions with customers (Richardson, 1994 in Higgs, 2004). Call centres are often relocated to countries where human resources and running costs are cheaper, but those providing counselling services are usually within the country that they are providing a service to. In the literature, often call centres are talked about as entities extending the business endeavour of an organisation rather than entities to provide psychosocial support. However, the literature is still useful to get a better understanding of call centres in general. The nature of the work provided by call centres gives rise to a range of people issues (Barnes, 2001; Fernie and Metcalf, 1997; Kessler, 2002; Marshall and Richardson, 1996).

Call centres were developed in the USA in the 1980s and were adopted in Australia and the UK a few years later (Incomes Data Services, 1997; Arkin, 1997; Brown & Maxwell, 2002). There has been rapid growth in the variety of the call centre industries and services since then (Harrison and Smith, 1996 in Brown & Maxwell, 2002). The image of an organisation is usually influenced by the efficiency of their call centre, and for many people, a call centre may be their first or only exchange with a particular business (Black, 1998 in Gilmore, 2001).

Successful call centres are based on customers’ perceptions of the service they receive. Parasuraman et al (1991) argue that customers assess service quality by comparing what they want or expect with the service they perceive to have received – they are the consumers of the services offered by a particular call centre. In order for call centres to have a good reputation for service quality, employees must consistently perform at levels that customers perceive as meeting their expectations (McColl-Kennedy and White, 1997 in Brown & Maxwell, 2002).

Hassenzahl & Tractinsky (2006) talk about the User Experience (UX), which is a technology that fulfils more than just instrumental needs: it acknowledges that an engagement with a call centre is a subjective, complex and dynamic encounter. The shape that the engagement takes is a consequence of:

1. A user’s internal state - predispositions, expectations, needs, motivation, mood
2. The characteristics of the designed system - complexity, purpose, usability, functionality
3. The context or the environment within which the interaction takes place, such as organisational/social setting
4. The meaningfulness of the activity
5. The degree of voluntariness of use

Whilst much of this literature discusses organisations very different in nature to loveLife’s Call Centre, the discussions are still relevant to the running of loveLife’s Call Centre services.

3.2 Call centre continuum
Taylor & Bain (1999) suggest that the work processes in call centres can be defined by the priorities of **quantity** and **quality** – as will be seen in the data, both of these criteria were raised by loveLife Call Centre employees in their interviews, therefore are important to consider here. It is useful to highlight the characteristics that might lie at the polarities between quality and quantity. At one extreme, **quantity** represents simple, straightforward calls, which require standard agent responses to customer requests and which may well be scripted. These calls are invariable to the subject, and focus on call handling times and a control mechanism based on strict statistical criteria. In this category, quantity is characterised by simple customer interaction, routinisation, specific targets,
strict script adherence, tight call handling times, tight wrap up times, a high percentage of time spent on the phone or ready to answer calls, high call volumes, low value of calls and low level of operator discretion. The nature of the call is simple and the focus is on mass service delivery (Taylor & Bain, 1999). In summary, call centre operators are expected to answer as many calls as possible, in a uniform way. The way in which calls are answered also forms part of the organisation's identity.

At the other extreme, quality, there are calls where the nature of the customer interaction is more complex and call centre agents or operators enter into a deeper conversation with the customer (Taylor & Bain, 1999). Quality is characterised by complex customer interaction, individualisation and customisation of calls, soft targets, flexible or no scripts guiding conversation, more relaxed call handling times, customer satisfaction and the possibility of off-phone task completion. In this case, statistics are balanced with quality criteria, lower call volumes and a high value of calls. These calls require a high level of operator discretion and are not uniform – each working day can be very different (Taylor & Bain, 1999).

Gilmore (2001) talks about two approaches that are often used in the running of call centres, the production-line and the empowerment approach. The production-line approach is a method where the organisation controls the system and the employee has no input into its control. The production-line approach matches the quantity categorisation brought forward by Taylor & Bain (1999), where the emphasis lies on the uniformity of how calls are answered. The managers using this approach are inevitably reporting and quantifying the number of calls, their duration and the number of rings before a call to the centre is answered. They will not, however, be able to know how the caller felt during the interaction (an essential part of the loveLife counselling process), or how the employee thought the caller felt. Attention is given to the speed of answering calls, the number of calls abandoned, the time spent talking to customers and the cost per call. Emphasis is on tangible quantity measurements rather than on the intangible quality measurements of calls (Bowen and Lawler, 1995 in Gilmore, 2001).

The empowerment approach, on the other hand, gives employees the opportunity to use their own discretion and make decisions about how to satisfy the immediate needs of customers (Bowen and Lawler, 1995 in Gilmore, 2001). Employees are able to make decisions about their day-to-day job related activities. However, there is criticism about the empowerment approach as it seen as turning the front line ‘loose’ and dismantling the established managerial structure (Zemke and Schaaf, 1989; Clutterbuck and Kernoghan, 1994). Empowerment is viewed positively and can be seen as giving direction, vision and leadership, whilst also sharing information about the company’s performance and giving employees the power to make decisions. This approach is also about accountability, responsibility and authority of employees. An organisation using the empowerment approach needs to reward employees on the company’s performance. By doing so, employees and customers are reported to become happier (Gilmore, 2001).

A call centre offering psychosocial support, such as the counselling services offered by loveLife’s Call Centre, lies on the quality and empowerment side of the spectrum rather than focussing on the quantity or length of the calls. Rather than being a commercial enterprise, like many call centres, loveLife provides a complex kind of customer interaction and offers counselling to callers who request it. The ‘customer’ of the loveLife Call Centre, through making their own, individual request for information or counselling services, provides the entry point and parameters for the call and thus could be considered to control the exchange. Whilst it is still important that all calls are answered, emphasis within the loveLife Call Centre is on the quality of interactions, rather than the quantity.

3.3 Quality assurance in call centres
Measuring outputs is an important part of any call centre’s activities, and there are many kinds of indicators which call centres use to measure their work. These include the length of the call or the ‘wrap up time’ spent with a client at the end of a call when operators working in commercial institutions may be expected to complete a transaction. Other indicators may include the number of lost calls due to calls left unanswered (often as a result of human resource shortages). Most call centres have surveillance measures to verify that employees conform to standard operating procedures, and to ensure that their targets and standards are maintained (Armistead, Kiely, Hole & Prescott, 2002).

Quantity is often measured through the monitoring of agents who are judged on how quickly they deal with a caller’s inquiry. To perform well, operators must answer a huge number of calls regardless of the quality of the call as it is the quantity of the calls that is considered significant (Denny, 1998; MacDonald, 1998a, 1998b in Gilmore, 2001). Call centres also recognise the significance of customer satisfaction and use monitoring and evaluation
tools to assess customer service. This management of information often includes an analysis of the length of time spent on each call, the types of calls being dealt with, agent productivity, agent sales in the case of commercial enterprises and the number of agent errors (Datamonitor, 1996 in Brown & Maxwell, 2002).

Listening in to calls – with or without the prior knowledge of the person answering the call – is a common tool used to monitor call centre performance and the specific performance of individual employees. It is a means of systematically listening in to, or supervising, calls made by call centre employees and may also be used as a training tool to assist new employees with answering calls (Brown & Maxwell, 2002). The loveLife Call Centre also makes use of a call in-system, where phone calls are listened to and evaluated. The call analysis done by quality assurance staff during call-ins is used for individualised feedback and monthly debriefings with staff. Knowing that the call is being recorded or listened to may affect the call centre operator’s behaviour. However, as they are aware that they are being listened to and thus are more likely to follow all prescribed procedures and not deviate from tools learnt during training.

3.4 Call centre pressures and kills of call centre staff
Call centres are often given the reputation of being impersonal, highly pressured and offering little staff growth. Much of the literature around commercial call centres talks about these ‘pressures’, and how they occur when balancing potentially conflicting demands of surveillance, satisfying customer needs and motivating employees (Armistead, Kiely, Hole & Prescott 2002). They argue that these pressures impact both on employees and clients, during and after calls.

One of the main factors causing stress to call centre staff is that of customer aggression, or abuse received from clients (Wegge, Vogt & Wecking, 2007). Some studies have found that often customers are rude to call centre employees and employees are also rude to their customers in return (Dormann & Zapf, 2004 and Grandey, Dickter, & Sin, 2004 in Wegge, Vogt & Wecking, 2007). Call centre employees are always expected to be friendly to customers, being required to hide or downplay negative emotions and bring out their positive emotions during their work so as to maintain a professional appearance during the call but this can be difficult when faced with stressful or abusive situations (Wegge, Vogt & Wecking, 2007).

Time pressures have also been noted as a factor causing stress amongst call centre employees, who – when focussing on quantity - are often expected to manage high numbers of calls during their working shift (Holman, 2003; Zapf, 2002 in Wegge, Vogt & Wecking, 2007). Call centre clients expect to be served as quickly as possible but this can be difficult to achieve if the call centre experiences unexpectedly high volumes of calls, or if the distribution of calls is mismanaged. The clients or customers calling in can sometimes experience long waiting times because of this, which then negatively affects their satisfaction levels. Waiting times will be different at different times of day, depending on the clientele of the call centre and when they are most likely to call – this issue is explored later on in this report in relation to loveLife’s opening hours.

Additional pressures to call centre staff can also be caused by the monitoring of calls, when employees know that their work could be measured and their speech monitored at any time during their shift. When work is repetitive – such as repeating the same dialogue during every shift – listening can become passive. Passive listening, argue Brown and Maxwell (2002), can also be caused when employees are distracted because they are working in open-plan offices. In the case of counselling, where each person calling the call centre needs the counsellor or operator to listen to him or her, passive listening can seriously affect the outcome of the phone call.

In the case of counselling services such as loveLife’s Call Centre, callers may be distressed, upset or be recounting stories which are difficult for the call centre operators and counsellors to deal with. Prank calls can also happen to those answering the phones in call centres. These too can cause pressure and tension.

3.5 Support and motivation of call centre employees
There are various ways in which call centre employees can be supported and motivated to assist them in overcoming some of the challenges highlighted above and in turn to improve the outputs of the particular call centre.

Much of the management literature discusses rewards schemes, training opportunities, and staff development as ways to improve call centre staff motivation (McLuhan, 1998; Armistead, Kiely, Hole & Prescott 2002). By making staff feel valued, and giving them opportunities to develop their careers and learn new skills, it is argued that call
centre quality will improve. Crome (1998) highlights the importance of investing in soft skills training, such as how to improve customer service techniques, in retaining employees. Davis (1999) also argues that a supportive working environment is essential when working in an environment prioritising high performance of employees, such as in a call centre.

The role of management and team leaders – even in a non-commercial environment such as the loveLife Call Centre – is essential for the development and maintenance of Call Centre staff morale. Team leaders play a pivotal role in developing and maintaining the morale and motivation of customer service agents. Typically, they support managers in ensuring that customer agents attain and retain the required standards of performance rather than being traditional supervisors who control, monitor and handle complaints. To fulfil their role requirements, team leaders need excellent interpersonal skills and good technical ability (Armistead, Kiely, Hole & Prescott, 2002). They must be empowered, and able to motivate others.

3.6 Counselling services provided through call centres

Whilst much of the literature above focussed on call centres as large-scale enterprises that offer commercial services or technical advice, the following section concentrates on how counselling can be provided through call centres. Often referred to as helplines or counselling lines rather than ‘call centres’, there are many examples of such services around the globe. Counselling helplines typically provide their callers with information, offer support and counselling, assist with referrals to other organisations or services and may monitor and feedback data in order to track the impact and progress of campaigns (UNAIDS 2002).

Since 1960, telephone counselling services have developed in many parts of the world, including South Africa (Coman, Burrows & Evans, 2001; Gould & Kramer, 2001; Slaikeu, Tulkin, & Speer, 1975; Stein & Lambert, (1984). Helplines specifically focussing on HIV/AIDS were developed in the United States in response to the epidemic before expanding to low- and middle-income countries (UNAIDS 2002). Initially it was difficult to establish call-centres in low- and middle-income countries because of the quality of the telephonic infrastructure and limited access to phones. In South Africa it is now estimated that approximately 67% of people have access to or own a cellphone, and whilst, as we see in the data below, not everyone owns the cellphone that they use, loveLife’s Plz Call Me service was established to respond to the large numbers of cellphone users. Over 72% of this mobile phone ownership is within young people (Henry J. Kaiser Family Foundation 2012), which is interesting to think about in relation to the users of loveLife’s Plz Call Me line.

Different telephone helplines and counselling services often focus on specific problems and have specialised counsellors to deal with them; examples include helplines focussing on alcohol and drug abuse, eating disorders, HIV/AIDS and gambling. Some of the more established helplines with an international reputation include The Samaritans, LifeLine and Childline. Helplines such as these, and loveLife’s Call Centre, often are a valuable resource to people seeking help – they are also an important source of support for people in life-threatening or distressing situations.

Many telephone hotlines or helplines are provided by volunteers or lay counsellors who do not have a formal counselling qualification and the degree and level of training of call centre staff differs across organisations. loveLife’s Call Centre has call centre operators who are responsible for handling information related calls as well as professional counsellors who address counselling requests.

**Phone counselling vs face-to-face counselling**

One of the benefits of a phone counselling service is that it does not require people to travel to their nearest counselling service. In many areas there are no counselling services available at all, or those that exist are not adequately publicised. Telephone counselling is a confidential means by which people can seek help. For many people, speaking to a counsellor over the phone is easier than speaking to someone face-to-face and may be the only option they have to access counselling services are advice (King et al. 2003).

Phone counselling that is provided through a call centre also means that people who may feel embarrassed discussing their concerns with someone face-to-face can speak to someone anonymously and in confidence – they do not have to give their real name and it is unlikely that they will be recognised. Callers can call at their own convenience, at a time that suits them, as opposed to having to make a scheduled appointment in advance. Some call centres are open for 24 hours, meaning that callers are able to access counselling services at any time of the day or night, seven days a week.
Counselling services in South Africa

As highlighted above, there are several phone counselling services in South Africa, the most well known of which, in addition to the loveLife Call Centre, are probably the National AIDS Helpline and Lifeline. The National AIDS Helpline is a toll-free service that was established in 1992 specifically to offer support on HIV/AIDS issues. Its initial success was reportedly limited because of budget constraints and the lack of diversity in the languages spoken by its counsellors, but it is now an important country-wide resource for people seeking advice and support on HIV/AIDS (UNAIDS 2002). The AIDS Helpline now reportedly receives around 3000 calls per day.

LifeLine, another international counselling service, was founded in 1963 in Australia and brought to South Africa in 1968, where it became a nationwide network of telephone counselling centres and other services offering support to those experiencing emotional distress. Although LifeLine’s Australian origins were religious, LifeLine has a secular approach to counselling and does not have any political or religious affiliations, meaning that those calling for counselling services receive a non-judgmental, neutral service. LifeLine’s counselling services are 24 hours and although many of its volunteers (who go through a long training and internship process which they must contribute towards financially) are English speaking, there are counsellors speaking South Africa’s other official languages. LifeLine counsellors also assist with referring callers to other services, and can also offer face-to-face counselling.

In South Africa, in addition to the Call Centre run by loveLife, Childline runs a 24-hour phone service for children and adults in distress. Their helpline is run by trained counsellors who provide information, support and assistance to approximately 600,000 children and adults every year. Many of these calls are related to child abuse and as a result, many child abuse cases are opened – they follow up cases and may work with callers after the initial counselling call. For monitoring purposes, counsellors log all calls and are able to keep accurate and updated statistics which allows them to update their policies and interventions depending on issues currently affecting young people.

In addition, South Africa also has information and helplines for people wanting information and support on issues relating to drugs and alcohol abuse; rape and sexual violence; depression; family and marital problems and reproductive health.

Conclusion

In summary, whilst there may appear to be large differences between the call centres described initially and those offering counselling services, there are overlaps in their structure and working environment. A counselling service, whilst not intended to make profit, must also provide a good, welcoming, efficient service to its clients. It must have a dedicated, effective workforce that is able to provide a professional service to those calling in for support. Its staff must be well-trained, receive support and feedback as well as be given the chance to develop their skills. The challenges in linking these two models, and providing a quality service that also runs efficiently and is commended by its users because of its quality, will be explored in more detail in the discussion and recommendations sections of this report.
4. Introduction to loveLife and its Call Centre

4.1 About loveLife
loveLife aims to promote a healthy, HIV-free way of life among South African teenagers by linking HIV prevention with youth development in a nationwide community-level peer education approach and a national multi-media campaign.

loveLife recognises that youth leadership is critical to transforming South African society and has based its approach to HIV prevention on addressing the individual, social and structural factors leading to high risk tolerance and perceptions of scant opportunity among teenagers.
loveLife’s face to face programmes reach about 1,500,000 young people every year and are complemented by an integrated media campaign on TV, radio, print, outdoor and the web.

At the heart of loveLife’s programming are its groundBREAKERS - a national corps of over 1,200 full-time peer motivators and community mobilisers - who volunteer for a period of one year to become leaders of HIV prevention in their communities. These young people aged 18 to 25 go through a series of training programmes that equip them with sexual health and positive lifestyle information as well as facilitation, community mobilisation and event management skills and techniques for effective outreach to other young people.

A cluster of individual, social & economic factors predict high risk behaviour

**INDIVIDUAL**
- Low self-esteem
- Nosense of future
- Uncertain identity

**Helplessness in the face of challenges**

**SOCIAL**
- Coercion
- Peer pressure
- Lack of parental communication
- Expectations of womanhood
- Male sense of entitlement

**Pressure to conform**

**STRUCTURAL**
- Poverty
- Low education
- Marginalisation
- Inequality

**Sense of constrained choices**

**PERCEPTION OF SCANT OPPORTUNITY**

**HIGH RISK TOLERANCE**

Figure 2: loveLife’s combined approach to HIV prevention

Figure 3: loveLife’s risk reduction model
Since its inception in 2001, more than 11,200 groundBREAKERS have driven loveLife’s programme implementation in about 8,000 schools in around 900 communities. Each groundBREAKER recruits an average of five mpintshis, 18 to 25-year-old volunteers, who they guide and mentor in the implementation of loveLife programmes in their communities. Working together, these young leaders run motivational programmes, promote fitness and health, challenge young people to think creatively, discuss sexual health and sexuality, conduct sports and debating leagues and facilitate radio production and broadcasting training.

Sustained Media: Radio, TV, Print, Web and Mobile

10,000 Young Leaders (peer educators and motivators) every year (1,545 groundBREAKER and 8,476 mpintshis in 2011)

Over 8,300 schools are implementation partners

340 community partners (CBOs and host schools)

500 government clinics

20 best practice Youth Centres

Reach: 1,500,000 youth/year with direct face-to-face interaction

Figure 4: loveLife implementation structure

4.2 Overview of loveLife’s Call Centre

loveLife’s two national toll-free helplines, the Youth Line and Parent Line, were established in 2000 and provide comprehensive reproductive health information and counselling services for both adolescents and parents or guardians. loveLife’s Call Centre operates weekdays (09h00-21h00) and weekends (12h00-17h00). It is closed on public holidays. The Call Centre is staffed by professional counsellors as well as 9 to 10 groundBREAKERS who join the Call Centre team each year. Together with 11 operators at the Centre, the groundBREAKERS provide callers with information on loveLife and basic HIV/AIDS information.
The Call Centre has defined the following outcomes for its staff and the recipients of its service:

<table>
<thead>
<tr>
<th>ADOLESCENTS</th>
<th>PARENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Adolescents receive information, guidance</td>
<td>• Parents receive information, guidance and counselling as well as</td>
</tr>
<tr>
<td>• Adolescents receive information, guidance and</td>
<td>• assistance in emergencies in a safe and non-judgemental environment</td>
</tr>
<tr>
<td>counselling as well as assistance in emergencies</td>
<td>• Parents are empowered to make a decision based on contacting the</td>
</tr>
<tr>
<td>in a safe and non-judgemental environment</td>
<td>• loveLife Call Centre and actively work on changing their own situation</td>
</tr>
<tr>
<td>• Adolescents are empowered to make a decision</td>
<td></td>
</tr>
<tr>
<td>based on the conversation with the loveLife</td>
<td></td>
</tr>
<tr>
<td>Call Centre and actively work on changing their</td>
<td></td>
</tr>
<tr>
<td>own situation</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CALL CENTRE</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Call Centre staff are competent, have updated</td>
</tr>
<tr>
<td>information at their disposal and provide</td>
</tr>
<tr>
<td>professional counselling to clients</td>
</tr>
</tbody>
</table>

This research assessed whether the Call Centre is achieving these objectives and what clients have to say about possible areas for improvement of loveLife’s Call Centre services.

4.3 Call Centre statistics: overview 2012

4.3.1 Overall caller overview 2012
A total of 493,603 calls were received in 2012, which is a 23% decrease from 2011 where 605,858 calls were received. The number of calls steadily increased from January, where 33,522 calls were received to 58,801 calls in May, which was the peak month for calls in 2012. The percentage of callers that requested counselling in 2012 was 43%, which means that nearly every second person that called the Call Centre had a counselling request. The counselling requests in 2012 were 1% higher than in 2011 where 42% of the callers requested counselling.

4.3.2 Youth Line
A total of 470,989 calls were received on the Youth Line in 2012. This was 20% less calls than in 2011, where 588,429 calls were received on the Youth Line. In 2012 as in 2011, the highest number of calls were received in Quarter 2.

Nearly three out of four young people (73%) contacted the Call Centre through the Plz Call Me function. The other options used to get in touch with the Call Centre were the toll-free helpline (21%) and through a direct cellphone call (6%).

Figure 6: Calls received by the loveLife Call Centre in 2011 vs 2012 and those that requested counselling
Out of the callers for whom an in-depth questionnaire was filled, which provided information on the callers’ socio-economic indicators and their reason for calling, most of the callers in 2012 were from Gauteng (23%). This was the same in 2011. In 2012 the Gauteng callers were followed by callers from KwaZulu-Natal (17%) and the Free State (15%). The lowest number of callers were from the Western Cape and the Northern Cape (2%) (see figure 8).

More than half of the callers were female (54%), while 46% were male.

4.3.3 Parent Line

A total of 12,589 calls were received on the parent line in 2012. This is a reduction in the number of calls from 2011 where 17,399 calls were received. Just like in 2011, most of the calls were received in quarter one. The least number of calls were received in quarter 2 (see figure 10).

Nearly nine out of ten (87%) of the callers used the Plz Call Me function to get in touch with the Call Centre and only 13% used the toll free helpline. Nearly one in three callers (31%) on the parent line was from Gauteng. KwaZulu-Natal and Limpopo represented 15% and 14% respectively. The fewest number of callers came from the Northern Cape (3%) (see figure 11).

For those callers where a detailed questionnaire was filled insights into the caller’s origin and the reason for calling were provided.

The majority of callers (87%) used the Plz Call Me functionality to reach the Call Centre and 13% used the toll-free line.

Out of those that requested counseling, one in three adults that called the Call Centre wanted to discuss relationship matters. Eighteen percent wanted to discuss HIV/Aids and 8% psychological issues. A further 17% called to receive info material or general information on loveLife (see figure 12).
4.3.4 Overview of calls on the Plz Call Me Line for the time under review

The table below gives an overview of calls that were received on the Plz Call Me line and recorded through the Avaya system during the study period. Between 10 July and 17 October 87,778 callers contacted the loveLife Call Centre using the Plz Call Me or callback system, in which they sent a free SMS to the Call Centre who then contacted them. Out of the 87,778 calls received 44% requested counselling. From the 38,426 registered counselling calls 7,289 were recorded on the webrecall system as calls with a duration of more than 10 minutes.

Table 4: Overview of calls on the Plz Call Me line registered on the Avaya system during the study period

<table>
<thead>
<tr>
<th>Plz Call Me line</th>
<th>10 Jul-12</th>
<th>Aug-12</th>
<th>Sep-12</th>
<th>17 Oct-12</th>
<th>Total</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Calls received</td>
<td>9194</td>
<td>33405</td>
<td>27077</td>
<td>18102</td>
<td>87778</td>
<td>100%</td>
</tr>
<tr>
<td># requesting counselling</td>
<td>3145</td>
<td>10315</td>
<td>13410</td>
<td>11556</td>
<td>38426</td>
<td>44%</td>
</tr>
<tr>
<td># with more than 10 minute conversation</td>
<td>7,289</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

For 13,007 calls equalling 15% of the 87,778 calls recorded on the Avaya system a detailed questionnaire was filled providing, for example, insights into the callers origin and reason for calling.

Demographic information

Of the 13,007 callers using the Plz Call Me function between 10 July and 17 October 2012 whose gender was captured in the loveLife Call Centre database, 45% were male and 55% female. In addition, information was captured on type of settlement where the caller resided, their province and their home language.

Just over a quarter (28%) of the callers came from South Africa’s most urban province, Gauteng. They were followed by callers from Limpopo (17%) and KwaZulu-Natal (15%). The provinces with the least amount of callers using the Plz Call Me function were the Northern Cape and Western Cape, with 2% of callers each.

Callers were also asked what kind of settlement they stayed in. Almost half of the callers whose dwelling type was recorded lived in an urban informal
settlement (46%), which could also be a reflection of the high number of callers from Gauteng. A quarter of the callers (24%) reported that they lived in a rural settlement, with 29% stating that their place of residence was an urban settlement.

The figures below demonstrate that for the callers whose home language was recorded, Zulu (28%) and Southern Sotho (18%) were the most commonly spoken languages, followed by Tswana (11%) and Northern Sotho (11%). Afrikaans speakers (2%) and Ndebele (1%) were amongst the minority of those using the Call Centre Plz Call Me services.

Callers were also asked about their current educational or employment status. As figure 13 shows, almost half of the callers (49%) using the Plz Call Me function reported that they were at school, with almost a third (29%) reporting that they were unemployed. A further one in ten (12%) stated that they were currently employed.

Callers were also asked were they first heard about the loveLife Call Centre – the most popular response (23% of callers) was the UNCUT magazine, with 16% hearing about it from a friend and 14% through the radio. Whilst callers had heard about the Call Centre from a wide variety of sources, very few people reported hearing about it from Mymsta, their parents or the loveLife website.
Reasons for calling

Whilst many callers are recorded as discussing many different issues during their calls, those for whom one main category was listed are presented below. Figure 15 shows that nearly one in five wanted information on loveLife (23%). Nearly the same amount of callers (22%) wanted to discuss relationships. A further one in ten (9%) were calling about HIV, and 6% called about pregnancy.

Call Centre staff also record more detailed information about the broader topic of the conversation that took place on the database. The following data demonstrate the sub-topics that were discussed during calls focusing on HIV/AIDS, relationships and psychological issues.

HIV/AIDS

Of those who requested information about HIV/AIDS during their counseling conversation, the following topics were recorded:

As shown above, almost a third of callers requesting information about HIV/AIDS wanted to learn more about HIV testing (31%), followed by modes of transmission (18%) and treatment and care (18%). Other HIV-related issues which young people wanted information on included counseling and support, disclosure and prevention methods.

Relationships

Information on the kind of relationship issues young people wanted to talk about when calling the helpline was also captured – the chart below shows the main topics of relationship discussions. The most common topic was general dating, with almost one in five callers wanting to discuss this. In addition, 16% of callers discussed break-ups and 15% talked about honesty in relationships. Communication was also an important topic for discussion, with 14% wanting to talk about family communication and 7% wanted to reflect on communication in relationships.

Psychological issues

Data for callers requesting information and support on psychological or mental health issues was also examined in more detail, as outlined below. Almost half of the callers for whom information was recorded (49%) were calling about anxiety-related issues. One in five (20%) were calling about depression, and a further 19% wanted to talk about alcohol and drug abuse. Other issues that were discussed included suicide (5%), substance abuse (4%) and rehabilitation (4%).
5. Results

A total of 420 interviews were successfully carried out. The data below provides an overview of the background of interviewees and presents their responses to the different questions in line with the four main sections of the questionnaire:

1. Technical Experience with the Call Centre
2. Counselling Experience
3. Empowerment to Action
4. Areas of Improvement for the Call Centre

Thereafter the results from interviews with the Call Centre Operators and Counsellors are presented. All results are then discussed further in the Discussion and Recommendation section.

5.1 Interviewees’ background

Nearly half of the interviewees were between 20 and 24 years old (44%). The second largest group were 15-19 year olds and 25-29 year olds, each representing 20% of the sample. As such, 84% of the sample was between 15 and 29 years old and only 16% of the sample were older than 30. This is in line with the usual Call Centre data where the number of young callers largely outweighs the number of older callers. The average age of respondents was 25 years (see figure 22).

The gender split of interviewees was relatively equal with 54% being females and 46% males (see figure 23).

About every third respondent was from Gauteng (35%). The next most prominent province was Limpopo followed by the Eastern Cape, representing 14% and 13% of callers respectively. The provinces with the least respondents were North West with 5% and Northern Cape which had only 2% as indicated in figure 10. The table below provides a comparison of callers reached through the study versus the number of Call Centre callers during the period under review. The table also indicates the 2012 average calls on the Youth Line (see figure 24).

Background of study participants vs overall Plz Call Me callers

The table below compares the provincial origin of the callers reached through the study with the provincial background of the callers for which an in-depth questionnaire was filled. The percentage variation ranged between 0% for the Northern Cape and 7% for Gauteng, indicating that the sample was relatively in line with the actual origin of callers during that time.
In addition to comparing the provincial spread of recorded callers and study participants, the age spread of both groups was also compared. The percentage variation was slightly higher and ranged from 4% for the over 35 year olds to 18% for the 15-19 year olds. The study participants were slightly older than the callers on the Plz Call Me line. However, given that the data for the callers on the Plz Call Me is also only a subset of the actual calls received, the sample is still considered to be relatively in line with the actual origin of callers during that time.

* Age was recorded for a total of 10,875 callers by Call Centre Staff

** Data from Plz Call Me line groups ‘age 35’ and then ‘35 and over’. This differs from the interviewee data, which has a separate category for ‘35-39’ and ‘40 and older.’ Both categories were put together here for means of comparison

### Table 5: Difference between the provincial spread of actual callers on the Plz Call Me line and those reached during the study

<table>
<thead>
<tr>
<th>Province</th>
<th>Study participants</th>
<th>Callers on the Plz Call Me line during the study period</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gauteng</td>
<td>149 – (35%)</td>
<td>3628 – (28%)</td>
<td>7%</td>
</tr>
<tr>
<td>Limpopo</td>
<td>57 - (14%)</td>
<td>2233 - (17%)</td>
<td>3%</td>
</tr>
<tr>
<td>KwaZulu Natal</td>
<td>51 - (12%)</td>
<td>1945 - (15%)</td>
<td>3%</td>
</tr>
<tr>
<td>Free State</td>
<td>33 - (8%)</td>
<td>1334 - (10%)</td>
<td>2%</td>
</tr>
<tr>
<td>Mpumalanga</td>
<td>29 - (7%)</td>
<td>1281 - (10%)</td>
<td>3%</td>
</tr>
<tr>
<td>Eastern Cape</td>
<td>53 - (13%)</td>
<td>1163 - (9%)</td>
<td>4%</td>
</tr>
<tr>
<td>North West</td>
<td>22 - (5%)</td>
<td>954 - (7%)</td>
<td>2%</td>
</tr>
<tr>
<td>Western Cape</td>
<td>18 - (4%)</td>
<td>245 - (2%)</td>
<td>2%</td>
</tr>
<tr>
<td>Northern Cape</td>
<td>7 - (2%)</td>
<td>224 - (2%)</td>
<td>0%</td>
</tr>
</tbody>
</table>

### Table 6: Difference between the age spread of actual callers on the Plz Call Me line and those reached during the study

<table>
<thead>
<tr>
<th>Age</th>
<th>Study participants</th>
<th>Callers on the Plz Call Me line during the study period*</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Below 15</td>
<td>1 – (0%)</td>
<td>1130 – (10%)</td>
<td>10%</td>
</tr>
<tr>
<td>15-19</td>
<td>85 - (20%)</td>
<td>4171 - (38%)</td>
<td>18%</td>
</tr>
<tr>
<td>20-24</td>
<td>184 - (44%)</td>
<td>3383 - (31%)</td>
<td>13%</td>
</tr>
<tr>
<td>25-29</td>
<td>84 - (20%)</td>
<td>1371 - (13%)</td>
<td>7%</td>
</tr>
<tr>
<td>30-34</td>
<td>40 - (9%)</td>
<td>480 - (4%)</td>
<td>5%</td>
</tr>
<tr>
<td>35 and over**</td>
<td>26 - (7%)</td>
<td>340 - (3%)</td>
<td>4%</td>
</tr>
</tbody>
</table>

* Age was recorded for a total of 10,875 callers by Call Centre Staff

** Data from Plz Call Me line groups ‘age 35’ and then ‘35 and over’. This differs from the interviewee data, which has a separate category for ‘35-39’ and ‘40 and older.’ Both categories were put together here for means of comparison
5.2 Technical experience with the Call Centre
This section included questions around the interviewees’ technical experience with the Call Centre.

The amount of time it takes for respondents to receive a call-back:
More than half of the respondents (55%) reported that they received a call-back immediately, while 43% stated that they received the call-back after a couple of minutes. This indicates very good service levels through the call-back function. However, 2% indicated that they did not receive a call-back at all, which is of concern. Possible reasons for this scenario should be investigated by the Call Centre team and possible solutions should be explored.

Understanding of the different selection options offered by the Call Centre:
The majority of respondents (94%) completely understood the different selection options that are provided when they call in. A small group (4%) indicated that they mostly understood the options and a further 2% stated that they understood some of the options, but that they didn’t understand others.

Overall it can be concluded that the direction of callers through the VCR (explain what VCR stands for) is clear and user-friendly.

The number of selection options that the Call Centre offers callers to choose from during the direction process:
Fifty two percent of the respondents reported that they fully disagreed with the statement that the Call Centre offers too many options to choose from during the selection process and 7% somewhat disagreed. One in three respondents (34%) indicated they fully agree with the statement and 6% somewhat agreed. A small minority (1%) neither agreed nor disagreed with the statement.

When those that fully disagreed and those that disagreed are counted together, and the same is done for those that were in agreement, then 59% of the respondents felt that the number of selection options were adequate while 40% felt there were too many.

This feedback provides an indication to the Call Centre that a reduction in selection options might be worth considering as a large group of respondents felt there were too many.

Preference for the Call Centre voice recordings:
Over half of the respondents (59%) reported that they would like the voice recording to remain in English, while 40% indicated that they would like it to be in another language. One percent stated that they do not know which language would be best.

Voice recording language preferences:
Figure 12 presents the different preferences regarding other languages for the Call Centre voice recording that the respondents stated. As a single language Zulu was the most dominant with 24%. The cluster of Sotho, Sepedi and Setswana was however also suggested by 25% of the respondents and 18% stated that they would prefer the inclusion of all 11 South African official languages to meet the diversity of clients. About 16% of the respondents indicated that they would prefer the voice recording to be in Xhosa. A further 10% suggested the use of either Zulu or Sesotho, Setswana or Sepedi.

Given that more than one in three people would prefer voice recordings in languages other than English and
Zulu and that the Sotho language cluster of Sesotho, Setswana or Sepedi received the highest votes, the Call Centre should look into offering additional recordings in Zulu and one Sotho language, either Sotho, Setswana or Sepedi.

**Technical difficulties while trying to contact the Call Centre:**
In total, every third person (34%) experienced technical difficulties while trying to contact the Call Centre. Eleven percent indicated that their call got cut off, 8% said there was silence on the line, 13% reported that they held for more than 20 seconds during connection or redirection and 2% indicated that they experienced other technical difficulties. Out of these, two percent, which translates to three respondents, reported distortion on the line. Another three reported network problems and one person reported that the operators were busy.

<table>
<thead>
<tr>
<th>Difficulties</th>
<th>No</th>
<th>Percents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Call got cut off</td>
<td>46</td>
<td>11%</td>
</tr>
<tr>
<td>Silence in the line</td>
<td>35</td>
<td>8%</td>
</tr>
<tr>
<td>Holding for more than 20 seconds during connection/redirecting</td>
<td>54</td>
<td>13%</td>
</tr>
<tr>
<td>Other:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Distortion</td>
<td>3</td>
<td>43%</td>
</tr>
<tr>
<td>Network problems</td>
<td>3</td>
<td>43%</td>
</tr>
</tbody>
</table>

The fact that technical difficulties have been experienced by every third respondent is concerning. The Call Centre should investigate possibilities to address the technical challenges as they impact on the quality of service offered by the Call Centre.

**When on hold during a call at the loveLife Call Centre:**
More than one in three respondents (36%) reported that they would like to listen to specific loveLife information on campaigns and upcoming events while being on hold, while 29% indicated that they would like to listen to general loveLife information. Another 3% stated that they would prefer to listen to Call Centre information and 2% reported that they would prefer to listen to *Foxy Chix* episodes while being on hold. One in five respondents (21%) said they would like to listen to music and a further 3% said they would like to listen to the newest music on the charts. Six percent indicated that they do not have a preference.

Those who were interested in loveLife related content (general information, campaigns, events, Call Centre information) make up more than two thirds of respondents (68%). A further two percent were keen on listening to *Foxy Chix* episodes. This gives the Call Centre team a good indication that those who call the Call Centre are interested in receiving additional information about loveLife. Listening to *Foxy Chix* episodes is a good idea for callers to the Youth Line and they could possibly be channelled through the different options in the system or played from time to time. One in four people were keen on listening to music (24%). It is an option that could possibly be explored for the Parent Line and the Youth Line.
Call Centre Report 2013

Call Centre operating hours:
Just over half of the respondents (52%) expressed interest in the Call Centre offering counselling services 24 hours/7 days a week, stating a variety of reasons for this need. One in three people (32%) reported that the current operating hours were sufficient and 16% said they would prefer a 9h00-24h00 service from the Call Centre. In total, over two thirds of respondents (68%) suggested longer operating hours for the Call Centre. This should be carefully considered by the Call Centre as it demonstrates a service request. The discussion and recommendation section picks up this point.

Summary of points to consider around improving the technical user experience of the Call Centre:
• Investigate reasons for the dysfunctionality of the call-back function (2% of callers)
• Consider a reduction in selection options during the call direction process
• Look into offering additional voice recordings in Zulu and one Sotho language, either Sesotho, Setswana or Sepedi
• Address the technical challenges encountered by users as they impact on the quality of service offered by the Call Centre
• Take callers interest in receiving additional information about loveLife when they are on hold into consideration. It is also important to look into the possibility of playing Foxy Chix episodes for callers to the Youth Line as well as music for callers to the Parent Line while they are on hold
• Explore options for longer operating hours (9h00 to midnight or operating for 24 hours)

5.3 Counselling experience
This section included questions around the interviewees’ counselling experience. One entry question during the interview process was whether the callers had contacted the loveLife Call Centre with a counselling request. This was true for 99% of the respondents who participated in the study. The following data analysis focuses on the responses of the 99% of respondents and excludes the 1% who did not receive counselling.

Questions in this section provide a similar response pattern with 79% to 93% giving the Call Centre a vote of confidence around the counselling experience it provides. On average 87% of the callers gave the Call Centre their full support. The table below provides a brief overview of the responses that are then described in further detail. Given the similarity of the response pattern, recommendations are not provided per indicator but are summarised at the end of the section.

<table>
<thead>
<tr>
<th>Focus</th>
<th>Full support</th>
<th>Somewhat supportive</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Development of a clear idea of what to do next</td>
<td>79%</td>
<td>10%</td>
<td>94%</td>
</tr>
<tr>
<td>Provision of additional information through the counsellor</td>
<td>81%</td>
<td>10%</td>
<td>92%</td>
</tr>
<tr>
<td>Promoting different thinking about a problem/issue</td>
<td>83%</td>
<td>11%</td>
<td>94%</td>
</tr>
<tr>
<td>Degree of confusion after the conversation with the Call Centre team</td>
<td>83%</td>
<td>5%</td>
<td>88%</td>
</tr>
<tr>
<td>Appropriateness of the counselling and the degree to which it enabled decision making</td>
<td>84%</td>
<td>11%</td>
<td>95%</td>
</tr>
<tr>
<td>Interruption of the respondent by the counsellor</td>
<td>84%</td>
<td>5%</td>
<td>89%</td>
</tr>
<tr>
<td>Dominance and intimidation from the counsellor</td>
<td>88%</td>
<td>4%</td>
<td>92%</td>
</tr>
<tr>
<td>Likelihood of calling the Call Centre again</td>
<td>89%</td>
<td>9%</td>
<td>98%</td>
</tr>
<tr>
<td>The counsellors’ capacity to make callers feel welcomed</td>
<td>90%</td>
<td>7%</td>
<td>97%</td>
</tr>
<tr>
<td>The counsellors’ capacity to listen to the caller</td>
<td>90%</td>
<td>7%</td>
<td>97%</td>
</tr>
<tr>
<td>Satisfaction of callers with the counselling service received</td>
<td>90%</td>
<td>5%</td>
<td>95%</td>
</tr>
<tr>
<td>Friendliness of the counsellor</td>
<td>90%</td>
<td>5%</td>
<td>95%</td>
</tr>
<tr>
<td>Recommending the Call Centre to other people</td>
<td>91%</td>
<td>3%</td>
<td>94%</td>
</tr>
<tr>
<td>Openness and honesty of the conversation with the counsellor</td>
<td>93%</td>
<td>4%</td>
<td>97%</td>
</tr>
</tbody>
</table>

Table 8: Overview of the rating of the counselling experience

Satisfaction of callers with the counselling service received:
Nine out of ten respondents (91%) showed satisfaction with the counselling they received from the Call Centre; 76% were very satisfied and 15% were satisfied. One in 20 people (5%) were somewhat satisfied, 2% were neither dissatisfied nor satisfied and 1% was somewhat dissatisfied. Only three people (1%) were very dissatisfied with the counselling they received from the Call Centre.
The counsellors’ capacity to make callers feel welcome:
Ninety percent of respondents indicated that the counsellor made them feel welcome, 7% said they somewhat agree, 1% neither disagreed nor agreed and 2% strongly disagreed.

The counsellors’ capacity to listen to the caller attentively during the whole call:
Nine out of 10 respondents (90%) fully agreed that the counsellor listened attentively during the whole call. Out of the other 10% of respondents, 7% somewhat agreed, 2% neither agreed nor disagreed and 1% somewhat disagreed.

Openness and honesty of the conversation with the counsellor:
Over nine out of 10 respondents (93%) fully agreed that they could speak openly and honestly with the counsellor. Amongst the other 7% of respondents, 4% somewhat agreed, 1% neither disagreed nor agreed, 1% somewhat disagreed while another 1% stated that they could not speak honestly and openly with the counsellor.

Friendliness of the counsellor:
Nine out of 10 respondents (90%) fully agreed that the counsellor was friendly to them. Out of the remaining 10% of respondents, 5% somewhat agreed, 1% neither agreed nor disagreed, 2% somewhat disagreed and 2% indicated that the counsellor was not friendly.

Interrupting of the respondent by the counsellor:
Eighty four percent of respondents stated that they were not interrupted by the counsellor, 7% indicated that they were interrupted by the counsellor, 3% somewhat agreed that the counsellor interrupted them, 3% neither disagreed nor agreed with the statement while another 3% somewhat disagreed with the statement.

Dominance and intimidation from the counsellor:
Eighty six percent of participants did not feel that the counsellor was dominant or intimidating. Out of the remaining 14% of respondents, 5% found the counsellor dominant and intimidating and 6% found the counsellor somewhat dominant and intimidating, 1% said they somewhat did not find the counsellor dominant or intimidating, 2% neither disagreed nor agreed.

Promoting different thinking about a problem/issue:
Eighty three percent of respondents fully agreed that the counsellor helped them to think differently about their problem or issue. Amongst the remaining 17% of respondents, 11% somewhat agreed, 2% neither disagreed nor agreed, 1% somewhat disagreed and 3% indicated that the counsellor did not help them to think differently about their problem or issue. (See figure 3.10)

Provision of additional information through the counsellor:
Eighty one percent of respondents said that the counsellor provided them with additional information. Out of the remaining 19% of respondents, 10% received some additional information, 6% fully disagreed, 2% somewhat disagreed and 1% neither disagreed nor agreed.

Development of a clear idea of what to do next:
Roughly four out of five respondents (79%) had a clear idea of what to do after receiving counselling from the loveLife Call Centre team. Of the remaining 21% of respondents, 15% somewhat agreed, 3% neither

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**Figure 30: Feelings around dominance and intimidation from the Call Centre team**

**Figure 31: Support in the development of ideas around what to do next**
disagreed nor agreed, 2% fully disagreed and 1% somewhat disagreed.

**Degree of confusion after the conversation with the Call Centre team:**
Eighty three percent of respondents reported that they were not more confused than before after speaking with the Call Centre representative and 4% somewhat agreed. Amongst the remaining 13% of respondents, 7% were more confused than before, 1% was somewhat more confused and 5% were neither less nor more confused.

**Appropriateness of the counselling and the degree to which it enabled decision making:**
More than four out of five participants (84%) said the counselling they received was appropriate and made it easier for them to make a decision on how to proceed in addressing a problem. A further 11% somewhat agreed. Of the remaining 5% of respondents, 3% did not feel that the counselling enabled them to make a decision and 2% neither disagreed nor agreed.

**Likelihood of calling the Call Centre again:**
Most respondents gave the Call Centre a vote of confidence. Eighty nine percent indicated that they were very likely to contact the Call Centre again if they had any other problems in the future. Another 9% said they were likely to call again. A small minority felt otherwise with 1% saying it was unlikely for them to call again, with another 1% stating they were neither likely nor unlikely to call again.

**Recommending the Call Centre to other people:**
Recommendation of the counselling service was rated slightly higher than the respondents’ likelihood to call again with 91% of respondents reporting that they were very likely to recommend the Call Centre to others and 6% saying they were likely to do so. One percent was unsure about whether they would recommend the Call Centre to other people.

**Strengthening the counselling expertise:**
The high level of satisfaction among respondents regarding the counselling they received from the Call Centre is very encouraging. However, the responses also indicate that there is room for further improvement in the quality of the Call Centre counselling service. The Call Centre’s team leaders and quality assurance personnel should strive for even greater quality during the call review processes by looking at ways to identify calls where:

- Callers did not really feel welcome
- The counsellor was not friendly
- Active listening skills from counsellors and Call Centre operators could have been improved
- The counsellor was dominant and intimidating
- The counsellor interrupted the caller and no additional information was provided by the counsellor or call operator
- The counsellor did not promote open and honest conversation
- Different thinking about a problem/issue was not promoted enough
- The counselling did not enable decision making
- No clear idea of what to do next was developed
- There was greater confusion on the respondents’ side after the conversation with the Call Centre team
- Callers’ satisfaction with the counselling service was low

Subsequently debriefing and training sessions should be conducted for counsellors or call operators who were handling these calls or were faced with these issues.
5.4 Empowerment to action

This section included questions around the interviewees’ empowerment to action. It tested how able respondents were to use the counselling session to change things in their own life.

The section largely mirrored the response pattern of the previous section. A similar percentage of respondents affirmed the Call Centre and its service offered through their responses, indicating that they received the support they needed, that they were given a chance to reflect on their own situation and as a result of the conversation even managed to completely resolve their own problem. Callers were also able to develop new ideas and many engaged additional support networks as a result of the engagement. However, the majority said that the Call Centre did not help them in the decision making process, which in its own right indicates that callers were empowered to make their own decisions. The callers that did not take any action after the engagement are likely to be the ones that did not rate the service received as high as the rest.

Receiving the support I needed during that time:
The majority of respondents (86%) indicated that the Call Centre provided them with the support they needed. Eight percent somewhat agreed with the statement, 3% fully disagreed, 1% somewhat disagreed and 2% neither agreed nor disagreed.

Providing a chance to reflect on my own situation:
The majority of respondents (87%) also fully agreed that the loveLife Call Centre helped them to reflect on their situation, 10% somewhat agreed, 1% fully disagreed, 1% somewhat disagreed and 1% neither agreed nor disagreed.

Support in the complete resolution of my problem:
Seventy two percent of respondents indicated that interacting with the loveLife Call Centre helped them to completely resolve their problems. Twenty percent stated that they somewhat agreed, 5% neither disagreed nor agreed, 2% fully disagreed and 1% somewhat disagreed. (See figure 32)

The conversation inspired and motivated me:
Ninety percent of respondents said that they were inspired and motivated by their interaction with the loveLife Call Centre. Four percent somewhat agreed, 3% neither disagreed nor agreed, 2% fully disagreed and 1% somewhat disagreed.

Support in decision making:
Seventy seven percent of respondents did not feel that the Call Centre supported them in their own decision making processes and an additional 3% somewhat disagreed while one in ten respondents (10%) felt supported in their decision making. A further 5% felt somewhat supported. Another 5% neither agreed nor disagreed. (See figure 33)

Development of completely new ideas callers had not thought about before:
Nearly four out of five respondents (79%) indicated that interacting with the Call Centre helped them to develop completely new ideas that they hadn’t thought about before. Fifteen percent of respondents somewhat agreed, 3% neither disagreed nor agreed, 2% fully disagreed and 1% somewhat disagreed. (See figure 34)
Actions taken after speaking to the loveLife Call Centre:
The actions taken as a result of the engagement with the Call Centre varied. One in three respondents (32%) said that their issue did not require any further action. One in four respondents (26%) sought support from a friend, and just under one in five respondents (17%) sought support from family. The same percentage (17%) sought institutional support. Of concern are the 8% of callers that did not engage in any further action. The percentage roughly matches the 10% of callers that were not satisfied with the services rendered by the Call Centre. It is likely that this is the same group of people and that empowerment to action among the callers is linked to a satisfactory counselling session.

Strengthening callers’ empowerment to action:
The section indicates that a good counselling session enables callers to seek the necessary support to solve their issues on their own. It also indicated that decisions were not made by the counsellors but the caller him/herself. If the counselling offering can be improved further to increased overall satisfaction levels than it is also likely that the percentage of callers that did not feel empowered to act would be able to do so.

5.5 Areas of improvement for the Call Centre
This section of the study explored how the Call Centre could further improve its present service offering and explored which other service functions it could fulfil.

5.5.1 Improvement of the present service offering
Callers were asked to look back at their counselling experience and share experiences around how the Call Centre could improve its service offering. The data largely complements the earlier responses with a total of 71% either suggesting no change or complimenting the service (see table 7). Of concern are the 14% of callers that suggest greater professionalism as an area of improvement. Under this category the following comments were clustered:

- More respectful engagement with the callers
- More understanding, motivation and support
- More patience
- No judgement of callers
- Better listening and better communication skills
- Greater support in the development of the way forward

5.5.2 Further service options
In this part respondents showed an interest in receiving personal development information, especially links to opportunities, relationship tips and educational messages. The majority preferred communication via SMS.

Receiving regular sexual and reproductive health information from the Call Centre:
The majority of respondents (86%) indicated that they would be interested in receiving sexual and reproductive health information from the Call Centre while 14% stated that they were not interested.
Two out of five respondents (40%) indicated that they would like to receive relationship tips and one in three had an interest in receiving educational messages (34%). One in four (26%) reported that they would like to receive health tips. One person indicated an interest in receiving information about drugs.

**Interest in receiving information about personal development:**
Nearly all respondents (99%) reported that they would see value in receiving information on personal development, while 1% stated that they were not interested in such information.

**Type of personal development information:**
Just over half of respondents (56%) indicated that they would like to receive links to opportunities, one in three (34%) would like to receive motivational messages and 10% stated that they would like to receive information on youth services.

**Preferred form of communication with the Call Centre:**
Nearly two out of three respondents (60%) indicated that they would prefer to communicate with the Call Centre via messaging, 15% opted for e-mail, 13% indicated that they would prefer Facebook and 9% preferred online chats. The 3% respondents that chose the other category referred to postal services and radio.

![Figure 37: Interest in the provision of personal development information](image)

![Figure 38: Preferred forms of communication with the Call Centre](image)

### 5.6 General information about the Call Centre

This section of the study explored a few general perceptions about the Call Centre. It looked at its name, where people heard about the Call Centre and their knowledge of Mizz B.

**Renaming the Call Centre:**
Most respondents (91%) indicated that they do not want the name of loveLife’s Call Centre to change, 8% said they would like the name to change, while 1% reported that they did not know.

The different names that were proposed by the 8% of respondents that suggested a name change are listed below:

- Nakanjani
- Back to the previous name of ‘Thetha Junction’
- Buddy zone
- Chiller Nathi
- Don’t know for now
- For now I don’t have a suggestions
- Friend_zone
- last hope in life
- loveLife Helpline
- loveLife Information Centre
- loveLife support
- Thethanathi
- Youth Centre
- Youth in Action
Where the respondents heard about the loveLife Call Centre:
Nearly two out of three callers (62%) had heard about the Call Centre through loveLife’s multi-media platforms, including radio, TV, UNCUT and billboards. About one in five respondents (19%) stated that they heard about the loveLife Call Centre over the radio, 18% heard about the Call Centre on TV, 17% through the UNCUT magazine and 8% from billboards. Thirteen percent heard about the Call Centre from other sources, 12% from friends and family and 4% indicated that they heard about the Call Centre through a loveLife event.

The other sources mentioned included:
- Clinic
- School
- loveLife Y-Centre
- Magazines
- Newspapers
- Pamphlets
- loveLife car
- University
- Work
- Another NGO
- Career exhibitions

Knowledge of Mizz B:
Nearly two out of five respondents (39%) knew about Mizz B, while 61% said they did not know the platform. Even though most respondents did not have knowledge about Mizz B, once the platform was explained they were keen to use it. Sixty three percent of respondents stated that they would prefer communicating with Mizz B via message, 13% through emails, 12% on Facebook, 7% via online chat and 1% on Skype. Four percent indicated another form of communication which included post and radio.

Figure 39: Where people heard about the Call Centre

Figure 40: Forms of communication with Mizz B
5.7 Interviews with loveLife Call Centre counsellors and operators

Interviews were conducted with Call Centre Counsellors and Operators to allow for a more in-depth exploration of the main issues raised by the callers. Data from these interviews (n=8) are presented below and explored in more detail in the following discussion section. All interviewees were female, apart from counsellor 1 who was male.

5.7.1 General discussion about the Call Centre

Counsellors and operators were asked to discuss their overall perceptions of the Call Centre, including its name, operating hours and the language of its voice recordings. Three quarters of the counsellors who were interviewed felt that the current opening hours were sufficient. Three operators and three counsellors stated that they would rate the Call Centre service as ‘good’ with one operator and one counsellor describing it as ‘average’. None rated the service as excellent or poor.

All eight Call Centre operators and counsellors strongly agreed that they ‘made the callers feel welcome’, were friendly in their approach to callers and used questioning techniques to help the callers think through their problems. Three operators ‘somewhat agreed’ that they interrupted callers when they were talking, and one ‘somewhat disagreed’ with this statement. When counsellors were asked the same questions, three out of four fully disagreed that they interrupted callers – in line with the emphasis they gave to listening - with only one ‘somewhat agreeing’.

Seven of the eight operators and counsellors who were interviewed believed that callers could speak to them openly and honestly during their interactions. All operators and counsellors stated that they provided the caller with information but did not give them advice.

5.7.2 Language of voice-recordings

Three counsellors wanted to increase the number of languages used in the Call Centre voice recordings, to either ‘all 11 official South African languages’ or to ‘Zulu, Sotho and Venda’. Three quarters of the operators who were interviewed (n=3) also wanted the Call Centre voice recordings to be in all 11 of South Africa’s official languages.

Call Centre Operator 1 felt the need for recordings to be in more than one language to make young people from across the country feel that the Call Centre is relevant and accessible to them:

There must be an option to listen to any of the 11 South African official languages because many callers hang up when you take their call and say “Welcome to loveLife, how may I help you?” because they possibly think that you will talk to them in English.

Operator 3 pointed out that literacy levels differ across South Africa, and that some callers may be isolated or excluded by the use of English:

All the South African official languages, because most of our clientele is not that educated and they get lost every time they hear English.

The interviewees’ comments all highlighted the diverse range of callers to the Call Centre, and the need to be able to assist all of them, regardless of home language.

5.7.3 Renaming the loveLife Call Centre

Five of the eight interviewees believed that the loveLife Call Centre should be renamed. Half of the Call Centre operators (2) stated that the loveLife Call Centre needed a new name, but the only suggestion made by them was to return to the former name of ‘Thetha Junction’. Three out of the four counsellors interviewed believed that the Call Centre needed a new name, with the suggestions being ‘Thetha Juntion’ or ‘Thetha Line’.

5.7.4 Hours of operation

Of the eight interviewees three felt that the Call Centre needed longer operating hours (24 hours, 7 days a week). Opinion was divided amongst the Call Centre operators, with half of them (2) believing the current operating hours to be sufficient and the remaining half wanting the hours to be extended to 24 hours, 7 days a week. Operator 2 would prefer longer opening hours to ensure that they reach young people who are not
available during the day. This was very different to Call Centre operator 3, who considered the opening hours to be ‘sufficient’ because ‘very late, half the time we don’t have much to do.’ One counsellor felt that the Call Centre needed to operate for 24 hours a day, seven days a week. The remaining interviewees were satisfied with the current hours of operation.

5.7.5 Improving the Call Centre service
“Sometimes even when you are at the Call Centre it can be really frustrating”

The working environment, staff shortages, lack of guidance from management and noise levels were all described by counsellors as challenges to their work that in turn affected the service that they were able to give to their callers. These are outlined in more detail below.

There were callers who reported that they had difficulties getting through the first time that they called the Call Centre, or that there was a delay in them receiving a call back after sending a Plz Call Me. Counsellors and operators were aware that callers were not always able to reach the Call Centre immediately, with counsellor 1 describing the build-up of callers as a ‘vacuum’. The importance of having enough staff to operate the phone lines was reiterated by counsellor 3, who stated that ‘the shortage of staff is one of the challenges that we are facing.’

The Call Centre environment was described as ‘hectic’ by counsellor 2, who talked about one occasion when she ‘had to stay even after my shift had ended because there was a need of having a counsellor’. She felt that there were not always enough counsellors for each shift, and that having three counsellors to answer the phone-lines during a shift was not enough.

5.7.6 Working environment
The noise levels in the Call Centre could be distracting to both the caller and the counsellor, as discussed in the second counsellor’s interview:

[E]ven now you can’t work with the noise level high and when we are on counselling calls, we have to concentrate, we have to listen. [Y]ou can’t get the person to repeat themselves all over again. It takes time. If the noise level can be minimal, we can work well…

Counsellors also highlighted the technological challenges encountered with their equipment, and the impact that this had upon their work:

The other thing is the headsets, because we do everything telephonic. I do believe that it is important that you hear what the caller is saying, so if the headsets are broken or they are not functioning well it really becomes a barrier in terms of communication.

Counsellor 4 mentioned a challenge they had experienced with one particular cellphone network, and although this issue was out of the control of the loveLife Call Centre it still impacted upon their work and their ability to handle callers professionally.

Technological challenges were also highlighted during interviews with Call Centre operators, such as the one interviewee cited below who had concerns about the equipment that they were using, and the conditions of their working environment:

Get us properly working equipment like head-sets, give us feedback on a weekly basis or once a month and meetings where we will be told about things that happen at the Call Centre. For instance most people didn’t know that the Call Centre was going to be revamped, they just saw furniture being moved some of us didn’t know because we were not around.

Operator 4 also believed that improvements should be made to the Call Centre equipment:

We need advanced equipment because most of the time [it] does not work properly. The recordings should work properly because sometimes you need to listen to the calls and [we need to have] upgraded computer systems.
Technology was felt to impact upon their working environment and their ability to respond to callers professionally, timeously and with respect. The upgrading of the Call Centre made possible through the support from GIZ, and carried out alongside this study, has addressed many of these technical concerns.

5.7.7 Monitoring and quality assurance of the Call Centre staff and calls

“We need constant coaching and feedback”

During their interviews, counsellors and operators alike stressed their desire and need for more regular monitoring and feedback, as the below citation from a counsellor exemplifies:

“If we could get on-going caller assessments and on-the-spot assessments whereby a manager can randomly sit there and listen to calls even if it’s not during the time of your assessment.

Some of the concerns raised by Call Centre counsellors about the lack of regular and in-depth feedback on the quality of their work were reiterated by Call Centre Operator 1:

I think it will improve if we get feedback for the work we do and [if we are] assessed on a weekly basis to see if we are doing well and where we are lacking, and record our calls all the time so that improvement may be tracked.

Counsellor 3 also requested for more feedback about the work, and said that lack of feedback and instances when leave was not granted can lead to absenteeism and a poor Call Centre service.

Counsellor 1 requested that management feedback and structures be improved to give more recognition to their work and another felt that they were ‘not getting enough monitoring’ and were unaware if they were ‘lacking’ in certain areas.

Counsellor 3 requested increased accountability, wanting more monitored calls where a manager would listen in to the counselling call and give feedback:

My concern is really on management, I think that if I knew that somebody listens in when I am doing the counselling I think that will also help me to up my game and to take my job very seriously. I can get away with anything that I want because I know that they will probably listen to the calls very late in the year.

5.7.8 Communication within the Call Centre and loveLife

Feedback between different departments in loveLife was also important for both counsellors and operators at the Call Centre, who voiced their frustration at questions from callers about other areas of loveLife that they could not answer because they lacked information:

They must also update us on loveLife campaigns so that we know what to say because now they only tell the groundBREAKERS about campaigns and when they leave we don’t know anything. They brief the groundBREAKERS and make them attend workshops where they tell them about these things and we don’t get that.

Call Centre operator 3 requested more communication with the loveLife media department to strengthen the dissemination of up-to-date information to callers so that they can appear knowledgeable when people phoned the Call Centre:

[If it can be clearer in working with other departments, especially media. They should tell us what they do because whatever they do people ask us [about it] and we don’t know. That makes us appear inconsistent and like we do not know what to do, so communication is the most important thing for my job [and it needs] to be easy.

She went on to describe working at loveLife like ‘being on an island’ because she could not access all the information she wanted to be able to relay to her Call Centre clients.
5.7.9 Training needs
In addition to increased and improved feedback, communication and monitoring by their managers, all of the four Call Centre operators who were interviewed talked about the need for more training and career development. These sentiments were also supported by the counsellors who all discussed how additional training would enable them to improve the quality of their work.

Specific suggestions included advanced counselling training on rape, homosexuality and HIV. Call Centre Operator 1 requested additional training to further develop her knowledge and enable the improvement of counselling skills:

I have been at the Call Centre for five years but they only gave us training about what is the Call Centre. It would be nice to get a learnership that can teach us about Call Centre etiquette and everything else about the Call Centre once in 6 months. Give us training on counselling - it was enough so that we know different topics like depression, but HIV/AIDS has new information all the time, and bereavement and suicide [need] in-depth information. And also [training on] active listening skills.

The need for up-to-date information on HIV/AIDS was also requested by Operator 3 ‘because it changes every day…”

Counsellor 2 pointed out that counsellors had different skills and areas of expertise, which should be taken note of to allow people to work in areas that they felt used their skills and strengths. They went on to suggest that the counsellors could give presentations to their colleagues on their areas of expertise so as to create a participatory forum for learning and sharing information. The desire for training on particular topics of ‘HIV, STIs and anything that affects the youth’ were mentioned several times by counsellors, showing their awareness that this is an important topic, and that there are often changes to national health guidelines and which they needed to be up-to-date with to assist their callers.

5.7.10 Listening skills and services offered
“I am always nice and calm”

All of the counsellors interviewed ‘strongly agreed’ that they made the caller feel welcome; listened attentively; provided a friendly service which enabled callers to be open and honest; used questioning techniques to help callers think through their problems and gave information to callers. Two operators disagreed that they could be dominant and intimidating, with one somewhat agreeing and the remaining interviewee neither disagreeing nor agreeing. The majority (n=3) of the counsellors interviewed fully disagreed that they were dominant and intimidating.

Some of the callers, as described above, felt the counsellors at the Call Centre could have better listening skills. All the counsellors were very aware that the methodology of reflecting back or repeating what the caller said could be frustrating if it was not understood, but all defended it as an important part of their counselling training:

I know we are different and some people can be irritated by that if they don’t understand the point of the whole repetition… [S]ome of the callers get irritated by that because they just want advice…that is not what we do. So I make them aware that with the questions that I will be asking them, they may lead them to possibly suggest for themselves possible solutions.

In response to some of the comments that were received about the attitude or behaviour of the Call Centre staff during calls, counsellor 3 stated during the interview that:

I do believe that sometimes counsellors have their bad days, but I don’t believe that it’s professional to take out our frustrations on the callers. Sometimes when such happens I apologies for the bad service… I am not saying that counsellors don’t lose it.

Interviewees were open to the suggestion of explaining to the caller that they would use a reflective process of active listening during the call during which they make their methodology transparent, which in return could help callers to understand why they are not being given advice, and prevent them from becoming frustrated.
5.7.11 Giving advice to callers

One of the most interesting findings was related to callers’ frustrations that counsellors and Call Centre operators do not give them advice. All interviewees pointed out that many callers are phoning because they want advice. Counsellor 1 described it as ‘not an easy problem’ and went on to say that:

I think for me it’s a national problem, as South Africans mostly we want advice and you can try to use the skills to flow with the person but the [person] will try to force and go to the point where you just give them advice.

All of the counsellors were trained in the reflective counselling methodology of repeating a callers words back to them, but with this was an awareness of how frustrating it could be if not properly understood or overused, as exemplified by counsellor 3:

[T]he majority of people [who] call the Call Centre need a quick fix, so if the counsellor is not going to give it to you straight away it becomes frustrating on the callers side. I do believe that the thing of reflecting feelings and paraphrasing them, sometimes they can get irritated by that… I think maybe they are overusing the paraphrasing and that’s when they get turned off.

Counsellor 2 demonstrated awareness that not everyone calling has prior knowledge of counselling and counselling skills and that this could lead to the caller becoming frustrated:

I can imagine that a lot of people don’t know what counselling is because they have never had it before. So in their heads they think that counselling is about giving them advice and most of the young people come seeking advice… The majority of the people that we serve are disadvantaged and they don’t know what counselling is. They think that they can just call loveLife and their problems will be solved.

Counsellor 3 also echoed the same thoughts, and also requested more accountability in her work to prevent this from happening to callers in the future:

I believe that if we had quality assurance, meaning if we had more feedbacks and listening in to calls, some of these things would be avoided. We are getting away with such thing that is a problem.

This was definitely one of the areas where Call Centre counsellors and operators felt frustrated and realised that their callers did not fully understand the counselling process, leading them in turn to become frustrated. It was once again discussed whether a more transparent approach to their methodology could be used in such situations which was openly received by the counsellors.

5.7.12 Referrals

The Call Centre counsellors who were interviewed found it challenging to manage referrals, and did not always have the necessary information that they needed to be able to refer callers to other organisations offering advice on more specific issues, or to refer people to services in their local areas. Counsellor 1 stated that ‘when I joined loveLife I realised that we have a very, very poor referral database’ adding that ‘I need to give credit to ourselves because most of the things we search them on Google, out of 10 counsellors you may find that 7 know about what you are talking about but we rely mostly on the internet to search.’ Counsellor 2 also emphasized the same point, stating that ‘It takes time to Google things when we don’t have the information, so in that case the caller may even hang up.’

Counsellor 4 also felt that they did not have enough information to make referrals and that ‘some may phone and the person who takes that call may say that we don’t have that information.’ It was evident that such situations leave the counsellors unsatisfied.

5.7.13 Introducing other services to the Call Centre

“Let’s take advantage of the technology that is moving but not scrap the phone calls”

Interviewees were asked about the other services that could be offered through the Call Centre. All counsellors agreed that the services could be expanded, with counsellor 1 stating that they need to ‘follow the trends’.

Many interviewees discussed whether loveLife should provide face-to-face counselling. Call Centre operator
1 believed that there was a need to offer face-to-face counselling in addition to the services already provided by the Call Centre:

Telephone counselling is not enough. I remember after talking to a caller she was asking if it’s possible to come see me face-to-face.

Operator 4 believed that face-to-face counselling should be provided because it was a service that young people would appreciate because they already knew and trusted the loveLife counselling services:

I think we also need face to face counselling, it’s unfortunate that we don’t do that. There are people who request face-to-face counselling and when you refer them they tell you that they would prefer to talk to someone from loveLife.

Operator 2 felt that face-to-face counselling services could be provided by other actors, and that young people could be referred to other loveLife services for face-to-face counselling support:

I think clients who request face to face counselling can be identified and then arrangements [can be] made for a counsellor to go to their nearest loveLife Y-Centre or hub to receive counselling.

Counsellor 2 was concerned that ‘face to face counselling is going to need more of our time’.

In addition to face-to-face counselling and the suggestion that Call Centre staff could visit different sites to provide this service, Call Centre operators made suggestions including ‘live chats, emails, Facebook and Whatsapp’ to extend the way they provided their services to young people in South Africa. Counsellor 3 suggested that forums such as Mxit and Facebook could also be used to help them ‘adjust and move with the times’.

5.7.14 Follow up calls

Counsellors and operators were asked to consider if they thought follow-up calls should be provided to callers – there was no clear consensus on the need for such calls to be made. Call Centre operator 2 stated that they would be useful to find out how callers were coping after their counselling session:

I think we should also start doing follow up calls for the clients to check how they are doing because we give them counselling so that we know if there has been change or if we made things worse.

One counsellor, counsellor 1, stated that they should only be used in crisis situations, as a concern was raised about the issues of dependency:

[It] raises a lot of dependency. It means that the person hasn’t been capacitated enough to deal with their issues and will not be able to see if they can manage the results. I can only imagine a follow up or intervention call in crisis situations where a person is very suicidal

Counsellor 2 was concerned that conducting follow up calls could create an additional burden on their workload because. Counsellor 3 did not think that follow up calls would be a good idea, and suggested that callers who required a follow up call should send a ‘please call me’ so that the request came from them rather than being initiated by someone working at the loveLife Call Centre.

5.7.15 Counselling partners and couples

The issue of offering counselling to couples, or a caller and his/her partner, was something that had been experienced by all of the counsellors who were interviewed. They appeared well qualified to deal with this situation, and whilst recognizing that it is difficult, also have the tools and confidence to ensure that both parties consent to a joint counselling session if desired.

Somebody will be calling in and say that “I want you to talk to my husband and he is also in the room” so they will put the phone on loud-speaker. So I will first check with the husband if they are willing to talk to me, and I will just indicate that I am a loveLife counsellor and the partner had asked me to talk to the husband, are you willing to do that? If they give me the permission I just do it.

Counsellor 4 also emphasized the challenges that can arise in this scenario:
It happens but most of the time if it’s about a relationship I don’t agree to speak with them at the same time. If it’s about a relationship, I will request that they phone one by one when they are alone so that they can be honest.

Providing counselling to couples or partners is recognised as useful, yet complex with counsellors having different approaches to managing this situation when it arises. In those circumstances counsellors ensured that both parties are present and that at least part of the conversation can be over loudspeaker for both of them to engage.
6. Overall Discussion and Recommendations

By exploring the issues raised by callers who were not completely satisfied with the service they received, the interviews with Call Centre Counsellors and operators identified areas where they felt the Call Centre could be improved. The conversations raised a number of challenges that callers and operators faced during their work. These challenges, as presented above, include the environmental factors affecting their work; training and support needs and more specifically counselling skills.

There are also areas which although not directly raised during interviews with callers or Call Centre staff should also be considered when analysing the Call Centre and providing recommendations on how it can provide an even better service. It should be pointed out that because the counsellors and operators were asked to discuss the issues raised by the callers, there interviews focused more on the challenging aspects of their work and the problems that they had, than on the factors they enjoyed about their work. This approach was chosen in the light of this study seeking to provide the basis for further improvement of the operations of the Call Centre.

6.1 Call Centre environment

The literature review above focused heavily on management and business theories and experiences of call centres (Armistead et al., 2002) in which call centres are very much a business enterprise. Whilst the loveLife Call Centre is not run as a for-profit business, the Call Centre could still learn from some of the points raised in the literature, particularly around management, consistency of service and output measurements. As Taylor and Bain point out in their 1999 article about call centres and ‘assembly line’ culture, call centre operators are not passive, but are active employees who care about the environment they work in and want to be able to provide a good service for their clients – the loveLife Call Centre staff are no different.

6.2 Renaming the Call Centre

Very few callers felt that it would be necessary to change the name of the loveLife Call Centre, and there were no clear recommendations from Call Centre operators and counsellors, nor those using the Call Centre services, about what this new name should be. As such rather than re-naming the Call Centre, one could focus on building a stronger sense of identity and values of teamwork amongst Call Centre staff, as part of the overall loveLife team, to improve cohesion and communication and overall job satisfaction.

Recommendations:

- There does not appear to be an urgent need to change the name of the Call Centre, but more to create wider knowledge of its services and integrate it with the rest of loveLife’s services
- Create a strong sense of a team identity within the Call Centre through a ‘values clarification exercise’ about counselling and loveLife which would give a shared identity and improve team dynamics
- Ensure that if the name is changed, a wide-reaching audience is reached through the use of a non-English word or name

6.3 Language of voice recording

The issue of language was an important one, and it should be noted that the voice recording in English was considered to be off-putting and not-reflective of the services offered by the loveLife Call Centre. The staff and customers speak different South African languages but this was not reflected in the initial voice recording, which for many could be their first experience with loveLife or with a phone counselling service.

Recommendations:

- Introduce greetings in different languages
- Consider Zulu and Sotho, Setswana or Sepedi as other language offerings to diversify the voice recordings in line with callers’ home languages.
6.4 Working hours and staffing
As the above presentation of the data showed, there were different opinions about whether or not the opening hours of the loveLife Call Centre should change. Two thirds of the callers and just over one in three Call Centre staff recommended longer operating hours. Given the relatively high request for longer operating hours among line users this should be considered by the Call Centre management. However, the opening hours are also affected by the numbers of staff – at present there are 9 counsellors, and it was suggested that there should be 4 or 5 counsellors per shift. In such a scenario a restructuring of the staffing model should be considered. This could mean that counselors only work during peak times and a back-up counselor remains during the time when mainly information calls are received. In line with other counselling helplines across South Africa, extended opening hours would increase caller volume and reach a wider range of people.

Recommendations:
- loveLife could consider a trial period in which longer opening hours are tested
- It would be important to monitor the demographics of callers during these periods, to see if there is a difference in callers over weekends or evenings, for example
- Peak hours should be reviewed in more detail to see how many counsellors would be required to work during those shifts
- A review of departmental and HR procedures with regard to absenteeism and swapping shifts would be required prior to any changes
- More trained counselors would be required to prevent delays in answering calls: a minimum of 5 counsellors per shift was recommended by staff
- Technological assistance and support may also be required in these periods, which may require additional human resources

6.5 Counselling and listening skills
Every counselling call is different, therefore it will not be possible to monitor counselling or listening skills through the duration of a call, the speed at which it was answered or what conclusion was reached. There should, however, be a uniform approach to counseling and counselors need to master the art and make use of different techniques. Interviews with callers and Call Centre staff show the need to explore the counselling and listening tools that were used in more detail and deepen their existing skills through regular call assessments.

Data collection – qualitative and quantitative – revealed that there was some dissatisfaction with callers expecting to be given advice or answers to their problems. Counsellors showed a clear understanding of their role not as advice-givers but as having the role to assist and enable callers to make informed, empowered decisions. They recognised that this was not always well-received by the callers, and had experienced the frustrations mentioned by Wegge, Vogt & Wecking, (2007) when callers get angry or frustrated with the service they received. Call Centre staff understand the methodology, but also need to be more flexible and creative with its use so as not to sound repetitive or disinterested to callers. At points it could also be useful to make the technique they are using transparent to the client to increase their understanding and receptiveness.

Recommendations
- Provide Call Centre counsellors with updated or refresher training on how to respond to callers who repeatedly request advice through the use of role-plays
- Consider explaining the reflective methodology used in counselling to the callers to prevent them feeling frustrated when advice is not given
- Give counsellors enhanced training in how to phrase their reflections and questions so that they do not sound repetitive during calls
- In monthly feedback sessions practice ‘difficult calls’ specifically related to the issue of ‘giving advice’ so that Call Centre staff can practice dealing with callers who may be angry or frustrated

6.6 Face-to-face counseling and referrals
The issue of providing face-to-face counselling is difficult to address because again, there was no clear unity of recommendations made by Call Centre staff. Telephone counselling services appeal to many because of their
accessibility and anonymity, and organisations do not necessarily provide both sets of services. There is clearly the need for young people to have an option of face-to-face counselling but this is not necessarily an option which needs to be provided directly by the Call Centre. An internal discussion amongst Call Centre staff and management might be valuable in order to explore whether this worth further exploration. A hybrid model could be a possible scenario where face to face counseling is offered on specific days at the National Office or where counselors visit provinces from time to time to provide face-to-face counseling support at selected loveLife sites.

**Recommendations:**

- Call Centre operators and counsellors to be provided with regularly updated lists of face-to-face counselling services across all South African provinces so that they do not have to Google for the information they need when on the phone with callers.
- The up-to-date document should be an easily searchable electronic database as well as a paper resource on each desk
- Contact details and specific names of people to contact to schedule appointments or make referrals should be provided where possible to simplify and accelerate the referral process
- loveLife counsellors and operators could assist with setting up appointments and providing referrals, but this would involve returning calls to the callers and could risk creating a relationship of dependency
- loveLife can expand its face-to-face services, but this service does not need to be specifically linked to the Call Centre

6.7 Quality or quantity?

In a Call Centre environment such as loveLife, and in an evaluation such as this one, there needs to be an emphasis on both quality and quantity as described above, but the real measure of a counselling call is the quality of the counselling given and the ability of the caller to feel empowered to deal with and reflect upon their problem. Counsellors and operators need to be able to spend time with their callers, to really assess and understand their problems and offer a quality service that does not leave them sounding rushed, impatient or annoyed with the callers.

**Recommendations:**

- Revise how staff are evaluated and how feedback is provided to Call Centre employees on their mode of work: is the focus more on the quality or the quantity of calls or both?
- Review the existing quality assessment tool in line with this distinction
- More consistent data collection by Call Centre staff that allows for more calls to be monitored and reviewed so that individual employees can receive detailed feedback on their outputs

6.8 Call monitoring and quality assessment

As discussed by Brown & Maxwell (2002) and Armistead et al (2002), the ‘listening in’ call by Call Centre team leaders, managers or supervisors is an important way of evaluating the service provided by any Call Centre or organisation. In the case of the loveLife Call Centre, it ensures that loveLife employees are providing a quality service. It was interesting to note that the loveLife Call Centre employees requested for this service to continue and even increase in their interviews. Rather than seeing it as a means of surveillance to be feared, loveLife Call Centre staff considered it to be an important monitoring tool that would allow them to improve their work, receive feedback and be able to improve their counselling skills.

A quality assessment tool was piloted and successfully implemented in the Call Centre for some time but the regularity then decreased. The assessment covers the following areas:

- **Introduction**
- **Active listening**
- **Questioning techniques**
- **Communication skills**
- **Empathy**
- **Information capturing**
- **Closing**
The tool was developed to assess a random selection of calls in depth, at least one call per agent per month. The assessment entails a one on one call discussion between the quality assurance team leader/advisor and the Call Centre agent during which the quality assessment tool is filled and an automated quality score is produced. The different quality scores as well as the identified training needs were documented in monthly monitoring reports. The gaps identified through the process were to form the basis for the development of an activity/training plan by the Call Centre team leaders and management for the next months and provide the basis for the subsequent development of training material. The feedback from counselors and operators shows that the quality assessment process is really valued by them and a regular application would strengthen the quality of their work.

Recommendations:

- Increase monitoring and supervision of calls for training purposes through weekly monitoring sessions
- Increase scheduled and unscheduled ‘listening in’ so that employees can be routinely monitored at any time
- Make the call monitoring a transparent process, so that employees are aware of the potential for their calls to be observed
- Implement monthly call quality assessments
- Discuss outcomes of monitoring sessions with the Call Centre staff timeously
- Use the quality assessment tool to constructively evaluate their performance and improve their services as well as identify new training areas

6.9 Debriefing sessions: counselling for counsellors
Counsellors hardly discussed the need for additional debriefing sessions. One counsellor alluded to this in her discussion when she made reference to needing a ‘time-out’ between calls and mentioned that it is important to have a breathing or reflection space after a difficult call. Apart from that debriefing was not discussed in further detail. This could be due to the present debriefing sessions being useful and effective. However, some counselors and operators mentioned that there is room for improvement. Many of the notes made by operators and counsellors about particular calls that are stored in the database related to stories where the caller was grieving, or needing advice because they had lost a family member, suggesting that the Call Centre staff need assistance in dealing with emotionally difficult or stressful calls. Counsellors require regular debriefing in order to work well, cope with difficult, emotional or stressful calls and enable them to process any traumatic stories that they have heard. The emotional impact of Call Centre work needs to be recognised, and giving counsellors time to debrief enables them to improve the quality of their calls without suffering from ‘burnout’ themselves.

Recommendations:

- Review the value and effectiveness of the current debriefing sessions with counselors and operators
- Ensure that debriefing sessions which would enable such discussions to take place take place regularly and are facilitated by an external counsellor, independent from loveLife to enable honest and open debriefing

6.10 Training opportunities
The importance of motivating, rewarding and empowering staff was highlighted in the literature and by interviewees as a means of improving Call Centre services. The requests for on-going training and information from loveLife Call Centre counsellors and operators is important, and suggests that incentives and more formal recognition of their work would improve their motivation. As such it would be valuable for the Call Centre to go ahead with its planned incentive model. Call Centre staff also need to be kept up-to-date with new information and guidelines, particularly relating to HIV/AIDS. Recent changes to national policy, such as the introduction of Fixed Dose Combination antiretrovirals, changes to the PMTCT regimens and the increased availability of HIV testing and treatment services across South Africa, are all important areas which the Call Centre staff should be aware of. The referral to other psycho-social support services in communities where the callers live is also crucial for the Call Centre staff and training around different databases like HIV/911 could be arranged to strengthen that component.

Recommendations:

- Hold regular information sessions
- Encourage information sharing sessions with up-to-date information about issues raised by callers (eg. HIV/AIDS, abuse, careers) and referral services
- Invite outside speakers or a journal club on a monthly basis so that Call Centre staff can learn about new issues relevant to their callers
7. References


Websites

Childline: www.childline.co.za [Last accessed by author April 27th 2013].


Incomes Data Services: www.incomesdata.co.uk [Last accessed by author April 27th 2013].

Appendixes

1. Telephone questionnaire for Call Centre clients

2. Questionnaire for Call Centre staff

3. Ethics approval letter
Quality Assessment and Improvement Study

Telephone Questionnaire for Call Centre Clients

Initial questions to verify that we are speaking to the person that had called the Call Centre:
1. Have you ever heard of loveLife?
2. Have you ever heard of the loveLife call centre?
3. Have you ever called the loveLife call centre?

If those questions are all answered with 'yes', please continue with the introduction to the questionnaire. If one question is answered with 'no', tell the interviewee that he/she is not in our target group for this study and should end the call. If the interviewee that said no to one question wants to know, where loveLife got the phone number from you will have to inform them that it was retrieved from the call centre's database.

INTRODUCTION

THANK YOU FOR TAKING THE TIME TO PARTICPATE IN THE QUALITY ASSESSMENT AND IMPROVEMENT STUDY OF THE LOVELIFE CALL CENTRE. THIS QUESTIONNAIRE IS DIVIDED INTO FIVE SECTIONS. SECTION 1 FOCUSES ON YOUR TECHNICAL EXPERIENCE WITH THE CALL CENTRE, SECTION 2 DEALS WITH YOUR COUNSELLING EXPERIENCE, THE THIRD SECTION FOCUSES ON HOW MUCH THE COUNSELLING ENABLED YOU TO TAKE ACTION. SECTION 4 LOOKS AT AREAS OF IMPROVEMENT FOR THE CALL CENTRE AND THE LAST SECTION DEALS WITH GENERAL INFORMATION ABOUT THE CALL CENTRE AND INNOVATION.

DEMOGRAPHICS:
0.1 Which province do you live in?
0.2 Are you male or female?

PART 1: TECHNICAL EXPERIENCE WITH THE CALL CENTRE

1.1 HOW LONG DID YOU HAVE TO WAIT BEFORE YOU RECEIVED THE CALL-BACK?
☐ I RECEIVED THE CALL-BACK IMMEDIATELY (1)
☐ I RECEIVED THE CALL-BACK AFTER A COUPLE OF MINUTES (2)
☐ I NEVER RECEIVED A CALL-BACK (3)

1.2 HOW WELL DID YOU UNDERSTAND THE DIFFERENT SELECTION OPTIONS THE CALL CENTRE HAS, IN ORDER FOR THEM TO DIRECT YOUR CALL TO THE CORRECT PERSON. ON A SCALE OF 1 – I DID NOT UNDERSTAND THE OPTIONS AT ALL TO 5 – I COMPLETELY UNDERSTOOD THE OPTIONS.
☐ I DID NOT UNDERSTAND THE OPTIONS AT ALL (1)
☐ I DID NOT REALLY UNDERSTAND THE OPTIONS (2)
☐ SOME OF THE OPTIONS I UNDERSTOOD, SOME I DIDN’T UNDERSTAND (3)
☐ I MOSTLY UNDERSTOOD THE OPTIONS (4)
☐ I COMPLETELY UNDERSTOOD THE OPTIONS (5)
1.3 THE CALL CENTRE IS OFFERING TOO MANY OPTIONS TO CHOOSE FROM DURING THE CALL DIRECTION PROCESS. ON A SCALE OF 1 – FULLY DISAGREE TO 5 – FULLY AGREE
☐ I FULLY DISAGREE (1)
☐ I SOMEWHAT DISAGREE (2)
☐ I NEITHER DISAGREE NOR AGREE (3)
☐ I SOMEWHAT AGREE (4)
☐ I FULLY AGREE (5)

1.4 CURRENTLY THE CALL CENTRE VOICE RECORDINGS ARE IN ENGLISH. WOULD YOU LIKE TO HAVE THE OPTION TO LISTEN TO THE VOICE RECORDING IN ANOTHER LANGUAGE?
☐ YES
☐ NO
☐ I DON’T KNOW
1.4.1 IF YES, WHICH LANGUAGE WOULD YOU PREFER?

1.5 DID YOU EXPERIENCE ANY OF THE FOLLOWING TECHNICAL DIFFICULTIES WHILE TRYING TO CONTACT THE CALL CENTRE?

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Call got cut off</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Silence in the line</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Holding for more than 20 seconds during connection/redirecting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other, please specify ...</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1.6 PLEASE STATE WHICH OF THE FOLLOWING YOU WOULD LIKE TO LISTEN TO WHEN ON HOLD DURING A PHONE CALL WITH THE CALL CENTRE
☐ GENERAL LOVELIFE INFORMATION
☐ SPECIFIC LOVELIFE INFORMATION ON CAMPAIGNS AND UPCOMING EVENTS
☐ CALL CENTRE INFORMATION E.G. PHONE NUMBERS, OPERATING HOURS ETC.
☐ FOXY CHIX EPISODES
☐ MUSIC ON HOLD
☐ NEWSET MUSIC OFF THE CHARTS
☐ I DON’T HAVE A PREFERENCE

1.7 THE CURRENT OPERATING HOURS FOR THE CALL CENTRE ARE MONDAY – SUNDAY 9H-21H. WHICH OF THE FOLLOWING OPTIONS WOULD YOU PREFER IN FUTURE?
☐ THE CURRENT OPENING HOURS ARE SUFFICIENT
☐ 24 HOURS / 7 DAYS A WEEK
☐ 9H – 24H EVERY DAY

THANK YOU FOR ANSWERING SECTION 1. THE NEXT PART OF THE QUESTIONNAIRE DEALS WITH THE EXPERIENCE YOU HAD WITH A LOVELIFE COUNSELLOR WHEN YOU PHONED THE CALL CENTRE.
PART 2: COUNSELLING EXPERIENCE

2.1 DID YOU HAVE A COUNSELLING REQUEST, THE LAST TIME YOU PHONED THE CALL CENTRE?
☐ YES
☐ NO  IF NO, GO TO QUESTION 4.1

2.1.1 IF YES, DID YOU RECEIVE COUNSELLING?
☐ YES
☐ NO  IF NO, GO TO QUESTION 4.1

2.1 IN GENERAL HOW SATISFIED WERE YOU WITH THE COUNSELLING YOU RECEIVED?
ON A SCALE OF 1 – VERY DISSATISFIED TO 7 – VERY SATISFIED
☐ VERY DISSATISFIED (1)
☐ DISSATISFIED (2)
☐ SOMEWHAT DISSATISFIED (3)
☐ NEITHER DISSATISFIED NOR SATISFIED (4)
☐ SOMEWHAT SATISFIED (5)
☐ SATISFIED (6)
☐ VERY SATISFIED (7)

2.2 THE NEXT COUPLE OF QUESTIONS ARE AROUND YOUR EXPERIENCE WITH THE CALL CENTRE COUNSELLOR. PLEASE TELL ME TO WHAT EXTEND YOU AGREE WITH THE FOLLOWING STATEMENTS ON A SCALE OF 1-FULLY DISAGREE TO 5 -FULLY AGREE

A. THE COUNSELLOR MADE ME FEEL WELCOME
☐ FULLY DISAGREE (1)
☐ SOMEWHAT DISAGREE (2)
☐ NEITHER DISAGREE NOR AGREE (3)
☐ SOMEWHAT AGREE (4)
☐ FULLY AGREE (5)

B. THE COUNSELLOR LISTENED TO ME ATTENTIVELY DURING THE WHOLE CALL
☐ FULLY DISAGREE (1)
☐ SOMEWHAT DISAGREE (2)
☐ NEITHER DISAGREE NOR AGREE (3)
☐ SOMEWHAT AGREE (4)
☐ FULLY AGREE (5)

C. I COULD SPEAK OPENLY AND HONESTLY
☐ FULLY DISAGREE (1)
☐ SOMEWHAT DISAGREE (2)
☐ NEITHER DISAGREE NOR AGREE (3)
☐ SOMEWHAT AGREE (4)
☐ FULLY AGREE (5)
D. THE COUNSELLOR WAS FRIENDLY
- FULLY DISAGREE (1)
- SOMewhat DISAGREE (2)
- NEITHER DISAGREE NOR AGREE (3)
- SOMEWHAT AGREE (4)
- FULLY AGREE (5)

E. THE COUNSELLOR INTERRUPTED ME DURING THE PHONE CALL
- FULLY DISAGREE (1)
- SOMEWHAT DISAGREE (2)
- NEITHER DISAGREE NOR AGREE (3)
- SOMEWHAT AGREE (4)
- FULLY AGREE (5)

F. THE COUNSELLOR WAS DOMINANT AND INTIMIDATING
- FULLY DISAGREE (1)
- SOMEWHAT DISAGREE (2)
- NEITHER DISAGREE NOR AGREE (3)
- SOMEWHAT AGREE (4)
- FULLY AGREE (5)

H. THE COUNSELLOR HELPED ME THINK DIFFERENTLY ABOUT MY PROBLEM/ISSUE
- FULLY DISAGREE (1)
- SOMEWHAT DISAGREE (2)
- NEITHER DISAGREE NOR AGREE (3)
- SOMEWHAT AGREE (4)
- FULLY AGREE (5)

I. THE COUNSELLOR PROVIDED ME WITH ADDITIONAL INFORMATION
- FULLY DISAGREE (1)
- SOMEWHAT DISAGREE (2)
- NEITHER DISAGREE NOR AGREE (3)
- SOMEWHAT AGREE (4)
- FULLY AGREE (5)

J. AFTER SPEAKING WITH THE LOVELIFE CALL CENTRE, I HAD A CLEAR IDEA OF WHAT TO DO NEXT
- FULLY DISAGREE (1)
- SOMEWHAT DISAGREE (2)
- NEITHER DISAGREE NOR AGREE (3)
- SOMEWHAT AGREE (4)
- FULLY AGREE (5)
K. AFTER SPEAKING WITH THE CALL CENTRE, I WAS MORE CONFUSED THAN BEFORE
   □ FULLY DISAGREE (1)
   □ SOMEWHAT DISAGREE (2)
   □ NEITHER DISAGREE NOR AGREE (3)
   □ SOMEWHAT AGREE (4)
   □ FULLY AGREE (5)

L. THE COUNSELLING I RECEIVED FROM THE CALL CENTRE WAS APPROPRIATE AND MADE IT EASIER FOR ME TO MAKE A DECISION ON HOW TO PROCEED
   □ FULLY DISAGREE (1)
   □ SOMEWHAT DISAGREE (2)
   □ NEITHER DISAGREE NOR AGREE (3)
   □ SOMEWHAT AGREE (4)
   □ FULLY AGREE (5)

2.3 THINKING ABOUT YOUR EXPERIENCE WITH THE CALL CENTRE, HOW LIKELY IS IT THAT YOU WILL PHONE AGAIN. ON A SCALE OF 1 – NOT LIKELY AT ALL TO 5 – VERY LIKELY
   □ VERY UNLIKELY (1)
   □ UNLIKELY (2)
   □ NEITHER UNLIKELY NOR LIKELY (3)
   □ LIKELY (4)
   □ VERY LIKELY (5)

2.4 THINKING ABOUT YOUR EXPERIENCE WITH THE CALL CENTRE, HOW LIKELY IS IT THAT YOU WILL RECOMMEND THE CALL CENTRE TO OTHER PEOPLE. ON A SCALE OF 1 – NOT LIKELY AT ALL TO 5 – VERY LIKELY
   □ VERY UNLIKELY (1)
   □ UNLIKELY (2)
   □ NEITHER UNLIKELY NOR LIKELY (3)
   □ LIKELY (4)
   □ VERY LIKELY (5)

PART 3: EMPOWERMENT TO ACTION
THE NEXT COUPLE OF QUESTIONS FOCUS ON WHETHER YOU WERE ABLE TO TAKE ANY ACTIONS AFTER YOU RECEIVED THE COUNSELLING FROM THE CALL CENTRE. PLEASE TELL ME YOUR LEVEL OF AGREEMENT BASED ON YOUR OWN EXPERIENCE ON A SCALE OF 1 – FULLY DISAGREE TO 5 – FULLY AGREE.

3.1 THE CALL CENTRE OFFERED / PROVIDED ME WITH THE SUPPORT I NEEDED DURING THAT TIME
   □ FULLY DISAGREE (1)
   □ SOMEWHAT DISAGREE (2)
   □ NEITHER DISAGREE NOR AGREE (3)
   □ SOMEWHAT AGREE (4)
   □ FULLY AGREE (5)
3.2 THE CONVERSATION WITH THE LOVELIFE CALL CENTRE HELPED ME TO REFLECT ON MY SITUATION

☐ FULLY DISAGREE (1)
☐ SOMEWHAT DISAGREE (2)
☐ NEITHER DISAGREE NOR AGREE (3)
☐ SOMEWHAT AGREE (4)
☐ FULLY AGREE (5)

3.3 THE INTERACTION WITH THE LOVELIFE CALL CENTRE HELPED ME TO COMPLETELY RESOLVE MY PROBLEM

☐ FULLY DISAGREE (1)
☐ SOMEWHAT DISAGREE (2)
☐ NEITHER DISAGREE NOR AGREE (3)
☐ SOMEWHAT AGREE (4)
☐ FULLY AGREE (5)

3.4 THE CONVERSATION WITH THE LOVELIFE CALL CENTRE INSPIRED AND MOTIVATED ME

☐ FULLY DISAGREE (1)
☐ SOMEWHAT DISAGREE (2)
☐ NEITHER DISAGREE NOR AGREE (3)
☐ SOMEWHAT AGREE (4)
☐ FULLY AGREE (5)

3.5 THE CONVERSATION WITH THE LOVELIFE CALL CENTRE DID NOT HELP TO MAKE A DECISION

☐ FULLY DISAGREE (1)
☐ SOMEWHAT DISAGREE (2)
☐ NEITHER DISAGREE NOR AGREE (3)
☐ SOMEWHAT AGREE (4)
☐ FULLY AGREE (5)

3.6 THE INTERACTION WITH THE LOVELIFE CALL CENTRE HELPED ME TO DEVELOP COMPLETELY NEW IDEAS I HAD NOT THOUGHT ABOUT BEFORE

☐ FULLY DISAGREE (1)
☐ SOMEWHAT DISAGREE (2)
☐ NEITHER DISAGREE NOR AGREE (3)
☐ SOMEWHAT AGREE (4)
☐ FULLY AGREE (5)

3.7 WHAT ACTION DID YOU TAKE AFTER SPEAKING WITH THE LOVELIFE CALL CENTRE?

☐ SOUGHT FAMILY SUPPORT
☐ SOUGHT SUPPORT FROM A FRIEND
☐ SOUGHT INSTITUTIONAL SUPPORT
☐ NOTHING
☐ THE ISSUE I DISCUSSED DID NOT REQUIRE ANY FURTHER ACTION
PART 4: AREAS OF IMPROVEMENT FOR THE CALL CENTRE

AT LOVELIFE WE CONTINUOUSLY STRIVE TO IMPROVE OUR SERVICES OFFERED. WITH THE FOLLOWING SECTION WE WOULD LIKE TO IDENTIFY POSSIBLE AREAS FOR IMPROVEMENT IN THE CALL CENTRE

4.1 WOULD YOU BE INTERESTED IN RECEIVING SEXUAL & REPRODUCTIVE HEALTH INFORMATION FROM THE CALL CENTRE ON A REGULAR BASIS

☐ YES
☐ NO

IF NO GO TO QUESTION 4.4

4.1.1 IF YES, IN WHICH TOPICS WOULD YOU BE INTERESTED IN?

☐ HEALTH TIPS
☐ RELATIONSHIP TIPS
☐ EDUCATIONAL MESSAGES (E.G. HOW TO PUT ON A CONDOM)
☐ OTHER, please specify

4.2 WOULD YOU BE INTERESTED IN RECEIVING INFORMATION AROUND PERSONAL DEVELOPMENT AND OPPORTUNITIES FROM THE CALL CENTRE ON A REGULAR BASIS

☐ YES
☐ NO

IF NO GO TO QUESTION 4.4

4.2.1 IF YES, IN WHICH TOPICS WOULD YOU BE INTERESTED IN?

☐ MOTIVATIONAL MESSAGES
☐ LINKS TO OPPORTUNITIES
☐ INFORMATION ON YOUTH SERVICES
☐ OTHER

4.3 WHICH FORM OF COMMUNICATION WOULD YOU PREFER WITH THE CALL CENTRE?

(MULTIPLE ANSWERS POSSIBLE)

☐ EMAIL
☐ ONLINE CHAT
☐ SMS
☐ FACEBOOK
☐ TWITTER
☐ FAQs ON WEBSITE
☐ SKYPE
☐ OTHER, PLEASE SPECIFY

4.4 LOOKING BACK AT YOUR COUNSELLING EXPERIENCE, WHAT DO YOU THINK CAN BE IMPROVED?

________________________________________________________________________________________

________________________________________________________________________________________

PART 5: GENERAL INFORMATION ABOUT THE CALL CENTRE

NOW FOR THE LAST PART OF THE QUESTIONNAIRE WE JUST HAVE A COUPLE OF GENERAL QUESTIONS AROUND YOUR PERCEPTION OF THE CALL CENTRE

5.1 DO YOU THINK THE ‘LOVELIFE CALL CENTRE’ NEEDS A NEW FUNKY NAME?

☐ YES
☐ NO
☐ I DON’T KNOW

5.1.1 IF YES, DO YOU HAVE A NAME SUGGESTION? ________________________________
5.2 WHERE DID YOU HEAR ABOUT THE LOVELIFE CALL CENTRE?
- LOVELIFE EVENT
- LOVELIFE STAFF INCL. GB
- RADIO
- TV
- BILLBOARDS
- UNCUT MAGAZINE
- LOVELIFE WEBSITE
- FRIENDS, FAMILY
- OTHER, PLEASE SPECIFY __________________________________________

5.3 DO YOU KNOW MISS B?
- YES
- NO

5.3.1 WHICH OF THE FOLLOWING FORMS OF COMMUNICATION WOULD YOU PREFER WHEN INTERACTING WITH MISS B?
- EMAIL
- ONLINE CHAT
- SMS
- FACEBOOK
- TWITTER
- FAQS ON WEBSITE
- SKYPE
- OTHER, PLEASE SPECIFY

THANK YOU VERY MUCH FOR YOUR PARTICIPATION!
Quality Assessment and Improvement Study

QUESTIONNAIRE FOR CALL CENTRE STAFF

INTRODUCTION

THANK YOU FOR TAKING THE TIME TO PARTICPATE IN THE QUALITY ASSESSMENT AND IMPROVEMENT STUDY OF THE LOVELIFE CALL CENTRE. THIS QUESTIONNAIRE IS DIVIDED INTO THREE SECTIONS. SECTION 1 DEALS WITH THE COUNSELLING SERVICES THE CALL CENTRE OFFERS AND SECTION 2 DEALS WITH GENERAL INFORMATION ABOUT THE CALL CENTRE AND THE LAST SECTION LOOKS AT AREAS OF IMPROVEMENT FOR THE CALL CENTRE AND TAKES THE SHAPE OF AN IN-DEPTH DISCUSSION.

PLEASE TELL ME TO WHAT EXTEND YOU AGREE WITH THE FOLLOWING STATEMENTS ON A SCALE OF 1-FULLY DISAGREE TO 5 -FULLY AGREE

A. I ALWAYS MAKE THE CALLER FEEL WELCOME
   - FULLY DISAGREE (1)
   - SOMEWHAT DISAGREE (2)
   - NEITHER DISAGREE NOR AGREE (3)
   - SOMEWHAT AGREE (4)
   - FULLY AGREE (5)

B. I LISTEN TO THE CALLER ATTENTIVELY DURING THE WHOLE CALL
   - FULLY DISAGREE (1)
   - SOMEWHAT DISAGREE (2)
   - NEITHER DISAGREE NOR AGREE (3)
   - SOMEWHAT AGREE (4)
   - FULLY AGREE (5)

C. THE CALLERS CAN TALK TO ME OPENLY AND HONESTLY
   - FULLY DISAGREE (1)
   - SOMEWHAT DISAGREE (2)
   - NEITHER DISAGREE NOR AGREE (3)
   - SOMEWHAT AGREE (4)
   - FULLY AGREE (5)
D. I AM FRIENDLY

☐ FULLY DISAGREE (1)
☐ SOMEWHAT DISAGREE (2)
☐ NEITHER DISAGREE NOR AGREE (3)
☐ SOMEWHAT AGREE (4)
☐ FULLY AGREE (5)

E. SOMETIMES I INTERRUPT THE CALLER DURING THE PHONE CALL

☐ FULLY DISAGREE (1)
☐ SOMEWHAT DISAGREE (2)
☐ NEITHER DISAGREE NOR AGREE (3)
☐ SOMEWHAT AGREE (4)
☐ FULLY AGREE (5)

F. SOMETIMES I CAN BE DOMINANT AND INTIMIDATING

☐ FULLY DISAGREE (1)
☐ SOMEWHAT DISAGREE (2)
☐ NEITHER DISAGREE NOR AGREE (3)
☐ SOMEWHAT AGREE (4)
☐ FULLY AGREE (5)

H. I ALWAYS TRY TO MAKE THE CALLER THINK DIFFERENTLY ABOUT HIS/HER PROBLEM/ISSUE

☐ FULLY DISAGREE (1)
☐ SOMEWHAT DISAGREE (2)
☐ NEITHER DISAGREE NOR AGREE (3)
☐ SOMEWHAT AGREE (4)
☐ FULLY AGREE (5)
I. I USUALLY APPLY QUESTIONING TECHNIQUES TO HELP THE CALLER TO THINK DIFFERENTLY ABOUT HIS PROBLEM

☐ FULLY DISAGREE (1)
☐ SOMEWHAT DISAGREE (2)
☐ NEITHER DISAGREE NOR AGREE (3)
☐ SOMEWHAT AGREE (4)
☐ FULLY AGREE (5)

J. I USUALLY PROVIDE THE CALLER WITH ADDITIONAL INFORMATION

☐ FULLY DISAGREE (1)
☐ SOMEWHAT DISAGREE (2)
☐ NEITHER DISAGREE NOR AGREE (3)
☐ SOMEWHAT AGREE (4)
☐ FULLY AGREE (5)

K. I USUALLY PROVIDE THE CALLER WITH ADVICE

☐ FULLY DISAGREE (1)
☐ SOMEWHAT DISAGREE (2)
☐ NEITHER DISAGREE NOR AGREE (3)
☐ SOMEWHAT AGREE (4)
☐ FULLY AGREE (5)

PART 2: GENERAL INFORMATION ABOUT THE CALL CENTRE

NOW FOR THE LAST PART OF THE QUESTIONNAIRE WE JUST HAVE A COUPLE OF GENERAL QUESTIONS AROUND YOUR PERCEPTION OF THE CALL CENTRE

2.1 DO YOU THINK THE ‘LOVELIFE CALL CENTRE’ NEEDS A NEW FUNKY NAME?

☐ YES
☐ NO
☐ I DON’T KNOW

2.1.1 IF YES, DO YOU HAVE A NAME SUGGESTION? ___________________________
2.2 CURRENTLY THE CALL CENTRE VOICE RECORDINGS ARE IN ENGLISH. DO YOU THINK IT WOULD BE IMPORTANT TO HAVE THE VOICE RECORDING IN ANOTHER LANGUAGE?

☐ YES
☐ NO
☐ I DON’T KNOW

2.2.1 IF YES, WHICH LANGUAGE WOULD YOU SAY IS IMPORTANT?

______________________________________________

2.3 THE CURRENT OPERATING HOURS FOR THE CALL CENTRE ARE MONDAY – SUNDAY 9H-21H. IN YOUR VIEW, WHICH OF THE FOLLOWING OPTIONS ARE MOST SUITABLE FOR THE CALL CENTRE CUSTOMERS?

☐ THE CURRENT OPENING HOURS ARE SUFFICIENT
☐ 24 HOURS / 7 DAYS A WEEK
☐ 9H – 24H EVERY DAY

2.4 IN GENERAL HOW WOULD YOU RATE THE QUALITY OF THE SERVICE PROVIDED BY THE CALL CENTRE? ON A SCALE OF 1 – UNACCEPTABLE TO 5 – EXCELLENT

☐ UNACCEPTABLE (1)
☐ POOR (2)
☐ AVERAGE (3)
☐ GOOD (4)
☐ EXCELLENT (5)

PART 3: AREAS OF IMPROVEMENT FOR THE CALL CENTRE

AT LOVELIFE WE CONTINUOUSLY STRIVE TO IMPROVE OUR SERVICES OFFERED. WITH THE FOLLOWING SECTION WE WOULD LIKE TO IDENTIFY POSSIBLE AREAS FOR IMPROVEMENT IN THE CALL CENTRE

3.1 IF YOU THINK ABOUT YOUR DAILY WORK AT THE CALL CENTRE, WHAT DO YOU THINK CAN BE IMPROVED?

__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
3.2 HOW DO YOU THINK THE SERVICE QUALITY OF THE CALL CENTRE COULD BE IMPROVED?

__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

3.3 DO YOU THINK A CALL CENTRE THAT ONLY OFFERS TELEPHONIC INFORMATION AND TELEPHONE COUNSELLING IS STILL APPROPRIATE IN THIS DAY AND AGE? WHAT OTHER WAYS TO COMMUNICATE WITH YOUR CLIENTS CAN YOU THINK OF?

__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
18 December 2012

To: Ms Friederike Subklew-Sehume
PO BOX 45
Parklands,
2121
South Africa

Dear Ms Subklew-Sehume

Ethics Clearance of HSRC Research Ethics Committee Protocol No REC 7/19/09/12: A Quality Assessment and Improvement Study on loveLife’s Call Centre.

The HSRC Research Ethics Committee (REC) has considered and noted your application dated 11 September 2012

The study was provisionally approved at the REC meeting held on 19 September 2012 pending appropriate responses to queries raised. Your responses dated 11 December 2012 to queries raised on 19 September 2012 have been noted by a sub-committee of the Research Ethics Committee.

The conditions have now been met and the study is given full ethics approval and may begin as from 14 December 2012.

This approval is valid for one year from 14 December 2012. To ensure uninterrupted approval of this study beyond the approval expiry date, an application for recertification must be submitted to the HSRC REC on the appropriate HSRC form 2-3 months before the expiry date. Failure to do so will lead to an automatic lapse of ethics approval which will need to be reported to study sponsors and relevant stakeholders.
Any amendments to this study, unless urgently required to ensure safety of participants, must be approved by HSRC REC prior to implementation.


The HSRC REC is registered with the South African National Health Research Ethics Council (REC-290808-015). The HSRC REC has US Office for Human Research Protections (OHRP) Federal-wide Assurance (FWA Organisation No. 0000 6347).

We wish you well with this study. We would appreciate receiving copies of all publications arising out of this study.

Yours sincerely

Professor D.R Wassenaar
Chair: HSRC Research Ethics Committee

Additional Information: REC approvals of protocols for research involving minor participants

The National Health Act’s section 71 governs ‘research on or experimentation with human subjects’. This section was made effective from 1 March 2012 by proclamation in the Government Gazette.

The content of this provision has an extremely restrictive impact on research, particularly if the research involves minor participants. No regulations came into effect simultaneously. This presents a problem for compliance because there is no current guidance on how to comply, and the newly proclaimed section 71 is inconsistent with the current SA Department of Health (2004) ethical guidelines and policies.

Until clarity is obtained, the HSRC REC has decided to proceed, in the interim, on the same basis as before the proclamation, i.e. the ethics review process will, in certain circumstances, deviate from the newly proclaimed provisions of s 71, but will follow the same rigorous and comprehensive ethics review process as it has always done. The REC will thus continue to approve methodology, recruitment strategies and informed consent requirements and processes in accordance with current ethics guidelines and policies.

The implications of this decision by the REC for researchers are that changes to methodology and informed consent processes may have to be made if and when the provisions of section 71 are made properly implementable. The full text of the National Health Act may be viewed at http://www.info.gov.za/view/DownloadFileAction?id=68039.

Should you require more information on this matter, please feel free to send your queries to research.ethics@hsrc.ac.za
Imprint

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talk@lovelife.org.za
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June 2013
loveLife’s Contact Centre provides an easily accessible telephonic support service to young people and their parents. The Contact Centre strives to provide a friendly, non-judgemental and safe space for young people to talk about issues affecting them. These issues include everything from relationships to career guidance, sexual health and encouraging personal behaviour change in making healthy life choices. Our counselling staff consists of specially trained young people called groundBREAKERS and professional counsellors; to more effectively help young people explore creative ways to address their daily challenges.

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Chat on loveLife Website: www.lovelife.org.za/chat/askmizz-b/

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