AN IMPACT EVALUATION OF THE CLINICAL SERVICES WITHIN THE EAP OF THE LIMPOPO DEPARTMENT OF ECONOMIC DEVELOPMENT, ENVIRONMENT AND TOURISM

by

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"We are hard pressed on every side, but not crushed; perplexed, but not in despair; persecuted, but not abandoned; struck down, but not destroyed" 2 Corinthians 4:8-9

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ABSTRACT

AN IMPACT EVALUATION OF THE CLINICAL SERVICES WITHIN THE EAP OF THE LIMPOPO DEPARTMENT OF ECONOMIC DEVELOPMENT, ENVIRONMENT AND TOURISM

Student: Christopher Kwena Kanama

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The Department of Public Service and Administration (DPSA) in South Africa issued a directive in the Public Service Regulations (2001), as amended, instructing government departments to establish Employee Assistance Programmes (EAPs). In the Limpopo Department of Economic Development, Environment and Tourism (LEDET) an EAP was first introduced in 2002. The role of the programme was to provide EAP clinical services to the public servants with the aim to promote a healthy workforce that is effective and to reduce ineffectiveness due to work-related stressors. An EAP's main focus is to provide psychological interventions and to provide counselling and trauma debriefing as well as making follow ups on troubled employees. Up to date, the EAP in LEDET was not formally or informally evaluated.

Hence, it was the goal of the study to evaluate the impact of the clinical services within the EAP at the Limpopo Department of Economic Development, Environment and Tourism.

In order to achieve this goal, a quantitative research approach was adopted to evaluate the programme with a questionnaire as data collection instrument. Quantitative data was collected from employees (n=45) who utilised the clinical services offered by the EAP in LEDET during 2012-2014. The results revealed that of the respondents who utilised clinical services rated clinical services as excellent (62.2%), while 35.5% indicated that it was good. Only 2.2% of the respondents rated the services they utilised as average. These results imply that the EAP clinical services exceeded their level of expectations. Respondents based their level of satisfaction on different EAP clinical services they utilised, which included trauma, aftercare and reintegration services within LEDET.

EAP clinical services impacted/contributed positively on the work performance of the service users. EAP clinical services improved/contributed to the overall quality of life for service users; the EAP clinical services improved/contributed to the relationship of service users with their co-workers and management, and the EAP clinical services improved the relationship of service users with their family members, especially in cases where the referral was due to family problems.

The recommendations of this study are offered as a guideline to ensure that EAP in LEDET maintain and strengthen EAP clinical services in line with the EAPA-SA Standard Document. The EAP should be marketed at all times to increase awareness of the programme to all employees. All EAP professionals to keep all appointments, and follow-up sessions to improve the credibility of the programmes to their clients. Managers should be involved in EAP, especially when it comes to referring employees to EAP services. It is also recommended that in order to improve the impact of EAP clinical services is to ensure that all reported cases are attended to and also to evaluate the impact regularly.

Keywords:

- Impact evaluation
- Evaluation
- Clinical services
- Employee Assistance Programme
- Limpopo Department of Economic Development, Environment and Tourism (LEDET)

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CHAPTER 1: GENERAL INTRODUCTION

1.1 INTRODUCTION AND CONTEXTUALISATION

The Department of Public Service and Administration (DPSA) in South Africa issued a directive in the Public Service Regulations (2001), as amended, instructing government departments to establish Employee Health and Wellness programmes (EHW) to mitigate and reduce the impact of absenteeism, ill health and HIV and AIDS on the public service. Furthermore, the programme was intended to provide and sustain services to the population and achieve the transformation goals of government (Public Service Regulation, 2001:24). The EHW programme was aimed at the introduction of health and productivity programmes, Human Immuno Virus (HIV), Acquired Immuno-Deficiency Syndrome (AIDS) and tuberculosis (TB) management, wellness management and Safety Health, Environment, Risk and Quality Management (SHERQ) (Public Service Regulation, 2001:25).

The Employee Assistance Programme (EAP) has been functioning within the South African Public Service for some time with the focus on a variety of employee problems within the workplace. A circular from the office of the Director General, Department of Public Service and Administration, dated 19 June 1997 with reference 3/4/5/14, provided impetus to the establishment of an EAP. The circular communicated an instruction for the establishment of an EAP by all departments by the then Minister for the Public Service and Administration, Dr Zola Skweyiya. The Limpopo Provincial Administration started with the implementation of an EHW programme during 2001 in response to the need of transformation of the public service after the birth of South Africa's democracy in 1994. The main focus was to bring about changes in the well-being and the working environment in the department so that service delivery, employees' health and productivity could be accelerated and improved. In the Limpopo Department of Economic Development, Environment and Tourism (LEDET) an EAP was first introduced in 2002 (Banyini, 2015). The Standards Committee of EAPA-SA (2010:6) defines an EAP as "a workplace programme designed to assist a work organization in addressing productivity issues and employee client in identifying and resolving personal concerns, including health, marital, family, financial, alcohol, drugs, emotional or other personal issues that may affect job performance." According to the researcher, the EAP is a work organisation strategy that assists in the improvement

and handling of, amongst others, clinical services which then enhance the productivity of the workforce.

Government departments and private sector organisations have introduced EAPs to deal specifically with enhancing the well-being and quality of life for all employees in the workplace. Holosko and MacCaughelty (2009:183) indicate that the field of programme evaluation has been considered to be the *bona fide* activity of a variety of disciplines, including social work. Employers are compelled to ensure that their EAPs are the best they can be and programme evaluation plays a critical role in making this determination (Ligon & Yegidis, 2009:167). However, today evaluators can choose from an array of approaches. Ligon and Yegidis (2009:167) define programme evaluation as "a process of determining the relative importance of a social programme." Although programme evaluation employs research methods to reach its goals, it is not only charged with the research purpose of testing hypotheses and developing new knowledge, but also of determining the value of the programme by evaluating its effectiveness or ineffectiveness. Oher (1999:45) and Ginsberg (2000:8) point out that an evaluation of the impact or success of a programme has become crucial ingredients in meeting the demands of funding organisations and substantiating the existence of a particular programme.

According to Rossi, Lipsey and Freeman (2004) (in Fouché, 2011:458) in order to ascertain how well a programme is operating and whether it is useful, evaluation should be undertaken – a process known as evaluation or implementation evaluation. However, outcome or impact evaluation remains the best-known form of evaluation research as this type of evaluation has the greatest potential to threaten the existence of a service, programme or intervention and the careers of the people who participate in them (Fouché, 2011:459). Therefore, in the proposed study impact evaluation will be undertaken in order to determine the impact of the EAP clinical services in the LEDET. Yamati, Santangelo, Maue and Heath (1999:108) indicate that one approach to protecting EAPs is to demonstrate through programme evaluation the need for and the utility of employee assistance services in the workplace. This is true as they further indicate that EAP evaluation information can foster understanding among administrators regarding the value of employee assistance services and can provide justification for supporting the programme.

According to Pillay and Terblanche (2012:230), employees and their dependents benefit from assistance provided by workplace programmes that manage their physical health and emotional well-being. Nonetheless, impact evaluation within the LEDET is crucial as it could inform the programme's clinical services.

The following concepts are pertinent to this study:

Impact – "[impact refers to] what effects [a] programme has on the intended outcomes and whether perhaps, there are important unintended effects" (Fouché, 2011:459).

Evaluation – "the use of research techniques to assess the outcome of social work intervention" (Zastrow, 2003:253).

Impact evaluation – "a direct activity directed at determining the positive or negative, intended or unintended, intermediate or longer outcomes of a programme" (Fouché, 2011:459).

Employee Assistance Programme – "a workplace programme designed to assist a work organisation in addressing productivity issues and employee clients in identifying and resolving personal concerns, including but not limited to health, marital, family, alcohol, drugs, legal, emotional, stress or other personal issues that may affect job performance" (Standards Committee of EAPA-SA, 2010:6).

Clinical Services - In terms of the Standards Committee of EAPA-SA (2010:15-20), the following are regarded as clinical services: Trauma Management, Crisis Intervention, Case Assessment, Referral, Short-term Intervention, Case Monitoring and Evaluation.

1.2 THEORETICAL FRAMEWORK

The theory which was used for the impact evaluation of EAP clinical services within LEDET was the ecosystems perspective. From an ecosystems perspective, knowledge of the diverse systems involved in interactions between people and their environments, inter alia, organisation, institutions or communities are considered (Payne, 2014:184; Hepworth, Rooney, Strom-Gottfried & Larsen, 2006:18). The ecosystems perspective allows for an evaluation of individual wellness in the physical,

social, emotional, occupational, spiritual and well-being domains. Kirst-Ashman (2010:10) concurs with Zastrow (2003:55) that the ecosystems perspective integrates both the treatment and reform by conceptualising and emphasising the dysfunctional transactions between people and their environment. The present thinking on the ecological perspective suggests that the primary premise explaining human problems is derived from the complex interplay of psychological, social, economic, political and physical forces (Pardeck, 2015:134). The ecosystems theory maintains that individuals can only be understood within their social context. To understand the entire workplace, a researcher must not understand only the individual employee but the units of the system in which the employee functions in her or his personal and work life, but also the relationship among the various systems (Satir & Minuchin, 2010:335). Governments engage in a number of innovative strategies that will ensure a healthy workforce that is able to operate and deliver on its mandate. Lack of fit between a person and environment can occur for many reasons, including anticipated life transitions like retirement, as well as chronic environmental stressors, such as poverty (Healy, 2014:122). The ecosystems perspective focuses on psychological and individualistic equilibrium rather than on important environmental or 'green' issues (Payne, 2014:184). Allen-Meares and Lane (cited in Pardeck, 2015:139) neatly summarise the core characteristics of the ecosystems perspective as follows:

- The environment is a complex environmental-behaviour-person whole, consisting of a continuous, interlocking process of relationships, not arbitrary dualism.
- The mutual interdependence among person, behaviour and environment is emphasised.
- System concepts are used to analyse the complex interrelationship with the ecological whole.
- Behaviour is recognised to be site specific.
- Assessment and evaluation should be through the naturalistic, direct observation of the intact, undisturbed, natural organism-environment system.

The ecosystems perspective indicates that everything is connected. So, for example, one could intervene in the system, then, like pushing one ball in a net bag full of balls, all the elements could readjust so that everything looked the same afterwards (Payne, 2014:187). The researcher examined the service users holistically; the questionnaire

captured the biographical data which provided the information about the biological dynamics such as gender, age category, as well as occupational category. The main aim was to understand the biological dynamics of different respondents. By looking at service users holistically, recognising the context of their life situations and interpersonal concerns of family, work, peers, social support networks and historical conditions, the systems perspective supports a competency-based assessment to understand the service users' condition. The study of the impact of EAP clinical services within LEDET was to determine the indicators for programme realignment, including programme monitoring and evaluation and EAP case management. The ecosystems perspective enables the researchers, including EA professionals to understand the biological, psychological, sociological and spiritual conditions as well as dynamics of service users in order to analyse problems and to come up with balanced intervention strategies, with the aim of enhancing the goodness of fit between people and their environment (Friedman & Allen, 2014:3). The researcher focused on clinical services users of EAP within the LEDET. The main aim was to understand and recognise the context of their life situations and interpersonal concerns of family, work, peers, social support networks and historical conditions; the ecosystem perspective supports a competency-based assessment to understand the service users' condition.

1.3 PROBLEM STATEMENT AND RATIONALE

As far as could be determined, no study has been conducted yet to determine the impact of the clinical services within the EAP of the LEDET. Databases such as Sabinet, Sabinet current and completed research, EbscoHost, University of Pretoria (Institutional Repository), ProQuest and South African theses and dissertations were consulted and it was confirmed that the proposed study represents a unique contribution. In this study the researcher undertook an impact evaluation of the mentioned services among all employees who utilised clinical services in order to align them with the developing trends in the employee health and wellness field. There is a lack of awareness concerning the benefits of investing in EAP clinical services as a means of managing and addressing the psychosocial determinants of productivity and health (Harper, 1999:04). The researcher was aware that since the inception of EHWs within the LEDET no impact evaluation study had been undertaken. The study

attempted to provide answers to the impact evaluation of the EAP clinical cases through the evaluation of clinical services users. Through this study, the research investigated whether EAP clinical services had any impact on employees who utilised the services or whether the programme needed realignment. The present investigation attempted to provide answer to programme evaluation by means of a survey among EAP clinical services users. Based on the seminal work of Csiernik (2011), the researcher understood that there is dearth of impact evaluation studies among EAPs in South Africa.

The results of the study could provide direction towards improving EAP clinical services and also to track the weaknesses of EAP clinical services within LEDET. The following **research question** guided the study: "*What is the impact of clinical services within the EAP in the Limpopo Department of Economic Development, Environment and Tourism*?"

1.4 GOAL AND RESEARCH OBJECTIVES

The **goal** of the study was to evaluate the impact of the clinical services within the EAP at the Limpopo Department of Economic Development, Environment and Tourism.

In pursuit of this goal, the specific **research objectives** to be achieved were as follows:

- ❖ To conceptualise and contextualise clinical services of the EAP within the context of LEDET.
- ❖ To describe programme evaluation, and specifically impact evaluation, within the context of an EAP.
- ❖ To determine the impact of the clinical services offered at the LEDET.
- ❖ Based on the outcomes of the impact evaluation, to make recommendations for the rendering of EAP clinical services in the LEDET.

1.5 OVERVIEW OF RESEARCH METHODS

The study was rooted in the positivist research paradigm in order to ensure that objective and value-free measurements are undertaken and to determine precisely the impact of clinical services (Punch, 2005:75; Trochim, 2001:19). Therefore, a

quantitative research approach was used as it aimed to evaluate the impact of the EAP clinical services within LEDET. The study was quantitative in nature, as detailed research planning was needed to produce precise and generalizable findings regarding the impact of the EAP clinical services in the LEDET (Rubin & Babbie, 2010:34). Leedy and Ormrod (2005:94-97) identify the following characteristics of a quantitative approach: It is used to answer questions about relationships among measured variables with the purpose of explaining, predicting and controlling phenomena; quantitative researchers isolate the variables they want to study, control for extraneous variables, and they use a standardised procedure to collect some form of numerical data and use statistical procedures to analyse and draw conclusions from data. Probably the most widely used non-experimental design in social science research is a survey, especially because surveys can be used for all types of studies exploratory, descriptive, explanatory and evaluative (Fouché, Delport & De Vos, 2011:156). As this study evaluated the EAP clinical services within LEDET, through the implementation of a survey, the quantitative research approach was the most appropriate for the study.

The contents of the questionnaire were informed by the EAPA-SA Standards, Policy for EAP services in the Limpopo Department of the Limpopo Department of Economic Development, Environment & Tourism, as well as the theoretical framework. Before data were collected, the instrument was subjected to pilot testing. The researcher exposed four EAP clinical services users from Capricorn district of LEDET to the same procedures that were used for the main study (Strydom, 2011c:240-241). Feedback from these piloted employees assisted the researcher to refine the data collection instrument before the implementation of the main study.

The questionnaire was administered to EAP clinical services users in the four districts of LEDET, which are the Mopani district, Sekhukhune district, Vhembe district, Waterberg district and Head office with the exception of the Capricorn district. Following the data collection method, each respondent received a copy of a survey instrument to complete individually. The EHW managers were available in case any of the respondents required assistance in completing the questionnaire. To avoid bias, no discussion about the topic took place. The respondents were requested to deposit completed copies of questionnaires and signed informed consent forms in separate envelops and put in the boxes of their clinical case managers. The researcher did not

have direct contact with the respondents; EAP professionals who rendered EAP clinical services to the employees used their EAP case registers to identify respondents and administered the questionnaires on behalf of the researcher.

Once the EAP clinical services users had completed their questionnaires, they were collected and the data were organised in order to arrive at the findings, conclusions and recommendation. The data were first coded then captured using the Statistical Packages for Social Sciences (SPSS), Version 24. Mr Mbengeni Netshidzivhe was the statistician from the University of Limpopo who was consulted for the study.

For the purpose of this study, the sample was drawn from 63 EAP clinical services users who utilised the services during 2012-2014. These employees were drawn from four districts of LEDET and Head Office. The researcher used total population sampling. The total number of employees was Vhembe 10, Waterberg 12, Mopani 8, Sekhukhune14 and Head office 19 which brought the total number to 63. The aim was for all employees to participate in the study; however, in terms of the responses received, only 45 employees who utilised clinical services responded. The numbers of the service users per each district were Vhembe 7, Waterberg 10, Mopani 05, Sekhukhune 9, and Head Office 14, which brought the total number to 45 (LEDET EAP Stats, 2012-2014). The response rate to the study was 72.1% in relation to the respondents who completed the questionnaires.

This study received ethical clearance from Research Ethics committee of the Faculty of Humanities at the University of Pretoria and LEDET also granted permission that the study could be conducted. Ethical considerations, such as informed consent, avoidance of harm to the respondents and no deception of respondents were considered in this research.

More details about the research methods follow in Chapter 3.

1.6 LIMITATIONS OF THE STUDY

Some potential respondents were unwilling to participate in the study. Further limitations of the study included the level of literacy among respondents. LEDET consists of semi-literate employees whom mostly are cleaners, including field rangers,

who were hired with Grade 10 to Matric as the highest qualification. This study was quantitative in nature and therefore could not afford respondents an opportunity to express additional inputs related to clinical services through an interview or focus group discussion.

1.7 CONTENT OF RESEARCH REPORT

The remainder of the report is divided into three (3) chapters:

Chapter 2: Literature review of EAP clinical services and programme evaluation

This chapter covers the EAP clinical services as guided by the EAPA-SA standards document, various model of EAP service delivery, as well as the programme evaluation.

Chapter 3: Research methods, research results and interpretation

This chapter reflects the research methods applied in the study, the ethical considerations, limitations of the study, research results and interpretation.

Chapter 4: Conclusions and Recommendations

The last Chapter provides a broad reflection on the extent to which the goal and objectives of the study were achieved. It also outlines the conclusions and recommendations culminating from the study.

CHAPTER 2: LITERATURE REVIEW OF EAP CLINICAL SERVICES AND PROGRAMME EVALUATION

2.1 INTRODUCTION

The purpose of this chapter is to introduce the literature relevant to the research topic 'An impact evaluation of the clinical services within the EAP in the Limpopo Department of Economic Development, Environment & Tourism'. LEDET has a critical role in the realisation of the goals and objectives of the Limpopo Economic Growth and Development Plan. The Department is continuing to implement programmes for creating awareness around the challenges posed by HIV/AIDS, healthy lifestyle habits and Occupational Health and Safety (OHS) at the workplace (LEDET Annual Performance Plan 2013-2014:1). LEDET has introduced measures aimed at promoting the quality of life of its employees through the implementation of EAP services. EAPs are mainly utilised to improve productivity and assist employees in identifying and resolving personal concerns that may affect their work performance. According to (LEDET EAP Stats, 2012-2014) LEDET consists of employees who can be categorised as semi-literate who are mostly field rangers at State Owned Nature Reserve, including cleaners, while most educated and highly educated employees are at management level at district offices and Head Office. EAP services are provided by three Deputy Directors whom all have obtained a master degree and five Assistant Directors whom have obtained Honours degree - each Assistant Director is responsible for a district in the Limpopo Province. All EAP officials have attained the status of EAP professionals in terms of EAPA-SA chapter designations. This chapter specifically focuses on clinical services, as for the period under review, LEDET employees mostly utilised clinical services in the form of short-term (LEDET EAP Stats, 2012-2014).

Impact evaluation of the EAP clinical services is one type of programme evaluation that has not yet been established within the LEDET. The objective of this chapter is to describe, in detail, EAP clinical services as one of the core technologies of EAP which is offered within the LEDET, as well as impact evaluation as a specific type of programme evaluation. The content of this chapter will specifically focus on the following two **research objectives** of the study, namely:

- To conceptualise and contextualise clinical services of the EAP within the context of LEDET.
- To describe programme evaluation, and specifically impact evaluation, within the context of an EAP.

In order to achieve the above, this chapter will focus on the following topics: (1.) The development of the Employee Assistance Programme in South Africa, (2.) Policy and rationale for an EAP within LEDET, (3.) Implementation of EAP clinical services in LEDET, (4.) An overview of clinical services as part of EAP, (5.) Programme evaluation: Monitoring & Evaluation, (6.) Types of EAP Programme Evaluation, (7.) Impact/Outcome evaluation as form of programme evaluation, and (8.) Impact evaluation of clinical services in the EAP.

2.2 THE DEVELOPMENT OF THE EMPLOYEE ASSISTANCE PROGRAMME IN SOUTH AFRICA

The early history of job-based alcoholism programmes can be traced to efforts to eliminate alcohol from the workplace that were prevalent in the early years of the twentieth century, and to subsequent socio-economic factors which mandated a change in long-accepted behaviours and employer policies (Trice & Schonbrunn, 2009:5). The EAP was established in the United States of America (USA) as an occupational alcoholism programme for employees that provided assistance with alcohol-related issues, such as absenteeism, declining performance and the associated impairment of the labour force (Daniels, Teems & Carrol, 2005:37). In the USA, EAPs evolved from Occupational Alcohol Programmes (OAPs) which were developed in the 1940s to assist recovering alcoholics. Ligon and Yegidis (2009:167) are of the view that services offered by EAPs have greatly expanded from the focus on the alcohol problem in the 1950s to providing services for financial programmes, wellness programme and stress management.

While employee assistance in South Africa is a relatively new workplace phenomenon, EAPs are often not utilised to their fullest potential. Over the past several decades, Employee Assistance Programmes (EAPs) have dealt with employee problems that may affect workplace performance (Masi, 2005:157). Masi, (2005:157) further, indicates that it was increasingly difficult to justify treating only alcoholic employees; then consequently, the evaluation of broad-based programmes called EAP began. The

EAP history is closely linked with that of Alcoholics Anonymous (AA) whose main focus is still to encourage people with alcohol problems and recovering from alcoholism to share their experiences, strengths and hopes amongst each other (Dickman & Challenger, 2003:28). The start of structured occupation counselling services within a South African industrial setting was first noted by the Chamber of Mines (COM) in the 1980s. Research conducted by Harper (1999) revealed that by 1996, 42% of South African top 100 companies had implemented EAPs, and it is estimated that now more than 70% of these top 100 firms as well as a growing number of small and medium size enterprises, have implemented EAPs (Terblanche, 2009:208). Masi, (2005:158) further indicates that although a significant number of employers continues to employ internal (in-house) model services, the trend over the past decade in South Africa, as in Europe and America, has been towards deployment of a contract for service (external model). According to Maiden (2003:205), EAPs in South Africa are modelled after programmes in the USA and are introduced to South African work organisations by Social Workers and Psychologists who had studied programmes in the USA.

Since the 1980s, many South African companies have recognised the potential of EAPs to play a role in improving employees' performance by improving their health, mental health and life-management knowledge and skills; others have considered it a form of internal social responsibility. In the evolution of South African EAPs there is still a tendency for organisations to focus the primary function of EAP on the individual (which includes the family and small groups), and to a lesser extent on the organisation. In comparison, EAPs internationally are focused equally on the individual and the organisation as clients. This enables the EAP to contribute to the core of the business (Harper, 1999:17). The introduction of legislation, such as the Public Service Regulation, 2001, Employment Equity (Act No 55 of 1998), Labour Relation Act No 66 of 1995, Department of Public Service and Administration (DPSA) Employee Health & Wellness Strategic Framework for Public Service (2012-2017), and the Promotion of Equality and Prevention of Unfair Discrimination (Act No 4 of 2000), made it necessary for the employer to investigate, diagnose and assist employees with problems, not just relating to substance abuse but also poor performance and incapacity. This to some extent contributed to the increased use of EAPs in the workplace, especially in South African government departments. The increase in legislative requirements ensured that good, humanitarian labour practices were put in

place. EAPs core technologies serves to enhance the quality of and functioning of existing EAPs. According to Standard committee of EAPA-SA, (2015:1-2) the following core technologies are important, *i.e.*: Training and development, Marketing, Case Management, Consultation with work organisations, Stakeholder management; and Monitoring and Evaluation. After focusing on the development of EAPs in USA and South Africa the next discussion will now be on policy stance and rationale for EAP within the LEDET.

2.3 POLICY AND RATIONALE FOR AN EAP WITHIN LEDET

The LEDET acknowledges its responsibility to create an environment conducive to the mental and social health of its employees in order to accelerate service delivery. For this purpose, the Department has introduced measures aimed at promoting the quality of life of its employees through the implementation of an EAP. The policy objectives of the department are as follows (LEDET EAP Policy, 2015:4):

- To ensure guidance consistency regarding the implementation of the EAP within the department;
- To offer counselling and support to all employees who encounter personal, emotional, psychological or behavioural concerns that have detrimental effects on their work attendance and job performance;
- To render initial assessment and referral for proper diagnosis and treatment of the employees who experience a medical condition;
- To provide timeous intervention and support as a methodology that may prevent further deterioration of work performance and to endeavour to return employees to pre-crisis level of production;
- To ensure that personal and work-related problems do not escalate to the extent of voluntary termination of service by an employee; and
- To promote healthy working relationships and improve productivity in the workplace.

The above-mentioned objectives indicate the position of LEDET in terms of its EAP Policy, 2015. LEDET provides EAP core technologies, namely clinical services and non-clinical services to all employees working for the department, including

experiential learners and internship learners who are contract workers within the department. In terms of LEDET, EAP clinical services entail the offering of trauma defusing and trauma debriefing services for employees, their immediate family members and the organisation in case of critical incident. The EAP offers intervention services for employees, family members and the organisation in crisis situations. EA professionals normally conduct an assessment to identify challenges and/or problems with an employee and/or an organisation and develop a plan of action. After the initial assessment referral of clients to an appropriate resource often follows, according to their unique needs. Case monitoring and evaluation is essential to ensure progress. Lastly, the clinical services should guarantee that EAP clients receive aftercare and reintegration services.

LEDET has introduced measures aimed at promoting the quality of life of its employees through the implementation of EAP. These, may include, but are not limited to health problems, (including persons living with HIV and AIDS and persons with disability), emotional problems, (depression, anxiety, stress, grief or loss), financial difficulties, marital dysfunction, legal problems and alcohol and drug dependency (LEDET EAP Policy, 2015:3).

The Limpopo Provincial Government recognised the need to provide a wellness programme for its employees. The requirement for an EAP is contained in the Public Service Regulations (2001:25), which promulgates that there should be commitment to a total wellness programme within all provincial departments. Each provincial department had historically provided its own EAP activities with differing levels of implementation depending on the encouragement of top management. This has resulted in inconsistent approaches to the provision of EAP services to assist employees with problems both inside and outside the workplace. LEDET as a department had its own challenges regarding implementation of programmes for employee assistance, but the situation has much improved since EAP policies were established.

The challenges regarding the implementation of EAPs include travelling for long distances, especially for employees that have been referred to external service providers as most psychologists and treatment centres are based in bigger towns or cities. Lack of timely referrals by immediate supervisors also prevents intervention

from being efficient and effective. Some employees tend to challenge issues of confidentiality of EA professionals as they fear they may disclose information about their issues to colleagues, although there is a provision that any information shared during consultation or counselling shall not be disclosed to anyone (management included) without an employee's consent, except when disclosure is required in terms of the law or court order (LEDET EAP Policy, 2015:6).

The following discussion focuses on the implementation of EAP clinical services within LEDET.

2.4 IMPLEMENTATION OF EAP CLINICAL SERVICES IN LEDET

The introduction of technology and more EAP service providers entering the field brought about significant change. The researcher is of the opinion that it is important to evaluate EAP clinical services in accordance with the standards set by the EAPA-SA to ensure consistency in keeping up with the standards. In LEDET there are Standard Operating Procedures (SOPs) on care and support services which includes EAP clinical services. The SOPs are a set of written instructions that document a routine or repetitive activity that are set to be followed by an organisation. SOPs provide individuals with the information required to perform a job properly and it facilitates consistency in the quality and integrity of a product end-results. The SOPs outline the process of how clinical services programmes should flow from reporting until an employee member receives assistance, support and reintegration in the workplace.

Following the discussion above, the next discussion focuses on an overview of EAP clinical services as part of EAP.

2.5 AN OVERVIEW OF CLINICAL SERVICES AS PART OF EAP

Because the researcher intended to undertake impact evaluation of the EAP clinical services within the EAP at the LEDET, they are the central focus of the research. According to the Standard Committee of EAPA-SA, (2015:15-20), EAP clinical services include Critical Incident Management, Crisis Intervention, Case Assessment, Referrals, Short-term interventions, Case Monitoring and Evaluation, and Aftercare and Reintegration services. Subsequently these services are outlined to provide a

basis for the impact evaluation that was conducted in the empirical component of the present study.

2.5.1 Critical Incident management

Rank and Gentry (2009:283), opine that critical incident stress debriefing is the centrepiece and mainstay of all critical incident interventions. Trauma debriefing is a small group support process designed specifically for application with small, homogeneous (primary) groups who have experienced roughly the same level of exposure to the same traumatic event (Mitchell, 2012:169). Following a traumatic incident, initial trauma debriefing and trauma defusing must be conducted and debriefing should be done within 72 hours of the incident. Initial debriefing should take place as soon as possible after a traumatic incident, preferably before the end of the business day in order to assist affected employees to cope with the traumatic experience and to prevent post-traumatic stress disorder. Initial assessment can be done in either small groups or on a one-on-one basis and it is ideally conducted in a room free of distractions where employees are comfortable. This is to respond to critical incidents in a timely fashion, in line with organisational policy. The LEDET provides critical incident response to its employees in case of robberies, fatal accidents, including shooting, in order to assist employees to cope with the traumatic experience (LEDET EAP Policy, 2015:8). Trauma debriefing is usually done when there is a traumatic incident, such as business robberies or fatal accidents involving employees. In LEDET trauma debriefing is provided by EA professionals who are trained to provide the service.

According to Chabalala (2005: 52), initial trauma debriefing (also referred to as trauma defusing) can be defined as the process of support shortly after traumatic incidents. Trauma debriefing commonly involves helping participants to form a clear picture of the event, discussing the dominant thoughts and feelings they are experiencing, and providing educational input designed to improve their coping (Robinson, 2012:195). Trauma defusing is the intervention done immediately after the traumatic incident to contain the situation and it can be done by the manager in charge during the occurrence of the incident. Group defusing provides immediate assistance to the critical incident survivors within eight hours with the understanding that critical incidents debriefing will follow thereafter. According to the Standard Committee of EAPA-SA (2015:16), timeous defusing and debriefing may lessen or prevent long-term difficulties or dysfunction at both the individual and organisational level. The following discussion will focus on crisis intervention within an EAP

context.

2.5.2 Crisis intervention

Crisis intervention is a critical intervention technique for a large group, agency, organisation or company of 300 of more and may be utilised with civilians immediately following the critical incident. The aim of rendering crisis intervention as outlined in Standard Committee of EAPA-SA (2015:16) is to contain and normalise a crisis situation, to influence organisational policies and protocols relating to crisis management and lastly, to ensure that EAP clients or service users have access to crisis intervention and other appropriate professional services. According to James and Gilliland (2013:3), crises have probably been in existence ever since Eve ate the apple in the Garden of Eden. Formal crisis theory, research and intervention comprise one of the newest fields in psychotherapy. “Crisis is defined as a state of disorganisation in which people face frustration of important life goals or profound disruption of their life cycles and the methods of coping with stressors” (Brammer in James & Gilliland, 2013:7), while Everly, Latins and Mitchell, (2005:223) define “[c]risis intervention as immediate, short-term and applied through rapid assessment protocols, reinforcing coping methods, psychological adaptation, solution focused on timely crisis resolution.” LEDET offers crisis intervention services to its employees and their immediate family members and the organisation in a crisis situation. The goal is to respond to all emergencies and urgent situations in a timely fashion consistent with organisational policies. The objectives are to ensure LEDET employees have access to crisis intervention and other appropriate professional services 24 hours a day, whether or not these form part of the EAP services (LEDET EAP Policy, 2015:04).

The goals of crisis intervention are as follows:

- To stabilise functioning through meeting basic needs, then addressing the most basic psychological needs;
- Mitigate psychological dysfunction/distress; and
- Return the victims to their acute adaptive psychological functioning (Everly, Latins & Mitchell, 2005:223).

In the above, crisis intervention and its goals were discussed, and the next subject of discussion will be case assessment in the EAP context.

2.5.3 Case assessment

The EAP case assessment relates to all of the valuable and relevant information obtained in a structured and researched manner telephonically during an intake call and during first face-to-face sessions to form the treatment plan (King, 2014:15). EA professionals within LEDET conduct an initial assessment to identify employees and their family members or organisational problems in order to come up with a plan of action. The goal is to identify and analyse the problem and develop an appropriate intervention plan (Standards Committee of EAPA-SA, 2015:17). Assessment involves collecting information in order to identify, analyse, evaluate and address the problems, planning interventions, evaluating or diagnosing clients, as well as informing clients and their stakeholders of an appropriate intervention plan. In LEDET, managers and supervisors are allowed to refer their subordinates to EA professionals for further case management. The EA professionals should always maintain the highest level of confidentiality when reporting progress to managers and supervisors (LEDET EAP Policy, 2015:06).

Assessment criteria should include (Standards Committee of EAPA-SA, 2015:17):

- The client's statement of the problem
- The precipitating events
- Past history of the problem
- Client's state of mental health
- Relevant family history
- Levels of risk to self and others
- Effect on job performance
- Corroborating data
- Initial Impression
- Available support systems, and
- Recommendations.

Having discussed case assessment, the next sub-topic of discussion will be referrals in an EAP context.

2.5.4 Referral

According to Watson and Winegar, (2014:8) the term *referral* is the resource recommended by the EAP to the individual for resolution of the identified problem after conclusion of the EAP discussion. According to the researcher, EAP referral is the process whereby an individual access both clinical and non-clinical EAP services. The goal of referral in EAP is to match individuals who have an identified problem with a cost-effective and appropriate level of care (Standards Committee of EAPA-SA, 2015:17-18). There are four different types of referrals for assistance and support:

- **Manager/Supervisor referrals**

  This type of referral is initiated by the immediate supervisor of the employee after he or she has identified deterioration in the employee's performance. The purpose of the manager's involvement is to encourage the employee to seek appropriate professional support. Usually after EAP has presented supervisory training within LEDET, there is increase in the number of referrals by supervisors and managers. They will complete EAP referral forms and the employee will sign the form to indicate that he or she is in agreement with the referral by the manager (LEDET EAP Policy, 2015:08).

- **Self-referral**

  Self-referral is the process whereby an individual enters the EAP independently by directly approaching the EA professional through any one of the available routes (McConnell, 2014:283). This form of referral occurs when an employee seeks help voluntarily without been coerced. During self-referral, an employee contacts the EA professional directly and the employee will duly inform his or her immediate supervisors so that they create time for the employee to make use of services and also to provide support. Based on the assessment the following can be done; they can

  - Give the necessary support to the employee
  - Refer the employee when necessary, and
  - Monitor progress and follow up services.

Most employees who attend EAP services based on their own initiative respond better to the programme than those who are referred because they take responsibility for their health and personal problems.

- **Referral by colleague/s, friends and family members**

  According McConnell (2014:283), employees who live outside of the workplace are not the concern of the employer but their performance is of concern. The rationale of proactive referral is to ensure timeous intervention and referral to the EA professional before severe work impact is noted. This type of referral is initiated by concerned colleagues, family members or friends who are in most cases the first to notice strange behaviours or problems. They are regarding it as their own responsibility to motivate the employee to get help and they are also willing to provide support in case the employee is hesitant to join the programme. In LEDET there are cases in which troubled employees were referred by their colleagues who were concerned about their well-being.

- **Mandatory referrals/Formal referrals**

  This type of referrals is as a result of a serious impairment in the troubled employee’s job performance. Some of the cases in LEDET involve those in which troubled employees are using substances and they are no longer in control of their problematic behaviour, or there are problems with chronic absenteeism. Most of the clients will be referred to external service providers, for example treatment centres which are registered with the Department of Social Development. The main aim of the referral is to ensure that clients gain access to appropriate resources and support (Standards Committee of EAPA-SA,2015:17).

In LEDET, EA professionals have to compile a psychosocial report in which detailed information about the troubled employee is provided and also have to explain to the employee who will be responsible for the finances; in case the employee defaults when taken for the treatment of substance abuse, the costs will be the responsibility of the

employee and not the employer. The EA professional will, after the external service provider has provided the service, render aftercare services.

2.5.5 Short-term interventions

EA professionals provide short-term intervention services which are cost effective and appropriate. Short-term intervention refers to the services in which EA professionals provide assistance to troubled employees with a limited number of sessions without referring them to external service providers. According to LEDET, the short-term intervention services should be provided to its employees within a reasonable timeframe (LEDET EAP Policy, 2015:8). In LEDET issues such as misunderstanding amongst employees, bereavement and work-related stress are handled internally by the EA professionals. They should ensure that short-term intervention will consist of a pre-determined maximum number of sessions and develop a protocol for distinguishing between those cases appropriate for short-term intervention and those appropriate for referral to long-term intervention (Standards Committee EAPA-SA, 2015:18). Case management is one of the core technologies of the EAP and resulting activities should be planned and executed as such. If short term-intervention is not indicated, referral to an outside resource for long-term intervention should be considered. The intervention plan could include the identification and ranking of the problems, the establishment of immediate and long-term goals and the designation of resources to be used, including those contained within EAP.

The LEDET EAP policy advocates for short-term interventions which are relevant to the employee's need. The next point of discussion will be on case monitoring and evaluation.

2.5.6 Case monitoring and evaluation

According to Standards Committee of EAPA-SA (2015:19), the therapeutic process needs to be monitored to ensure progress. Likewise, the LEDET EAP Policy (2015:11) indicates that all therapeutic processes need to be monitored to ensure the progress of the client in terms of the intervention provided by EA professionals. The goal is to ensure quality and cost-effective treatment from resources. The objective is to maintain regular contact with the client and service provider during the intervention period to ensure that the goals and objectives of the intervention plan are met to enable

the EA professional to give appropriate feedback to the referring supervisor about the client’s progress (Standards Committee of EAPA-SA, 2015:19). The EA professional is in a unique position to monitor the client’s progress, either telephonically, or to visit the employee at his or her worksite. The EA professional will also evaluate the progress of referrals and ensure quality and cost-effective treatment. In case the employee has been referred to external services providers, they are expected to stay in contact with the local EA professional who expects reports from the external service provider regarding the client’s progress. The Standards Committee of EAPA-SA (2015:19) indicates that good case monitoring and evaluation will help improve the image and credibility of EAP among potential clients and management. The EA professional will report to the referring supervisor immediately after assessment and referral, and again when the intervention is complete. All monitoring activities are documented in the client’s record for verification and evaluation.

The next clinical service standard which to be discussed is aftercare and reintegration services.

2.5.7 Aftercare and reintegration services

The EA professional should ensure that EAP clients make use of aftercare and reintegration services. The goal is to ensure the reintegration and continued well-being of referred employees after the intervention (Standards Committee of EAPA-SA, 2015:20). The objective is to monitor the intervention outcomes after the re-entry of an employee who has undergone treatment. LEDET EA professionals should assist the employee in reintegrating and readjusting in the workplace following an intervention (LEDET EAP Policy, 2015:08). The reintegration of employees within LEDET is done to ensure that the rendered intervention yields the expected outcome of making the employee to adjust well enough to perform his or her normal duties.

The guideline of aftercare and reintegration services in the EAP context are outlined as follows by the Standards Committee of EAPA-SA (2015:20):

- ❖ An EA professional should, at regular intervals, routinely contact the supervisor regarding referrals as outlined by the policy to enquire about the employee’s job performance.

- ❖ An EA professional should routinely contact every client within a set period of time following intervention to close the case if appropriate, and
- ❖ Where necessary the EA professional must make recommendations to supervisors regarding job adjustments in line with the organisation's HRM (Human Resources Management) policy.

In LEDET aftercare and reintegration services are rendered by the EA professionals who also ensure that rendered intervention brings about improvements in the lives of the clients (LEDET EAP Policy, 2015:08).

The next issue to be discussed will focus on programme evaluation.

2.6 PROGRAMME EVALUATION: MONITORING AND EVALUATION

The effectiveness of the EAP should be continually monitored and evaluated. Monitoring and evaluation form one of the core technologies of the EAP and resulting activities should be planned and executed accordingly (Standards Committee of EAPA-SA, 2010:26). Monitoring and evaluation allow the organisation to judge the progress and usefulness, and to identify the need for programme modification. The Standards Committee of EAPA-SA (2015:26) indicates the following criteria for monitoring EAP programmes:

- ❖ A written monitoring and evaluation strategy directly related to the goal and objectives of the programme should be included in the programme design and operational manual.
- ❖ A baseline study is to be carried out in the initial stage of EAP implementation, reflecting on both qualitative and quantitative data.
- ❖ Regular monitoring and evaluation must be conducted to determine whether goals and objectives are being met.
- ❖ Results of process, outcome and impact of the EAP should be obtained and analysed to inform the programme development.

The researcher realised that in terms of the Standard Committee of EAPA-SA which specifies regular monitoring and evaluation, the LEDET as a department does not

meet the required standard. Although policies have been developed and are in place, outcome or impact evaluation of the programme has never been conducted since the inception of the programme. Baseline studies which in terms of EAPA standard were supposed to be carried out at the inception of the programme implementation, were also never completed (Standard Committee of EAPA-SA, 2015:26). Different types of data should be collected for programme evaluation, such as design effectiveness, implementation, management and administration, union representative involvement, completeness of the programme, direct services and networking (Standard Committee of EAPA-SA, 2015:27).

Ligon and Yegidis (2009:167) list the following reasons for evaluating EAPs:

2.6.1 Vindication

Vindication of a programme means proving that it is valuable. Justifying a programme's existence is essential to ensure its continuity. Evaluation is conducted to find out the extent to which the programme is achieving its goals. It is increasingly important to obtain data which demonstrate that the EAP is worthwhile.

2.6.2 Marketing

As EAPs continue to broaden their services, it is important to be able to market the need for expansion in a persuasive and convincing manner. As EAPs continue to broaden their services, it is important to be able to market the need for expansion in a persuasive and convincing manner (Ligon & Yagedis, 2009: 167).

2.6.3 Verification

EAPs cannot survive simply on faith that the services are beneficial. Instead organisations are calling for cold, hard data to support the need for expanding resources for EAPs. This aspect will imply accountability to those rendering services.

2.6.4 Improvement

EAPs are subject to the changing moods of the times, so it is important to understand the strength and weaknesses of the EAP over time. Evaluation should also identify areas in need of improvement and should also suggest alternatives for accomplishing the goals.

2.6.5 Understanding

Evaluation helps to provide a better understanding of how and why the programme works and this information may be invaluable when incorporating changes.

2.6.6 Accountability

Beyond a commitment to excellence on behalf of programme leaders, funding sources hold programme managers accountable for production of results; evaluation can provide that accountability. The study on impact evaluation on EAP clinical services could indicate the impact of EAP clinical services which is provided within the department. Furthermore, it could also indicate whether the programme achieves its intended outcomes and this could lead to challenging the programme implementers in case the programme is not doing well. Impact evaluation remain the best-known form of evaluation research as it has potential to threaten the existence a programme or service (Fouché, 2011:459).

EAP evaluation could be executed through a number of types of evaluation.

2.7 TYPES OF EAP PROGRAMME EVALUATIONS

Logan and Royse (2010:221) define programme evaluation as “a systematically formal evaluation to examine data from and about programmes and their outcomes so that better decisions can be made about the interventions designed to address the related social problems”. Ligon and Yegidis (2009:168-169) list the following types of programme evaluation:

2.7.1 Input evaluation

Input evaluation is described as an internal method that is of value in charting the evolution and development of an EAP and consists of a simple audit that takes an inventory of resources an EAP was intended to have and compares the list to those features the programme usually has (Csiernik, 2005:216). These methods are helpful in providing early information and no barriers are indicated.

2.7.2 Utilisation evaluation

According to Rossi, Lipsey and Freeman, (2008: 411) the worth of evaluations must be judged by their utilisation, that is, the extent to which they are effective. Evaluation provides the programme with data concerning who is using what services and to what extent. Such data is also helpful in determining if the target populations of the programmes have been reached or whether different aspects of the EAP are over- or underutilised. A potential barrier is a lack of access to data due to employee confidentiality, which is easily remedied by coding data to eliminate any identifying information.

2.7.3 Satisfaction evaluation

Satisfaction evaluation goes beyond which services were utilised to determine the level of satisfaction employees have with the service received. There can be difficulties to obtain completed instruments which can be seen as a barrier.

2.7.4 Impact/outcome evaluation

Outcome/Impact evaluation assesses to what extent the EAP impacted the outcome variables identified at the onset of the programme such as the level of absenteeism, the number of grievances filed and the number of workplace incidents. The impact of assessment is designed to determine the effect that the programmes have on their intended outcomes, and whether or not there are important unintended effects (Feit, 2012:88). This is the type of evaluation that is undertaken in the present study.

Rossi and Freeman (1993) (as cited in Babbie & Mouton, 2001:335) maintain that programme evaluation is the field of applied social science which utilises the whole range of social science methods in assessing or evaluating social intervention programmes. According to Chester and Kathleen (2013:2) the EAP can be evaluated in order to determine the cost effectiveness, impact, efficiency, needs, implementation, and process of the programme.

The following discussion will be on impact evaluation as a form of programme evaluation.

2.8 IMPACT/OUTCOME EVALUATION AS FORM OF PROGRAMME EVALUATION

The primary purpose of programme evaluation is to provide feedback on programme results and programme impact to inform policymakers and planners about the efficiency of programmes and the appropriateness of the social intervention. Historically many social service agencies waited until a programme had been in existence for some time before thinking about performance measurement, monitoring and programme evaluation. According to Fouché (2011:453), programme evaluation was originally focused on measuring attainment of goals and objectives, that is, finding out if the programme worked or in other words, if it was effective. This came to be called summative evaluation, which originally relied heavily on experimental designs and quantitative measurement of outcomes. There is a political reality to EAP evaluation, which must be recognised by both evaluators and administrators. As EAPs continue to expand and broaden their scope, the demand by organisations for solid programme evaluations will no doubt continue to increase (Csiernik, 2005:216).

Impact or outcome evaluation in this study will focus on evaluating the EAP clinical services within LEDET. Programme evaluation is the use of social research methods to systematically investigate the effectiveness of the social intervention programmes in ways that are adapted to their political and organisational environment and are designed to inform social action to improve social conditions (Rossi, Lipsey & Freeman, 2004:16). According to Lunt (2003), as cited by Fouché (2011:459), impact evaluation in evaluation research is used in two ways by the authors: *Firstly*, it is another term for outcome evaluation, and, *secondly*, it is used to describe the

measuring of short-term impacts of the programme in contrast to its long-term outcomes.

An impact evaluation on the clinical services of an EAP could determine the effectiveness of the services and could result in recommendations for improvement. Rossi (2004) (in Fouché, 2011:459) states that impact assessments are designed to determine what effects programmes have on their intended outcomes and whether, perhaps, there are unintended effects and/or outcomes. The assessment of programme impact involves establishing cause-and-effect relationships. One approach to protect the EAP programme evaluation is to demonstrate the need for and the utility of Employee Assistance in the workplace settings (Yamati, Santangelo, Maue & Heath, 1991:108). Programme assessment fosters understanding among administrators regarding the value of employee assistance services and can provide justification for supporting the programme. Furthermore, Korr and Ruez (1986) cited in Csiernik, (2003:46) state that to be able to evaluate a programme and to compare outcomes of different programmes properly one must know how many people actually use the service. Evidence in literature shows that the success of a programme can actually be indicated by evaluating its impact on the subject matter or clients (Csiernik, 2011: 336).

Historically one of the major issues in EAP evaluation literature has been the lack of study programmes provided by external third parties (Csiernik, 2011:336). Maiden, Atridge and Herlihy (2005:5) pointed out that in the late 1980s and early 1990s, the continuum of work-based human services continued its evolution from an intervention model focusing on troubled employees, to the incorporation of health and wellness programmes aimed at prevention and health promotion. Only a few studies have focused on the direct impact of EAP services on improving the functioning and productivity of employees (Greewood, DeWeese & Inscoe, 2005:2). Ginsberg (2000:8) and Oher (1999:45) point out that evaluation of the impact and the success of the programme has become a crucial ingredient in meeting the demand of the funding organisations and substantiating the existence of a particular programme. As Fouché and De Vos (2011b:82) note, organisations that fund services typically demand that evaluation research be conducted; therefore, the researcher here intends to do impact evaluation on EAP clinical services within the LEDET. Despite the rise in provision of EAP evaluation in recent years, the increase has not been matched by a similar

increase in evaluations of EAP programmes (Shakespear-Finch & Scully, 2004:72). One approach to protect these programmes is to demonstrate through programme evaluation the need for employee assistance services in the workplace setting. It is therefore imperative to understand that programme evaluation aims at improving the clinical services within the EAP at the LEDET. Impact evaluation is designed to determine whether programmes have achieved their intended outcomes and whether there are important unintended effects. Impact evaluation may be necessary at many points in the life of an EA programme.

Following on the discussion above, the next discussion will be on impact evaluation of clinical services in the EAP.

2.9 IMPACT EVALUATION OF CLINICAL SERVICES IN THE EAP

In the field of EAP utilisation rates are an important concept routinely used as a descriptor of EAP success, yet there has been little formal research conducted in this area (Csiernik, 2003:45). Impact evaluation is designed to determine whether programmes have achieved their intended outcomes and whether there are significant unintended effects. A programme effect or impact refers to a change in the target population or social conditions that have been brought about by the programme. In essence, it is a change that would not have occurred had the programme been absent. Impact assessment may be necessary at many points in the life course of an EAP. This type of evaluation is applicable to this study since the researcher intended to evaluate the impact of EAP clinical services in the LEDET. Government departments and private sector organisations have introduced EAPs to deal specifically with enhancing the wellbeing and quality of life for all employees in the workplace. The staggering consequences of illnesses and disability forced organisations to respond aggressively with education and awareness campaigns for the workplace to prevent and manage sickness and injuries. The LEDET also finds itself among employers who strive for the best for its employees. According to Csiernik (2005:12), although positive health and well-being initiatives result in a sound business investment, the results can be hard to measure and are often long term rather than immediate.

Programme evaluations are conducted for a variety of reasons including, chiefly, the need to be accountable for our service and our practice. This need is driven both by the requirements of the programme and service funders for responsible spending and streamlined service as well as by an increasingly powerful consumer movement which demands adequate services and accountable providers. According to the researcher, programme evaluation is done to improve the efficiency of our clinical services and also to cut out any overlapping programmes. Programme evaluation also assists us to plan more effectively and allows us to develop programmes on the basis of a well-documented need for service (Alston & Bowles, 2012:141).

Impact evaluation is designed to determine whether the programmes have achieved their intended outcomes and whether there are important unintended effects. According to Fouché (2011:495), the most prominent benefit for programme evaluation is the fact that impact evaluation allows the communication of best practice to the employing organisation. Evaluation in EAP is an effort determine whether a change has been experienced as a result of a planned programme by comparing actual changes with the desired changes and identifying the degree to which the activity is responsible for change. A programme impact refers to a change in the target population or social conditions that has been brought about by the programme. While clinical services within EAP in LEDET are regarded as the core function for EA professionals and those who are not social workers or psychologists they refer their cases for further case management. Programme evaluation provides inputs that are useful in modifying services on an on-going basis.

2.10 SUMMARY

In summary it can be stated that impact evaluation of EAP clinical services is at the heart of improving the quality of clinical services provided to employees. Most studies indicate that EAP programme evaluation is vital in order to provide evidence-based findings about the impact of our services and for future improvement in order to remain relevant and to keep up with latest trends and developments. Babbie and Mouton (2001:346) further indicate that monitoring of programmes is obviously critical for those who sponsor and fund the programme. LEDET as a department could benefit from

implementing EAP services since it promotes both employees' and organisational effectiveness.

Again, there is generally growing recognition that impact evaluation may threaten the existence of the programme itself and may also alert programme coordinators including managers about the effect and/or impact of their programme. The literature reviews also reflect that correct implementation of EAP clinical services within LEDET will make the programme thrive and provide motivation for the existence of such a programme. EAP clinical services must be evaluated timeously to determine the programme effectiveness and efficiency to its service users. This chapter also focused on other EAP evaluation and outcome and/or impact evaluation was discussed in detail as well as its significance to the study.

In Chapter 3 the researcher will focus on the research methods that guided the study, the research results and an interpretation thereof.

CHAPTER 3:

RESEARCH METHODS, RESEARCH RESULTS AND INTERPRETATION

3.1. INTRODUCTION

This chapter is aimed at indicating the impact of EAP clinical services within the LEDET. The goal of the study was to evaluate the impact of the clinical services within the EAP of the LEDET. In pursuit of this goal, the specific objective of this chapter is to determine the impact of the clinical services offered at the LEDET.

This chapter is divided into two sections: Section A (Research methods) outlines the research question, research paradigm and approach, research purpose and type, research design and methods, data processing and analysis, logistical arrangements and authorisation, and ethical considerations.

Section B (Research results and interpretation) is divided into nine subsections. Section B focuses on the demographic information of the respondents, such as their age at the time of the study, ethnicity and EAP number of contact sessions during a month period. Thereafter, the focus shifts to EAP clinical services, aftercare and reintegration, knowledge about EAP clinical services. This section also covers knowledge gained, attitudinal changes, service delivery programme content and general programme facilitation.

3.2. SECTION A: RESEARCH METHODS

This section comprehensively outlines the research methods of this study.

3.2.1 Research question

Programme evaluation was used as a specific type of evaluation research (cf. Fouché & Delport, 2011: 97-98). The following research question guided this study:

“What is the impact of clinical services within the EAP of the Limpopo Department of Economic Development, Environment & Tourism?”

3.2.2. Research paradigm and approach

The study was rooted in the positivist research paradigm in order to ensure that objective and value-free, precise measurement of the impact evaluation of the clinical services within EAP is achieved (Punch, 2005:75; Trochim, 2001:19). Therefore, a quantitative research approach was used as it seeked to evaluate the impact of the EAP clinical services within LEDET. The study was quantitative in nature, as detailed research planning was needed to produce precise and generalizable findings regarding the impact evaluation of the EAP clinical services (Rubin & Babbie, 2010:34).

3.2.3. Research purpose and type

This research was undertaken as an impact evaluation study in the form of applied research as the results inform a set of recommendations to strengthen the EAP clinical services within the LEDET. Programme evaluation was used as a specific sub-type of evaluation research (cf. Fouché & De Vos, 2011:97-98). The descriptive research approach also facilitated the process of describing the characteristics of the population under investigation (Fouché & De Vos, 2011:96; Rubin & Babbie, 2010: 41-42). Survey methods are often used in descriptive studies, as was the case with the present study (Rubin & Babbie, 2010: 43).

3.2.4. Research design

A cross-sectional survey design was used in this study. The survey is probably the best research design available to the social scientist interested in collecting original data for describing a population too large to observe directly (Babbie & Mouton, 2001:232). In this study a cross-sectional survey was undertaken to collect data from one group of respondents, in this case employees who used EAP clinical services from 2012 to 2014 in the LEDET. One advantage of the cross-sectional design is that it is easier and less expensive to conduct than the replicated designs because testing takes place over a limited time period (Fouché, Delport & De Vos, 2011:157). Due to the fact that the time period for testing is short, dropout of participants is also minimised.

3.2.5. Study population, sample and sampling method

A population is a term that sets boundaries to the study unit. The research was conducted at the Limpopo Department of Economic Development, Environment and Tourism in four district offices, namely Mopani, Sekhukhune, Vhembe and Waterberg, as well as the Head Office. The study excluded the Capricorn district due to the fact that the researcher is the EAP responsible for the district and hence wanted to avoid possible bias in the present study. For the purpose of this study, the study population was 63 service users who used EAP clinical services between the years 2012 and 2014. The figure was confirmed through a list of EAP clinical service statistical data between 2012 and 2014. The numbers of the service users per each district were Vhembe (10), Waterberg (12), Mopani (08), Sekhukhune (14), and Head Office (19), which brings the total number to 63 (LEDET EAP Stats, 2012-2014).

Since the number of EAP clinical services users was fairly limited, the researcher conducted a total population sampling in which all 63 service users were invited to participate on the advice of the statistician. But only 45 questionnaires were completed and returned. Thus, the response rate was 71.42%, which is very good number in terms of participation.

The staff numbers of identified potential respondents was given to the appropriate EAP professional together with an informed consent form and a questionnaire. The EAP professional asked the service users to participate in the study but had no authority over the employees and did not coerce any respondent to participate in the study. Furthermore, the completed informed consent forms and questionnaires were deposited in two separate sealed envelopes. The researcher ensured that EAP professionals who distributed documents had no insight into the provided feedback and the researcher himself protected the confidentiality and anonymity of the potential respondents as he himself did not know the respondents who completed the questionnaire (see Appendix A).

3.2.6. Data collection instrument and method

Research instruments in a quantitative approach and survey design in particular, are highly structured in order to facilitate the quantification of primary data. The instrument for this study was a questionnaire, which was categorised as follows: demographic

data, EAP Clinical Services, *i.e.* critical incident management, crisis intervention, case assessment, referral, short-term intervention, case monitoring and evaluation; and aftercare and reintegration services. The questionnaire consisted of mainly closed-ended type of questions, as well as scales and follow-up questions (Delport & Roestenburg, 2011:196-202). The questionnaire was edge-coded. Care was taken to avoid double-barrelled, leading and ambiguous questions in the development of questionnaire (TerreBlanche, Durrheim & Painter, 2006:490). The questionnaire was completed in English, as government officials are usually functionally literate in English.

The questionnaires were hand delivered by the researcher to each case manager (i.e. EA professionals) to hand over to the potential respondents with the informed consent forms. Two envelopes were provided to each respondent to seal the completed questionnaire and informed consent form in the envelopes before depositing them in two boxes provided at each research site. Furthermore, each case manager received two separate sealed boxes in which the respondents deposited the completed questionnaire and informed consent forms to ensure confidentiality and anonymity. The case manager did not have any authority over potential respondents and no respondent was coerced to complete the questionnaire.

3.2.7. Data processing and analysis

Quantitative methods of analysis fall within four main categories, namely descriptive, association, causation and inference analysis. In the present study the researcher used descriptive analysis. After all the targeted employees had completed the questionnaire; the data were organised in order to arrive at findings, conclusions and recommendations. The data were first coded, after which the data were captured using the IBM Statistical Packages for Social Sciences (SPSS), Version 24. Quantitative data analysis techniques were used by which the researcher converted data to a numerical form and subject it to a statistical analysis (Rubin & Babbie, 2005:552). The stastical analysis focused primarily on frequencies and percentages. The statistician who was consulted is Mr Mbengeni Netshidzivhani from the University of Limpopo. He assisted with statistics on the study and it was made clear that the study would remain the intellectual property of the University of Pretoria.

3.2.8. Data quality

The data quality of the study was ensured through reliability and validity.

3.2.8.1. Reliability

Reliability in quantitative research determines whether a data collection instrument will result in the same findings, should data be collected repeatedly and under similar circumstances (Babbie, 2007: 143).

The internal consistency of the study on an impact evaluation of the clinical services within the EAP at the LEDET was determined by using Cronbach's Alpha and the average inter-item correlation. The value of Cronbach's Alpha is acceptable for a scales, if they are greater than 0.6. The overall Cronbach 's Alpha of this study was 0.875 which are acceptable values for the Cronbach's Alpha.

3.2.8.2. Validity

Validity refers to the extent to which an empirical measure adequately reflects the real meaning of the concept under consideration (Babbie & Mouton, 2001:122). In this study, validity refers to the truthfulness, accuracy, authenticity, genuineness and soundness that the test instrument will measure the impact of the EAP clinical services within LEDET. The study ensured face and content validity. The researcher ensured that the data collection instrument covered the critical aspects of clinical services within EAP since they were the focus of the study. Face validity concerns the appearance of the measuring instrument (Delport & Roestenburg, 2011:174). The question was: 'Does the measuring instrument appear relevant to those who completed it?' Therefore, in this study, the researcher ensured that the questionnaire appeared relevant to respondents by asking questions about the impact of clinical services within EAP in LEDET.

Furthermore, content validity, which refers to the extent to which the items or behaviour, fully represents the concept measured (Van der Stoep & Johnston, 2009:60), was considered. In the present study the questionnaire was submitted to the study leader and an EAP expert (Prof L.S. Terblanche) to ensure that it measures what it is supposed to measure. Therefore, since the focus of this study was on the impact of clinical services within EAP, the researcher ensured that the questions in the

questionnaire were about assessing the impact evaluation on clinical services within EAP as it was the focus of the study.

3.2.9. Logistical arrangements and authorisation

Participants in the impact evaluation of clinical services within EAP at LEDET were informed about the study by their case managers and they were also informed that participation in the study was voluntary. The research project was funded partially by the researcher who printed questionnaires and informed consent forms. Transport to research respondents was undertaken by the respective case managers when they visited various working stations. The researcher was granted approval to conduct the study by the Research Ethics Committee of the Faculty of Humanities and the LEDET (see attached letters as Appendix B and D). The content of the data collection instrument was refined after the pilot study. However, the results of the respondents in the pilot test were excluded from the actual results of the study. Four respondents were consulted individually at LEDET Capricorn District to discuss the questionnaire with each one of them. The researcher showed the letter of permission (see Appendix B) to all respondents and he made it clear that their responses would not be included in the main study. The researcher discussed every single question in the questionnaire and he checked with the respondents that the questions were understandable. The respondents made it clear that the questionnaire was easy to understand. The only change that was effected following the pilot study was coded G1 where the word “insight” was replaced by “aware” as the question was not clear to all four respondents in the pilot study.

3.2.10. Ethical considerations

Ethics in research is a set of principles which, suggested by an individual or group, is subsequently widely accepted, and which offers rules and behavioural expectations about the most correct conduct towards experimental subject and respondents, employers, sponsors, other researchers, assistants and students (Strydom, 2011b:114). In this study the following ethical considerations were applicable:

3.2.10.1. Avoidance of harm

It is possible that a participant may experience harm, discomfort and anxiety or invasion of privacy (Babbie, 2005:63; Strydom 2011b: 115-116). The research avoided harm of participants at all costs. One may accept that harm to respondents in social sciences will be mainly of an emotional nature, although physical injury cannot be ruled out completely. Emotional harm to a subject is often more difficult to predict and to determine than physical discomfort, but often has far-reaching consequences for respondents. The researcher indicated to respondents that in case of any emotional harm that may arise as a result of the study, counselling would be provided by EA practitioners assigned to the specific district in which the respondent was employed. The respondents did not seek counselling after completing the questionnaire, which implies the questionnaire did not trigger any unbearable emotions.

3.2.10.2. Informed consent

The researcher is responsible to safeguard the emotional and physical wellbeing of the respondents in a study. Respondents were provided with the informed consent letter (see Appendix C) after which each needed to consent to participate in the study without any coercion and with the understanding that they could withdraw from the study at any stage (Babbie, 2005:68). The respondents were informed that the raw data obtained from the study would be kept in safekeeping at the Department of Social Work and Criminology for a period of 15 years in accordance with policy of the University of Pretoria.

3.2.10.3. Voluntary participation

Rubin and Babbie (2005:71) indicate that participation in a research project should at all times be voluntary and no one should be forced to participate in a project. The researcher made it clear to respondents that they are not coerced to participate in the study and could withdraw from the study at any point in time without any negative consequences.

3.2.10.4. Compensation

There would be no compensation as participation was voluntarily.

3.2.10.5. Action and competence of researcher

The researcher did not hide anything from the respondents in relation to the study and the researcher was adequately skilled to undertake the proposed study. The researcher had gained the necessary research skills to undertake the study and as a social worker he was committed to uphold ethical behaviour. The researcher also acknowledged all the sources used in undertaking the study to avoid plagiarism.

3.2.10.6. Release and publication of the findings

The researcher ensured that the mini-dissertation, was accurate, objective and highly scientific (Strydom, 2011b:126). The researcher consulted with a qualified statistician to ensure accurate statistical results.

3.2.10.7. Confidentiality and anonymity

The researcher ensured that confidentiality and anonymity were maintained. Anonymity in this study meant that no one, including the researcher, would be able to identify any respondent afterwards (Strydom, 2011b:120). No private information was used for any other purpose except for the study and anonymity was guaranteed as the researcher made sure that no names were written on the research instrument nor marks made which could link them to participants.

The following discussion focuses on the research results and interpretation.

SECTION B: RESEARCH RESULTS AND INTERPRETATION

The results are discussed based on the responses as provided by the respondents and statistical techniques applied in this study. The section is provided in the form of charts/figures/graphs and tables. The demographical information is provided followed by the results obtained according to the structure of the questionnaire used.

3.3.1. Demographic information

The researcher explored the demographic information of respondents. This included respondents' gender, age, district, marital status and home language. Table 1 provides the demographic data of the quantitative survey:

Table 1: Demographic information

		Frequency (n)	Percent (%)
Gender	Male	30	66.7
	Female	15	33.3
Age	18 - 35 years	5	11.1
	36 - 54 years	30	66.7
	55 - 65 years	10	22.2
District	Head Office	14	31.1
	Mopani	5	11.1
	Vhembe	7	15.6
	Sekhukhune	9	20
	Waterberg	10	22.2
Marital status	Never married (Single)	8	17.8
	Married	17	37.8
	Separated	7	15.6
	Divorced	4	8.9
	Widowed	9	20
Home language	Sepedi	21	46.7
	Tshivenda	10	22.2
	Xitsonga	11	24.4
	Sesotho	1	2.2
	Tswana	2	4.4
	Total	**45**	**100**

The information in Table 1 illustrates that a total of 45 respondents participated in the study. Of the 45 respondents, 30 (66.7%) were male and 15 (33.3%) of the

respondents were female. It is worth noting that LEDET has more males who utilised EAP clinical services, than their female counterparts (Banyini, 2015). In LEDET more males are employed as compared to females; hence, the study indicates more male respondents than female. Data were also collected to determine the age of respondents during the time of the research. A high number of EAP clinical services users (n=30; 66.7%) fell in the range between 36 and 54 years. According to Emener, Richard and Hutchison (2009:55), the EAP addresses issues about family, relationships, finances and wellness among others. This is an age group of people who are at the peak of their careers and carry institutional memories. The ecosystems perspective enables researchers, including EA professionals, to understand the biological, psychological, sociological and spiritual conditions and dynamics of service users in order to interpret problems and develop balanced intervention strategies with the goal of enhancing the goodness of the fit between individuals and their environment (Friedman & Allen, 2014:3). The researcher explored service users' marital status at the time of the study, in order to attempt to understand service users at micro level. Seventeen (37.8%) of the participants, which is the highest percentage, were married followed by (17.8%) of respondents who were single. From Table 1 it is evident that the highest percentage of respondents' home language was Sepedi with (46.7%), followed by Xitsonga with 24.4%. Tshivenda had (22.2%) speakers, while the languages least spoken were Setswana at (4.4%) and Sesotho with (2.2%) as the lowest. This could be as a result that the Sepedi language is used predominantly in all three districts, including head office. There was no representation of whites, coloureds or Indians in the study. This could be as a result of the fact that most EAP service users were field rangers with a low level of literacy and who were based in state-owned nature reserves (SONRs). The African black population group has the highest proportion of over 70% in all provinces (StatsSA, 2011:17). The Limpopo Province, in particular, has the highest rate of Northern Sotho constitutionally registered as Sepedi speaking citizens followed by Venda speaking citizens (StatsSA, 2011: 53).

3.3.2. EAP clinical service sessions

EAP clinical services are the central focus of the study because the researcher intended to do impact evaluation of the clinical services within the EAP in LEDET.

3.3.2.1. Number of EAP session preferred

EAP is a short-term intervention programme. Therefore, the respondents were asked how many sessions they would prefer.

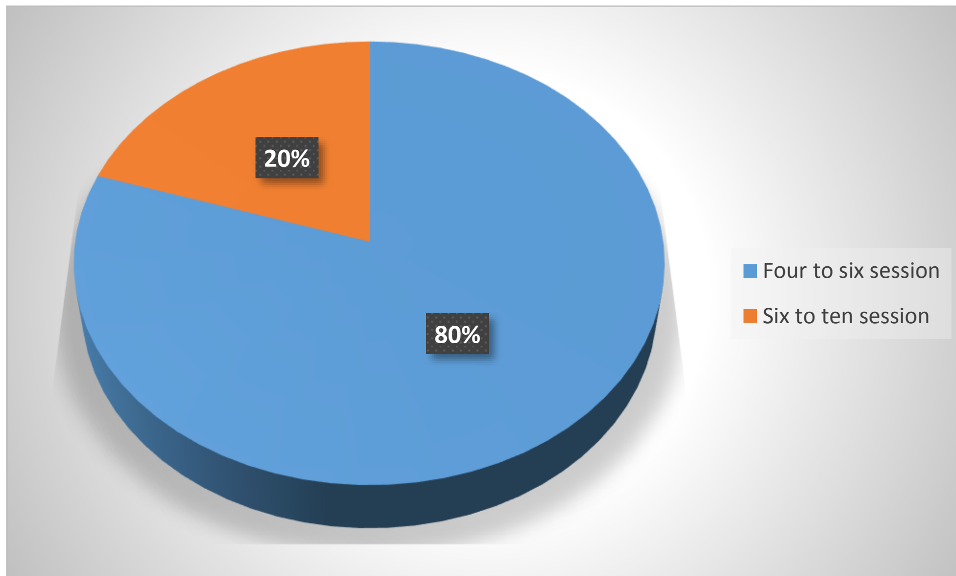


Figure 1: Number of EAP sessions preferred

Information in Figure 1 above indicates the number of sessions which most service users preferred. It shows that 20% of participants responded by saying six to ten sessions would be effective while an overwhelming 80% of respondents indicated that four to six sessions were preferred. Short-term intervention ensured that the intervention provided consisted of a pre-determined maximum number of sessions which were cost-effective and appropriate to the service provided (Standards Committee of EAPA-SA, 2015:18).

3.3.2.2. EAP case monitoring

Data were collected from 45 respondents in order to determine how often respondents preferred to be contacted during EAP case monitoring.

Table 2: Frequency of EAP case monitoring

	Frequency (n)	Percent (%)
One a week	7	15.6
Twice a month	33	73.3
Once a month	5	11.1
Total	45	100.0

Table 2 above reflects that 73.3% of EAP case service users preferred two contacts in a month, followed by 15.6% who indicated once a week, while 11.1% indicated once in a month. The case managers' responsibility is to know what happens with his or her service users until the case has been finalised, either by successful resolution, rejection of treatment, improvement or termination for a variety of reasons (Emener & Dickman, 2009: 88).

3.3.2.3. Aftercare and reintegration services

Figure 2 below illustrates the suitability of aftercare and reintegration services to all services users.

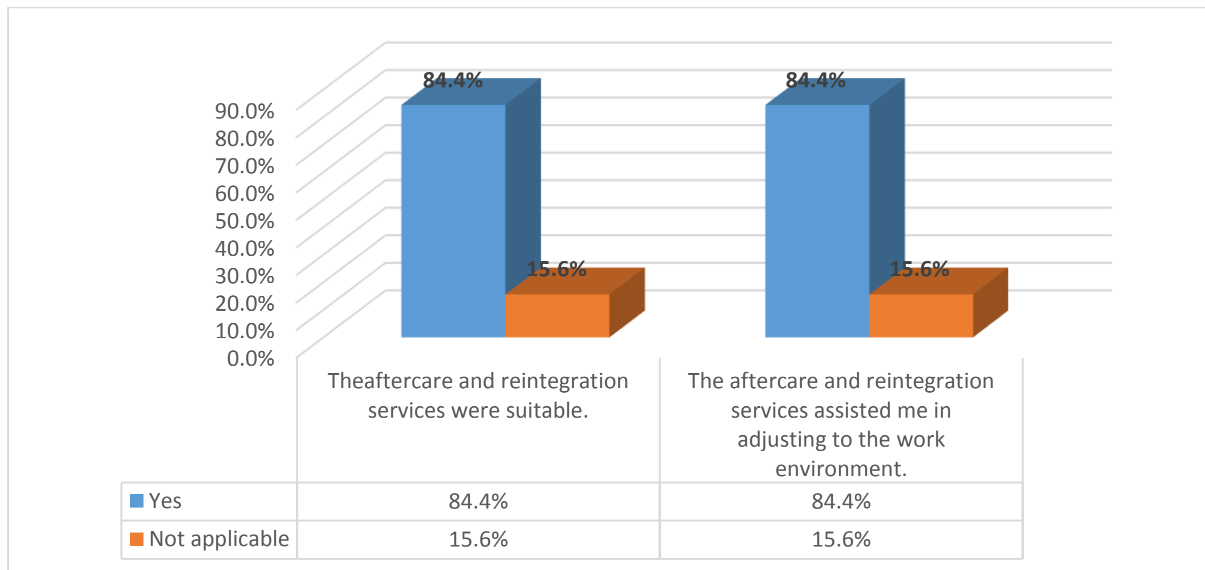


Figure 2: Aftercare and reintegration services

This section of research covered EAP clinical services, specifically aftercare and reintegration services, as provided in LEDET. The researcher explored whether aftercare and reintegration services were beneficial to the service users. The figure

above, indicates that 84.4% reflected that aftercare and reintegration services were suitable for them after going for treatment, followed by 15.6% who reflected that the service was not applicable to them. Similar results were found in terms of the aftercare and reintegration services assisted employees to adjust to their work environment. Aftercare and reintegration services assisted the respondents in adjusting to the work environment. According to Yende (2005:59), aftercare services demonstrate the EAP's commitment to the well-being of the employee and the organisation. The EA professional needs to ensure that aftercare and reintegration services are provided for EAP clients (Standard Committee of EAPA-SA, 2015: 20). Aftercare and reintegration should be conducted with the referring supervisors to determine whether the interventions had yielded desired results or whether there was an improvement in the employee's wellbeing or job performance. In LEDET aftercare and reintegration is rendered by EA professionals who assist a specific client. The reintegration is to ensure that the rendered intervention yields positive outcomes.

3.3.2.4. Mode of getting to know about the EAP clinical services

Table 3 below indicates the mode by which EAP clinical service users got to know about the services.

Table 3: Mode of information about EAP clinical services

	Frequency (n)	**Percent (%)**
Marketing by EHW Coordinators	24	53.3
Departmental brochure	1	2.2
Colleagues/ Supervisor	19	42.2
Other	1	2.2
Total	45	100.0

Table 3 above indicates that twenty-four respondents (53.3%) learnt about EAP clinical services from marketing provided by EAP coordinators. Of the total number,

19 respondents (42.2%) became aware as a result of direct supervisors and/or colleagues, while 2.2% of the employees reflected that they learnt about the services from a departmental brochure. Supervisors with insight into the functioning of the EAP and who believed in the benefits of the programme, could access its services and could refer clients appropriately. Richard, Emener and Hutchinson (2009:54) mention that the marketing of the EAP calls for service increase. Burke and Richardson (2014:208) concur that marketing increases awareness and recognition of the programme, increases awareness of employees' health risks, workplace health promotion opportunities for employees, trust between management and employees, programme participation and improves health related behaviours.

3.3.2.5. Travelling to attend EAP services

Figure 3 below indicates the distance respondents had to travel from their various work stations in order to receive EAP services.

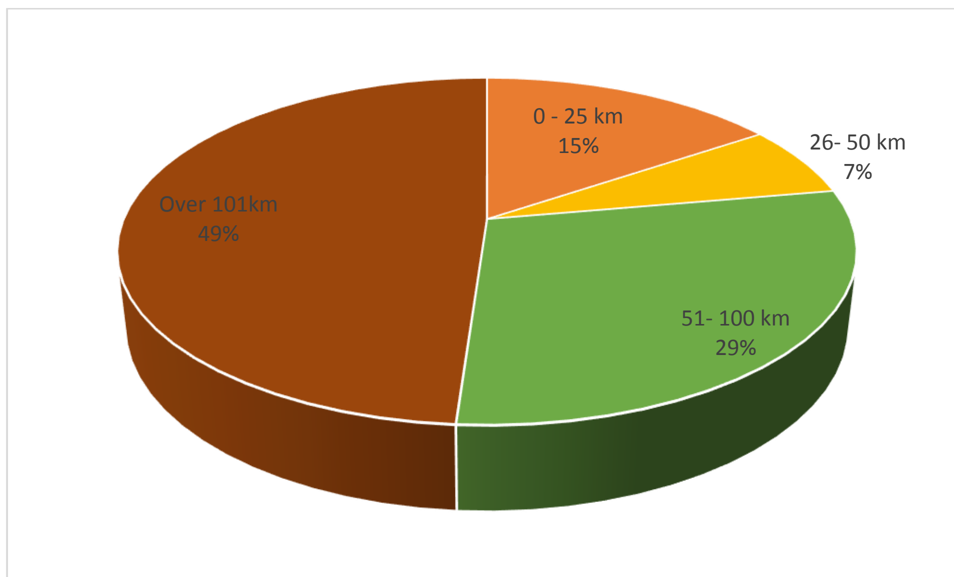


Figure 3: Travelling distances for EAP services

Forty-nine percent of the respondents reported that they travelled over 101 km in order for them to receive EAP services. It is interesting to note that most respondents had to travel more than hundred kilometres to receive EAP services, while twenty-nine percent of the respondents reported that they travelled between 51 to 100 km to receive services. Fifteen percent reported 0-25 km for EAP clinical services, while 7%

of the respondents reported that they travelled 26-50 km to receive services. Most EAP clinical services are provided by external service providers. As a result, respondents had to travel far in order to attain services.

3.3.2.6. Rating of the Employee Assistance Programme (EAP) clinical services

Table 4 below gives the data on rating of EAP clinical services by the respondents.

Table 4: Rating of EAP clinical services

	Frequency (n)	Percent (%)
Excellent	28	62.2
Good	16	35.6
Average	1	2.2
Total	45	100.0

Based on Table 4 above, it was clear that a small number of respondents, 2.2% rated EAP clinical services average, 35.6% rated EAP clinical services as good, while an overwhelming 62.2% of the respondents rated EAP clinical services as providing excellent services. Evaluation provides a better understanding of how a programme works, and its strengths and weaknesses in order to consider these factors when incorporating changes (Royse, Bruce, Thyer & Padgett, 2010).

3.3.3. Programme facilitation

The focus here was to check if the respondents were able to honour their appointments.

3.3.3.1. Facilitation and presentation

Figure 4 below reflects on the employee experience regarding EAP programme facilitation and presentation.

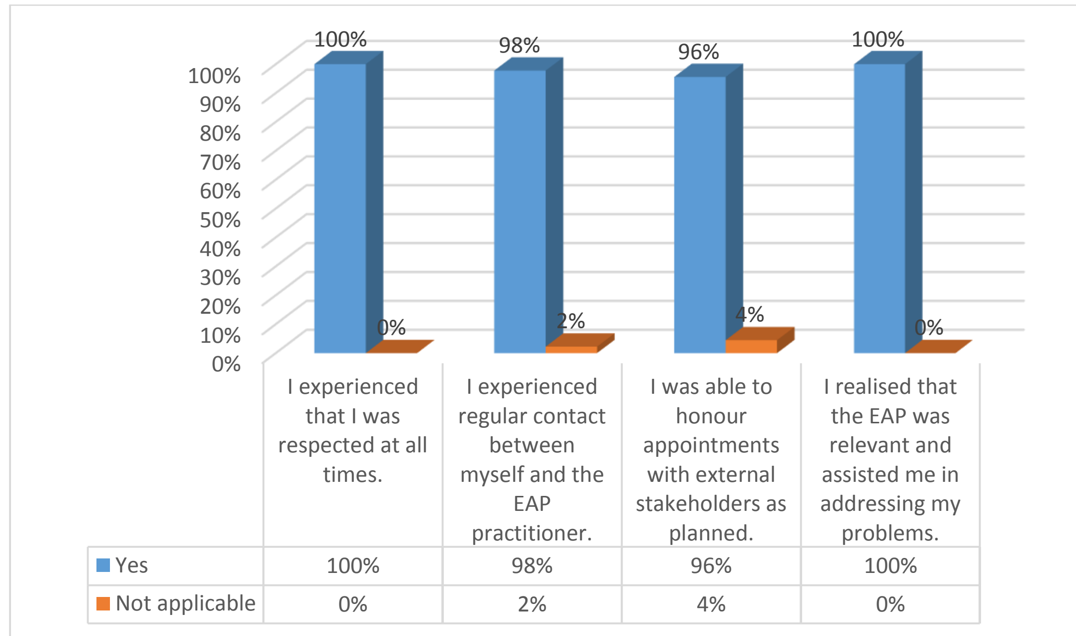


Figure 4: EAP programme facilitation and presentation

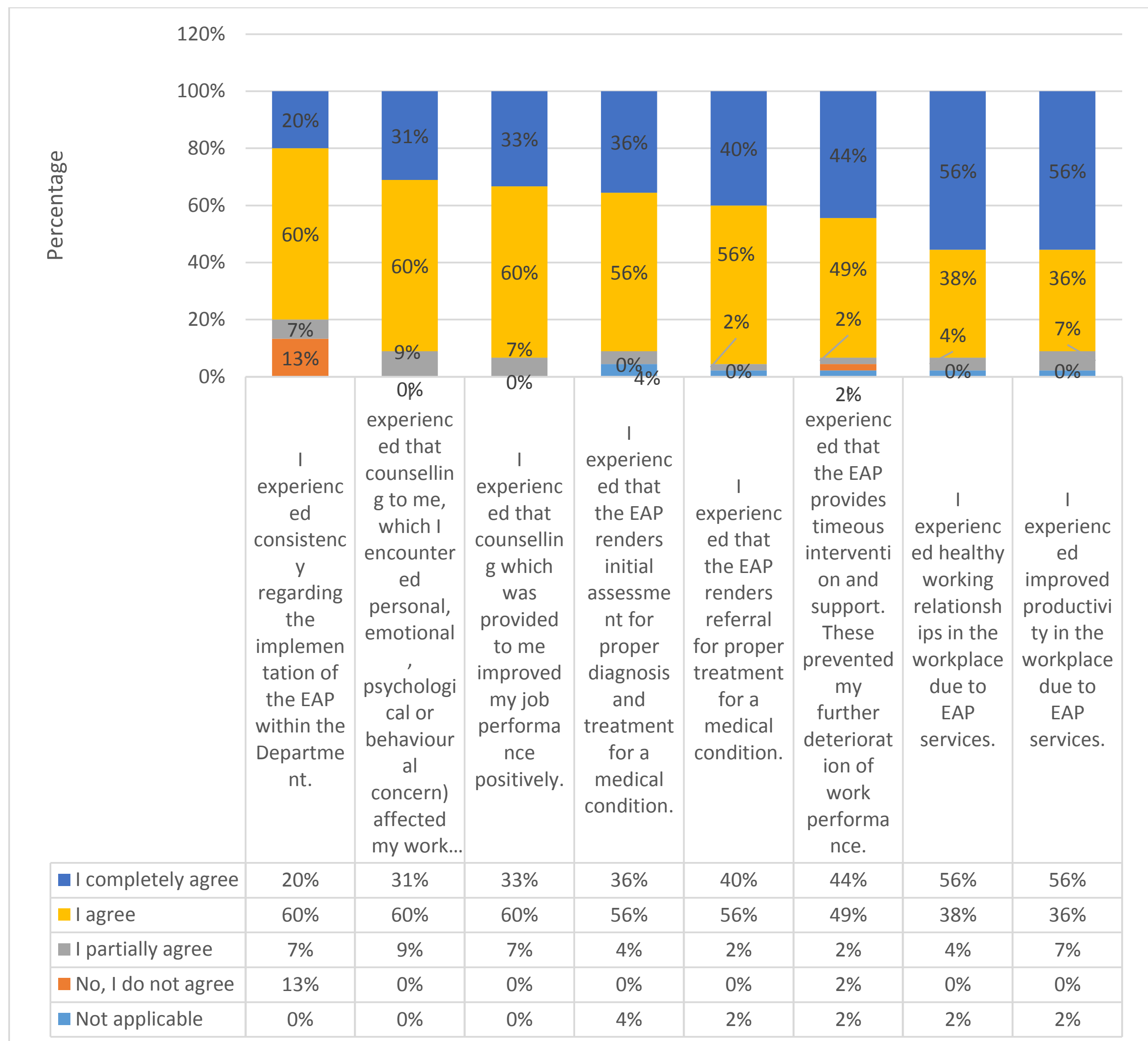
The data in Figure 4 above indicates that 100% of the respondents felt respected at all times when they were receiving EAP services, while 98% of the respondents reported that they experienced regular contact with EAP practitioners. Only 2% felt it was not applicable. The EAP professional should focus on the confidential nature of the programme participation and clearly outline and emphasise limitations (The Standards Committee of EAPA-SA, 2015:17). Ninety-six percent of the respondents indicated that they were able to honour appointments with external service providers as planned, while only 4% felt it was not applicable. Ninety-eight percent of the respondents indicated that they realised that EAP was relevant in addressing their personal problems, while only 2% of the respondents felt it was not applicable. Employees need to be able to get to their EAP site in a timely, convenient and efficient manner (Emener, 2009:207).

3.3.4. Objective of clinical services within LEDET

Figure 5 below reflects on employees’ experience with EAP clinical Service within LEDET.

3.3.4.1. Experience of clinical services within LEDET

Figure 5 illustrates experiences of clinical services within LEDET.



	I experienced consistency regarding the implementation of the EAP within the Department.	I experienced that counselling to me, which I encountered personal, emotional, psychological or behavioural concern) affected my work...	I experienced that counselling which was provided to me improved my job performance positively.	I experienced that the EAP renders initial assessment for proper diagnosis and treatment for a medical condition.	I experienced that the EAP renders referral for proper treatment for a medical condition.	I experienced that the EAP provides timeous intervention and support. These prevented my further deterioration of work performance.	I experienced healthy working relationships in the workplace due to EAP services.	I experienced improved productivity in the workplace due to EAP services.
I completely agree	20%	31%	33%	36%	40%	44%	56%	56%
I agree	60%	60%	60%	56%	56%	49%	38%	36%
I partially agree	7%	9%	7%	4%	2%	2%	4%	7%
No, I do not agree	13%	0%	0%	0%	0%	2%	0%	0%
Not applicable	0%	0%	0%	4%	2%	2%	2%	2%

Figure 5: Experience of EAP clinical services in LEDET

Based on Figure 5 above, 60% of the respondents agreed that they experienced consistency regarding the implementation of EAP within LEDET, followed by 20% who completely agreed, while 7% partially agreed and 13% of the respondents who did not agree. In accordance with programme policy, the EAP professional should preferably provide short-term intervention services rather than referring the client to an outside resource (Standard Committee of EAPA-SA, 2015:18). Based on the respondents' experiences on counselling encountered emotional, psychological or behavioural concern affected work attendance positively, thirty-one percent of the respondents completely agreed followed by sixty percent of respondents who agreed and 9% who partially agreed. On the respondents' experiences about counselling and whether it improved their job performance, thirty-three percent of the respondents completely agreed with the statement followed by sixty percent of the respondents who agreed with the statement while only 7% partially agreed. On the experiences of the respondents regarding EAP initial assessment for proper diagnosis and treatment for medical attention, 37% completely agreed, followed by 58% of the respondents who agreed, while only 5% of the respondents partially agreed. On the experience of EAP providing timeous intervention and support which prevented further deterioration of work performance, 41% of the respondents completed agreed with the statement followed by fifty-seven percent of the respondents who agreed with the statement while only 2% of the respondents partially agreed with the statement. On the other statement regarding the respondents' experience of healthy working relationships in the workplace due to EAP services, fifty-six percent of the respondents completely agreed with the statement followed by thirty-nine percent of the respondents who agreed and 5% of the respondents who partially agreed with the statement. The last statement was on the respondents' experiences in terms of improved productivity in the workplace due to EAP services. Fifty-seven percent of the respondents completely agreed with the statement while thirty-six percent of the respondents agreed and only 7% of the respondents partially agreed with the provided statement.

3.3.5. Programme content

Figure 6 below outlines the EAP programme contents data.

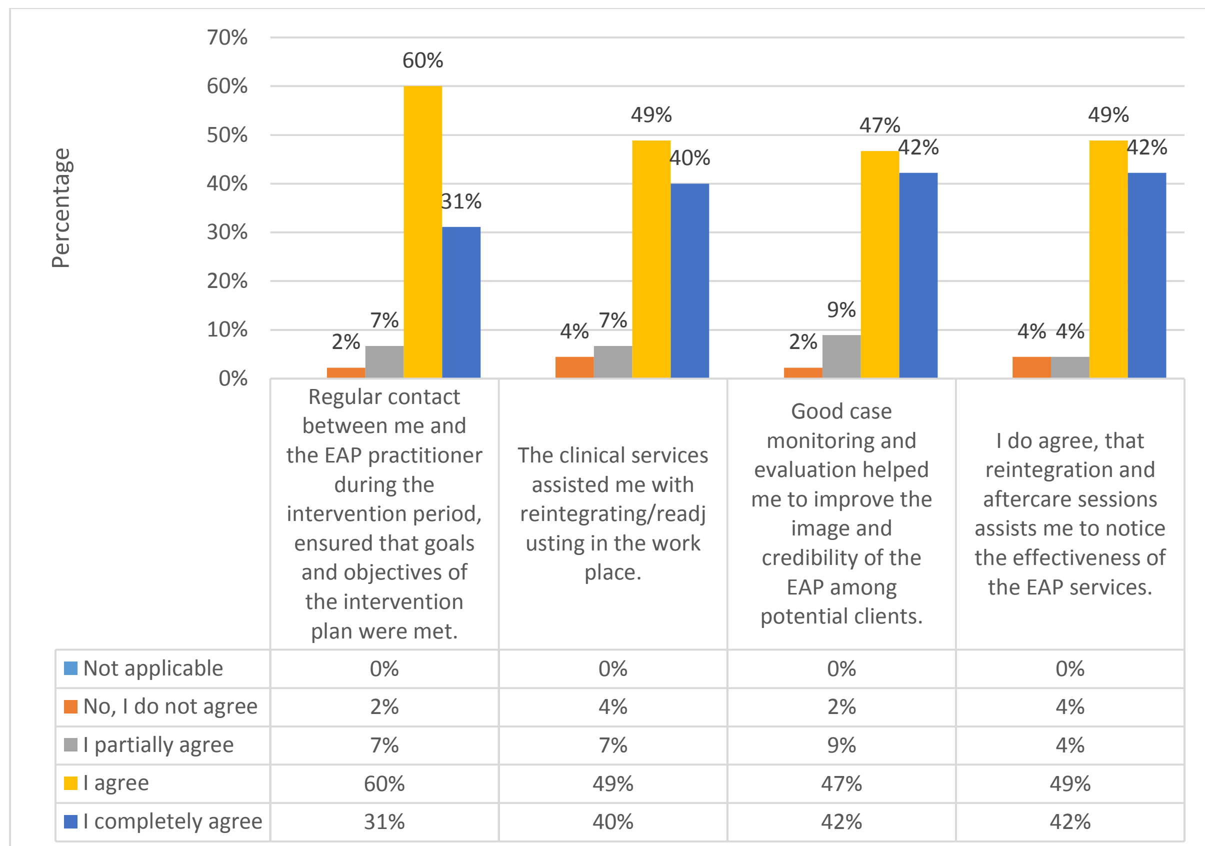


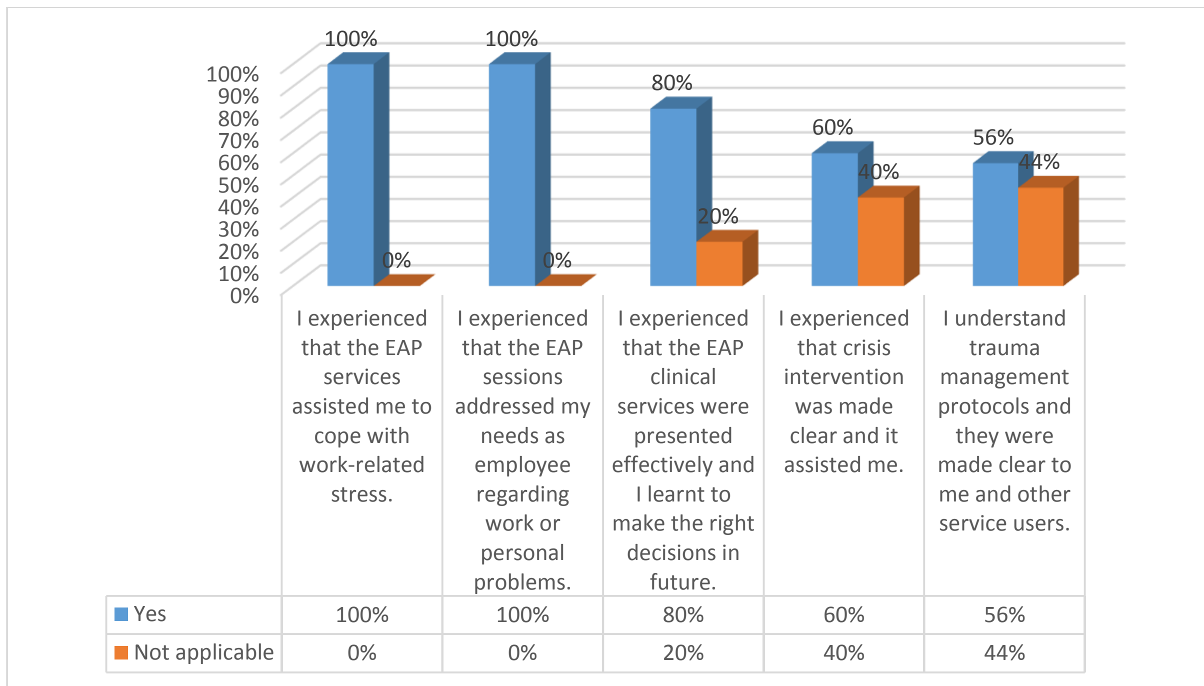
Figure 6: Programme content

Figure 6 above shows the respondents' level of satisfaction with EAP content of clinical services. There were 31% respondents who completely agreed that regular contacts between the respondents and the EAP practitioner during the intervention period ensured that goals and objectives of intervention plan were met. Furthermore, sixty percent agreed and 7% of the responded partially agreed with the EAP programme contents. Only 2% of the respondents did not agree with the programme contents which is a very small number. Completely agreeing with the programme may mean that the services are effective and this may imply that the programme responds to the need of the employees. Khorombi (2007:88) conducted a study among public servants in South Africa at the Vhembe district of the Limpopo Province at the Department of Public Works and the majority of the respondents who utilised EAP clinical services, were satisfied with EAP service. Findings presented in the figure above concurs with Khorombi's findings as it indicates that most respondents were satisfied with the

services provided by EA professionals within the LEDET. The clinical services assisted respondents with reintegrating and or readjusting in the workplace. Forty percent of the respondents completely agreed, followed 49% of the respondents who agreed, while 7% partially agreed with the statement and only 4% did not agree with the statement. By providing ongoing aftercare services, the EAP demonstrates a commitment to maintaining the outcomes of an intervention and, by implication, the well-being of the organisation and its employees (Standard Committee of EAPA-SA, 2015:20). The respondents indicated that they agree that integration services are provided and yield positive results. Good case monitoring and evaluation helped the respondents improve their image and credibility of the EAP among potential clients and management. Forty-two percent of the respondents completely agreed, followed by 47% of the respondents who agreed, while 9% of the respondents partially agreed, and 2% of the respondents did not agree with the statement. Good case monitoring and evaluation will help improve the image and credibility of the EAP among potential clients and management. The respondents agreed that reintegration and aftercare sessions assist them to notice the effectiveness of the EAP services. Forty-two percent of the respondents completely agreed, followed by 49% of the respondents who agreed, while 4% partially agreed and 4% did not agree with the statement. The EAP must validate or verify the impact of the intervention by documenting the impressions of the employees, family members, the referring supervisor, the union representative and the service provider (Standards Committee of EAPA-SA, 2015:20). This study strongly points out that reintegration and aftercare sessions were perceived to be very effective to the respondents who utilised EAP clinical services within LEDET. Overall, the respondents seem satisfied with the programme content.

3.3.5.1. EAP sessions

Figure 7 below indicates the results found when the researcher explored the experience of the respondents about the relevance and applicability of clinical sessions within the EAP.



	I experienced that the EAP services assisted me to cope with work-related stress.	I experienced that the EAP sessions addressed my needs as employee regarding work or personal problems.	I experienced that the EAP clinical services were presented effectively and I learnt to make the right decisions in future.	I experienced that crisis intervention was made clear and it assisted me.	I understand trauma management protocols and they were made clear to me and other service users.
Yes	100%	100%	80%	60%	56%
Not applicable	0%	0%	20%	40%	44%

Figure 7: EAP sessions

Figure 7 above demonstrates that 100% of respondents were assisted to cope with work-related stress, including EAP addressing individual problems. Eighty percent of respondents experienced that EAP clinical services were effective and they learned how to make right decisions in future. While only 20% of the respondents indicated that as not applicable to them. The researcher explored crisis intervention and trauma management protocols rendered to the respondents. Sixty percent of respondents experienced that crisis intervention was made clear and assisted them while 40% of the respondents said it was not applicable and did not assist them. The focus was on whether the respondents were aware that trauma management protocols were in place. Fifty-six percent of the respondents indicated that they understood trauma management protocols and they were made clear to employees and other service users. Forty-four percent of respondents indicated that it was not applicable to them. The EAP professional should ensure that all sections and directorates of the organisation are briefed on the trauma management protocols. (Standards Committee of EAPA-SA, 2015:16). The EAP should prepare a step-by-step procedure guide for identifying actions to be taken by staff and management during critical incidents (Standard Committee EAPA-SA, 2015:16). There should also be ongoing education of employees regarding the EAP services and how they can benefit from of the

programme (Dickman, 2009; Oher, 2011:37). Oher (2011) further states that the key to the successful marketing of an EAP is rooted not only in the knowledge of where the programme currently is, but where the organisation wants it to go, meaning that managers should be made aware of the benefits of the EAP to promote the referral of subordinates to the programme.

3.3.6. Applicability and relevance of content of the clinical services within the EAP

The researched explored the impact made by clinical services after the respondents had made use of services (see Figure 8).

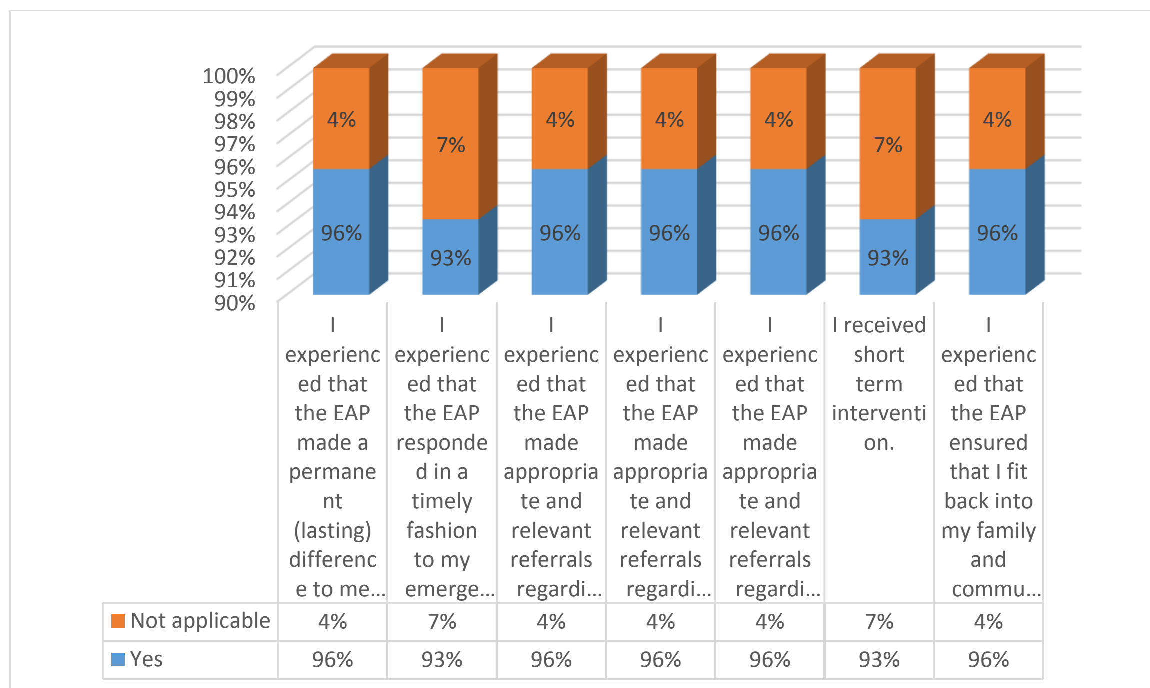


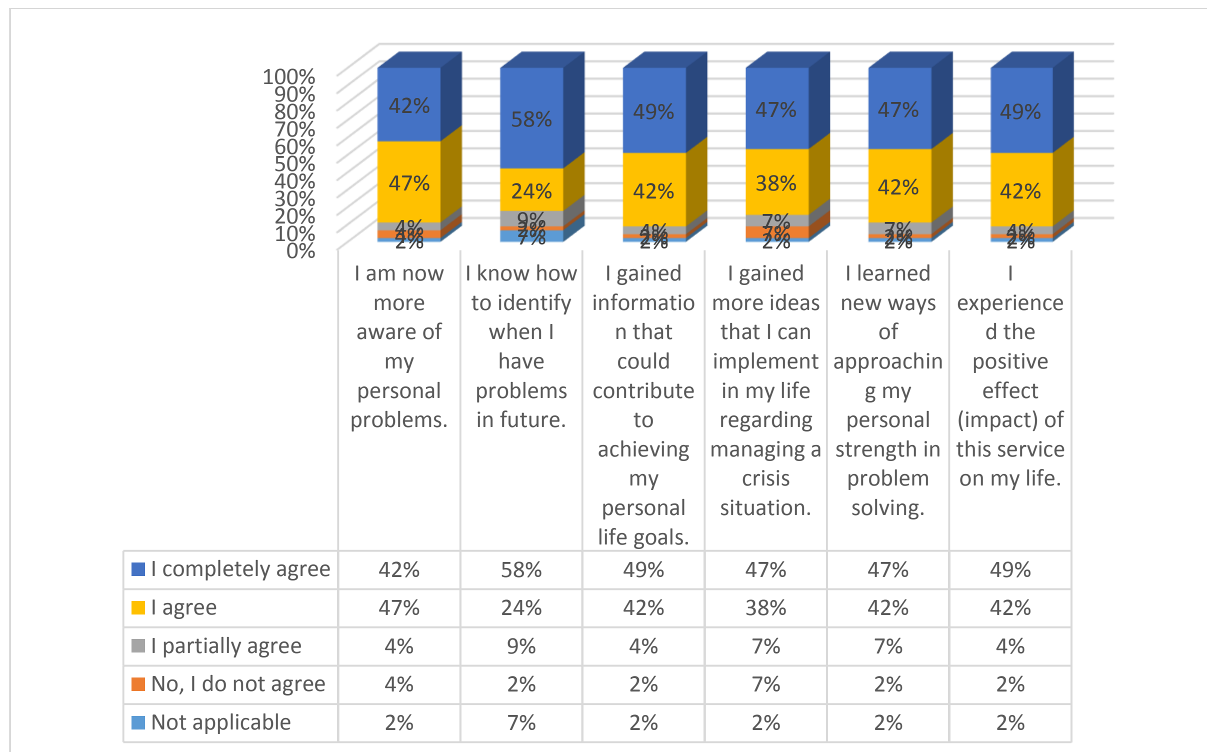
Figure 8: Applicability and relevance of the content of clinical services within the EAP

Respondents were asked whether they believed that EAP had made permanent (lasting) difference in their lives. Ninety-six percent of the respondents indicated 'yes' while 4% responded by indicating it was 'not applicable' to them. Furthermore, 93% of the respondents indicated that the EAP responded in a timely fashion to the emergencies in line with organisational policies and 7% reported that it was not

applicable. Ninety-six percent of respondents indicated that there were aware of the EAP referrals regarding their proper diagnosis within LEDET, and only 4% of the respondents indicated that it was not applicable. In accordance with programme policy, the EAP professional should preferably provide short-term intervention services rather than referring the client to an outside resource (Standards Committee of EAPA-SA, 2015:18). Respondents' experiences regarding whether EAP made appropriate and relevant referrals regarding treatment were explored and 96% of the respondents agreed with the statement, while only 4% of the respondents indicated that the service was not applicable. The respondents indicated that the referrals made were appropriate and relevant in relation to the support they received. Ninety-six percent of the respondents agreed with the statement while only 4% indicated that it was not applicable. The evaluation of an EAP should be built in from the beginning (that is at the needs assessment phase), because it is essential for organisations to determine whether or not those objectives of the programme will be met (Sithole & Khorombi, 2009:360). Respondents received short-term intervention. Here the focus was on whether the respondents were familiar with the type of services they were receiving. Ninety-three percent of the respondents said "yes", while 7% indicated that it was not applicable. The last statement was whether the respondents experienced that the EAP ensured that they fit back into their family and community after receiving services. The majority of the respondents (93%) indicated 'yes', while only 7% of the respondents indicated it was not applicable. The interpretation of the research results thus far reflects that EAP services within LEDET had a significant impact on the lives of the respondents who utilised the services. Moving on from this discussion, the next focus is knowledge gained through EAP services provided.

3.3.7. Knowledge gained through EAP service provided

Figure 9 below gage the impact regarding knowledge gained through EAP services.



	I am now more aware of my personal problems.	I know how to identify when I have problems in future.	I gained information that could contribute to achieving my personal life goals.	I gained more ideas that I can implement in my life regarding managing a crisis situation.	I learned new ways of approaching my personal strength in problem solving.	I experienced the positive effect (impact) of this service on my life.
I completely agree	42%	58%	49%	47%	47%	49%
I agree	47%	24%	42%	38%	42%	42%
I partially agree	4%	9%	4%	7%	7%	4%
No, I do not agree	4%	2%	2%	7%	2%	2%
Not applicable	2%	7%	2%	2%	2%	2%

Figure 9: Knowledge gained through EAP services provided

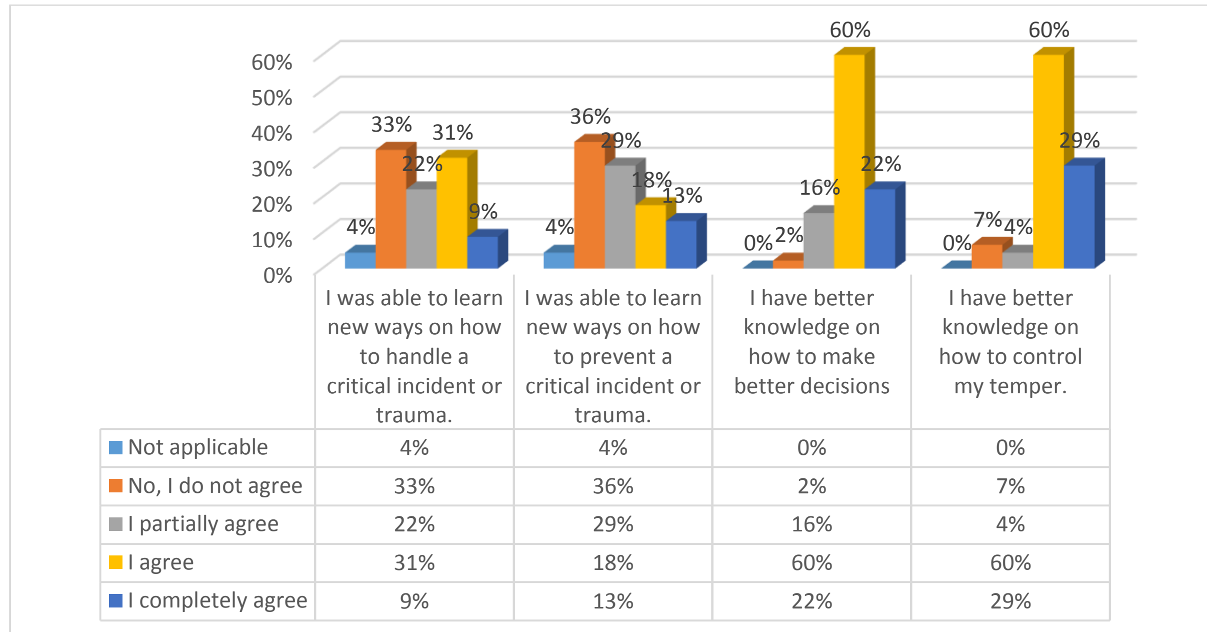
Figure 9 above illustrates respondents' feedback based on the statements provided to them. Based on the experience, the respondents' level of awareness when confronted with problems through knowledge gained on EAP was explored. Of the respondents, 43% 'completely agreed' with the statement while 48% percent agreed, followed by 4% who partially agreed and 5% who did not agree with the statement. The respondents were asked if they would be able to identify when they have a problem in future. Sixty percent of the respondents completely agreed, followed by 27% who agreed while 9% partially agreed, while 2% did not agree and lastly another 2% indicated that the statement was not applicable. The EAP clinical services within LEDET are very important and central to the survival of the programme. The respondents reflected above that the EAP clinical services empowered them and that they are able to use what they had learnt in addressing their problems in future. The literature reviews also reflected that correct implementation of EAP clinical services within LEDET will allow the programme to thrive and provided motivation for the

existence of such a programme. EAP clinical services must be evaluated timeously to determine the programme's effectiveness and efficiency to its service users.

Jefferson (2009:77) and Jacobson and Sacco (2012: 26) point out that programme's effectiveness, the utilisation of the EAP typically measures the user's satisfaction with their programme. On asked if the respondent's knowledge gained may contribute to achieving personal goals in life, 50% of the respondents completely agreed with the statement, followed by forty-three percent who agreed while five percent of the respondents partially agreed and 2% did not agree. On asked if the respondents gained more ideas that could be implemented in life regarding managing a crisis situation, 48% of the respondents completely agreed, followed by 39% who agreed while 7% partially agreed and 7% did not agree with the statement. The other question was on ensuring that EAP clients have access to crisis intervention and other appropriate professional services 24 hours a day, whether or not these form part of the EAP services (Standards Committee document of EAPA-SA, 2015 16). On whether the respondents had learned new ways of approaching personal strengths in problem solving, 48% percent of the respondents completely agreed with the statement followed by 43% percent of the respondents who agreed while 7% partially agreed and 2% did not agree with the statement. On whether the respondents had experienced a positive effect from the services provided, 50% of the respondents completely agreed with the statement followed by 43% of the respondents who agreed while 5% partially agreed and 2% did not agree with the provided statement. EAP could promote a positive climate between employees and management (Rajin, 2012:2).

3.3.8. Attitudinal change

The researcher assessed the attitudinal change of the respondents as it relates to critical incident and trauma management (see Figure 10).



	I was able to learn new ways on how to handle a critical incident or trauma.	I was able to learn new ways on how to prevent a critical incident or trauma.	I have better knowledge on how to make better decisions	I have better knowledge on how to control my temper.
Not applicable	4%	4%	0%	0%
No, I do not agree	33%	36%	2%	7%
I partially agree	22%	29%	16%	4%
I agree	31%	18%	60%	60%
I completely agree	9%	13%	22%	29%

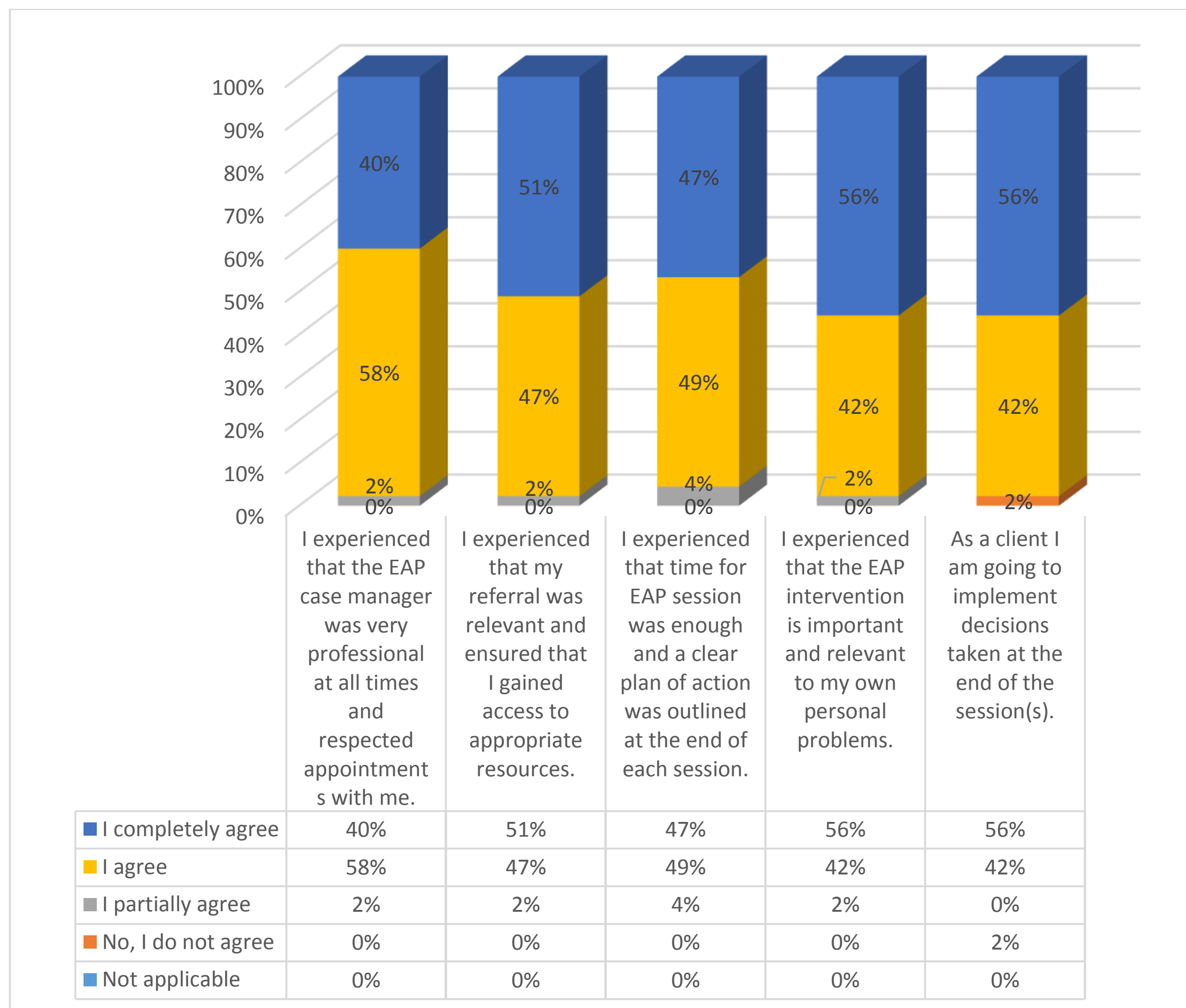
Figure 10: Attitudinal change

Figure 10 reflects that nine percent of the respondents completely agreed, followed by 31% of the respondents who agreed while twenty-two percent of the respondents partially agreed with the statement that they were able to learn new ways on how to handle a critical incident and trauma. On a question about whether the respondents' ability to learn new ways on how to prevent a critical incident or trauma, thirteen percent of the respondents completely agreed with the statement, followed by eighteen percent who agreed while twenty-nine percent of the respondents partially agreed and thirty-six percent of the respondents did not agree with the statement four percent indicated it was not applicable. On the question whether the respondents had knowledge on how to make better decisions, twenty-two percent of the respondents completely agreed followed by sixty percent of the respondents who agreed with the statement while sixteen-percent partially agreed and two percent indicated not applicable. On a question about whether the respondents had better knowledge on how to control their temper, twenty-nine percent of the respondents completely agreed followed by sixty percent of the respondents who agreed with the statement while four percent partially agreed and seven percent indicated not applicable. The EAP

professional should ensure that all sections and/or departments of the organisation are briefed on the trauma management protocols (The Standards Committee of EAPA-SA, 2015:16The next item to be discussed is on service delivery.

3.3.9. Service delivery

The researcher explored service delivery (see Figure 11).



	I experienced that the EAP case manager was very professional at all times and respected appointments with me.	I experienced that my referral was relevant and ensured that I gained access to appropriate resources.	I experienced that time for EAP session was enough and a clear plan of action was outlined at the end of each session.	I experienced that the EAP intervention is important and relevant to my own personal problems.	As a client I am going to implement decisions taken at the end of the session(s).
I completely agree	40%	51%	47%	56%	56%
I agree	58%	47%	49%	42%	42%
I partially agree	2%	2%	4%	2%	0%
No, I do not agree	0%	0%	0%	0%	2%
Not applicable	0%	0%	0%	0%	0%

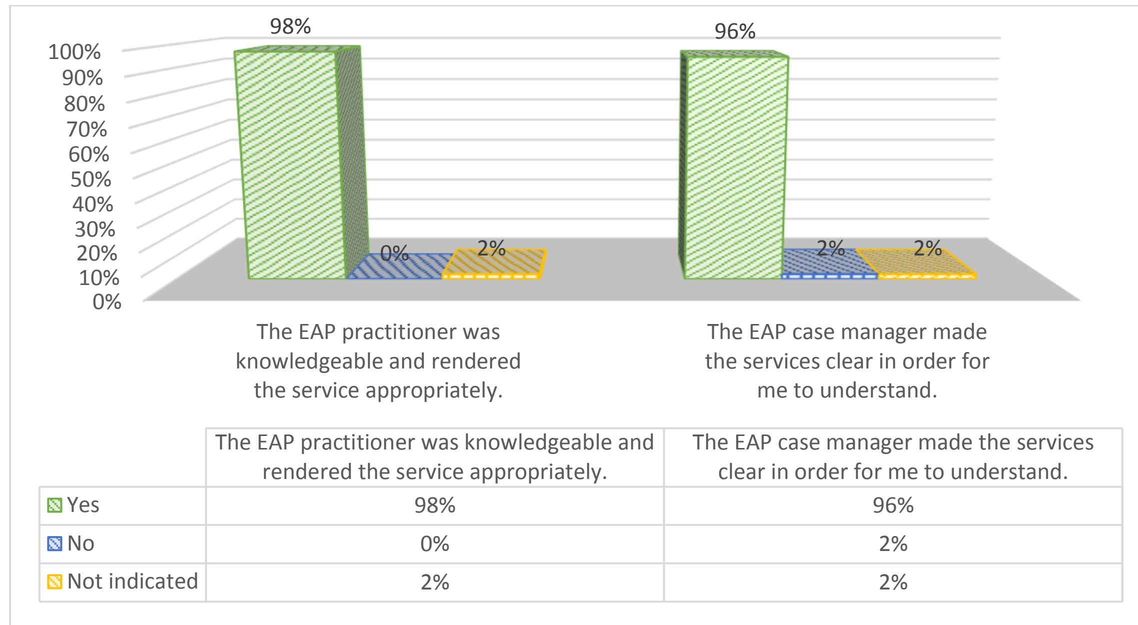
Figure 11: Service delivery

Figure 11 on service delivery demonstrates that 40% of the respondents completely agreed, while 58% of the respondents agreed and two percent partially agreed that EAP case managers were very professional at all times and respected their

appointments with the respondents. While on the other hand, 51% of respondents completely agreed, followed by 47% of the respondents who agreed and two percent who partially agreed that referrals made were very relevant and ensured that they gained access to appropriate resources. Forty-seven percent of the respondents completely agreed, while 49% agreed and 4% of the respondents partially agreed with the provided statement that EAP sessions were enough and a clear plan of action was outlined at the end of each session. Fifty-six percent of the respondents completely agreed, followed by forty-two percent of the respondents who agreed while 2% partially agreed with that EAP intervention was very important and relevant to the respondents' personal experience. Lastly, fifty-six percent of the respondents completely agreed, followed by forty-two percent of the respondents who agreed and only 2% of the respondents who said 'no' they did not 'agree' with the statement that as respondents they were going to implement decisions taken at the EAP services. Yamati (2003:83) and Hopkins (2011:12) state that performance in the workplace differs from one department to another, while organisations' programmes may differ in their effectiveness, that is, in the extent to which pre-established objectives are attained as a result of the activity. The researcher believes that the effectiveness of the programme depends on how often the programme is evaluated.

3.3.10. Knowledge and appropriateness of EAP clinical services

The researcher assessed whether the respondents believed the EAP case managers were knowledgeable and made services clear (see Figure 12).



	The EAP practitioner was knowledgeable and rendered the service appropriately.	The EAP case manager made the services clear in order for me to understand.
Yes	98%	96%
No	0%	2%
Not indicated	2%	2%

Figure 12: Knowledge and appropriateness of EAP clinical services

Figure 12 reflects that 98% of the respondents believed that EAP practitioners were very knowledgeable and rendered the service appropriately while 2% of the respondents indicated ‘no’ as their response. Ninety-six percent of the respondents indicated that EAP case manager made the services clear in order for them to understand while 4% ‘said no’ on the statement above. The discussion above shows that EAP professionals impacted positively on the lives of EAP users because service users reacted positively to EAP clinical service rendered to them. According to Feit (2012: 88), the impact of assessment is designed to determine the effects that programmes have on their intended outcomes, and whether or not there are important unintended effects.

3.4 Summary

The chapter focused on the research methods utilised by the researcher to undertake the research. Again, the results and a detailed interpretation therefore were provided. The researcher is confident that the interpretation indicates that EAP clinical services

had a positive impact on the lives of public servants who utilised the services between 2012 to 2014.

The next chapter focuses on the key findings, conclusions and recommendations emanating from the study.

CHAPTER 4: CONCLUSIONS AND RECOMMENDATIONS

4.1. INTRODUCTION

This chapter seeks to draw conclusions from the results of the entire study. The researcher will outline to what extent the goal and objectives of this study were achieved and answer the research question. Thereafter, key findings, conclusions and recommendations emanating from the study will be provided.

The section below reflects on the goal and objectives of this study.

4.2. GOAL AND RESEARCH OBJECTIVES

The **goal** of the study was to evaluate the impact of the clinical services within the EAP of the Limpopo Department of Economic Development, Environment and Tourism (LEDET).

In order to achieve this goal, the following **research objectives** were to be achieved:

- **To conceptualise and contextualise clinical services of the EAP within the context of LEDET**

  Based on the literature review in Chapter 2 of this study, the conceptualisation and contextualisation of EAP clinical services were achieved within the context of LEDET. This objective was achieved as the literature on EAP clinical services was discussed with reference to amongst others the Standards Committee of EAPA-SA, 2015.

- ❖ **To describe programme evaluation, and specifically impact evaluation, within the context of an EAP**

This objective was achieved through the literature review in Chapter 2. It was achieved under the sub-heading *Impact/outcome evaluation as form of programme evaluation* in Chapter 2.

- ❖ **To determine the impact of the clinical services offered at the LEDET**

Employees who utilised EAP clinical services within LEDET completed a questionnaire in which they rated their experience with regards to EAP clinical services. As such, this objective was achieved and the evidence documented in Chapter 3.

- ❖ **Based on the outcomes of the impact evaluation, to make recommendations for the rendering of EAP clinical services in the LEDET**

The recommendations derived from the findings of the study are provided in this chapter (see section 4.3.).

The researcher aimed to answer the following **research question**: "*What is the impact of clinical services within the EAP of the Limpopo Department of Economic Development, Environment and Tourism*?"

The research question was answered. In terms of the impact of the clinical services, the respondents indicated the following: EAP clinical services impacted and/or contributed positively to the work performance of the service users; EAP clinical services improved and/or contributed to the overall quality of life for service users; The EAP clinical services improved and/or contributed to the relationship of service users with their co-workers and management, and the EAP clinical services improved the relationship of service users and their family members, especially in cases where the referral was due to family problems.

After this discussion, the next focus will be on the limitations and strengths of EAP clinical services within the LEDET as reported by service users. Based on the research results in Chapter 3, the following **limitations** and **strengths** of clinical services were identified (these are by implication also the **key findings** of the study):

Limitations

The following limitations were identified:

- EAP short-term intervention programmes were not provided in all cases reported.
- EAP monitoring was not conducted in line with the EAPA-SA Standards document as prescribed.
- Aftercare and reintegration services were not provided to all service users.
- With the EAP referrals, there was also evidence that supervisors and managers were less involved.
- EAP professionals and employees were in some instances subjected to travelling long distances to provide services or to receive services.
- EAP professionals were not on site within 72 hours of trauma for debriefing in some cases, due to distances to be travelled and time of reporting by their managers.
- It also appeared that not all EAP professionals rendered trauma debriefings within 72 hours as prescribed.
- There was also evidence of insufficient involvement of managers, especially in referring employees to EAP and in general utilisation of EAP services.
- The EAP in LEDET did not have a contract with a local crisis centre for intervention in case of crises. The EAP relies on EAP professionals appointed in the departments.
- EAP in the LEDET did not have intake specialists for clients via telephone prior to assessment.

From the **limitations** above the researcher took cognisance that in order to improve EAP clinical services the stated limitations must be addressed. Again,

there must be continued evaluation of the EAP clinical services to enhance the relevance and effectiveness of the programme. The conclusions drawn from the limitations of the EAP clinical services in LEDET are as follows: The EAP professionals aligned their services to EAPA-SA standard documents. However, not all requirements were complied with. There seem to be a need for EAP unit to ensure that they fully comply with all standards as prescribed by EAPA-SA.

The next item to be discussed will be the **strengths** of EAP clinical services in the LEDET.

Strengths

The following strengths were identified:

- For the EAP clinical services, four to six sessions were regarded as the desired number of sessions for intervention.
- In terms of EAP monitoring, two contact sessions a month were regarded as effective.
- Marketing by EHW coordinators was regarded as the main way service users became aware of EAP clinical services.
- Aftercare and reintegration services play a crucial role to ensure good working relationship amongst services users and their subordinates/managers.
- Marketing of EAP clinical services were mostly done by the programme coordinators.
- Most EAP clinical service users reported that transport was provided to them in order to receive services.
- EAP clinical services were regarded as excellent by most employees.
- EA professionals were able to honour appointments with employee clients, as planned.
- All employees felt respected by EA professionals at all times.
  The EA professionals provided regular contact with service users.
- EAP always brought about improved working relationship amongst the employees.

- Clinical services assisted employees to readjust in the workplace.
- Good case monitoring and evaluation assisted to improve the image and credibility of the EAP programme.
- EAP clinical services were rendered by professionally qualified personnel.
- Trauma debriefings and counselling were done by professionally qualified EAP professionals.
- The trauma debriefings were mostly done within 72 hours as prescribed.
- There were regular follow-up services by EAP professionals in most cases.
- EAP service users were mostly satisfied with EAP clinical services, especially the trauma debriefing and EAP counselling.
- There were also advantages in terms of language use, because the service users received services in the language of their preferences.
- Most EAP professionals entered into contracts with service users as prescribed by the standards of EAPA-SA.
- The EAP professionals rendered follow-up services with users after the interventions were rendered.
- The EAP professionals provided EAP service users with the opportunity to share their views during the intervention process.
- The EAP had a step-by-step protocol on how to handle problems when they cropped up.
- The LEDET has EAP policy in place which outlines in detail the processes involved in EAP case management.
- The EAP conducted assessment face to face and referred externally when the services could not be rendered internally.
- When long-term psychotherapeutic intervention was required, the EAP referred externally (Rehabilitation cases).
- The EAP professionals explained reasons for referral and the costs associated therewith.
- Intervention plans included identification and ranking of problems and establishment of immediate and long-term goals and designation of resources to be used.
- The LEDET aligned its service to EAPA-SA standards document.
- EAP clinical services impacted and contributed positively to the work performance of the service users.

- EAP clinical services improved and/or contributed to the overall quality of life of service users.
- The EAP clinical services improved and/or contributed to the relationships between service users and their co-workers and management.
- The EAP clinical services improved the relationships between service users and their family members, especially in cases where the referral was due to family problems.

The conclusions of this study drawn from the **strengths** of the EAP clinical services in the LEDET, are as follows: The EAP clinical services impacted positively on the work performance of the service users. In addition, the EAP clinical services improved the relationships between service users and their family members, especially in cases were the referral was due to family problems. The EAP clinical services contributed positively to the overall quality of life of service users. Lastly, EAP clinical services contributed to the relationships between service users and their co-workers and management.

4.3. RECOMMENDATIONS EMANATING FROM THE STUDY

Based on the key findings and conclusions of this research, the following are **recommended** to improve the impact, and sustain the standard of EAP clinical services in the LEDET:

- The EAP short-term intervention programme should consist of four to six sessions.
- The EAP monitoring should be conducted in terms of EAPA-SA standard document.
- Aftercare and reintegration services should be provided to all service users.
- Supervisors and managers should be more involved with the referrals of their subordinates. This could be addressed through the marketing of EAP services in the LEDET.

- All services users should be provided with transport to attend to EAP clinical services. The LEDET will have to make budget allocations to ensure this recommendation can materialise.
- The EAP should be marketed at all times to increase awareness of the programme among all employees.
- All EAP professionals should keep all appointments, be on time and arrange follow-up session to improve credibility of the programmes among their clients.
- EAP should contract with local crisis centres for assistance in case of crises.
- EAP should strengthen management support, as the study reflected limited referrals to EAP by the management.
- EAP in the LEDET should continue to ensure that EAP services are rendered by professionally qualified staff.
- EAP professionals should continue to do trauma debriefing within 72 hours, as prescribed by EAPA-SA.
- The EAP in the LEDET should ensure that clients receive services in their preferred languages.
- EAP should continue to enter into contracts with the clients because this ensures a commitment to the treatment plan.
- The EAP must provide aftercare and reintegration services as the service users indicated that it aided reintegration.

Having dealt with the recommendations of the study, the next discussion will be on **recommendations for future research**.

4.4. RECOMMENDATIONS FOR FUTURE RESEARCH

Apart from the recommendations for the EAP clinical services, the following recommendations are offered for **future research**:

- Future research must focus on the entire EAP in all Limpopo Provincial Departments and it must evaluate all EAP units. This could assist in making sure that EAPs are benchmarked within the province. Again, it could ensure that all provincial departments are implementing the programme uniformly.

- ❖ Future studies should focus on return on investments (ROI) for EAP in the LEDET. The EAP aims to improve both the individual and organisation productivity. EAP must prove through its excellence that it gives sound value for money for the departments so that its existence will not be threatened.
- ❖ Future research should also evaluate the success of the EAP since its establishment in 2001 across government departments. Similar studies must be conducted in other provinces in order for government to determine the impact of clinical services within the EAP at various government departments.

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APPENDICES

Appendix A: Data collection instrument

AN IMPACT EVALUATION OF THE CLINICAL SERVICES WITHIN THE EAP AT THE LIMPOPO DEPARTMENT OF ECONOMIC DEVELOPMENT, ENVIRONMENT AND TOURISM

Dear research participant

My name is **Christopher Kwena Kanama** and I am a Master's of Social Work (EAP) student in the Faculty of Humanities at the University of Pretoria. This study is aimed to determine the impact of the EAP clinical services within the Limpopo Department of Economic Development, Environment and Tourism (LEDET). Your opinion as user of clinical services, regarding the effectiveness of the clinical services within the EAP in LEDET will inform future service delivery.

Instruction: Please write your answer to a question in the shaded space provided or indicate your answer with a circle around the appropriate number in the shaded box.

SECTION A: BIOGRAPHIC DETAILS

1. Indicate your gender.

Male	**1**	A1
Female	**2**	
Other (specify):	**3**	

2. What is your age group?

18-35	**1**	A2
36-54	**2**	
55-65	**3**	

3. What is your marital status?

Never married (single)	**1**	A3
Married	**2**	
Separated	**3**	
Divorced	**4**	
Widowed	**5**	
Living together/cohabiting	**6**	
Other (specify):		

4. What is your home language?

Afrikaans	**1**	A4
English	**2**	
Sepedi	**3**	
Tshivenda	**4**	
Xitsonga	**5**	
SeSotho	**6**	

Tswana	**7**
Xhosa	**8**
Zulu	**9**
IsiNdebele	**10**
SiSwati	**11**
Other (specify):	

SECTION B: GENERAL

1. Instructions: ***Please choose one option by circling the appropriate number you choose.***

EAP is a short term intervention programme. Based on your experience, how many sessions would you prefer?

Two to three sessions?	**1**	B 1	
Four to six session?	**2**	B 2	
Six to ten session?	**3**	B 3	

2. Instructions: ***Please choose one option by circling the number you choose.***

How often would you prefer to be contacted during the EAP case monitoring?

Once a week	**1**	B 4	
Twice a month	**2**	B 5	
Once a month	**3**	B 6	

3. **Instructions:** ***Please indicate if you agree or disagree with the following statements regarding aftercare and reintegration services by indicating 'Yes' or 'Not Applicable'.***

	Yes	**Not applicable**		
The aftercare and reintegration services were suitable.	**1**	**2**	B7	
The aftercare and reintegration services assisted me in adjusting to the work environment.	**1**	**2**	B8	

4. Instructions: ***Please choose one option by circling the appropriate number.***

How did you get to know about the EAP clinical services?

Marketing by EHW coordinators	**1**	B 9	
Departmental brochure	**2**	B10	
Colleagues/Supervisor	**3**	B11	
Other (specify):	**4**	B12	

5. Instructions: ***Please choose one option by circling the appropriate number.***

How far did you have to travel to attend EAP

0-25 km	**1**	B 13	
26-50 km	**2**	B 14	
51-100 km	**3**	B 15	
Over 101 km	**4**	B 16	

6. Instructions: ***Please choose one option by circling the appropriate number.***

How will you rate the Employee Assistance Programme (EAP) clinical services?

Excellent	1	B 17	
Good	2	B 18	
Average	3	B 19	
Poor	4	B 20	

SECTION C: PROGRAMME FACILITATION EAP

1. ***Please indicate whether you agree or disagree with the following statements regarding the way the EAP was facilitated or presented by indicating 'Yes' or 'Not applicable'.***

	Yes	Not Applicable		
I experienced that I was respected at all times.	1	2	C 1	
I experienced regular contact between myself and the EAP practitioner.	1	2	C 2	
I was able to honour appointments with external stakeholders as planned.	1	2	C 3	
I realised that the EAP was relevant and assisted me in addressing my problems.	1	2	C 4	

SECTION D: OBJECTIVES OF CLINICAL SERVICES WITHIN LEDET

Instructions: ***Please circle the appropriate number by using the following codes:***

0 = *Not applicable*
1 = ***N****o, I do not agree*
2 = *I* ***partially agree***
3 = *I agree*
4 = *I* ***completely*** *agree*

1. After attending clinical services within the EAP in LEDET, to what extend do you agree with the following statements about your experience of the service. Remember there are no incorrect answers.

TO WHAT EXTENT DO YOU AGREE WITH THE FOLLOWING STATEMENTS	0	1	2	3	4		
I experienced consistency regarding the implementation of the EAP within the Department.	0	1	2	3	4	D 1	
I experienced that counselling to me, which I encountered personal, emotional, psychological or behavioural concern) affected my work attendance positively.	0	1	2	3	4	D 2	
I experienced that counselling which was provided to me improved my job performance positively.	0	1	2	3	4	D 3	

I experienced that the EAP renders initial assessment for proper diagnosis and treatment for a medical condition.	0	1	2	3	4	D 4	
I experienced that the EAP renders referral for proper treatment for a medical condition.	0	1	2	3	4	D 5	
I experienced that the EAP provides timeous intervention and support. These prevented my further deterioration of work performance.	0	1	2	3	4	D 6	
I experienced healthy working relationships in the workplace due to EAP services.	0	1	2	3	4	D 7	
I experienced improved productivity in the workplace due to EAP services.	0	1	2	3	4	D 8	

SECTION E: PROGRAMME CONTENT

Instructions: ***Please circle the appropriate number by using the following codes:***

0 = *Not applicable*
1 = ***N****o, I do not agree*
2 = *I* ***partially agree***
3 = *I agree*
4 = *I* ***very strongly*** *agree*

1. ***Which of the following correspond with the clinical services you received from the EAP at the department where you work?***

TO WHAT EXTENT DO YOU AGREE WITH THE FOLLOWING STATEMENTS	0	1	2	3	4		
Regular contact between me and the EAP practitioner during the intervention period, ensured that goals and objectives of the intervention plan were met.	0	1	2	3	4	E 1	
The clinical services assisted me with reintegrating/readjusting in the work place.	0	1	2	3	4	E 2	
Good case monitoring and evaluation helped me to improve the image and credibility of the EAP among potential clients.	0	1	2	3	4	E 3	
I do agree, that reintegration and aftercare sessions assists me to notice the effectiveness of the EAP services.	0	1	2	3	4	E 4	

2. **Instructions:** ***Please indicate whether you agree or disagree with the following statements regarding the EAP sessions by indicating "'Yes' or 'Not Applicable'.***

	Yes	**Not Applicable**		
I experienced that the EAP services assisted me to cope with work-related stress.	**1**	**2**	E 5	
I experienced that the EAP sessions addressed my needs as employee regarding work or personal problems.	**1**	**2**	E 6	
I experienced that the EAP clinical services were presented effectively and I learnt to make the right decisions in future.	**1**	**2**	E 7	
I experienced that crisis intervention was made clear and it assisted me.	**1**	**2**	E 8	
I understand trauma management protocols and they were made clear to me and other service users.	**1**	**2**	E 9	

SECTION F: APPLICABILITY AND RELEVANCE OF THE CONTENT OF THE CLINICAL SERVICES WITHIN THE EAP

Instructions: ***Please read the following statements carefully and indicate whether you agree or disagree with the following statements by indicating 'Yes' or 'Not applicable'.***

	Yes	**Not applicable**		
I experienced that the EAP made a permanent (lasting) difference to me after the sessions I had with them.	**1**	**2**	F1	
I experienced that the EAP responded in a timely fashion to my emergency and/or urgent situation in line with the organisational policies.	**1**	**2**	F 2	
I experienced that the EAP made appropriate and relevant referrals regarding my proper diagnosis.	**1**	**2**	F 3	
I experienced that the EAP made appropriate and relevant referrals regarding my treatment.	**1**	**2**	F 4	
I experienced that the EAP made appropriate and relevant referrals regarding support which I received.	**1**	**2**	F 5	
I received short term intervention.	**1**	**2**	F 6	
I experienced that the EAP ensured that I fit back into my family and community after the services they provided to me.	**1**	**2**	F 7	

SECTION G: KNOWLEDGE GAINED THROUGH EAP SERVICES PROVIDED

Instructions: ***Please circle the appropriate number by using the following codes:***

0 = Not applicable
1 = ***N****o, I do not agree*
2 = *I* ***partially agree***
3 = *I agree*
4 = *I* ***very strongly*** *agree*

1. ***As a result of attending clinical services within the EAP, I see the value to me in the following ways***

TO WHAT EXTENT DO YOU AGREE WITH THE FOLLOWING STATEMENTS	**0**	**1**	**2**	**3**	**4**		
I now more aware of my personal problems.	**0**	**1**	**2**	**3**	**4**	G 1	
I know how to identify when I have problems in future.	**0**	**1**	**2**	**3**	**4**	G 2	
I gained information that could contribute to achieving my personal life goals.	**0**	**1**	**2**	**3**	**4**	G 3	
I gained more ideas that I can implement in my life regarding managing a crisis situation.	**0**	**1**	**2**	**3**	**4**	G 4	
I learned new ways of approaching my personal strength in problem solving.	**0**	**1**	**2**	**3**	**4**	G 5	
I experienced the positive effect (impact) of this service on my life.	**0**	**1**	**2**	**3**	**4**	G 6	

SECTION H: ATTITUDINAL CHANGE

Instructions: ***Please circle the appropriate number by using the following codes:***

0 = *Not applicable*
1 = ***N****o, I do not agree*
2 = *I* ***partially agree***
3 = *I agree*
4 = *I* ***very strongly*** *agree*

1. **By attending the clinical services within the EAP, I believe…**

TO WHAT EXTENT DO YOU AGREE WITH THE FOLLOWING STATEMENTS	0	1	2	3	4		
I was able to learn new ways on how to handle a critical incident or trauma.	0	1	2	3	4	H 1	
I was able to learn new ways on how to prevent a critical incident or trauma.	0	1	2	3	4	H 2	
I have better knowledge on how to make better decisions.	0	1	2	3	4	H 3	
I have better knowledge on how to control my temper.	0	1	2	3	4	H 4	

SECTION I: SERVICE DELIVERY

Instructions: ***Please circle the appropriate number by using the following codes:***

0 = *Not applicable*
1 = ***N****o, I do not agree*
2 = *I* ***partially agree***
3 = *I agree*
4 = *I* ***very strongly*** *agree*

1. ***What were some of the characteristics and challenges of participation that you identified during the EAP case management system***

TO WHAT EXTENT DO YOU AGREE WITH THE FOLLOWING STATEMENTS	0	1	2	3	4		
I experienced that the EAP case manager was very professional at all times and respected appointments with me.	0	1	2	3	4	I 1	
I experienced that my referral was relevant and ensured that I gained access to appropriate resources.	0	1	2	3	4	I 2	
I experienced that time for EAP session was enough and a clear plan of action was outlined at the end of each session.	0	1	2	3	4	I 3	
I experienced that the EAP intervention is important and relevant to my own personal problems.	0	1	2	3	4	I 4	
As a client I am going to implement decisions taken at the end of the session(s).	0	1	2	3	4	I 5	

2. ***Please indicate whether you agree or disagree with the following statements regarding the EAP clinical service by indicating 'Yes' or 'No'.***

	Yes	No		
The EAP practitioner was knowledgeable and rendered the service appropriately.	**1**	**2**	I 6	
The EAP case manager made the services clear in order for me to understand.	**1**	**2**	I 7	

Kindly describe your overall impression of the EAP clinical services.

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Thank you very much for your time and co-operation in sharing your experiences with me.

Appendix B: Permission letter from LEDET

LIMPOPO

PROVINCIAL GOVERNMENT

REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF

ECONOMIC DEVELOPMENT, ENVIRONMENT & TOURISM

Ref. no.: S5/3/R
Enq. : Tsweleng M.P.
Contact: 015 293 8390
071 6890 868
Date : 07/11/2016

To : Kanama C.K.

From : Director
HRD & PMS

APPROVAL TO CONDUCT RESEACH AT DEPARTMENT OF ECONOMIC DEVELOPMENT, ENVIRONMENT AND TOURISM (LEDET) IN 2016: KANAMA C.K. UNIVERSITY OF PRETORIA; EAP

1. The above matter bears reference.

2. We have pleasure in informing you that your request to conduct research at Department of Economic Development, Environment and Tourism (LEDET) has been approved by the Head of Department.

3. Your request is captured as follows:

   - Topic: An Impact evaluation of the Clinical Services within the EAP at LEDET

4. You are requested to contact Ms. S. Mokwena at Security to secure an appointment for the purpose of protection of information procedures.

5. After completing your study you are requested to submit a copy of your mini-dissertation or recommendations to the Head of Department LEDET.

6. Thank you.

....

Segooa A.R.
Director: HRD & PMS

HEAD OFFICE

20 Hans van Rensburg Street/ 19 Biccard Street, POLOKWANE, 0699, Private Bag X 9484, POLOKWANE, 0700
(Switchboard) Tel: +27 15 293 8300 Website: www.ledet.gov.za

The heartland of southern Africa - development is about people!

Appendix C: Consent Form

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA
Faculty of Humanities
Department of Social Work & Criminology

RESEARCHER: KANAMA CHRISTOPHER KWENA
Cell No: 072 200 8063
Tel: 015 297 3839

INFORMED CONSENT

Title of the study: An impact evaluation on the clinical services within the EAP of the Limpopo Department of Economic Development, Environment & Tourism

Purpose: The study aims to evaluate the impact of clinical services rendered by the EAP in the Limpopo Department of Economic Development, Environment and Tourism (LEDET) in order to inform future services.

Procedure: I understand that I am requested to complete a questionnaire about my experiences of utilising the clinical services within the EAP at the LEDET. The questionnaire will take approximately 25-30 minutes of my time to complete.

Risk & Discomfort: In relation to this study there are no known physical or emotional harm associated with this study. However, should I experience such, I will inform the researcher. I expect the researcher to arrange counselling for me with a qualified counsellor from the Employee Health & Wellness directorate.

Benefits: I understand that I will not directly benefit from participating in the study. However, I understand that my participation in this study and feedback could provide valuable inputs with regards to improving EAP clinical services within LEDET.

Participants' right: I am aware that I am at liberty to withdraw from the study at any given time without any consequences.

Financial Compensation: I understand that by participating in the study will not be reimbursed.

Confidentiality: I understand that the information that I will provide on the questionnaire will be kept confidential. I give permission that any information which is collected from me may be used for research and publications, but that my identity will not be revealed unless required by law.

Data Storage: I understand that all the raw data will be store for a period of 15 years in the Department of Social Work and Criminology at the University of Pretoria, South Africa. I also understand that the

Department of Social Work & Criminology
Room 10-24, Level 10, Humanities
Building
University of Pretoria, Private Bag X20
Hatfield 0028, South Africa
Tel +27 (0)12 420 2648
Email stephan.geyer@up.ac.za

archived data may be used again for future research.

In case I encounter any challenges or concerns about this study I will contact Mr Kanama C.K at 072 200 8063

I understand my rights as a participant in this study and I consent to participate in the study without being coerced. I understand the purpose of the study the reason it has to be conducted and how it will be conducted.

I will deposit the completed informed consent form and a questionnaire in two separate boxes at the EAP office at the department where I work.

______________________ ________________

Signature: Respondent Date

______________________ ________________

Signature: Researcher Date

Faculty of Humanities
Fakulteit Geesteswetenskappe
Lefapha la Bomotho

Appendix D: Ethical clearance from UP

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of Humanities
Research Ethics Committee

31 March 2017

Dear Mr Kanama

Project:	**An impact evaluation on the clinical services within the EAP of the Limpopo Department of Economic Development, Environment & Tourism**
Researcher:	**C Kanama**
Supervisor:	**Dr LS Geyer**
Department:	**Social Work and Criminology**
Reference number:	**14258332(GW20170114HS)**

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

I am pleased to inform you that the above application was **approved** by the **Research Ethics Committee** of 30 March 2017. 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 the actual research depart significantly from the proposed research, it will be necessary to apply for a new research approval and ethical clearance.

The Committee requests you to convey this approval to the researcher.

We wish you success with the project.

Sincerely

Prof Maxi Schoeman
Deputy Dean: Postgraduate Studies and Ethics
Faculty of Humanities
UNIVERSITY OF PRETORIA
e-mail:tracey.andrew@up.ac.za

CC:
Supervisor(s): Dr LS Geyer
HoD: Prof A Lombard

esearch Ethics Committee Members: Prof MME Schoeman (Deputy Dean); Prof KL Harris; Dr L Blokland; Dr R Fasselt; Ms KT Govinder; Dr E ıhnson; Dr C Panebianco; Dr C Puttergill; Dr D Reyburn; Prof GM Spies; Prof E Taljard; Ms B Tsebe; Dr E van der Klashorst; Mr V Sithole

Appendix E: Confirmation letter for language editing

Carina Barnard
Translation/Editing/Proofreading

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37 Knoppiesdoorn Avenue
Lynnwood Manor
Pretoria

Tel. 012 8044 700
082 558 9993
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ACKNOWLEDGEMENT OF LANGUAGE EDITING

I, CJ Barnard, hereby certify that I edited and proofread the dissertation

AN IMPACT EVALUATION OF THE CLINICAL SERVICES WITHIN THE EAP OF THE LIMPOPO DEPARTMENT OF ECONOMIC DEVELOPMENT, ENVIRONMENT AND TOURISM

by

CHRISTOPHER KWENA KANAMA

(14258332)

I found the standard of the language acceptable provided the corrections as indicated have been made.

CJ Barnard
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