

**A COMPARATIVE STUDY BETWEEN EMPLOYEE ASSISTANCE  
PROGRAMME AND OCCUPATIONAL SOCIAL WORK IN THE FREE  
STATE AND GAUTENG REGIONS, SOUTH AFRICA**

By

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## DECLARATION

I declare that this research report on a “COMPARATIVE STUDY BETWEEN EMPLOYEE ASSISTANCE PROGRAMMES AND OCCUPATIONAL SOCIAL WORK IN THE FREE STATE AND GAUTENG REGIONS, SOUTH AFRICA” is my work and that all the sources that I have used have been indicated and acknowledged by means of a complete reference.

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THULA GUNYA

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DATE

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## **ABSTRACT**

### **A COMPARATIVE STUDY BETWEEN EMPLOYEE ASSISTANCE PROGRAMME AND OCCUPATIONAL SOCIAL WORK IN THE FREE STATE AND GAUTENG REGIONS, SOUTH AFRICA**

This research study was conducted to determine the relationship between Employee Assistance Programme (EAP) and Occupational Social Work (OSW). EAP and OSW are work-site programmes that target the same clientele in order to promote productivity in the occupational setting. Consequently, uncertainty exists when it comes to differentiating between these two resulting in synonymous use of the terms.

The aim of the study was to explore and describe the similarities and differences between EAP and OSW in theory and practice. A qualitative approach was adopted and data was collected by means of telephone interviews, utilising a semi-structured schedule as a guideline for the researcher during the interviews. Seven participants from SAOSWA and seven from EAPA-SA, who were sampled purposively, voluntarily participated in the study.

The interviews were recorded, transcribed and analysed using thematic analysis. This investigation revealed that EAP and OSW are more similar than different. Similarities were noted in their clientele system, setting, models, modes of referral, core technology, problems addressed, length of services, benefits, challenges faced, and adopted legislation. The differences appeared in the therapeutic model adopted, focus, staffing, clinical supervision, and statutory and professional registration.

The research has demonstrated that EAP and OSW is more alike than diverse. However, the two are not the same in terms of theory and practice and the relevant terms can therefore not be used interchangeably or synonymously.

## KEY WORDS

Employee

Employee Assistance Practitioner

Employee Assistance Professional

Employee Assistance Programmes

Employer

Immediate Family

Occupational Social Work

Occupational Social Worker

Workplace

## TABLE OF CONTENTS

Declaration.....	i
Acknowledgements.....	ii
Abstract.....	iii
Key concepts.....	iv
Table of Contents.....	v
List of figures.....	ix
List of tables.....	x
List of annexure.....	xi

### CHAPTER 1: BACKGROUND

1.1 Introduction.....	1
1.2 Definition of key concept.....	3
1.3 Theoretical framework.....	4
1.4 Problem statement and rationale.....	5
1.5 Goal and objectives.....	6
1.6 Research question.....	7
1.7 Research approach.....	7
1.8 Type of research.....	7
1.9 Research design.....	8
1.10 Research method.....	8
1.10.1 Study population and sample.....	8
1.10.2 Data collection.....	9
1.10.3 Data analysis.....	9
1.11 Pilot Study.....	10
1.12 Ethical considerations.....	11
1.13 Limitations of the study.....	12

### CHAPTER 2: LITERATURE REVIEW ON EMPLOYEE ASSISTANCE PROGRAMME

2.1 Introduction.....	13
2.2 Definitions of EAP.....	13
2.3 History of EAP.....	14
2.3.1 History of EAP in USA.....	14
2.3.2 History of EAP in RSA.....	15
2.4 Scope of practice.....	17
2.5 Models of EAP.....	25
2.5.1 The internal model.....	26

2.5.2 The external model.....	26
2.5.3 The hybrid model.....	27
2.6 Core technologies.....	28
2.7 Professional registration.....	35
2.8 Focus of EAPs.....	36
2.9 Benefits of EAPs.....	37
2.10 Conclusion.....	38
<b>CHAPTER 3: LITERATURE REVIEW ON OCCUPATIONAL SOCIAL WORK</b>	
3.1 Introduction.....	39
3.2 Definitions of OSW.....	39
3.3 History of OSW.....	40
3.3.1 History of OSW in USA.....	40
3.3.2 History of OSW in RSA.....	41
3.4 The Occupational Social Work Practice Model.....	43
3.4.1 Restorative interventions.....	44
3.4.2 Promotive interventions.....	45
3.4.3 Work-person interventions.....	45
3.4.4 Workplace interventions.....	46
3.5 Models of OSW.....	47
3.6 Core technologies.....	48
3.7 Staffing and training.....	52
3.8 Professional registration.....	52
3.9 Focus of OSW.....	53
3.10 Clinical supervision.....	53
3.11 Benefits of OSW.....	54
3.12 Conclusion.....	55
<b>CHAPTER 4: THE SIMILARITIES AND DIFFERENCES BETWEEN EAP AND OSW IN THEORY</b>	
4.1 Introduction.....	56
4.2 Similarities.....	56

4.3 Differences.....	60
4.4 Conclusion.....	62
<b>CHAPTER 5: EMPIRICAL INVESTIGATION INTO A COMPARATIVE STUDY BETWEEN EAP AND OSW IN PRACTICE</b>	
5.1 Introduction.....	64
5.2 Description of empirical study.....	64
5.3 Interpretation of data.....	65
5.3.1 Demographic information.....	65
5.3.1 Participant's demographic information.....	65
5.3.2 Knowledge of practitioners about their respective fields and future goals .....	68
5.3.3 Awareness of practitioners on the structure and practice of EAP and OSW...71	
5.3.3.1 About the fields.....	71
5.3.3.2 Client system.....	75
5.3.3.3 About service delivery.....	77
5.3.3.4 Legislation.....	88
5.3.3.5 Theory vs. Practice.....	89
5.3.8 The views of participants about the research topic.....	90
5.4 Summary of similarities and differences between EAP and OSW in practice...92	
5.5 Conclusion.....	92
<b>CHAPTER 6: KEY FINDINGS, CONCLUSIONS AND RECOMMENDATIONS</b>	
6.1 Introduction.....	93
6.2 Re-statement of the objectives.....	93
6.3 Key findings and conclusions regarding similarities between EAP and OSW...94	
6.4 Key findings and conclusions regarding differences between EAP and OSW...97	
6.5 Concluding statement.....	98
6.6 Recommendations for practice.....	98
6.7 Recommendations for council (SACSSP).....	98
6.8 Recommendations for further research.....	98
7. References.....	100
Annexure A- Proof of ethical clearance.....	111



Annexure B- Permission letter from EAPA-SA.....	112
Annexure C- Permission letter from SAOSWA.....	114
Annexure D- Informed consent form.....	115
Annexure E- Data collection instrument.....	117
Annexure F- Data storage form.....	119

## LIST OF FIGURES

<b>Figure 1:</b> Occupational Social Work Practice Model extracted from Van Breda and Du Plessis (2009) .....	Page 43
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## LIST OF TABLES

**Table 1:** Similarities and differences between EAP and OSW in practice.....Page 89

## LIST OF ANNEXURES

<b>Annexure A:</b> Proof of ethical clearance.....	Page 111
<b>Annexure B:</b> Permission letter from EAPA-SA.....	Page 112
<b>Annexure C:</b> Permission letter from SAOSWA.....	Page 114
<b>Annexure D:</b> Informed consent form.....	Page 115
<b>Annexure E:</b> Data collection instrument.....	Page 117
<b>Annexure F:</b> Data storage form.....	Page 119

## **CHAPTER 1: GENERAL BACKGROUND**

### **1.1 INTRODUCTION**

Renewed interest in assisting troubled employees, coupled with increasing demands for effectiveness in the workplace, have led to an upsurge in the development of employee assistance (Bhoodram, 2010:2). This interest has been enshrined in a number of legislative pieces that serve different purposes and wish to address work favourability and support the establishment of wellness services to employees, to name a few, the Constitution of the Republic of South Africa Act no. 108 of 1996; Basic Conditions of Employment Act no.75 of 1997; Labour Relations Act no. 66 of 1995; Employment Equity Act no. 55 of 1998; Skills Development Act no. 97 of 1998; and Occupational Health and Safety Act no. 85 of 1993.

In the Bill of rights chapter of the Constitution of the Republic of South Africa, it is clearly stated that “everyone has the right to fair labour practices” and “the right to an environment that is not harmful to his/her health and wellbeing”. The Basic Conditions of the Employment Act specifies who should conduct work (against child labour) and how working conditions should be. For instance issues are addressed pertaining to working hours, the taking of leave, termination of employment, and remuneration among many. The Labour Relations Act advises that in certain kinds of incapacity (e.g. substance abuse) counselling and rehabilitation may be the appropriate steps which an employer must provide. The Employment Act ensures equality and non-discriminatory measures and affirmative action provisions. The act prohibits an employer from forcefully testing an employee or applicant for Human Immunodeficiency Virus (HIV) unless permission has been granted by the Labour Court. In the Skills Development Act, an employer is obligated to provide occupational development to employees while also assisting troubled employees re-enter the labour market. Finally, the Occupational Health and Safety Act grants an employee the right to apply for compensation when injured in the course of duty.

The Employee Health and Wellness Strategic Framework for the Public Service was introduced to bridge the gap of a business-as-usual model that became inexcusable in terms of maintaining employee human dignity (Employee Health and Wellness

Strategic Framework for the Public Service, 2012:2). The framework was therefore created to be an integrated model which is responsive to employee and employer health rights and responsibilities by bringing about positive change that will speed up service delivery, employee's health and productivity. The framework achieves its objectives through its four pillars, that is HIV & AIDS, STI and TB Management; Health and Productivity Management; Safety, Health, Environment, Risk and Quality management; and Wellness Management. The HIV & AIDS, STI and TB Management realises the impact that the HIV & AIDS pandemic plays on the Public Service and seeks to reduce and prevent new infections, increase the protection of human rights and improve access to justice. The Health and Productivity Management seeks to manage disease; mental health and productivity; injury on duty and incapacity; and occupational health education and promotion. Whereas the Safety, Health, Environment, Risk and Quality management provides for the assessment of risks and attainment of good quality products and services to manage risks and disasters; and the implementing of emergency preparedness plans.

On the other hand, employers are realising that success in business and global competition are dependent on effectively addressing human issues that affect productivity. Increased technological advances and changing demographics of the work force increase the rate of stress-related disorders (Jacobsen, 2011:6). These stress-related disorders can result in an increase in social, psychological and physical problems that hamper productivity (Michie, 2002). Employee Assistance Programmes (EAPs) and Occupational Social Work (OSW) have become the most favoured workplace programmes aimed at addressing employee issues that may affect productivity. Barker (2003:141) defines Employee Assistance Programmes as “services offered by employers to their employees to help them overcome problems that may negatively affect job satisfaction or productivity.” Occupational Social Work includes “policies and services, delivered through the auspices of employers and trade unions, to workers and those who seek entry into the workplace” (Akabas, 1995:1779). These definitions make EAP and OSW indistinguishable by identifying employees as the main clients of both programmes and providing the setting of these programmes as the workplace. In addition to that, Powell (in Bhoodram, 2010:59) noted that the types of problems addressed by EAPs are not different from

those encountered in the realm of OSW. The author further indicates that despite that, there is insufficient research to make a clear distinction between EAP and OSW services. Whereas Jacobson and Hosford-Lamb (2008) imply that Employee Assistance Programmes fit social workers perfectly to support helpless employees in the current unstable occupational setting due to their ability to mediate at the micro, mezzo, and macro levels. The proposed study therefore wishes to discover whether there are similarities and differences between EAP and OSW. The following section describes the key concepts relevant to the current study.

## **1.2 DEFINITIONS OF KEY CONCEPTS**

### **EAP Practitioner**

“A person (not necessarily professionally-trained) who performs EAP-specific or related tasks, i.e. referral, liaison, training, marketing, and evaluating” (Standards Committee of EAPA-SA, 2015:3).

### **EAP professional**

“A professionally-trained person who provides an EAP service, including clinical EAP-specific or related tasks, i.e. therapy, counselling” (Standards Committee of EAPA-SA, 2015:3).

### **Employee**

“Any person who in any manner assists in carrying out or conducting the business of the employer” (Basic Conditions of Employment Act 75 of 1997:5).

### **Employee Assistance Programmes**

“A workplace program designed to assist work organisations in addressing productivity issues and employee clients in identifying and resolving personal concerns that may affect job performance” (Standards Committee of EAPA-SA, 2010:6).

## **Employer**

“A person or an institution who hires employees and offers remuneration in exchange for labour” (Standards Committee of EAPA-SA, 2010:2).

## **Occupational Social Work**

“Specialized field of social work practice which addresses the human and social needs of the work community through a variety of interventions which aim to foster optimal adaptation between individuals and their environments” (Straussner, 1990:2).

## **Occupational Social Worker**

“A person who provides important social services in the work community” (Dugmore, 2013:2).

## **1.3 THEORETICAL FRAMEWORK**

According to Hofstee (2006: 30) “a theory in academic terms connotes to a logical explanation as to why something is as it is or does as it does”. The author further mentions that in the area of social sciences there are no neat conceptual parcels that correspond accurately with our real, messy, complex world, and adds that the researcher may choose to draw theoretical foundations from different paradigms as the need may arise.

The researcher conducted this study through the lenses of the ecological systems theory. The ecological systems theory is regarded as Bronfenbrenner’s work, a psychologist (Rothery, 2008:89) who has been a hallmark of social work since it emerged as a discipline. The author adds that the theory is a relational perspective where the person and the environment are thoroughly, intricately, unceasingly, reciprocally sustaining and shaping one another. The focal point of systems theory is on ‘wholes’ and ‘integration’, explaining how all the parts of a system can affect and influence one another (Payne, 2015:193). This is one of the reasons that the researcher feels that the ecological systems theory is appropriate for this current study because the workplace is one of the environments where employees interact



and have contractual relationships. Moreover, the workplace organisation has a direct impact, influence, and effect on the employee and vice versa.

Personal problems affect the individual's work (Maiden, 2001:125). The converse also applies, where work related problems influence employees and often overflow into problems that occur at home or in the community (Nzuve & Njambi, 2015:89). Thus, the assumption is made, that human beings, being holistic, are unable to completely separate one part from the other. The above argument again supports the choice of the Ecological Systems theory as theoretical framework for this study.

According to Payne (2015:194) the systems theory explains how the public and private systems interact and how different agents might be involved. EAP and OSW are different agents of change that organisations use to support their employees. Although EAP and OSW, as workplace programmes, may be both employed in the workplace they come in unique forms (differences and similarities). The ecological systems theory is therefore deemed appropriate for this study by its ability to explore and describe EAP and OSW as individual systems, each consisting of interdependent and interrelated parts.

## **1.4 PROBLEM STATEMENT AND RATIONALE**

### **1.4.1 Problem Statement**

A number of research studies have been conducted on the subject of EAP and OSW individually but the researcher has not discovered a study attempting to compare the two. Consequently, there still exists much confusion when it comes to distinguishing between EAP and OSW. This has also been noted by Van Breda (2009:285) who further cautioned that "this view is not universally accepted and has been gradually challenged in recent years". Van Breda (2009), in his research study that focused on the scope of Occupational Social Work practice in South Africa, included both those who call themselves 'occupational social workers' and also those practicing in the EAP sector as his population. The reasoning behind his decision for including both groups is that, although there are theoretical differences between EAP and OSW, it is not clear whether there are differences in actual practice. In his findings, he concluded that there is little distinction in most social workers' understanding of OSW and EAP. Maribe (2006:15) also noted the misunderstanding between employee

assistance programmes and occupational social work practice and mentions that in many articles the two concepts used synonymously. Therefore, the problem addressed by this study was to explore whether there are differences and similarities between EAP and OSW in theory and practice and if there are any, to describe them.

## **1.5 GOAL AND OBJECTIVES**

Wieringa (2014:13) describes the goal of a researcher as including curiosity and fun: “curiosity seeks the answers to questions of knowledge and the fun element is in the design and testing of new or improved facts”. An objective refers to “the steps one must take, one by one, realistically and at grass-roots level, within a certain time span, in order to attain the dream” (Fouché, 2002:107). In the researcher’s view this is the means by which the focus of the study is clearly stipulated and defined.

The overall goal of the proposed study was to compare Employee Assistance Programme (EAP) and Occupational Social Work (OSW) in order to explore differences and similarities between OSW and EAP.

In order to achieve the goal, the objectives of this study were:

- to theoretically conceptualise Employee Assistance Programmes and Occupational Social Work;
- to explore and describe the similarities between EAP and OSW in theory and practice; and
- to explore and describe the differences between EAP and OSW in theory and practice.

## **1.6 RESEARCH QUESTION**

A research question encompasses reducing the broad interest in a research topic and concentrating on a specific research problem within the topic that is small enough to be investigated (Fox & Bayat, 2007:13). Research questions will lead to answers to what the researcher wants to understand by carrying out that specific study.

The researcher has focused on exploring and describing the relationship between employee assistance programmes and occupational social work in theory and practice. This study therefore examined the question: ***What are the similarities and differences between Employee Assistance Programmes and Occupational Social Work in the Free State and Gauteng regions in South Africa?***

## **1.7 RESEARCH APPROACH**

The study aimed to theoretically conceptualise EAP and OSW, and to explore the participants' subjective experiences of reality, in an attempt to determine the similarities and differences between EAP and OSW in practice and for this reason the interpretivist paradigm is deemed appropriate to guide the study. The interpretivist paradigm is based on the assumption that there are multiple realities, which can be explored and constructed through human interactions and meaningful actions (De Vos, Strydom, Schulze & Patel, 2011:8). The researcher has employed a qualitative research approach in order to construct detailed descriptions of the participants' realities and the meanings they attach to their EAP and OSW work experiences, knowledge and settings. Data was collected verbally from participants through a telephone interview guided by a semi-structured interview schedule.

## **1.8 TYPE OF RESEARCH**

The type of research that has been adopted by this study is basic research. Basic research generates knowledge that is not directly applicable to the social world but expands knowledge (Wagner *et al.*, 2012:8; Fouché & De Vos, 2011: 95). As the researcher explained earlier, there is limited research attempting to compare EAP and OSW, thus basic research will assist to expand knowledge in this subject. This will be achieved using the two sub-types of basic research which are explorative, and descriptive. The exploratory element dealt with the following question: "What are the similarities and differences between EAP and OSW?", while the descriptive element concentrates on these questions: "How are EAPs and OSW similar or different?" and "Why are EAPs and OSW similar or different?"

The aforementioned questions require knowledge and the answers to those questions will develop insight and understanding about the EAP and OSW.

## **1.9 RESEARCH DESIGN**

A research design is viewed as all the issues involved in planning and executing a research project from identifying the problem through to reporting and publishing the results (Punch, 2009). Leedy and Ormrod (2010:137) describe five common designs used in qualitative research, namely: ethnography, content analysis, phenomenological study, grounded theory, and case study. For the purpose of the study the researcher employed a case study, specifically a multiple or collective one. A multiple case study allows the researcher to explain differences within cases and can involve multiple sources of data (Nieuwenhuis, 2016:82). A multiple case study design was therefore appropriate to compare the two cases, namely EAP and OSW.

## **1.10 RESEARCH METHODS**

This section looks at the study' population and sampling; how data was collected and analysed; and how the pilot study was done.

### **1.10.1 Study population and sampling**

#### **Population**

Population refers to persons in the universe who have a specific description (Strydom, 2011:222). The population for the study includes all members who are registered with the Employee Assistance Programmes Association of South Africa (EAPA-SA) and those registered with the South African Occupational Social Work Association (SAOSWA).

#### **Sampling**

Due to the massive membership of EAPA-SA and SAOSWA it was impossible to include all members as participants. Hence a purposive sampling technique, as a non-probability sampling method, was used to identify members with specific qualities. Purposive sampling makes use of a selection criterion to identify the most suitable persons (Wagner, Kawulich & Garner, 2012:196). The following were the inclusion criteria used for the study:

- Participants needed to be registered members of one of their respective associations, EAPA-SA or SAOSWA
- Participants needed to have at least three years' work experience in their respective fields, EAP or OSW
- Participants needed to be based in Free State or Gauteng regions
- Participants needed to be proficient in the English language

The sample size consisted of fourteen participants where seven were registered members of EAPA-SA and another seven were registered members of SAOSWA.

### **1.10.2 Data collection**

Kumar (2005:12) as quoted by Fouché and Delport (2011:65) classifies the qualitative approach as unstructured in terms of allowing flexibility and is more suitable for exploring the nature of a phenomenon. For the purpose of the proposed study data was collected using a semi-structured one-to-one interview. Greeff (2011:348) states that a semi-structured interview enables the exchange of information as the relationship between the researcher and participant develops to determine individuals' perceptions, opinions, facts and their reactions to initial findings and potential solutions.

The semi-structured interviews were conducted telephonically. According to Carr and Worth (in Farooq, 2015:3) a telephone interview allows interpersonal communication without a face-to-face meeting and is a cost effective alternative. However telephone interviews lack the visual contact between interviewer and interviewee. Although telephone interviews are criticised for their lack in forming rapport, the researcher did not struggle forming such rapport with the participants. The participants were free to share their experiences. The conversations were recorded on a recording device with the permission of the participants. The telephone interviews were guided by a semi-structured interview schedule, as the data collection instrument. The interview schedule consisted of a set of predetermined questions which were non-leading and neutral and open-ended to allow participants to express themselves without limit.

### **1.10.3 Data analysis**

For the purpose of the present research study, data was analysed by the researcher to become familiarised and immersed into the data while employing thematic content analysis. Thematic content analysis is “essentially a coding operation” (Babbie, 2010: 338), aimed at shortening many words of text into fewer content categories, based on a conceptual framework. Due to the flexibility of thematic analysis, it can be used to analyse most types of qualitative data including interviews and focus groups (Clarke, Braun & Hayfield, 2015:225). Verbal data was transcribed word for word and formally represented by coding. Following that was the searching, reviewing and naming of themes. The writing up process then took place. In addition, data quality was ensured through trustworthiness following the four strategies that Lietz and Zayas (2010:191-197) provide as credibility, transferability, confirmability and dependability. Credibility was maintained by eliminating biasness and reporting the true meanings of research participants; and member checking was done to five participants by sending the transcribed interviews for their confirmation. Transferability was achieved by making use of purposive sampling which focused on key informants. Furthermore to allow for confirmability and dependability, the researcher revealed all research processes employed in this study from data collection to production of the final report to help future researchers to repeat the study with similar conditions in other settings which will allow comparison of this context to the other contexts.

### **1.11 PILOT STUDY**

Research procedures were tested before the actual data collection and analysis took place in order to test the interview schedule and responses so that it could be modified if necessary. The pilot study was held one week prior to the actual data collection with one participant from each sample of the EAPA-SA and SAOSWA. The results of the pilot study did not show any need for instrument modification and the data was analysable. The participants who took part in the pilot study were therefore included in the empirical findings of the research study.

## 1.12 ETHICAL CONSIDERATIONS

Ethics according to Strydom (2011) is “a set of moral principles which is suggested by an individual or group, is subsequently widely accepted, and which offers rules and behavioural expectations about the most correct conduct towards experimental subjects”. The researcher acted ethically by being competent, objective and refraining from making value judgement. The following ethical issues were considered:

- Voluntary participation: Participation in the study was voluntary. The participant’s right to withdraw at any point, prior to or during the process, without any consequence was included in the informed consent form which they all signed.
- Informed consent: A general principled informed consent form was formulated and adhered to voluntary participation of participants, the participant’s rights to withdraw from the research at any time, and method of the proposed study. This form was signed by the researcher and participant prior to data collection. Permission for the use of a recorder during interviews was sought from participants both in writing and verbally before commencement of the interview.
- Confidentiality and anonymity: confidentiality was ensured by the safe keeping of participants’ particulars and collected data. The participants’ identities were also protected by allocating codes instead of using their real identities. Personal information will be stored away securely by the University of Pretoria for a period of fifteen years after completion of the study. All interviews will be handled anonymously.
- Respondent Harm: This study did not have any known harms that could be posed to the participants however, the participants were offered a debriefing counselling session if they felt a need.

### **1. 13 LIMITATIONS OF THE STUDY**

- The data collection period took longer than expected due to the busy schedules of participants. However, the study was not particularly prejudiced by this limit as the researcher managed to finally interview all the participants.
- Telephone interviews were used to collect data which allow communication without a face-to-face meeting, but are criticised for the lack of visual contact between interviewer and interviewee. Farooq (2015:3) positions that rapport is considered to be a key ingredient to creating a comfortable environment which encourages the interviewee to speak openly and freely. Before starting with the interviews the researcher assured participants of confidentiality and anonymity. The researcher is of the view that this surety enabled participants to be free, confident and open when sharing their experiences.

### **1.14 CHAPTER OUTLINE**

Chapter two provides a detailed discussion regarding Employee Assistance Programmes as a field of practice.

Chapter three conceptualises Occupational Social Work.

Chapter four compares EAP and OSW in theory.

Chapter five provides the results of the empirical study.

Chapter six deals with the key findings, conclusions and recommendations.



## **CHAPTER 2: LITERATURE REVIEW ON EMPLOYEE ASSISTANCE PROGRAMMES**

### **2.1 INTRODUCTION**

At times employees struggle to cope at work due to experiencing conflict among colleagues, difficulties with managers, personal and family relationship issues such as domestic violence, substance abuse, depression and other psychological conditions, financial concerns and child or eldercare needs. These problems can have an impact on the employee's productivity and thus lead to a company losing income. As a result, private and public organisations introduced Employee Assistance Programmes (EAPs) to respond to employee's personal and work-related problems. The programme has been successful in enhancing job satisfaction, reducing absence caused by illnesses and making a major contribution to the health and wellbeing of employees (Kinder & Hughes, 2012:3). The researcher of this study will enter into a detailed debate of what the EAP is. In this chapter the researcher will cover EAP's definitions, history, scope of practice, models, core technologies, professional registration, focus, and benefits.

### **2.2 DEFINITIONS OF EAP**

An Employee Assistance Programme is defined as "a workplace programme designed to assist work organisations in addressing productivity issues and employee clients in identifying and resolving personal concerns that may affect job performance" (Standards Committee of EAPA-SA, 2010:6)

Barker (2003:141) defines Employee Assistance Programmes as "services offered by employers to their employees to help them overcome problems that may negatively affect job satisfaction or productivity."

In both definitions, the emphasis is placed on improving productivity issues in a workplace by aiming to assist two clients, *i.e.*, the organisation and the employee. Productivity would be achieved through assisting employees with their personal problems. The definitions recognise that people cannot perform to their fullest potential when they are experiencing difficulties.

An Employee Assistance Programme is therefore a worksite programme that improves productivity by assisting a workplace to be favourable for its employees and aiding employees and their dependants in resolving any personal problems which could affect their job performance.

## **2.3 HISTORY OF EAP**

Theory credits the United States for the evolution of Employee Assistance Programmes. For instance Bajorek (2016:5) suggests that the history of EAP was usually linked with American efforts to deal with alcohol abuse in the workplace during the 19th and 20th centuries. Kemp (1994) in UK EAPA (2012:6) states that the very first support programme for employees was established in 1917 by RM Macy and Company in the USA, followed by Northern State Power. Therefore it would be inappropriate to discuss South African history without starting with the American history. This part of the discussion will therefore concentrate on EAP history in USA and RSA.

### **2.3.1 History of EAPs in USA**

EAP developed with the support of federal legislation and professional association (Masi 2011:42). Employee Assistance Programmes (EAPs) were developed from two sources namely Occupational Social Work and Occupational Alcoholism. These services were provided in the form of occupational social work. The focus was initially on alcoholism in the workplace and later escalated to include other problems that impacted on employee performance and productivity. Richard, Emener, and Hutchison (2009:28) position that EAP history is closely entwined with that of Alcoholics Anonymous (AA). In 1935 Bill Wilson had a long conversation with Dr. Bob Smith in an attempt to help himself stay sober. Bill stayed sober by talking about his alcoholism problem with Dr. Bob Smith and that marked the birth and spread of AA as occupational alcoholism programmes (OAPs). The authors further claim that these occupational alcoholism programmes were successful in saving money, increasing production, and rehabilitating employees struggling with alcoholism. The assumption was that such an approach to alcoholism problems would also be effective for other human problems. The AA was therefore used in dealing with other problems.

Around 1962 OAPs led to Employee Assistance Programmes where an expansion programme took place by also reaching out for families of alcoholic workers and to persons with other life problems (Richard *et al.*, 2009: 31). That happened after realisation that OAP services had to address more than alcohol and drug abuse, as addicted employees usually presented with multiple problems such as mental illness, financial and legal issues, and other interpersonal and social challenges. Therefore, in addition to alcoholic problems the services of EAPs expanded to include emotional problems, marriage and family problems, financial and legal problems, and other drug problems. In 1970 when the U.S. Congress passed the Hughes Act (Sandys, 2015), this mandated all federal employees to have access to an EAP programme. The Act also called for the formation of the National Institute of Alcohol Abuse and Alcoholism (NIAAA). NIAAA is credited for coining of the EAP concept. The flourishing of EAP and its establishment as a profession in the United States was seen during late 1980s and the 1990s. Two professional associations, the Employee Assistance Society of North America (EASNA) and the EAPA, were created.

### **2.3.2 History of EAPs in RSA**

South Africa had experienced the same challenges as USA when it came to problems in the industry. Therefore it introduced actions, which later developed into EAPs as early as the 1940s. These programmes were introduced for a number of reasons (Du Plessis, 1990:35). In some instances, they were formed to manage worker's poor performance and production related issues (Jantjie, 2009:105) and for crisis intervention to the concept of internal responsibility and preventative approach (Du Plessis, 1990: 35). EAPs became recognised in SA through companies such as FORD and AECL with the focus on alcohol policies which they inherited from their sister companies in United States of America. The South African National Council on Alcoholism (SANCA) played a crucial role in running EAPs as part of their Social Responsibility strategy. According to Terblanche (1992:19) the Chamber of Mines commissioned a feasibility study for EAPs for the mining sector in 1983. The EAP concept was embraced and the Chamber of mines introduced its first two of eight

planned counselling centres. Since 1989 the institute for Personnel Management, hosted the National Employee Assistance Professional Committee.

Jantjie (2009:106) noted that South African EAPs are not only engaged in clinical or curative interventions, but have developed creative preventative programmes to address employee needs. Maiden (1992:4) in Jantjie (2009:106) follows some of the programmes that various EAPs have introduced in South African companies to ensure that employees are taken care of and are happy. These community work initiatives are provided below:

- A Visiting Wives Programme for miners by Anglo American Gold and Uranium Division's (West Rand Region), after it was found that many miners were ill. This programme aimed to provide a supportive approach so that miners could recover and return to work at the soonest possible time.
- The Chamber of Mines offered a wide range of EAP services to the mining industry. These services included assessment, diagnosis, and treatment, with emphasis on the core technology and incidence debriefing. Most South African companies offer similar kinds of programmes, either through internal model or external models.
- The Electric Supply Commission of South Africa (ESKOM) offered an HIV and AIDS programme in the early 1990s which tended to focus on educating all employees from rural and remote areas, including Zimbabwe, Mozambique and Botswana about HIV and AIDS.

EAPs have evolved significantly in South Africa and have also been introduced in the public sector. The Department of Public Service and Administration launched an Employee Health and Wellness Strategic Framework for the Public Service in 2008 and later reviewed it in 2012, in order to bridge a gap in the business-as-usual model that became unpardonable in terms of maintaining employee human dignity. The framework was created to be an integrated model which is responsive to employee and employer health rights and responsibilities by bringing about positive change that will accelerate service delivery, as well as the employees' health and productivity. It stresses the value of health as a priority for the employees and their dependants. It consists of four pillars, *i.e.*, HIV & AIDS, STI and TB Management;

Safety, Health, Environment, Risk and Quality management; Health and Productivity Management; and Wellness Management where the Employee Assistance Programme is affiliated.

As such, the EAP developed from Bill Wilson's long conversation with Dr. Bob Smith to a well-structured programme. The development of EAPs has been influenced by policy and the growth of new problems in the workplace. It continues to work hard in ensuring that the workplace is a favourable environment for employees where employees are healthy and productive.

## **2.4 SCOPE OF PRACTICE**

The implementation of EAPs in South Africa is guided by EAPA-SA as a professional organisation through the EAPA-SA Standards document. The Standards Committee of EAPA-SA (2015) as the latest document, groups EAP's scope of practice into eight categories that are divided into twenty six standards. These categories are programme design; implementation; management and administration; clinical services; non-clinical services; proactive services; stakeholder management; and monitoring and evaluation. The goal, objective, motivation, criteria and guidelines on how to implement each standard are clearly provided by the Standards Committee of EAPA-SA (2015). Following is a brief discussion of each category:

2.4.1 Programme design looks at how to go about designing an EAP. It covers organisational profiling; EAP policy formulation; forming of EAP advisory committee; and service delivery and costing models in EAPs (Standards Committee of EAPA-SA, 2015:4-7). According to EAPA Standards and Professional Guidelines (2010:7) "the assessment is intended to help determine the most appropriate methods and models of providing EAP services given the unique characteristics of the organisation's structure and culture". It is the researcher's view that organisational profiling and needs assessment is done for better knowledge and understanding of the organisation (structure, problems experienced by employees, culture).

An EAP should have a clear written policy to ensure that the principles, mandates and focal areas of the EAP are fair, balanced and consistently applied (Nakani, 2016:33). During EAP policy formulation, all stakeholders like the employee, employer, union, EAP practitioner and other internal stakeholders should be involved. An EAP policy must give rise to the procedures and guidelines that are critical in achieving the specific tasks mandated by the organisation.

An EAP advisory committee should be established to encourage line management and employee participation in the management of an EAP. The purpose of an advisory committee is to ensure that all relevant role players in the organisation contribute to and participate in the effective design and operation of the EAP (Govender, 2009:51). According to Googins and Godfrey (1987) as quoted by Govender (2009:51) the roles of a steering committee can be summarised as: programme support and legitimacy; resource for information – organisational profiling and needs assessment; ensure linkages with all relevant stakeholders; programme design – advice on policy, goals, objectives, implementation plan and procedure, programme services; marketing; evaluation and critical feedback regarding the programme initiatives; ongoing review of operations; and supporting EAP confidentiality safeguards for service delivery and costing models in EAPs.

2.4.2 Implementation looks at developing operational guidelines to operationalise the EAP policy and implement plans. These standards provide an operational framework for the EAP and make sure that the implementation plan and schedule reflect all the essential core technologies (Standards Committee of EAPA-SA, 2015:9). Govender (2009:58) understands that an implementation plan can spell out the operational schedule of the EAP for a specific time period and can therefore give effect to the policy. An implementation plan must outline the actions needed to establish a fully functioning employee assistance programme and set forth a time line for its completion (EAPA Standards and Professional Guidelines, 2010:12).

2.4.3 Management and administration concentrate on the EAP professionals or practitioners and the way they should behave. This category advises on how

EAPs can be staffed; be supervised, and provision be made for professional development and professional liability insurance. In addition, although with a different focus, this category of standards also provides for ethics, confidentiality, and recording keeping within the context of EAPs. According to EAPA Standards and Professional Guidelines (2010:14) there should be an adequate number of employee assistance professionals to achieve the stated goals and objectives of an EAP. EAP is a field of practice comprising multidisciplinary professionals (Bailey & Troxier, 2009:358) including social workers, psychologists, professional counsellors, substance abuse counsellors, and nurses. Maiden (2001) as quoted by Jacobson and Hosford-Lamb (2008) noted that social work has been the discipline of choice for EAP professionals due to their ability to see the whole picture and intervene at the micro, mezzo, and macro levels. Although EAPs may be staffed with different professionals, it is important to state that not every practitioner can conduct case assessment and therapeutic services but only those with proof of statutory registration. Moreover, an employee assistance professional without specialised training in a field should refer the client for further assessment (Standards committee document, 2015:17). For example, a social worker may be able to conduct psychosocial assessments but may be unable to conduct a medical assessment.

Clinical supervision is an action where skilled supervisors and less skilled supervisees interact in order to reflect upon their practices. This process is handled in a professional and disciplined manner to review clinical work with the aim of enhancing the supervisee's skills, confidence and competence (EAPA Standards and Professional Guidelines, 2010:6); providing emotional support; providing assistance with professional development; ensuring safe, ethical competent services to clients; and ensuring conformity with professional treatment standards (Bouverie Centre, 2013). Consultation tackles issues of client interest, quality of care, ethical issues as well as proper maintenance of client records (Monama, 2016:27). "Every EAP practitioner or professional who provides services will be subject to ongoing consultation and/or supervision" (Standards Committee of EAPA-SA, 2015:12). There are contradicting views when it comes to EAP clinical

supervision and consultation. For instance Masi (2005:160) states that clinical supervision often does not occur in EAP practice. The author states that after leading numerous clinical reviews she has observed many cases of poor clinical service where clients were provided less than adequate treatment or misdiagnosed. On the other hand, in a study conducted by Monama (2016:78), the empirical data shows that 76% of respondents did have access to professional consultation of which 37% was in-house based. These contradicting views can be explained in two possible ways. Firstly, there has been improvement in EAP clinical supervision and consultation as compared to the last decade. Secondly, EAP clinical supervision and consultation is mostly seen in South Africa as compared to Washington DC. The researcher believes that clinical supervision is very important and the lack of it could lead to litigations against professionals; burnt-out professionals and professionals experiencing counter transferences.

There exists a demand and concern for modern EA professionals to be trained on life experiences so as to deal better with disasters that affect the workplace (Otterstein and Jacobson, 2006: 13). The EA professionals must maintain and upgrade their professional knowledge and skills in order to protect the client's interests (Standards Committee of EAPA-SA, 2010:9). Continuous professional development could be achieved through attending workshops, personal therapy, EAPA-SA chapter activities and annual conference (Standards Committee of EAPA-SA, 2010:9) or accessing EAP journals (Monama, 2016:35).

As guided by their relevant statutory bodies, e.g. SACSSP and HPCSA, EA professionals should, in their service delivery, be guided by a range of ethics including confidentiality, disclosure of information and proper systems of record keeping. Disclosure of information addresses the importance of obtaining written informed consent from the client by the EA professional before releasing any information. Confidentiality also requires that administrative matters, documentation on meetings, clinical information, corporate client information, evaluation data, marketing and promotional material, training material, and project reports (progress reports) be handled



in secure manner. EAPA-SA (2015:15) clearly states that the EAP must maintain all records and the goal of the standard is to ensure proper and accurate administration of records.

The Standards Committee of EAPA-SA (2015:14) states clearly that Confidentiality is the foundation of EAPs. A number of legislative pieces also support, highlight and promote the importance of confidentiality, disclosure of information and record keeping. For instance the Protection of Personal Information Act, no 4 of 2013 aims to promote the protection of personal information processed by public and private bodies and introduces certain conditions so as to establish minimum requirements for the processing of personal information. Chapter eleven of the Basic Conditions of Employment Act no. 75 of 1997 also stipulates the employee's right to confidentiality in matters pertaining to medical records, financial status and personal information. The Constitution of the Republic of South Africa, no 108 of 1996, also highlights the right of every person to privacy. There are limits to disclosure of confidentiality when fraud, child abuse, espionage, and danger to self/others cases are reported (The Health and Social Care Information Centre, 2013:13). However, the client must be informed and give consent but if he or she disagrees, the information can still sometimes be released.

The researcher is of the view that non-adherence to ethics can affect utilisation of the programme and also pose risk to the EA professional. It is therefore imperative for a professional to have liability insurance. It is the employer's responsibility to secure such liability insurance on behalf of the EA professional to address legal challenges concerning the delivery of services and to sufficiently maintain financial resources to ensure continuation of the programme during and following litigation (Standards Committee, 2015:13). The Standards Committee of EAPA-SA (2010:17) advises that adherence to this standard minimises the risk of exposure by protecting the professional.

2.4.4 Clinical services focus on the management of a critical incident; crisis intervention; case assessment; referral; short-term intervention; case monitoring and evaluation; and aftercare and reintegration to ensure wellbeing

of employees. This standard is referred to as EAP direct services and is the gist of EAPs. Flourishing in this standard leads to a healthy workforce and fruitful productivity. For instance, Macleod ([Sa]) and De Soir ([Sa]:2) agree that responding to a traumatic event at the right time prevents extreme build-up of stress, that could negatively impact on the employee and the workplace, if unattended. It is also vital for EA practitioners to carry out crisis management in order to be able to plan for, prepare and respond to a crisis (EAP Guidelines of UK-EAPA, 2012:32).

Case assessment is an imperative professional skill. Milner, Myers and O'Byrne (2015) state that a professional can conduct an assessment from different types of approaches, namely: systems, psychodynamic, behavioural, and strength-based, among many. Regardless of which approach one opts for, an assessment is an ongoing process aimed at collecting and processing data to provide information for use in decision making about the nature of a problem (Parker, 2017:9) and how to address it (Milner *et al.*, 2015:1). When deemed appropriate, EA professionals are required to conduct short-term problem solving which can focus on solution finding. If long term or any other therapeutic support that a practitioner cannot provide due to some reasons is required, counsellors must provide motivational counselling and support to encourage the client's acceptance and follow through with referral recommendations (EAPA Standards and Professional Guidelines, 2010:26), which may not necessarily be funded by the organisation (UK Employee Assistance Programme Association, 2012:12). It is imperative that EA practitioners conduct case monitoring and evaluation to ensure that the employee has reached the referral agency; is cooperative and is progressing. At some point after referral the employee will have to return to the workplace. Aftercare and reintegration services following re-entry to the workplace therefore become necessary (Standards Committee of EAPA-SA, 2015:20) to ensure that the employee adapts well in the workplace and the outcome of intervention is maintained following referral. In a nut shell, clinical services are the gist of and the reason EAPs were initiated to ensure that employees receive emotional support in times of need and return to their previous levels of productivity.

2.4.5 Non-clinical services concentrate on strengthening of EAP through organisational consultation, EAP management and supervisory training, and marketing (Standards Committee of EAPA-SA, 2015:21-22). These services ensure smooth running of and support to the EAP. For instance consultation with the organisation on issues, policies, practices and events that may impact behaviour in the workplace or employee well-being are provided (EAPA Standards and Professional Guidelines 2010:28) in order to take resolution action at the earliest possible stage. EAP management and supervisory training empowers supervisors on how best they can deal with employees experiencing personal and work-related problems and utilise the EAP for their benefit and that of their supervisees. Marketing of EAP services takes different forms to ensure that the programme is visible and known to its beneficiaries. Non-clinical services promote utilisation of the EAP.

2.4.6 Proactive services aim to ensure that alleviation of employee behavioural and organisational risks is prevented through implementing programmes. The researcher notes that this standard has not been present in the EAPA-SA Standards document from 1999 to 2005. A few international standards documents such as EAPA Standards and Professional Guidelines (2010), UK EAPA EAP Guidelines (2012), UK-EAPA Standards Framework (2015), and UK-EAPA Standards of practice and professional guidelines for EAP were also perused by the researcher regarding proactive services but these attempts were also in vain. The need for this standard was a golden point noted by Govender in her study conducted in 2009 titled '*A critical analysis of the prevalence and nature of Employee Assistance Programmes in the Eastern Cape Buffalo city Municipal area*'. Govender (2009:72) noted that although the EAPA-SA Standards document that already existed during that time described in detail what the crucial elements of EAPs are in regard to troubled employees, there still remains a limitation in its outline of the proactive prevention and education elements of the health and wellness aspects. The author's view that is based on his practice and observation is that prevention, education and awareness programmes form an essential part of an EAP. In his recommendations, he therefore suggests that the EAPA-SA

Standards Document needs to include proactive programmes as part of Direct Services.

It is believed that Govender's voice was heard, following the introduction of preventive services as standard 25 of the Standards Committee of EAPA-SA (2010:28). This standard emphasises the importance of a practitioner gaining comprehensive knowledge of the organisation by conducting an organisational risk assessment (Standards Committee of EAPA-SA, 2015:23; Standards Committee of EAPA-SA, 2010:28). The standard believes that prevention services are more cost-effective than curative services. Prevention should be based on risk profiling and the identified programmes can be provided through awareness campaigns, seminars, VCTs and health-risk screenings, trainings, posters, information sessions, workshops, and wellness days.

2.4.7 Stakeholder management is one of the core technologies of EAPs. It addresses establishing a network with internal and external stakeholders by EAP practitioners to respond to the needs of the organisation and beneficiaries (Standards Committee of EAPA-SA, 2015:24). Internal organisational activities require that an EAP practitioner be positioned at an organisational level where he/she can most effectively communicate and have influence with the executive level of the organisation (EAPA Standards and Professional Guidelines 2010:31). Furthermore, an EAP practitioner must establish working relationships with a variety of organisation essential components and functions, such as: executive senior management; human resources; union; security; risk management; legal; benefits; training; and safety. According to Govender (2009:70) establishing external linkages with community resources is crucial to filling the EAP service delivery gaps, especially in programmes where certain types of expertise and capacity are at a premium. Stakeholder management in EAPs is about initiating and maintaining working relations with the management, internal organisational departmental and external stakeholders to respond to the desires of the programme and its beneficiary.

2.4.8 Monitoring and evaluation of EAPs is done to ensure that EAP adds value to the organisation and its beneficiaries (Standards Committee of EAPA-SA, 2015:26). Moreover, the standards document advises that a written monitoring and evaluation strategy be drafted; regular monitoring and evaluation be conducted; and results be analysed to ensure development of the programme. Nakani (2016:54) advises that all EAP core technologies should be evaluated to assess the appropriateness, effectiveness, and efficiency of its services and operations (EAPA Standards and Professional Guidelines 2010:36). The use of an external evaluator during EAP evaluation is stressed by Winwood and Beer (2008:192) to promote neutrality and honest reporting of results. The researcher is of the view that a programme will never grow without being evaluated and further implementing the outcome of the evaluation results.

The Standards Committee of EAPA-SA has clearly given detail to the EAP scope of practice ensuring that it provides the goal, objectives and motivation for each standard and provides the criteria and guidelines to ensure clarity. The responsibility to implement the standards rests fully on the EAP practitioner. This concludes the discussion of the EAP scope of practice.

## **2.5 MODELS OF THE EAP**

Currently, the most commonly found EAP models are: internal, external and hybrid models. Prior to deciding on a suitable model, the employer should first conduct the essential groundwork of taking into consideration the unique organisational identity and culture as well as the needs of its human resources, and the strategic objectives (Govender, 2009:46). Furthermore, when selecting an EAP model, the size of workforce, distribution of workforce, organisational mission, cultural climate, range of services, administrative considerations and funding source, and allocation of resources must be considered. Internal and external models have their advantages and disadvantages. The hybrid model closes the gap between the disadvantages of each (internal and external models) making the blended model a strengthened model.

### **2.5.1 The Internal/ In-house Model**

The in-house model is the type in which diagnostic and treatment services are provided within the organisation by an EAP practitioner who is a full time employee and on the payroll of the organisation. This EAP programme can be housed on site or away from the company's worksite, according to Masi (2000:407). Govender (2009:35) implies that the company manager supervises the programme personnel, approves policy and finalises all procedures. A few of the advantages of an internal model are that the practitioner has knowledge of the organisation and its culture and easy access to employees, he/she can provide multiple roles, and better coordination of treatment and monitoring of follow-up. The internal model is not free from disadvantages like concerns about confidentiality, being costly because of substantial staffing requirements, the level of persons in the programme can limit the level of employees participating, skills and expertise limited by small staff, and sadly a practitioner can be used by management against the individual employee or vice versa.

### **2.5.2 The External Model**

The external model consists of different sub-models, the contract, consortium and hotline model. In the contract model, the work organisation contracts with an independent EAP service provider to provide EAP functions. In return the work organisation receives a mixture of specified services that can include assessment, referral, short term counselling, management consultation, job re-entry counselling and follow up (Govender, 2009:38). According to Terblanche (2005) as quoted by Maiden and Terblanche (2006:90) the two largest external employee assistance providers in South Africa are Careways Group and Icas. In a consortium model, several companies pool their resources to develop a collaborative programme with the intention of maximising individual resources. This model is said to be ideal for companies that do not have enough employees employed in their own EAPs (Masi, 2000:407). The hotline model is a telephone service where employees with problems are expected to phone a given number and talk to an objective listener who is trained to assess problems. The employee is then referred to an appropriate service provider who is selected from a directory of service providers in the employee's community (Govender, 2009:40).

External models of EAPs also have both strengths and weaknesses. They are preferred by some companies for: being less costly for small or medium size organisations; providing a range of services including programme formulation; neutrality on the side of the practitioner; easy maintaining of confidentiality because of limited contact with people other than clients; access to more diverse and professional staff; and offering more private counselling. Furthermore, an organisation cannot be held responsible for malpractice of practitioners. The disadvantages, among many, are lack of knowledge about the organisation and its culture; some supervisors and employees may be reluctant to deal with outsiders and that could affect utilisation of the programme; the offices may be away from the site; they are profit orientated and may not always serve the best interests of the organisation; and communication problems can occur between the service centre and the organisation.

### **2.5.3 The Hybrid/ Blended Model**

Since both internal and external models have their own sets of advantages and disadvantages, it has really become a matter of need for organisations to blend some aspects of the two in order to get the best out of their EAPs. A hybrid model is therefore a combination of some aspects from each of the internal and external model in order to meet the demands of employees. The Standards of Practice and Professional Guidelines for EAPs of UK-EAPA (2015:12) deem combined EAPs as one of the many basic delivery systems. Govender (2009:42) provides different combinations of EAPs used by organisations as follows:

- Where there is one main worksite, as well as smaller separate units of worksites, organisations may opt for an in-house programme for the main worksite and a contracted programme with a vendor (with its variations) for the smaller outside units.
- A well-developed comprehensive in-house EAP may offer to contract its services to one or more outside organisations.
- An EAP as well as a MAP (union-driven) provides the employee with an option for assistance with either one.

- An assisted in-house EAP may have some of the programme services outsourced for example, prevention programmes or specialist counselling like gambling addictions.

The different types of EAP models must be provided and discussed. The choice on which one to opt for depends on an organisation's need and budget. In the following section the researcher will look at the core competences of EAPs that make them unique from any other workplace programme.

## **2.6 CORE TECHNOLOGIES**

Bajorek (2016:4) suggests that a standardised model of EAPs does not exist but core components of effective EAPs have been identified. The core technologies of employee assistance programmes were discovered by Roman and Blum in 1988 (Axelrod, 2016:208) and were published as *The Core Technology of EAP*. In their seminar work, the authors gave a presentation on what had been accepted as the essential components of an EAP (Jacobson and Hosford-Lamb, 2008) so as to provide unique aspects of EAPs that differentiated the EAP from standard human resource functions in the workplace (Masi, sa).

The core technologies entailed services that were directed to employees and employers and are listed as:

- consultation with, training of, and assistance to work organisation leadership;
- confidential and timely problem identification and assessment services for employees with problems that affect job performance;
- use of constructive confrontation, motivation, and short-term intervention;
- referral of employees for diagnosis, treatment and case follow-up;
- consultation with the work organisation to encourage availability of an employee's access to health benefits covering medical and behavioural problems; and
- identification of the effects EAP services have on the work organisation and individual job performance.



Later in 2011, the Employee Assistance Professionals Association (EAPA) updated these core technologies to provide unique approaches for dealing with work-organisations' productivity issues and employee distresses affecting job performance. Currently in South Africa, the Standards Committee of EAPA-SA (2015:1) acknowledges six core technologies. These six functions comprise case management, training and development, marketing, consultation with work organisations, stakeholder management, and monitoring and evaluation.

### **2.6.1 Case management**

Case management is a short-term therapeutic intervention for employees and their families experiencing personal and work-related problems that might affect job performance. These services consist of risk identification, assessment, motivation, short-term intervention, referral, monitoring, follow-up, reintegration, and aftercare services. Some aspects of case management such as case assessment and short-term intervention can be conducted only by EA professionals. For instance, the Standards Committee of EAPA-SA (2015:17) makes it clear that case assessment should be conducted by a professional only and an employee assistance professional without specialised training in a specific field should refer the client for further assessment. An EA professional conducting an assessment requires interviewing, diagnostic and counselling skills (Richard *et al.*, 2009:56) so as to identify problems, develop a plan of action and provide direction for the treatment process.

Risk identification interventions assist in reducing costs related to the areas of medical health care, workers compensation, and disability management from a perspective of problem intervention. EA professionals are commonly utilised to assess and then refer "high-risk employees" to appropriate mental health, substance abuse, and rehabilitation programmes (Richard *et al.*, 2009:56).

Short-term intervention is the use of a time-limited intervention service where an EA Practitioner contracts with the client for six to eight sessions (Standards Committee of EAPA-SA, 2015:19). The Standards Framework of UK EAPA

(2015:17) states that “an EAP will establish guidelines and procedures to determine if and when to provide short-term (session limited) problem resolution services”. The researcher holds that since EAPs are short-term intervention based, it is advisable that an EAP professional be familiar with solution-focused therapy. Solution-focused therapy aims at establishing the client’s plan of action which he or she wishes to achieve during and towards the end of the session or sessions (Corey, 2014). The approach also enables individuals to focus on changing their behaviour (Lightfoot, 2014:238). The author further concurs that a course of approximately five sessions of this approach has been proven to be successful. When long-term psychotherapy is required as revealed by an assessment, referral must be considered.

A referral must lead to improved employee well-being. A practitioner therefore needs to know the community, which are the good treatment facilities, and who are the more appropriate or better specialists (Richard *et al.*, 2009:56). There are a few aspects that an EA practitioner must take into consideration when doing a referral. The need for referral and its necessity should be discussed with the employee; sufficient referral information including relevant background information should be provided to the agency clearly specifying your expectations from the agency; a follow up checking whether the referred client has arrived, is receiving services and is progressing should also be made.

Aftercare services and reintegration of employees to the workplace ensure that employees re-adjust following the intervention and maintain the status quo or outcomes of an intervention. Therefore an EA practitioner should have continued engagement with the employee and employee’s supervisor to enquire about the employee’s job performance. Case management is the most integral part of an EAP as it has the power to change an employee for the better. However, it needs to be supported by the other core technologies such as training of stakeholders, marketing, organisational consultation, networking and monitoring and evaluation.

## 2.6.2 Training and development

According to the Code of Federal Regulations (2014:46) each EAP must include education and training. Training and development of stakeholders, including managers, supervisors and unions, concerning effective management of employees who are experiencing challenges; enhancing the work environment; and improving employee productivity and job performance should be conducted (Standards Committee of EAPA-SA, 2010:1). An EAP is nothing without the buy-in and support of stakeholders. For instance, a supervisor who himself is unfamiliar with- or does not have knowledge of the programme will never utilise the programme for self or refer supervisees to the programme. Unions are very influential towards their members and so if they speak positively about EAPs that could encourage employees to utilise the programme. Therefore, the outcome of EAP training and development will stimulate buy-in and support from stakeholders which will lead to high utilisation of the Employee Assistance Programme.

The curriculum of the training can range from soft skills training to roles of the stakeholder in the EAP (Hofmeyr, 2015:77). The researcher is of the opinion that the curriculum of EAP training can also cover EAP policy, goals and rationale of the EAP, EAP scope of services, benefits of the EAP, problems addressed by the EAP, EAP principles, impact of problems on work performance, description of a troubled employee, role of the supervisor, the three referral types, do's and don'ts for supervisors, effective communication skills, and involvement of HR management. The researcher believes that these topics can enhance utilisation of the programme.

Goldstein and Sorcher (1974) in Laker and Powel (2011:120) provide the training methods of supervisors as role plays, case studies, small group discussions, video material and guest speakers. The provided methods are not limited. An EA practitioner can use her or his creativity. What is most important is for EA practitioners to prepare a manual that stakeholders can take with to remind themselves anytime of anything that was covered in the training.

Stakeholder training also serves as a form of a marketing strategy of the programme because stakeholders get to learn what the programme is about, how best it can be utilised and their role in the programme. Without proper training and regular re-training of stakeholders the programme can perish.

### **2.6.3 Marketing**

Marketing is a cornerstone of an EAP. It promotes and sells the EAP services and interventions to stakeholders, provides necessary information regarding programme details and content, accessibility, and confidentiality, as well as encourages participation and utilisation. The utilisation rate of Employee Assistance Programmes in any corporate organisation is determined by the level of marketing that has been established. The EAPA Standards and Professional Guidelines (2010:29) suggest that an EAP must promote programme services through a variety of methods such as employee orientation, bulletin boards, newsletters, web pages and meetings. An EAP practitioner can make use of the marketing mixture when marketing services and also acquire assistance from the Marketing department of the organisation. The marketing mix consists of seven “Ps” which help marketers to organise their decision making, namely; pricing, product, promotion, place, packaging, people and process. The marketing strategy and annual marketing plan is essential for continued and effective promotion of the EAP.

### **2.6.4 Consultation with work organisation**

Consultation to work organisation is done to proactively identify and address inherent trends resulting from personal or organisational issues. Organisational consultation makes sure that the EAP provides support policy-based advice to organisation leadership (Standards and Professional Guidelines of EAPA, 2010:27). The EAP practitioner adds value by providing specialist and expert knowledge and skills to the consultation relationship regarding employee related matters. For instance, the EAP office can provide expertise advice and support during a downsizing process; develop a workplace violence policy to react to a workplace experiencing violence; and provide coaching to supervisors on how to approach employees who are experiencing problems. The practitioner also identifies trends that may pose

risks or cost the company money, then advises management accordingly on such threats and proposes expertise solutions. Organisational consultation is critical to an EAP because it plays a crucial role in promoting and positioning the EAP within the organisation.

### **2.6.5 Stakeholder management**

The caption '*no man is an island*' is also applicable to EAPs. EAPs would not be successful if working in isolation. An EAP must therefore adopt a way of networking and managing stakeholders to improve its functionality. Networking refers to establishing and maintaining effective relations with internal and external role-players and service providers. EAP practitioners are at times required to refer clients for further services. It is therefore important for them to build professional relations within the organisation or community where they operate and be able to work within an interdisciplinary team. According to EPA Standards and Professional guidelines (2010:34) an EAP shall identify and utilise those healthcare and other community resources that provide quality assistance to employees, eligible family members and the organisation. It is the researcher's view that the process of identifying internal stakeholders could be done through conducting an organisational profile, while identifying external stakeholders could be achieved through conducting a community profile. Once the stakeholders are identified, an EAP practitioner should compile a resource list with the contact names and numbers of stakeholders. Masi (2005:161) advises that all community resources used as referral resources should be evaluated by EAP staff and the evaluation should include site visits and verification of staff member's credentials. The author further recommends that all resources be visited every two years.

Nakani (2016:26) describes the advantages of networking for EAP practitioners. The author states that a professional network will ensure quality service delivery. She further indicates that alliance with other professionals contributes to professional development and therefore reduces liability and burnout that are high when a professional is working in isolation.

From the above discussion, the researcher deduces that networking or stakeholder management benefits the organisation by improving the EAP's functionality, benefits an employee by linking him or her to relevant resources and the EA practitioner by preventing burnout and risk of liability.

### **2.6.6 Monitoring and evaluation**

Monitoring and evaluation (M&E) is crucial to any effective programme. It is a systematic process that allows the organisation to judge progress and usefulness, and identify the need for any programme modification. Monitoring is done throughout the implementation of the programme to assess implementation progress, and makes changes and modifications. On the other hand, evaluation also looks at what the programme set out to do and what it has actually accomplished.

Richard *et al.* (2009:54) imply that both the organisation and the EAP office need to know if the programme is working and if it is doing what it claims to be doing. Bajorek (2016:5) claims that EAP evaluations have not, as yet, produced the quality of evidence that is required and further states that there is a greater need to conduct more in-depth evaluations. Richard *et al.* (2009:54) therefore propose some queries that could be made during evaluation, such as: penetration rates, cost effectiveness, nature of client populations, client gratification, management and union satisfaction, medical cost saving, and productivity gain. In addition to that proposal, Bajorek (2016:5) advises that evaluators should also look into:

- *Cost-Benefit Analysis*: These are the most common forms of outcome evaluations reported in the EAP literature, and are conducted by comparing the money spent on providing services and the inputs, with the monetary values produced by the change, or outputs;
- *Cost-effectiveness*: This analysis looks at more unspecified outcomes (e.g. psychological well-being), and aims to establish which interventions that organisations have implemented achieve the best therapeutic results in relation to the cost of the implementation;

- *Return-on-Investment:* As many organisations may have to justify the costs of an EAP service, they could have to calculate what the return-on-investment for their EAP is.

The outcome of this process can assist in understanding how and why the programme is working; the need for expansion and broadening of services. Monitoring and Evaluation thus supports and justifies the need for continued expenditure on the programme by showing the results of the programme, and also motivates service modification in certain areas of the programme. In a nut-shell, M&E is done in order to improve EAP accessibility and services.

## **2.7 PROFESSIONAL REGISTRATION**

According to EAPA-SA's website, the document checklist for registration as a member comprises a signed application form, identity document copy, CV, Certified copies of qualifications, statutory registration certificate, copies of courses attended in EAP, proof of employment in an employee assistance field, proof of attendance of at least two EAPA-SA Chapter meetings, proof of CPD activities, and proof of payment to EAPA-SA. According to EAPA-SA's website, EAPA-SA is not a statutory body but a professional association as recognised by the South African Qualification Authority (SAQA). It is in a process of designating EAP staff through SAQA. EAP professionals are therefore forced to register twice to EAPA-SA as professionals and their respective statutory bodies (such as SACSSP, HPCSA, SANC) for a practising licence.

EAPA-SA serves as a professional body for EAP professionals in SA. It has eight active Chapters throughout South Africa (EAPA-SA website). Chapter members receive strategic guidance; professional development and ethics of the EA professional to uphold the professional image of both the association and profession in South Africa. Furthermore, the Chapters provide members with networking opportunities and continuous professional development. These forces are delivered through workshops, events, gala dinners and EAPA-SA's annual conference.

## **2.8 FOCUS OF EAPs**

The focal point of EAPs is on the individual while neglecting the individual's surroundings. Senoamadi (2006:22) and Francis (2012:xv) agree with the statement and state that the services offered by EAPs are person-centred and therefore geared towards changing the individual, with little effort at impacting the environment which might well be the source of the problems. However, problems do not always originate from within the individual. Therefore the focus on changing the individual is not enough. When individuals are not the source of those difficulties changing the individual will not solve any problems hence the 'problems' will keep cropping up.

The researcher feels that this is one of EAPs weaknesses and is a matter that should be investigated. On the other hand, it could be advantageous to external service providers as it means that they will always have clients. But is it ethical? EAPs have different costing models such as capitated, utilisation-based and fee-for-service pricing (Attridge, Amaral, Bjornson, Goplerud, Herlihy, McPherson, Paul, Routledge, Sharar, Stephenson, & Teems, 2010:1). In the fee-for-service pricing the service provider is paid per service delivered. The approach derives from the medical care environment to provide clinicians and facilities with limited financial incentives for the demonstration of improved treatment outcomes (Attridge *et al.*, 2010:3). So when a service provider and the corporate client contract on this pricing model, it may be easy for a service provider to abuse the model to make profit. However it is hoped that EAP professionals and practitioners will remember their professional and ethical conduct relating to the business of their EAP and will thus avoid fraudulent or misleading practices.

## **2.9 BENEFITS OF EAPs**

EAPs benefit employees, unions and the organisation. According to Pillay and Terblanche (2012:229), employees and their dependents benefit from assistance provided by workplace wellness programmes that manage their physical health and emotional wellbeing. Wellness programmes consist of a combination of activities designed to increase awareness, assess risks, educate and promote voluntary behaviour change to improve the health of a group, modify their consumer health



behaviour, enhance their personal well-being and productivity, and prevent illness and injury. Following are some of the benefits of EAPs:

- Reduced absenteeism
- Decreased presenteeism
- Meeting labour legislation requirements
- Improved industrial relations
- Increased employee performance and productivity
- Reduced health care costs.
- A reduction in accidents.

Moreover, an EAP provides a mechanism that reinforces basic management practices and enhances corporate image (Jantjie, 2009:112). Also, measurable cost savings may be evident in measurable variables like reduced absenteeism, improved error judgment, and less late-coming (Bajorek, 2016:5). Moreover, EAPs minimise appeals, grievances, and arbitrations especially when there is an improved relationship between union and management.

From the points given above, it is therefore evident that an introduction of an EAP in an organisation benefits the employee, the organisation and the union.

## **2.10 CONCLUSION**

A discussion conceptualising the concepts of EAP has been covered in this chapter. EAPs grew out of Bill Wilson and Dr Bob Smith's conversation towards having an effective workplace programme which today ensures workplace wellness. However, the programme, like any other programme, has some weaknesses that can be improved with little effort. The following chapter will look at breaking down the concepts of occupational social work as a workplace programme.

## **CHAPTER 3: LITERATURE REVIEW ON OCCUPATIONAL SOCIAL WORK AS A FIELD OF PRACTICE**

### **3.1 INTRODUCTION**

A combination of work and non-work related plights are capable of immobilising people and preventing them from fulfilling their work roles effectively. These plights have made necessary for the introduction of helping professions in the workplace. Occupational social work (OSW), as one of workplace helping professions, plays a huge role in restoring employees to their best productive levels. This chapter seeks to describe the characteristics of occupational social work. It will do so by first defining the concept and providing its international and local historical development. Furthermore, the occupational social work practice model, models of OSW, core competencies, staffing and training in OSW, professional registration, focus of OSW, clinical supervision in OSW and the benefits of OSW will be explained.

### **3.2 DEFINITIONS OF OSW**

Regulation 5(2) of the South African Government Gazette (2010:3) defines occupational social work as “a specialised field of social work practice which addresses the human and social needs of the work community within a developmental approach through a variety of interventions which aim to foster optimal adaptation between individuals and their environment”.

According to Dugmore (2013:23) OSW is a “specialised field of social work profession utilising its values, generic principles, knowledge, skills and methods of intervention, relevant to the practice of social work in the workplace”.

Both definitions highlight OSW as a branch of mainstream social work and provide the scope of OSW in the workplace. Dugmore’s definition emphasises that OSW as a branch of social work utilises the skills, knowledge and methods of mainstream social work. While the South African Government Gazette stresses the use of a developmental approach. This statement therefore means that occupational social workers reflect the developmental approach principles in their service delivery, namely: the rights-based approach, harmonisation of economic and social

development, promotion of democracy and citizen participation, commitment to social development partnerships and welfare pluralism, and bridging the micro-macro divide. The definition also highlights the benefits of utilising OSW in the place of work which is '*healthier individuals and environment*'. Moreover, a vital piece of OSW practice conceptualised in the literature as person-in-environment fit is identified. It recognises that human and social needs have an influence in the workplace.

OSW is therefore developmental services provided by a social worker in the workplace to aid employees in solving their personal and work-related problems that could creep into the workplace environment, while also making the workplace a favourable setting for employees to promote productivity.

### **3.3 HISTORY OF OSW**

Occupational social work as a branch of social work was developed in the United States of America (USA). This section will unpack its historical development in USA and South Africa.

#### **3.3.1 History of OSW in USA**

The history of occupational social work seems to be linked to social, economic and cultural incidents that have taken place in the United States. In Europe, scientific social work has its root in the early 20th century. The granting of permission for production of goods to private entrepreneurs from 1789 contributed to a spectacular increase in technical progress (Cheeran, Joseph & Renjith, 2015:316). For instance, Cheeran *et al.* (2015:316) state that the fundamental role that humans previously played in the production process was completely ignored, thus production goals of the corporation and the human and social needs of employees have existed in an uneasy tension (Googins & Godfrey, 1985:396). That led to the assumption that work concerns and personal concerns are different spheres that could influence each other. Also, human beings were exposed to long daily working hours, while both night work for women and the employment of children in factories were greatly evident. The mentioned factors along with unfair labour practices, and human needs in the workplace eventually led to the introduction of occupational social work.

### **3.3.2 History of OSW in RSA**

American theories and models played a part in influencing South African OSW practice. It started in the mid-1960s when occupational social work was seen evolving in South Africa and became concerned with employees and work organisations (Du Plessis, 1990). A number of factors contributed to the strengthening of OSW including the lack of literature in occupational social work, which led to the introduction of courses and various studies thereby contributing to its introduction in South Africa:

Stutterheim and Weyers (2002:2) provide a historical development on the introduction of social work services in the South African Police Service (SAPS). Initially, SAPS only appointed chaplains, but the social problems of employees intensified and the chaplain's services became insufficient. Consequently, in 1969, the Minister of Police authorised that chaplains be substituted with 'welfare officers'. The then appointed welfare officers were recruited from the ranks of SAPS who had had at least nine to twelve years' experience in SAPS. Those welfare officials were not really professional people but were familiar with the activities, culture and structure of the organisation. However, according to Ackerman (2002) as quoted by Stutterheim and Weyers (2002:2) welfare officers were unable to live up to the tasks expected from them. As a result it was decided that fully trained social workers would be employed. A social work division which gave social workers some status in the organisation was established in 1979. That step helped in creating 29 social work posts at SAPS.

Ozawa (1980) and Googins and Godfrey (1987) developed theoretical models that influenced military social work's initial thoughts about occupational social work (Van Breda, 2012:22). Their models described the history of occupational social work practice along the lines of micro and macro practice. Van Breda (2012:22) further mentions that those models also encouraged occupational social workers to engage in macro practice activities.

The Witwatersrand University introduced a course on OSW in 1990 (Maribe, 2006:15). In 1993, Dlamini carried out a study through the Witwatersrand University, assessing the workplace's suitability for social work students (Du Plessis, 1994:12). The results of the study showed that there were few occupational social workers employed. The study paved a way for the introduction of placements for social work students in some organisations.

The first South African National Defence Force (SANDF) research department for social work was established in 1997 (Van Breda, 2012:20). This initiative set aside a team of social workers having several years of military social work practical experience to offer dedicated attention to developing new knowledge and interventions for the organisation.

In the 1990s Arista Boucher, a military social worker implemented a series of social work supervision courses. The courses were implemented to empower senior social workers who could supervise younger social workers in order to contribute to the development of the quality of social work services in the SANDF.

Kruger and Van Breda have contributed hugely in the growth of OSW in South Africa. The authors assisted SANDF to develop an occupational social work practice model that would help guide social work practitioners as they worked with employees facing occupational challenges (Van Breda & Du Plessis, 2009). The model not only guides practice but also shapes reporting requirements. The model is also a key element in the induction training provided to all new social workers.

Judging from the facts that have been given above, it is evident that the military (SANDF and SAPS) and its social work staff have played a huge role in making South African occupational social work what it is today. As much as OSW was mainly seen in the military sector, it is now broadly practiced in other public and private organisations. It is hoped that the current study will augment the current

knowledge base in the field of occupational social work. The following section will look into the Occupational Social Work Practice Model.

### **3.4 OCCUPATIONAL SOCIAL WORK PRACTICE MODEL (OSWPM)**

Zastrow (2010:375) indicates that questions of territory in the workplace arose due to a number of other professions such as nurses, psychiatrists, counsellors, psychologists and experts in personnel management offering services similar to those of occupational social work. The author therefore recommended that the social work profession develops models of occupational social work that will clarify what it can realistically offer. International and local theorists have listened and reacted to Zastrow's call. For instance, Frank and Streeter have developed a model which is based on the generic social work theory and proposed three dimensions that should set out and shape the role of an occupational social worker (Senoamadi, 2006:29). The model enables the occupational social worker to go beyond micro level and to also focus on the meso and macro levels. To finish, this model takes into account the reality that factors from the immediate environment as well the transactions between the person and the environment have a major influence on the individual's normal functioning. On the other hand, local theorists like Kruger and Van Breda introduced the Occupational Social Work Practice Model (OSWPM). The aim of this section is to unpack Kruger and Van Breda's model.

The South African National Defence Force, through the assistance of Kruger and Van Breda, developed an OSWPM in 1997 (Van Breda, 2012:21). The integrative model was developed in order to direct practice among social workers practising in the military. Even though it was initially developed as a military model, Van Breda and Du Plessis (2009:321) state that it is relevant to and widely used across all occupational social work settings. For instance SAPS is one of the occupational social work settings that has adopted the model (Kruger & Van Breda, 2001; Police Social Work Services Standard Operating Procedure, 2013). This practice model is currently being practiced in South Africa.

This model emphasises binocular vision and four practice positions (Van Breda, 2012:17) as illustrated below with which an occupational social worker can intervene, namely; restorative-, promotive-, work-person- and workplace interventions. These interventions are called positions rather than stages as they enable that social workers to intervene in any position appropriate to the need of the client.



**Figure 1:** Occupational Social Work Practice Model extracted from Van Breda and Du Plessis (2009)

### 3.4.1 Restorative Interventions

The focus of this intervention is on the employee as a person. It therefore focuses on personal problems or non-work problems. This intervention can be applied in the micro, meso or macro levels to deal with problems that employees or their families experience in the personal, non-work dimensions of their lives. This position of intervention is aimed at restoring problem-solving and coping capacities of employees (Du Plessis & Van Breda, 2009:324) and their families (Williams, 2016:137; Van der Westhuizen, 2016:29). While individual therapy is practised, social workers are encouraged to deal with problems at the most macro level possible (Van Breda, 2007:4). It is the researcher's judgment that Van Breda's view is based on the person-in-environment phenomenon. The person-in-environment emphasises that in order to holistically assist the individual, one needs to intervene in the community level and also where the individual interacts and is being affected. Therapy becomes the one form of problem resolution in this position to address problems that are primarily of a personal nature. Van Breda (2012:25) adds that all three traditional methods of social work (case, group and community work) have a place in this position. In this position, the occupational social worker could attend to

marital distress, child abuse, family problems, adjustment difficulties, financial difficulties, and substance abuse, among many others. This position is reactive in nature because it reacts to problems that already exist. It is the researcher's opinion that an occupational social worker must therefore be an expert in counselling, listening, exploration, problem solving, and emotional intelligence skills so as to intervene effectively in this position. A social worker in this position should also have a referral list of agencies for client referral and further management. In essence, this position recognises that personal problems can have an impact on the workplace.

### **3.4.2 Promotive Interventions**

In this position, an occupational social worker provides an educative, preventative and developmental intervention. The emphasis is on enhancing the quality of life, needs fulfilment and prevention (Van Breda (2007:4); Van der Westhuizen (2016:30)). These programmes address the needs which employees or their families experience in the personal, non-work dimension of their lives. According to the Police Social Work Services, Standard Operating Procedure (2018) SAPS social workers render programmes such as Substance dependency; Domestic violence; Personal Financial management; Relationship building (couple and parenting). Van der Westhuizen (2016:30) cautions that although intervention at this position is on a more personal level it can influence the work behaviour of the individual. The author further states that a social worker intervening in this position must possess educator, trainer, enabler, and coordinator skills among many.

### **3.4.3 Work-person Interventions**

The social worker's attention now shifts to the relationship between the employee and organisation by supporting the employee to adjust better to the organisational needs. According to Van Breda (2012:26) the intervention seeks to enable employees and their families to flourish in the workplace and to become resilient to organisational stressors. An example given by Boucher (2009:393) of a sick fish (employee) in a muddy pond (workplace) illustrates this position very well. The author states that social workers who execute the full scope of practice attend not only to the sick fish but will also clean the muddy pond. Social workers would not only remove the fish from a pond (therapeutic services) but will also clean the muddy



pond (unfavourable workplace) before putting the fish back into the pond. The position's interventions endeavour to promote a healthy employee by making the workplace a favourable setting. The researcher is of the view that the occupational social worker in this position can intervene reactively or proactively. For instance Van der Westhuizen (2016:31) states that the problems addressed here can range from, but are not limited to poor management patterns, conflicts between colleagues, poor channels of communication within the organisation, and low worker morale. This therefore requires social workers to focus interventions to group work techniques, problem-solving processes, team building, negotiation, mediation, and experimental exercises. The social worker therefore takes on a role of mediator, facilitator, negotiator etc.

### **3.4.4 Workplace Interventions**

In this position, the focus is on the organisation's relationship to the people (Van Breda, 2007:4), assisting the organisation to fit better with the needs of the workforce (Van Breda & Du Plessis, 2009:326). Kruger and Van Breda (2001) as quoted by Boucher (2009:392) provide that the aim of workplace interventions is to enable a workplace that is conducive where:

- employees are enabled to be productive;
- employees are enabled to experience high levels of work satisfaction;
- employees are enabled to grow and develop personally and professionally;
- there is an absence of discrimination;
- there is equal and fair treatment; and
- support is provided.

From the given facts, it is very clear then that occupational social workers need to know their workplace very well, including its culture, strengths and weaknesses in order to be able to change and develop the organisation. According to Boucher (2009:391) occupational social workers often avoid workplace interventions. The author further states two reasons for such avoidance: occupational social workers being restricted by managers and lack of conceptual and practical tools on the side of occupational social workers. The author therefore prescribes guidelines on how best occupational social workers can device workplace interventions in their workplace. These guidelines are said to be similar to those applied in social work

community work and are divided into four phases that will ensure that people are not just stimulated to identify problematic issues in the workplace but also mobilise themselves to finding solutions to those problems and make commitments for action. The involvement of occupational social workers to workplace interventions will therefore close the gap and address criticism that occupational social workers overly commit to micro practice (Bouwer, 2009:403).

### **3.4.5 Binocular vision**

The binocular vision requires that occupational social workers keep both eyes opened simultaneously to give effect to the social work principle of person-in-environment. In essence, the binocular vision focuses one eye on the employees and the other on the organisation (Van Breda, 2009:298). Binocular vision thus enables one to see a whole situation in greater depth, enhancing the quality and scope of assessment and intervention (Van Breda, 2012:23). From the given facts, it is gathered that a telescopic and microscopic vision be used when an occupational social worker intervenes in those positions. The researcher is therefore of the opinion that the use of the binocular vision will bridge the tension between commitment to the employees' interests and commitment to the employer.

The four positions of the Occupational Social Work Practice Model (OSWPM) and the binocular vision have been discussed and examples of each have also been provided. Du Plessis and Van Breda (2009) proposed that a number of adjustments to the OSWPM be made so that it is more aligned to the developmental approach to social welfare in South Africa. OSWPM may need to add a fifth position focused on broader community outside the organisation thereby giving greater consideration to the ways in which the four current positions contribute to its welfare (Du Plessis & Van Breda, 2009).

The following section will gaze into the models that occupational social workers may use in administering their services.

### **3.5 MODELS OF THE OSW**

Schweiz, Suisse, Svizzera and Svizra (2014:2) define occupational social work as an internal and external specialisation of social work. However the authors do not elaborate more on what internal and external models of OSW entail. Kirst-Ashman (2010:352) and Senoamadi (2006:4) also put forward that occupational social work services can be internal or outsourced from external service providers. Internal occupational social workers are employed on a full-time basis by the organisation. The South African Police Service is one of the organisations employing internal occupational social workers. For instance, Stutterheim and Weyers (2004:3) state that in 1979 a social work section was established in the South African Police, which included the approval of 29 posts for social workers. The authors add that an approval of an extra 203 social work posts in the social work services section was seen in 2002.

Senoamadi (2006:10) connotes that in South Africa, workplace mental health programmes (including occupational social work) have evolved from the previous reality where these services were offered internally to the current reality where these services are sourced from outside the organisation. The author further states that most occupational social workers who previously worked as internal staff are now part of the outsourced services. Kurzman (1992) in Mogorosi (2009:343) also adds that trained social workers or institutions can be called upon to supply necessary services on a contractual basis to the workforce.

The researcher, in her literature study, has not come across literature or empirical data showing blended or hybrid occupational social work services. Whether the OSW model is internal or external, occupational social workers are expected to conduct some core functions.

### **3.6 CORE TECHNOLOGIES OF OSW**

Mogorosi (2009:344) and the South African Council for Social Service Professions, (2017) state that occupational social workers provide support services to the

workforce, workplace and family members, if resources and procedures allow this. These support services include client assessment and intervention; training and development; consultation; and networking (Mogorosi, 2009:344). Marketing and monitoring and evaluation are also appearing in the occupational social work theory (South African Police Service, Standards operating procedure (2018); Unrau, Gabor and Grinnell (2007); Huisamen & Weyers(2014)).

### **3.6.1 Case management**

Occupational social workers conduct client assessment and intervention through social work methods and skills, including short-term and crisis interventions (SACSSP, 2017; Ramanathan, 1992:238). Richard *et al.* (2009:56) state that staff members responsible for workplace programmes have been asked to assist in efforts to reduce costs related to the areas of medical health care, workers' compensation, and disability management from a perspective of problem intervention. Occupational social workers are commonly employed to assess and intervene or refer "high-risk employees" to appropriate mental health, substance abuse, and rehabilitation programmes. Intervention, counselling and therapy with the individuals and families are the services needed in business and industry (Cheeran, Joseph & Renjith, 2015:320). The aim of these interventions is to enable employees to be productive.

### **3.6.2 Consultation**

Consultation with management and stakeholders within the organisation concerning identification and management of needs and trends regarding personal and organisational issues must be done. According to Kurzman and Akabas as quoted by Zastrow (2010:373) social workers may be called in to consult with management in different issues. These issues may include, but are not limited to, collective bargaining demands; human resource policy; analysis legislation; and assist in developing programmes. These requests are based on the social worker's skills and abilities to manage conflict effectively; empathy; analysis and emotional intelligence. Zastrow (2010:374) cautions that while fulfilling a consultation role, social workers should not make the mistake of being branded as being on the side of management as this could lead to loss of trust from other stakeholders, especially the employees.

### **3.6.3 Training and development**

Training and development focuses on job-specific social skills and employee development (SACSSP, 2017). This function of occupational social work can enable employees to experience high levels of work satisfaction, and grow personally and professionally. Furthermore, training and development of supervisors is imperative. The SANDF Directorate of Social Work has realised that supervisors, as people working directly with employees, can function as an important resource pertaining to identification and referral of employees in need of such services (McGlimpsey, 2006). To act on that realisation, the directorate therefore developed a Supervisory Training Course in 2001 as an aid to assist social workers with the training of supervisors in the SANDF. The course is divided into five parts, namely: Introduction to the Supervisory Training; The At-Risk Employee; The troubled workplace; Referral to professional services; and The Military Community Development Committee.

### **3.6.4 Networking**

In order for occupational social workers to be successful in their interventions, they will at times utilise the assistance of other people inside and outside the organisation. Networking in occupational social work is of high importance. Occupational social workers are required to advocate on behalf of their clients, and develop relationships with internal and external stakeholders in order to be able to refer to community-based service providers (SACSSP, 2017).

### **3.6.5 Marketing**

Marketing in this context is the proactive promotion of OSW services to its stakeholders. This core function is a cornerstone of any programme and promotes utilisation of the programme thus contributing to the work organisation's goals and objectives. Among a number of different functions of community social work model, marketing of social work services in the workplace is also highlighted (South African Police Service, Standards operating procedure, 2018). This is usually achieved through distribution of pamphlets on different occupational social work issues, articles, presentations in different meetings and many more.

### **3.6.6 Monitoring and evaluation**

The importance of monitoring and evaluation of a programme cannot be over emphasised. Evaluation in social work is not foreign; it is the integral part of competent social work practice. For instance, Unrau, Gabor and Grinnell (2007:4) state that social workers are accountable to many forces such as clients, funding bodies, tax payers, statutory and professional bodies and also their own professional ethics. In order to be responsive to these forces, there must be an opportunity for continuous feedback which can be attained through needs assessment, process evaluation, outcome evaluation, efficiency evaluation and project approach to quality improvement. Unrau *et al.* (2007:19) confirm that an evaluation should be done from a person-in-environment perspective, as the hallmark of the social work profession. Programme evaluation is a process which can take form through six steps i.e, engagement of stakeholders, programme description, focusing the evaluation design, gathering and analysing evidence, justifying conclusions, and ensuring use and sharing of lessons learned.

One of the roles of this process ensures accountability if the programme is doing what it claims to do, and improvement of a programme. In 2014, Huisamen and Weyers conducted a design and development (D&D) research model and a process study titled '*Do social workers really make a difference?: Measuring client satisfaction in an occupational setting.*' Their study was influenced by the South African Department of Social Development's Integrated Service Delivery Model (2005:47) publication about the importance of client satisfaction surveys as a monitoring and evaluation instrument. The mentioned study by Huisamen and Weyers led to the development of three satisfactory surveys, namely: the Individual Client Satisfaction Scale (ICSS), the Referral Agent Satisfaction Scale (RASS), and the Programme Satisfaction Scale (ProSS).

The author of this paper holds that in order for occupational social workers to be able to implement these core functions, they need a set of techniques and skills. These techniques and skills among others include advocacy on behalf of employees, negotiation with management, persuasion of bureaucratic decision makers, facilitation of programmes, and interpretation of industrial legislation.

### **3.7 STAFFING AND TRAINING**

As it has been described by different definitions; occupational social work is a branch of social work. It is therefore clear that a person would first need to qualify as a social worker if he or she wanted to specialise in occupational social work. It is also clear that staffing of occupational social work consists only of qualified social workers. The final stages of registering OSW as a speciality with the South African Council for Social Services Professionals was around 2007 (Van Breda & Du Plessis, 2009:320). The statutory board has also provided guidelines on how social workers can register for occupational social work specialisation. The guidelines will be discussed next under 'professional registration'.

### **3.8 PROFESSIONAL REGISTRATION**

It is an obligation that occupational social workers register and pay annual fees under SACSSP as a statutory board. Registration here can be two folded- as a social worker or as a specialist in occupational social work. The South African Council for Social Service Professions (2017) stipulates the following requirements for registration and recognition as a specialist in occupational social work:

- Recognised qualification in social work and is registered as a social worker with the Council; and
- Master's degree and at least two years practical experience within the scope of occupational social work services; or
- Post graduate diploma or certificate and three years practical experience within the scope of occupational social work services; or
- Five years appropriate practical experience within the scope of occupational social work services.

It is a matter of choice but highly recommended for occupational social workers to join the South African Occupational Social Workers' Association (SAOSWA) as an association for occupational social workers. The association was launched in 2013 to

promote and protect the interest of occupational social workers and their client system (SAOSWA website).

### **3.9 FOCUS OF OSW**

The social workers' client system consists of the employer, employees, their immediate families and the broader community within which services are rendered (Williams, 2016:133). According to Csiernik (Sa:70) the way social workers view clients and their problems make them unique from other workplace assistance programmes or disciplines. Social work is concerned with the whole person and focuses on the whole wellbeing. It is clear that generic social work intervention seeks to address individual needs through impacting on the individual and the environment with a view to enhancing their ability to achieve their life tasks.

Frank and Streeter introduced a model that is based on generic social work theory and proposed three scopes that should set out and shape the role of an occupational social worker (Senoamadi, 2006:29). This model acknowledges the individual employee as the client whilst taking into account the reality that factors from the immediate environment as well the transactions between the person and the environment have a major influence on the individual's normal functioning. In accordance with this model, social work interventions must focus on either the environment or the person, depending on the source of difficulties. In essence social work stresses the psychosocial nature of the person-in-environment through modifying the environment to enable adaption, and change and to encourage individual growth.

### **3.10 CLINICAL SUPERVISION IN OSW**

Clinical supervision helps improve job satisfaction and retention rates (Moriarty, Baginsky & Manthorpe, 2015:17). Learning from supervised practice is an essential component of the education and training of social workers. Through regular, structured meetings with a supervisor, supervisees learn how to manage a caseload, apply theory and research evidence to practice, perform the key tasks of assessment, planning and intervention, and reflect on their own professional



development. Supervision is also an opportunity to seek and receive emotional support for undertaking what can often be a demanding and stressful role. (Carpenter, Webb, Bostock & Coomber, 2012:1).

Supervision can also help with a number of problems that could face clinical professionals such as burnout (Baldschun, 2010:29), compassion fatigue, counter-transference, vicarious trauma, and litigations (McCarter, 2007).

In 2012 the Department of Social Development (DSD) in collaboration with the South African Council for Social Service Professions (SACSSP) drafted a supervision framework for social work profession in South Africa. The outline of the document aims to provide a framework for effective supervision of social workers, student social workers, social auxiliary workers and learner social auxiliary workers (DSD & SACSSP, 2012:14). The framework makes it clear that a social work supervisor must be a social worker with the required experience and qualifications. The framework also presents the roles of supervisors and supervisees, functions of supervision, methods of supervision, and phases of supervision that may lead to consultation. Consultation is provided by a social work supervisor to social workers on social work matters that are of an advisory nature by request of the social worker.

In essence, clinical supervision, if done successfully, plays different roles in a professional context. It empowers social workers to be able to conduct their tasks; prevents law suits, emotional exhaustion and illnesses. Successful supervision of occupational social workers and active participation by the employee during therapy can bear fruits and thus benefit the employer, employees (and their families) and the community.

### **3.11 BENEFITS OF OSW**

Occupational social workers can play a variety of roles in the workplace such as: organiser, advocate, mediator, teacher, facilitator, negotiator, planner, developer, writer, analyst, manager, implementer, monitor and evaluator. This statement alone shows how hugely occupational social work can benefit employees, the organisation

and community. A number of benefits for utilising occupational social workers in an organisation have been noted by different authors:

- Promotes a healthy social functioning of employees and their families, productivity, efficiency and performance (Van Breda, 2009:284).
- Contributes to the wellbeing of employees and increases productivity (Schweiz *et al.*, 2014, 2014:2).
- Successful occupational social work interventions decrease absenteeism and presenteeism and can therefore save an organisation a lot of money.

It is therefore apparent that occupational social work services do not only benefit the employee but also the organisation, unions and wider community.

### **3.12 CONCLUSION**

Occupational social work is a branch of mainstream social work that strives towards enhancing the wellbeing of employees. In this chapter, the researcher has conceptualised OSW by defining it and sharing information on its historical background, the South African practice model, delivery models and core competencies. The definitions of OSW present the scale of OSW as the place of work and stress the importance of making use of the developmental and person-in-environment approaches in order to have healthy employees. A look into its historical background has revealed that the South African military social workers have contributed hugely in strengthening occupational social work in South Africa. The occupational social work practice model stresses the use of the microscopic and telescopic vision when intervening in the restorative, promotive, work-person and workplace interventions. OSW delivery models can either be internal or external when providing its core competencies, namely: case management, consultation, training and development, marketing, networking and monitoring and evaluation. Furthermore, a discussion on social workers are trained and staffed, how they register professionally and are supervised was covered. Finally, OSW focuses on the whole well-being of an employee and his surroundings to ensure healthier employees who will be productive.

## **CHAPTER 4: THE SIMILARITIES AND DIFFERENCES BETWEEN EMPLOYEE ASSISTANCE PROGRAMME AND OCCUPATIONAL SOCIAL WORK IN THEORY**

### **4.1 INTRODUCTION**

This chapter seeks to illustrate the similarities and differences between EAP and OSW as identified by the theory. The researcher has found EAP and OSW to be more similar than different in theory. However, the differences are also evident.

### **4.2 SIMILARITIES**

The similarities between EAPs and OSW have been noted in the history, definitions, scope of practice, period of service delivery, core technologies, and the benefits to the clientele.

#### **4.2.1 History**

Both these workplace programmes, EAP and OSW have been said to have developed in the United States of America. It cannot be really said that the history of EAPs and OSW match but rather, it is important to highlight that where EAPs are mentioned in history OSW is also there. This is one of the parts where the author of this paper feels OSW and EAP are mostly used synonymously. According to Masi (2011), Occupational Social Work and Occupational Alcoholism are acknowledged and credited as shaping Employee Assistance Programmes (EAPs). Theory emphasises that occupational social work did not play a causative role but was rather one of the professions of choice when OAPs were placed under the umbrella of EAPs. It is further revealed that occupational social work found a place in EAPs and helped it develop into a comprehensive service, including assessment, short term counselling, referral, consultation to supervisors, training and employee education programmes.

Furthermore, these two employee support services were linked to social incidents that took place at some point in time and which haunted the workplace. For instance, long working hours, women on night duty, child labour, unfair labour practices, and human needs in the workplace have led to the introduction of occupational social work (Googins & Godfrey, 1985:396). EAP is intertwined with Alcohol Anonymous

(AA) which is a programme that helps alcoholics manage their addiction. This programme was initiated by Bill Wilson who found it helpful when he was talking to Dr Smith about his alcoholism problem (Richard, Emener & Hutchison 2009:28).

It can therefore be concluded that both programmes were initiated with the concern of an inhumane workplace which could lead to unhappiness and under-productivity of employees and consequently costs to the employing organisation.

#### 4.2.2 Definitions

Employee Assistance Programmes (EAPs) and Occupational Social Work (OSW) have become the most favoured workplace programmes aimed at addressing, among many, employee issues that may affect productivity. Definitions of both programmes highlight the scope of these programmes as the workplace. In addition, the programmes have a similar clientele. These similarities in the definitions of EAP and OSW will be unpacked in the following section.

#### 4.2.3 Scope of practice

This part of the chapter will concentrate on the setting, the problems addressed and the client system of EAPs and OSW. EAP and OSW's location of practice is given as the workplace. Both programmes seek to ensure productivity in employees in order to make profit or promote good service delivery. Moreover, these workplace interventions attend to the same problems such as health, marital, family, child abuse financial difficulties, alcohol, drug, legal, emotional, stress, adjustment difficulties or other personal issues that may affect job performance (Jacobson and Hosford-Lamb (2008); Williams (2016); Van der Westhuizen (2016). However, the way they provide services and intervene might differ here and there. For instance, the variance could be seen on the models they may be using to deliver such services and the therapeutic approach they opted for.

A resemblance between EAP and OSW has also been noted in their clientele system. For instance Jacobson and Hosford-Lamb (2008) provide that EAP professionals must remember that they are working for multiple clients—the employee, the employer, and sometimes the larger society when problems involve threats to public safety. Whereas Van Breda (2012:19) brings to light that

occupational social workers target individuals and families, to include the whole organisation and even surrounding communities and society itself. It is therefore clear that both EAP and OSW operate in the workplace environment to address similar problems by targeting employees and their families, the employer including management, the community and the society.

#### 4.2.4 Period of service delivery

Theory brings to light that EAPs and OSW have been and still are short term employee support services. For instance Zarkin, Bray and Qi (2000:78) state that EAPs do not engage in long term treatment. There are also other reviewers that echo Zarkin *et al.* (2000) by reflecting on the nature of service delivery in EAPs such as EAPA-SA (2015:1); UK EAPA (2015:23); UK EAPA standards framework (2015:17). A number of occupational social work authors such as Ramanathan (1992:238) and Van der Westhuizen (2016:32) also position that OSW is provided on a short-term basis. Wiston and Wiston (2002) state that brief management has flourished in that for many individuals it can and does accomplish as much as a long-term treatment and is therefore a treatment of choice for organisations that are profit driven. However, in instances where long term services may be required by the employee, referral to external service providers becomes the only solution. Services that are offered through referrals out of EAPs and OSW are not paid for by the employer. It therefore becomes imperative in EAPs and OSW to establish working relations through networking with external specialised partners in the field and to negotiate the lowest fees for employees.

#### 4.2.5 Core technologies

The core technologies: case management, training and development, consultation, networking, marketing and monitoring and evaluation have been evident in both EAPs and OSW. Case management that is provided in both EAPs and OSW is brief and concentrates on the employee's personal or work related problems which the Occupational Social Work Practice Model has coined as restorative and work-person interventions. These services consist of risk identification, assessment, motivation, short-term intervention, referral, monitoring, follow-up, reintegration, and aftercare services which Masi (2011) credits OSW for helping EAPs develop. However, the

case management therapeutic component in EAPs is limited to professionals who are registered with their respective statutory bodies. The researcher was also able to point out similarities between the contents of the SAMHS Supervisory Training Course given by McGimpsey (2006:38) and the contents for supervisory training programmes as proposed by the EAPA-SA standards documents. Training and development focuses on employees, management and stakeholders through promoting personal and professional growth in employees so that they can experience work contentment; and empower supervisors, management and stakeholders on how to effectively manage employees experiencing challenges.

EAP practitioners and occupational social workers may be called to consult with management by providing expertise advice on some trends and to provide recommendations with a plan of implementation. This is where much work for the organisation as a client is done. Networking enables EAPs and OSW to build work relationships with, and utilise the help of internal and external people to ensure success in carrying out their duties. Moreover, EAPs and OSW both market their services to their potential clientele to promote utilisation of services. Finally, both EAPs and OSW prioritise the monitoring and evaluation process to ensure improvement of services.

#### 4.2.6 Benefits of EAPs and OSW

EAPs and OSW are not just implemented for the sake of having them but rather have been initiated to deal with the human problems that occur in the workplace community. Both EAPs and OSW have been proven to be successful in their interventions and benefit both the workplace and employees by promoting a healthy social functioning of employees and their families; reducing absenteeism; decreasing presenteeism; reducing accidents and health costs and therefore saving costs; and increasing productivity and performance (Jantjie (2009:112); Bajorek (2016:5); Van Breda (2009:284); Schweiz *et al.* (2014:2)).

### 4.3 DIFFERENCES

EAPs and OSW vary in their focus in the therapeutic approach, models, clinical supervision, training and staffing, and professional registration.

#### 4.3.1 Focus of EAP and OSW

A discrepancy in the therapeutic component of EAP and OSW in theory has been noted. Senoamadi (2006:35) in his master's thesis distinguishes between the focus or therapeutic component of these two workplace programmes. The author states that EAPs assist individual employees to overcome work and non-work difficulties. Whereas OSW, having adopted the generic social work practice values and principles, focuses its interventions on the inter-relationships between the individual and their environment. Senoamadi (2006:22) and Francis (2012:xv) state that EAPs are person-centred and therefore concentrate on bringing change to the individual while neglecting the individual's environment.

On the other hand, OSW is informed by different models that are along the same ideas such as '*The Frank and Streeter Model of Occupational Social Work*' and '*Kruger and Van Breda's Occupational Social Work Practice Model*'. The Frank and Streeter Model of occupational social work provide opportunities for entirety and integration in service delivery by intervening at the primary, secondary and tertiary levels on the one hand and the practitioner intervening at the individual, organisation and community levels on the other hand. The Occupational Social Work Practice Model proposes use of "binocular" vision which focuses one eye on the employees and the other on the organisation when conducting an assessment (Van Breda, 2009:298). Both models realise that problems do not always stem from the individual and interventions therefore need to be holistic.

The therapeutic component of OSW is therefore based on the individual and his environment while EAPs concentrate on the individual only. The researcher is of the view that EAPs nature of being person-centred is a huge weakness as a holistic approach to the helping process is necessary. Donella Meadows in Senoamadi (2006) states that "the world is a complex, interconnected, finite, ecological–social–psychological–economic system". Comprehensiveness in assessments and

interventions therefore becomes necessary because interventions that focus on the individual employee alone only offer partial solutions (Senoamadi, 2006:31). Yet, the researcher wonders if these therapeutic approaches utilised in EAPs and OSW are appropriate for all cultures as employees emanate from different cultural backgrounds. A possibility or need for a typical culturally-based therapeutic model within both fields will therefore be explored in the empirical study.

#### 4.3.2 Models

The most commonly found EAP models are: internal, external and hybrid model. OSW has long been provided on internal basis where the organisation employs an occupational social worker on a full-time basis. However, due to its development it has also become an external service. For instance, it has also been enshrined in its definition that it is an internal and external service. Senoamadi (2006:10) states that most occupational social workers who previously worked as internal staff are now part of the outsourced services. The researcher in her literature study could not come across studies that unpack what is entailed in the internal and external models of OSW. It is therefore the researcher's intention to explore this issue in the empirical study.

#### 4.3.3 Clinical supervision

Clinical supervision is a professionally handled process intended to review clinical work with the aim of enhancing supervisee's skills, confidence and competence. The Department of Social Development (DSD) in collaboration with the South African Council for Social Service Professions' (SACSSP) supervision framework for social work professions in South Africa force social workers to receive clinical supervision or consultation. The EAPA Standards and Professional Guidelines (2010:6) also guide towards clinical consultation of EAP professionals. However, clinical supervision is often not seen in EAPs (Masi, 2005:160; Monama, 2016:78) as compared to occupational social work. The reasons for this statement have not been mentioned and this is an issue to be explored in this current research study.



#### 4.3.4 Training and staffing

The occupational social work definitions highlight that OSW is a branch or specialisation within mainstream social work. This statement therefore implies that a person wishing to be an occupational social worker will first need to qualify as a social worker. Occupational social work is therefore staffed by social work professionals.

In contrast to this, EAPs have been staffed with personnel from various backgrounds including social workers, psychologists, professional counsellors, substance abuse counsellors, and nurses (Masi, [sa]; Jacobson & Hosford-Lamb, 2008). Theory also states that although the EAP workforce comes from a diverse background, social work has always been preferred when staffing EAPs. EAPs are therefore a multidisciplinary field while OSW is only staffed by social workers. OSW is thus a specialisation while EAP is a profession.

#### 4.3.5 Professional registration

Since EAPA-SA is not yet a statutory body, EAP professionals are therefore forced to register twice to EAPA-SA as professionals and to their respective statutory bodies (such as SACSSP, HPCSA, SANC) for a practising licence. Occupational social workers in South Africa can register with a statutory body and a professional body. They are obliged to register with the South African Council for Social Service Professions (SACCSP) as a social worker or as a specialist in occupational social work as a matter of choice but are highly recommended to register with South African Occupational Social Workers' Association (SAOSWA) as a professional board that promotes and protects the interest of occupational social workers and their client system. Both SACCSP and SAOSWA require that its members pay annual fees to be kept as active members.

### **4.4 CONCLUSION**

Employee Assistance Programmes and Occupational Social Work are similar in the history, definitions, scope of practice, period of providing interventions, core technologies, and the benefits towards its clientele. The differences were also noted in their therapeutic component, models, clinical supervision, training and staffing,

and professional registration. Although EAPs and OSW have been found to be more similar than different, these two employee assistance services are not the same. The similarities and differences between EAPs and OSW should be perceived as such for the reason that the literature that informs this chapter was accessed from both international and local sources. Furthermore, some of the scholars who have contributed in the literature are practising-researchers such as Masi in the EAP field and Van Breda and Du Plessis in the Occupational Social Work field, which therefore gives rich knowledge of what is happening in both theory and practice. These two fields of practice must therefore be accepted as two separate entities and should never be used synonymously even though their aim is to create a healthy work environment and productive employees in order to allow for production. It is therefore in the interest of the researcher to see whether the similarities and difference in theory will be the same as in practice. The next chapter, through an empirical study will therefore enlighten the reader on how these two relate in practice and whether the practice of each is still informed by theory or has changed in some way.

## **CHAPTER 5: EMPIRICAL INVESTIGATION INTO A COMPARATIVE STUDY BETWEEN EMPLOYEE ASSISTANCE PROGRAMME AND OCCUPATIONAL SOCIAL WORK IN THE FREE STATE AND GAUTENG REGIONS, SOUTH AFRICA**

### **5.1 INTRODUCTION**

This chapter aims at analysing and interpreting data collected from members of the Employee Assistance Programme Association of South Africa (EAPA-SA) and the South African Occupational Social Work Association (SAOSWA). The collected data has assisted the researcher in analysing the running of employee assistance programmes and occupational social work in the Free State and Gauteng Province and therefore comparing the two in practice.

### **5.2 DESCRIPTION OF EMPIRICAL STUDY**

This part will concentrate on the procedure that was followed to collect data; the target group and the sampling procedure followed.

#### **5.2.1 Procedure**

An email to request permission to conduct the research study was submitted to EAPA-SA and SAOSWA with the assistance of the supervisor. Following the request, the professional bodies granted approval in writing (attached as Annexure B and C). A meeting was therefore held with both EAPA-SA and SAOSWA simultaneously. The aim of the meeting was to unpack the required details and to agree on some ethical aspects for handling of the released data-base of members. Subsequent to the meeting EAPA-SA and SAOSWA informed all their members, through emails, about the current study and the releasing of the members' details but also emphasised voluntary participation. Following that email, the promoter of this study sent another email to all potential participants unpacking the title of the study and its goals. The third communiqué was also through emails from the researcher, inviting participants to voluntary participate in the current study. The email was followed with a phone call to potential participants.

Signed informed consent forms (attached as Annexure D) were sent by the researcher to participating participants and were returned by them before proceeding with data collection. The telephone interviews, guided by the semi-structured schedule (attached as Annexure E), therefore resumed and were conducted at the time recommended by participants. The interviews were recorded on a tape with the permission of the participants. The interviews were conducted in English and resumed in June and concluded in August 2018.

### **5.2.2 Target group**

As indicated in chapter one, the target group consisted of two categories; the members of EAPA-SA and SAOSWA in the Free State and Gauteng regions.

### **5.2.3 Sampling procedure**

A data base of all members of EAPA-SA and SAOSWA was made available to the researcher. The researcher therefore employed a purposive sampling strategy which enabled the researcher to find participants that were considered to be representative of the population. The researcher made use of selection criteria to identify the most suitable persons. The selection criteria for this study were therefore EAP practitioners/professionals and registered occupational social workers. From both categories, a minimum work experience of three years in the fields was required. Furthermore, the participants needed to be proficient in the English language.

## **5.3 INTERPRETATION OF DATA**

A number of themes leading to sub-themes have emerged from the empirical data. The four themes can be given as 'participants' demographic information', 'knowledge of practitioners about their respective fields and future goals', 'awareness of practitioners on the structure and practice of EAP and OSW' , and ' the views of participants about the topic'.

### **5.3.1. Participants' demographic information**

This part focused on the demographic information of all participants who participated in the current research study. The demographics of participants will not be provided

individually as the participants were promised anonymity. The demographics, which concentrated on the gender, age, religion, highest qualification and current job position, will therefore be an inclusive outline for all participants.

#### **5.3.1.1 Gender**

Of the fourteen participants who partook in the study, all were females.

#### Discussion

Since the sample was drawn to represent the population it can be concluded that the majority of personnel practicing in the EAP and occupational social work fields are women. Despite the larger share of women in the work market, pay inequalities still exist (Grybaité, 2006:85). According to Kato and Kodama (2017:4) fresh skills and perspectives of women can improve firm performance. It can be concluded that the high percentage of women in these fields means low salaries in the fields and women are doing a great job in influencing these helping professions positively.

#### **5.3.1.2 Age**

The ages of participants ranged from 31 to 47 years.

#### Discussion

Considering Erik Erikson's 1959 theory of the eight stages of psychosocial development, as provided by McLeod (2008), one would have to contend that the participants fall within two stages that are:

- Intimacy vs. Isolation (18-40 years)

During this period, the major conflict centres on forming intimate, loving relationships with other people and relationships leading towards longer-term commitments with someone other than the family member are explored. Avoiding intimacy, fearing commitment and relationships can lead to isolation, loneliness and sometimes depression. It is the researcher's belief that this stage also applies to practitioners building working relationships with the employees that will last longer. Although services can be short term, a good working relationship will allow the employee to revisit the EAP and the

occupational social worker's office when presenting with challenges in the future. On the other hand, commitment is required on the side of the practitioners in order for the achievement of set goals between the employee and the practitioner.

- **Generativity vs. Stagnation (40 to 65 years)**

Individuals experience a need to create or nurture things that will outlast them, creating positive changes that will benefit other people. They give back to society through raising their children, being productive at work, and becoming involved in community activities and organisations. By failing to achieve these objectives, individuals become stagnant and feel unproductive. Success leads to feelings of usefulness and accomplishment. It is the researcher's opinion that if practitioners in this development stage, create positive changes to employees, then they will have a sense of accomplishment and feel worthy. Moreover, productive EAP staff and occupational social workers should set a good example in their work which could be modelled by employees.

### **5.3.1.3 Religion**

The empirical data has also revealed that all participants affiliate in the Christianity religion. Christianity is based on the principles of serving and helping others.

#### Discussion

Quoting 1 Peter 4:10 "*Each of you should use whatever gift you have received to serve others, as faithful stewards of God's grace in its various forms*". Christians believe in practising the same love, compassion and generosity that God showed them when He gave up his only Son. The social work profession, when tracing its roots, is reported to have evolved from most religious traditions that incorporate ideas of helping (Healy & Link, 2012:55). Agnew (2004:49) also adds that people came together in the spirit of Christ to destroy poverty, wrong and viciousness. The researcher believes that EAP and OSW services are about helping employees and their immediate family members that are in need. It is believed that EAP personnel and occupational social workers, who are Christians, are living according to the principles of Christianity. However, that does not imply that people in these fields are only from the Christian religion.

### **5.3.1.3.1 Qualification**

The professional backgrounds of participants between OSW and EAPs tend to differ. Yet in the field of EAP, different professions were reported to be staffing the field. All participants from SAOSWA alluded that they hold a social work degree. In the case of those affiliated with EAPA-SA, of the seven participants four hold a degree in social work; two come from a psychology background; and the remaining one is from an office management background. Participants (E1; E4; E5 and E7) hold social work degrees; Participants (E2 and E6) hold psychology degrees. One different response also emerged:

Participant E3: "*B Tech in office management*"

#### Discussion

The findings imply that occupational social work is a specialisation in social work that is only staffed with social workers whereas EAPs are a field of practice comprised of multidisciplinary professionals as noted by Boordman (2009:57) and Jacobson and Attridge (2010:3). EAP personnel may or may not be able to provide therapeutic services. Thirdly, this confirms that social work has been the discipline of choice for EAP (Maiden, 2001) as quoted by Jacobson and Hosford-Lamb (2008). The Standards Committee of EAPA-SA (2015:17) makes it clear that EAPs can be staffed with EAP professionals or EAP practitioners. EAP professionals are those who meet minimum requirements to perform EA specialised functions including therapeutic services (EAPA-SA Guide for Professional designation, 2013:5) while EAP practitioners perform specific duties (EAPA-SA Guide for Professional designation, 2013:4).

Therefore, it can be concluded that the way EAPs and OSW are staffed, differs.

### **5.3.2 Knowledge of practitioners about their respective fields and future goals**

This theme concentrated on the work experience of participants, that is, period in the field; what has motivated them to be in the field; employer source; and where they see themselves in five year's time in terms of their careers.

#### **5.3.2.1 Period in the field**

The number of years of experience in the EAP or occupational social work field was one of the criteria for inclusion in the study. The criteria needed participants to at least have a minimum of three years experience in their respective fields. These were some of the responses from the participants:

Participant E5: *"It's been five years"*

Participant O2: *"Gosh, about 22 years"*

### Discussion

The number of practising years of participants in the fields ranged from five years to twenty-two years which is a fair number for the required practical knowledge. Having an array of experiences meant that participants with more field experience had better practical knowledge when compared to those who are new in the field.

#### **5.3.2.2 Motivation to be in the field**

A number of different reasons had motivated participants to join the occupational setting. These motives ranged from the passion for assisting people, opportunities, being initially exposed to the field at undergraduate placements, and to being influenced by some force. This is what participants uttered about what had inspired them:

Participant E5: *"Since I was still young I had this passion of assisting people emotionally, so yes."*

Participant O2: *"I was placed as an undergraduate student in an occupational setting and I really enjoyed it."*

### Discussion

Szots-Kováts (2013:16) states that individuals viewing their work as a "calling" view work as a purpose and believe that they make the world a better place through their work. An individual with a calling orientation tends to be committed to a profession. Commitment and patience is a requirement in both these fields as at times the



practitioners have to work with difficult cases like addictions- which are usually not an easy task to tackle.

Participant E1: *"I was to do it by departmental needs....I didn't like it at all because I didn't know about EAP.....until after attending the EAP training in 2014, I found it interesting"*

In this instance, getting knowledge about what a field does plays a huge role in inspiring people to join the field. That has also been noted by West (2007:139) who states that knowledge is a key facet of skill development.

### **5.3.2.3 Employer status**

Participants were asked if they were employed by an organisation or service provider or self employed. Participants (E1; E2; E3; E5; E6; E7; O3; O4; O5; O6 and O7) all indicated that they are employed by an organisation whereas Participants (E4; O1; and O2) run their own private practices. This is what they stated:

Participant E4: *"I'm a social worker in private practice"*

Participant E1: *"I'm employed by the mining company"*

Participant O4: *"A department"*

Participant O1: *"[mmmh] I'm self employed, I'm a social worker in private practice."*

### **Discussion**

EAPs and occupational social work can be offered externally (Masi (2000:407); Senoamadi (2006:10)); or internally as offered by different workplaces such as the public sector and the mining industry to address workplace problems as observed by the Public Service Commission (2006:2) and Maiden (in Jantjies, 2009:106) who monitored the Chamber of Mines when it offered a wide range of EAP services to the mining industry.

### **5.3.2.4 Resolutions for five year's time to come**

An open ended question was posed to the participants seeking an answer to where they see themselves in five year's time. Although the majority of participants see

themselves in the same fields, a few want a change of field. Participants (E1; E2; E3; E4; E5; E6; O1; O2; O4; O5; O6; and O7) see themselves still in the same fields, growing and furthering their studies. The following statements were given:

Participant O2: *“Advancing my academic career.”*

Participant E1: *“[Mmmmh] I’d love to occupy a higher position in this company...I think that in order for them to understand what is EAP, I need to be involved in the decision making.....I’m planning to have my Masters degree”.*

Participant E7 and O3 do not see themselves still practising in the fields:

Participant E7: *“Probably doing something else that is different to social work or EAP. I’m studying something else so I don’t see myself doing EAP in five year’s time”.*

## Discussion

Twelve out of fourteen participants see EAPs and occupational social work as fields that will still exist in the future and will allow for career development and opportunities.

### **5.3.3 Awareness of practitioners on the structure and practice of EAP and OSW**

This theme consists of five sub-themes, namely; about the field, client system, service delivery, legislation, and theory verses practice.

#### **5.3.3.1 About the fields**

This part will look at how EAPs and OSW were defined by the participants; and what qualifications and requirements one needs to meet in order to practice as an EAP practitioner or occupational social worker.

##### **5.3.3.1.1 Definition of EAP and OSW**

A question ‘**In your understanding, what is EAP or occupational social work?**’ was posed to participants in order to understand how they define the field.

## **EAPA-SA participants**

The participants understand EAP in terms of its scope at the workplace, what it does, its focus, as a proactive and reactive programme; highlighted the importance of confidentiality in EAPs and benefits.

Participant E6: *“it’s a worksite based programme whereby we assist the employees with their problems- personal problems and we include preventative measures....like awareness”*.

Participant E1: *“I believe it’s a confidential psychosocial workplace service”*

Participant E5: *“EAP is intended to assist employees in terms of their performance their workplace, supporting them and their families”*.

### Discussion

The participants defined EAP as helping the employees and their families. Although the majority of the participants identified employees and their families as the primary element of an EAP it does not lessen the importance of the other elements, which are the organisational management and the organisation. The EAPA-SA (2010:3) identifies the following client systems as target groups for comprehensive service delivery, (a) the organisational management and supervisory structures; (b) worker organisations; and (c) employees and their families.

## **SAOSWA participants**

Occupational social work was understood as:

Participant O4: *“It is a type of social work that is focusing on the workplace meaning that it has to focus on the functioning of individuals within the organisation as well as the organisation itself.”*

### Discussion

The statement has highlighted that occupational social work is a specialisation as also noted by Dugmore (2013:23); the location of occupational social work as the occupational setting; the person-in-environment focus of OSW; as well as its

clientele system as the employee and employer. Participants (O6 and O7) also revealed that immediate family members are also their clients.

The understanding of EAP and occupational social work has brought to light that both these fields are similar in that they operate in the occupational setting, targeting the same client system which is the employee (including their immediate family members), employer and community. Moreover, the difference in the focus of the two has been brought to light confirming Senoamadi's (2006:35) assertion that EAPs focus on the individual while OSW focuses on the person-in-environment. EAPs focus only on assisting the employee so that he does not change organisational goals rather than looking also at how the organisation is affecting the employee.

### **5.3.3.1.2 Qualifications**

Another question was posed asking participants '**Which qualifications must people hold as EAP practitioners or occupational social workers?**' The responses from EAP personnel have confirmed the assertion of Bailey and Troxier, (2009:358) that EAPs are a field of practice comprised of multidisciplinary professionals. This is what participant E5 who is a registered counsellor expressed:

*"I think any qualification.....we're having Barotis (reverends), social work and then psychologists".*

Participant E1: *"....medical practitioner or a nurse or someone from HR.....we also have traditional healers, remember we are from different backgrounds"*

Participants (O1 to O7) all agreed that in order for one to become an occupational social worker, one needs to have a social work degree.

Participant O6: *"A social work degree".*

### **Discussion**

This is therefore another distinction between the two fields; how practitioners are trained and staffed. It is clear that EAPs can be staffed with experts trained from different professional backgrounds such as spirituality, medical, psychosocial,

psychology or human resource fields. On the other hand, occupational social work is only staffed with trained social workers.

### 5.3.3.1.3 Requirements

When participants were asked “**Which requirements must one meet to become an EAP practitioner or an occupational social worker?**” this is what they had to say:

Participant E1: *“They must have a basic short course of EAP”.*

Participant E2: *“A degree whether you’ve majored in social science or psychology or social work.....be registered with one of the health councils whether council of the counsellors or HPCSA.”*

Participant O4: *“For me, each and every social worker must first be exposed to generic social work because once you go to occupational social work it feels more like a specialised field basis that you get when you do generic. Otherwise you can easily be swayed.”*

### Discussion

In these responses, the importance of having a qualification coupled with a short-course in EAPs; registering with a statutory and/or professional body has been stressed. The requirements mentioned have also been supported by the Employee Assistance Professionals Association of South Africa (2016) which indicates the requirements as the proof of employment in the field of employee assistance programmes and/or wellness; proof of the successful completion of a short course in EAP (as part of accreditation); proof of registration with a statutory body; and proof of chapter involvement or attendance of at least 2 meetings for registration as a member. SAOSWA members have confirmed what has been gazetted by the South African Council for Social Service Professions (SACSSP) in terms of requirements for registration as an occupational social worker by highlighting the importance of work experience.

### Additional information regarding requirements

Participants (E1 to E7) are the members of EAPA-SA as a professional body and participants (O1 to O7) are affiliated with SAOSWA. Six out of seven EAPA-SA participants are affiliated with their respective statutory bodies and all seven SAOSWA members are registered with the SACSSP as social workers but not yet as occupational social workers:

Participant E4: *“I am registered with SACSSP and EAPA”.*

Participant O2: *“Yes, obviously you have to be registered with the council..... I mean they’re finalising the specialisation process. So it should come into place next year. So currently, you can’t apply because the processes haven’t been formalised yet. It has been gazetted but the processes haven’t been formalised yet.”*

It has also transpired that the participants in the EAP field pay their statutory body fees from their own pocket but their employer usually assists with paying their professional body fees whereas all participants from the OSW pay their professional bodies on their own but statutory fees are paid by the employer excluding participant (O1 and O2). This is what the participants shared in that regard:

Participant O6: *“they are paid by the employer”*

Participant E6: *“I’m paying for myself for the council, the employer has never paid for us and then with the conference, yes”.*

It is therefore apparent that employers are willing to pay for statutory body fees and for their employees to attend the EAPA-SA conferences because through the sessions, their EAPs develop and increase their knowledge. This development to their EAP personnel will lead to their growth. According to the Employee Assistance Programme Association of South Africa (2017) their conference brings specialists from different fields regarding the EAPs and the business industry with updates on cutting-edge EAP trends.

### **5.3.3.2 Client System**

Three aspects were identified as the clients of EAPs and OSW in the Free State and Gauteng regions:

## **The employee**

Participant E7: *“it is employees, all the employees regardless of rank”.*

Participant O3: *“My clients would be the employees.”*

## **Immediate family**

Participant E3: *“My clients are the officials of the department. I only deal with the officials; I don’t deal with the external. The only external I get to deal with is the immediate family of the officials”.*

Participant O5: *“.....and their immediate family.”*

## **Employer**

Participant E6: *“Yes with the employer I’ll say the managers”*

Participant O2: *“So we see the organisation as a client.”*

## **Prospective employees**

Participant E2: *“For example, in this one instance there were interviews in the department....they invite candidates.....Unfortunately they experienced trauma as they were landing at the airport. There was a shooting so I was called and had to come in as an EAP”.*

## Discussion

The responses confirmed Blair’s (1985) statement as quoted by Molefe (2003:21) that EAPs offer an organised and consistent method for helping both supervisors and employees. By providing services to employees or immediate family members, OSW and EAP are indirectly providing services to the larger society where employees come from as given by Jacobson and Hosford-Lamb (2008) and Van Breda (2012:19). When people acquire new skills, their circumstances improve and the acquired skills are shared with others through social interactions. Occupational social workers and employee assistance practitioners attend to the same clientele

system as the theory states, which are the employees, immediate family members, employer and society. The only difference is on the newly identified client system on EAPs which surfaced from the empirical data as '*prospective employees*'.

### **5.3.3.3 About service delivery**

This focus area has resulted in the development of a few themes in both fields (EAP and OSW), *i.e.*; the core technologies, the different problems attended to, modes of referral, the models, therapeutic models adopted, clinical supervision or consultation, time frame of services, the benefits of implementing the programmes and the challenges faced in the practices of both fields.

#### **5.3.3.3.1 Core Technologies**

EAP practice is an approach comprised of core technologies (Beidel & Brennan, 2006:36). The six core technologies as described by the Standards committee of EAPA-SA (2015:1) are case management, training and development, marketing, consultation with work organisation, stakeholder management, and monitoring and evaluation. Mogorosi (2009:344) further identifies client assessment and intervention; training and development; consultation; and networking as supportive services provided by occupational social workers. Huisamen and Weyers (2014) also address monitoring and evaluation in occupational social work. Marketing in occupational social work is highlighted by the South African Police Service, Standards operating procedure (2018) as stated in chapter three of this report.

The following are the comments that were provided by the participants confirming the core practice of EAPs and OSW:

#### **Case Management**

All SAOSWA members who participated in this current study reported to be conducting counselling. Six out of seven EAPA-SA participants are conducting counselling:



Participant E1: *“However in case management we do it through psychosocial services where you’ll be dealing with a client or family of the employee.....we don’t have psychologists and psychiatrists therefore we will have to use other service providers outside the company.”*

Participant E4: *“I do almost everything; I do safety health behavioural risk assessment....”*

Participant O7: *“We focus more on the interventions.....so like restorative when focusing at problem solving and the coping capabilities...and then work-person is the interventions whereby we equip our workforce with social skills within the organisation”.*

### Discussion

Case management in the Free State and Gauteng provinces tends to concentrate mostly on risk identification, assessment, motivation, short-term intervention and referral while neglecting the other parts of case management such as monitoring, follow-up, reintegration, and aftercare services. Occupational social workers follow the Occupational Social Work Practice Model (OSWPM), founded and developed by Kruger and Van Breda that discusses the interventions.

### **Training and development**

Participant O5: *“attending parades....presenting programmes.”*

Participant E1: *“And then training and development, you know we are trying but it’s very difficult. There are a lot of challenges that need to be addressed in the company because it seems that some managers see EAP for other people and not for them. They think they know. They don’t want to attend so we still have a long way to go.”*

### Discussion

There is a lack of attendance and buy-in from managers which could lead to fewer supervisory/management referrals, as the focus of training and development is for effective management of employees who are experiencing challenges.

### **Marketing**

Participant O4: *“We get sessions where we do marketing. We use pamphlets, we use media. Ya (Yes) there is a number of ways that we use.”*

Participant E6: *“Through parades; through personnel meetings; individual consultations; formal and informal discussions.....through the HR department. The HRD section normally has a lot of trainings at the training centre. ....we do have pamphlets and brochures that we place everywhere.”*

Participant E4: *“At the moment I’m using Med pages, the website.”*

### Discussion

Marketing seems to be done in different ways ranging from verbal; non-verbal or telecommunication. Verbal marketing involves presentations and information sharing in meetings while the non-verbal one is achieved through distribution of pamphlets and display of brochures. The most popular marketing strategy that has been used by external EAP professionals is website marketing.

### **Consultation with work organisation**

Participant E5: *“Remember that the employer is also our client. We make sure that from the top to the lower level they must be well conversant with the EAP policies.....because you cannot command people and not knowing EAP.”*

Participant E1: *“Managers...you stand in front of them during a meeting to give them the information, they don’t listen to you, they are busy with their cell phones.”*

Participant O2: *“And the organisation, one would look at helping to promote a holistic, healthy and social appropriate organisation and offering services aligned to that and then promotion.”*

### Discussion

The empirical data has revealed that the management is consulted and advised on different issues such as policies and organisational culture, among many. There seems to be little room allowed to EAP personnel and occupational social workers to provide organisational consultation, as also noted by Bouwer (2009:391).

### **Stakeholder management**

Participant E2: *"We also have an EAP chapter....so there, we meet when we do our events as the province with different stakeholders like your company X, Y,Z. So we actually build relationships with them and we can use them for our departments from time to time."*

Participant E1: *"And stakeholder management, we also get involved in the stakeholders to maintain good relationships with role players from within and outside the company."*

Participant O3: *"meetings, seminars and staff like that."*

### **Discussion**

EAP and OSW practitioners do not work in isolation. They have adopted an internal and external way of networking and managing stakeholders to improve their functionality. The Free State EAPA-SA chapter, as a professional body, seems to also be playing a part in catering for networking in the EAP field. The same role played by EAPA-SA applies to SAOSWA.

### **Monitoring and evaluation**

Participant E6: *"I do supervision, then monitoring and evaluation".*

Participant E3: *"Yes I monitor, evaluation is 5%".*

Participant E4: *"at the moment I'm not evaluating my services, I have not put such a system in place but I know many wellness companies that I work with evaluate my services".*

Participant O2: *"Yes, if I'm doing a project or something then I will build that into the way that I'm running the project. Yes, and then if I*

*have individual counselling then I'll also be getting feedback from them.”*

### Discussion

Richard *et al.* (2009:54) proposed some matters one could look at when doing evaluation: client satisfaction, cost effectiveness, nature of client populations, penetration rates, medical cost saving, management and union satisfactoriness, and productivity gain. The empirical data has pointed out that the most popular area that is evaluated in the Free State and Gauteng regions is 'client satisfaction' thus neglecting the other elements that could also be evaluated. Furthermore, the external providers of EAPs do not conduct evaluation and rely on the EAP service providers with whom they are affiliated to do the process. In occupational social work, as stated in the responses, both preventative and reactive programmes are monitored and evaluated.

It can therefore be concluded that EAP and OSW are similar in their core functions.

#### **5.3.3.3.2 Problems attended**

EAP is defined by the EAP Association of South Africa (2005:6) as a work site-based programme, designed to assist in the identification and resolution of productivity problems associated with employees impaired by personal concerns, but not limited to health, marital, family, financial, alcohol, drug, legal, emotional, stress, or other personal concerns which may adversely affect employee job performance. These problems are not different from those dealt with in the OSW sphere. All participants from EAPA-SA and SAOSWA mentioned problems such as substance abuse, relationships and marital problems, financial problems, suicide prevention, bereavement counselling, parental problems, and supervisor-supervisee conflicts. In addition to that, these are the other problems dealt with:

Participant E1: *“We do have preventative, family preservation hence the company is providing with houses, flats to those who need them.”*

Participant E5: *“Reasonable accommodation- we buy, procure assisting devices....that can assist him so that he can be able to perform his duties.”*

### Discussion

The problems that EAPs and OSW deal with are both personal and work related. In addition, the companies providing EAP have evolved into also providing housing assistance as an attempt to preserve families; and assistive devices to ensure productivity at work.

#### **5.3.3.3 Modes of referral**

All participants referred to formal (supervisory referral) and informal (self, colleague, friend or family) referral as the modes of accessing EAP and OSW services

Participant E2: *“Like your self-referral, like your supervisory referral. A supervisor can refer a client to you....then we do the necessary forms or documentations.”*

Participant O7: *“.....we do it via formal referral or voluntarily when the person decides on his or their own to seek assistance from us.”*

### Discussion

It is clear that employees can access EAP and OSW services on their own; or through someone who cares; or through formal referral. It is also important for practitioners to complete the necessary documentation pertaining to formal referrals like the acknowledgement of formal referral and issuing of progress reports after three months.

#### **5.3.3.3.4 Models**

Bhoodram (2010:76) indicates that the models of EAPs are broadly categorised as either internal/in-house or external with the combination or blended models having elements of each in varying proportion. Schweiz *et al.* (2014:2) postulate that OSW can be internal or external. Participants (E3; E5; E6; and E7) are operating from an in-house EAP model. Participants (E1 and E2) operate from a hybrid model while E4 is an external EAP professional with a contract model. A contract model is when organisations sign off a contract with an independent EAP service provider, to offer

EAP functions while the main contractor may subcontract as vendors rather than using full time salaried staff (Masi, 2000:407). This is what the participant put forth:

Participant E4: *“I’m a social worker in private practice.....I’m also affiliated with many companies that provide EAP services.”*

Participant O2 is an external OSW provider. Participants (O3 to O7) provide internal OSW services. Although participant O1 stated that she is an external social worker, she has introduced a new model in OSW. This is what she stated:

Participant O1: *“you know recently there was a memorial service in a certain company. Although they have an occupational social worker there, they called us as re-enforcement you know?”*

### Discussion

The empirical data has revealed that even OSW can be blended. Although models of EAP and OSW can either be in-house or external or blended, nine out of fourteen participants operate from an in-house model. It can therefore be concluded that the most popular model of EAPs and OSW in the Free State and Gauteng regions is the in-house model. EAPs and OSW provide services in a similar model.

#### **5.3.3.3.5 Therapeutic approach**

Both EAP and OSW provide case management, however, the therapeutic approaches that are being employed tend to differ. Counselling approaches are based on theoretical frameworks and seek to provide a counsellor with a lens from which to view the counselling process and the methods to achieve progress in the client (Health Psychology Consultancy, 2012). The author further states that no one theory can provide for all. Participants (E1; E3 to E7) have all mentioned using a solution-focused model. Solution-focused therapy focuses on assessing the strengths and therefore the motivation of the client (Warley, 2004:8). Participant E2 uses a bit of everything and called it ‘just general’. Participants (O1 to O7) have all indicated that they use systems approach and some other approaches depending on the presenting problems and the individual’s needs.

Participant E1: *“We use solution focused theory and systems theory.”*

Participant O2: *“Ok, so most social workers use ecosystems or systematic approach. But added to that, I would say CBT and Existential.”*

However, social workers in the EAP field also mentioned the system theory in addition to the solution-focused therapy, but that could be the influence of their basic training in social work. When asked if the theories used are suitable for all race or cultural groups and whether there is a need for a typical culturally based therapeutic model within EAP, EAP professionals’ reactions deviated from those of occupational social workers. These were the responses:

Participant E1: *“.....not addressing the need of every cultural group, hence we use both approaches.....it’s highly needed even though I don’t understand this cultural therapeutic model.....if you see someone acknowledges you as an individual and understands your existence then people tend to be more open.”*

Participant O2: *“I think if you’re doing proper eco-systemic work, it includes cultural.”*

### Discussion

Archbishop Desmond Tutu has coined the ‘new South Africa’ as a rainbow nation, which is culturally and ethnically diverse (Scholar Advisor, [Sa]) with a delightful mix of skin tones; religious beliefs and eleven official languages. Views regarding a need for a cultural therapeutic model in EAPs and OSW have differentiated. The EAP professionals argue that there is a need for a cultural therapeutic model in EAPs since they are working with employees from diverse racial and cultural backgrounds. They have also stated that the solution-focused model that currently guides their practice does not really cover the needs of various employees. The call for a more “South Africanised” EAP is therefore necessary as suggested by Du Plessis (2001:112). On the other hand, the participants motivated that the most used model, systems theory, adopted in OSW covers the aspects of race and cultural diversity when implemented properly.

### 5.3.3.3.6 Clinical supervision

Clinical supervision is an act where expert supervisors and less skilled supervisees who are in the same field interact in order to reflect upon their practice. Clinical supervision is one of the requirements in EAPs as reported by Standards and Professional Guidelines of EAPA (2010:6). The following is what the participants put forward pertaining to clinical supervision:

Participant E1: *“No my dear we don’t have....I never had that thing since I came here. I don’t even have a supervisor, I have a direct manager. Those direct managers it’s either a medical practitioner or a nurse or someone from HR.”*

Participant E6: *“I do get supervision from head office....I do give to other ones who are at the centres.”*

### Discussion

The responses split, showing a high number of EAP professionals not receiving clinical supervision as reported by Monama (2015:78) and very few receiving it. The few who are receiving are in those organisations that decide to staff their EAPs with a certain profession and therefore also employ managers or supervisors from the same profession. Participants (O1 to O7) have all reported to be receiving clinical supervision or consultation. This is another field where EAP and OSW differ. There is a lack of clinical supervision in EAPs which is the results of EAPs being a multidisciplinary profession.

### 5.3.3.3.7 Time frame of services

Participants (O1 to O7) said they provide services on a short-term basis. ‘E’ participants tended to differ. The important reason for an EAP is to provide timely, professional help for employees whose personal problems are interfering with their work performance (Jantjie, 2009:109). Clinical services focus on short-term intervention (Standards Committee of EAPA-SA, 2015). The responses of participants relating to the time frame of their services have differentiated:

Participant E4: *“EAP is a short term programme”.*



Participant E7: *“There are short term cases and long term cases. The cases differ.....maximum is eight sessions.”*

Participant E5: *“It’s on long term basis because when you procure assisting devices you have a period, let’s say it will last five years then you have to change it.”*

## Discussion

It appears that the professionals providing services externally are able to stick to the time frame as compared to those who are employed full time. Although other participants who are employed fulltime said that it is a long term programme, the maximum number of sessions that they have provided fell in the scope of EAP. They felt that short term referred to one or two sessions and anything beyond that is regarded as long term. Other participants really meant it when they said ‘long’. EAPs and OSW are meant to be short-term (UK EAPA standards framework (2015:17); Van der Westhuizen (2016:32)); if it is a long term problem then it should be provided outside the EAP scope (Zarkin, Bray & Qi, 2000:78). EAPs and OSW therefore provide short-term services and when long term services may be required by the employee, referral to external service providers becomes the only solution (Wiston & Wiston, 2002).

### **5.3.3.3.8 Benefits of implementing EAPs and OSW**

EAPs and OSW are not just used for the purpose of being used. The implementation of the programmes comes with benefits. These were the benefits as pointed out by different participants:

*“It will help to improve their functioning and the organisation’s functioning as well and the shift between people and the organisation and the shift between the organisation and the community.”*

*“They do benefit because they’ve got someone to talk to at hand.”*

*“They are empowered through those sessions; we also want to enhance their emotional intelligence, increase in work performance and quality of work, decrease in work related charges, decrease on chronic medication defaulters and decrease on the deaths of employees due to chronic illnesses.”*

## Discussion

The responses provided indicate that by implementing EAPs and OSW, all three systems benefit, namely; the employee, the organisation and the community. The participants reported a number of benefits to employees for utilising the programmes. Employees get empowered and gain new sets of coping skills, improved marriages, a support system, enhanced emotional intelligence, and a healthy lifestyle. Moreover, a decrease in deaths that may be due to chronic illnesses is seen. Healthy and happy employees will lead to a healthy community. With a healthy workforce, decrease in work related charges and workplace incidents will be seen encompassed with saving of money; increased productivity and making of profit (Bajorek, 2016:5).

### **5.3.3.3.9 Challenges faced in EAP and OSW practice**

Participants in the fields face service delivery related challenges. This is what the participants operating from an EAP and OSW in-house model articulated:

Participant E1: *“My dear we have lack of human resources as a social worker....I’m alone conducting EAP and I don’t even have a social auxiliary worker or a clerk....The resources also to carry out my duties....The other one which important and very frustrating is interference of managers and other professionals. Everybody thinks that he can be an EAP practitioner or a social worker....they will tell you how to manage the clients, how to write your reports, what should be entailed in those report”.*

Participant O3: *“The organisation itself, it can be quite autocratic. Social work input has been eliminated. The planning itself, managers make decisions and even before they’re implemented you can see they will cause issues.”*

## Discussion

Both in EAP and OSW, practitioners are confronted with setbacks such as shortage of human and work resources to conduct the duties, lack of buy-in and support from management, interference by management and other professions (including looking down upon the professions) and lack of inclusion in decision making pertaining to the programmes. The military and semi-military institutions have also identified the

ranking system as a huge challenge where they are looked down upon by higher ranked officials because of the ranks they occupy. Higher ranked officials tend to look at them according to the rank and not the profession or what they could offer to them.

Participants operating from an EAP and OSW external model also face problems:

Participant O2: *"...often limited resources, often businesses are struggling, one has to work with negotiations with management."*

Participant E4: *"Look, private social work is the business like any other business and therefore there could be challenges with cash flow, challenges with medical aids."*

### Discussion

EAP and OSW practitioners operating from an external model are not better than internal based personnel when it came to challenges. However, their challenges likely differ. The challenges given by external service providers in EAPs and OSW are similar and are more business based. External service providers are running a business and this comes with challenges. These setbacks include irregular cash flow, struggling businesses, limited resources, limited medical aid claims and negotiations. The challenges faced in the spheres of EAP and OSW are therefore well matched.

#### **5.3.3.4 Legislation**

OSW is rooted in the SACSSP Act 110 of 1978. Bhoodram (2010:64) states that there is no EAP-specific legislation that has been formulated to date in the Republic of South Africa (RSA). Nevertheless, legislation has played a significant role in the development of EAPs in South Africa. This is what participants had to say about legislation:

Participant E1: *"Social service professions act; Mine health and safety act; basic conditions of employment act; employment equity act; labour relations act...."*

Participant E2: *“like now, as I told you that we are guided by DPSA framework....so it has four legs...”*

Participant O5: *“The legislations that are guiding our practice is our council, we are also guided by the standing orders and national instructions of SAPS.”*

### Discussion

Both fields make use of similar legislative pieces pertaining to fair labour practices to steer their practices in the right direction, although some of the legislative pieces may be unique to the employing organisation like the internal policies/national instructions.

#### **5.3.3.5 Theory vs. practice**

Participants felt that their current practice is mostly based on what they have learnt in theory during their training but also acknowledge learning on the job. Here is what a participant had to say about that:

Participant E5: *“...yes but I moved beyond that, here you learn new stuff every day.”*

All participants are still keeping abreast with new developments in theory using different measures:

Participant E2: *“I try by attending this EAPA conference because really that’s where you get to hear about the trends that are happening in the EAP and wellness....we’ve got from time to time information sessions that we do with our chapter...”*

Participant O4: *“I attend CPD sessions”*

### Discussion

Dorkin (2009) advises that in order to make a positive contribution to solving current workplace dilemmas, occupational social workers need to keep abreast of workplace developments. In order to keep abreast of new developments in theory, the

professional bodies play a huge role to ensure that their members have access to the latest articles and information in the field; and also organise events or seminars. Moreover, the professionals use the continued professional development route as required by their professional boards. For instance, the South African Council for Social Service Professions mandates that its members acquire at least twenty CDP points per annum.

#### **5.3.4 The views of participants about the research topic.**

All participants who are EAP practitioners and professionals but are not from the social work background comment that EAP and OSW are not the same thing but they could not substantiate their responses. It was interesting to see that social workers in the EAP field and those in the occupational social work field could differentiate between the two. This shows an improvement from what was reported by Van Breda (2009:297) that there is a lack of social workers' understanding to distinguish between OSW and EAP. Participant O2 has summed up the relationship between EAP and OSW very well:

*“So there are similarities in that obviously EAP is in the work setting....so there’s a difference in terms of the client system. The focus of how EAPs are run in philosophy and the theoretical underpinnings of occupational social work....well OSW has, like I have mentioned earlier a microscopic and telescopic lens where EAP has a much narrower focus.....anybody can be an EAP....someone from HR, teacher, a nurse....with occupational social work, it’s a specialisation....only social workers and social workers who have acquired knowledge and skills in working in OSW....Like I said, there’re differences in theory, philosophy in value systems as well in that OSW builds on organisation values as well as individual values whereas EAP focuses more on the individual values and isn’t looking at the organisation as whole.”*

#### Discussion

The similarities that were noted by the participants between EAP and OSW can be listed as:

- the setting of both in the workplace
- short-term services;

The differences are:

- the philosophy and theoretical underpinnings
- the staffing of the programmes
- the focus: individual vs. person-in-environment

#### 5.4 A SUMMARY OF THE SIMILARITIES AND DIFFERENCES BETWEEN EAP AND OSW IN PRACTICE

The similarities and differences between EAP and OSW practices as provided by empirical data are summarised in the following table:

**Table 1: similarities and differences between EAP and OSW in practice**

SIMILARITIES	DIFFERENCES
Client system (employees, immediate family, the employer and society)	Therapeutic models <ul style="list-style-type: none"> <li>• EAP- solution-focused theory</li> <li>• OSW- systems theory (general and ecosystems)</li> </ul>
Setting (workplace)	Focus <ul style="list-style-type: none"> <li>• EAP- the employee (individual)</li> <li>• OSW- the employee and organisation (binocular vision)</li> </ul>
Models (in-house, external and blended/hybrid)	Clinical supervision/consultation <ul style="list-style-type: none"> <li>• EAP (lacking)</li> <li>• OSW (exercised)</li> </ul>
Mode of access (formal and informal)	Statutory and professional registration <ul style="list-style-type: none"> <li>• EAP- different statutory bodies and EAPASA</li> <li>• OSW- SACSSP and SAOSWA</li> </ul>
Core technologies <ul style="list-style-type: none"> <li>• Case management</li> <li>• Training and development</li> <li>• Consultation</li> </ul>	Training and staffing <ul style="list-style-type: none"> <li>• EAP- multidisciplinary fields</li> <li>• OSW- social work</li> </ul>

<ul style="list-style-type: none"> <li>• Marketing</li> <li>• Stakeholder management</li> <li>• Monitoring and evaluation</li> </ul>	
Problems attended <ul style="list-style-type: none"> <li>• Personal problems</li> <li>• Work-related problems</li> </ul>	
Time frame of services (short-term)	
Benefits of implementing the programmes	
The challenges faced	
Legislation	

## 5.5 CONCLUSION

EAPs and OSW are worksite, short-term services provided to employees, their immediate family, and the employer. Their core functions are similar but may differ in how things are done. For instance in case management, an EAP practitioner will focus on the individual while an occupational social worker would concentrate on the person-in-environment. In a nutshell, both programmes benefit employees by improving their situations; and the employer by increasing productivity. They can both be proactive and reactive in services.

However, the programmes also differ in their focus, therapeutic model adopted, statutory registration, and how they are staffed. This study gave an answer to Van Breda's (2009:288) account stating that "although there are theoretical differences between OSW and EAP, it is not clear whether there were substantive differences in actual practice". EAP and OSW are more similar than different both in practice and theory as indicated in chapter four. The two terms should not, at any time, be used synonymously.

Through the empirical study the researcher also discovered new information, which she had not come across in theory in that OSW has grown to be blended/hybrid due to social workers offering external occupational social work services along with in-

house occupational social workers. Also, the EAP's clientele has broadened to include prospective employees.



## **CHAPTER SIX: KEY FINDINGS, CONCLUSIONS AND RECOMMENDATIONS**

### **6.1 INTRODUCTION**

Employee Assistance Programmes and Occupational Social Work have long been confused with each other both in terms of theory and practice. The main purpose of this study was to compare the two in theory and practice. A theoretical comparison was achieved through an in-depth literature study which is chapter four of this report. The researcher utilised telephone interviews to members affiliated with EAPA-SA as EAP personnel and SAOSWA as occupational social workers to enable her to compare the two in practice and the analysis thereof is presented in chapter five.

In this chapter, the focus is on the key findings and the researcher's conclusions according to the objectives, as well as the researcher's recommendations and concluding statement.

### **6.2 RE-STATEMENT OF THE OBJECTIVES**

An immense uncertainty exists when it comes to distinguishing between EAP and OSW. Powell (in Bhoodram, 2010:59) noted that research is lacking to distinguish between EAP and OSW services. The goal of the research was to compare Occupational Social Work and Employee Assistance Programmes, in order to explore differences and similarities between OSW and EAP.

The objectives of the study were:

- to theoretically conceptualise Employee Assistance Programmes and Occupational Social Work;
- to explore and describe the similarities between EAP and OSW in theory and practice; and
- to explore and describe the differences between EAP and OSW in theory and practice.

The first objective was achieved through a literature study which was summarised in Chapter two and three of this report. Chapter four gave an account of the similarities

and differences between EAP and OSW in theory. The following session concentrates on the similarities between EAP and OSW in practice.

### **6.3 KEY FINDINGS AND CONCLUSIONS REGARDING SIMILARITIES BETWEEN EAP AND OSW**

A number of similarities which exist in theory concurred with those that were found in practice. The following are the conclusions of how an EAP relates with OSW:

- **Client system:** The main client of an EAP and OSW is the employer. The aim of the employer is to make profit or improve service delivery therefore having employees with challenges could sabotage the mentioned goal. As a result the employers have realised that in order to thrive in business, they need to provide assistance to their employees. Due to the focal point of systems theory which is about 'wholes' and 'integration' and how all the parts of a system affect and influence one another (Payne, 2015:193-194), the inclusion of immediate family members as part of the client system came about. By assisting the employees and immediate family members, the society they come from also benefits. The programmes' clients are then the employer, employee, immediate family members and society at large.
- **The setting:** Mogorosi (2009:345) calls OSW a form of social work professional practice at the workplace, which uses a workplace programme as a model and EAP is thus regarded as the work organisation's resource (EAPA-SA, 2010:2). EAPs and OSW are therefore programmes operating in the place of work. Successful implementation of these work-site programmes leads to a healthy work environment and improved productivity.
- **Models:** The findings revealed that EAPs and OSW in the Free State and Gauteng region provide services internally, externally or in a blended form depending on what best suits the organisation. However the most popular form of providing services in the regions is the in-house model which is characterised by full time salaried staff members.
- **Referral Types:** The modes of accessing services are either formal or informal in the case of EAP and OSW. Formal referral specifies a referral initiated by the supervisor or management whereas the informal one is self voluntary or when referred by a family member, friend or colleague.

- **Core technologies:** The findings have exposed that EAPs and OSW are both providing case management, training and development, consultation with management, marketing of services, stakeholder management and networking, and monitoring and evaluation.
- **Problems addressed:** The scope of problems that OSW and EAPs attend to are personal and work-related problems. Personal challenges range from substance abuse, relationships and marital problems, family preservation, financial problems, suicide prevention, and bereavement counselling to parental problems. The findings showed fewer interventions when it came to work-related problems. However, supervisor-supervisee conflicts were highlighted.
- **Time frame of services:** The findings have revealed that all occupational social workers provide short-term services as do the majority of EAP practitioners. As few EAP practitioners who operate from an in-house model appeared to be providing long-term services. It also emerged that the professionals providing services externally are able to stick to the time frame as compared to those who are employed full time.
- **Benefits of implementing the programmes:** EAPs and OSW have the same benefits. The responses of participants when it came to the benefits concentrated on gains to employees. Through these programmes, the employees gain new sets of coping skills. Moreover, employees become empowered, emotionally intelligent and boast improved marriages, support systems and healthy lifestyles. Furthermore, a decrease in deaths that may be due to chronic illnesses is seen.
- **The challenges faced:** The challenges faced in the sphere of EAPs and OSW are similar. However, the challenges of internal staff differ from those of external service providers. The internal staff deal with shortages of human and work resources, lack of buy-in and support from management, interference by management and other professions, and lack of inclusion in decision making pertaining to the programmes while external service providers are mostly faced with business related challenges such as struggling businesses, a jagged cash flow, limited resources, limited medical

aid claims and having to deal with negotiations to secure a business opportunity or contract.

- **Legislation:** The adoption of similar legislation has been seen in EAPs and OSW. The need for the development of both programmes as support services for employees has been enshrined in the government legislative pieces and the helping professions have adopted those pieces of legislation to guide their practices. In addition to the government legislation, organisations have also formulated their internal policies such as the wellness policies, national instructions and standing orders to bring more clarity on the implementation and procedures to be followed when accessing the programmes.

EAPs and OSW are therefore similar in setting, their client system, models, mode of referral, core technologies, problems addressed, short-term nature of services, benefits to employees, challenges faced and adopted legislation.

#### **6.4 KEY FINDINGS AND CONCLUSIONS REGARDING DIFFERENCES BETWEEN EAP AND OSW**

A few differences have also been spotted between the practices of OSW and EAPs:

- **Therapeutic models**

The findings have revealed that practitioners in the EAP field mostly use solution focused therapy. However, social workers practising in the EAP also use systems theory in addition to the solution focused therapy. This finding is not alarming as social work as a profession prides itself for establishing systems theory (Zastrow, 2010). Social workers are thus exposed to systems theory during their training. The results also showed that occupational social workers draw on the systems theory and other short term theories such as CBT and Existential. The EAP field is therefore characterised by the use of solution focused therapy while OSW has mainly adopted systems theory.

The majority of practitioners on the EAP field have called for the development of a cultural therapeutic model that will accommodate different cultures and races claiming that South Africa is a country blessed with diverse cultures.

Occupational social workers have argued that the systems theory, when implemented fully, does cover culture.

- **Focus**

In their interventions, EAP and OSW are likely to differ. The focus of EAPs is on the individual. For instance when an employee presents with a work related problem, the EAP practitioner will concentrate on the symptoms and treatment of the employee, often neglecting the factors that could be caused by the organisation. In other words, not intervening with the organisation could lead to the same problems of the employees cropping up repeatedly. On the other hand, OSW focuses on the binocular vision which requires occupational social workers to keep both eyes opened simultaneously to give effect to the social work principle of person-in-environment (Van Breda, 2009:298). The findings revealed that occupational social workers focus one eye on the employees and the other on the organisation in order to see the whole situation in greater depth. The individual focus of EAPs thus differs from the binocular vision of OSW.

- **Training and staffing**

The empirical study has shown that EAP practitioners are trained from different backgrounds and therefore staffed by different professions such as Social Work, Psychology, Theology and Human Resources among many, whereas occupational social work is only staffed with trained social workers. The findings show that although EAPs can be a multidisciplinary profession, social work remains the preferred profession to staff this field. OSW is therefore a specialisation within social work whereas EAPs are a multidisciplinary profession.

- **Clinical supervision**

The findings do not claim that clinical supervision in EAPs and OSW differs but rather states that there is a lack of supervision in EAPs as compared to OSW. The results indicated that the basis of this lack of sufficient supervision is the staffing nature of EAPs from multidisciplinary backgrounds. Participants

maintained that they are supervised by people who come from a field different from theirs and therefore they do not receive any clinical supervision. In OSW, clinical supervision is exercised in the form of individual and group supervision.

- **Statutory and professional registration**

The results demonstrated that EAP practitioners are affiliated with EAPA-SA as a professional body and occupational social workers are members of SAOSWA. Six out of seven EAPA-SA participants are affiliated with their respective statutory bodies (SACSSP and HPCSA) and all seven SAOSWA members are registered with the SACSSP as social workers and not as occupational social workers. The professional bodies play a huge role in creating networking opportunities and ensuring professional development of their members.

## **6.5 CONCLUDING STATEMENT**

The three objectives of the study were achieved. EAP and OSW were theoretically conceptualised in chapter two and three of this report. Moreover, chapter four pointed out the similarities and differences in theory between the two programmes. Furthermore, chapter five positioned the similarities and differences in practice between the two programmes. As the research has demonstrated EAP and OSW is more alike than diverse. However, the two are not the same in terms of theory and practice and the relevant terms can therefore not be used interchangeably or synonymously. This study will therefore add knowledge to the lack of theory on the subject at hand and create opportunities for future research.

## **6.6 RECOMMENDATIONS FOR PRACTICE**

- It is recommended that in-house based EAP practitioners and occupational social workers adhere to the provision of short-term services as both EAPs and OSW services are meant to be short term. If a case requires long term services, it no longer falls in the scope of OSW or EAPs and must therefore be referred to an outside service provider.

- Clinical supervision in EAPs for professionals is a huge requirement as it can benefit professionals in different positive ways. Employers should ensure that the professionals are supervised or receive consultation even if it is contracted from external service providers.

### **6.7 RECOMMENDATIONS FOR THE COUNCIL (SACSSP)**

- It is clear that EAP and OSW are not the same thing and social workers are the preferred professional to staff EAPs. It is recommended that the South African Council for Social Service Professions accommodates social workers who are in the EAP field by registering EAP as one of the specialisations in social work.

### **6.8 RECOMMENDATIONS FOR FURTHER RESEARCH**

- A comparative study between EAPs and OSW in Africa and abroad.
- Exploring a suitable cultural therapeutic model for EAPs.
- Assessing the effectiveness of the EAPs' individual therapeutic focus.

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## Annexure A: Proof of ethical clearance



UNIVERSITEIT VAN PRETORIA  
UNIVERSITY OF PRETORIA  
YUNIBESITHI YA PRETORIA

Faculty of Humanities  
Research Ethics Committee

13 April 2018

Dear Ms Gunya

**Project:** A comparative study between Employee Assistance Programmes and Occupational Social Work in the Free State Province, South Africa  
**Researcher:** T Gunya  
**Supervisor:** Prof LS Terblanche  
**Department:** Social Work and Criminology  
**Reference number:** 17279102 (GW20180308HS) (Group research)

Thank you for the application that was submitted for ethical consideration.

I have pleasure in informing you that the Research Ethics Committee formally **approved** the above study at an *ad hoc* meeting held on 13 April 2018. Data collection may therefore commence.

Please note that this approval is based on the assumption that the research will be carried out along the lines laid out in the proposal. Should your actual research depart significantly from the proposed research, it will be necessary to apply for a new research approval and ethical clearance.

We wish you success with the project.

Sincerely

A handwritten signature in black ink, appearing to read 'Maxi Schoeman'.

PP.

**Prof Maxi Schoeman**  
Deputy Dean: Postgraduate and Research Ethics  
Faculty of Humanities  
UNIVERSITY OF PRETORIA  
e-mail: PGHumanities@up.ac.za

cc: Prof LS Terblanche (Supervisor)  
Prof A Lombard (HoD)

Research Ethics Committee Members: Prof MME Schoeman (Deputy Dean); Prof KL Harris; Dr L Blokland; Dr K Booyens; Dr A-M de Beer; Ms A dos Santos; Dr R Fasselt; Ms KT Govinder; Dr E Johnson; Dr W Kelleher; Mr A Mohamed; Dr C Puttergill; Dr D Reyburn; Dr M Soer; Prof E Taljard; Prof V Thebe; Ms B Tsebe; Ms D Mokalapa

## Annexure B: Permission letter from EAPA-SA

Brooklyn Medpark,  
1148 Jan Shoba Street,  
Brooklyn, Pretoria 0001  
Tel: 012 346 4430  
E-mail: admin@eapasa.co.za  
Website: www.eapasa.co.za  
P.O Box: 11167, Hatfield, Pretoria 0028  
Company reg number: 20100022108



10 November 2017

ENTERPRISES UNIVERSITY OF PRETORIA  
FACULTY OF HUMANITIES  
DEPARTMENT OF SOCIAL WORK AND CRIMINOLOGY  
140 LUNNON ROAD  
HILLCREST, PRETORIA

**Attention:** Prof L.S. Terblanche

**RE: REQUEST FOR PERMISSION TO CONDUCT RESEARCH BY GROUP OF MASTERS STUDENTS IN EAP FIELD.**

1. Your e-mail dated 10 October and previous communication in this regard has reference.
2. The Employee Assistance Professional Association of South Africa (herein referred to as EAPA-SA) acknowledges receipt of your request to perform research study under the envisaged title: **A Comparative Study between Employee Assistance Programme and Occupational Social Work.**
3. Your request has been submitted to EAPA-SA Board of Executives for consideration and this application was successful.
4. You are hereby informed of the decision of the EAPA-SA Board to grant permission to conduct your research study using EAPA-SA members as population for your study, and that the permission has been granted conditional upon submission of the following documents to EAPA-SA before the study commence:

*Ensuring excellence in Employee Assistance Programmes*

Executive Committee: Mr. Tinyiko Godfrey Chabalala, Mr. Kelly Manzini,  
Dr. Pravesh Bhoddram, Ms. Thiloshni Govender & Mr. Tshifhiwa Mamsila.

4.1 A copy of the Ethical clearance approved by the Department Faculty Ethics Committee of the University.

4.2 A copy of the data collection instrument (questionnaire) and informed consent form.

5. Furthermore, you will be required upon completion of the study to submit a copy of the final report to EAPA-SA and also share the results of your findings through presentation during EAPA-SA Annual Conferences and/ or Chapter Seminar or meetings.

6. Please note that EAPA-SA reserves the right to revoke this permission should the study compromise the confidentiality clause as presumed will be stipulated under the Ethics of the research proposal. More-over, EAPA-SA cannot be held accountable for any responses or lack of responses by its members towards the study.

NB: EAP-SA will first inform the EAPA-SA membership about the permission being granted, and that an online survey will follow soon.

EAPA-SA wishes you all of the best during the study and looking forward to the conclusion.

Regards



**Tinyiko Godfrey Chabalala**

**President of EAPA-SA**

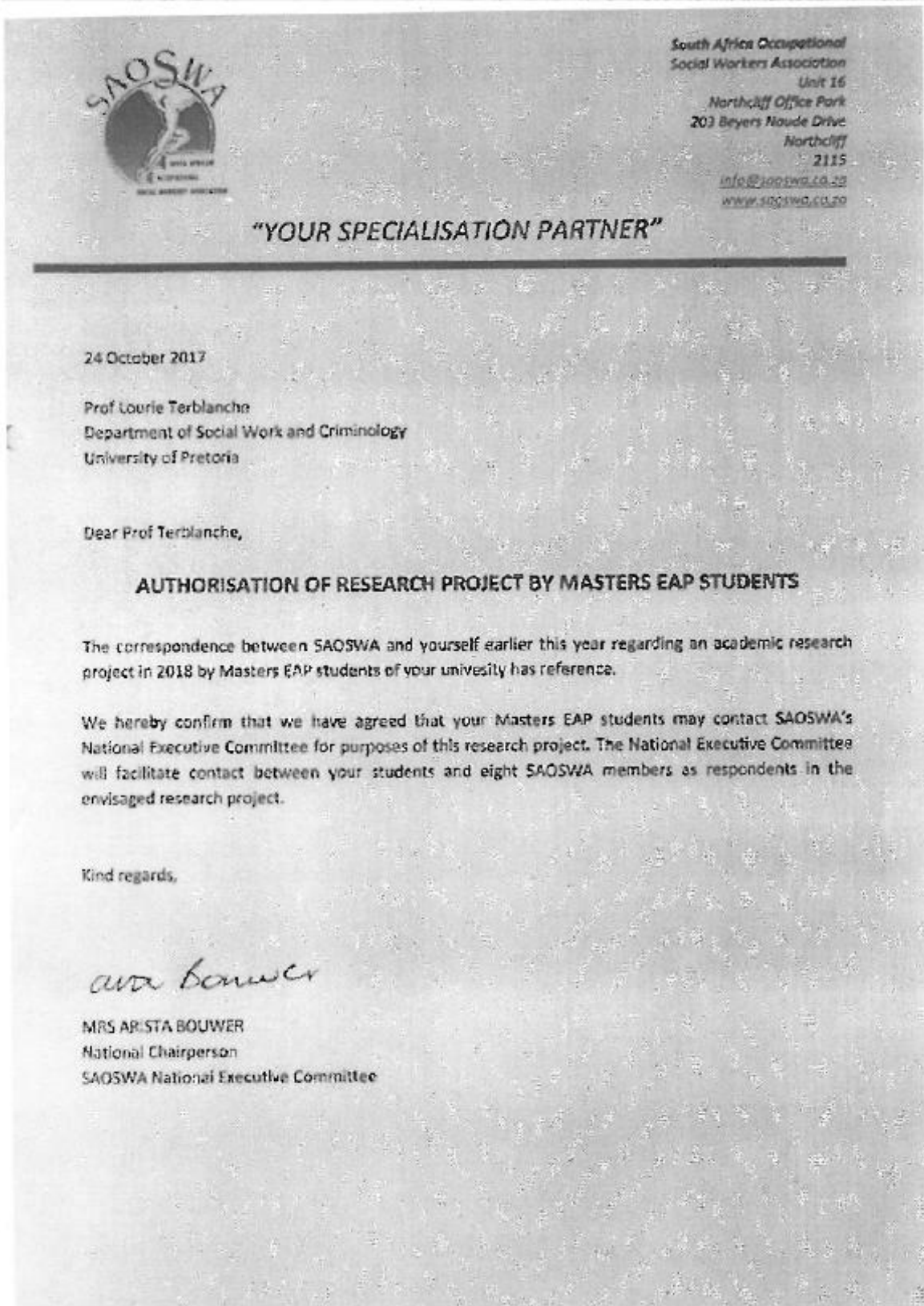
**Date: 10 November 2017**



*Ensuring excellence in Employee Assistance Programmes*

Executive Committee: Mr. Tinyiko Godfrey Chabalala, Mr. Kelly Manzini,  
Dr. Pravesh Bhoodram, Ms. Thiloshni Govender & Mr. Tshifhiwa Mamalla.

## Annexure C: Permission letter from SAOSWA



## Annexure D: Informed consent form



Faculty of Humanities  
Department of Social Work and Criminology

22/02/2018

Our Ref: Prof L S Terblanche  
Tel: (012) 420-3292  
E-mail: [lourie.terblanche@up.ac.za](mailto:lourie.terblanche@up.ac.za)

Principal Investigator: Thula Gunya  
Name: Thula Gunya  
Institution: University of Pretoria  
Address: Private Bag X20  
Hatfield  
0028

### INFORMED CONSENT FORM

Participant's Name: .....  
Date: .....

I wish to give my permission to participate in the research project according to the details provided below:

1. **Title of Study:** A comparative study between Employee Assistance Programmes and Occupational Social Work in the Free State Province, South Africa
2. **Purpose of the Study:** The purpose of this study is to compare Occupational Social Work and Employee Assistance Programmes, in order to determine the similarities and differences between EAPs and OSW in theory and practice.
3. **Procedures:** Respondents will be telephonically interviewed - individually. The interview will take approximately one hour. All data collection will be scheduled according to the convenience of the respondents.
4. **Risks and Discomforts:** There are no known emotional risks or discomforts associated with this project, although fatigue may be experienced and/or stress when participating in the project.
5. **Benefits:** There are no known direct benefits for participating in this study. However, the results of the study may help researchers gain a better understanding of the differences between Occupational Social Work and Employee Assistance Programmes.
6. **Participant's Rights:** Any respondent may withdraw from participating in the study at any time.
7. **Financial Compensation:** There will be no financial compensation offered for participating in the project.
8. **Confidentiality:** In order to record exactly what is said, a digital recorder will be used. The records will be listened to only by the Principal Investigator and authorized members of the research team at the University of Pretoria.

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Room 15, Level 10, Humanities Building  
University of Pretoria, Private Bag X20  
Hatfield 0028, South Africa  
Tel +27 (0)12 420 3292  
Email [lourie.terblanche@up.ac.za](mailto:lourie.terblanche@up.ac.za)  
[www.up.ac.za](http://www.up.ac.za)

Fakulteit Geesteswetenskappe  
Departement Maatskaplike Werk en Kriminologie  
Lefapha la Bomotheo  
Kgoro ya Modiro wa Leago le Boseny



9. The results will be kept confidential and only released if requested by the respondent. The results of this study may however be published in professional journals or presented at professional conferences, but no records and/or identity will be revealed unless required by law.
10. Any questions or concerns can be taken up with Thula Gunya at (078) 946 1341 at any time during the day.

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

I am also aware that all raw data generated through this study will be stored at the University of Pretoria for a period of 15 years for archival and possible future research.

\_\_\_\_\_  
Subject's Signature

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Signature of Investigator

## Annexure E: Data collection instrument



Faculty of Humanities  
Department of Social Work and Criminology

**Principal Investigator:** Thula Gunya  
**Institution:** University of Pretoria  
**Address:** Private Bag X20  
Hatfield  
0028

**A comparative study between Employee Assistance Programmes  
and  
Occupational Social Work in the Free State and Gauteng Regions, South Africa**

FOCUS AREA	QUESTIONS/ CONTENT
1. DEMOGRAPHIC INFORMATION	Gender Age Religion Highest qualification Current position or job title
2. WORK EXPERIENCE	2.1 How long have you been practicing in the field of OSW/EAP? 2.2 What motivated you to be in the field of OSW/EAP? 2.3 Are you employed by an organisation or a service provider? 2.4 Where do you see yourself in five year's time?
3. ABOUT THE PROFESSION OR FIELD	In your understanding, what is OSW/EAP? Which qualifications do you hold as an EAP practitioner/Occupational Social Worker? What requirements must one meet to become an occupational worker/EAP professional? Do you register with any statutory and professional body? Which one? When? How much? Funded by you or employer?
4. CLIENT SYSTEM	Who is your clientele system? How do you market your services to them?
5. ABOUT SERVICE DELIVERY	Which core functions do you carry out? In which modes do your clients access your services? From which model (internal/external/hybrid) do you provide EAP/occupational social work services?

		<p>Which approach/theory (your focus) have you adopted to influence your service delivery?</p> <p>What kind of services/programmes do you render to your clientele?</p> <p>How long (time frame) do you provide services to the client?</p> <p>How do your clients benefit from using your services?</p> <p>Do you evaluate your services? Explain</p> <p>Do you receive clinical supervision/consultation? Explain</p> <p>What challenges do you face in service delivery?</p> <p>Can you think of any possible solutions to your challenges?</p>
6.	LEGISLATION	Which legislation (policies, acts) guide your practice?
7.	THEORY vs PRACTICE	<p>Is your current practice based on what you have learned in theory during your training? Explain</p> <p>Do you keep abreast with new developments in theory? How?</p>
8.	ABOUT THE RESEARCH TOPIC	<p>What do you understand the study to be about?</p> <p>Last question, according to your view, is there a relationship between EAP and OSW? Please Explain</p>

## Annexure F: Data storage form



UNIVERSITEIT VAN PRETORIA  
UNIVERSITY OF PRETORIA  
YUNIBESITHI YA PRETORIA

FACULTY OF HUMANITIES  
RESEARCH ETHICS COMMITTEE

### Declaration for the storage of research data and/or documents

I/ We, the principal researcher(s) \_\_\_\_\_

and supervisor(s) \_\_\_\_\_

of the following study, titled \_\_\_\_\_

\_\_\_\_\_ will be storing all the research data and/or documents referring to the above-mentioned study in the following department: \_\_\_\_\_

We understand that the storage of the mentioned data and/or documents must be maintained for a minimum of 15 years from the commencement of this study.

Start date of study: \_\_\_\_\_

Anticipated end date of study: \_\_\_\_\_

Year until which data will be stored: \_\_\_\_\_

Name of Principal Researcher(s)	Signature	Date

Name of Supervisor(s)	Signature	Date

Name of Head of Department	Signature	Date

