

**A CRITICAL ANALYSIS OF THE PREVALENCE AND NATURE OF EMPLOYEE  
ASSISTANCE PROGRAMMES IN THE EASTERN CAPE BUFFALO CITY  
MUNICIPAL AREA.**

By

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“There are no great things - only small things done with great love.” – Mother Teresa

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## **SUMMARY**

### **A CRITICAL ANALYSIS OF THE PREVALENCE AND NATURE OF EMPLOYEE ASSISTANCE PROGRAMMES IN THE EASTERN CAPE BUFFALO CITY MUNICIPAL AREA**

The researcher has since 1996 been involved professionally in the field of Employee Assistance and has been witness to its evolution, growing complexity and potential to make a positive impact on the development of individuals and organizations through employer-employee relationship and workplace dynamics. The motivation for this study came from an interest to gain deeper understanding of the concept and implementation of EAPs by organizations in the researcher's immediate environment and circle of potential influence.

The development of EAPs in South Africa, influenced by various professions, has evolved as a result of different organizational needs which occur in varying forms and levels of sophistication depending on staffing, availability of resources and capacity within organizations. There is limited information available to EAP as a developing profession in terms of how programmes occur in South Africa.

This study sought to analyze the prevalence and nature of EAPs in work organizations within the Buffalo City Municipal Area (BCMA) in the Eastern Cape Province, mainly to obtain reliable information on these programmes so that implementation of employee assistance can be evaluated and improved. This investigation provides a critical description of the implementation of EAPs in the BCMA with a view to establish prevalence, critically analyze the nature of EAPs, and to benchmark against existing Employee Assistance Professional Standards.

The literature review includes a detailed examination of the history of EAPs in South Africa, contributions of the different professional disciplines, definitions of EAP, models currently in practice with the advantages, disadvantages and factors that influence the organizations choice of model and core technology of EAPs, as well as a critical examination of the 27 EAPA-SA Standards of 2005.

The study is quantitative, exploratory and descriptive in nature as it sought to measure prevalence and provide descriptions of implementation methodologies in terms of form, shape, scope, staffing and services offered. These descriptive elements are benchmarked against the Standards for EAPs in South Africa, developed by the EAPA-SA, the official voice of the EAP profession. Questionnaires were administered to respondents that attended the local EAPA Branch and Occupational Health Nurses Association as well as Provincial Forum for Public Sector EAPs meetings. The respondents that were not reached this way were administered questionnaires personally.

The population included organizations from both the private and public sector that employed a minimum staff compliment of two hundred. Since there are only 47 such organizations in the BCMA (both public and private sector), the entire population consisted of respondents and no sample was selected. Univariate analysis was used to assess data collected.

The findings of the study indicate that EAPs are prevalent in BCMA organizations but they vary considerably in the way they have been developed and implemented. Benchmarked against the EAPA-SA Standards it is evident that while employee assistance programmes have certain basic elements in common, the overall design and implementation is fortuitous at best. Since the EAPA-SA standards have been developed concurrently with EAPs it is hoped that newly established EAPs will be a product of careful design rather than an inadvertent incident.

EAPA-SA, educational institutions and business development forums need to collaborate and partner to provide comprehensive support to organizations and EAP practitioners to strengthen their EAPs. Correctly implemented, capacitated and resourced, EAPs can assist organizations to effectively manage their human resource behavior and health risks, maximize productivity as well as support individual employees to optimally manage personal and work challenges and function at their best.

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## **LIST OF KEY CONCEPTS**

**Employee Assistance**

**Behavior Risk Management**

**Health Promotion**

**Human Resource Management**

**Wellness**

**Standards**

**Troubled Employee**

**Productivity**

**Incapacity**

**Social Responsibility**

## CHAPTER 1

### General Introduction and Background to the Study

#### 1. Introduction

According to Terblanche (1992:17), “assistance to troubled employees in the Republic of South Africa (RSA) is nothing new. However, the concept of “Employee Assistance Programs” (EAPs) in its traditional structured format is quite new.” There has been much development in the field of employee assistance since this statement was made in 1992.

The historical development of EAPs in South Africa in the researcher’s opinion has been a complex process. EAPs have evolved from Social Welfare – Occupational Social Work, Human Resource Management, Occupational Health and the Mental and Medical Health Fields. This view is acknowledged by Du Plessis (2001: 103) in her statement that “while Social Workers appear to be the preferred profession in staffing EAPs, they are certainly not the only ones as nurses, psychologists and human resource personnel all play a role as well.” Employee Assistance as such has become fairly sophisticated in a short space of time but is still in its early stages in terms of developing as a single pure product.

The unique South African First world/Third world dichotomy is, in the researcher’s view, mirrored in the development of EAP. EAPs with different levels of sophistication and forms occur in different parts of the country, depending on the ranks of EAP personnel in the different workplaces and also on the availability of resources and proper capacity within those programs.

In the researcher’s view, EAP is developing rapidly in South Africa. The establishment of a professional association EAPA-SA, the development of standards and ethics for practitioners and the development of formal training by tertiary institutions is indicative of this development. But according to the researcher’s observation, from presentations and discussions at every EAPA-SA national conference since 2000, many workplaces have bought into the concept of EAP but are adopting an expanded approach by incorporating issues of Health Risk Management, Occupational Health and Safety, Organizational Development and other relevant

issues. In his opening address, the President of EAPA-SA in the 2004 national conference alluded to the different roles that EAPs play in workplaces, especially in respect of human behavior risk management and in managing health care. Another trend that has been noticed is that many companies who present at these conferences call their programmes Employee Wellness Programmes to reflect its expanded focus from traditional EAP core technology.

HIV/AIDS, which has reached pandemic proportions in South Africa and which is projected to have a serious effect on the national economy as fatalities increase, is resulting in many workplaces implementing HIV/AIDS workplace programmes either by incorporating it into their employee assistance programmes, expanding their existing HIV/AIDS workplace programmes to also deal with other employee issues or having HIV/AIDS programmes and calling it an EAP. The President of EAPA-SA alluded to this issue in his opening address at the 2004 National Conference by stating that while “alcoholism and alcohol related problems were the catalyst for EAPs in the USA, in South Africa it is HIV/AIDS”.

Labour legislation such as the Labour Relations Act No. 66 of 1995 and the Occupational Health and Safety Act No. 29 of 1996 places responsibility on employers to manage behavior risks that employees bring to the workplace, risks that the workplace brings to the employee and that the enforcement of corporate regulations and related discipline should be progressive and in essence provide assistance to employees who are incapacitated by problems that might inhibit productivity or guilty of misconduct before punishment or dismissal. Employers are therefore under pressure to put in place mechanisms for monitoring and managing employees and draw a parallel in terms of the impact they have on the workplace. EAP is a mechanism that can meet these needs.

According to the researcher’s observation the EAP scenario in the public sector differs slightly compared to the private sector. Accordingly, the Department of Public Service and Administration, conceding to the concept of employee assistance, prescribed it in 1997 to other government departments in the form of an instruction to render an employee assistance service to its employees. The instruction was given without specific guidelines on what the EAP’s function involves. Many departments did not have the capacity to fulfill this responsibility and appointed staff not necessarily appropriate or adequate for the task. Some of these staff

members are still in the process of being trained. The impact of this on the development of EAPs has not been investigated.

Work ethics and the corporate culture of organizations are changing rapidly with globalization and technological advancement, while the prevalence of HIV/AIDS impacts negatively on both human productivity and economy growth potential; South Africa in particular is undergoing rapid change in terms of the country's socio-economic and political climate. The Eastern Cape Provincial Administration, where the researcher is employed, was seriously impacted by the "transformation" process that incorporated the former Transkei and Ciskei into the Republic of South Africa. The processes of rationalization left thousands of employee "supernumerary" or "excess" to the establishment. This situation, which is still being dealt with today, presented a crisis of major proportion. Employee Assistance Practitioners were called on to provide professional counselling to help employees cope with negative emotions; change management, and preparation for retrenchment or redeployment. These activities are outside of the traditional scope of EAPs.

EAPs need to keep up with these transformations and be knowledgeable to meet the changing needs of workplaces. Research-related discussions with recognized authority in the EAP field, Ms. V. Mkhize, who is responsible for the EAP training at the University of the Western Cape, reinforce this assertion that EAPs need to have an expanded model in order to be responsive to workplace needs; the objective is to gain insight into a combination of core technologies and other interventions such as organizational development.

At the 2004 EAPA-SA National Conference, the President in his opening address alluded to the fact that EAPs needed an expanded model in order to be more attentive to changes within the human resource industry by suggesting that the conference might provide useful alternatives to those who are responsible for applying employee assistance in a changing world and that this kind of innovation is essential to maintaining and expanding the employee assistance field's range and usefulness in South Africa.

This study sought to analyze the prevalence and nature of EAPs in work organizations within the Buffalo City Municipal Area (BCMA). The aim of this study was to examine and establish

the EAP situation within the municipality in terms of benchmarks identified by the EAPA-SA's Standards Document (2005); in order to identify areas that will benefit from further development and the identification of opportunities and challenges faced by organizations in meeting their employee assistance / wellness objectives. The study also attempted to identify factors influencing the shape and scope that EAPs are currently taking in these workplaces.

The purpose of this study is to explore the process followed within workplaces to analyse its human capital management needs in terms of strengths, weaknesses, opportunities and threats and how each category is evaluated, solutions to problems sought, and opportunities developed.

## **2. Problem Formulation**

Depending on various factors such as available resources, management commitment to social responsibility, understanding that investment in employee wellness will add value to the organization in terms of sustained productivity and market positioning, appropriate staffing and capacity, EAPs can take many shapes and forms to adapt to unique circumstances and may be structured or informal. However, in the absence of a statutory body or regulatory guidelines, the concept of employee assistance has been implemented by some organizations in very different and inconsistent ways.

In the researcher's view, if a work organization is not clear about the investment value of an EAP, it may believe that investing in a comprehensive EAP is a luxury expense rather than a necessary service that will limit the expense as a direct consequence of employees' poor work performance. Employers may not immediately acknowledge the need and worth of allocating sufficient human and financial resources to operate an adequate EAP service for the benefit of its staff and may instead allocate employee assistance as an additional function to an existing position, for example the Occupational Health Nurse or Human Resource Practitioner. Yet, this alternative option to developing an independent EAP often results in the person not being able to render adequate services due to insufficient time, lack of occupational expertise and limited access to necessary financial resources. Consequently, if the EAP function fails to make a significant impact on employee wellbeing and occupational strength then it's objective to add



value to the corporate culture of an organization is not recognized and is unlikely to receive the appropriate support.

The researcher gained valuable insight on the topic by observing individuals who have limited exposure of employee assistance, both in the public and private sector in the Eastern Cape; the researcher observed that EAPs seem to have followed a similar evolution as EAPs in other provinces. The inclusion of an employee assistance programme within an organization has its roots in occupational health and human resource management. An EAP has been mainly a management rather than a union initiative; it is a HR discipline that is still very much unstructured in nature. Many programs are however evolving out of a necessity to run HIV/AIDS Workplace Programmes. The researcher also observed that the intention of EAPs in the public sector have been influenced by the instruction of the Department of Public Service Administration (DPSA) and is subject to increasing pressure to comply with the Occupational Health and Safety Act and Labour Relations Act rather than developing the discipline guided by changing occupational needs. In both public and private sector EAPs it is the researcher's observation that they are still staffed by a variety of occupations and it is common practice for EAP to be an adhoc function of Human Resource practitioners or Occupational Health Personnel.

Whatever the reason, more employers are starting to recognize both short and long term value in the concept of ongoing Employee Assistance. This is evident in the increase in members of the Eastern Cape branch of EAPA-SA, especially from the public sector, as well as the rise in the number of training courses and workshops about employee assistance in the area and the attendance of people who are interested in establishing an EAP. This however has not resulted in EAPs being implemented in a consistent, comprehensive, structured and / or formal way. Since no EAP-specific legislation is currently in existence, diverse programmes are currently operative with various industries as many employers have taken the initiative to formulate unique Employee Assistance Programmes, albeit inconsistent. Many other organizations, however, do not have an EAP in place at all.

The problem is that there exists no established and reliable information on EAPs in the Eastern Cape, including the prevalence and nature of EAPs in the BCMA. This information gap may

result in possible areas of strengths being ignored and opportunities for improvement remaining unidentified by those who have the relevant knowledge and capability to provide support and assistance to Employee Assistance Practitioners. Not having access to vital information may also result in professional development opportunities not being made available to EAP practitioners as well as malpractice going unnoticed and unattended thereby compromising service delivery.

### 3. Goal and Objectives

According to Fouche (2002:107 – 108), a “goal” refers to a “broader, more abstract conception of the end toward which an effort or ambition is directed” – the “dream” and an “objective” refers to the “steps one has to take, one by one, realistically at grass-roots level, within a certain time span, in order to attain the dream”. In the researcher’s view it is the means by which the focus of the study is clearly specified and delineated. In the proposed study the purpose, goal and objectives are as follows:

- 3.1. **Purpose:** to explore the current nature of existing EAPs in order to obtain reliable information on employee assistance programmes as they exist in the Buffalo City Municipal Area so that implementation of employee assistance can be evaluated and improved.
- 3.2. **Goal:** to investigate the prevalence and nature of EAPs in work organizations in the Buffalo City Municipal Area (BCMA) in order to critically describe how the concept of Employee Assistance has been implemented in the mentioned area.
- 3.3. **Objectives:**
  - 3.3.1. to establish the prevalence of EAPs as a structured programme in the BCMA
  - 3.3.2. to critically analyze the nature of existing EAPs
  - 3.3.3. to benchmark existing EAPs against established EAPA SA Standards

#### 4. Research Question

According to Mouton (1996: 65-66), “this phrasing of a question, this putting into words, involves a cognitive representation of some real world phenomena. Something concrete and socially real that has causes and effects, is cognitively or mentally represented in the form of concepts that are strung together to form coherent propositions in the form of research questions”.

In the view of the researcher, with the development of a professional association in 1997, standards, ethics and academic training, the “field” of Employee Assistance is becoming formalized and is important to conduct an analysis of what is happening in the field in order to establish trends, needs and direction.

This study sought to examine the question: ***What is the prevalence and nature of EAPs in workplaces within the BCMA?***

#### 5. Research approach

According to Mouton, Muller, Franks and Sono (1998: 2) it has become customary to distinguish between at least three main methodological approaches or paradigms in empirical social enquiry, namely the quantitative, qualitative and participatory action approaches. It should be clear that differences between these paradigms are not merely at the level of method and technique but involves fundamental differences about the aim of social research, what constitutes valid knowledge, which features of the social world can be investigated and so on.

Brewerton and Millward (2001:12) demonstrate the difference in quantitative and qualitative research by describing quantitative research as an approach that seeks to emphasize quantifiable nature, concerned with identifying predictive power, categorizing into “types” or measuring distinct elements or dimensions of culture in an objective way as possible whereas qualitative research seeks to characterize the nature of elements as rich, emergent, constructed and multi-dimensional.

The primary approach of the study, looking at the nature and existence of EAPs in the municipality was **quantitative** in nature since the study sought to measure the incidence of EAP, describe how different employers implemented the concept in their respective workplaces, explore the basis for EAPs to be incorporated in those organizations in the first place and identify the form, shape and scope of the actual programme. Through this particular study the researcher also wanted to determine the range of services offered within existing programmes and the individual staffing allocations for different disciplines, e.g. Human Resource, Occupational health, Social Workers, psychologists or other personnel in different units?

## 6. Type of Research

According to Mouton (1996:104 – 105), the main purpose of basic or academic research is to contribute to the existing body of scientific knowledge and the focus is in the world of science whereas applied research focuses on certain problems in the social world and tries to make a contribution or to solve real life issues.

This study calls for applied research since it focuses on a certain problem in the social world, which in this case is the manner in which work organizations manage their employees and the effects of their behavior on the organization, and thus attempts to make a contribution towards the development of EAPs as a tool to identify and manage this real life problem.

The study is simultaneously exploratory and descriptive in nature because it is aimed at establishing the prevalence of EAPs in the BCMA, gathering information on how EAPs occur and what they have to offer as well as establishing any particular patterns or trends that are specific to the area or to the public and private sector in general.

## 7. Research Design and methodology

Since the study sought to create a picture of EAPs in the BCMA, it used the quantitative–descriptive (survey) design to gather data. Once the population had been identified and the sample selected, personal structured questionnaires were administered to gather data. The sectors investigated ~~will~~were be private and public workplaces.

## 7.1. Data Collection Method

The aim of this study is to create a representation of EAPs in Eastern Cape workplaces – more specifically workplaces within the Buffalo City Municipal Area. The data collection methods applied, according to Delport (2002: 173 – 175), comprising both group-administered and personal questionnaires, where the questionnaire was handed to a group of respondents or an individual respondent, who completed it independently but with the researcher present. The researcher remained uninvolved during the question answer process but was available to answer any questions that required further explanation. This method of data collection was the most suitable for this study because it succeeded in ensuring a good response rate, correct interpretation of the questions and completion of the questionnaire.

Since many of the respondents were expected to attend the existing meetings of the local branch of EAPA-SA and the Occupational Health Nurses Association, the researcher arranged for questionnaires to be administered to these respondent groups immediately after the respective meetings. The remaining respondents, who did not attend these group sessions were individually contacted and personal interviews were arranged. The researcher used a register in the group sessions, which when compared to the list of respondents identified those respondents that needed personal interviews.

## 7.2. Data Analysis

De Vos, Fouche and Venter (2002: 225) – describe univariate analysis as the simplest form of data analysis where one variable is analyzed mainly with the view of describing that variable. In this study, EAP is the variable which was described as it occurred in the BCMA.

In the study, the raw data for each question was captured and collated using the different frequency distributions and graphic presentations such as pie graphs. Measures of central tendency and variation were used to describe the common elements and differences between the respondents

## **8. Pilot Test**

In this study a questionnaire was the method by which data was collected; designed so that it was user-friendly, contained focused questions which were simply and correctly worded so that its meaning was clear and correctly interpreted by the respondent. Since the questionnaire was the only source of data collection it needed to encompass the detail needed to give an accurate analysis of the EAPs in the Buffalo City Municipal Area.

### **8.1. Feasibility of Pilot Study**

The pilot study was feasible because many of the respondents - representative of the private and public sector strata - were available to the researcher through the EA Professionals Association (EAPA) branch in the area. Employee assistance Practitioners from both public and private sector strata attended the EAPA branch meetings in the area. This did not have any serious time or cost implications. Written permission was obtained beforehand from the relevant organizations, through the respective forum members.

### **8.2. Testing of questionnaire**

One practitioner from each stratum (public and private sector) was used to test the questionnaire after one of the EAPA-SA Eastern Cape Branch meetings. These individuals were randomly chosen from the membership database of the local branch of EAPA-SA. Their comments were considered in relation to the literature available on the study topic and modifications to the questionnaire were made.

These two respondents were excluded from the sample for the final survey.

## **9. Description of the population, sample and sampling method**

In this study the researcher targeted work organizations in the BCMA as subjects for gathering data. The population included work organizations (both public and private sector) in the BCMA that employ two hundred or more employees. They did not necessarily have to comply with formal structured EAPs as the aim of the study was to examine the prevalence of EAPs within

this population sector, that is – how many of the selected group of work organizations run EAPs .

Lists of organizations were obtained from the Eastern Cape Provincial Administration and the Border-Kei Chamber of Business. The two lists represented the public and private sector with a total of 52 respondents (15 and 37 respectively). Since the population of work organizations is so small, the researcher decided to use the entire population.

The respondents were selected by approaching each organization on the list and enquiring about the staff member responsible for employee assistance or similar services. In the absence of a designated employee the Human Resource Manager was approached. The list of respondents was thus drawn up.

## 10. Ethical issues

It must be stated that the subject of this study is not sensitive in nature. It is largely a descriptive analysis. EAPs as they exist are not governed by any legislation, consequently organizations are not prescribed to provide an employee assistance programme as part of their corporate culture in any particular fashion. There is however legislation that dictates the constraints of employer and employee responsibilities in terms of occupational health and safety and procedures to follow where management functions are hindered, and dealing with incidents of misconduct but they do not prescribe an EAP in any particular form.

The ethical issues were identified as follows

- 10.1. **Harm to experimental subjects and /or respondents:** Strydom (2002:64) describes how subjects might be harmed in a physical and / or emotional manner by being subjected to pertinent questioning and that an ethical obligation rests with the researcher to predict and protect respondents from any potential harm. In this study, the variable explored: The exercise of gathering information about Employee Assistance by means of a questionnaire was not a subject that posed any physical or emotional threat to respondents.
- 10.2. **Informed Consent:** According to Bailey (1982:431) informed consent entails making the subject fully aware of the purpose of the study, its possible dangers, and divulging the

credentials of the researcher in order to induce the potential respondent to participate in the study. This information was outlined in a cover letter to the Chief Executive Officer / Managing Director or Head of Department as well as explained to the respondent during the first contact or at the interview itself. A letter of permission and an informed consent letter, signed by the highest authority at each respondent's work organization and the respondent him/herself, preceded the research process.

- 10.3. **Deception of Respondents:** According to Bailey (1982:436) deception involves studying respondents without informing them of the fact or securing their permission, or informing them of their contribution to the study but failing to elaborate on the true nature of the study. In this study the researcher provided a full explanation of the purpose and methodology of the study in a letter to the respondents' organization requesting permission to conduct the study and communicate with the select respondents. Respondents were also informed that their participation in the study was purely voluntary and that the results of the analysis would be made available to them if required.
- 10.4. **Violation of privacy / anonymity / confidentiality:** it is normal practice for work organizations to want all of these assurances to protect the organization's reputation and public image. For this reason also it would be prudent to avoid being publicly compared to other organizations in terms of how the organization meets its corporate social responsibilities to its employees. In this study all the respondents were guaranteed complete confidentiality by submitting the questionnaire anonymously although they did need to stipulate if they were representing a public or private enterprise.
- 10.5. **Actions and competence of researchers:** Strydom (2002: 69) describes how a researcher needs to be competent in undertaking a research project especially with regard to planning, accurately reporting findings, honoring ethical guidelines, communicating in a respectful manner with respondents and carrying out the entire research process in a professional manner. In planning and executing this study, the researcher was initially inexperienced and relied heavily on guidance from the study [leader-supervisor](#) and professional ethics as a social worker to execute the research process.
- 10.6. **Cooperation with Contributors:** The execution of this study was not dependent on any financial sponsorship which meant that there was no influence from this area. The expected cooperation from the forums whose members were involved as respondents



received acknowledgement for their assistance in the group administration of questionnaires. Any other individual who was involved was acknowledged in the research report and in writing from the researcher.

10.7. **Release of information:** Strydom (2002:72) asserts that “an ethical obligation rests on the researcher to ensure that at all times the investigation proceeds correctly and that no one is deceived by the findings. The information must be formulated and conveyed clearly and unambiguously to avoid or minimize misappropriation by subjects, the general public and even colleagues.” In this study the researcher ensured that the final report was carefully prepared and written to accurately, objectively and clearly describe EAPs in the Eastern Cape, BCMA; there was no emphasis or slanting to bias the results. All sources were recognized and acknowledged; shortcomings were admitted and the final research report would be made available to respondents who wish to peruse the results.

10.8. **Debriefing of respondents:** it is not anticipated that any harm will be caused to any of the respondents as a result of the proposed study. Debriefing does not appear to be relevant. There was, at the end of the questionnaire administration, a discussion on the learning experience for the participants so that the research project was a “learning experience for both participant and researcher”, Strydom (2002:73)

## 11. Definitions of key concepts

### 11.1. Employee Assistance Programmes:

According to Sonnenstuhl and Trice (1986: 1) an Employee Assistance Programme can be defined as job-based programs operating within a work organization for the purposes of identifying “troubled employees”, motivating them to resolve their troubles, and providing access to counseling or treatment for those employees who need these services

According to EAPA SA (2005:7) “an EAP is a worksite-based program designed to assist in the identification and resolution of productivity problems associated with employees impaired by personal concerns including but not limited to: health, marital, family, financial, alcohol, drug, legal, emotional, stress or other personal concerns which may adversely affect employee job performance”

These two definitions do espouse the elements of the early EAPs in terms of the micro-systems orientation of workplace programs but it limits EAP to a in-house program model as well as limits the scope of issues that the program would deal with. Modern day EAPs occur in a variety of models unique to each workplace and are not limited to personal issues only but also extend to macro-practices. These definitions also imply that EAPs are designed to meet only the employees' need but not those of the employer.

Especially here in South Africa, EAPs have assisted with socio-political issues that have impacted on the workplace and have been involved in prevention of unfair dismissal or conflict and have motivated the creation of educational programs. Even EAP practitioners in the public sector of the Eastern Cape were largely involved in change management, helping with integration of employees when the Homeland States were integrated into South Africa and other issues not traditionally dealt with by EAPs. EAPs here look at issues of both the employee and the employer.

The EAPs of today, due to global market changes and the impact on human resources, have become so broad in their interpretation and expectations and comprehensive to fully meet diverse sector needs. Yet at the same time the construction of employee assistance programmes remain unique when paralled to the requirements of a particular industry. Not only must an EAP be adaptable to the particular human resource challenges in South Africa but it must accommodate the immense diversity in occupations and workplaces that at the very least the researcher has chosen to look at EAP as “a workplace resource to implement corporate social responsibility, promote workplace wellness and to effectively prevent and manage employee behavior risks.”

The following definitions are closely linked to the concept of Employee Assistance and may play a significant role in shaping the scope of contemporary EAPs. This proposed study examines the role these terms have played in the development of EAPs.

## 11.2. Behavior Risk Management

According to Myers (1984:273) “Risk is the possibility of loss” and “risk management is the process of identifying loss exposures and defining strategies for handling them”. Behavior

Risk Management, according to Yandrick (1999:180) is the “holistic management of behavioral issues that adversely impact work organizations”. Employees who are troubled bring risk to the workplace because of their resulting behavior, for example, an alcoholic employee who comes to work intoxicated brings with him the increased possibility of risks, which the employer has to manage to ensure workplace health and safety. EAPs can be seen as a behavior risk management strategy.

### **11.3. Health Promotion Programmes (HPPs)**

According to Shain and Boyle (1985:294), HPPs refer to “a wide gamut of interventions having as their common denominator the intention to mobilize the self regulatory drive of individuals and groups to govern their own health and well-being.” These programs deal with nutrition, cardio vascular health, weight management, hypertension control, stress management, fitness, lifestyle appraisal and a variety of other health-related matters. In essence, the boundaries of EAPs and HPPs overlap considerably because both programmes aim to enhance an individual’s personal wellbeing as well as occupational wellness, which allows for more inclusive employee development. It is for this reason that more and more organizations are combining their EAP and HPP under the broad term “Integrated Wellness Programs” for which an illustrative definition is yet to be found.

## **12. Limitations of the Study**

The identified population of prospective respondents was very small (47) of which only 30 participated in the study. The availability of respondents who were selected to participate individually, proved to be a serious challenge. All of these respondents were approached on several occasions to arrange an appropriate time to complete the questionnaire; many appointments were made but were not kept. A hundred percent response rate would have been ideal. The results therefore are, to a small degree, limited in describing the concept of EAP as it occurs in the Buffalo City Municipal Area.

Some of the respondents were newly employed in their organization and clearly unfamiliar with EAP programming issues; consequently some answers to questions were omitted. This did not however impact significantly on the results achieved from the conclusive analysis.

## **Chapter 2**

### **Literature Review on Employee Assistance Programmes**

#### **2.1. Introduction**

EAPs as they exist today are a result of decades of evolution. This evolution has been influenced by the history and dynamics of the organizations which house them and the occupational disciplines that have taken the responsibility for human service needs.

In essence, according to Maynard (2004:36), employee assistance is “the application of knowledge about behavior and behavioral health to make accurate assessments, followed by appropriate action to improve the productivity and healthy functioning of the workplace.” To understand EAPs as they exist today it is necessary to explore the context within which they have developed. This entails examination of history, definitions of EAP, models of service delivery and the factors that influence their choice, core technology of EAPs and the standards for EAPs that have been developed. This review of literature covers these crucial factors that shape the EAPs we find in today’s world of work.

#### **2.2. History of EAPs in South Africa**

Employee assistance services in South African workplaces can be traced as far back as the 1930s with its roots in the field of Occupational Social Work which developed within the context of the Welfare System and the Apartheid System of Government.

According to Du Plessis (1991:35), “EAPs were established in South Africa for several reasons. Some were formed to seek alternative ways of managing poor performance; they emphasize program cost effectiveness. Others were set up to express the concept of ‘internal’ social responsibility.” Harper (2000:317 - 318) suggests that South African EAPs essentially evolved from changing social and legislative conditions within the workplace environment and that the current drivers of EAPs, however is the recognition that the EAP system can play a key role in supporting employees and managers in the management of their work – life stressors, behavioral health and physical health risks arising out of the transformation process

taking place within organizations and government bodies.

According to Du Plessis (2001:98) the welfare system was born out of a concern for the “poor white problem” of the 1930s where the Nationalist Government tried to protect the position of skilled whites and provided jobs for them in State run organizations like the Railway Service. Social Workers initially provided supportive services revolving around the provision of material aid but later included assistance to help employees overcome personal problems.

According to Du Plessis (2001:98) the employment of Social Workers in the workplace began as early as 1935 with the State run Railway Service and later within South African Synthetic Oils Limited (SASOL) in 1954 and ISCOR in 1957. The first black social worker was employed by ISCOR only in 1969 prior to which services were rendered specifically to white employees. Services were structurally separated along racial lines and only became accessible to all employees from the 1980s.

Du Plessis (2001: 99) suggests that Occupational Social Work services focused heavily on providing therapeutic services and for many decades neglected the prevention, developmental and education aspects of employee assistance, but this was largely due to the reliance on models used in the Northern Hemisphere countries. The service of providing Occupational Social Work did however provide opportunities for representation to management on issues relating to worker well-being.

The EAP movement grew and established itself in SA with companies like FORD and AECI which had as part of their corporate strategy alcohol policies and programmes which they inherited from their parent companies in the United States of America. Since the early 1980s The South African National Council on Alcoholism (SANCA) has played an important role in rendering industrial consultative services and contracting to run EAPs within workplaces as part of their social responsibility agenda

Some SANCA Societies offered workplace assistance in dealing with alcoholic employees and extended their services to assist companies to develop substance abuse policies and EAP

services, as well as prevention and education programmes. According to Du Plessis (1991:36), Durban-based SANCA Information and Preventative Services have since 1982 played a pivotal role in the training of EAP Coordinators. Workplaces have over the years seen the value of services offered to employees and have been encouraged to set up comprehensive EAPs.

The Mining Industry, according to Terblanche (1992:18), more especially the Chamber of Mines, played a significant role in the development of EAP in its “traditional structured format”. Post World War 2, many of the returning soldiers were compelled to find employment in the mines under very undesirable conditions which resulted in serious health and mental health problems.

In 1983 the Chamber of Mines appointed a consultant to study the feasibility of EAP for the mining industry. Terblanche (1992:19) claimed that this study represented a milestone in the historical development of EAPs in South Africa. The concept of EAP was accepted in principle and the Chamber of Mines introduced the first two of seven counseling centres, providing services that have since developed significantly and are still in existence today - although in a totally different format.

According to Du Plessis (2001:100 – 102) the Human Resource Management field also contributed to the development of occupational social work and by implication also the development of EAPs. Du Plessis (2001: 100 -102) offers some factors that have impacted on occupational social work services within the realm of Human Resource Management:

- Individual Human Resource Managers championed the cause of Occupational Social Work because of a personal commitment to the issue of employee care or more specifically to provide employees with a positive experience of social work intervention.
- Industrial Relations procedures highlighted the correlation between personal problems and disciplinary problems resulting in Social Workers being called on to intervene in employees’ personal problems.
- Lobbyists such as SANCA, from the 1970s, encouraged human resource personnel to employ Social Workers to counsel alcoholic employees about the hidden costs of alcohol

abuse relative to their productivity and resultant loss of revenue for their employer, as well as impart critical information that addiction is an illness not a self-imposed condition.

- Management social responsibility, whether based on paternalism or on understanding the link between personal concerns and productivity, opened the way for Social Workers to enter the workplace.
- Demands made by Labour Union although not directly, did encourage management to become more proactive in health and safety issues.
- Socio-political changes in the 1980s had human resource management turn to Social Workers to assist with change management in the workplace.
- Certain schools of social work themselves approached human resource practitioners at their workplaces for student placements and to market their services.

The Human Resource Field as a whole has made significant contributions to the development of EAPs and was the line of work where practitioners became involved in looking at EAPs as a profession. Up until 1989 The Institute for Human Resource Management, hosted the National EAP Committee; the name was changed in 1997 to The South African Chapter of the Employee Assistance Professionals Association.

In 1995 the Deputy Permanent Secretary and a Strategic Team, on behalf of the Public Sector, approached the Public Service Commission regarding the introduction of EAP in the Public Service. The request included a definition of EAP and refers to BX111 of the Public Service Staff Code, which identifies a need for the provision of counseling and employee assistance so that every officer / employee performs optimally.

It was proposed that the EAP be positioned in the establishment of the Department of Public Service and Administration as a component of the Secretariat to the Public Service Commission because “such a delicate and sensitive personnel management function cannot be left to be performed on an agency level”.

The Strategic Team perceived the role of EAP as playing a crucial role in restoring normality in the departments by:

- Helping reduce labour turnover resulting from unresolved problems experienced by the employees in question, which could have been amicably dealt with and resolved whilst the worker remained productive and an asset within the organization.
- Assisting with change and transformation taking place as a result of socio – political changes.
- Assisting employees to comprehend the cause and effect of change and to harness a coping mechanism with the rationalization process by dealing with the trauma of sudden changes in jobs or skills requirements, relocation, cultural shock and basic resistance to change.
- Assisting with low morale and demotivation, communication problems and work performance issues that occur as a result of the above.

Due to the sensitivity of its duties and the transversal nature of duties performed, the Office of the Premier in the Eastern Cape established an EAP in 1996; the discipline was strategically placed within the Human Resource Division of Corporate Services.. The following year, in 1997, an instruction was issued to all departments and provincial administrations to render EAP services to their employees. The EAP function was then decentralized to the departments without the respective departments having the capacity to render the service. While the Office of the Premier has assisted the Departments in establishing EAPs the researcher believes that the transition process has been slow and the capacity to deliver EAP services remains a challenge.

Legislation has also played a significant role in the development of EAPs in South Africa by providing, although indirectly, a mandate for EAP services. The Labour Relations Act 66 of 1995 places a duty upon employers to manage incapacity by investigating the cause and providing the opportunity for appropriate treatment, counseling and rehabilitation prior to dismissal. EAPs are often used as the means to provide the “opportunity” for correcting problematic behavior and ensure compliance of the employer to this Act.

The Occupational Safety Act 85 of 1993 also places an obligation on the employer to provide a healthy and safe environment for all employees. Personal problems such as alcohol and drug



abuse are viewed as a health and safety risk and the employer has the responsibility to communicate with the employee and offer counseling. The employer therefore has the right to intervene when an employee's behavior is such that health and safety in the workplace may be compromised.

### **2.3. Definitions of EAP**

The evolution of EAP and the scope and range of services it covers is evident in the various definitions of EAP that have emerged over time. The following definitions, listed in chronological order, are indicative of available services selected by the researcher to specifically demonstrate this advancement.

- Googins and Godfrey (1987: 102) define Employee Assistance Programmes as follows: “EAPs generally refer to a set of policies and programme procedures by which a work organization legitimately intervenes in identifying and treating problems of employees that impact and have the capacity to impact job performance”.
- Blum and Bennet (1990: 143) define EAPs as “mechanisms that provide the workplace with systematic means for dealing with personal problems that affect employee's job performance.”

These two definitions outline traditional EAPs as they have occurred since its origins as programmes that deal with employees' problems that present a risk of impacting negatively on job performance. The first definition deals with the legitimacy of the employers' role in intervening in employees personal problems. If we understand that the workplace functions as a complete system consisting of interrelated parts we can appreciate the employers' right to intervene in individual employees' personal problems as it is understood that these will ultimately impact on job performance and eventually the work organization.

These definitions however fall short when it comes to describing the modern EAP in that the explanations seem to limit the scope of EAP services to a micro practice dealing reactively with

the problems of individual employees. The definitions imply that the programme model for EAPs is internal in nature and designed to deal only with the needs of the employee rather than taking into consideration parallel implications of both the employer or organization and employee.

- Kurzman (1993:35) define comprehensive EAPs as” free and confidential workplace entitlements that are voluntarily sponsored by employers or trade unions, jointly or both. In–house (internal and contract (external) EAPs respond to the human-service need of workers and their families and corresponding agendas of the work or employer organization. Under the overall direction of professional health or mental health staff, such EAPs address the comprehensive current and prospective bio-psychosocial progress of education, prevention, assessment, treatment, case management and referral”.
- “Employee Assistance is the work organization’s resource that utilizes core technologies to enhance employee and workplace effectiveness through prevention, identification and resolution of personal and productivity issues.”(EAPA SA new definition: E-member news September 2003).

The latter two definitions demonstrate the evolution of EAPs and the modern workplace. These definitions reflect that EAPs have become broader in focus and range of services – to ensure a more proactive focus including not just therapeutic services but also to facilitate prevention and education covering a range of bio – psychosocial and organizational productivity issues. These definitions also reflect that EAP models can range from internal to external, are directed by professional personnel, can be sponsored by the employer or trade unions or both and address both the needs of the individual employee and the work organization.

The last definition embraces the concept of core technologies for EAP moving it closer to a professional field of practice that can be more versatile in shape and scope reflecting the diverse and unique nature of the modern workplace. By referring to EAP as a resource rather

than a product this implies that it is dynamic and can take any shape according to the needs and direction of the modern work organization.

## **2.4 Models of EAP**

The modern workplace is a dynamic entity that is continuously evolving with the changes in the economic, social and political situation. From the one person micro-enterprise to the macro-enterprise that distributes thousands of personnel within a variety of occupational groups, levels and geographical locations, workplaces are unique and complex entities. As a workplace resource, EAP also has to be dynamic and individually customized to fit the needs of the modern work organization that it serves.

There has been extensive debate about the merits of the different models of EAP but it is being accepted according to Cunningham (1994:22) that the “workplace is too complex to have ‘pure’ forms of counseling models ... combination models are the norm rather than the exception. Blended models provide wider choice for an employee... this brings a richness rather than a dilution of purity.”

Models of EAPs are broadly categorized as either internal or external with the combination or blended models having elements of each in varying proportion.

### **2.4.1. Internal Models**

#### **2.4.1.1. In – house Models**

According to Masi (2000:407) the in-house model is one in which the entire EAP staff is employed by the company. The company manager supervises the programme personnel, approves policy and finalizes all procedures. The employee assistance programme can be housed physically in or away from the company’s worksite.

Phillips and Older (1988:133) further describe that the coordination of all client services takes place from within the work environment and that the programme functions as a point of referral to community resources or internal counseling resources. Also that internal programmes may

vary in that counseling services may accordingly be excluded or included and may have an on-site or off-site location.

These variations may include:

- A limited range of services such as problem identification, referral and monitoring by any suitably skilled personnel in a full-time or part-time capacity or comprise a wider range of services to include therapeutic services carried out by a suitably qualified professional
- A comprehensive range incorporating all the core technologies of EAP.

#### **2.4.1.2. Member Assistance Programmes (MAPs)**

MAPs , according to Cagney (1999:65), are the labour organization's corollary to the internal corporate EAP. Although not common there are in existence many such programmes that are totally union administered. Problem identification is undertaken mainly at the worksite and is followed by a referral to an external resource unless the union is large enough to offer its own expertise.

Benefits of union-based assistance programmes include the advantage of enjoying more credibility with union members, which may assure greater confidentiality. A union-based EAP has no cost implication for the employer. The counseling relationship in this situation may be highly effective because the focus of concern is solely to assist the employee to resolve problems and not aimed at enhancing occupational input with the intention of boosting productivity or other related management agendas. Furthermore a strong sense of community and camaraderie may occur when counseling is conducted within the union-based EAP environment. Conversely, the limitation of this model may be that it lacks the constructive coercion required to motivate employees to effect positive changes in their life. Also, since non-union members are excluded from the programme content might be limited in terms of skills and expertise making it wholly reliant on existent resources available within the union.

According to Phillips and Older (1988:133-135),

The advantages of the internal models include:

- Ownership of the program lies within the organization, i.e. "it's our program".
- Knowledge of the organization and its culture.

- Better communication within the organization.
- More credible with some supervisors.
- Assessments can be made in the light of organizational systems.
- Can provide mediation services.
- Practitioner can provide multiple roles.
- On-site problem assessment capability.
- Better coordination of treatment and monitoring of follow-up.

The disadvantages of the internal models include:

- There may be concerns about confidentiality (real or apparent).
- Only large organizations can justify full-time staff.
- Can be costly because of substantial staffing requirements.
- A part-time person for smaller organizations usually will mean an inadequately trained person with insufficient time.
- Level of persons in program can limit the level of employees participating.
- Skills and expertise limited by small staff.
- Possibility of staff “burnout” with one-person program.
- The practitioner can be more subjective in assessments.
- The practitioner can be used by management against the individual employee or vice versa.
- The practitioner’s neutral position in the organization can become compromised in the process of transverse involvement in various components.

The internal model with counseling components located in-house may be suitable for specific types of organizations due to a need to control confidentiality and also because the employees of that organization may view themselves as a homogenous group, ‘different’ from other people. Organizations such as police, prisons, military, intelligence and security may want to set up internal models of EAP.

Employers or managers such as BMO Bank in Canada may be right to suppose that it makes strategic sense to run the EAP in-house. “The counselors, therapists, and other professionals staffing the program are employees themselves, so they know our company firsthand, are

attuned to our issues, and understand our culture. Because we keep the EAP embedded in the organization, it has our stamp on it and we can ensure its quality”, Pattern as quoted by Hammers (2003:18)

Some workplaces have addressed their concern with this model regarding its confidentiality and neutrality by structuring the EAP as a separate, autonomous and neutral component but which forms internal linkages with other components to advise or interact with them in rendering a service to the organization as a whole.

## **2.4. 2. External Models**

While internal staff can be integrated more totally into the corporate culture and are a good source for training and coaching, an external program on the other hand, as suggested by Monfils (1995: 263) comes “ready made” and therefore easier to implement. The external models may be an option for organizations that don’t want to be directly involved with their EAP services and staff. Like with the in–house models the external or off–site models also may have some variations like the:

### **2.4.2.1. Contract Model**

According to Phillips and Older (1988: 135 – 136), the work organization contracts with an independent EAP service provider (service center) in the community, to provide EAP functions. The service centre provides problem assessment / diagnosis, short-term counseling or referral to treatment resources located within the community network. The service centre serves as the liaison between the EAP and the treatment network coordinating all client-centred activities.

According to Cunningham (1994:20), the contracting firm typically offers a package of services on a per capita basis, setting an annual fee per employee regardless of how many employees actually use the service. In return the employer receives a combination of specified services that can include assessment, referral, short term counseling, management consultation and job re-entry counseling and follow up. Contracting firms may offer several different levels of service with varying rate schedules that allow companies to purchase the exact combination of services they have identified to meet their needs.

According to Masi (2000:407), the contractor might provide services in its office, in the company's offices, or both. This model is viewed as providing better accountability, lower legal liability, and ease of program start-up and implementation. Many companies prefer a contractual approach because they believe an outside vendor can foster an employee's confidence in the confidentiality of the program.

Masi (2000:407) further describes a variation in the contract model which is an affiliate / subcontractor model where a **vendor subcontracts with local professionals** rather than using salaried staff. This model allows for service delivery in remote areas or areas in which the company employs a small number of people. Increasingly, EAP vendors are reducing staff and utilizing affiliates instead. In the researcher's opinion this would allow the EAP vendor to also reach a wide geographical spread of clients without employing any staff in those specific areas.

#### **2.4.2.2. Consortium Model**

A consortium model, according to Masi (2000:407), is an EAP in which several companies pool their resources to develop a collaborative program with the intention of maximizing individual resources. This enables the vendor to reach multiple employers under one program umbrella and is ideal for companies that do not have enough employees to warrant their own EAPs. Federal agencies have utilized this approach more than private corporations.

According to Masi (2000: 130 – 131), consortiums are most suitable for organizations with fewer than 2000 employees and their advantages are that they decrease company costs, facilitate maintenance of confidentiality and often result in better utilization of other community resources. The disadvantages are that supervisors and employees may be reluctant to deal with outsiders, and consortium personnel may have little knowledge of your organization, which can handicap their effectiveness, while the different organizations that comprise the consortium may disagree on the level of desired services.

### **2.4.2.3. Hot-line Model**

According to Myers (1984: 82 – 83), a hot-line is either a local or long distance telephone service. Troubled employees dial the publicized number and talk to an objective listener who is trained to assess problems. The employee is then referred to an appropriate service provider who is selected from a directory of service providers in the employee's community. Assessment accuracy is usually a function of the employee's communicative skills and the receiver's ability to understand and classify what problems are being communicated.

Myers (1984: 83) while maintaining that this model provides easy accessibility; assures anonymity as well as confidentiality and is economical, cautions that this model can be problematic in that diagnosis is difficult even when made in person. Myers further cautions that delays in determining a diagnosis occur when mistakes are made, affecting both the employee and service provider. Besides the person receiving the call cannot be expected to be thoroughly knowledgeable about available resources, hence a problem of timeliness might arise. Furthermore crisis situations often require more personal complicated communication, which could prove to be difficult.

However, in the researcher's opinion, a hot-line in combination with other services like problem identification, short term counseling or crisis counseling by a suitably qualified professional, with the option of a face-to-face consultation in an environment that the employee is comfortable with, may be very effective. It allows for the employee to be anonymous until s/he feels comfortable to move to participate in direct consultation and counseling. The telephonic consultation may be an opportunity to motivate an employee to move from the pre-contemplation and contemplation stages of anticipated change to taking committed steps to activate positive change in his or her life.

The researcher believes that the limitation in this model will revolve around the accuracy of the telephonic assessment. During the course of a consultation, an empathetic professional is often alerted by non-verbal clues that may indicate the existence of underlying problems or damaging attitudes, that the client is not aware of or actually verbalizing. For example, an employee may disclose sentiments that indicate marital or financial problems while in truth the



unhappiness or problematic existence might actually be because the employee is an alcoholic. A telephonic assessment fails to pick up on non-verbal clues like the smell of liquor or trembling hands which are indicative of a person with an alcohol-abuse problem. If the telephonic assessment is not correct then the resulting intervention plan and referral will be totally incorrect which in turn will directly impact on the effectiveness of the EAP intervention.

### **Advantages of the External Models**

Many organizations prefer the external EAP models for the following reasons:

- less costly for small or medium size organizations
- confidentiality easy to maintain because of limited contact with people other than clients
- is separate from the corporate politics of the organization
- neutrality is easier
- off-site counseling offers more privacy
- better identification and utilization of community resources
- increased range of employers served
- better communications with professionals in community resources
- may have access to more diverse and professional staff
- Can provide a range of services, including program formulation.
- The organization cannot be held responsible for malpractice of practitioners.

### **Disadvantages of the External Models**

- usually no on-site capability
- no ownership by the client system
- some supervisors may be reluctant to deal with 'outsiders'.
- practitioners may be seen as 'outsiders'
- lack of knowledge about the organization and its corporate culture
- are profit orientated and may not always serve the interests of the organization
- may not be able to adapt or tailor the program to the needs of the individual companies
- may not be flexible in what they offer
- can unwittingly get involved in the politics of the organization
- communication problems can occur between the service centre and the organization

External models, in the researcher's opinion, have developed out of the varying needs, capacity and sense of corporate social responsibility of organizations. These models have attempted to address issues and services that internal models have been unable to do and have resulted in EAP becoming a viable business opportunity for many EAP service providers. With it comes another set of challenges, the main one in the researcher's opinion, being that it has resulted in the EAP being perceived as a "product" rather than a "resource".

Since both internal and external models have their own sets of advantages and disadvantages, it has really become a matter of preference for the organization to choose the model that best meets its needs, based on a unique set of factors. Since work organizations and EAPs have become complex and sophisticated it makes sense then that organizations would choose key aspects from the various options available resulting in a new set of options as far as programme models are concerned.

### **2.4.3. Blended Models**

Cunningham (1994:22) states that "It is becoming more difficult to think in terms of 'pure' EAPs that are solely in-house, union or contract EAPs." As workplaces have become more complex so too has the multifaceted EAP in trying to meet the demands of their client system. Many employers are using a combination of models such as:

- Where there is one main worksite, as well as smaller separate units of worksites, organizations may opt for an in-house program for the main worksite and a contracted program with a vendor (with its variations) for the smaller outside units.
- A well developed comprehensive in-house EAP may offer to contract its services to one or more outside organizations.
- An EAP as well as a MAP (union-driven) provides the employee with an option for assistance with either one.
- An assisted in-house EAP where some of the program services may be outsourced for example, prevention programs or specialist counseling like gambling addictions.
- An EAP vendor may integrate with a Behavioral / Managed health care provider to offer a range of services to members via the managed care service which might be the model of

choice of large self-insured employers and unions. With the development of Managed Care in the US, EAP providers have intentionally diversified their product lines to meet the needs of client organizations that prefer for example, an EAP / Managed Care combined service. “The combined EAP / Managed Care System is the standard for the future” ( Miller, 1992: 68), such as an integrated EAP / Work life / Human Resources Program with services in career development, childcare, eldercare, free legal services, health promotion, literacy, relocation counseling, retirement counseling amongst others.

In the researcher’s opinion this type of program, which includes components of Human Resources and other issues, all undertaken in the interest of enhancing employee wellbeing may represent a dilution of the concept of EAP. Many people in South Africa know at least something about Employee Assistance and try to respond positively to the employee related issues that come up in the workplace by placing these other responsibilities on the doorstep of a skilled EAP Provider, whether in-house or external. EAP Providers may also take on the responsibilities of human resource and other related issues to make their product more attractive to their customers. The researcher believes that EAPs are essential to the progress of an organization and may be integrated with other employee support and care services but the resulting complex programme should be named differently to prevent misunderstanding about the defined concept of an EAP model.

#### **2.4.4. SELECTING AN APPROPRIATE EAP MODEL**

According to Fleisher and Kaplan (1988:31 – 34) factors that will influence a decision on the model to be considered for an organization includes:

- **Size of Workforce**

Companies with a workforce less than 500 or 1000 may not be able to implement an in-house EAP because they may be unable to support their own employee counseling programme. These companies may utilize the consortium option.

- **Distribution of workforce**

Geographical distribution of employees is another key factor in determining the model of EAP selected and may result in many variations and blended models as companies

seek to find a model to fit their unique situation. A company whose employees are concentrated within one site may opt for a different model than a company whose employees are dispersed over a wide geographical area.

EAPs may be run in-house but may also collaborate with external contractors for certain services, or alternatively be completely in-house and decentralized to different locations, or utilize modern technology and offer the 'hot-line' model from a central point and contract with outside resources or send out practitioners to conduct face-to-face consultations if necessary.

- **Mission**

According to Fleisher and Kaplan (1988: 32) a company doing sensitive government work may prefer an in-house EAP to protect the confidentiality of their work. They may opt for an off-site location close by so that family members can use the service without the necessity of a security clearance.

The researcher believes that this arrangement may also be appropriate for occupational categories that may see themselves as being a homogenous group with special needs, such as the Police Service, Defense Force or Correctional Services.

- **Cultural climate**

Corporate social responsibility according to Fleisher and Kaplan (1988: 32) has expanded to include health and safety, as well as social services for employees but concede that there are many different perspectives on what constitutes a cultural climate and how it can be implemented.

Fleisher and Kaplan (1988:32) assert that "unless the cultural climate of the organization is conducive, the realization that troubled employees cost millions of dollars in health care and lost productivity will not lead to implementation of an EAP." Only if executives and managers are convinced of the effective impact of an EAP on individual work performance and productivity will they allocate the necessary resources to launch an EAP model that is manned by adequately proficient staff.

- **Allocation of resources**

Funds allocated for hiring staff, marketing, training, and prevention programmes are directly linked to the type of EAP model selected. The amount of funds a company is likely to invest/spend on launching and developing an EAP is linked to available

resources parallel to identified areas of priority.

- **Target population**

Fleisher and Kaplan (1988:33) suggest that management must decide on who should be served in the EAP design. Clients of an EAP include employees and members of their family experiencing specific types of personal problems other than work-related troubles or extending services to retired/dismissed/contract workers.

- **Range of services**

According to Fleisher and Kaplan (1988:33) determination must be made of how narrow or broad-brush the programme should be. Should an EAP only operate as a resource imparting information and operating as a referral service or if counseling is to be offered should it be restricted to job-related problems? According to the researcher, services can range from problem identification and referral only to the provision of a full range of services incorporating all the core technologies of EAP and maybe even integrate health/work life and other related services traditionally not covered in an EAP model.

- **Administrative considerations**

Fleisher and Kaplan (1988:34) state that decisions related to sponsorship, location and staffing present many possibilities for potential EAP combinations, and influence the utilization of EAP services. They describe the possibilities of corporate versus union or both sponsoring the EAP, location within Human Resources, personnel or medical departments, location within the premises or off-site but in close proximity; as well as the option whether EAP staff should be hired directly by the organization or if contractual arrangements are more feasible. .

- **Funding source**

According to Fleisher and Kaplan (1988:34) the alternatives to identifying a funding source include having the program employer sponsored, labour sponsored or both. These options pose some questions. Should employees contribute? Should all of the services be paid for by the employer or are some expenses covered by Medical Aid Funds or personal insurance? In the researcher's opinion the answers to these questions depend on the financial strength of the organization or whether stakeholders like the union or employees have the capacity or interest in investing in the development of an EAP. Identifying a funding source also depends on the type of benefits and

services offered by Medical Aid Funds to meet the needs of employees. For example, if the Medical Aid Fund provides comprehensive cover to employees who are HIV positive the EAP will not need to allocate much resources for these services as it will be provided for.

The researcher concludes that in many cases the work organization may implement a programme for employee assistance without deliberately adopting one of the known models but rather develop their own model to match internal needs. A further alternative to the choice of EAP model could be that the model of choice evolves from services provided from other related components such as the Occupational Health Clinic. This could be because services are put together in an informal way according to demand or need without any formal planning process or without the organization having the knowledge and capacity to implement EAP in a structured, formal way.

Given that workplaces and societies are so unique, in the researcher's opinion, it seems logical that EAPs need to be designed in accordance with the special characteristics and needs of each individual organization. According to Smith (1988: 10), "not all EAP models are equally viable for any particular organization. It is likely that whatever model emerges is the result of a dynamic combination of organizational size, complexity, and resources as well as management philosophy, community resources and organizational history". EAPs as a whole have developed some specific core technologies, which if inherent in the programme then it is really just a matter of preference which model is chosen by a company.

A matter of concern in South Africa right now is that many employers are implementing EAPs that might lack appropriate content. The researcher believes that many organizations are putting into operation employee assistance programmes without first conducting the essential groundwork of taking into consideration the unique organizational identity and culture as well as the pertinent needs of its human resources and strategic objectives before deciding on a suitable model.

## **2.5. Core Technology of EAP**

According to Herlihy (2002: 12 - 13) “the ‘Employee Assistance Core Technology’ or ‘EAP Core Technology’ represents the essential components of the employee assistance (EA) profession. These components combine to create a unique approach to addressing work organization productivity issues and ‘employee client’ personal concerns affecting job performance and ability to perform on the job.”

While it is important to see Core Technology as an essential component to the development of EAPs, it is equally important that we understand that these are not parameters in the field of employee assistance. The researcher is of the opinion that being a workplace resource, an EAP model should be flexible and that, as Maynard (2004: 36) asserts, employee assistance core technology should not be viewed as defining the field but rather as “the heart, but not the boundary, of our work.”

Herlihy (2002: 13) describes the EAP Core technology as:

**2.5.1. Consultation and training:** Consultation combined with training and support to organizational leadership (managers, supervisors, and unions) seeking to manage the troubled employee, enhance the work environment and improve employee job performance; as well as to provide an outreach service to educate employees and their family members about availability and guarantees (i.e. confidentiality) of an employee assistance programme and motivate them to utilize the services.

**2.5.2. Problem identification and assessment:** This refers to confidential and timely problem identification/assessment services for employee clients with personal concerns that may affect job performance.

**2.5.3. Constructive confrontation:** This refers to the use of constructive confrontation, motivation and short-term intervention when counseling employee- clients to address problems that affect job performance.

**2.5.4. Referral for diagnosis, treatment and assistance:** This includes referral of employee-clients for diagnosis, treatment and assistance plus case-monitoring, follow-up and aftercare service.

**2.5.5. Consultation to work organization:** Consultation to work organization involves establishing and maintaining effective relations with treatment and other service providers and managing provider contracts.

**2.5.6. Consultation with work organization for health:** Consultation to work organization to encourage availability of and employee access to employee health benefits covering medical and behavioral problems, including but not limited to alcoholism, drug abuse and mental and emotional disorders.

**2.5.7. Evaluation:** Identification of the effects of EAP services on the work organization and individual job performance.

The researcher is of the opinion that the core technology is important as it uniquely defines the employee assistance field and its core functions as well as reflects the common elements in EAPs. The core technology as it is reflected here however does not satisfactorily describe the proactive nature of many EAPs in that it is limited in describing the prevention and development / empowerment dimensions of current EAP services. It seems still to be primarily focused on managing the troubled employee rather than the health and wellness focus of many EAPs.

It may be argued, as did Herlihy (2009:4) that prevention is inherent in each of the EAP core technologies because it is a stage of treatment rather than a type of treatment, so adding a separate prevention component is both unnecessary and confusing. The researcher's view is aligned to Bennet and Attridge (2008:4) who "feel that preventive services for mental health, addictions, and workplace behavioral issues are now ready to be considered a core component of what EAPs do and how they are valued. Bennet and Attridge (2008: 5) conducted a survey of 200 respondents from the EAP field and found that the majority of all respondents:

- Indicated that prevention is a significant part of their work
- Rate it as important as some components of the core technology and
- Reported that prevention is not given enough focus by the Employee Assistance profession.

Bennet and Attridge (2008:6) proposed "evidence-based workplace prevention as a new core technology. They indicated that the EAP field could benefit from the addition of a new core technology that focuses on direct delivery of prevention services within the workplace which



would include outreach, screening, assessment, awareness education and skills training for individuals and workplace cultures to help reduce risks and increase strengths. It is the researcher's view that by including prevention as a new core technology and developing standards to benchmark practice and provide guidelines, in the same way as it does for the reactive direct services, would encourage EAP practice to consciously and purposefully implement proactive strategies, interventions and tools.

## **2.6. Summary**

From the literary review it can be seen from the history, definitions, models of service delivery and core technology, that EAPs have evolved in complexity from the early days of providing basic material aid and rudimentary assistance to employees to a fairly sophisticated professional field of practice today, making it an effective resource to work organizations to better manage employee and productivity issues if implemented correctly.

## Chapter 3

### Literature Study: Standards for EAPs in South Africa

#### 3.1. Introduction

“The Standards for Employee Assistance Programmes in South Africa” were developed in 1999 by the Employee Assistance Professionals Association – South African Chapter (hereafter known as EAPA-SA), and revised in 2005 as guidelines for the implementation of EAPs. The 27 standards represent not only the national agreed level of professional best practice for EAPs but also outlines the basic principles and key elements that these programmes should contain.

EAPA-SA (2005:7): “Adherence to professional standards and guidelines ensures viable programmes. The purpose of the non-regulatory guidelines is to assist all relevant stakeholders in establishing quality EAPs in accordance with international best practices and enhancing existing EAPs.” While the application of the standard criterion will ensure the creation of quality EAPs, these guidelines should not inhibit the opportunity for organizations to develop customized employee assistance models. In recognizing this flexibility, many of the guidelines illustrate that there are a variety of ways in which standards can be implemented. When designing, implementing or evaluating an EAP, each organization should apply these standards and guidelines based on its own unique organizational culture and operation.”

The word “**standard**” is defined in the Oxford English Dictionary as the “**required, expected or accepted level of quality**” and also as the “**specified level of proficiency**”. It is defined by EAPA-SA (2005:6) as “**the agreed level of best practice or description of the ideal situation**”. The researcher believes that for any person or organization wishing to implement an EAP, the standards document provides a very good framework of best practice. The purpose of this chapter is to briefly examine the EAPA-SA standards and the issues involved in each, in relation to available literature, and to explain why such elements are identified as best practices / guidelines. The text that is in **bold print** is the actual standard as it appears in the standards document of 2005. The standards are categorized as follows and include:

### **3.2. Programme Design**

#### **3.2.1. Advisory / Steering / Consultative Committee (1) \*\***

**There should be an advisory committee at the highest possible level within the organization involving representatives from all segments of the workforce.**

Googins and Godfrey (1987: 164 -165) describe the Advisory Committee as the formal mobilization of support necessary for the EAP and its services to become known, needed, trusted and accepted throughout the corporation or union. Googins and Godfrey identify some of the stakeholders of the Advisory Committee as representatives from labour, management, personnel, labour relations, medical personnel and others within the client system whose combined expertise help shape the employee assistance programme and in doing so develop a degree of ownership for the EAP that can assist the development of the model in its quest for legitimacy.

The functions of the Advisory Committee, according to Googins and Godfrey (1987: 164 – 165) and Stoer – Scaggs in Oher (1999:41), can be summarized as:

- Programme support and legitimacy
- Resource for information – organizational profiling and needs assessment.
- Ensure linkages with all relevant stakeholders
- Program design – advice on policy, goals, objectives, implementation plan and procedure, program services
- Marketing
- Evaluation and critical feedback regarding the program initiatives
- Ongoing review of operations
- Supporting EAP confidentiality safeguards

The purpose of this standard in the researcher's understanding is to ensure that all relevant role players in the organization contribute to and participate in the effective design and operation of the EAP.

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\*\* (1) refers to number 1 of 27 standards

### **3.2.2. Needs Assessment (2)**

**Programme design shall be based on an assessment of organizational and employee needs as they relate to EAP utilization. The background information and organizational data to be considered in the programme design will include at least:**

- **Organizational profile and needs**
- **Employee needs**
- **Supervisors and union representatives need**
- **Health care profiles and needs**

Berman, Sulsky, Pargament, Balzer and Kausch (1991:22) explain that “Needs Assessment” is a tool to answer the question:” What type of EAP is best suited to the characteristics, problems, and resources of this particular organization?” According to Berman et al (1991: 22 -25) the process of conducting a needs assessment involves a variety of different data collection methods and the benefits of conducting an EAP needs assessment include:

- it provides an external, objective check to the subjective process of planning an EAP
- it can identify problem areas in which EAP services may be cost-effective.
- the composition of the workforce in terms of age, sex and marital status for example may indicate the need for different types of services
- it can identify barriers to the use of the EAP which can be addressed prior to implementing services
- the information can serve as a benchmark for determining if and how well the program is working
- it provides information on the size and scope of the relationship between job performance and personal problems
- it can provide an estimate of the savings that can be produced by having an EAP

Grissom, Baldadion and Swisher (1988:81) offer an additional benefit of needs assessment in that: “the needs assessment process is itself one method of promoting awareness of services whilst simultaneously gathering data in support of program development.”

The researcher views the process of needs assessment in EAP as a planned and systematic effort of engaging with a client system with the purpose of understanding its characteristics, functioning, needs, goals and resources in order to design a beneficial intervention, develop a relationship and to set baseline data for later evaluation.

### **3.2.3. Service Delivery Models (3)**

**There should be an appropriate model for service delivery for specific employer organizations, reflecting detailed procedures.**

According to Gould and Smith (1988: 10) "...not all EAP models are equally viable for any particular organization. It is likely that whatever model emerges is the result of a dynamic combination of organizational size, complexity, and resources as well as management philosophy, community resources, and organizational history (especially the extent and nature of 'people problems' among the workforce and the legacy of particularly noteworthy responses to some of these problems)."

The criteria to be considered in choosing an appropriate model are outlined in the EAPA-SA Standards Document (2005:10) as: existing business practices and philosophy, size and structure of the organization, geographical location, accessibility to community resources, in-house capacity and preferences of the employees. Specific models and combinations thereof are explained in detail in Chapter Two of this research report.

In the standard quoted above, the word 'appropriate' suggests that consideration should be given to the criterion mentioned but, the researcher believes that it is unclear as to who should make or be involved in making the decision about the selection of an appropriate model for service delivery. The "Standard", being a benchmark should advise, in the researcher's opinion, that the model of choice should be selected only after careful consideration of the crucial factors by the appropriate people, preferably the Advisory Committee (being representative of all EAP stakeholders).

### **3.2.4. Pricing Models (4)**

**Pricing of EAPs should be negotiated and agreed upon between the service provider and the employer, after different models had been considered. Models should be transparent and acceptable to all role players involved.**

According to Myers (1984: 79), “in choosing an EAP model the decision maker must balance EAP costs with anticipated benefits.” Costs considerations should include:

- marginal expenditure or change in costs caused by adding additional client services, for example: an assessment and referral service is only slightly cheaper than a program that also includes some short-term counselling;
- service comparability – in-patient versus out-patient treatment – cost versus effectiveness
- method of pricing for the different program models – per capita costs versus an overall cost
- workforce size – some experts believe that at least 3000 employees are needed to justify the cost of an in-house program

Bradman (1999:7) asserts that pricing of EAPs needs to be fully disclosed in order for purchasers to make “apples to apples” comparisons and that full disclosure should be made in the areas of:

- Ownership: Is the EAP owned by licensed practitioners, Hospitals, Insurers, Investors, Payroll Administrators or Employee Leasing firms?
- Funding: Is an EAP funded in totality or supported by any sources beyond scheduled payments of clients? Is an EAP receiving fees for selling ancillary products or services?
- Conflicts of interest: Are there any direct or indirect organizational self referrals, insurance billings for EAP cases, profit affiliations or disguised referral fees?
- Phantom panels: Are advertised providers and locations equally accessible and adequate?
- Provider qualifications: Are the professionals who directly and personally render clinical services licensed, insured and credentialed? Does the EAP provide clinical supervision of lesser-qualified staff?
- Number of visits: Are patients receiving or accessing the advertised number of visits? Do EAPs that advertise “unlimited” sessions actually provide them? Does an EAP engage in

practices that limit visits (e.g. telephone therapy, Internet–based services and referrals out of the EAP)?

- Usage reports: Are utilization data valid and reliable according to usual statistical standards? In arriving at “usage units”, have face- to- face counselling sessions been mixed with telephone calls to the scheduling centre, informal contacts with client account, case management by administrative staff, programme promotion activities, or web site interactions?

This standard, as the researcher understands, seems to apply to external models of EAPs as reference is made to “service provider and the employer” as well as the use of the word “pricing” which implies that the EAP is a purchasable commodity. The researcher believes that the allocation of financial resources to an EAP is a serious issue for both internal and external models and the standard should offer generic guidelines to all types of programme models.

### **3.3. Implementation**

#### **3.3.1. Policy (5)**

**The policy shall describe the EAP in its entirety.**

Jones in Klarreich et al (1985: 12) refers to the policy as an instrument that demonstrates company support and endorsement, that if well constructed enables successful program administration but if poorly conceived and established can cause the EAP to “flounder and die”.

Myers (1984:123 – 129) refers to the policy as an “EAP statement” which incorporates goals, policies and procedures. He offers a model EAP statement to assist organizations, which covers the following headings: introduction, companies view on personal problems and the role of the EAP within the organization, the EAP goals, responsibilities of the EAP, management, union and employees; policy disclaimers, EAP procedures, EAP location, EAP staff, and EAP records and evaluation.

Googins and Godfrey (1987: 125) caution however that while the policy is important, it is not sufficient to guarantee success. He explains that the policy must be put into operation to be effective and its services must be compatible with performance appraisal systems, grievance processes, disciplinary procedures, insurance policies and above all the protection of employee privacy through strict confidentiality in order for the EAP to be viable.

The researcher's understanding is that the policy describes the strategic and operational framework for the EAP and the implementation thereof. If this essential element is a product of the collective effort of the key stakeholders in the organization then there will be commitment of all concerned to the effective implementation of the EAP.

### **3.3.2. Policy Statement (6)**

**The policy statement shall provide the guarantees, principles, the rights and responsibilities of the various stakeholders such as the user, the employer and the provider.**

Referred to by Wright in Klarreich et al (1985:13 -14) as the "Statement of Program Philosophy" which is of major importance and is often the most quoted section of the policy document. He describes it as setting the tone for the rest of the document but presents a macro purpose statement against which all other statements that follow can be tested for consistency.

Myers (1984: 117-120) describes a policy statement as one that explains:

- The significance of employee problems and the proportion of the workforce usually affected.
- That an EAP is being implemented to address these problems through a combination of prevention and confrontation services.
- The problems to be treated in the EAP.
- That client confidentiality is assured for all referrals and EAP records.



- How family members are covered by the Medical Aid Fund if they are eligible for services.
- Client services that the organization will provide.
- The responsibilities and involvement of the union if applicable.
- Disclaimers regarding the EAP and management's authority to discipline deficient employees, union prerogatives to represent members or client employees' employment and career advancement.

Many authors do not make a distinction between the policy and the policy statement but it is the understanding of the researcher that the policy statement summarizes the essence of the EAP policy – reflecting its core concepts and values, main principles and elements of the EAP. It is a statement that summarizes the essential elements of the policy for quick and user-friendly reference to the EAP.

### **3.3.3. Implementation Plan (7)**

**An implementation plan shall outline the actions and schedule needed to establish an operationally effective EAP.**

According to EAPA SA (2005:12 -13) the implementation plan should reflect all the essential core technologies of an EAP and should stipulate the required actions, time frame and resources. This plan should be signed off by all stakeholders and reviewed annually during the evaluation process.

Maynard and Farmer (2004:31) in discussing strategies of implementing an EAP maintain that these steps are of utmost importance in establishing an EAP because it will determine who supports the program; how many employees will use its services and for what types of problems; how many supervisors and managers will avail themselves to take advantage of the expertise and assistance put forward by EAP staff; and what contribution the program will make to the company's goals.

Monfils (1995:263) discusses Dr Deming's PCDA (Plan, Do, Check, Act) tool where the first quadrant called "Plan" involves data collection and a process improvement plan

based on that data. Monfils suggests that the PDCA Cycle can also “be applied to the implementation and ongoing management of an EAP within a company.” The first stage involving needs assessment and the development of an implementation plan is based on the data collected.

The researcher understands, from the above, that an implementation plan can spell out the operational schedule of the EAP for a specific time period and therefore give effect to the policy.

### **3.4. Management and Administration**

#### **3.4.1. Staffing (8)**

**An appropriate number and suitably qualified EAP professionals shall be available to achieve the stated goals and objectives of the programme.**

According to the Business Journal (1999:14): which provides a checklist for employers in choosing an EAP model, staffing of the EAP was given special attention saying that, “by paying attention to these things, employers can ensure that their employees have access to experienced, formally trained, professional counselors who are meticulous about maintaining confidentiality. This results in high utilization of the EAP, directly profiting the employer by providing cost savings and limiting legal exposure.”

Dickman, Challenger, Emener and Hutchison (1988:280) confirm that a review of literature and the authors’ experience strongly indicates professional leadership from a skilled professional who has credibility in the eyes of the employees is a critical attribute of a successful EAP.

According to Emener, Hutchison and Richard (2003:52), the EAP Coordinator needs to possess comprehensive knowledge and proficiency in dealing with the diagnosis and treatment of alcoholism, expertise in marriage and family counseling and general emotional problems, as well as other typical problems such as financial and legal troubles, and conducting basic unbiased interviews. The EAP Coordinator must also be skilled in basic

counseling methodologies and case management procedures since he or she is the hub around which the employee assistance services will be delivered.

It is the firm belief of the researcher that adhering to this proficiency standard is crucial to creating and sustaining a successful EAP. Allocating trained personnel with the right degree of expertise to fulfill multiple roles in running the EAP, will ensure legitimacy of the programme, client satisfaction and customized services that will not only add value to the lives of employees but also enhance overall organizational functioning.

#### **3.4.2. EAP consultation and Case Management (9)**

**Every EAP professional who provides services shall be subjected to ongoing consultation and / or case management.**

EAPA SA (2005:14) motivates this standard by saying that EAP Professionals have a potentially profound effect on their clients and, via consultation and case management; clients are assured of authentic, quality services. The consultation and case management also helps prevent isolation and professional burnout in the EAP Professional.

Craig (1997: 63 – 65) explains that the primary purpose of clinical supervision is to effect quality and efficiency in the practice of counselling. The aim of clinical supervision is to refine counselling skills; enhance and develop the ability to organize professional practice; assist in determining priorities; and ensure ethical accountability in the practice of the profession. Craig goes on to suggest that the “Employee Assistance Programme needs a complementary component: a program of professional clinical supervision apt to accurately address the therapeutic concerns of the practice, while at the same time having real and functional autonomy from the organization.”

It is the researcher’s opinion that in addition to the potential impact of EAP services on the individual employee and organization; the variety of different and demanding roles that the EAP Professional is required to play makes professional support and development quite crucial.

### **3.4.3. Confidentiality (10)**

**The written policy shall include a statement on confidentiality consistent with all professional standards, ethics and legal requirements, which regulate the management of information.**

According to Winegar (2002:57), confidentiality refers to the professional's obligation to maintain the privacy of therapeutic or consultative communications between client and professional. Such information must not be divulged to another party without the client's permission, and professionals are obligated to ensure that their practice procedures and protocols comply with this obligation.

According to Mistretta and Inlow (1991: 84), confidentiality is the underpinning of any EAP. To enable EAPs to offer maximum benefit the employee must first be clear in his or her mind that the program will be presented in a safe unobtrusive environment where problems are dealt with in a professional unbiased manner. Second, the employee must feel protected against job loss, criminal sanction, or embarrassment. Personal communication between the EAP professional and the employee, as well as the records of those encounters, must be protected and held in the strictest confidence.

While confidentiality is crucial to the success of an EAP, Misretta and Inlow (1991:85 – 86) caution that this is a difficult legal issue for EAP professionals. There are limitations to confidentiality mandated by statutes in certain states which exempt the EAP professional from keeping information confidential. These limitations include if the purpose of client disclosure is in the furtherance of a crime or fraud; the client has waived the right of privilege; the disclosure relates directly to facts or circumstances of homicide or if a lawsuit for malpractice has been filed against the professional. Other instances may include child abuse or an individual posing a serious risk to others.

In South Africa also, according to the researcher's professional training and experience, these limitations also apply. This issue in EAPs, being a very sensitive but crucial one,

needs to be clearly spelt out in an organizations EAP policy and needs to be reiterated during individual client case consultations.

#### **3.4.4. Record Keeping (11)**

**The EAP shall maintain records.**

According to Googins and Godfrey (1987:127 -128) “the EAP record-keeping system consists of scrupulously guarded confidential material gathered through approved organizational channels and from outside treatment agencies as well as from the client. These records are tools for assessing the problems, confronting denial and evaluating outcome”. It can also be useful in other functions such as promoting the EAP within the organization.

According to the EAPA SA (2005:14) the record keeping system needs to capture and maintain records on administrative matters, meeting documentation, clinical information, corporate client information, evaluation data, marketing and promotional material as well as training material in order to ensure quality and continuity of care.

In the researcher’s experience, record keeping can also enable the EAP Manager to provide important feedback to Management on client demographics, profile of problems presented for purposes of identifying trends and to inform the planning primary and secondary prevention programmes, to monitor utilization and referral sources. This type of information also assists the EAP advisory committee to design and evaluate EAP programmes

#### **3.4.5. Professional Liability Insurance (12)**

**All EAP professionals shall have adequate professional liability insurance.**

The nature of EAP work is very sensitive and professionals should create means to protect themselves against legal action by clients alleging malpractice.

According to EAPA SA (2005:15) the objective of this standard is to take the precautions necessary to address legal challenges concerning the delivery of services and to sufficiently maintain financial resources to ensure continuation of the programme during and following litigation.

#### **3.4.6. Ethics (13)**

**EAP professionals shall register and maintain their registration with their respective statutory and /or professional councils and adhere to the codes of practice of such bodies.**

Winegar (2002:55-56) explains that ethical standards focus on human behaviours and motivations that aim at the highest ideals of human interaction and that over the past century, various counselling professions have emerged and with them have come professional codes of ethical conduct. These codes are based on the premise that professionals hold a judiciary or special responsibility for their clients due to the unique nature of helping relationships and they combine both high-minded ethical principles as well as elements of criminal law.

The researcher, while understanding the place of a standard on ethics and acknowledging that registration with a professional or statutory body is related to ethical practice, fails to comprehend why EAPA SA (2005:18) - in elaborating on the standard – focuses more on registration with professional bodies rather than describing what ethical practice means for EAP professionals. The standard would achieve its purpose better if it outlined the ethical issues involved Employee Assistance Practice.

Some of the ethical issues relating to EAP practice discussed by White, Sharar and Funk (2001:38); Winegar (2002:56-58); Caron (2003); include:

- Privacy and confidentiality
- Conflict of interests – balancing ‘individual client’ versus ‘organization’.
- Informed consent

- Termination of services – does it end when the employee no longer works for the employer?
- Competence of EAP practitioners / contractors / referral resources
- Shift to cost containment / managed care
- Loss of boundaries around employee assistance functions and competencies
- Misrepresentation in marketing / advertising

### **3.5. Direct Services**

#### **3.5.1. Trauma Debriefing (14)**

**The EAP will offer trauma defusing and trauma debriefing services for employees, family members and the organization.**

According to Antai-Otong (2001:127) a trauma or critical incident refers to a powerful and overwhelming event that lies outside the range of usual human experience. It has the potential to exhaust one's normal coping mechanisms, resulting in psychological distress and disruption of natural adaptive functioning.

According to Cunningham (1994:176), at one or another time most EAP counsellors will encounter special problems that occur in the workplace that are generally acknowledged to be traumatic or of crisis proportions to a significant percentage of the workforce. EAP staff may have the primary responsibility for coordinating all of the activities required to minimize the effects of the trauma while supporting the organization's need to carry out its normal work responsibilities.

Spitzer and Burke (1993: 150) explain that defusing is held within one to four hours of a traumatic event and helps to immediately stabilize personnel involved in a critical–stress incident allowing them re-entry into the situation or return home to recuperate following reduction of debilitating stress. Debriefing are structured sessions with larger groups conducted 24 – 72 hours after the incident and involves confidential discussions of the trauma, which allows the opportunity to put the traumatic experiences into perspective and to accelerate the normal recovery period. Debriefing helps minimize the possibility of

staff members misinterpreting their own personal reactions and being vulnerable to post-traumatic stress disorder.

In the researcher's opinion, trauma intervention is particularly useful for the South African situation where there is a high incidence of violent crimes including rape, armed robbery, high jacking, murder and domestic violence which must be properly dealt with as part of the EAP service delivery.

### **3.5.2. Crisis Intervention (15)**

**The EAP will offer responsive intervention services for employees, family members and the organization in crisis situations.**

According to Roberts, (1999:223) a crisis can be defined as a subjective reaction to a stressful life experience that threatens the individual's stability and ability to cope or function; while crisis intervention is the process where the clinician enters as an objective mediator into the life situation of an individual or a family in an attempt to alleviate the impact of the crisis and to help mobilize the resources of those differentially affected.

The researcher agrees that this also is especially important in the South African context due to the high incidence of violent crimes in the country discussed in the previous standard.

### **3.5.3. Assessment and Referral (16)**

**EAP professionals or an assessment service under contract to the organization will:**

- **Conduct an assessment to identify employee and/or family member and/or organizational problems**
- **Develop a plan of action and**
- **Recommend or refer the individual(s) to an appropriate resource of intervention.**



According to Googins and Godfrey (1987: 128) An assessment is a particularly important function in EAPs where referrals for extended treatment are frequently made. Because the solution to a problem flows from its definition, an erroneous or poorly defined assessment may lead to misguided treatment. “EAPs are rarely complete treatment centres and referral mechanisms are necessary to link the program with external treatment systems to provide employees with appropriate and effective services.”

It is the understanding of the researcher that an assessment as an entry-level service to determine a solution or plan of action is an essential first step in the process of EAP case management, which forms part of EAP core technology.

#### **3.5.4. Short- term Intervention (17)**

**EAP professionals will determine when it may be appropriate to provide short-term intervention services and when to make a referral to community resources.**

Ryan (1994:5) defines short-term or brief therapy as a group of therapeutic interventions aimed at solving the client’s problem in the shortest amount of time possible.

According to Darick (1999:10 – 11) the EAP clinician should, after a thorough diagnostic assessment, decide on two options: to continue to see the client for short-term problem resolution or to refer the client to other appropriate resources for long-term assistance.

Taute (2004:22) suggests that short-term therapy is an important approach for EAPs since it helps the Employee Assistance Professionals to provide a cost effective, time-limited therapy to benefit both the employer and employee. The researcher agrees that short-term intervention is the most appropriate for EAPs since the bottom line in the world of work is that time is money and to add value to the organizational and individual client, the goal should be to restore normal functioning in the quickest, most effective way possible.

#### **3.5.5. Monitoring (18)**

**The process of referral will be reviewed and monitored to ensure progress**

Googins and Godfrey (1987: 128) maintain that: “monitoring is perhaps the most neglected function within an EAP.” Googins and Godfrey explain that a well-defined mechanism for case monitoring is essential to monitor progress of treatment parallel to work performance, identify relapse and recidivism.

In the researcher’s experience, failure to monitor progress or impact of intervention can result in serious gaps in the case management process and can prolong the time it may take to assist the client. It also negatively impacts on the partnership between the EAP practitioner, the supervisor / union representative and the client and therefore might impact negatively on the effectiveness of the intervention as a whole.

### **3.5.6. Follow up and Aftercare (19)**

**The EAP will ensure that follow up and aftercare services are provided to EAP clients, supervisors and union representatives.**

According to Darick (1999:11) follow-up services are an important aspect of EAP care and may take many forms depending on the type of referral. The purpose of follow-up services includes:

- ensuring that the programme remains effective and that the employee is improving as a result of clinical intervention
- providing feedback to the referring supervisor on compliance and progress
- supporting the gains made during therapy
- maintaining the therapeutic relationship between the professional and client until the client feels strong enough to take the next treatment step
- communicating restored status of employee’s work proficiency by the EAP to the employer
- checking whether the employee who has been referred to longer-term care has in fact been able to access that resource

The researcher believes that - as with the previous standard of monitoring employee progress – the follow-up and after-care service also forms an essential part of the case management process; combined, these EAP services help to keep in check the impact of the intervention, allowing the professional to pick up on and prevent a relapse.

### **3.5.7. Organizational Consultation (20)**

**The EAP professional will consult with the organization when developments and events such as retrenchments or mergers, impact on employee well-being and fall within the EAP and the EAP professional's area of expertise.**

Blair (2001:36) maintains that to add value to the organization, the EAP should be positioned as a strategic partner, providing management consultation to help explain relevant aspects of human behaviour and find solutions to human resource issues.

Cunningham (1994:169 – 188) elaborates on this theme by describing the concept “organizational assistance” as a special responsibility of the EAP towards the organization as a client and an extension of client service. Cunningham expands on this by explaining that organizational assistance involves:

- Advocacy in relation to specific client needs; interventions designed to modify the attitudes or behaviours of significant others at the workplace that contribute to an employee's dysfunction or through mediation when interpersonal problems are an issue.
- Becoming a confidential source of information and guidance for those overwhelmed / perplexed by employee behaviour that they do not understand.
- Addressing work-related problems affecting a particular work group that impact on the overall performance of the work unit.
- Critical incident debriefing.
- Influencing organizational culture by intervening to bring about changes in attitudes and beliefs thereby creating a more conducive frame of mind to promote the welfare of both the company and the individual client. This may include informational and educational efforts.

- Use of EAP specialist knowledge, expertise and experience to guide decision making processes and implementation of policy, especially those relevant to the health and welfare of employees.

It is the researcher's belief that it is the function of organizational consultation that sets aside EAP intervention from that of any of the specific professions within the EAP practice arena. It is also this function that makes EAP an organizational resource rather than just a beneficial "product".

### **3.5.8. Training of Managers, Supervisors and Union representatives (21)**

**EAP professionals will provide training for supervisors, management, and union representatives in order to give them an understanding of the EAP.**

According to Googins and Godfrey (1987:126) training is an essential feature of a successful EAP. Training helps bring about changes in existing levels of knowledge and attitudes that enable the EAP to realize its objectives within the organization. Training is also a powerful tool to strengthen communication, eliminate misconceptions and introduce change. Without proper training and regular re-training supervisors, personnel administrators and other contributors to the programme would fail to pool resources toward developing an effective EAP and utilizing its services optimally. The contents that makes up the training often includes: information on company policy and procedures, an explanation of the EAP itself, and instruction on identifying, confronting and referring an employee with job performance problems.

Beidel and Brennan (2006:29-30) maintain that supervisory referrals can provide an effective interface with the job performance and developmental coaching processes that most supervisors are expected to perform as part of their job descriptions. Beidel and Brennan also argue that EAP supervisory training provides clear value to individual managers and the organization in general by ensuring that managers, supervisors and shop stewards are familiar with, understand the dimensions of, and are prepared to fully engage the supervisory referral process and the dynamic EAP consultation process.

It is the researchers understanding that supervisory training provides a vehicle and framework for strategic partnerships between the EAP professional and any other key stakeholder within the organization. Supervisory training also paves the way for organizational consultation services.

### **3.5.9. Marketing (22)**

**EAP professionals will ensure the availability and use of promotional material and educational activities which encourage the use of the programme by supervisors, managers, union representatives, peers, employees and family members.**

According to Googins and Godfrey (1987:126 – 127), “the EAP needs to establish methods of calling attention to its services in such a way that appropriate use is made of those services” and “any new or unorthodox program must identify avenues to convey its presence, purposes and usefulness,” and “no program can survive without visibility, recognition and exposure”. The goals of employee education include: informing employees about the purpose of the EAP, the target audience its services are aimed at and how employees can access these services, as well as an explanation to dismiss the perception that taking part in an EAP invites stigmatization.

It is the researcher’s opinion that since programme utilization is crucial to the success of an EAP, increasing visibility and mainstreaming of EAP services into the core functioning of the organization becomes an integral function of marketing.

## **3.6. Networking**

### **3.6.1. Networking with internal organizational structures (23)**

**The EAP, being an integral part of the organization, should network with the various internal departments.**

According to Googins and Godfrey (1987:125) state: “Linkages to relevant organizational units assures two way communication as well as functional integration into the culture and operations of the company”. Linkages also assist in contributing to the dynamics of the

work community, become a vehicle for both EAP and work groups to better understand one another, and capable of assisting the organization identify and deal with larger systemic problems in a department or division or through corporate policy.

In the researcher's experience linkages, especially in internal models, can also assist by providing resources for EAP service delivery, thus reducing the cost of certain operations.

### **3.6.2. Networking with external community organizations and resources (24)**

**The EAP should identify, utilize and evaluate health care delivery systems and community resources which provide quality assistance at an affordable cost for the organization, employee and family members.**

Googins and Godfrey (1987:128) assert that EAP staff need to be familiar with all aspects of community resources, including understanding their strengths and weaknesses, awareness of eligibility criteria, waiting lists, fee structures and also establish working relationships with these resources to educate agencies about the realities of the workplace, the nature of work-based programmes, the treatment-management issues involved and the treatment needs of EAP staff.

In the researcher's experience, establishing external linkages with community resources are crucial to filling the EAP service delivery gaps, especially in programmes where certain types of expertise and capacity are at a premium.

### **3.6.3. Networking with professional organizations (25)**

**EAP professionals shall maintain and upgrade their knowledge by belonging to an organization specifically designed for EAP professionals, attending training and/or professional development programmes and maintaining regular ongoing contact with other EAP professionals.**

According to EAPA SA (2005:24), the goal of this standard is to enhance the knowledge, skills and attitude of EAP professionals and to ensure that they remain aware of new developments and technologies in EAP service delivery.

It is the researcher's opinion that although Employee Assistance professionals come from different specialist fields, the issues relating to the EAP discipline are unique. Professional organizations such as EAPA SA provide a forum for such issues to be shared and debated as well as provide for the continued development of professionals and practitioners.

#### **3.6.4. Networking with external agencies (26)**

**EAP professionals shall be informed and network with external bodies which impact on EAP activities.**

EAPA SA (2005:25) explains that such external agencies include: regulatory, legislative, advocacy, financial, business and academic bodies. This standard aims to ensure appropriate application of knowledge relevant to regulations and legislation, as well as emerging issues and consequent implications for the development of EAP Practice. Issues such as confidentiality, drug testing, medical testing, worker's compensation and vocational rehabilitation are relevant to EAP Practice and practitioners are required to operate within specified frameworks.

The researcher agrees that forming linkages with relevant agencies will enable the practitioner to remain updated on such practice frameworks.

#### **3.7. Evaluation (27)**

**EAP professionals evaluate the appropriateness, cost effectiveness and efficiency of EAP operational activities.**

According to Googins and Godfrey (1987:129) "evaluation mechanisms vary from simple enumerations of cases to highly sophisticated research to determine program

effectiveness. While many organizations require some evaluation, only recently have programs attended to the need and usefulness of evaluation both within the company and in the external environment. The need for evaluation has encouraged better record keeping systems and the recruitment of researchers and program evaluators to assist the EAP. In summary, the presence of a program evaluation mechanism adds to program credibility and provides information that can be used to improve service.”

It is the researcher’s view that the purpose of the EAP is to add value to the work organization and not only exist to render assistance to individual employees. Proper baseline information and systems for monitoring and evaluation will enable the programme to provide appropriate and necessary services.

### **About Prevention... is there a standard or best practice?**

Googins and Godfrey (1987: 126 – 127) make reference to “employee education” as a universal component of EAPs, explaining that expanding an individuals knowledge is of growing importance and is aimed at prevention and intervention, reducing stigmatization (as in the case of alcoholism), providing updated information on a wide range of health problems thus developing a culture of prevention. Googins and Godfrey (1987: 126 – 127) assert that “problems affecting society as a whole also affect the workplace, which is an appropriate environment to increase awareness and expand knowledge about smoking, stress, alcohol, drugs and other social problems such as battered children and spousal abuse.”

According to the researcher, the Standards document lays out in detail what the crucial elements are in EAPs but maintains a focus on dealing with the troubled employee, yet remains limited in its outline of the proactive prevention and education elements of the health and wellness aspects. Best practice or benchmarks in terms of the health promotion aspects and potential of EAPs is omitted. The researcher further believes, from practice and observation that prevention, education and awareness programmes form an essential part of an EAP practice and needs to be included in the Standards Document as part of Direct Services.



## **Chapter 4**

### **Empirical Survey on the Prevalence and Nature of EAPs in the BCM Area**

#### **4.1. Introduction**

This study provides a critical description of EAPs as they are implemented in organizations, with a workforce of more than 200 employees, within the Buffalo City Municipal Area with a view to: establish prevalence, critically analyze the nature of existing EAPs and to benchmark these against existing EAPA-SA Standards (2005).

The population was identified from the member database of the Border–Kei Chamber of Business (BKCOB) and from the Eastern Cape Provincial Administration (ECPA). Due to the small size of the population, no sampling was done. A total number of 52 respondents were identified, which was later reduced to 47 since five respondent organizations employed less than 200 employees and had to be excluded from the study as was initially planned.

The study used a quantitative, descriptive survey design. A structured questionnaire was developed to be administered to respondents in groups and individually. The questionnaire was administered to groups of respondents at meetings of the EAPA SA Ikhala branch, Occupational Health Nurses Association and the Inter– Departmental Forum of the ECPA. The remainder of the respondent organizations was individually approached for appointments to administer the questionnaires.

All the respondents approached answered the first four questions in the questionnaire but only those who were affirmative about having an EAP were required to answer the remaining questions, which focused on descriptive information.

Data collection took place over a period of three months before it had to be terminated due to time constraints. Securing appointments proved to be very challenging due to unavailability of respondents. A total number of 30 questionnaires were successfully completed out of 47 respondents, which is a response rate of 64%.

## **4.2. Profile of Respondents**

The questions in the first part of the questionnaire aimed to obtain descriptive information about the organizations participating in the study and to create a context for the data. The organizations across both public and private sectors varied considerably in size, number and geographical distribution of worksites.

### **4.2.1. Sector of work organization: (Question 1)**

<b>SECTOR</b>	<b>NUMBER OF RESPONDENTS</b>
<b>Public Sector</b>	<b>12</b>
<b>Private Sector</b>	<b>18</b>
<b>Total</b>	<b>30</b>

Table 1: Sector of Work Organization

### **Type of public enterprise /Government Department (Question 2)**

<b>TYPE OF PUBLIC ENTERPRISE</b>	<b>NUMBER OF RESPONDENTS</b>
<b>National Department</b>	<b>2</b>
<b>Provincial Department</b>	<b>10</b>
<b>Total</b>	<b>12</b>

Table 2: Type of Public Enterprise

### **Discussion of data**

The Buffalo City Municipal Area is a relatively small area which includes the towns of East London, King Williams Town and Bhisho. There are few organizations that have a workforce more than 200 employees. Bhisho is the legislative capital city of the Eastern Cape Province and the centre for most Government offices. The Provincial and District offices of most National and Provincial Government Departments are located in East London.

#### 4.2.2 Size of workforce (Question3.1)

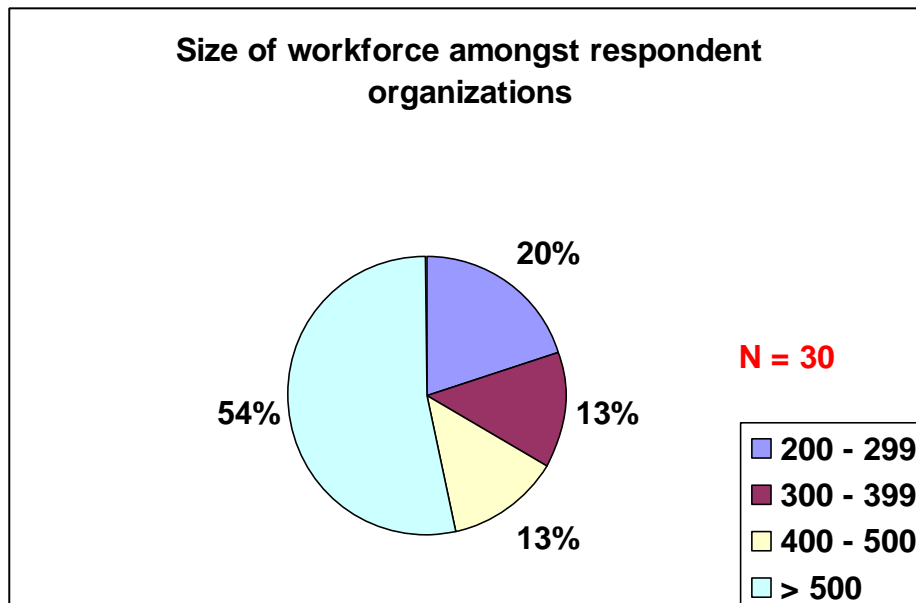


Figure 1: Size of workforce

#### **Discussion of data:**

The size of workforce, the number of worksites and the geographical distribution are important factors in determining the model of EAP selected and it varied amongst the different respondent organizations, with the majority having more than 500 employees.

The size of an organization's workforce is a critical factor in their decision to have an EAP and therefore on the prevalence of EAP in BCMA. According to Fleisher and Kaplan (1988:31 – 34) organizations with workforces of less than 500 may not have the resources to fund an internal EAP and may opt for a consortium model instead. It is the researcher's opinion that workforce size may also affect the organizations' decision to have an EAP at all, especially if there is a prevailing point of view that there are sufficient community resources available to assist employees experiencing personal challenges, and consequently the employer need not take on the responsibility of providing employee assistance.

### **4.2.3 Number of worksites / offices (Question 3.2)**

Question 3.2 focused on the number of worksites per organization to give an indication of how each workforce may be spread geographically. Table 3 categorizes their responses. The majority of respondents (13) have between one and five different worksites. It needs to be noted also that although most respondents have their main business units in BCMA they also operate other business units outside the geographically area spread throughout the Eastern Cape Province.

<b>No. of worksites</b>	<b>No of respondents</b>
<b>1 – 5</b>	<b>13</b>
<b>6 – 10</b>	<b>4</b>
<b>10 – 15</b>	<b>1</b>
<b>15 – 20</b>	<b>1</b>
<b>21 – 30</b>	<b>2</b>
<b>More than 30</b>	<b>4</b>
<b>Not indicated</b>	<b>5</b>
<b>Total</b>	<b>30</b>

**Table 3: Number of Worksites /Offices**

#### **Discussion of data:**

Organizations that have various worksites in different geographic areas face challenges in EAP design and in making the EAP services accessible and visible to its employees. The Eastern Cape is largely rural and with minimal or no basic infrastructure such as electricity and access to telephone communication in some areas, let alone helping professionals and other resources. This has implications for EAP design and implementation, especially for organizations that have a large number of worksites spread over a large geographical area, in that, the EAP model implemented may have to mirror the organization in size and complexity in order to meet the needs satisfactorily.

It is within these organizations, which have large workforces spread over a large geographical area, that we may find as outlined by Fleisher and Kaplan (1988: 31 -34), many variations and blended models that have taken a peculiar shape to respond to the specific needs of not only the organization as a whole, but are tailored to the different business units of the organization and may therefore differ in nature within the same EAP. Organizations are unique in size and structure and therefore their EAP services need to be flexible enough to offer what is needed to add value.

#### 4.3. Prevalence of EAPs (Question 4.)

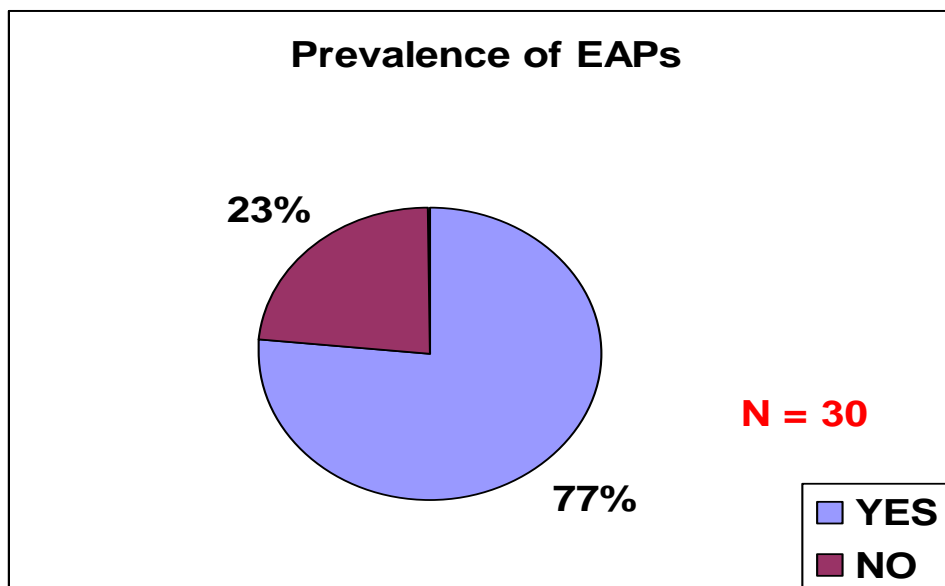


Figure 2: Prevalence of EAPs in BCMA

#### Discussion of Data:

Twenty three out of the 30 respondents reported having an EAP, making the prevalence 77%. All seven organizations who reported that they did not have an EAP were from the private sector; these organizations varied in size having between 200 and more than 500 employees and also varied in the number of worksites. The reason for their lack of an EAP model was not explored in this study. The respondents who did not offer Employee Assistance services were not required to complete the remaining questions in the questionnaire.

BCMA is a relatively small area which comprises many small organizations. A connection needs to be drawn between the prevalence and size of the respondents' workforce. As previously suggested, by Fleisher and Kaplan (1988:31 – 34), size is a factor that affects an organization's decision to offer employee assistance services. Other factors for those employers not offering an EAP may include lack of financial and other relevant resources to provide employee assistance; the employer may believe that sufficient resources already exists within the community to assist troubled employees or they may not have bought into the concept of EAP.

In the public sector the scenario is very different. With DPSA having given direction to government departments to implement employee assistance services, the prevalence of EAP became a compliance issue.

#### 4.4. Nature of EAPs in BCMA

##### 4.4.1. History (Question 5)

<b>Period of origin</b>	<b>No. of organizations <u>n=23</u></b>	<b>Percentage of respondents</b>
<b>Prior 1996</b>	<b>0</b>	<b>0</b>
<b>1997 – 1999</b>	<b>4</b>	<b>17</b>
<b>2000 - 2007</b>	<b>11</b>	<b>48</b>
<b>No response</b>	<b>8</b>	<b>35</b>
<b>Total</b>	<b>23</b>	<b>100</b>

Table 4: Period of origin of EAPs

#### Discussion of Data

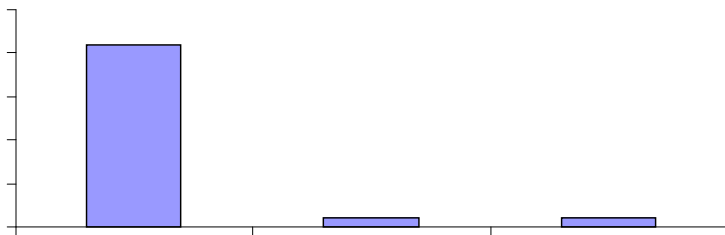
This question required the respondent to indicate the year that the organization started offering Employee Assistance Services. The answer to the question would have been affected by the respondent's knowledge of this fact relative to the date that the respondent commenced employment in the organization comparable to the date of initiation of the EAP. It is possible

with the older EAPs, that the respondent may have been newly appointed and therefore could not have known when the programme was initiated. The significant number of respondents (35%) who did not answer this question may be an indication of this assumption.

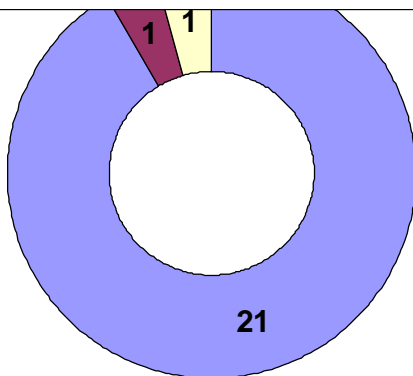
The year 1996 has significance for the public sector since this was the year that the DPSA, being that organ of the State that provides direction to most public sector organizations, directed departments to provide employee assistance to improve work performance and service delivery. It was a critical period in the political history of South Africa as the new democratic government sought to meet its political mandate and demonstrate its ability to raise the quality of life of the previously disadvantaged by introducing processes to bring about improved service delivery. EAPs became a compliance issue for departments and the concept of new millennium employee assistance services grew in prevalence and sophistication.

The timing of post 1996 and introduction of EAPs at the start of the new millennium may also be significant with the increasing prevalence and awareness of the impact of the HIV and AIDS pandemic on society, the workforce, and workplace. Managing the impact of this pandemic provided a catalyst for EAPs as it strove to provide HIV and AIDS services within a societal climate of stigma and discrimination. HIV and AIDS have had a major impact on the South African workforce both in the public and private sectors and there has been considerable pressure on employers to provide care and support to troubled employees and their family as well as to carry out education programmes to mitigate the impact of this pandemic.

**NB: questions 6 and 7 have been excluded because of paucity of the responses**



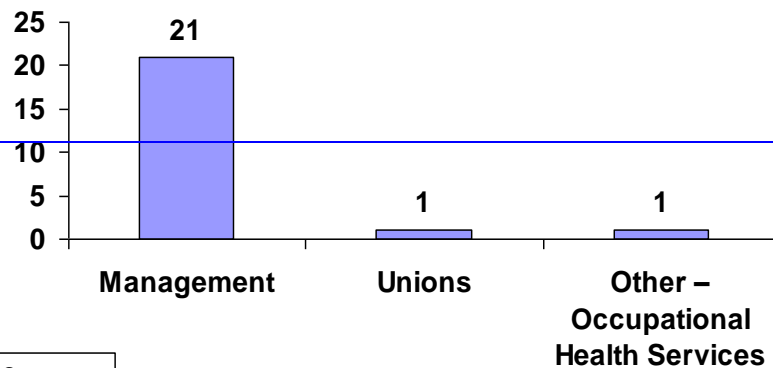
Results show the



- Management
- Unions
- Other – Occupational Health Services

n = 23

### Source of Initiation for EAP



No. of respondent



Figure 3: Source of initiation for EAP

### **Discussion of Data:**

International trends show that EAPs have largely been initiated by the employer or by champions within the organization, probably due to observations and events that warrant the recognition of internal social responsibility and legislative compliance concerns. There are employee assistance programmes, according to Cagney (1995:65), that are initiated and managed by Unions but these are very few if any.

According to these results, BCMA organizations seem to be in line with international trends. While the vast majority of 21 respondents confirmed that their EAPs were initiated by management or the employer organization, one of the remaining two organizations, from the private sector, was initiated by unions but managed by the employer.

### **4.4.3. Funding** (Question 9 – 10)

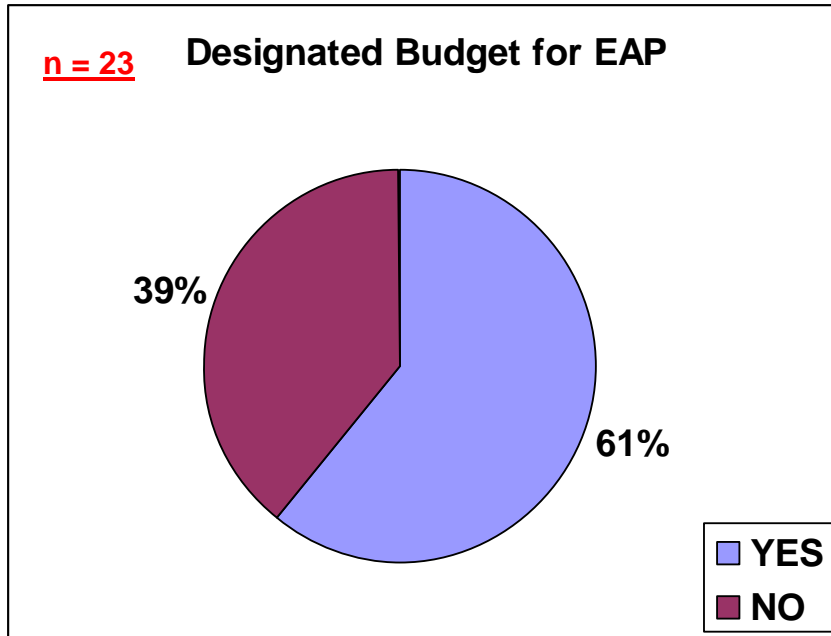


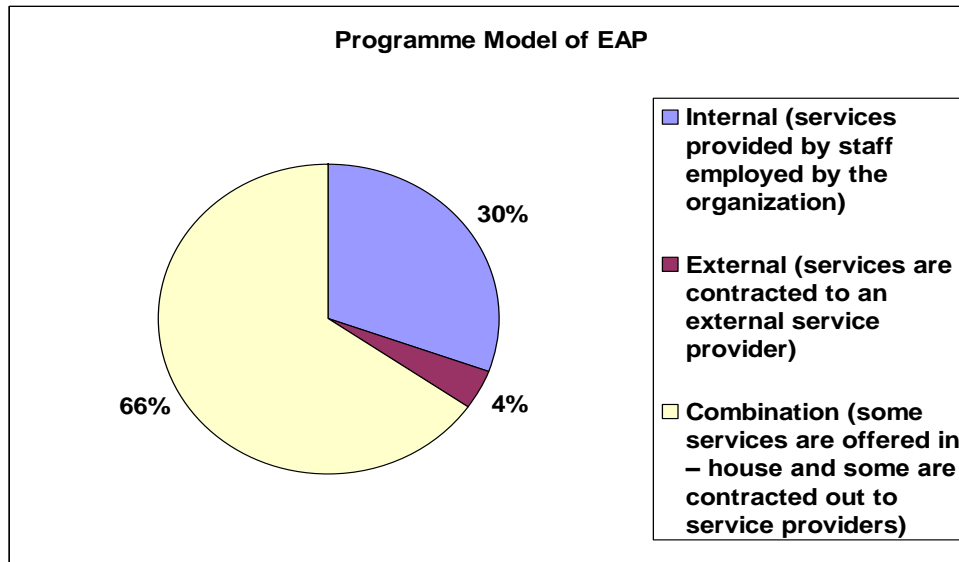
Figure 4: Designated Budget for EAP

#### **Discussion of Data**

The majority of respondents responded in the affirmative, positively demonstrating management support and investment in the EAP concept. It is also an indication that EAPs are becoming autonomous business units within the organizations they serve and EAP professionals are being given more financial responsibility in bidding for, managing and reporting on their own designated budget.

Those respondents that did not have a designated budget explained that the service was funded by the parent body or other programmes such as the Human Resource Management / Development, Occupational Health, HIV/AIDS or sourced on an as needed basis. The EAP also makes use of community resources and medical aid benefits.

#### **4.4.4. Models (Question 11)**



**Figure 5: Programme Model of EAP**

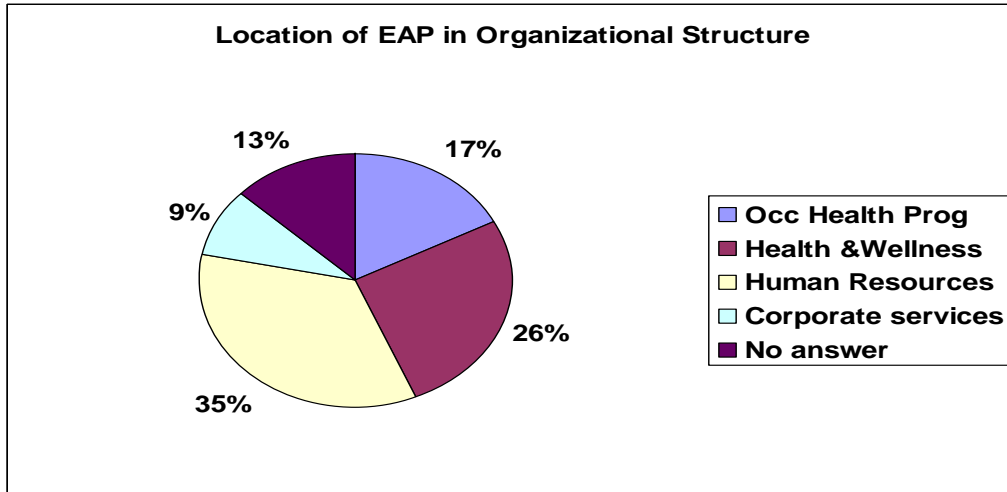
**Discussion of Data:**

Combination models are becoming increasingly popular as organizations seek EAP solutions that best fit their unique needs and available resources. The size and complexity of the respondent organizations of BCMA vary considerably and require EAPs that can meet the demands of the client system, whilst making optimal use of both internal and external resources. The Combined model also allows the EAP to select and change the services offered according to employee and organizational needs.

A significant percentage of respondents, as suggested by Phillips and Older (1988:133 – 135), have fully functional internal models for the following probable reasons: Respondents may:

- want full ownership of the programme because of their special needs or organizational culture,
- want an EAP that has knowledge of the organization and its culture,
- allow for better communication; more credibility; provide multiple roles and assessments of organizational systems

**4.4.5. Location of the EAP in the Organizational Structure (Questions 12 & 13)**



**Figure 6: Location of the EAP in the Organizational Structure**

**Discussion of Data:**

The variation in location of EAPs correlates with the variation in the occupational fields that historically championed the development of EAPs. This question was open-ended, giving respondents the opportunity to answer as per their unique structure. Their responses were grouped into the categories specifically represented in figure 6. The Human Resources (HR) unit is commonly located within the Corporate Services unit and should be viewed as a single body. The Health and Wellness unit is seldom a stand alone unit and is most often located in HR and/or Corporate Services. The results presented in figure 6 do not provide a clear description of the location of EAPs possibly because the identified categories often exist within each other.

All these business units can however be broadly categorized as “Employee Services” identified by Thomlison (1983: 13) Systems Theory as a sub-system of the Employer System. There may be no consistency on this issue because of the unique way different organizations structure their business units. It may also be that respondents’ interpretation of this question and their understanding of the positioning of the programme within the organizational structure may be limited and/or subjective.

**4.4.6. Staffing** (Questions 14 – 19 and in relation to Questions 3,5, 11)

Start year of EAP	Number of staff per workforce	Number of worksites	Model of EAP			Number of EAP staff		
			internal	external	combination	Full time	Part time	Adhoc / peer educators
2005	>500	1	*	-	-	1	-	-
1999	>500	12	*	-	-	1	-	-
2004	>500	>26	*	-	-	2	-	-
2003	>500	97	*	-	-	11	-	62
2003	>500	48	*	-	-	1	-	-
2004	>500	>7	*	-	-	37	-	52
-	>500	2	-	*	-	-	-	-
2001	>500	2	-	-	*	1	-	4
-	>500	27	-	-	*	1	-	-
1997	>500	3	-	-	*	-	-	2
2002	>500	-	-	-	*	-	-	1
-	>500	>7	-	-	*	2	-	15
2005	>500	>6	-	-	*	3	-	12
2004	>500	55	-	-	*	3	-	-
-	400-500	1	-	-	*	-	3	10
2003	400-500	6	-	-	*	2	-	-
-	400-500	7	-	-	*	6	-	-
1998	300-399	2	-	-	*	-	3	-
-	300-399	-	*	-	-	1	-	-
-	200-299	1	-	-	*	-	-	1
1999	200-299	3	-	-	*	2	-	-
-	200-299	1	-	-	*	-	-	1
2001	200-299	-	-	-	*	-	-	>5

Table 5: Correlation of EAP age, size and distribution of workforce and model with staffing

### Discussion of Data

Ninety one percent of the respondents have designated EAP staff which shows a significant shift away from having “champions” to having dedicated employees to perform the various functions. Employee Assistance has evolved considerably from the fellowship of recovering alcoholic co-workers and “welfare secretaries” of the early 1900s to professional and specialized services from multiple disciplines in the new millennium.

On closer examination, however, the designated staff do not all have a full-time EAP function. Sixty five percent of respondents have EAP personnel on a full-time basis and 47% have both full-time and adhoc basis, which is a positive indication that there exists increased commitment and support towards programme services and is also a sign that EAP models have become more sophisticated.

Eight percent of respondents have personnel with a part-time EAP function and 26% with adhoc / add-on EAP functions only, which is an indication that organizations still have a long way to go to optimize the potential of EAPs to add value to their organizations. It is the researcher’s view that the an EAP has the potential to make a substantive impact on the organization if it has dedicated and competent personnel.

It is also apparent that there is no correlation between staffing and the age and model of the EAP and no connection between the size and distribution of the workforce. These factors are usually determinants of the staffing of EAPs. It is often assumed that newer programmes, as indicated by year that the EAP started, may have fewer staff because the programme design and infrastructure is still being finalized. This is clearly not the case with the respondents.

It is evident that there is no consistency on the EAP workforce ratios as compared to the size of the workforce and geographical location. The issue of the EAP staffing ratio is critical to internal EAPs as the EAP practitioners may be expected to provide a comprehensive service but may not be able to cope with the need, thereby compromising the credibility of the programme and its potential to add value. With the combination models the situation is more flexible because the needed services will be contracted, whilst the EAP personnel monitor the contracts.

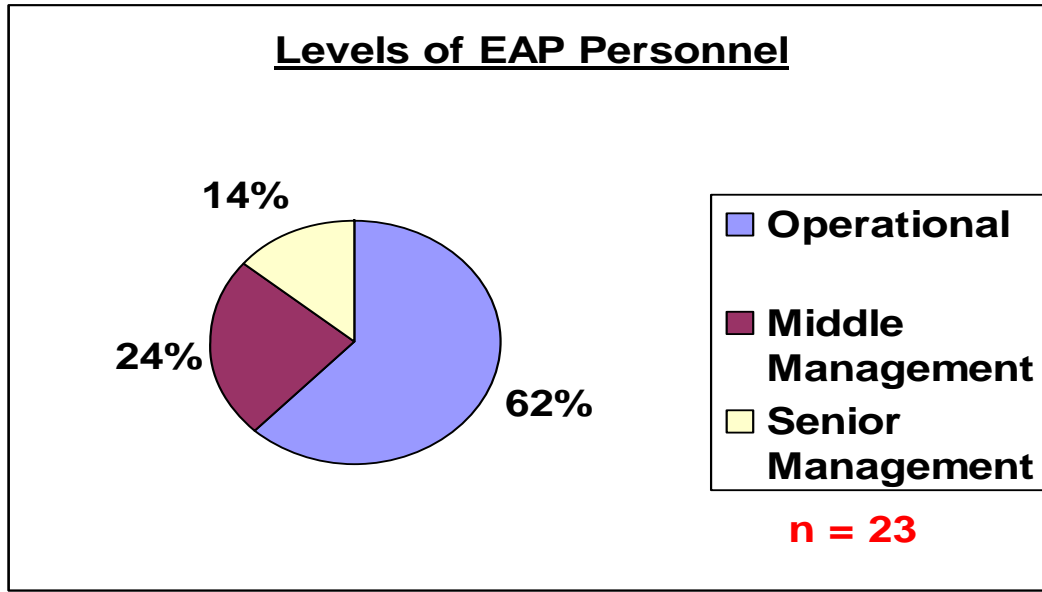
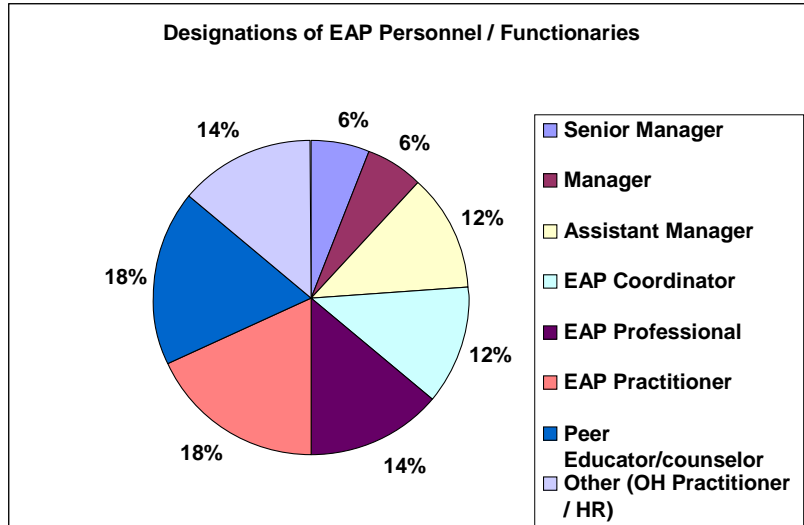


Figure 7: Levels of EAP Personnel

**Discussion of Data:**

The respondent organizations had an expected spread of EAP personnel through the different levels within the organizational structure. It is to be expected that the largest percentage would come from the operational levels as this is the point of service delivery. A significantly lower percentage of respondents had personnel at the Senior Management level which is where strategic decisions are made regarding the running of the organization. Positioning the EAP at senior management level allows for the programme to participate and contribute significantly to the business goals of the organization, especially in terms of managing risks that impact on services. The results seem to indicate that many EAPs have not reached that point of strategic influence and value, possibly because of being newly implemented or that the organizational structure may not allow for representation on senior management level.



**Figure 8: Designations of EAP Personnel and Functionaries**

**Discussion of Data:**

There seems to be considerable variety in the terms used to describe EAP personnel. EAPA-SA Standards (2005:9) distinguishes between an EAP Professional who is a professionally trained person, performing EAP-specific or related tasks, i.e. therapy, counseling, marketing, and evaluating; and an EAP practitioner who is a person, not necessarily professionally trained, performing EAP-specific or related tasks, i.e. referral, liaison, or training.

There seems, however to be other terms that describe the designations of EAP Personnel. This could be that organizations have identified personnel in terms of specific functions that are not covered in the EAPA-SA Standards (2005). This could reflect that the functions of EAP personnel have diversified or that the terms described in the Standards Document are purely in terms of qualifications and specific functions. Designations could also be specific to organizations and their staff structure. There are also designations that reflect on other programmes that have adopted EAP functions, like the Human Resources (HR) or Occupational Health (OH) Practitioner.



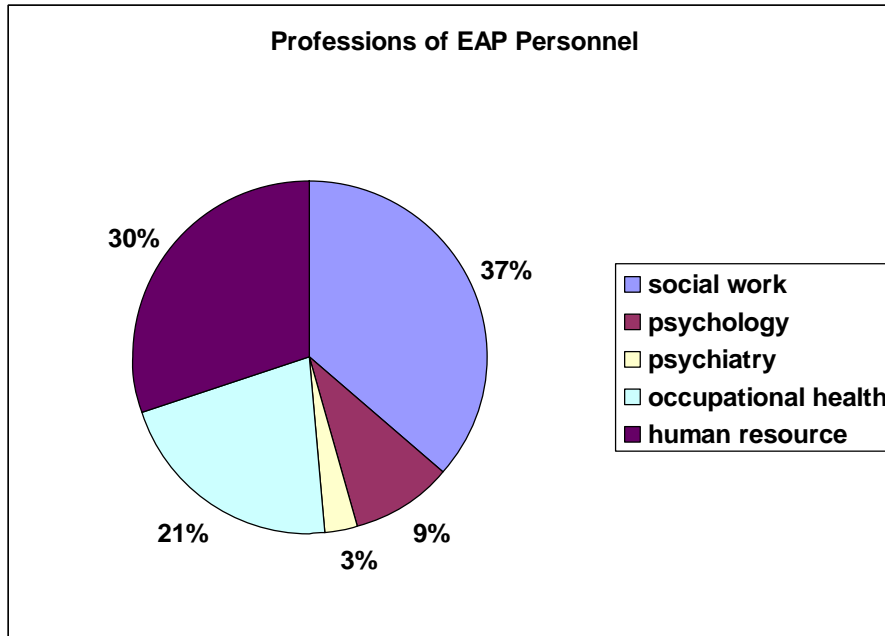
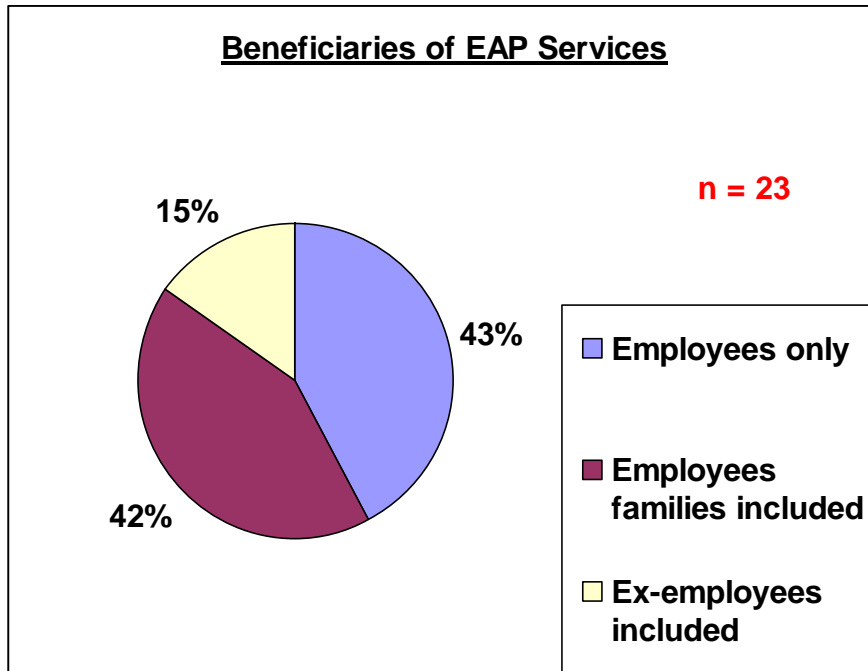


Figure 9: Professions of EAP Personnel

### **Discussion of Data:**

EAP as an emerging profession has evolved from Social Work, Human Resources and Occupational Health. The results reflect these same professions as the professional background of the Employee Assistance Practitioners. With EAP evolving further into more holistic Employee Wellness Programmes, it would be in the interest of the organizations to have access to a multidisciplinary team of professionals. If this variety of professionals could be reflected in each EAP, the organization would be able to access a broader range of services such as health and behavior risk management.

**4.4.7. Scope of EAP Services** ( questions 22-24)



**Figure 10: Beneficiaries of EAP Services**

**Discussion of Data:**

Determining the beneficiaries of EAP services is dependent on the individual organization: its values in respect of internal social responsibility, its conceptualization of the employee system and the resources available for service delivery. Of significance in the results is that 42% of the respondents extend services to the family members of employees; these organizations recognize the employee system in its entirety and that family members impact on the well-being of individual employees and therefore impact of work performance. Therefore it is prudent to extend services to family members in the interest of employee wellness and productivity. Resources allocated by these organizations in providing services to family members may be viewed as an investment in improving organizational productivity.

4.4.8. **Range of EAP Services (as per Core Technology)** (data extracted from Question 25)

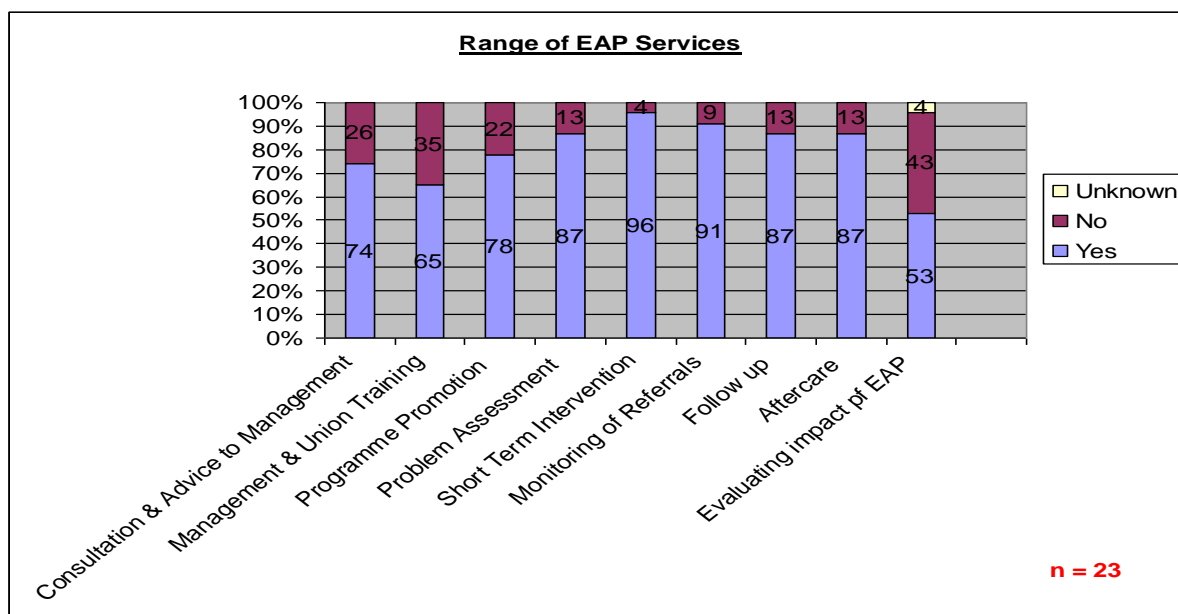


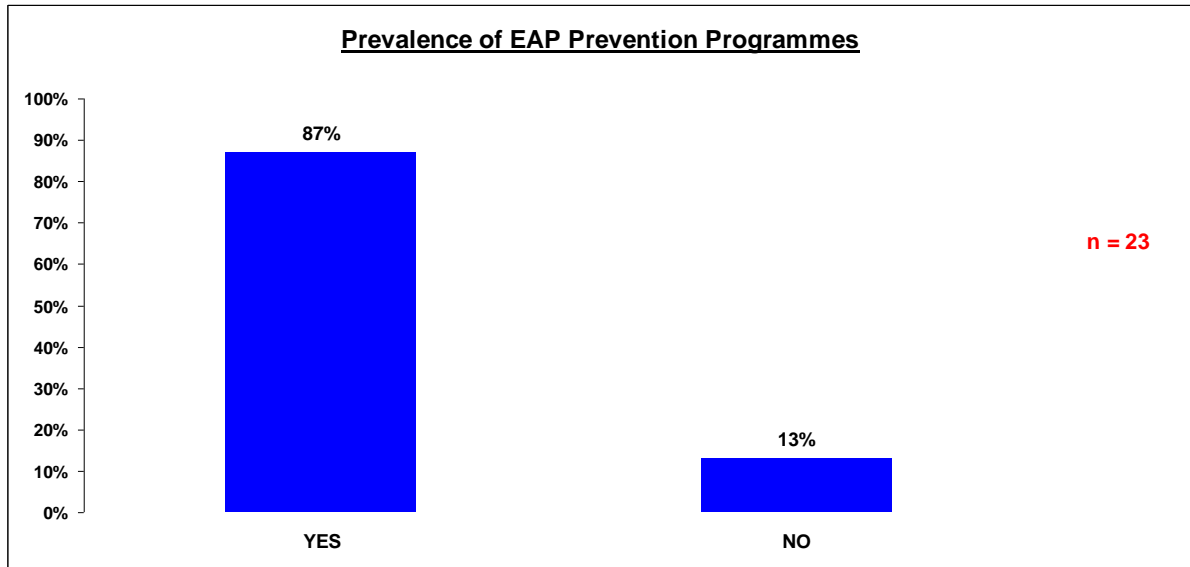
Figure 11: Range of EAP Services

**Discussion of Data:**

Clearly from the above results it can be gleaned that most respondents comply with the full range of EAP services as outlined by the Core Technology. The variance in the extent of compliance comes in the specific core technologies related to case management of troubled employees, indicated in problem assessment, short term intervention, monitoring of referrals, follow-up and aftercare which are most prevalent. These specific services have been the main concern and core of EAPs since the early days of implementation. Implementation of this full range of EAP services indicates a satisfactory level of sophistication and programme evolution in the respondent organizations.

Yet, evaluation of the impact of EAP seems not to be as well developed as the other existing technology, possibly because respondents could be experiencing difficulty in quantitatively measuring the impact or being in the early stages of programme development, and it may be premature to engage in evaluation exercises.

**4.4.9. EAP Prevention and other Programmes (Questions 26 and 27)**



**Figure 12: Prevalence of EAP Prevention Programmes**

NB: the discussion for questions 26 and 27 has been combined.

Respondents were also asked to list any other services that were not mentioned in the tabular question 25 that was offered by their EAPs. Their responses are tabulated as follows:

<b>Other services offered by EAPs (not covered by EAPASA Standards: 2005 )</b>
1. Prevention
2. Wellness Days
3. Calendar events (e.g. World TB Day, International day against drug abuse)
4. Education Programmes
5. Sports and recreation
6. HIV and AIDS
7. Occupational Health and Safety
8. Ill health and incapacity management
9. Job accommodation process

### **Discussion of Data:**

These results are clearly evident that the scope of EAP has broadened to include a variety of activities deemed necessary by the respondent organizations in implementing the concept of EAP. It reflects an emerging trend that is transforming EAPs into proactive employee wellness management programmes.

According to Googins and Godfrey (1987:112) in the United States of America the early Occupational Alcoholism programmes evolved into the 'broad-brush' EAP as employers recognized that other psychosocial problems also negatively impacted job performance and needed to be managed.

In the Researchers experience working in the field on EAP, it was observed that most EAP practitioners were involved in services that were proactive and preventative in nature. However this type of service has not been the focus area within the EAP field and as such has not been adequately represented in the core technology and standards for practice.

It may be that EAP is being broadened at both a conceptual and implementation level to be more proactive and holistic as organizations seek to consciously reduce the impact of a broad range of bio-psycho-social risk factors on employee and organizational productivity. This broader focus may also result from the influence of the many disciplines actively involved in Employee Assistance services.

#### 4.5. Benchmarking against EAPA-SA Standards (Question 25)

##### 4.5.1. Application of standards within the ‘design category’

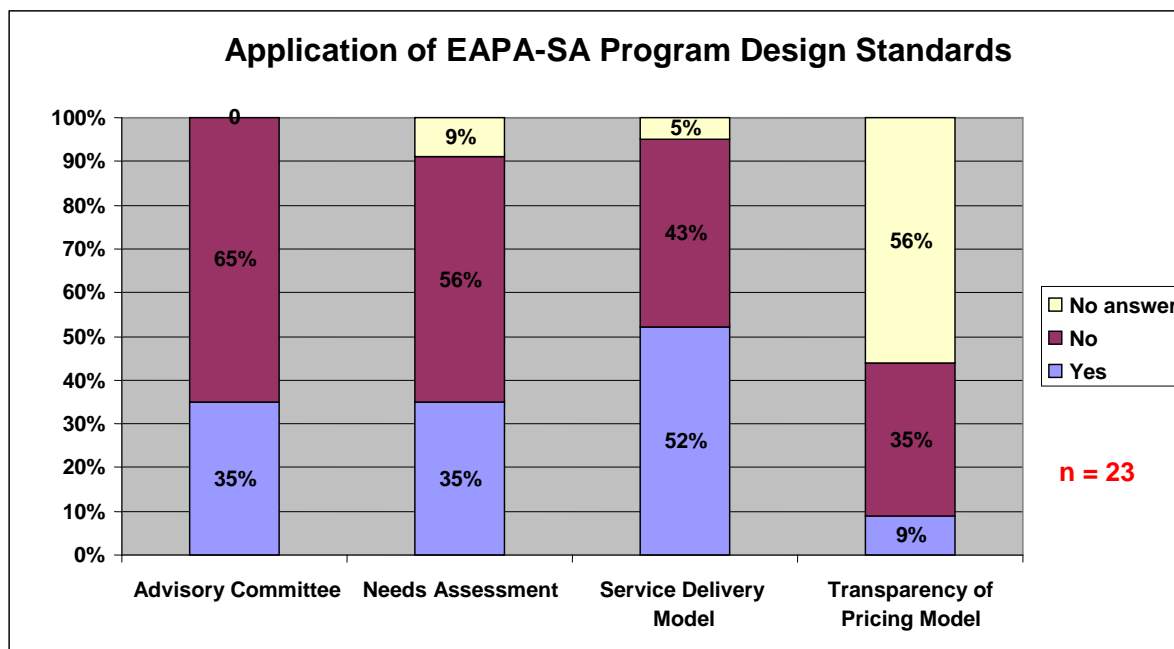


Figure 13:

#### Application of EAPA-SA Program Design Standards

##### Discussion of data

The first four standards in the EAPA-SA Standards document focus on EAP Program design. The respondent EAPs reflect poorly against these standards indicating that these EAPs have either not found them important to implement or have been unable to do so.

According to Googins and Godfrey (1987:164 – 165) the advisory committee provides a critical support base for the EAP, assisting in design, implementation, promotion and evaluation. This anomaly poses the question: how do these programmes implement the needed services? It could be that the support and involvement of relevant stakeholders has been obtained but not formalized into a structure or that the implementers of the EAP have proceeded on their own which could present some problems with the legitimacy of these programmes at some point in the future. It may also be possible that EAP managers have been unable to establish and maintain functional advisory committees because there is limited or no commitment, ownership

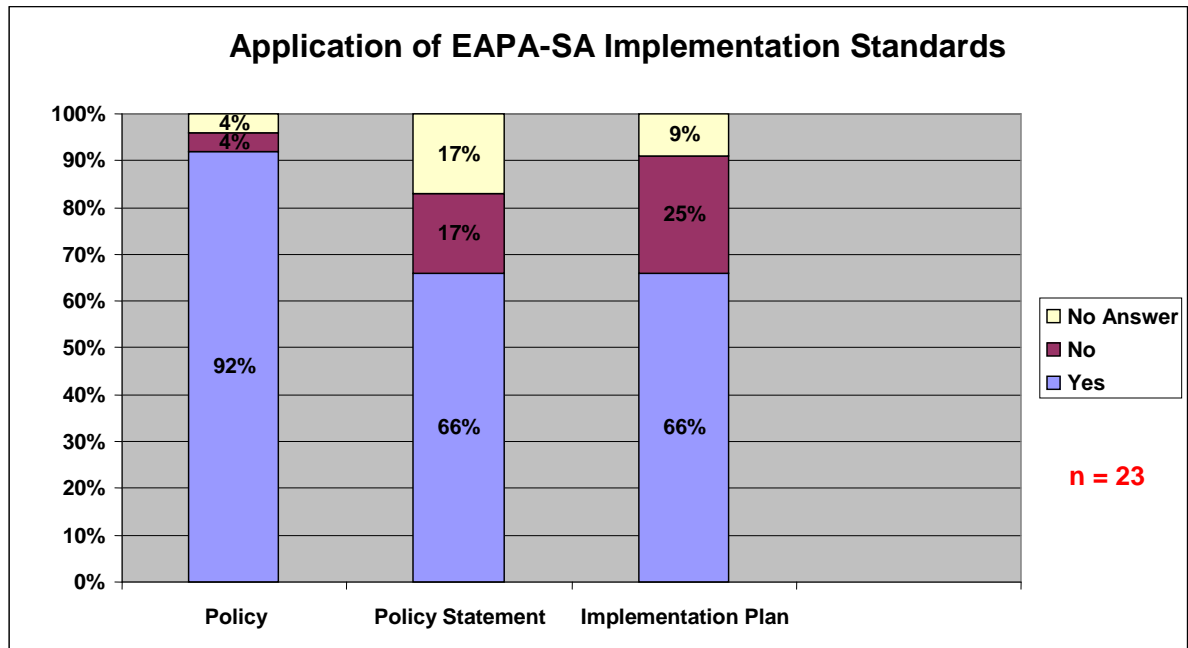
and buy-in from key stakeholders or that programmes are new and still establishing credibility within the organization with the main drivers being the champions or EAP personnel.

A needs assessment has been identified as being core to EAP design because it enables EAP personnel to develop an understanding of the client population and dictates the services that will be rendered. A needs assessment is usually carried out at the beginning of EAP implementation and at regular intervals thereafter. The poor level of implementation of this standard could be due to limited capacity and resources to conduct a needs assessment or the organization may be pressured by external factors, such as national policy to comply with certain areas of EAP implementation and may base services on perceived needs rather than conducted research. Organizations that do not conduct needs assessment in any form, carry the risk of rendering services that the client population may not deem a priority, thereby compromising the value and credibility of the EAP in that organization.

Only 52% of respondents acknowledge a specific service delivery model and a significant 43% do not. It is possible that the latter EAPs may be in the early stages of development and may not have finalized a service delivery model or that EAP personnel may not have the knowledge or capacity to link their services to a specific model. Combined service delivery models may be difficult to define as services may be dynamic and still evolving.

The standard on pricing models is a new addition to the Standards document and end users may not be familiar with it. It is more possible however that those EAPs may be from internal and combined models where pricing models are not an identified issue. Specific EAP services may be outsourced when required for limited periods and transparency issues of pricing may not be considered. The significant percentage of respondents that could not provide an answer to this question may be an indication that they are not aware of pricing issues and were therefore unable to respond or that pricing issues are dealt with at higher levels within the organization and they may not have been involved.

#### 4.5.2. Application of standards from the ‘implementation’ category



Figure

14: Application of EAPA-SA Implementation Standards

#### Discussion of Data

There is a significantly higher level of implementation of these standards from the ‘implementation category’ amongst respondents, demonstrating that EAPs operate within a policy framework and that planning for service delivery does take place.

However there are a significant percentage of respondents that failed to answer or had a negative response to having an implementation plan. The respondents with no EAP implementation plan were all from the private sector where the EAP was provided on a part-time basis by the occupational health professionals. These professionals provided some case management services to troubled employees but this was not part of their core function. These organizations all had an EAP policy but it seems that they did not find it necessary to have implementation plans to guide EAP service delivery.



4.5.3. **Application of standards from the 'management and administration' category**

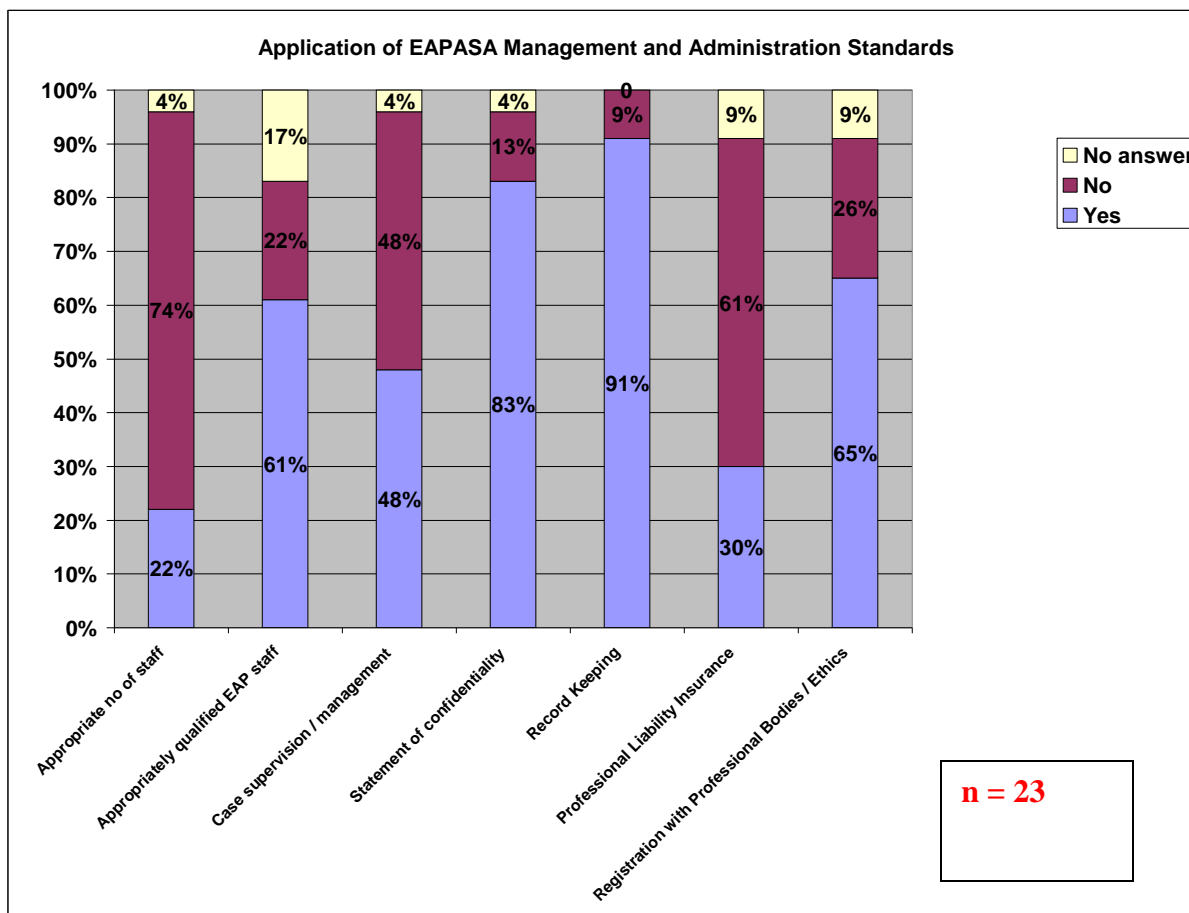


Figure 15: Application of EAPASA Management and Administration Standards

**Discussion of Data**

**Appropriate ratios of EAP personnel** to size of workforce have historically been a very subjective and sensitive issue. The results reflect a significant majority who perceive an inappropriate number of EAP staff. This could be due to organizations having limited resources or to the EAP being new. It may also be that organizations initially employ one person to start the EAP and increase the number of staff when deemed necessary. Many EAPs are seriously understaffed and subjected to limited resources and functional infrastructure.

The issue of **appropriate qualifications** is also a subjective and sensitive matter in the EAP field especially because of the variety of disciplines that have historically rendered services.

The results show a majority of respondents that perceive their EAP staff to be appropriately qualified but there is a significant percentage that gave a negative response or refrained to answer. Perceptions are subjective to the understanding of the respondent of the term “appropriate”, which may differ considerably from organization to organization. Some organizations that outsource their EAP functions may find it appropriate to have EAP staff that can manage a contract and not necessarily render services themselves. The EAPA-SA Standards document (2005:9) itself differentiates between an EAP “professional” and “practitioner”. The appropriateness of the qualification of EAP personnel is specific to their identified job responsibilities and it may differ amongst respondents.

The respondents seem to be equally split on the issue of **case management / supervision**, which is an essential element when dealing with employees and their personal challenges. Case management / supervision provide professional support, development and guidance to practitioners in their handling of clients, both protecting the EAP practitioner and the client. The absence of this professional support by 48% of respondents makes them vulnerable to dangerous ethical incriminations. The potential risks for misconduct and unethical practice become exceptionally high when there is no supervision, especially in view of the capacity limitations of many practitioners. The EAP field comprises many practitioners that are not appropriately qualified to render specialized or professional employee assistance services, neither are they registered with any statutory bodies that regulate conduct.

**Confidentiality** is the cornerstone of an EAP – it is a critical principle without which the programme would suffer poor credibility and inadequate utilization. A significant majority of respondents were affirmative about having a statement of confidentiality, which indicates acknowledgement and respect for this critical principle. Those respondents that did not or gave a negative answer in this regard may be at the initial stage of programme development and may not yet have a written statement of confidentiality.

**Record-keeping** is also a critical element of EAP management and administration and the majority of respondents were affirmative in their response. Keeping records is essential to monitor and evaluate an EAP as it provides the foundation for establishing baseline information, progress reporting and evaluating programme implementation and effectiveness.

With regard to professional liability insurance a significant majority of respondents answered negatively, indicating either a risk area or that the organization itself may take responsibility for any liability arising out of service provision. It is the opinion of the researcher that the area of liability may not be taken seriously by organizational personnel and management in South African EAPs. This may be so because we may have a client population that is ignorant of their rights in terms of misconduct or even the standard of services they are entitled to receive.

**Registration with Professional bodies** seems to be a matter taken seriously only by a small majority of respondents, however there is a significant percentage that indicates that they perceive it to be important. This situation could be the result of the EAP services not being recognized by many relevant statutory bodies as professional in nature because it may be offered on an adhoc or part-time basis by practitioners who may not be part of any profession. Those who are EAP professionals may be registered with their respective statutory bodies since there is no such option exclusively available in the EAP field.

4.5.4. **Application of standards from the ‘direct services’ category**

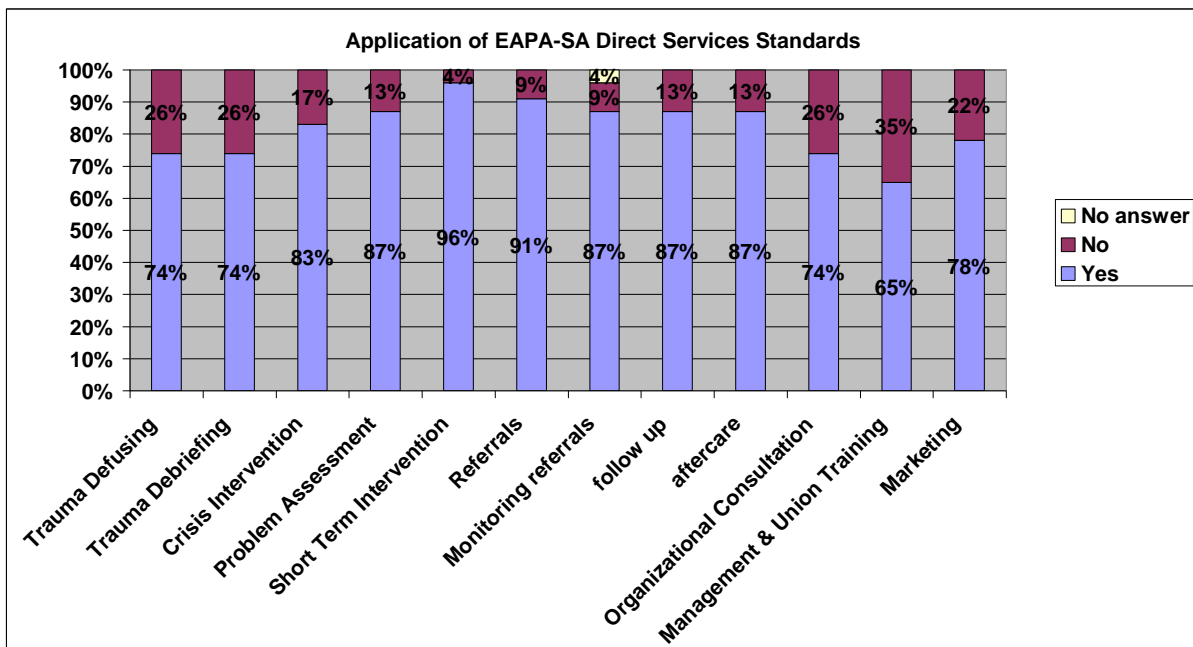


Figure 16: Application of EAPA-SA Direct Services Standards

**Discussion of Data**

It is clear from the above results that in terms of direct services, there is a high level of implementation. These are the services that form EAP transactions and they are most valued by the end users of EAP. Trauma care services, crisis intervention, and case management of troubled employees have traditionally been a top priority of EAP implementation as they directly benefit the employee, management and union systems within the organization.

The high levels of affirmative responses in short-term intervention and referrals are an indication that practitioners are using external resources in their case management. Short-term intervention methodology is common to EAPs as the value added for both employers and employees is to get the troubled employee functional and productive as quickly as possible. It is also an indicator of the combined models being used by most respondent organizations.

Ongoing organizational consultation and management and union training indicates a growing sophistication in Employee Assistance programming, demonstrating a move beyond just

managing the troubled employee to developing management and union competence to deal with broader people management.

**4.5.5. Application of standards from the ‘networking’ and ‘evaluation’ category**

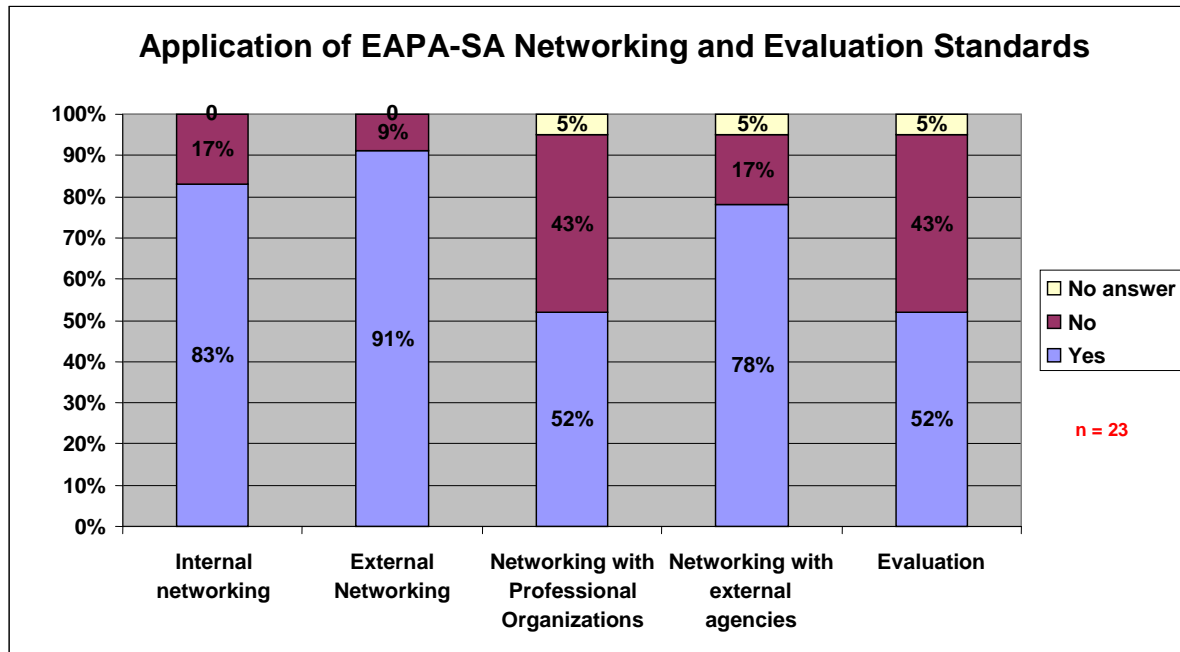


Figure 17: Application of EAPA-SA Networking and Evaluation Standards

**Discussion of Data**

In terms of networking with internal and external resources and agencies, the results indicate a significantly high level of implementation. This would mean that these EAPs are making efforts to:

- Enhance two-way communication with resources as well as functional integration into the culture and operations of the organization, as suggested by Googins and Godfrey (1987:125).
- Contribute positively to the dynamics of the workplace in assisting business units to better understand each other as well as identify and deal with larger systemic problems
- To make efficient use of organizational resources and reduce the cost of certain EAP services

- To fill service delivery gaps by exploring and utilizing external skills and other resources. This is a major advantage for combination models as they can enhance EAP capacity by co-sourcing resources on an as-needed basis.
- To be updated on practice frameworks and the latest information available in the field of EAP.

Implementation of networking with Professional bodies however is lower which could be due to some EAPs being newly implemented and having newly appointed staff. EAP practitioners may be members of professional bodies but their interaction and therefore communication with other professionals may be limited if they are not actively involved in these bodies.

The results indicate a significantly low level of implementation of evaluation which should be an issue of concern. Evaluation is critical to EAPs even if they have been newly implemented. Baseline information on EAP performance indicators is essential to determine impact of value-added programmes. This information can be gained from organizational records and reports, or determined by means of research methodologies at the onset. EAPs risk losing credibility and may not be aware of service delivery gaps if they do not have efficient evaluation systems.

#### 4.5.6. **Summary of applied standards**

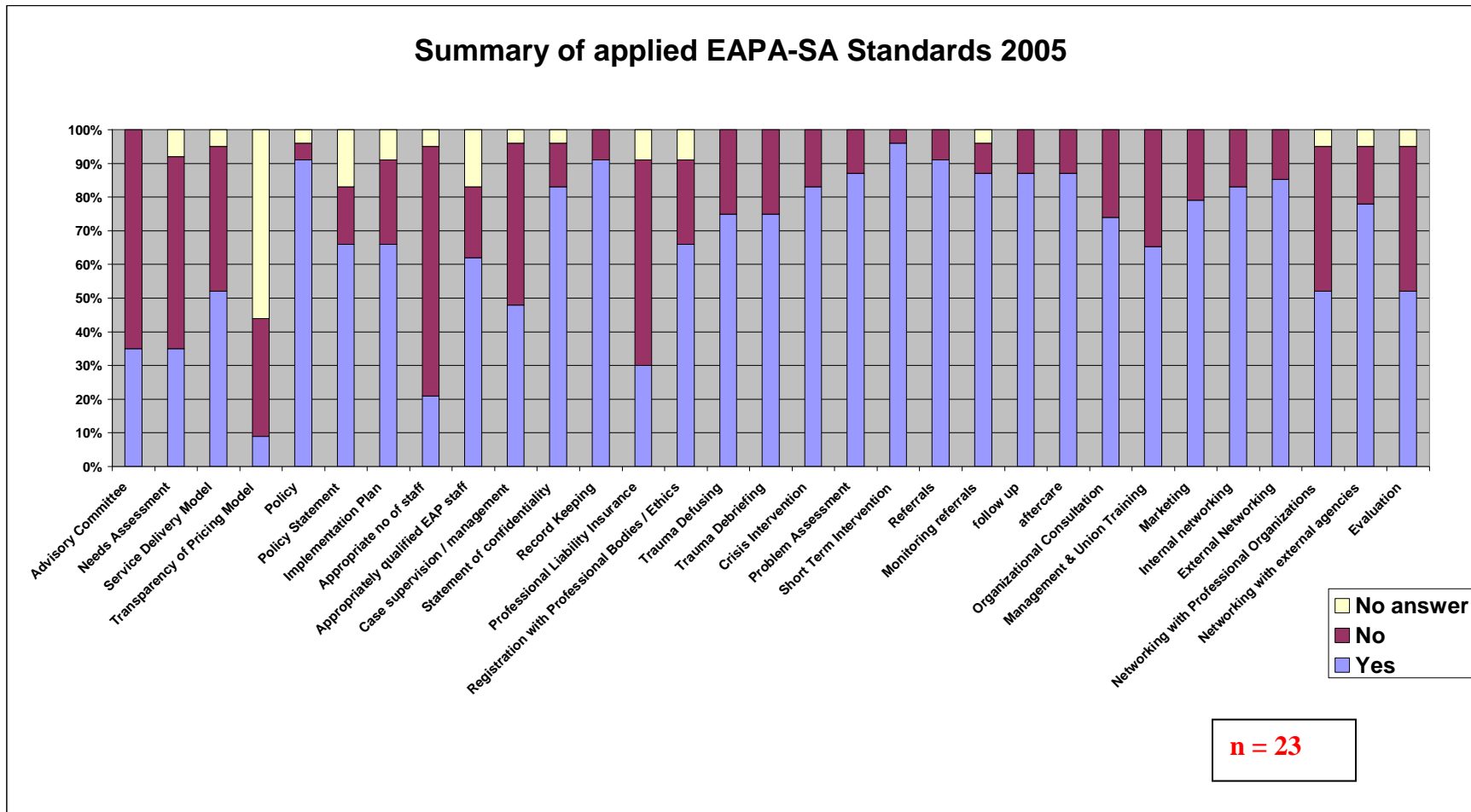


Figure 18: Overview of Implementation of EAPASA Standards 2005

## Discussion of Data

From figure 18 it is clear that overall; the implementation of direct service standards was consistently high amongst the vast majority of respondents. These standards revolve mainly around managing the troubled employee: policy, statement of confidentiality, record keeping, crisis intervention, problem assessment, short-term intervention, referral, monitoring of referrals, follow-up, aftercare, as well as internal and external networking.

Less common but still implemented by a majority of respondents, between 60% - 80% percent, are the standards that cover some of the programming and other direct service issues such as planning, staffing, training and consultation, marketing and networking. A possible reason for this could be that when services are initiated the focus is on first delivering the most needed direct services, which once implemented expands to other issues. The results seem to indicate that EAPs here are still in the early stages of development.

Of least consistency in implementation are programme design and implementation standards. There is substantial variance between these and direct service standards. This is an anomaly because these standards provide the framework and basis of EAP services to end-users and it does not make sense to be omitted especially where direct services are in place. Just as the foundation is laid before a structure is built, so too must the programme design and implementation standards be in place before direct services are established.

The EAPA-SA Standards were developed to provide benchmarks for EAP practice and they seem to form a logical pattern of program development. EAPA-SA (2005:7) acknowledges that the set of standards will ensure the development of quality EAPs but there is room for customization as per the unique culture and operation of organizations. In BCMA, EAPs seem to vary significantly in the way they have developed by seemingly implementing those standards deemed most necessary and then building on elements to enhance the foundation and sophistication of the programme.



## **Chapter 5**

### **Conclusions and Recommendation**

#### **5.1. Introduction**

This study attempted to establish the prevalence of EAPs in the BCMA and to critically describe the implementation of EAP by benchmarking against the EAPA-SA standards for employee assistance programmes. Chapter 5 highlights the key issues arising from the empirical study, focusing on the relevant findings followed by recommendations. These issues are discussed under three broad headings which include the prevalence of EAPs in BCMA, the nature of existing EAPs and benchmarking with EAPA-SA standards.

Several recommendations made by the researcher involve EAPA-SA (Employee Assistance Professionals Association of South Africa). Membership of EAPA-SA consists of practitioners, professionals, organizations and accredited service providers, working in the field of Employee Assistance Programmes. EAPA-SA also has local chapters located throughout South Africa. This association is the official voice of the EAP profession and it is responsible for development of core technology, benchmarks, ethics, and standards for EAP practice as well as provision and oversight of professional development of its membership.

The chapter will be concluded by commenting on the achievement of the goals and objectives of this study.

#### **5.2. Conclusions and Recommendations**

##### **5.2.1. Prevalence of EAPs in BCMA**

##### **Conclusion:**

EAPs exist in the vast majority of public and private sector organizations indicating that, in the current economic; political and social climate, the value of EAP is being understood. However, a significant portion (23%) of those surveyed, from the private sector, do not have EAPs.

In the public sector, running an EAP is a compliance issue but given the current labour climate it is surprising that these companies did not invest in employee assistance. The demographic profile of public versus private organizations as well as organizations within the private sector was similar in that they all varied in size and geographical location. The reason for the lack of employee assistance in these companies is unknown.

**Recommendation:**

The employment sector, including organized Labour and Management forums need to arrange an education drive on the concept and benefits of EAPs for their membership.

Companies that have successfully implemented EAP should be encouraged to set up mentoring programmes to coach other companies in establishing viable employee assistance programmes.

Organized labour should also be instrumental in initiating and negotiating/advocating for and partnering with employers in the establishment of EAPs on behalf of their members.

## **5.2.2. Nature of existing EAPs**

### **5.2.2.1. History**

**Conclusion:**

It would seem that the majority (65%) of EAPs in BCMA were established after 1996, with 48% in the new millennium; however this cannot be categorically assumed since a significant percentage of 35% did not respond to this question. This may not seem to be very significant but history does provide a foundation to evaluate programme development and may contain lessons that present day personnel could learn from.

**Recommendation:**

It is recommended that newly appointed EAP personnel are subjected to comprehensive induction and orientation programmes by their training division and/or their direct supervisors. It is important that the organization with an EAP in place as well as respective organization's planning to implement an employee assistance programme should develop a clear

understanding of the history and context of current-day programming issues and be committed to lifelong learning to remain knowledgeable of developments.

#### **5.2.2.2. Source of initiation**

##### **Conclusion:**

The vast majority of EAPs in BCMA have been initiated by the employer although there was one that was initiated by the Labour Union. This practice is in line with international trends

##### **Recommendation:**

Organized Labour needs to play a more significant role in the development of EAPs, not just in initiating but also advocating for designing, supporting, managing and administering employee assistance services. Given the general adversarial relationship between employers and organized labour, this may result in a higher utilization of such programmes because employees generally trust their union more than their employer.

Employee assistance advisory committees provide an ideal platform for equal participation in programming issues by unions, management and EAP personnel; organizations should ensure that a functional EAP advisory committee is launched.

#### **5.2.2.3. Funding**

##### **Conclusion:**

Whilst the majority of EAPs receive designated funding, others have been resourcing their programme activities from internal and external sources. Internal sources of funding include Human Resource and Development, Occupational Health, HIV/AIDS programmes and adhoc funding from the parent organization. External resources include community services and medical aids.

##### **Recommendation:**

Employers need to invest adequately in EAPs in order for the programme to reach optimal potential and provide value-added return on investment.

Managers responsible for EAP should explore other options for funding programmes, for example:

- Co –sourcing by introducing an option for employees to make monthly contributions towards the EAP, this can be effected as a deduction from their salaries. The monitory contribution needs to be determined according to affordability and would be a bargaining issue for negotiation between employer and employees. This arrangement would mean that by contributing to an employee assistance programme employees are investing in their personal and occupational wellness.
- allocating a proportion of the salary bill for EAP, for example 0,5% of total salary bill, can be used to provide resources in the same way as the skills levy is used to fund staff development and training.

Employee Assistance personnel need to demonstrate their value to the employer so that funding will be accepted as an investment in human capital.

EAP personnel should actively bid for a designated budget and take responsibility for the financial management and reporting.

Financial reporting should be linked to EAP performance and indicators that demonstrate value to the organization.

#### **5.2.2.4. EAP Model**

##### **Conclusion:**

The combination model is clearly the most popular (66%) followed by the internal model (30%) and the external model (4%). Combination models are versatile, offering organizations the choice to mold and redesign employee assistance services according to their unique needs and available resources.

The internal model offers full ownership and control as well as a programme that may be adapted to the unique nature of the organization; this can be very effective provided the model is adequately and appropriately resourced. A closer examination of the resourcing of internal programmes reveals that most are not adequately resourced in terms of staffing. This could be the result of organizations establishing an EAP mainly because of compliance to legislation and policy. The efficacy of such EAPs could be seriously compromised.

The demographic profile and EAP staffing of the organizations surveyed does not seem to match the programme models selected, indicating that the models seem to have evolved from circumstance rather than a conscious, informed choice. The EAP model provides a critical framework for service delivery and should be a carefully considered decision not a result of circumstance.

**Recommendation:**

Organizations need to reconsider or give more careful consideration to the choice of EAP model. Factors to be considered could include:

- the nature and size of workforce,
- geographical spread of the workforce,
- organizational culture,
- available human and other resources both internal and external,
- employee preferences (they should be consulted),
- target population,
- location and
- Range of services to be offered.

Organizations or those initiating EAPs need to be encouraged and assisted to conduct research-based organizational profiling and a needs assessment to identify their choice of model. These organizations can contract a specialist service provider to conduct such research and assist with EAP design if they do not have the internal capacity to do so.

EAPA-SA needs to provide more detailed guidelines on programme design issues, specifically to redesign the standards to expand on benchmarks within the framework of respective EAP models. For example, there should be specific benchmarks within each type of model that focus on what would be adequate in terms of resourcing and administrative concerns. Alternatively a detailed implementation guideline could be developed for the respective models to supplement the benchmarks contained in the EAPA-SA Standards

#### **5.2.2.5. Staffing:**

##### **5.2.2.5.1. Appropriate number of staff**

#### **Conclusion:**

Almost all (91%) of those surveyed indicated that they have designated EAP personnel, but on closer examination, 65% had personnel on a full-time basis, 47% had both full-time and ad-hoc/add-on personnel, 26% with ad-hoc/add-on only and 8% were part-time. While it is very positive that there are designated personnel for EAP, which demonstrates increased commitment and resourcing of programmes, it is of concern that there are a significant number that still operate on a ad-hoc/add-on or part-time basis, especially prevalent in the internal models that do not access external resources for service delivery.

A bird's eye view of the correlation between the age and model type of the EAP, as well as the size and geographic distribution of the workforce in relation to the staffing, reveals that there exists no consistency in the way EAPs are staffed. The age of an EAP and range of services, as well as workforce size and distribution, should have influenced the staffing compliment so that its programming needs would be adequate and appropriate, especially for internal models. Staffing of EAPs, which is a critical factor in programme design and implementation, seems incidental rather than carefully considered.

#### **Recommendation:**

- Organizations should give more careful consideration to the staffing of EAPs, especially with internal models. Factors such as size and geographical distribution of the workforce, target population and range of EAP services should guide the process of staffing.

- Organizations should conduct research using input from EAP personnel, beneficiaries of EAP services and critical stakeholders from management to scientifically evaluate the impact of staffing on the effectiveness of their EAP.
- EAP standards need to be more specific regarding what entails ‘appropriate’ and ‘adequate’ staffing for the respective EAP models as these are very subjective terms. These standards will establish benchmarks within specific frameworks that will guide organizations implementing EAPs.
- EAPA-SA should develop a system of accrediting EAPs that have achieved preset benchmarks as an incentive for organizations striving for excellence.

#### **5.2.2.5.2. Level of EAP Personnel**

##### **Conclusion:**

There was an expected spread of EAP personnel at operational (74%), middle management (24%) and senior management (14%) levels. It is very positive that there are some EAPs positioned at senior management level but the representation at this level by the others was not explored in this study.

##### **Recommendation:**

EAPs should strive for representation at senior management level so that organizational consultation and advice on human capital issues can take place more effectively.

#### **5.2.2.5.3. Professional background**

##### **Conclusion:**

EAPs in the study are resourced by a variety of professions including social work, nursing, psychology, psychiatry, occupational health and human resource management. These professions have each been involved in pioneering employee assistance and have overlapping functions as a result of their involvement. The modern day EAP which is becoming more holistic and proactive will benefit from having a multidisciplinary approach to employee assistance service delivery.

**Recommendation:**

EAPs should ensure that their target population has access to multidisciplinary services even if these services are contracted on an as-need basis.

The respective professions involved in employee assistance need to adopt a collaborative rather than a competitive approach to ensure that the beneficiary of the services receives the best possible assistance.

**5.2.2.5.4. Designation of EAP Personnel**

**Conclusion:**

There exists a wide variety of designations for EAP personnel, which are not confined to the terms contained in EAPA-SA Standards. These designations are an indication of the diversity of EAP functions and the organizations they service or a reflection of the programmes in which the EAP function is found.

**Recommendation:**

EAPA-SA should develop standard designations or job titles for EAP personnel linked to specific job functions. These designations should be based on an accreditation system and include a job description.

**5.2.2.6. Scope of EAP services**

**Conclusion:**

A significant percentage (42%) of EAPs has extended their services to the families of their employees, acknowledging the reciprocal impact of the family system on the employee and work. There is an equally significant percentage (43%) who limits services to employees only.

**Recommendation:**

Organizations should be sensitized on the benefits of providing EAP services to the immediate families of employees as well, in order to maximize on the overall value and altruism of the programme.



#### **5.2.2.7. Range of services in terms of core technology**

##### **Conclusion:**

The overall compliance against the EAP core technology was satisfactory but it was evident that case management of troubled employees was a greater priority than services to the broader organization. The core technology mostly implemented was the provision of ‘short-term counseling’ and the least was ‘evaluating the impact of EAP.’

It can be argued that unless the services to the broader organization, such as consultation and advice to management, management and union training and most especially evaluating impact of EAP, the full potential of the EAP cannot be realized. Practitioners in the EAP field seem to be more comfortable with managing the troubled employee and need to broaden their skills and competence outside this area of service delivery to the individual employee.

##### **Recommendation:**

EAP professional development needs to increase focus on core technology and related competencies outside of “managing the troubled employee”. These competencies should include: training, facilitation, presentation, marketing and research to enable practitioners to confidently apply this core technology.

#### **5.2.2.8. Prevention Services**

##### **Conclusion:**

There is clear evidence that EAP practice has expanded to be more proactive and holistic (dealing with all dimensions of functioning) and is consciously aimed at reducing a broad range of bio-psycho-social risk factors. The vast majority of 87% of EAPs have been rendering proactive or preventative services including awareness and educational programmes, sport and recreation. Other services conducted include addressing ill-health, incapacity management and job accommodation.

The EAPA-SA standards and core technology, however, are silent on proactive EAP intervention as compared to the reactive intervention of managing the troubled employee and this can be viewed as a limitation that needs to be addressed. It may be argued that prevention is inherent in EAP core technology and standards but it is now clearly being recognized by

practitioners in the EAP field as a special area of practice, which needs to be reflected as such.

**Recommendation:**

Research needs to explore proactive and holistic interventions in the EAP field to establish prevalence, nature of services, impact and role in EAP practice.

EAPA-SA should review the core technology and direct service standards to uplift proactive and holistic intervention as a separate or special area of practice.

### **5.2.3. Benchmarking existing EAPs against EAPA-SA Standards**

#### **5.2.3.1. EAP Programme design**

**Conclusion:**

There was a poor level of compliance with these standards, which provide both a foundation and framework for EAP practice and should usually be undertaken before EAP implementation. Through the active participation of stakeholders by way of the advisory committee and carefully conducted research on the organization and employee profile and needs, the resultant programme model serves to ensure that EAP implementation is a result of taking all measures into account and recognizes the design as being intelligent in terms of its features rather than fortuitous. The poor compliance here indicates a weakness in the foundation of these EAPs.

**Recommendation:**

EAPs should conduct evaluation research, partnering with stakeholders in measuring the impact of the EAP on the organization and employees. Such research will provide an opportunity for the stakeholders to become directly involved with the EAP, in “reviewing” the programme model and addressing areas of weakness. This participation can be formalized into the advisory committee.

Organizations initiating EAPs need to conduct research to develop a profile of the needs and risks facing the organization. This profile should establish baseline data on variables indicating risk areas for the organization including sick leave rate and employee satisfaction; these

variables could then be measured at different intervals to determine EAP impact and value to the organization. This process will also assist in quantifying the return on investment in EAP.

EAP training may be another way for EAP personnel to engage stakeholders by providing them with detailed information on EAP practice and give them an opportunity to introspect on their support and involvement.

EAP training institutions need to increase focus on programme design issues and equip EAP practitioners with knowledge and skills in this area.

### **5.2.3.2. EAP Implementation**

#### **Conclusion:**

Whilst 92% of the respondents had an EAP policy only 66% had an implementation plan in place. Closer examination of those who did not have an EAP implementation plan showed that they were all from the private sector and EAP services were rendered on a part-time basis by the occupational health professionals. The EAP model in these organizations varied, indicating that the type of model was not a factor influencing this issue.

This absence of an implementation plan places the employer in a difficult situation because EAP service providers are deprived of the opportunity to demonstrate the value of EAP to the work organization as they would not be able to effectively implement the programme. There would be serious limitations in the ability of these 'EAPs' to effectively manage bio-psycho-social risks in the organizations they serve. It is doubtful whether these organizations fully understand the concept of employee assistance or its benefits.

#### **Recommendation:**

The Border-Kei Chamber of Business could partner with EAPA-SA or its local chapters to educate their member organizations on EAP and provide support in implementing or strengthening their existing EAPs.

### 5.2.3.3. EAP Management and administration

#### **Conclusion:**

Inappropriate numbers of EAP staff presents a significant challenge to most respondents in that the ratio of EAP staff to the size and geographical distribution of the workforce is very inconsistent. There seems to be no emerging pattern on this matter. The EAPA-SA standards do not provide adequate guidance on this matter as it merely states that there should be an appropriate number influenced by size and geographical location without any suggested ratio.

The appropriateness of EAP staff qualifications seems to be less of a challenge even though this remains a sensitive and subjective issue, because of the variety of professions that have been involved in EAP service delivery. This situation does however lend itself to potential richness within EAP practice if the different professions collaborate rather than compete with each other, which may result in a multi-disciplinary approach.

Recruiting EAP personnel possessing qualifications appropriate to the job function, still remains a challenge for many organizations, mostly because the concept of EAP is not fully understood by many organizations at the time when they are signing up EAP staff and also because of the shortage of appropriately skilled and experienced EAP professionals.

Case management and supervision, which provides critical professional support and monitoring to EAP personnel, is only provided to less than half of the respondents. This lack of supervision and case management poses a serious ethical concern since an EAP practice is challenged by capacity limitations. The EAP field is largely unregulated and the risk of misconduct and unethical practice is high.

#### **Recommendations:**

EAPA-SA needs to be more specific in terms of staffing ratios for EAPs, obviously monitored within the framework of specific factors. Since the introduction of an EAP is a benchmark, organizations will still have the final decision on the matter.

EAPA-SA needs to develop specific guidelines to determine appropriate qualifications for the different EAP functions.

The educational institutions providing undergraduate training to the various professions involved in EAP need to include EAP specific theoretical and practical training modules to expose these professionals to employee assistance. This will assist in increasing the pool of appropriately qualified and experienced EAP professionals available for recruitment.

EAP personnel need to ensure that they are involved in continuous EAP specific professional development to build on their competency.

EAPA-SA should develop a system of accreditation for EAP practitioners so that they can measure their performance and be recognized for their competence in defined areas of practice.

Sector Education Training Authorities (SETAs) should develop a Recognition of Prior Learning (RPL) programme to accredit those practitioners who have been active in EAP practice and who have acquired relevant skills and expertise through on the job training. This process would also assist the process of professionalizing the field of EAP in South Africa

Organizations providing EAP services need to ensure that professional supervision or case management is provided to EAP personnel, even if the service is contracted externally.

#### **5.2.3.4. EAP Direct services**

##### **Conclusion:**

As was anticipated there were very high levels of implementation within the direct service category of standards. Most of these services revolve around managing the troubled employee which has traditionally been the priority of EAP practice.

There were also a large number of respondents doing referrals indicating use of external resources in case management, which is common practice in combination-models of EAP.

Growing levels of sophistication in EAP is evident with the high level of organizational consultation and management/union training services. These services empower organizations to manage “people-issues” better, thereby expanding the benefits of EAP from the individual employee to the broader workplace system.

**Recommendation:**

Training institutions, EAPA-SA and EAP managers should strengthen EAP personnel competencies in the service areas of organizational consultation and EAP training so that they can optimize the value of programmes to their organizations.

**5.2.3.5. EAP Networking and evaluation**

**Conclusion:**

There seems to be a significantly high level of networking with internal and external resources and agencies. This is a very positive development since it allows for all stakeholders to be involved and informed on EAP activity, to facilitate effective use of services as well as importing of resources, and for better overall workplace functioning.

The service area of evaluating impact of EAP however seems to be very neglected with only half of the respondents engaging in this activity. Evaluation is often neglected because practitioners may not feel competent or confident to pursue this area of practice or believe that evaluation should be done only after the programme is fully established. What is often not realized is that baseline indicators for successful EAPs should be determined when the EAP is initiated so that once the programme is established there will be predetermined factors to measure against.

**Recommendations:**

EAPs need to conduct evaluation research at the beginning of the EAP – when conducting needs assessment and organizational profiling - to establish baseline indicators for later evaluation of impact.

EAP training should increase focus on research methodology to strengthen a practitioner’s competency in this area.

EAPA-SA could develop generic tools or instruments that can be used to assist practitioners in conducting evaluation research.

EAPA-SA could develop a system of accreditation for organizations implementing EAPs, so that they can measure their EAP performance.

### **5.3. Concluding Summary**

This study attempted to examine the question: ***What is the prevalence and nature of EAPs in workplaces within the BCMA?*** More specifically:

**Goal:** to investigate the prevalence and nature of EAPs operative in work organizations in the Buffalo City Municipal Area (BCMA) in order to critically describe how the concept of Employee Assistance has been implemented in the mentioned area.

**Objectives:**

- to establish the prevalence of EAPs as a structured programme in the BCMA
- to critically analyze the nature of existing EAPs
- to benchmark existing EAPs against established EAPA-SA Standards

This study intended to explore the current nature of existing EAPs in order to obtain reliable information on employee assistance programmes as they exist in the BCMA so that implementation can be evaluated and improved. The goals and objectives were achieved.

Benchmarked against the EAPA-SA standards the implementation levels of EAPs in BCMA were found to be satisfactory, demonstrating that EAPs have evolved and grown in sophistication. However there is clearly more focus on EAP service delivery rather than programme design and management activities. This finding would imply that EAP services seem to be fortuitous rather than carefully designed, that the EAPs evolved and took shape as time progressed according to focus on certain services as needed and as a direct result of the input from those that championed its introduction in the first place.

The EAPA-SA standards for practice have also developed alongside EAPs so it can be suggested that the programmes initiated prior to the year 2000 evolved out of need and utilizing available resources to best advantage rather than according to a purposeful design. Programmes implemented in the new millennium have the benefit of established guidelines for

practice and may also bring new information into the field, especially around programming issues. It needs to be noted however that there has been limited impact on the development of EAP standards on older existing EAPs.

The level of awareness of EAPA-SA standards and core technology seems limited and needs to be addressed possibly by the following:

- Active promotion of the EAPA-SA standards within the field of EAP and through business management forums and other similar platforms.
- An accreditation programme for both EAP practitioners and organizations implementing EAPs.
- Performance-based incentives for practitioners and organizations which may increase consistency in implementation and raise the level of EAP practice in South Africa.



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## ANNEXURE A: QUESTIONNAIRE

### **A Critical Analysis of the existence and nature of Employee Assistance Programmes in the Eastern Cape Buffalo City Municipal Area.**

Dear Respondent

This study is being conducted as part of the requirements for a Post Graduate Degree.

The goal of the study is to investigate the prevalence and nature of EAPs in work organizations in the Buffalo City Municipal Area (BCMA) in order to critically describe how the concept of Employee Assistance has been implemented in the mentioned area. The objectives include:

- to establish the incidence of EAPs as a structured programme in the BCMA
- to critically analyze the nature of the existing EAPs
- to bench mark existing EAPs against established EAPA SA Standards

Please assist the researcher by completing the enclosed questionnaire and note the following:

- your name or any identifying information about your organization is not required so you can be assured of anonymity and confidentiality
- Please read the questions carefully and indicate your answer clearly with a cross or in legible handwriting, where a short explanation may be required.
- The questionnaire will be administered in a group situation or in a personal interview so please feel free to ask for clarity if you are not sure about anything
- The completed questionnaire can be left at the entrance of the room on your way out.

**A Critical Analysis of the existence and nature of Employee Assistance Programmes in the Eastern Cape Buffalo City Municipal Area.**

**Research Questionnaire**

**Please tick the appropriate box**

**1. Type of work organization:**

Public Sector	
Private Sector	

**2. If your organization is a public enterprise (Government Department) please specify if:**

National Department	
Provincial Department	

**3. Structure and Workforce Composition**

**3.1. Total number of employees:**

200 - 299	
300 – 399	
400 – 500	
More than 500	

**3.2. Number of worksites / offices: \_\_\_\_\_**

**4. Does your organization offer Employee Assistance Services?**

YES	
NO	

**✚ If the answer to question 4 is “NO” then there is no need to answer the rest of the questionnaire. Thank you for your participation in this study.**

**✚ If the answer is “YES” please continue.**

**5. In which year did your organization start offering Employee Assistance Services?**

--



**6. Give a brief description of how the EA Services started.**


**7. Does your organization have a structured / formal Employee Assistance Programme?**

<b>YES</b>	
<b>NO</b>	

**8. Who initiated the EAP?**

	Yes	No
Management		
Unions		
Other – please specify		

**9. Does the EAP have a designated budget?**

<b>YES</b>	
<b>NO</b>	

**10. If there's no designated budget – indicate how the service is funded?**


**11. What is the program model of your EAP?**

	Yes	No
Internal (services provided by staff employed by the organization)		
External (services are contracted to an external service provider)		
Combination (some services are offered in – house and some are contracted out to service providers)		

**12. Does the EAP fall within any broader programme / component of the organization?**

YES	
NO	

**13. If the answer is yes to question 12 in which programme / component is the EAP located?**


**14. Does your organization have designated personnel for Employee Assistance?**

YES	
NO	

**15. How many personnel are employed for / have functions within the EAP?**

1	
2	
3-5	
More than 5	

**16. If the EAP has more than one staff member- what are the different roles or functions?**

	YES	NO	If yes – how many
Senior Manager			
Manager			
Assistant Manager			
EAP Coordinator			
EAP Professional			
EAP Practitioner			
EAP Officer			
Peer Educator			
Peer Counselor			
Other – Please specify			

**17. What is the staffing level of the EAP personnel?**

	YES	NO	If yes – how many
Operational			
Middle Management			
Senior / Top Management			

**18. What professional qualifications do the EAP personnel have?**

	YES	NO	If yes – how many
Social Work			
Psychology			
Psychiatry			
Medical Doctor			
Occupational Health Nurse			
Human Resource			
Other – please specify			

**19. On what basis is the EAP service provided?**

	YES	NO
Full time		
Part time		
Adhoc / add on		

**20. Are Employee Assistance services offered to employees only?**

YES	
NO	

**21. Do the families of employees also have access to Employee Assistance services?**

YES	
NO	

**22. Do ex – employees have access to Employee Assistance services?**

YES	
NO	

**23. Please indicate with a cross (X) if the following Standards for EAP, developed by the Employee Assistance Professionals Association of South Africa, are implemented in your organization's EAP:**

EAPA SA Standards	YES	NO
1. Does your EAP have an Advisory Committee?		



<b>If yes to question 1, please answer question 2 &amp; 3, if the answer is “no” then proceed to question 4</b>		
2. Does the Advisory Committee include representation from:		
• Top Management		
• Senior Management		
• Middle Management		
• Unions		
• Human Resource Division		
• Occupational Health and Safety		
• Labour Relations Section		
• EAP Professionals / Practitioners		
3. Does the Advisory Committee contribute to the following functions ...		
• Formulation of policy		
• Programme design		
• Programme promotion		
• Programme evaluation		
4. Has an EAP Needs Assessment been conducted?		
<b>If the answer to question 4 is “YES”, please answer question 5. If the answer was “NO” please proceed to question 6.</b>		
5. Has the EAP Needs Assessment covered the following:		
• Organizational profile and needs		
• Employee needs		
• Line managers needs		
• Employee representative needs		
• Health Care Profile and Needs		
6. Is there a specific model for the EAP (internal, external, combination)?		
7. If your EAP is an outsourced model, was the pricing model transparent and accepted by the stakeholders?		
8. Does the EAP have a policy?		
9. Does the EAP have a policy statement?		
10. Is there an implementation plan for the EAP?		
11. Is there an appropriate number of EAP staff to meet the program goals?		
12. Are the EAP staff appropriately qualified to meet the programme goals?		
13. Are the EAP staff, who provide services, subjected to		

ongoing consultation/, supervision and / or case management?		
14. Does the EAP policy include a statement on confidentiality consistent with all professional standards, ethics and legal requirements, which regulate the management of information?		
15. Does the EAP maintain records?		
16. Is access to clinical records limited to EAP staff?		
17. Does the EAP staff have adequate professional liability insurance?		
18. Is the EAP staff registered with their respective statutory and /or professional councils?		
19. Does the EAP offer trauma defusing services in extreme situations?		
20. Does the EAP offer trauma debriefing services in extreme situations?		
21. Does the EAP offer crisis intervention services for employees, family members and the organization in crisis situations?		
22. Do the EAP professionals offer problem assessment services?		
23. Does the EAP, when appropriate, provide short term intervention/ counselling services?		
24. Does the EAP make referrals to community resources?		
25. Does the EAP monitor referrals to ensure progress?		
26. Does the EAP provide follow up services to EAP clients?		
27. Does the EAP provide aftercare services to EAP clients?		
28. Does the EAP consult with and advise management when issues within the EAP field of expertise or developments and events such as retrenchments or mergers, impact on		

employee wellbeing?		
29. Does the EAP provide training for supervisors, management, and union representatives in order to give them an understanding of the EAP?		
30. Does the EAP engage in programme promotion to encourage the use of the programme by supervisors, managers, union representatives, peers, employees and family members?		
31. Does the EAP network with the various internal departments?		
32. Does the EAP network with Health care delivery systems and community resources which provide assistance to the organization, employees and family members?		
33. Does the EAP staff belong to any organization specifically designed for the development of EAP professionals?		
34. Does the EAP staff network with external bodies which impact on EAP activities?		
35. Does the EAP evaluate the impact of its services on the organization?		

**24. Does the EAP offer prevention programmes?**

YES	
NO	

**25. List any other service, not mentioned in the question 25, that are offered by your organization's EAP?**


Thank you for your time and participation in this research.

Mrs. Thiloshni Govender