

**AN EVALUATION OF EMPLOYEE ASSISTANCE PROGRAMME SERVICES
IN THE CITY
OF
JOHANNESBURG METROPOLITAN MUNICIPALITY**

by

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Submitted in partial fulfilment of the requirements for the degree

MSocSci: EMPLOYEE ASSISTANCE PROGRAMME

In the

DEPARTMENT OF SOCIAL WORK AND CRIMINOLOGY

FACULTY OF HUMANITIES

At the

UNIVERSITY OF PRETORIA

SUPERVISOR: PROF C.S.L. DELPORT

2015

Dedicated to all the employees working at the City of Johannesburg Metropolitan Municipality (COJMM).

This research study serves to bring into light the often overlooked subject matter of Employee Assistance Programme and the EAP Standards of South Africa and assists in the evaluation and benchmarking of the EAP services against the standards of EAP in South Africa.

ACKNOWLEDGEMENTS

I would like to thank the following people:

- God, my enabler and wisdom provider throughout this journey.
- My loving wife, Lebohang Metsing, as well as my two lovely daughters for their undying love and encouragement through the sleepless nights spent compiling this document.
- My wise and supportive study leader, Prof Delport, for her patience and her professionalism throughout this research study. Thank you for holding my hand throughout this journey. The sweat was all worth it.
- The City of Johannesburg Metropolitan Municipality, for granting me permission to conduct this research study in your institution.
- All the Regional Office Managers in all City of Johannesburg Metropolitan Municipality regions, thank you for opening your doors to me and trusting my professionalism in conducting this research study.
- The City of Johannesburg Metropolitan Municipality employees who participated in the research study. Thank you for allowing me into your private space and trusting me with your thoughts, experiences and ideas.
- My loving mother, late grandmother Rachel Bosman, and all my family members, your support reached my inner being. May the good Lord keep you.

DECLARATION

I hereby declare that this research report, entitled, “An Evaluation of Employee Assistance Programme Services in the City of Johannesburg Metropolitan Municipality”, is my own work and that the report has not been previously submitted by me for a degree at any other university.

I have given full acknowledgement to the sources I have used in the research.

Tumelo Metsing

ABSTRACT

**AN EVALUATION OF EMPLOYEE ASSISTANCE PROGRAMME
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Since the implementation of EAP services within the COJMM, EAP practitioners experience different challenges. Some of these challenges are limited funding for the EAPs, lack of awareness of EAP services and poor participation in EAPs by the employees (EAPA-SA, 2010:6). Due to the above challenges the EAP within the COJMM is not always effective and structured as envisioned by the EAP Professional Standards. Furthermore, the researcher has also observed that the intention of EAPs in the public sector has been influenced by the instruction of the Department of Public Service and Administration (DPSA) and is subject to increasing pressure to comply with the Occupational Health and Safety Act (85 of 1993) and Labour Relations Act (108 of 1996) rather than implementing EAP services guided by employees' needs and EAP Professional Standards. The findings from previous research studies and the Public Service Commission' reports in South Africa reveal that various Government departments are still experiencing challenges with regards to implementing effective EAP services within the public sector (Public Service Commission, 2010:2).

Based on the researcher's professional observation, it seems as if in the South African context municipalities as well as provincial and national government departments are faced with different challenges to implement EAPs that are in line with the professional standards for EAPs. This view was confirmed by Matlawa

(2011), EAP Advisor at Tzaneen Municipality in Limpopo Province, who indicated that EAPs within the public sector are not always implemented in accordance with the professional standards of EAPs in South Africa.

Therefore, a quantitative research approach was appropriate to evaluate the EAP services within the COJMM according to the Professional Standards of EAP in South Africa. A randomised cross sectional survey design was utilised to carry out the research study with a questionnaire as a survey instrument.

Quantitative data was collected through a questionnaire from the sample of 109 employees in the City of Johannesburg Metropolitan Municipality and valuable conclusions emanated from the findings of this research study. The majority of the respondents identified amongst other factors the issue of staff ratio as one of the limitations with regards to the implementation of EAP services within COJMM. The other key issue that the respondents identified clearly was with regards to the lack of marketing of the EAP services within COJMM.

The study was also concluded with some useful and relevant recommendations from the employees' responses on how to improve the implementation of EAP services within the COJMM. One of the crucial recommendations drawn from the findings of this research study was that more information sessions and training on the processes and procedures regarding accessing EAP services should be conducted regularly throughout the whole COJMM. Another recommendation was that every region within the COJMM should have an EAP representative for better proximity of the service to employees.

Key words

City of Johannesburg Metropolitan Municipality

Employee Assistance Programme

Employee Assistance Professional Association of South Africa

Standards

Public Service Commission

Wellness

Public Sector

TABLE OF CONTENTS

Acknowledgements.....	ii
Abstract.....	iv
CHAPTER 1.....	1
GENERAL BACKGROUND INFORMATION ON THE RESEARCH STUDY.....	1
1.1 INTRODUCTION.....	1
1.2 LITERATURE REVIEW.....	2
1.3 THEORETICAL FRAMEWORK.....	8
1.4 RATIONALE AND PROBLEM STATEMENT.....	10
1.5 GOAL AND OBJECTIVES OF THE STUDY.....	11
1.5.1 Goal of the study.....	11
1.5.2 Objectives of the study.....	11
1.6 RESEARCH METHODOLOGY.....	11
1.7 LIMITATIONS OF THE STUDY.....	13
1.8 DIVISION OF THE RESEARCH REPORT.....	13
1.8.1 Chapter 1: General background.....	13
1.8.2 Chapter 2: Literature study.....	13
1.8.3 Chapter 3: Research methodology and empirical results.....	14
1.8.4 Chapter 4: Conclusions and recommendations.....	14
1.9 SUMMARY.....	14
CHAPTER 2.....	15
LITERATURE REVIEW.....	15
2.1 INTRODUCTION.....	15
2.2 DEFINITION OF KEY CONCEPTS.....	15
2.2.1 Employee Assistance Programme.....	15
2.2.2 Standard.....	16
2.3 HISTORICAL BACKGROUND OF EAP SERVICES AND EAP STANDARDS.....	17

2.3.1	International context	17
2.3.2	National – South African context	18
2.4	CURRENT SITUATION OF EAP SERVICES.....	20
2.4.1	International context	20
2.4.2	South African context	20
2.4.2.1	South African legislation in relation to EAP in the workplace.....	21
2.4.2.1.1	The Constitution of the Republic of South Africa	21
2.4.2.1.2	Basic Conditions of Employment Act (Act No. 75 of 1997).....	22
2.4.2.1.3	Other relevant Acts in the workplace.....	22
2.4.2.2	Functions of EAP services in South Africa	24
2.5	STANDARDS FOR EAP SERVICES	26
2.5.1	Advisory Committee	28
2.5.2	Needs Assessment	30
2.5.3	Service delivery systems.....	32
2.5.3.1	In-house model.....	34
2.5.3.2	Out-of-house model.....	34
2.5.3.3	Consortium model	35
2.5.4	Pricing model.....	36
2.5.5	Policy.....	39
2.5.6	Policy statement	41
2.5.7	Implementation plan	42
2.5.8	Staffing	44
2.5.9	EAP consultation and case management.....	47
2.5.10	Confidentiality.....	48
2.5.11	Record keeping	49
2.5.12	Professional liability insurance	51
2.5.13	Ethics.....	53

2.5.14	Trauma debriefing (Direct services)	55
2.5.15	Crisis intervention	57
2.5.16	Assessment and referral.....	59
2.5.17	Short-term interventions	61
2.5.18	Monitoring.....	63
2.5.19	Follow-up and after care.....	65
2.5.20	Organizational consultation	67
2.5.21	Training of managers, supervisors and union representatives	69
2.5.22	Marketing.....	71
2.5.23	Networking with internal organizational structures	73
2.5.24	Networking with external community organizations and resources	74
2.5.25	Networking with professional organizations.....	77
2.5.26	Networking with external agencies	79
2.5.27	Evaluation.....	80
2.6	SUMMARY	83
CHAPTER 3.....		84
RESEARCH METHODOLOGY AND EMPIRICAL RESEARCH FINDINGS		84
3.1	INTRODUCTION	84
3.2	RESEARCH METHODOLOGY	85
3.2.1	Research approach	86
3.2.2	Type of research	86
3.2.3	Research design	86
3.2.4	Research methods	87
3.2.4.1	Population and sampling	87
3.2.4.2	Data collection method	88
3.2.4.3	Data analysis.....	88
3.2.4.4	Validity and reliability	89

3.2.4.5	Pilot study.....	89
3.3	ETHICAL CONSIDERATIONS.....	89
3.3.1	Informed consent.....	89
3.3.2	Permission to conduct the study.....	90
3.3.3	Voluntary participation.....	90
3.3.4	Violations of privacy/anonymity/confidentiality.....	90
3.3.5	Release or publication of the findings.....	90
3.4	EMPIRICAL RESEARCH FINDINGS.....	91
3.4.1	Section A: Biographical profile of the research respondents.....	92
3.4.1.1	Gender.....	92
3.4.1.2	Race of respondents.....	93
3.4.1.3	Home language of respondents.....	93
3.4.1.4	Level of education of respondents.....	94
3.4.1.5	Job position of respondents.....	95
3.4.1.6	Departments under which respondents are deployed.....	95
3.4.1.7	Regions under which respondents are deployed.....	96
3.4.2	Section B: Descriptive analysis of quantitative data.....	97
3.4.2.1	Category: Advisory Committee.....	97
3.4.2.2	Category: Needs Assessment.....	100
3.4.2.3	Category: Service Delivery Model.....	102
3.4.2.4	Category: Policy.....	103
3.4.2.5	Category: Staffing.....	105
3.4.2.6	Category: Confidentiality.....	106
3.4.2.7	Category: Professional liability Insurance.....	107
3.4.2.8	Category: Case management, monitoring and evaluation.....	107
3.4.2.9	Category: Training.....	109

3.4.2.10	Category: Marketing and networking with internal and external stakeholders	110
3.4.3	Section C: Comments or suggestions about EAP within the COJMM. ...	112
3.5	SUMMARY	113
CHAPTER 4.....		114
CONCLUSIONS AND RECOMMENDATIONS.....		114
4.1	INTRODUCTION	114
4.2	KEY FINDINGS	115
4.3	CONCLUSIONS BASED ON THE EMPIRICAL FINDINGS	117
4.4	RECOMMENDATIONS	122
4.4.1	Recommendations based on empirical findings	122
4.4.2	Recommendations for future research	127
4.5	ACHIEVEMENT OF THE GOAL AND OBJECTIVES OF THE STUDY	128
4.6	SUMMARY	129
LIST OF REFERENCES		130

LIST OF FIGURES

Figure 1: Gender of respondents.....	91
Figure 2: Race of respondents.....	91
Figure 3: Home language of respondents.....	92
Figure 4: Highest qualification of respondents.....	93
Figure 5: Job position of respondents.....	94
Figure 6: Departments of City of Johannesburg Metropolitan Municipality.....	94
Figure 7: Regions under which respondents are deployed.....	95
Figure 8: Advisory committee.....	96
Figure 9: Needs assessment.....	99
Figure 10: EAP Policy.....	102
Figure 11: EAP staffing.....	103
Figure 12: EAP confidentiality.....	104
Figure 13: Professional liability insurance.....	105
Figure 14: Case management monitoring and evaluation.....	106
Figure 15: EAP training services.....	107
Figure 16: Networking and marketing EAP services.....	109

LIST OF TABLES

Table 1: Advisory Committee representation.....	97
Table 2: Advisory Committee contribution to certain functions.....	98
Table 3: The responses on areas covered by EAP needs assessment.....	100
Table 4: Service delivery model.....	101
Table 5: Achievement of research objectives.....	126

Appendixes

Appendix A: Letter of Ethical Clearance

Appendix B: Permission letter

Appendix C: Editorial letter

Appendix D: Informed Consent Letter

Appendix E: Questionnaire

CHAPTER 1

GENERAL BACKGROUND INFORMATION ON THE RESEARCH STUDY

1.1 INTRODUCTION

As in many other government departments, the Employee Assistance Programme (EAP) is also a new addition to the City of Johannesburg Metropolitan Municipality (COJMM).

The EAPs are grounded in the following legislation, namely:

- The Constitution of the Republic of South Africa (Act No.108 of 1996)
- The Occupational Health and Safety Act (Act No.85 of 1993).

Legislation regarding EAP services is based on the stipulation in *The White Paper on Transforming Public Service Delivery, notice no. 1459 of 1997* (Department of Public Service and Administration, 1997b), that “the wellbeing of employees needs to be accounted for.”

In line with the above-mentioned legislation and policies, all state departments are compelled to establish EAPs in the workplace. These public sector decisions are reiterated further in a circular of the office of the Director-General of the Department of Public Service Administration (DPSA), dated 19 June 1997 (DPSA Draft National Instruction: 4/2000).

Based on the researcher’s professional observation, it seems that in the South African context, municipalities as well as provincial and national government departments are faced with different challenges to implement EAPs that are in line with the Professional Standards for EAPs. This view was confirmed by Matlawa (2011), EAP Advisor at Tzaneen Municipality in Limpopo Province, who indicated that EAPs within the public sector are not always implemented in accordance with the Professional Standards of EAPs in South Africa.

EAP is defined by the Employee Assistance Professional Association of South Africa (2010:6) (hereafter known as EAPA-SA) as “a workplace program designed to assist: (1) work organizations in addressing productivity issues, and (2) employee clients in identifying and resolving personal concerns, including health, marital, family, financial, alcohol, drug, legal, emotional, stress or other personal issues that may affect job performance”. The definition emphasizes the fact that employees may experience problems that affect their performance at work; therefore, an EAP is a resource that can be utilized to address problems faced by employees in an organization.

Based on the researcher’s professional observation, it seems that the COJMM also experiences challenges when implementing EAP services if benchmarking it against expected Professional Standards of EAP in South Africa. However, a thorough assessment of the implementation of the EAP is needed in order to evaluate if the EAP in COJMM adheres to the Professional Standards of EAP in South Africa, which will be the focus of this study.

1.2 LITERATURE REVIEW

In this section, the researcher will provide a general background of EAP services and more specifically of the development of the EAP Professional Standards in South Africa.

Since the implementation of EAP services within the COJMM, different challenges have been experienced by EAP practitioners; challenges such as limited funding for the EAP services, lack of awareness of EAP services and poor participation and support in EAPs by the employees (EAPA-SA, 2010:6). One strategy to address these challenges was the implementation of EAP services according to the Professional Standards of EAP in South Africa. At the 2004 EAPA-SA National Conference, in his opening address, the President, Dr Bhoodram, alluded to various key challenges being experienced. These included the monitoring and evaluation of programmes; EAPs that are often not being implemented correctly; the positioning of EAP within an organization; appropriate staffing; and capacity.

The president further indicated that to enhance the functioning of EAP services in South Africa, the EAP Standards were developed (EAPA-SA National Conference, 2004). The EAPA-SA (2005:6) defines the concept 'standard' as "the agreed level of best practice or description of the ideal situation", while the Oxford English Dictionary (2003:156) refers to the concept as "the required, expected or accepted level of quality" and also as the "specified level of proficiency". According to the researcher's view, the concept 'standard' in the context of this proposed study refers to the required or expected level of best practice of EAP services. The EAP Standards thus can be used as the benchmarking of EAP services within a specific organization.

Benchmarking is a process in which organizations evaluate various aspects of their processes in relation to best practice companies' processes, for the purpose of comparison. This then allows organizations to develop plans on how to make improvements or adapt specific best practices, usually with the aim of increasing some aspect of performance (Robert, 1994:225).

The Standards for Employee Assistance Programmes in South Africa (EAPA-SA, 2005:7) was developed in 1999 by the EAPA-SA and revised in 2005 as guidelines for the implementation of EAPs. The 27 standards identified represent not only the national agreed level of professional best practice for EAPs, but also outline the basic principles and key elements that these programmes should contain (EAPA-SA, 2005:7). In this regard, EAPA-SA (2005:7) states very clearly the following:

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 recognising 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.

According to EAPA-SA (2005:7), the following standards for EAPs are stipulated clearly to ensure viable programmes:

- There should be an advisory committee at the highest possible level within the organization involving representatives from all segments of the workforce.
- Program design should be based on an assessment of organizational and employee needs as they relate to EAP utilization.
- There should be an appropriate model for service delivery for specific employer organizations, reflecting detailed procedures.
- Pricing of EAPs should be negotiated and agreed upon between the service provider and the employer, after different models have been considered. Models should be transparent and acceptable to all role players involved.
- The organizations policy should describe the EAP in its entirety.
- The policy statement should provide the guarantees, principles, the rights and responsibilities of the various stakeholders such as the user, the employer and the provider.
- An implementation plan should outline the actions and schedule needed to establish an operationally effective EAP.
- An appropriate number of suitably qualified EAP professionals should be available to achieve the stated goals and objectives of the programme.
- Every EAP professional who provides services should be subjected to on-going consultation and/or case management.
- The written policy should include a statement on confidentiality consistent with all professional standards, ethics and legal requirements, which regulate the management of information.
- The EAP should maintain records.
- All EAP professionals should have adequate professional liability insurance.
- EAP professionals should register and maintain their registration with their respective statutory and/or professional councils and adhere to the codes of practice of such bodies.
- The EAP should offer trauma diffusing and trauma debriefing services for employees, family members and the organization.
- The EAP should implement responsive intervention services for employees, family members and the organization in crisis situations.

- EAP professionals or an assessment service under contract to the organization should 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.
- EAP professionals should determine when it may be appropriate to provide short-term intervention services and when to make a referral to community resources.
- The process of referral should be reviewed and monitored to ensure progress.
- The EAP should ensure that follow up and after care services are provided to EAP clients, supervisors and union representatives.
- The EAP professionals should consult with the organization when developments and events such as retrenchments and mergers impact on employee well-being and fall within the EAP and the EAP professional area of expertise.
- EAP professionals should provide training for supervisors, management and union representatives in order to give them an understanding of the EAP.
- EAP professionals should 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.
- The EAP, being an integral part of the organization, should network with the various internal departments.
- 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.
- EAP professionals should 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 on-going contact with other EAP professionals.
- EAP professionals should be informed and network with other external bodies which impact on EAP activities.
- EAP professionals should evaluate the appropriateness, cost effectiveness and efficiency of EAP operational activities.

Beurman-King (2005:25) stresses the importance of a comprehensive evaluation process and that the measurements of wellness programmes need to be tied to overall business outcomes. Continuous monitoring and evaluation of EAPs within the framework of the above-mentioned standards is needed. It is the researcher's view that if an organization wants to adopt some or all of the standards listed above, the organization must first assess and evaluate its existing EA programme. It is important to emphasise the critical role that regular program evaluation plays in ensuring programme relevance and effectiveness.

Fouche (2011:451) reports that over the last 25 years, there has been a strong global push for formalised evaluation of public as well as private investments, processes, practices and programmes. In the South African public sector, the Department of Public Service and Administration (2008) reports that the process of monitoring and evaluation is critical for ensuring the success of services and programmes. In this regard, monitoring and evaluation according to the Standards Committee of EAPA-SA (2010:18) is "to allow the organization to judge the programme's progress and usefulness and to identify the need for programme modifications".

According to the Collins English Dictionary (1994:544) monitoring means, amongst other things, "a person or piece of equipment that warns, checks, controls or keeps a continuous record of something", "to observe or record" and "to check for acceptable quality or content".

The critical element 'record' evident from the definition above is to ensure evidence, proof or documentation. To monitor in the EAP context can be understood as to assign the responsibility to a person or equipment to keep evidence, proof or documentation from the initial contact with a client throughout the eight phases of implementing and administering an EAP as set out by the Standards Committee for EAPA-SA (2010:3-18).

On the other hand, evaluation in the EAP context is defined by Trantow (in Dickman, Challenger, Emener & Hutchinson, 2000:243) as follows:

Evaluation is essentially an effort to determine what changes occur as the result of a planned programme by comparing actual changes with desired changes (stated goals) and by identifying the degree to which the activity (planned programme) is responsible for the changes.

In the EAP field, an EAP must be evaluated to justify its existence to ascertain the extent to which it is reaching its objectives and to find ways to improve its performance (Highley & Cooper, 1994:1; Perry & Cayer, 1992:1; Weiss, 1998:20). Sithole and Khorombi (2009:360) also emphasise the fact that the evaluation of an EAP should be built in from the beginning (that is at the needs assessment phase), because it is essential for organizations to determine whether or not those objectives of the programme will be met. Furthermore, as far back as 1988, Dickman, Challenger, Emener and Hutchinson (1988:245) postulate that “every programme should be continually striving for improvement” and for that reason ongoing monitoring and evaluation should be part of the programme.

The above-mentioned rationale for monitoring and evaluation should be intrinsic in every EAP, but the following reasons for evaluation highlighted by Ligon and Yegidis (2003:130) are also very important and might direct the evaluation process:

- **Vindication** which means gathering data to demonstrate that the EAP is worthwhile or justifying the programme.
- **Marketing** which refers to the fact that the EAP is becoming more known and is broadening its services and data gathered from evaluations can assist to market its expansion in a convincing manner.
- **Verification** which refers to the fact that work organizations request data to validate the need for the service.
- **Improvement** which means that to know the strengths and weaknesses of a specific programme can assist in making useful modifications to ensure that the programme keeps up with the changing needs of the work organization.
- **Understanding** which is to understand what contributes to the success or failure of a programme is directly linked to improvement and making appropriate changes.
- **Accountability** which is management and funding sources hold programmes

accountable for producing results and evaluations can provide that.

To conclude, monitoring of EAP services is the responsibility of a person or equipment to document information and to check the information documented, and evaluation, according to Weiss (in Sithole & Khorombi, 2009:360) is “to judge the checked information and to give it a value by measuring it against a yardstick” or as defined by Dickman, et al. (1988:243), “to measure it against desired changes (stated goals)”.

1.3 THEORETICAL FRAMEWORK

The purpose of the theoretical framework of a research study is to challenge the researcher to demonstrate the understanding of the main philosophical assumptions regarding the matter being studied. The study was underpinned by the ecological systems theory. The theoretical framework assisted the researcher to interpret some key concepts of the study and also provided a framework for the analysis and interpretation of the study findings.

The ecological systems perspective makes clear the need to view “people and environment as a unitary system within a particular cultural and historic context” (Kirt-Ashman & Hull, 2006:10). Both person (employee) and environment (workplace/COJMM) could be understood fully only in terms of their inter-relationship, in which each continually influences the other within a particular context. In the context of this study for instance, the attitudes of employees might influence the productivity levels of COJMM. On the other hand, a proactive and effective EAP service within the COJMM could influence the morale and motivation of employees within the workplace (COJMM).

The ecological systems perspective is a holistic approach that views people in the context of their environments and emphasises the continuous and reciprocal influence with their environment (Maguire, 2002:90). These interactions are dynamic; that is, they depend on the goodness of fit between the individual and his/her environment (Zide & Grey, 2001:9). Colton, Sanders and Williams (2001), as cited by Kruger and Spies (2006:160), highlight the fact that ecological thinking appears to be on the verge of gripping the imagination of those who are involved

with various clients. They also acknowledge that one of the benefits for professionals is that such a model enables them to see their clients (employees) in the widest possible holistic social context. The interaction between the client (employee) and environment (workplace) is a synergistic cycle of influence between the changing individual and the changing environment (Zastrow, 2003:18-19).

The ecological systems approach focuses predominantly on the satisfaction of human needs and the mastery of developmental tasks, which require adequate resources in the environment and positive transactions between people and their environments. Key issues emphasised by this approach is that there needs to be both adequate resources and an environment that is conducive to employees performing at peak efficiency. Any gaps in the availability of environmental resources, the inability of individuals to make use of these resources, or the dysfunctional transactions between the individuals and the environmental systems may threaten or block the fulfilment of the individuals' needs and will result in stress and/ or impaired functioning. Interventions to reduce stress should focus on meeting the needs of the individual in order to enhance the 'goodness of fit' between the person (employee) and the environment (workplace) (Hepworth, Rooney & Larsen, 2006:17).

Hepworth et al. (2006:18) highlight the fact that assessment from the ecological systems perspective requires a focus on the individual (employee) and his/her total context by stating that, "assessment from an ecological systems perspective requires knowledge of the diverse systems involved in interaction between people and their environments." Thus, in order to assess or benchmark the EAP services and all its facets in the COJMM according to the standards for EAPs (2007:7), the researcher needed to evaluate holistically the dynamic interactions between employees and their environment.

Based on the ecological systems perspective the researcher focused on an evaluation of the diverse systems involved in interaction between people (employees) and their environment (COJMM).

In summing up the theoretical framework, it was clear from the above information that the ecological systems theory was relevant to the proposed study in assisting to identify and analyse the challenges related to the EAP Services within the COJMM.

1.4 RATIONALE AND PROBLEM STATEMENT

Since the implementation of EAP services within the COJMM, EAP practitioners experienced different challenges. Some of these challenges were limited funding for the EAPs, lack of awareness of EAP services and poor participation in EAPs by the employees (EAPA-SA, 2010:6).

Due to the above challenges, the EAP within the COJMM seemed not always to be as effective and structured as is envisioned by the EAP Professional Standards. Furthermore, the researcher had also observed that the intention of EAPs in the public sector had been influenced by the instructions of the Department of Public Service and Administration (DPSA) and was subject to increasing pressure to comply with the Occupational Health and Safety Act (Act No. 85 of 1993) and Labour Relations Act (Act No.108 of 1996) rather than implementing EAP services guided by employees' needs and EAP Professional Standards.

Empirical evidence, however, was needed to confirm or dispute the observed practice within the public sector. The proposed investigation thus attempted to provide answers to this knowledge gap. Through this study, the researcher investigated whether the EAP Services within the COJMM adhered to the Professional Standards of Employee Assistance Programme in South Africa. The results could provide direction towards more effective service delivery and more effective management of EAP services and possible alignment to the Professional Standards of EAP in South Africa.

Therefore, the following research question guided the proposed study:

How do the employee assistance programme services within the City of Johannesburg Metropolitan Municipality adhere to the Professional Standards of EAP in South Africa?

1.5 GOAL AND OBJECTIVES OF THE STUDY

1.5.1 Goal of the study

The goal of the study was as follows:

To evaluate the EAP services within the COJMM according to the Professional Standards of EAP in South Africa.

1.5.2 Objectives of the study

In order to obtain the goal of the study the following objectives were formulated:

- To describe theoretically EAP in South Africa with specific emphasis on EAP in the public sector as well as the Professional Standards of Employee Assistance Programmes in South Africa.
- To benchmark the EAP services in COJMM in relation to each of the Professional Standards of EAP in South Africa.
- To formulate recommendations to the management of COJMM regarding the implementation of EAP services.

1.6 RESEARCH METHODOLOGY

This study was quantitative in nature, as detailed research planning was needed to produce precise findings (Babbie, 2010:34) regarding the evaluation of EAP services in the COJMM according to the EAP Professional Standards of South Africa. Furthermore, the quantitative approach was applicable because the study was formalized and explicitly controlled (De Vos, 2005:74). By utilizing a structured and statistical approach (Fouche & Delport, 2011:64) the researcher wanted to objectively measure and evaluate EAP services within the COJMM according to the EAP Professional Standards of South Africa.

The study could also be classified as applied research due to the fact that the researcher focused on a problem in real practice; the research sought to show that the results could be used to address a problem or issue in the “real world” (Sarantakos, 2005:10).

The researcher wanted to make recommendations, based on the results of the study that could inform a set of recommendations to strengthen the EAP services within COJMM in order to change a troublesome situation (Fouche & De Vos, 2011:95).

Since the study was required to evaluate the EAP services within the COJMM, the researcher used the quantitative-descriptive (survey)-design, more specifically the randomised cross-sectional survey design (Fouche, Delpont & De Vos, 2011:156). By utilizing a group-administered questionnaire (Delpont & Roestenburg, 2011:189) the researcher posed a series of questions to randomly selected managers and supervisors in the COJMM, whereafter, their responses were summarized with percentages and frequency counts in order to draw inferences about the EAP services in COJMM.

The participants in this study were all managers and supervisors with five or more years of experience in their current respective positions in the COJMM. While making certain attempts to represent the population of this study, the researcher used a combination of stratified and systematic sampling procedures. According to stratified sampling (Babbie, 2010:23) each region in the COJMM formed a stratum. Each stratum was then divided into two sub-strata representing the two categories of managers and supervisors. From each stratum, the researcher selected 10 managers and 10 supervisors systematically by selecting every tenth person from the available list to be included in the study. Babbie (2010:11) reports that systematic sampling is a subtype of probability sampling in which every K unit in a list is selected for inclusion in the sample. Therefore, the researcher used a combination of stratified (regions) and systematic sampling.

In order to analyse the collected information, the researcher used the Statistical Package for Social Scientist (SPSS Version 20). Key trends from the data were identified using descriptive statistics and statistical methods. Frequency distribution tables and graphs were used to display the data set. Univariate analysis was used with the primary aim of describing the characteristics of the respondents, while bivariate analysis was used to describe the empirical relationship between variables (Babbie, 2008:64).

In the context of this study, the different variables refer to the different EAP standards. The results were presented in numerical format, specific tables, figures and graphs (Babbie & Mouton, 2001:52).

1.7 LIMITATIONS OF THE STUDY

The researcher identified the following limitations of the study:

- Information was drawn from only one local municipality therefore the findings cannot be generalized to all local municipalities.
- Due to the limited extent of the mini - dissertation the wide spectrum of EAP standards forced the researcher not to go into depth with each standard. The researcher thus selected and combined the relevant standards.

1.8 DIVISION OF THE RESEARCH REPORT

The contents of the research report are divided into four chapters as presented below:

1.8.1 Chapter 1: General background

The main emphasis in this chapter is on providing the rationale for the study and formulating the research problem. The chapter also focuses on the goal and objectives of the study, the research question, a brief description of the research methodology used in the study, limitations of the study, and definitions of key concepts.

1.8.2 Chapter 2: Literature study

In this chapter, the researcher presents a literature review on the research problem. The researcher concentrated on major research findings that have been found by other scholars and authors regarding the nature and role of EAPs within South Africa and internationally, as well as a detailed discussion of the EAP Professional Standards of South Africa.

1.8.3 Chapter 3: Research methodology and empirical results

Chapter three concentrates on a detailed description of the research methodology used in this study, as well as the empirical findings of the research study.

1.8.4 Chapter 4: Conclusions and recommendations

The last chapter, based on the research findings, focuses on the conclusions and recommendations.

1.9 SUMMARY

This chapter focused on the general background information on the research study. The next chapter will focus on a thorough literature review regarding EAP services and EAP Professional Standards.

CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

The goal of the study was to evaluate the Employee Assistance Programme (EAP) services within the City of Johannesburg Metropolitan Municipality (COJMM) according to the Professional Standards of EAP in South Africa. The main focus of this chapter will be on the background information regarding EAP services and a critical discussion regarding the evolution of the EAP services nationally and internationally. This information regarding the background will highlight important milestones and the development of the EAP field. The chapter will be structured according to a discussion of the following elements: definition of key concepts, historical background of the EAP, current situation of EAP nationally and internationally, and lastly a detailed discussion about the EAP Standards in South Africa.

The study builds on and contributes to work in the development of the Employee Assistance Programme (EAP). Although studies in EAP have examined EAP in provincial and national government, there has not been an investigation in local government. As such, this study provides additional insight into the local government sphere. The analytical focus on the evaluation of the EAP services in local government enables another contribution in highlighting progress regarding the implementation of EAP services in the local government.

2.2 DEFINITION OF KEY CONCEPTS

In order to understand EAP services and the benchmark of EAP services according to the EAP Professional Standards in South Africa it is important to conceptualise the concepts EAP and Standard.

2.2.1 Employee Assistance Programme

According to Hopkins (2003:10), an EAP is “a work-based programme to improve organizational performance through the provision of structured management and

employee support services”. The Standards Committee of EAPA SA (2005:26) elaborates on this definition by stating the following:

An EAP is a worksite-based programme designed to assist in the identification and resolution of productivity problems associated with employees impaired by personal concerns including but not limited to: health, mental, family, financial, alcohol, drug, legal, emotional, stress, or other personal concerns which may adversely affect employee job performance.

An EAP may also be defined as follows (Masi, 1992:407):

A professional assessment and referral and/ or short term counselling service offered to employees with alcohol, drugs, or mental health problems that may be affecting their work. It may include managerial-supervisory consultation, training, and employee education. Employees are either self-referred to the company’s EAP or referred to supervisors.

The primary function of the EAP is the prevention and treatment of psychological and social dysfunction (such as alcohol and drug dependency, and marital and family malfunctioning), which has a negative impact on the employee’s job satisfaction as well as the efficiency and quality of work rendered by officials employed by the organization. According to the researcher, an EAP is a programme aimed at helping the employees deal with their social, emotional and psychological problems that may impair job performance.

2.2.2 Standard

The EAPA-SA (2005:6) defines the concept standard as the “agreed level of best practice or description of the ideal situation”, while the *Oxford English Dictionary* (2003:156) refers to the concept standard as “the required, expected or accepted level of quality” and also as the “specified level of proficiency”. According to the researcher’s view, the concept standard in the context of this proposed study refers to the required or expected level of best practice of EAP services. The EAP Standards can thus be used as the benchmark for EAP services within a specific organization.

2.3 HISTORICAL BACKGROUND OF EAP SERVICES AND EAP STANDARDS

The following section will discuss the historical background of EAP services and EAP standards by focusing on the international and national context. Due to the historical nature of information, the researcher used most of the old sources.

2.3.1 International context

EAPs were developed in the 1940s and were at first concerned exclusively with problems of alcohol abuse. At that stage EAPs were staffed primarily by non-professional or recovering counsellors (Masi, 1992; Presnall, 1981). These counsellors were successful in demonstrating their effectiveness in both human and economic terms; so much so that they promoted the spread of EAP programming throughout the United States of America (USA) business sector and helped to generate funding for additional research and demonstration projects. The origins of the EAP can also be traced back to the USA through the foundation of Alcoholics Anonymous (Maiden, 2001:119).

The second origin of EAP services is less procedural, but more influential in attitude terms; it is the spin-off of the celebrated Hawthorne studies of Mayo in Chicago. A programme of employee advice and counselling grew out of the Hawthorne studies. It was manned by lay counsellors drawn from supervision and management, and was clearly aimed not only at promoting the social and psychological adjustment of the employee at work, but also at ensuring employee productivity and conformity with corporate objectives (Cooper, Biron & Burke, 1997:13).

The growth of EAPs in the USA was impressive and seen as legitimately oriented toward achieving the integration of corporate goals and individual employee behaviour (Furnstein & Brown, 2001:142). The introduction of the USA model of EAPs to other countries can be attributed to a number of influences. Key amongst other factors was the fact that USA international companies introduced EAPs with the goal of enhancing performance in terms of cost reduction, quality and reliability improvements, as well as the increasing need for the adaptability of products and services to particular markets.

Secondly, there were instances of these companies turning to EAPs to tackle their problematic internal concerns, such as absenteeism, presenteeism, labour turnover, burnout, breakdown, mal-adaptation at individual and corporate levels, and general under-performance because of personal “troubles” and “stresses” (Cooper et al., 1997:18).

Thus, as indicated above, the scope of service began to expand well beyond alcoholism and addiction to include personal and emotional problems that could, or already were, affecting employees’ job performance and use of benefits. Not only did the range of interventions expand, but the conceptualisation of services had become more sophisticated (Kuzman & Akabas, 1981).

2.3.2 National – South African context

In terms of the history of EAP within the South African context, Schoeman and Petzer (2005:119) state that during the 1980s, the EAP started in South Africa as a response to the problems that migrant workers encountered by being away from home in artificial settings. Manzini (2005:31) concurs with this, saying that the EAP was introduced to South Africa in the 1980s by social workers and psychologists who had studied the programme in the USA.

Matlape (2003:2) mentions that the EAP in South Africa did not gain much momentum in the eighties. He contends that despite the growth of the EAP in South Africa, in most cases it still remained on the periphery of real business activities and was often regarded as a ‘nice to have’ rather than as a business imperative. On the other hand EAP popularity in South Africa was substantiated in the *Sunday Times*, cited in Sithole (2005:80), referring to a study that found that out of 93% surveyed companies, 45% were found to have an EAP at their operations.

Cavanagh, cited in Schoeman and Petzer (2005:119), state that EAP initiatives originally started in the private sector to assist and support employees with psychosocial problems. Schoeman and Petzer (2005:119) add that the EAP was developed and established in the public sector due to the impact of HIV/AIDS on the workforce. Since 1980, the EAP has gained recognition in improving performance and productivity in South Africa.

On the other hand, Du Plessis (1991:35-36) states that EAPs in South Africa developed for several reasons. She states that some EAPs were formed to seek alternative ways of managing poor performance and emphasised programme cost effectiveness while others were set up to express the concept 'internal' social responsibility. Du Plessis also stated that the Durban Based SANCA's Information and Preventative Services played an important role in the training of EAP coordinators since 1982. Workplace assistance in dealing with alcoholic employees was offered by some South African National Council on Alcoholism & Drug Dependence (SANCA) Societies; they extended their services to assist companies to develop substance abuse policies and EAP services as well as prevention and education programmes.

In terms of the historical background of EAP Standards in South Africa, the EAP Training Manual (1998:5) reports that the South African Chapter of EAPA (EAPA-SA) was established in March 1996 as well as the election of the first National EAP Board. At the first EAP Board meeting, one of the projects agreed upon was the development of a South African document on standards for Employee Assistance Programmes, to be utilized by EAP professionals and EAP practitioners.

The EAP training manual (1998:5) further postulates that regarding the process followed to develop a South African document on Standards for EAPs, a working committee comprising of members from EAP service providers and academic institutions was appointed in 1996. All regional EAP interest groups were informed of the process and invited to submit comments. A brief information article was also published in the *People Dynamics* dated February 1998, in order to reach those members who were not formal members of the regional interest groups. A final draft document was distributed to EAPA-SA Board, the regional EAP interest groups, and Social Work Departments at different South African universities for comments.

With regard to the revision of the standards document the EAP Training Manual (1998:5) further reports that at an EAP Board meeting on 27 May 2004, it was agreed to appoint a Task Team to review and update the standards for Employee Assistance Programmes in South Africa in terms of learning and of international

best practices. The result is the current reviewed standards document of 2005 (EAPA-SA, 2005:6).

2.4 CURRENT SITUATION OF EAP SERVICES

This section will provide an overview of the current situation of EAP services in the international and national context.

2.4.1 International context

Jacobson and Attridge (2010:25) reported that the EAP concept, initiated and popularised within the USA, continues to be a model program that is duplicated in countries around the world. However, the specifics of how EAP is defined and used vary based on the countries' legal system, culture, health care system, resources for mental health and substance abuse, and views toward addiction and recovery as well as behavioural health and work-life balance.

Internationally, particularly in the USA, EAPs have a rich history; they are established and have grown in terms of popularity. This view is supported by Attridge and Amaral (2009:2) who reported that in 2002 well over 100 million American workers were estimated to have access to an EAP. In addition, it is reported that much of the growth happened in the late 1990s and early 2000s.

As with the USA, EAPs in Canada currently are provided more commonly in government and unionised environments and in medium to larger size private sector organizations (Jacobson & Attridge, 2010:31). The situation is similar in South Africa; EAPs are established mainly in government departments, state-owned institutions and larger companies.

2.4.2 South African context

Although EAPs are established currently in most South African government departments and larger companies, EAP is still faced with various challenges. In this regard Harper (1999:2) points out that, EAP infrastructure has not been perceived by most South African companies' decision makers as an essential and initial part of human resource management. Harper (1999:84) continues to argue

that the aforementioned perception threatens the viability of the EAP and runs the risks of the EAP being viewed as a disposable cost centre.

Peters (1999:84) concurs with Harper and argues that the EAP needs to know how to generate value through its activities and will have to constantly justify their services to customers.

However, despite the highlighted challenges there has been progress with regard to the introduction of legislation that supports the implementation of EAP services in both the public and the private sector. In this regard EAPA SA (2005:15) emphasizes that there is an obligation on EAP professionals, employers and clients to familiarise themselves with relevant legislation in order to ensure compliance. The section below singles out relevant legislation that is pertinent to the EAP in South Africa currently.

2.4.2.1 South African legislation in relation to EAP in the workplace

In this section, the researcher will provide an overview of key legislation in South Africa, which has an impact on current EAP services

2.4.2.1.1 The Constitution of the Republic of South Africa

The political commitment to the health and wellbeing of the nation is enshrined in the Constitution of the Republic of South Africa (Act No. 108 of 1996) and its Bill of Rights. For instance according to Section 23 of the Constitution, everyone has the right to fair labour practice. This section, when interpreted within the EAP context, can imply that it will be improper to dismiss an individual as a result of deterioration in job performance without proper analysis of the circumstances. Therefore, this can be equated to unfair labour practice.

Furthermore, Section 24(a) of the Constitution states, among others, that everyone has the right to an environment that is not harmful to his/her health or wellbeing. Section 27(1) (a) of the Constitution further states that everyone has the right to health care services. This issue is also stipulated in Section 18 of the Occupational Health and Safety Act (Act No. 85 of 1993), which states that health and safety representatives must be appointed in the workplace. Among others, their duties are to identify potential hazards and major incidents at the workplace and to make

recommendations to the employer regarding the minimising or elimination of such hazards. The EAP is one of such representatives to fulfil these duties in the workplace and to ensure that these rights are realised.

2.4.2.1.2 Basic Conditions of Employment Act (Act No. 75 of 1997)

The purpose of the Basic Conditions of Employment Act (Act No.75 of 1997) is to advance development and social justice by establishing and enforcing the basic conditions of employment. This act clearly describes working conditions, in other words working hours, leave, public holidays, and termination of employment, job information, payment, child and forced labour, and enforcement of the law.

The application of this act implies that an employer has to adhere to the prescribed working conditions in order to enable the employee to attain his/her full potential to be productive. Despite all the difficulties that impair personal and occupational functioning, the presence of an EAP can create a positive atmosphere within the work environment by initiating intervention strategies that will enable the employee to cope with challenges.

2.4.2.1.3 Other relevant Acts in the workplace

According to Yamatani (1993:67), legislation has played an important role in the development of EAPs in South Africa, despite the fact that no specific EAP legislation has been formulated in South Africa to date. In this regard, certain labour acts have certain implications and advantages for the establishment of an EAP in the workplace due to the goal of EAPs as highlighted as far back as 1991, by Tanner (1991:73) as follows:

- To increase productivity (to restore the employee to maximum productivity)
- To contribute towards increased stability of the workforce
- To enhance the general well-being of employees
- To foster a positive relationship between employees, union and employers
- To enhance social functioning of employees.

The following labour orientated acts are relevant in the context of EAP services:

- **The Employment Equity Act (Act No. 55 of 1998)** aims to ensure equality and non-discrimination in the workplace through anti-discrimination measures

and affirmative action provisions. It also refers specifically to HIV and AIDS which is an important service delivery area in EAP.

According to the act, employers are prohibited from testing an employee or applicant for employment to determine the person's HIV status unless the testing is determined by the Labour Court to be justifiable. In this event, the Court may impose conditions relating to the provision of counselling, the maintenance of confidentiality, the period during which the authorisation for testing applies, and the category for testing.

- **The Labour Relations Act (Act No. 66 of 1995)** aims to regulate the relationship between employees, trade unions and employers by, for example, setting out when trade unions may meet with their members at the workplace. It also regulates the resolution of disputes between employers and employees and sets out the rights of work with regard to dismissals. Furthermore, the act suggests for instance that “in certain kinds of incapacity, for example alcoholism or drug abuse, counselling and rehabilitation may be appropriate steps for the employer to consider” which implies the important role of EAPs.
- **The Occupational Health and Safety Act (Act No. 85 of 1993)** places a duty on all employers to ensure that, as far as is reasonably practicable, the working environment is safe and healthy for employees. For example, employers are required to provide safety equipment such as latex gloves to prevent the transmission of HIV. In terms of the Occupational Health and Safety Act (Act No.85 of 1993), it can be a criminal offence to permit any person who appears to be drunk or under the influence of drugs to enter or remain at a workplace, or on premises where machinery is used, if such person's presence constitutes a threat to his or her own safety or the safety of others. Furthermore, it can be a criminal offence to have intoxicating liquor in one's possession, to partake thereof, or offer it to another person, at a workplace or on premises where machinery is used, without the express permission of the employer. EAP professionals typically handle problems in these areas.

- **The Compensation for Occupational Injuries Act (Act No.130 of 1993)** gives every employee the right to apply for compensation if injured in the course of their employment. This would include compensation for HIV infection if it can be shown that the employee was infected whilst on duty.
- **Skills Development Act (Act No. 97 of 1998).** According to this act, an employer is compelled to assist persons with special problems such as alcohol dependency or drug addiction to enter, or re-enter, the labour market. Again, there is an emphasis on the important role of EAP in the workplace.

Apart from the above legislation, it is also important to discuss the functions of EAP services as currently implemented in the South African context.

2.4.2.2 Functions of EAP services in South Africa

Through prevention, identification and intervention, the EAPs enhance employee and workplace effectiveness and are a vital tool for maintaining and improving workers' health and productivity, retaining valued employees and returning employees to work after illnesses or injuries (Phillips, 2004:64). More specifically EAP currently serve the following functions in the workplace:

- ***Early identification of problem employees***

As far back as 1990, Bruce (1990:125) contends that the ideal EAP will provide for early identification of problem workers. Early identification of problem workers should thus be regarded as an important function of an EAP, so that problems can be dealt with before it is too late.

Ross and Altmaier (1994:225) also support the above viewpoint by saying that an EAP is valuable because it gives the employer a mechanism for identifying problem workers. Furthermore, the advantage of early identification would be that, at the early stages of the problem, prognoses are usually good and the chances of successful intervention are enhanced greatly.

Googins and Godfrey (1987:133) maintain that an EAP practitioner can identify problem workers through monitoring job performance. The above-mentioned authors suggested that problems regarding job performances are manifested through signs such as absenteeism, sickness, tardiness, and poor work attendance.

- **Assessment**

Another important function of EAP is assessment. According to Blair and Harper (2002:28) the objective of EAP assessment is to identify, document and evaluate the client's strengths, weaknesses, problems and needs. This enables the EAP practitioner to lay the groundwork for a plan of action. The researcher is of the view that EAP assessment is one of the significant functions that attracted many employers to introduce or implement an EAP.

- **Treatment**

Staff responsible for an EAP must be educated and recognised as professionally trained in areas such as mental health, social work, psychiatry and community nursing, and should have appropriate credentials and/or a professional license (Ekenberg, 1995:17). In addition, these professionals should have the ability and flexibility to work with managers, supervisors, employees and unions. The available treatment methods include but are not limited to, medical treatment, counselling, therapy and debriefing (Romano, 1995: 95).

- **Referral**

An important EAP function is the referral of employees to appropriate resources, however; referral is highly dependent upon effective assessment in that one cannot refer an employee without a proper understanding of the problem. EAPA (2005:17) contend that referral should be based on the unique needs of the client, as revealed by the assessment and supported by observation and documentation.

- **Follow-up**

The follow-up function of EAP is considered by Mooney as cited in EAPA-Exchange (1992:34), as one of the important functions of an EAP. EAP professionals should not assess, refer and forget a problem employee. Follow-up should be done on all

cases including all psychiatric, chemical dependence and management referral cases. Furthermore, follow-up should facilitate rapid contact between client and resources as far as possible in order to support recovery and behaviour.

The researcher supports the above points of view, and argues that EAP remain different from other professions in that regular contact with a client should be maintained to ensure recovery.

The above EAP functions are also incorporated in the current standards for EAP services in South Africa (EAPA – SA Standards Document, 2010). As the goal of the study was to evaluate the EAP services within the COJMM according to the professional standards of EAP in South Africa, a detailed description of the different standards for EAP services is necessary. The rest of this chapter will thus focus on a description and discussion of the different EAP standards.

2.5 STANDARDS FOR EAP SERVICES

The standards for EAP practice in South Africa were developed by EAPA-SA in 1999 and later revised in 2005. The standards and guidelines are non-regulatory and their purpose is to assist all relevant stakeholders in establishing quality EAPs in accordance with EAPAs Standards for Employee Assistance Programmes. The EAPA-SA Standards document (2005) reflects current practices in EAPs in South Africa, while ensuring the flexibility of programme models. In recognising this flexibility, many of the guidelines illustrate that there are a variety of ways in which standards can be implemented.

Emener, Hutchison and Richard (2003:187) state that EAPs need to be designed, organised, and operated in accordance with currently accepted EAP programme standards which provide the spirit, intention and guidance for efficient and effective EAPs and service delivery. It is stipulated clearly in the EAPA – SA Standards document (EAPA SA, 2005:6) that the purpose of the EAP standards is to:

- Define the EAP as a profession;
- Describe the scope of EAP services;

- Educate the community regarding EAP services;
- Suggest applications for programme standards, guidelines and definitions; and
- Serve the needs of EAPA membership.

Furthermore, it is noted that these standards are presented as guidelines for EAPs and should be adapted, without compromising the underlying principles, taking into account the status of the programme, i.e. design, maintenance or enrichment phase (EAPA SA, 2005).

The EAPA – SA Standards document (EAPA SA, 2005:8) is structured in such a way to facilitate easy reading of each standard and is structurally formatted as according to the following elements:

- **Standard** (the agreed level of best professional practice or description of the ideal situation);
- **Goal** (a broad general description explaining purpose of the standard);
- **Objective** (describes the specific elements of the goal);
- **Motivation** (reason behind the standard);
- **Criteria** (these features must be present to meet the objective of the standard and for the service to be described as an EAP);
- **Guidelines** (these discuss the various professional options, the best practices involved in certain situations and offer ideas to those tailor-making their services to meet both typical and unusual customer requirements).

In order to evaluate the EAP services within the COJMM as the goal of this study, the 27 EAP standards should thus also be used as benchmarks and guidelines. It is thus important to know and understand the content of these 27 EAP standards as described in the EAPA-SA Standards document (2005).

In the following sections, each of these standards will be discussed briefly and described according to the structured format as mentioned previously namely, the standard, goal, objectives, motivation, criteria and guidelines.

2.5.1 Advisory Committee

As far back as in the 1980s, Googins and Godfrey (1987:164 – 165) highlighted that the Advisory Committee (AC) provides a critical support base for the EAP, assisting in design, implementation, promotion and evaluation of EAP services. The role of the AC is to ensure that all relevant role players in the organization, such as top management, employees, supervisors and union members, contribute to the effective design and operation of the EAP.

The AC should be responsible for policy and strategy formulations, including advice on the implementation procedures. The purpose of this standard, in the researcher's understanding, is to ensure that all relevant role players in the organizational structure contribute to and participate in the effective design and operation of an EAP.

Advisory Committee as an EAP standard is described in the EAPA-SA Standards document (EAPA SA, 2005:5) as follows:

Standard (1)

There should be an Advisory Committee (AC) at the highest possible level within the organization involving representatives of all segments of the workforce

Goal

To ensure that all relevant role players in the organization, such as top management, employees, supervisors and union members contribute to the effective design and operation of the EAP.

Objectives

The function of the Advisory Committee should be defined in terms of the status of the programme e.g. design phase, maintenance phase and enrichment phase.

The function of the AC is:

- To formulate policy and strategy
- To advice on the implementation procedure;
- To assist directly with the marketing and promotion of the EAP; and
- To contribute to the evaluation procedure.

Motivation

The appointment of an AC representing all the relevant groupings within the organization will ensure maximization of the potential for a highly effective programme.

Criteria

Criteria for the establishment of an EAP AC are that it should ideally consist of the following role players:

- Senior management
- Human Resources Department
- Medical departments Department
- Occupational Health and Safety Department
- Finance Department
- Training and Development Department
- Risk Management Department
- Union/Employee/Worker representatives
- Line management
- Employee relations specialists
- EAP Practitioners.

Arlington (1992:12) agrees with the above list of suggested members and emphasises the importance of including regular line employees from the work organization that accurately reflect the ethnic and cultural employee population.

Dickman (2003:47-49) emphasises the absolute importance of top management endorsement as a key ingredient of an effective EAP. Sonnenstuhl (1995:15), however, seems to disagree and makes the point that empirical research on EAPs does not support the notion that top management support is the most important

factor in implementing policy. Whilst it is acknowledged by Sonnenstuhl (1995:15) that top management support for EAP policy adoption is important, it is not sufficient for program implementation.

All the above authors emphasize the fact that the Advisory Committee needs to reflect all the structural levels within the organization so as to ensure the effective implementation of the EAP services.

The researcher agrees with the following guidelines regarding the AC as recommended by EAPA SA (2005:8-9):

Guidelines

- An organization with many single parents and immigrants in its employ should ensure representation on the AC;
- A small company should nominate a single functionary to co-ordinate the functions of an AC;
- Leadership/Chairmanship of the AC should change regularly;
- Invite members of the AC to attend training sessions on EAP-related matters;
- AC members should review statistics and trends on utilization;
- AC members should make recommendations on programme enhancement and alignment.

Arlington (1992:8) adds to these guidelines by suggesting that the AC leadership should rotate regularly and that the members should attend EAP training sessions in order to create an in-depth understanding of the EAP. He further recommends that the AC can be utilised as a task force to undertake special projects and programs.

2.5.2 Needs Assessment

Needs Assessment as an EAP standard is explained in the EAPA-SA Standards document (EAPA SA, 2005:9-10) as follows:

Standard (2)

Programme design should 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 into the programme design will include at least:

- **Organizational profile and needs;**
- **Employee needs;**
- **Supervisors and union representatives' needs; and**
- **Health care profiles and needs.**

Goal

To ensure that programme planning and development includes an assessment of the needs of the employee population and the organization for which they work. This assessment is intended to help the organization determine the most appropriate and cost effective methods of providing EAP services.

Objectives

The function of a needs assessment is to ensure that the right approach is followed in the design of the EAP.

Motivation

The needs assessment enables the EAP professional to design the most appropriate and cost effective EAP.

Criteria

The needs assessment should be conducted in a factual, objective and unbiased manner.

Guidelines

Construction of a comprehensive organizational profile, including:

- Type of organization;
- Number of work-sites;
- Types of jobs/work, products;
- Size of workforce and demographics;
- Employee needs in terms of skills, health, employee diversity, gender, and ethnicity.

Gathering of information in order to identify Human Resource problem areas, such as:

- Compensation claims;
- Absenteeism patterns;
- Sick leave abuse;
- Disciplinary activities;
- Grievance actions.

As described by EAPA SA (2005:9-10) the implementation of a needs assessment process before initiating an EAP plays an important role of ensuring that the programme is relevant to the organization and that it is informed by the needs identified. The researcher views the process of needs assessment 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 set baseline data for later evaluation.

2.5.3 Service delivery systems

The standard of service delivery systems refers to different EAP service delivery models that can be utilised in work organizations. Mthethwa (2000:40) defines an EAP model as “a framework from which the company will operate in order to provide a service to the troubled employee” while Mahlahlane (2003:68) defines an EAP model as “a structural plan that explains the manner in which services will be rendered”.

This standard is described in the EAPA-SA Standards document (EAPA SA, 2005:10-11) as follows:

Standard (3)

There should be an appropriate model for service delivery for specific employer organizations

Goal

To ensure that the most effective model of service delivery exists, which will enhance the services to the organization in terms of both the individual client and the corporate client.

Objective

To ensure through selecting the most appropriate model, i.e. onsite/in-house or off-site/outsourced, or a combination, the cost effectiveness and functional appropriateness of the EAP.

Motivation

The selection of an all-embracing EAP model will enhance the credibility of the service and demonstrate that the programme is mindful of utilizing limited resources while at the same time illustrate its adaptability in terms of best practice.

Criterion

The following should be considered when selecting a suitable EAP model to ensure it complies with:

- Existing business practices and philosophy
- The size and structure of the organization
- The geographic location
- In-house capacity
- Preferences of the employees

Guidelines

All advantages and disadvantages of the different models of service delivery should be considered, namely:

- Practical issues like:
 - Office space and administrative support
 - Locality in terms of anonymity and confidentiality
 - Legal compliance in terms of storing documentation
 - Accessibility to outside clinical resources
- An 'in-house' programme should be put into operation that engages staff participation in cooperation with the employer
- An 'outsourced' programme should be put into operation that engages the employees of a service provider selected and contracted by the employer
- In combination, certain services should be provided in-house (e.g. training) while other services (e.g. clinical/counselling) should be outsourced.

Based on literature the researcher has identified the following three EAP models (In-house, out- house and consortium models) as the most important EAP models. Each model will be discussed briefly.

2.5.3.1 In-house model

The in-house EAP model refers to the type of EAP with which diagnosis and the treatment services are provided within the institution. In this type of model, the employer maintains a full service facility and employs EAP practitioners on a full-time basis (Byars & Rue, 1994:510; Dessler, 1997:524). Whilst using the in-house model, the employer, as explained by Masi (1992:6), employs the entire employee assistance staff and organises their functions into staff components of a unit. The manager of that unit is held accountable for supervising the unit's staff, to developing EAP policies and frameworks and to design procedures that will be followed in the implementation of policies. With the use of the in-house model: EAPs are situated normally within the organization, although in some instances the EAP offices are located away from the worksite.

2.5.3.2 Out-of-house model

The out-of-house model is a type of EAP with which employers come into a contractual agreement with external Employee Assistance Service (EAS) providers

to provide employees with EAS at either the facility of the service provider or the facility provided by the employer (Dessler, 1997:524). Whilst using the out-of-house model, employers usually liaise with outside contractors to provide employee assistance staff and services. The out-of-house model, as explained by Masi (1992:6) provides better accountability, lower legal liability, and ease-up start and implementation. With the use of the out-of-house model, confidentiality is often better maintained than when in-house EAP models are used (Blair, 1985:35).

2.5.3.3 Consortium model

Dessler (1997:524) states that in the consortium model, the different institutions combine all their resources (for example finances, personnel, facility) to develop an EAP. The consortium model is usually common for small sized institutions. These institutions usually partner to form a consortium that will provide EAS to their employees. With the use of the consortium model, EAPs are designed, structured, and staffed by the employers who are members of the EAP consortium and the cost of offering such services is divided amongst member institutions. An advantage of using the consortium model is that smaller institutions get a cost benefit carrying out employee assistance, which they cannot afford on their own (Blair, 1985:35). However, to operating consortium models may be complex and may require a difficult decision making process (Masi, 1992:6).

A number of factors guides the choice of an EAP model in an organization. It is important to take note that all the models have advantages and limitations. Whether the company chooses to utilise the in-house, out-of-house or consortium EAP model, all the different stakeholders should be involved. Their contribution will assist the organization in choosing the model that is appropriate for the needs of the employees and the organization. According to Straussner (2001:53), EAPs are found in both the public and the private sector and function under various auspices, such as management, union based, joint management or a consortium of several industrial organizations or unions. In determining which model to use, a needs assessment is needed to assist the organization in decision making.

2.5.4 Pricing model

The standard 'pricing model' refers to the financial model that will be utilised for delivering EAP services. Pricing model as the fourth EAP standard is described in the EAPA-SA Standards document (EAPA SA, 2005:11) as follows:

Standard (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 the role players involved.

Goal

To ensure the best possible application of financial resources.

Objective

To justify the balance between expenditure and benefits received.

Motivation

The selection of a pricing model should ensure that the needs of the employer in terms of benefits and minimal administrative burden are met.

Criteria

- The selected manner in which pricing of EAPs are determined should be compatible with the overall philosophy of the employer/organization and its business practices.
- Healthcare benefits should be considered when selecting a pricing model.

Guidelines

- A detailed analysis should be made of the proposed pricing model during the programme design phase.
- Comparison should be drawn on the pros and cons of all options.

- The pricing model should be communicated to all stakeholders to ensure a clear understanding of its various functions and objectives.
- Every effort should be made to discourage managers to split the cost of services between the numbers of clients who have used the service and thereby deducing that the service is too expensive.

The following guidelines should be considered when different options of pricing models are being considered:

- cost for the service
- fee - for - service strategy
- percentage co-payment by the health care provider
- percentage co-payment by the client/ employee
- limited clinical services.

Bradman (2003:7) focuses on the importance of full disclosure when service providers present options for pricing of EAPs so that comparisons can be made in the following areas by asking certain questions namely:

- **Ownership** – is the EAP owned by licensed practitioners, hospitals, insurers, investors, payroll administrators or employee leasing firms?
- **Funding** – is the EAP funded or supported by any sources beyond scheduled payments of clients? Is the EAP receiving fees for selling ancillary products or services?
- **Conflict 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 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 utilisation 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 the client account, case management by administrative staff, programme promotion activities, or website interactions?

All the above areas with relevant questions are important in choosing the best pricing model. Furthermore, in choosing an EAP pricing model, the organization should balance EAP costs with benefits that the organization would hope to receive.

As far back as 1984, Myers (1984:79) refers to the fact that cost considerations should include:

- Marginal costs or change in costs that would result from adding additional client services, for example: an assessment and referral service is only slightly cheaper than a programme that also includes some short-term counselling;
- Method of pricing for the different programme models involves taking into consideration per capita costs versus an overall cost.
- Workforces' size – some experts are of the opinion that at least 3000 employees are needed to justify the cost of an in-house programme.

Maynard (2005:38) indicates that the relentless downward pressure on prices and budgets for EAP services is a serious concern. He is of the opinion that the root cause for this downward pressure has little to do with poorly outlined regulations and lack of definitions or ethics, but more with the fact that many in the EAP field are trying to sell the concept to the wrong customer. In this regard the EAP, when targeted to suitable customers, should demonstrate how purchasing its expertise can be profitable for its customers.

Holloway (2006:20) states that while small businesses represent one of the most viable markets for EAP, marketing and selling this service can be challenging.

He also states that owners of small businesses should be given the opportunity to test the validity of an EAP product as a tool to prove that it can facilitate profitable financial decisions. Consequently, the selling price of the product is crucial. In addition, he goes on to state that it is important to build relationships with owners of small businesses and that the overall cost of the product is an important consideration. As can be noted from the standard and various authors it is clear that pricing is a very crucial element when decisions are to be made about outsourcing of services.

2.5.5 Policy

The aim and importance of policies in the workplace and specifically regarding EAP services, is to ensure that the principles, mandates and focal areas of the EAP are fair, consistently applied and balanced regarding the interests of all the various stakeholders (EAPA SA, 2005:11-12).

Policy as standard five is described in the EAPA-SA Standards document (EAPA SA, 2005:11-12) as follows:

Standard (5)

The policy should describe the EAP in its entirety.

Goal

To ensure that the principles and focal areas of the EAP are fair, consistent and balanced with regard to the interests of all the different stakeholders.

Objective

To ensure that all relevant systems are clearly described to ensure effective operational activities.

Motivation

A clearly written policy will enhance the outcomes of the EAP.

Criteria

Policy should meet international best practices by:

- Being clear and specific;
- Creating a climate which is conducive and attractive for user access;
- Protecting the interest of all stakeholders.

Guidelines

Policy should make provision for matters such as:

- Employee and dependent access;
- Managing alcohol and other drug abuse, emotional, marital, family, financial, HIV/Aids and other related problems which may affect job performance, employee functioning and quality of life;
- Securing job status which will not be jeopardized as a consequence of seeking EAP services, except where mandated by law;
- Specifying that employees who use an EAP service are expected to adhere to the job performance requirements of the employer;
- Client/user records which shall be strictly kept confidential to the extent provided for by law and/ or regulation, and will not be noted in any official company record or in the employee's personnel file;
- Information from the EAP which may only be released with the written permission of the employee, with response to legal requirements;
- The EAP not being used by none-complying employees.

The EAP is a programme designed to work in a specific kind of environment and for it to be effective there must be a policy in place. According to Googins and Godfrey, (1987:125) to be effective, the policy of an organization should be compatible with performance appraisal systems, grievance processes, disciplinary procedures and insurance policies, and above all it must guarantee employee confidentiality in order for the EAP to be viable. This is confirmed more recently by Csiernik (2003:34) who mentions that EAP policies are valuable not only for the protection of employees' rights as they have been shown to promote voluntary utilization and protect confidentiality, but are also important mechanisms used to evaluate the EAP.

2.5.6 Policy statement

During the 1980s 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;
- problems to be treated in the EAP;
- that client confidentiality is assured for all referrals and EAP records;
- how family members are covered if they are eligible for services;
- client services that will be provided by the organization;
- the responsibilities and involvement of the union, provided one exists; and
- disclaimers regarding the EAP and management authority to discipline efficient employees, union prerogatives to represent members or client employees' employment and career advancement.

Policy statement as a specific EAP standard is described in the EAPA-SA Standards document (EAPA SA, 2005:12) as follows:

Standard (6)

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

Goal

The goal of an EAP policy statement is to provide a public document that can be displayed in various work-site environments focusing on the critical components of the EAP

Objectives

- To educate all the employees in terms of the commitment of the employer regarding the interests of its employees.
- To enhance the confidential nature of the EAP.

Motivation

A well-documented EAP policy statement will enhance user acceptance and will eliminate confusion and conflict among all stakeholders.

Criteria

The EAP policy statement should at least include the following:

- The organization providing EAP services to its employees should recognise that a mentally and physically healthy employee is an organizational asset;
- That the availability of appropriate EAP services is beneficial to labour and management;
- The importance of confidentiality.

Guidelines

- The policy statement should be brief – i.e. one page, poster format suitable for display in well-populated areas;
- Policy statement should be available in different language groups – determined by demographics of the workforce.

In terms of EAP policy statements Phillips (2006:18-19) highlights that EAPs should be adapted to meet new challenges not only in terms of research, but also in terms of service offerings and service models. He feels that the ongoing challenge is to communicate how the EAP innovations fit into a particular company's overarching objectives and this can be achieved by utilising the policy statement. Furthermore, EAP decisions must not be oblivious to strategic objectives, or the organization's vision and goals. In this regard, the EAP policy statement can be utilised for such an alignment. EAP services and products should thus connect to the bigger organizational picture and the policy statement can exemplify this.

2.5.7 Implementation plan

An implementation plan is one of the key standards of EAP. According to EAPA SA (2005:12-13) an implementation plan outlines the actions needed to establish and maintain a fully functioning EAP together with the responsibilities and time scales

for their completion. According to EAPA SA (2005:12-13) the EAP implementation plan should be reviewed annually during the evaluation process.

Implementation plan as standard seven is described in the EAPA-SA Standards document (EAPA SA, 2005:12-13) as follows:

Standard (7)

An implementation plan should outline the actions and schedule needed to establish an operationally effective EAP

Goal

To ensure that the implementation plan and schedule reflect all the essential core functions.

Objective

The objective of the implementation plan is to establish the EAP as an integrated service within the organization, by stipulating amongst others the following:

- Actions needed;
- Timeframe;
- Resources.

Motivation

The function of describing and documenting the EAP implementation plan eliminates confusion, which could negatively affect the on-going evolvement of the EAP. Successful roll out is dependent on a well-developed implementation plan.

Criteria

The implementation plan should be a document signed off by all stakeholders. This document should be reviewed annually during the evaluation process.

Guidelines

- Special provision may be needed for programme implementation at work-sites geographically distant from urban localities;
- The implementation plan outlines the actions and responsibilities of all stakeholders, resources required and deadlines;
- The implementation plan should set objectives regarding management/supervisory and union training;
- The implementation plan should consider the following:

geographical location, organizational demographics, and staffing depending on the service delivery model.

The researcher understands, from the above, that an implementation plan should spell out the actions and operational schedule of the EAP for a specific time period in order to establish an operational effective EAP.

2.5.8 Staffing

In order to implement effective EAP services, good qualified EAP professionals are needed. In this regard Taylor (2010:45) postulates that staffing is a vital aspect of being able to meet the demands of the market economy and having a solid staffing system reduces turnover, which can pose a problem in companies. The process of staffing includes defining the number and the capabilities of employees who will be needed at a particular point to implement the EAP plans (Taylor, 2010:48).

Staffing as the eight EAP standards is described in the EAPA-SA Standards document (EAPA SA, 2005:13) as follows:

Standard 8

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

Goal

To ensure that the number of professionals employed and their qualifications match programme needs, whether the EAP is internal and /or delivered by external providers.

Objectives

- To employ an appropriate number of staff to achieve the goals and objectives of the EAP;
- To ensure that all EAP staff meet professional and legal requirements;
- To ensure that all professional staff involved comply with continuous professional development (CPD) requirements;
- To assign an appropriate level of administrative staff to support the EAP, who are sensitive to the confidential and ethical issues of the programme.

Motivation

To ensure a minimum staff compliment which can be justified in terms of cost benefit to the organization.

Criteria

Organizations that choose to contract EAP services from an external provider shall have at least one suitably qualified person with formal responsibility for coordinating the delivery of services and monitoring provider performance.

Guidelines

The following factors could be considered when determining the ideal staffing level for an EAP:

- Geographic location of the workforce;
- Ethnic and cultural mix of employee population;
- Job descriptions for each EAP staff member.

In the context of staffing as an EAP standard Emener et al. (2003:52) mention that the EAP coordinator should possess expertise in:

- Alcoholism and its treatment
- Marriage and family counselling
- General emotional problems
- Other typical problems such as financial and legal issues
- Basic interviewing skills
- Counselling and case management skills because they are central to service delivery.

The decision to establish an EAP requires a significant staff recruitment program. According to Grobler, Warnich, Carell, Elbert and Hatfield (2002:228) staffing decisions entail more than merely determining who should enter and who should leave the organization. Effective staffing plans, policies and procedures are essential and will help to achieve organizational and staff personal goals.

There are a number of ways that companies staff their EAP. Harper (1999:8) identifies the following ways to staff the EAP in organizations:

- Contracting to a service provider to provide EAP staff and services to their employees (outsourcing).
- EAP practitioners are employed by the company to provide services (in-house model).
- EAP coordinators are trained as first line assessors and referral agents. Counselling and aid are provided by community agencies.
- A combination of all above.

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

2.5.9 EAP consultation and case management

The objective of effective EAP consultation and case management as stated in the EAPA SA standards document (EAPA SA, 2005:14) is to protect the interests of both the organization and its employees. It also focuses on professional development of the Employee Assistance Practitioner (EAPA SA, 2005:14).

EAP consultation and case management is described as standard nine and described in the EAPA-SA Standards document (EAPA SA, 2005:14) as follows:

Standard (9)

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

Goal

To assure the quality of EAP services.

Objective

To protect the client/employee's interests and to enhance the specialist EAPs professional knowledge, attitude and skills.

Motivation

To enhance the specialist expertise of the EAP professional to create a potentially profound effect on their clients via consultation and case management; clients are thus assured quality services. Consultation and case management prevents isolation and professional burnout.

Criteria

Consultation and case management should follow a structured approach under the guidance of a well-experienced consultant.

Guidelines

- Case managers/consultants should be experienced.

Craig (1997:65) indicates that internal EA programmes are integral to employee benefit packages and goes on to suggest that the “Employee Assistance Programme needs a complementary component: a programme of professional clinical supervision apt to accurately address the therapeutic concerns of the practice.”

The researcher agrees with Craig when she states that disciplined efficiency in the application of an EAP is essential (Craig, 1997:68). The researcher further supports the view that it is necessary to have an experienced manager to coordinate case management, especially in a large organization.

2.5.10 Confidentiality

Confidentiality is a crucial element in the context of effective EAP services. According to Winegar (2002:57), confidentiality refers to “the professional EAPs obligation to uphold the privacy of therapeutic or consultative communications between the client and service provider”. It is essential that such information must not be divulged to another party without the client’s permission; professional EAPs are obligated to ensure that their practice, procedures and protocols comply with this obligation.

The standard of confidentiality is described in the EAPA-SA Standards document (EAPA SA, 2005:14) and entails the following:

Standard (10): Confidentiality

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

Goal

To promote confidentiality.

Objective

To protect the privacy of the individual employee and the interests of all stakeholders.

Motivation

The EAPs credibility is dependent on the preservation of confidentiality.

Criteria

A written statement regarding confidentiality should be included in all relevant documents.

Guidelines

- Written consent is required for disclosure of situations that form part of the ethical and legal standard where confidentiality needs to be breached;
- Limits to confidentiality need to be defined (i.e. fraud, child abuse, espionage and danger to self/others).

Mistretta and Inlow (1991:84) state that confidentiality is the cornerstone of every EAP; a decisive factor that makes it possible for an EAP professional to deliver maximum benefits to employees who then perceive the programme as a safe environment where problems are dealt with in a professional manner. Similarly, the employee should also feel protected against job loss, criminal sanction, or embarrassment. Personal communication between the EAP professional and the employee, as well as the records documenting the encounters, must be protected.

2.5.11 Record keeping

It is a well-known fact that to ensure quality EAP service accurate record keeping is essential. This is also confirmed in the EAPA-SA Standards document (EAPA SA, 2005:14-15) where record keeping as EAP standard is described as follows:

<p>Standard (11): Record Keeping The EAP should maintain all records.</p>

Goal

To ensure proper and accurate record keeping.

Objective

To design and maintain a system that meets international standards for the capturing and maintenance of records, regarding the following:

- Administrative matters;
- Documentation regarding meetings;
- Clinical information;
- Corporate client information;
- Evaluation data;
- Marketing and promotional material; and
- Training material.

Motivation

To ensure quality and continuity of care to sustain occupational safety and health to employees and their family members, as well as the organization.

Criteria

A system, which captures relevant written and electronic data that are regularly updated and accessible in a structured manner to stakeholders.

Guidelines

- Client/user records should be managed in a confidential manner and secured under lock and key;
- Records should be retained in accordance with legal requirements.

According to Mullins (1993:67), the process of keeping records involves consideration of legal requirements, ethical standards, and other external constraints, as well as the demands of the particular professional context. In some situations, one set of considerations may suggest a different course of action than another and it is up to the EAP Practitioner to balance them appropriately.

Bollman and Deal (2008:278) seem to agree, as they mention the following:

Records benefit both the client and the therapist through documentation of treatment plans, services provided, and client progress. Record keeping documents the therapist's planning and implementation of an appropriate course of services, allowing the therapist to monitor his or her work. Records may be especially important when there are significant periods of time between contacts or when the client seeks services from another professional. Appropriate records can also help protect both the client and therapist in the event of legal or ethical proceedings. Adequate records are generally a requirement for third-party reimbursement for the services.

According to the above information, it is evident that to define the term 'record-keeping' adequately is not straightforward since it does not only refer to keeping records in an EAP setting, but it also refers to a broader spectrum. It is however important to emphasise that it is critical for all EAP professionals to have impeccable record-keeping strategies, be it in private practise or working for organizations.

2.5.12 Professional liability insurance

As far back as 20 years ago, Ekenberg (1995:14) states that professional liability insurance is designed to provide financial support to defend professional negligence and cover any legal costs and damages awarded against the professional as a result of the alleged breach of professional duty. The researcher is of the understanding that professional insurance is the cover for all claims that arise out of professional negligence in rendering professional services. An accredited service provider provides the professional liability cover. According to the EAPA SA (2005:15), the objective of this standard is to take necessary precautions to address legal challenges concerning the delivery of services, while at the same time endeavouring to accumulate adequate financial resources to ensure continuation of the programme during and following litigation, should this occur.

Professional liability insurance as standard twelve in the EAPA-SA Standards document (EAPA SA, 2005:15) is described as follows:

Standard (12): Professional liability Insurance
All EAP professionals should have adequate professional liability insurance.

Goal

To protect the EAP professional and the customer from potentially damaging litigation concerning the delivery of services.

Objective

- To take relevant precautions necessary to address legal challenges concerning the delivery of services;
- To maintain financial resources sufficient to ensure continuation of the programme during and following litigation.

Motivation

Adherence to this standard minimizes the risk of exposure by protecting the professional.

Criteria

Sufficient liability insurance for EAP professionals, financed by either the individual or the employer, regardless of registration – enhances the standing of professional service delivery.

Guidelines

- Professional indemnity insurance should preferably be obtained via relevant bodies;
- Premiums are normally paid by employers.

It is important to address the following question: Are the EAP professionals at risk and a target for lawsuit? This is a possibility when working with people's personal details and confidential information, and for this reason, the EAP professionals require professional liability cover.

The researcher is of the understanding that having a professional liability cover is important as the cover protects the professional. The researcher has also realised that the way a possible dispute is resolved can cost the practitioner his or her license and qualification. Professional indemnity is an excellent method of damage control. Professional liability is “accepted as being the responsibility of professional service provider to perform his or her duties to a standard of a skill and competence normally expected of a person in that profession” (Ekenberg, 1995:14).

2.5.13 Ethics

The importance of ethics is also highlighted as an EAP standard and is documented in the EAPA SA (2005:15) as follows:

Standard (13): Ethics

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

Goal

To ensure professional behaviour and customer protection.

Objectives

To ensure professional behaviour at all times according to the code of ethics of relevant professional bodies.

Motivation

EAP professionals are responsible for the consequences of their actions. A potential conflict may arise when an EAP professional provides services beyond core EAP functions.

Criteria

Professionals should have the necessary skills and knowledge regarding the philosophy and best practices of the EAP.

Guidelines

- Core functions should be clearly addressed in the contract and/ or internal philosophy of the EAP in order to eliminate possible conflict;
- The Code of Conduct of EAPA SA can be utilized as a guideline for both members and non-members of the mentioned association.

Winegar (2002:55-56) explains that ethical standards focus on human behaviour and motivation aimed at the highest ideals of human interaction. Furthermore, he mentions that over the past century, various counselling professions have emerged with their unique set of professional codes of ethical conduct. However, in general, these codes are based on the premise that professionals hold a judiciary or special ethical responsibility for the benefit of their clients. Counselling professionals provide a service assisting individuals in coming to terms with personal problems by establishing a relationship of trust while also taking both high-minded ethical principles and elements of criminal law into account.

Some of the ethical issues relating to EAP practice, as discussed by White, Sharar and Funk (2001:38), Winegar (2002:56-58) and Caron (2003:76) include:

- Privacy and confidentiality;
- Conflict of interests – balancing ‘individual client’ versus ‘organization’.
- Informed consent;
- Termination of services – does the service contract 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.

As described by the various authors ethics is one of the essential standards in EAP service delivery.

2.5.14 Trauma debriefing (Direct services)

Trauma debriefing is an essential element in EAP service delivery. Trauma debriefing as an EAP standard is described in the EAPA-SA Standards document (EAPA SA, 2005:16) as follows:

Standard (14): Trauma debriefing (Direct services)

The EAP should offer trauma diffusing and trauma debriefing services for employees, family members, and the organization in extreme situations.

Goal

To respond to traumatic situations in a timely fashion, consistent with organizational policies.

Objective

- To provide trauma diffusing services immediately to affected employees;
- To provide trauma debriefing services in response to identified traumatic situations;
- To participate in decision-making processes about organizational policies which affect the company's response to traumatic situations.

Motivation

- In order to maintain its relevance and credibility it is essential that the EAP respond effectively to traumatic situations;
- Timely diffusing of and subsequent debriefing of traumatic situations may lessen or prevent long-term difficulties or dysfunction, both on an individual and organizational level.

Criteria

- EAP staff should be trained in the principles of trauma diffusing and debriefing;

- The EAP coordinator/manager should ensure that all sections/departments of the organization are briefed about the procedure to be followed in a traumatic situation.

Guidelines

- The EAP prepares a step-by-step procedure guide identifying actions to be taken during trauma diffusing by staff, management and employee assistance professionals;
- The EAP establishes procedures for trauma debriefing services.

McAninch (2006:16) urges that EAPs need to change the manner in which they treat disasters, as some perform debriefings within 24-48 hours of disaster and leave. Industrial disasters can range from the suicide of a colleague to a natural disaster such as a tornado. Each of these incidents require a complex trauma debriefing service conducted by experienced, formally trained, and emotionally seasoned EAPs. McAninch (2006:16) emphasizes further that the following elements should be included in planning an intervention trauma debriefing:

- Target – identifying those who need assistance;
- Type – determining the type of assistance needed;
- Timing – identifying when the assistance will be most appropriate;
- Theme – building the most inclusive trauma intervention package;
- Teams – determining the correct resources that will be needed.

Beidel and Brennan (2006:29-30) indicate that the theory and practice of trauma response and management are continuing to evolve and challenge the ability of the EAP. They argue that many EAPs do more than “debriefing” for a person or group that has been through a trauma or critical incident in the workplace. According to these authors the EAP should provide a spectrum of services enabling the EAP and the organization to respond to needs specific to the particular incident, trauma or disaster. In this regard critical incident stress management services should be embraced by many EAPs.

These services have to be both culturally sensitive and portable. Beidel and Brennan (2006:30) emphasise that the best time to respond to a traumatic incident is long before it occurs and affects an organization.

According to Cunningham (1994:176), problems that occur in the workplace that are generally acknowledged to be traumatic or of crisis proportions to a significant percentage of the workforce should be encountered by EAP practitioners.

EAP staff should have the primary responsibility for coordinating all of the activities required to minimise the effects of the trauma while supporting the organization's need to carry out its normal work responsibilities.

2.5.15 Crisis intervention

Linked to trauma debriefing is crisis intervention. According to Roberts (1999:223) crisis intervention can be defined as “a subjective reaction to a stressful life experience that threatens the individual's stability and ability to cope or function normally”.

In the context of EAP, crisis intervention includes also crises on organizational level. Therefore, as an EAP standard crisis intervention is described in the EAPA-SA Standards document (EAPA SA, 2005:16-17) as follows:

Standard (15): Crisis intervention

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

Goal

To respond to emergencies and urgent situations in a timely fashion, consistent with organizational policies.

Objectives

- To promote effective coping skills that can lead to positive growth and change by acknowledging the problem;

- To participate in decision-making about organizational policies which affect the company's response to crisis situations.

Motivation

- In order to maintain its relevance and credibility it is essential that the EAP can respond effectively to crisis;
- Timely intervention may lessen or prevent long-term difficulties or dysfunction, both on an individual and an organizational level.

Criteria

- EAPs staff should be trained in therapeutic skills;
- Information on crises services, which are also available after hours, must be provided;
- The EAP coordinator/manager should ensure that all sections/departments of the organization are briefed about the procedure to be followed in a crisis situation.

The researcher agrees with the guidelines as contained in the standards document as listed below (EAPA SA, 2005:17):

Guidelines

- The EAP professionals should contract with a local crisis line to provide after-hours coverage;
- The EAP practitioners should establish procedures for crisis intervention;
- The EAP professionals should prepare a step-by-step procedure guide identifying actions to be taken in a crisis situation by staff, management, and employee assistance professionals;
- The EAP practitioners should ensure that EAP clients have access to crisis intervention and other appropriate professional services 24 hours a day, whether or not these form part of the EAP.

2.5.16 Assessment and referral

Assessment is a fundamental aspect of EAP where referrals for extended treatment are made frequently.

It should also be stated that because the solution of a problem flows from its definition, an incorrect or poorly defined assessment may lead to misguided treatment. As EAPs cannot be expected to give complete treatment centres, it is necessary to ensure that appropriate referral mechanisms are in place to link the programme with external treatment systems, and in so doing provide employees with appropriate and effective services (Googins & Godfrey, 1987:128).

EAP standard sixteen namely assessment and referral is described in the EAPA-SA Standards document (EAPA SA, 2005:17) as follows:

Standards (16): Assessment and referral
EAP professionals or an assessment service under contract to the organization, should:
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.

Goal

To match an individual who has an identified problem with a cost-effective and appropriate level of care.

Objectives

- To act as an advocate on behalf of clients to ensure that they gain access to appropriate levels of care;
- To utilise the services of outside resources when needed, and to make referrals;

- To ensure that problems located within the organization rather than the client are assessed correctly as such, so that clients are not inappropriately labelled as being in need of intervention.

Motivation

- Accurate assessment and appropriate referral should increase the likelihood of increased job performance and employee well-being;
- Competently conducted assessments and referrals will enhance the credibility of the EAP in the organization. In this regard:
- The employee assistance professional must explain to the client the reasons for the referral as well as any costs the client may incur;
- The EAP professional should focus on the confidential nature of programme participation and clearly outline/emphasise limitations;
- The progress and outcome of referrals should be followed up by EAP staff;
- The EAP should clarify referral procedures with outside resources to which clients are referred.

Guidelines

- Upon assessing a client who shows possible symptoms of chemical dependency, an employee assistance professional who does not have specialist training in this field refers the client to an addiction specialist for further evaluation;
- When long term psychotherapy is indicated, referral to an alternative resource should be considered;
- EAP professionals should not give or receive financial rewards for referring clients to particular therapist/treatment resources.

The following criteria for assessment as prescribed in the EAPA SA standards document (EAPA SA, 2005:17) are of utmost importance:

Assessment should include:

- the client's statement of the problem;
- the precipitating event/s;

- past history of the problem;
- mental status;
- relevant family history;
- level of risk to self or others;
- effect of problem on job performance;
- corroborating data;
- assessment of alcohol and drug abuse;
- initial impression; and
- recommendations.

It is clear from the description as highlighted by EAPA SA (2005:17) that assessment plays a critical role in EAP services and that it should be conducted thoroughly to ensure accurate referral.

2.5.17 Short-term interventions

Short-term intervention as EAP standard (17) is described in the EAPA-SA Standards document (EAPA SA, 2005:18) as follows:

Standard (17): Short-term interventions
EAP professionals should determine when it may be appropriate to provide short-term intervention services and when to make a referral to community resources.

Goal

To provide cost-effective and appropriate short-term intervention.

Objectives

- To ensure that short-term interventions comprises a pre-determined maximum number of sessions;
- To ensure that EAP staff members operate within the scope of their registration and expertise;

- To develop a protocol for distinguishing between cases appropriate for short-term intervention and those for referral to engage ongoing care.

Motivation

- The nature of the workplace context offers the ideal opportunity for time-limited intervention;
- In accordance with programme policy, there are occasions when it may be more efficient and effective for the EAP professional to provide short-term intervention services as opposed to referring the case to an outside resource;
- Larger numbers of clients can be assisted if the EAP confines itself to short-term intervention services;
- Short-term intervention is rendered more cost-effectively;
- Short-term interventions reduce the potential risk of boundary violations between the professional and the employee.

Criteria

- EAP staff should be well trained in the use of time-sensitive intervention models;
- There should be ongoing professional training in short-term, task-centred and solution-focused approaches;
- A written action plan should be prepared to facilitate the realisation of specific objectives within an appropriate time period. This could include identification and prioritisation of problems that need to be resolved, establishment of immediate and long-term goals, and designation of available resources to be utilised in the process, including those contained within the EAP;
- Organizational policies should support short-term intervention services that are consistent with employee needs;
- Long-term, ongoing treatment is not part of the EAP model.

According to Darick, in Taute (2004:15), short-term intervention in the EAP context can be valuable and successful for work-related and personal issues. In this regard EAP professionals should, after a thorough diagnostic assessment, decide on two

options: continue to see the client for short-term problem resolution meetings or refer the client to an outside resource for long-term assistance.

Taute (2004:15) suggests that short-term intervention can be viewed as therapeutic help in a specified time frame. The EAP should help the employee in the shortest possible time so that the employee can return to work and be productive as soon as possible. Furthermore, Taute (2004:15) highlights that the EAP should identify appropriate resources necessary to enable the employee to make progress, and that, due to limited time to effect change, the employee should be given clear instructions of responsibilities. In this regard, the following guidelines contained in the EAPA SA Standards Document (EAPA SA, 2005:18) are relevant:

- The EA professional contracts with the employee client for six to eight sessions;
- The EA professional works solution-focused and not problem - focused;
- Constructive confrontation forms part of short-term interventions;
- The EA professional utilizes homework to provide the employee client with practice for skills development;
- The EAP professional should make use of consultation to assist him/her in acquiring new skills with regard to short-term intervention.

The researcher is of the view that the standard sufficiently captures the responsibility of the EAP professional in relation to short-term intervention.

2.5.18 Monitoring

As far back as 1987, Googins and Godfrey (1987:128) state that monitoring may be the most neglected function within an EAP. They explain that a well-defined mechanism for case monitoring is essential to manage the progress of treatment and work performance, as well as to identify relapse and recidivism.

Monitoring as an EAP standard is described in the EAPA-SA Standards document (EAPA SA, 2005:19) as follows:

Standard (18): Monitoring

The process of referral should be reviewed and monitored to ensure progress.

Goal

The goal of monitoring is to ensure quality treatment from resources.

Objectives

More specifically the objectives of EAP monitoring are:

- To contain costs of treatment;
- To maintain regular contact with the client and service provider during the intervention period to ensure that the goals and objectives of the intervention plan are being met;
- To enable the EAP professional to give appropriate feedback to the referring manager/supervisor about the employee's progress.

Motivation

- The EAP is in a unique position to monitor and review the progress of referrals and ensure quality and cost-effective treatment;
- Good monitoring will assist in improving the image and credibility of the EAP amongst potential clients and management.

Criteria

- Frequency of contact should be contracted with the employee client and the service provider during the treatment period;
- There should be follow-up meetings with the referring supervisor immediately after assessment and referral, and then once the intervention is complete;
- All monitoring activities should be documented in the client's EAP record for verification and evaluation.

Guidelines

- An EAP staff member should discuss the client's view of progress relative to the intervention plan either telephonically or arranges a formal meeting to do so.

- EAP staff routinely monitors all chemical dependency cases for a minimum of two years;
- An EAP professional contracts with an outside service provider to submit written reports once a month on the progress of an employee.
- In the researchers view, good monitoring will assist in improving the image and credibility of the EAP services amongst potential clients and organization's management.

2.5.19 Follow-up and after care

Darick (1999:11) indicates that follow-up services after an employee was referred for intervention 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 the following:

- to ensure that the programme is effective to make sure that the employee is improving;
- to provide feedback to the referring supervisor on compliance and progress;
- to support the gains made during therapy;
- to maintain the therapeutic relationship until the client feels strong enough to take the next treatment step;
- to communicate from the EAP to the work site to inform their decisions about the employee's status at work; and
- to check if the employee who has been referred to longer term care has in fact been able to access that resource (Darick, 1999:11).

By providing effective follow-up services, the EAP demonstrates a commitment to the well-being of the organization and its employees. Accurate documentation of follow-up activities assists in evaluating the effectiveness of the EAP service.

Follow up and aftercare care as an EAP standard is described in the EAPA-SA Standards document (EAPA SA, 2005:19-20) as follows:

Standard (19): Follow-up and after care

The EAP should ensure that follow-up and after care services are provided to EAP clients, supervisors, and union representative.

Goal

To ensure the continued well-being of employees, their dependants and organizations.

Objectives

- To monitor job performance in collaboration with the manager/supervisor following the re-entry of an employee who has undergone treatment;
- To assist the employee with re-integration into the workplace following intervention.

Motivation

- By providing ongoing after care services, the EAP demonstrates a commitment to the well-being of the organization and its employees;
- Documentation of follow-up and after-care activities assists in evaluating the effectiveness of the EAP service.

Criteria

- The company's EAP policy should describe the programme's follow-up and after - care procedures and determine what constitutes closure of a case;
- Follow-up should be conducted with the referring manager/supervisor after the employee's re-entry into the workplace to monitor job performance;
- The impressions of the employee, family members, the referring supervisor, union representatives, and the service provider should be documented in the EAP records after the employee's re-entry.

Guidelines

- An EAP professional should establish a policy of contacting every supervisor six months after a supervisory referral, to enquire about the employee's job performance;
- An EAP follows a policy of contacting every client six months after referral to close the case, if appropriate;
- The company's performance management system should be utilized to track productivity of the individual client – by implication his/her progress/outcome.

2.5.20 Organizational consultation

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

Organizational consultation as EAP standard is described in the EAPA-SA Standards document (EAPA SA, 2005:20) as follows:

Standard (20): Organizational consultation
EAP professional should consult with the organization when developments and events, such as retrenchments or mergers, impact on employee-wellbeing and fall within the EAP and the EAPs professional's area of expertise.

Goal

The goal of organizational consultation is to assist management to address organizational issues, which may impact on employee-wellbeing.

Objectives

- To position the EAP in terms of the well-being of the employees;

- To be proactive in terms of suggesting strategies an organization might develop to minimise the adverse impact of events, such as change in employee benefits, relocation of the organization or new legislation.

Motivation

Organizational consultation ensures that the EAP functions as an integral part of the organization and offers a valuable perspective as part of the organizational team confronting external and internal developments and changes.

Criteria

- EAP professionals should report and comment on trends identified in service rendering and utilization;
- Promptly respond to requests for EAP services to address organizational needs.

Guideline

Management should consult the EAP professional regarding transformations such as retrenchments, restructuring, reorganising, preparation for retirement, life skills and budgeting.

Cunningham's (1994:169-188) opinion regarding "organizational assistance" correlates with organizational consultation as an EAP standard. He elaborates on the positioning of the EAP by explaining the concept of "organizational assistance" as a special responsibility of the EAP towards the organization as a client and an extension of client service. The author expands on this by indicating 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 contributes 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 workgroup that impact on the overall performance of the work unit;
- Critical incident debriefing;
- Influencing organizational culture by intervening to bring about change in attitudes and beliefs and to create a climate that is conducive 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 the decision-making process and the implementation of policies, especially those relevant to the health and welfare of employees.

The researcher understands that organizational consultation may be one of the most important standards as it deals with the strategic alignment of the EAP and enshrines the EAP as a strategic business entity within the organization.

2.5.21 Training of managers, supervisors and union representatives

According to Beidel and Brennan (2006:29-30), EAP supervisory training provides clear value to individual managers and the organization by ensuring that managers, supervisors and shop stewards are familiar with, understand the dimensions of, and are prepared to fully engage in the supervisory referral process and the dynamic EAP consultation process.

The original opinion of Googins and Godfrey (1987:126) is still valid today. They mentioned that the content of supervisors' training programmes often includes:

- information on company policy and procedures;
- an explanation of the EAP itself; and
- coaching on identifying, confronting and referring an employee with job performance problems.

In the views of the above-mentioned authors, supervisors' training is required when implementing an EAP and the success of the programme lies in clearly defined objectives that should be outlined for training. The researcher can summarise that training cannot be overlooked and it is necessary that time should be set aside for this type of training. It is also important that supervisory training must not be rushed.

It must also be noted that supervisors' training, even though it is for the EAP, should not be implemented in isolation. It must be in line with the organization's policies and procedures.

Training of managers, supervisors and union representatives as EAP standard is described in the EAPA-SA standards document (EAPA SA, 2005:20-21) as follows:

Standard (21)

The EAP should provide training for supervisors, management, and union representatives in order to give them an understanding of EAP.

Goal

To equip supervisors, management, and union representatives with the requisite knowledge and experience to fulfil their functional roles regarding the EAP in terms of access and utilization.

Objectives

- To enhance the functioning of the EAP within the organization;
- To provide clarity to potential referring supervisors about their role in the assessment of poor performance and the referral process.

Motivation

Ongoing training will:

- Enhance supervisors' ability to make appropriate referrals;
- Ensure support for the EAP amongst union representatives

Criteria

EAP training sessions should be conducted in a structured manner, repeated when necessary and cover at least the following aspects:

- The rationale of the EAP;

- The EAP as a management support system;
- Programme operation.

Guidelines

An EAP professional should train supervisors on:

- Procedures for referring employees experiencing job performance problems.
- The positive impact the EAP may have on the organization.

Based on the above description, it is clear that EAP training of supervisors, managers, and other relevant role players will equip them with more knowledge about EAP but it will also enhance support for EAP services.

2.5.22 Marketing

According to EAPA SA, (2005:21) marketing is the “promotion of a specific service to existing/potential clients and corporate clients”.

Another definition compiled by Careways Group (2010:2), stipulates that EAP marketing is “The development and distribution of promotional material and activities of EAP services to engage individuals (employees and dependents, managers, union, supervisors, etc) and organizations with the objectives of EAPs”.

The goal of marketing as an EAP standard is to ensure that the EAP is highly visible and presented in a positive light in order to encourage members of the organization to utilise the programme services fully. Oher (1999:92) mentions that the key to an Employee Assistance Programme’s successful internal marketing plan is rooted not only in the knowledge of where the programme currently is, but where the organization wants to go.

Marketing as EAP standard is defined in the EAPA-SA Standards document (EAPA SA, 2005:21) as follows:

Standard (22): Marketing

EAP professionals should 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.

Goal

The goal of marketing is to ensure that the EAP is highly visible and presented in a positive light in order to encourage members of the organization to utilise the programme appropriately.

Objectives

- To ensure that programme promotion is ongoing and directed at all levels of the organization;
- To market the programme in such a way that all people within the organization are motivated to utilize the EAP;
- To provide employees with relevant information regularly, aimed at increasing their awareness of factors that affect their personal well-being and impact on job performance.

Motivation

An appropriate marketing and promotion of the EAP programme will encourage utilisation of its services, which ultimately impacts on the healthy functioning of the organization.

Criteria

Marketing should be ongoing, realistic, honest, specific, and consistent.

As far back as 1987, Googins and Godfrey (1987:126-127) reported that the EAP should establish methods of calling attention to its services. This should be done in

such a way that appropriate use is made of those services. The authors further noted that any new intervention must learn to convey its presence, its purposes and its usefulness. No programme can survive without visibility, recognition, and repeated exposure. Amongst others, the goals of employee education are to keep staff members informed of the purpose and benefits of EAP.

The researcher also recognises that the announcement of services becomes an integral functioning of marketing and agrees with EAPA SA (EAPA SA, 2005:21) on the following strategies and guidelines for effective marketing:

- The EAP should be marketed through employee orientation programmes, company and union bulletin boards, newsletters, employee meetings;
- EAP posters on topics of interest should be displayed to attract the attention to the employee population;
- Electronic media should be considered where appropriate and available.

2.5.23 Networking with internal organizational structures

Googins and Godfrey (1987:125) postulate as follows: “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, and it can become a vehicle for both the EAP and work groups to understand one another better and can assist the organization to identify and deal with larger systemic problems in a department. Networking with internal organizational structures seems thus of crucial importance.

Networking with internal organizational structures as an EAP standard is explained in the EAPA-SA Standards document (EAPA SA, 2005:22) as follows:

Standard (23)

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

Goal

To ensure that the EAP operates at optimal level by being fully integrated with internal organizational structures.

Objectives

- To identify all the relevant role players within the organization;
- To network with such role players in order to ensure a commitment to the EAP;
- To encourage other departments to recognize the EAP as an integral organizational resource and to utilize the EAP appropriately;
- To seek clarification of EAP boundaries and authority lines within the organization, in order to protect EAP neutrality and facilitate teamwork;
- To encourage appropriate referral to the EAP without revealing confidential information;
- To participate in decision-making about organizational policies and programmes that may impact on the EAP, such as strategic planning, design, and the implementation of wellness programmes.

Motivation

- Close involvement and networking will improve EAP visibility and credibility and will increase its ability to have an impact;
- Involvement of different role players within the organization will ensure the ongoing viability of the EAP.

Guidelines

- The EAP professional should work with healthcare insurance/medical aid staff in decisions involving the structure of mental health/substance abuse benefits and managed care programmes;
- The EAP programme is a resource for the training department and should be invited regularly to present workshops on the EAP.

2.5.24 Networking with external community organizations and resources

It is not only important to network with internal organizational structures, it is equally important for EAP to network with external community organizations and resources as well. Rozensky and Wiens (2006:21-23) indicate that many people experience

significant stressors, including economic loss, loss of life, and family conflict following natural disasters. These reactions are common to people living and working in all geographical and social environments, while those in rural communities face unique challenges because of their remote location. There are often barriers in soliciting the support of external community organizations and relevant resources, which may include the fact that service providers are in short supply or lack speciality services; another obstacle is that some people need to travel long distances to receive care. There are however family and community social networks that can be accessed.

It is important for the EAP practitioner to understand the needs of communities and the resources that are available. EAP practitioners should however also put in some effort to identify alternative sources of assistance, which must include local resources like indigenous helpers, religious groups, organizations and schools.

Googins and Godfrey (1987:128) highlight that EAP staff need to familiarise themselves with community resources.

They need to understand their strengths and weaknesses, their eligibility criteria, waiting lists, fee structures and also explore the establishment of working relationships with these resources to educate agencies about the realities of the workplace, the nature of work-based programmes, the involvement of treatment-management issues and the needs of EAP staff to facilitate effective treatment.

It is important to highlight the fact that EAP practitioners cannot function in isolation and that they need to be part of the external resources. It is also equally significant to emphasise the fact that linkages with resources in the community will maximise programme effectiveness and decrease potential liabilities (EAPA SA, 2005:24).

Networking with external community organizations and resources as an EAP Standard is outlined in the EAPA-SA Standards document (EAPA SA, 2005:23) as follows:

Standard (24)

The EAP, should identify, utilize and evaluate healthcare delivery systems and community resources, which provide quality assistance at an affordable cost for the organization, employees and their family members.

Goal

The goal of external networking is to ensure the cost effective delivery of relevant quality services remain responsive to the needs of the work organization, the employees and their family members.

Objectives

- To set criteria for identifying, evaluating and selecting external resources;
- To network with appropriate healthcare providers and community resources on an ongoing basis.

Motivation

- Close involvement and networking improves EAP visibility and credibility and increases its ability to have an impact;
- Involvement of different role players within the organization will ensure the ongoing viability of the EAP.

Criteria

List of relevant external resources should be composed, maintained and extended to ensure effective linkages and affiliation with relevant groups;

- Regular contact between an EAP professional and representatives from different external resources, to identify areas to be addressed to promote co-operation with the EAP and to respond appropriately to recommendations received from community resources;

- A contract with clearly defined responsibilities that identify the affiliation between the EAP and any managed care services;
- Visible assistance made available to employees in order to gain access to external treatment resources;
- Continuous communication with external community organizations and resources relating to services and resources made available to employees.

Guidelines

- An EAP manager should secure community information and referral directories, names of private professionals, lists of mental health centres and treatment programmes, and information on self-help centres that provide services suited to the needs of EAP clients in the geographic areas served ;
- An EAP professional should verify an external service provider's professional credentials (i.e. accreditation and registration with professional bodies);
- EAP staff should periodically visit area service providers to gather current information about current facilities, available services, staffing and quality management;
- Factors that EAP staff should consider are: availability, co-ordination with the EAP, accessibility, knowledge of work environments, responsiveness, protection of client's rights, confidentiality, service delivery procedures, geographic location, professional capability, cost and payment systems, financial relationship to the EAP, references from former clients.

2.5.25 Networking with professional organizations

Networking with professional organizations as an EAP standard is explained in the EAPA-SA Standards document (EAPA SA, 2005:24) as follows:

Standard (25)

EAP professionals should 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.

Goal

The goal of networking with professional organizations is to enhance the knowledge, skills and approach of EAP professionals to ensure that they are aware of new developments and technologies in EAP service delivery.

Objectives

- To ensure that EAP professionals are aware of new developments and technologies in EAP service delivery;
- To attend on-going training and/or professional development programmes;
- To maintain regular ongoing contact with other EAP professionals.

Motivation

Belonging to an organization geared for employee development programmes provides EAP professionals with support and collegiality, which contributes to professional development and the prevention of professional burnout.

Guidelines

- Make oneself available to become a committee member of EAPA SA or substructures;
- Delivery of professional papers at chapter and other relevant meetings;
- Presentation of training courses to EAP functionaries;
- Participate in the development of professional material.

According to EAPA SA (2005:24), the criteria for this standard includes:

- Membership of EAPA;
- Regular attendance of EAP related professional conferences or training programmes;
- Active participation in EAP related professional organizations;
- Share information about new developments and technologies with others in the field, taking appropriate credit for original contributions and adhering to copyright guidelines for acknowledging the work of others;
- Become involved in professional organizations for personnel working in the EAP related fields of human resources, risk management, training and organizational development, benefits and occupational health and safety.

2.5.26 Networking with external agencies

Networking with external agencies is described in the EAPA-SA Standards document (EAPA SA, 2005:24-25) as follows:

Standard (26)

EAP professionals should be informed and encouraged to network with external bodies which impact on EAP activities.

Goal

To ensure appropriate application of knowledge pertaining to regulations, legislation, and emerging issues and their implications for the EAP field.

Objectives

- To identify all relevant external agencies that impact on EAP activities;
- To ensure EAP professionals are informed and constantly made aware of the responsibilities of such role players;
- To liaise with such role players to ensure commitment to the EAP.

Motivation

EAP professionals are at liberty to take a proactive stance when core EAP activities and employees' rights are challenged and possibly at risk due to the actions of external bodies.

Criteria

- Identification of external agencies whose policies have a direct impact on EAP activities in order to ensure effective linkages;
- Regular contact between an EAP professional and representatives from different external agencies to identify areas that need to be addressed in order to enhance the EAP and respond appropriately to comments and recommendations;
- Provision of guidance to relevant individuals in the work organization regarding compliance with the policies and procedures of the organization and of the EAP;
- Consult with external agencies in areas related to EAP practices;
- Such external bodies include regulatory, legislative, advocacy, financial, business and academic.

Guidelines

An EAP staff member is responsible for gathering copies of regulations, laws, and rulings in areas relevant to EAP practice, such as confidentiality of records, drug testing, worker's compensation and vocational rehabilitation.

The researcher agrees with the description and outline of the standard for Networking with External Agencies and believes that it is covered adequately in the EAPA SA Document.

2.5.27 Evaluation

The motivation for monitoring and evaluation according to the Standards Committee of EAPA-SA (2005:25) is, "to allow the organization to judge the programme's progress and usefulness and to identify the need for programme modifications". On the other hand, Sithole (2009:365) states that one of the ways to determine whether

an EAP programme is reaching its objectives is to include specific evaluation plans to monitor the programme which will assist in improving the programme.

According to Emener et al. (2003:303-305) programme evaluation data must be analysed for the purpose of programme modification. Furthermore, evaluation information can provide concrete evidence of the benefits of input by personnel. Programme evaluation can also assist a professional EAP in evaluating and possibly modifying their professional services. Emener et al. (2003:303-306) highlight that programme evaluation is important for future services because:

- EAPs can develop specialised client centred services.
- EAPs can offer a widening variety of services utilising specialised professionals to add value to programmes.
- Multifaceted programmes, while able to support diverse solutions, depend on constant monitoring and evaluation.

Evaluation as EAP standard is described in the EAPA-SA Standards document (EAPA SA, 2005:25) as follows:

Standard (27): Evaluation EAP professionals should evaluate the appropriateness, cost-effectiveness and efficiency of EAP operational activities.
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Goal

To ensure a cost-effective and relevant EAP service to employers and employees and their dependents.

Objectives

- To identify measurements for both process-and-outcome and impact evaluation;
- To identify all role-players who may contribute to the evaluation process;
- To actively involve all role players in the evaluation process;

- To identify different types of data to be collected for programme evaluation, such as design effectiveness, implementation, management and administration, union representative involvement, completeness of the programme, direct services (i.e. counselling, marketing, training) and networking.

Motivation

Measurable objectives allow the organization to judge the EAP programme's progress and usefulness and identify the need for programme modifications.

Guidelines

- Evaluation plan to include specifics on surveys and interviews about services rendered;
- Detail on surveys to determine awareness level of the programme;
- Detail on measurement methodology to evaluate the impact of training courses;
- Evaluating activities should be ongoing
- Consider the utilisation of an external evaluator/consultant in order to maximise objectivity of evaluation procedures.

The researcher also agrees with the following EAPA-SA (EAPA SA, 2005:25) criteria for the evaluation of the appropriateness, cost-effectiveness and efficiency of EAP operational activities:

- A written evaluation plan, directly related to the programme's goals and objectives should be included in the programme design;
- Regular evaluation to determine if goals and objectives are being met;
- Gathered quantitative data on each client for evaluation;
- Gathered qualitative data on each client for evaluation;
- Feedback mechanisms into the evaluation and design of programme;
- Report on the results of the ongoing evaluation;
- Objectives should be specific;
- Objectives should be measurable;
- Objectives should be attainable;
- Objectives should be realistic;
- Objectives should be time bound.

2.6 SUMMARY

This chapter focused primarily, due to the goal of the study, namely to evaluate the EAP services within the COJMM according to the Professional Standards of EAP in South Africa, on detailed description of the professional standards.

It is important to emphasise the critical role that regular program evaluation plays in ensuring programme relevance and effectiveness. In the South African public sector the Public Service Commission (2006) reports that the process of monitoring and evaluation is critical for ensuring the success of EAP services and programmes.

This is necessary to ensure that the services rendered by EAPs/wellness centres have a long-term effect. The next chapter will thus focus on the research methodology used in the study and the presentation of the empirical research findings.

CHAPTER 3

RESEARCH METHODOLOGY AND EMPIRICAL RESEARCH FINDINGS

3.1 INTRODUCTION

The goal of the study was to evaluate the Employee Assistance Programme (EAP) services within the City of Johannesburg Metropolitan Municipality (COJMM) according to the Professional Standards of EAP in South Africa. As in many other government departments, the Employee Assistance Programme (EAP) is also a new addition to the City of Johannesburg Metropolitan Municipality (COJMM).

In the national arena the findings by the Public Service Commission (2010:12) reported that Employee Assistance Programmes (EAPs) have been established within the South African Public Service for some time where they focused on a variety of employee problems within the workplace including, inter alia substance abuse and dependency, adaptation problems in the Public Service workplace, mental and personal relationship problems, dealing with disease, and providing counselling. The report further indicates that such EAPs benefited Public Service departments in various ways including, inter alia, addressing problems and improving performance and productivity.

In line with legislation and policies, all state departments are compelled to establish EAPs in the workplace. These public sector decisions are reiterated further in a circular from the office of the Director-General of the Department of Public Service Administration (DPSA), dated 19 June 1997 (DPSA Draft National Instruction: 4/2000).

Based on the researcher's professional observation, it seems that in the South African context, municipalities, as well as provincial and national government departments are faced with different challenges in implementing EAPs that are in line with the EAP professional standards for the programme.

The researcher's view was confirmed by Matlawa (2011), EAP Advisor to Tzaneen Municipality in Limpopo Province, who indicated that EAPs within the public sector are not always implemented in accordance with the professional standards of EAPs in South Africa.

However, in order to provide an accurate picture and snapshot of the current situation with regards to the implementation of EAPs in the public sector in line with the professional standards of EAP in South Africa, a quantitative research study was conducted to capture the employees' views and experiences regarding the implementation of EAP services within COJMM. Therefore the goal of the study was:

To evaluate the EAP services within the COJMM according to the Professional Standards of EAP in South Africa.

In order to obtain this goal the following objectives were formulated:

- To describe theoretically EAP in South Africa with specific emphasis of EAP in the public sector as well as the Professional Standards of Employee Assistance Programmes in South Africa.
- To benchmark the EAP services in COJMM in relation to each of the Professional Standards of EAP in South Africa.
- To formulate recommendations to the management of COJMM regarding the effective implementation of EAP services.

Against this background, the following research question guided this study:

How do the employee assistance programme services within the City of Johannesburg Metropolitan Municipality adhere to the Professional Standards of EAP in South Africa?

3.2 RESEARCH METHODOLOGY

The following section will focus on a detailed description of the research methodology used in this study.

3.2.1 Research approach

For this study, a quantitative approach was used, as detailed research planning was needed to produce precise findings (Babbie, 2010:34) regarding the evaluation of EAP services in the COJMM according to the EAP professional standards of South Africa.

The quantitative approach was applicable due to the fact that the study was formalized and explicitly controlled (De Vos, 2005:74). By utilizing a structured and statistical approach (Fouche & Delpont, 2011:64) the researcher wanted to objectively measure and evaluate EAP services within the COJMM according to the EAP professional standards of South Africa.

3.2.2 Type of research

In the context of this study, applied research was the most applicable type of research. Applied research addresses immediate problems facing the professional in practice (Sarantakos, 2005:10) which in this case was the manner in which a work organization namely the COJMM implements EAP services to assist their employees in practice. As is normally the case in applied professional social sciences, this study was applied in context as the results informed a set of recommendations to strengthen the EAP services within COJMM in order to change a troublesome situation (Fouche & De Vos, 2011:95).

3.2.3 Research design

Research design is the game plan that the researcher spells out in detail before data collection commences and ensures that the evidence obtained enables the researcher to answer the initial question as unambiguously as possible (De Vaus, 2001:9; Gray, Williamson, Karp & Dalphin, 2007:358). Since the study is required to evaluate the EAP services within the COJMM, the researcher utilized the quantitative – descriptive (survey) – design, more specifically the randomised cross-sectional survey design (Fouche, Delpont & De Vos, 2011:156). By utilizing a questionnaire the researcher posed a series of questions to randomly selected managers and supervisors in the COJMM. The responses were summarized with

percentages and frequency counts in order to draw inferences about the EAP services in COJMM

3.2.4 Research methods

3.2.4.1 Population and sampling

- **Population**

The population in the study was all the managers and supervisors with five or more years of experience in their current respective positions in the COJMM as managers and supervisors.

The reason why the researcher only involved managers and supervisors with five or more years of experience was due to the fact that the researcher was of the view that five or more years of experience in the said management positions would give the respondents a better opportunity to understand fully the position they occupy, their responsibilities as well as the challenges the position carries. Furthermore, based on their work experience, they were in a position to provide the information that the researcher needed in the study.

- **Sample**

In order to select a sample of 120 respondents, the researcher requested that the Human Resources Department Shared Services of the COJMM provided a list of all the managers and supervisors with five or more years of experience in their current respective positions according to the seven regions in the COJMM namely region A, B, C, E, F and G, excluding region D where the researcher is based, in order to ensure impartiality of the researcher. The list in each region was arranged alphabetically through their personnel numbering system.

- **Sampling methods**

To select a sample of 120 respondents the researcher used a combination of stratified and systematic sampling procedures. According to stratified sampling (Babbie, 2010:23) each of the six regions in the COJMM formed a stratum. Each stratum was then divided into two sub-strata representing the two categories of managers and supervisors. From each stratum, the researcher selected 10

managers and 10 supervisors systematically by selecting the first respondent randomly and thereafter every tenth person from the available list to be included in the study.

Babbie (2010:11) reports that systematic sampling is a subtype of probability sampling in which every 'K' unit in a list is selected for inclusion in the sample. Therefore, the researcher used a combination of stratified (regions) and systematic sampling.

3.2.4.2 Data collection method

In this study, the researcher utilized a group-administered questionnaire (Delpont & Roestenburg, 2011:189). In order to collect data the questionnaire was completed by the selected sample of managers and supervisors during their regular monthly managers and supervisors' meeting in each region. During data collection, each respondent received a copy of the survey instrument to complete individually. The researcher was present during the completion of the questionnaire in case any of the respondents required assistance in completing the questionnaire. (See Appendix E).

However, no discussion about the topic took place as this could lead to bias. The selected managers and supervisors were informed about the date, time and venue of data gathering. The researcher managed to get 109 completed questionnaires instead of the 120 due to challenges of employees' absenteeism and the rescheduling of the management meetings.

3.2.4.3 Data analysis

Data was analysed using the Statistical Package for Social Scientist (SPSS Version 20). Key trends from the data were identified using descriptive statistics and statistical methods. Frequency distribution tables were used to default the data set. Univariate analysis was used with the primary aim of describing the characteristics of the respondents, while bivariate analysis was used to describe the empirical relationship between variables (Babbie, 2008:64). In the context of this study, the different variables refer to the different EAP standards. The results were presented in numerical format, specifically tables, figures and graphs (Babbie & Mouton, 2001:52).

3.2.4.4 Validity and reliability

In order to ensure reliability and validity of the questionnaire the researcher began by initiating a pilot test that exposed limitations in the questionnaire, which were modified.

In addition, the researcher also ensured that all key characteristics of content validity, face validity and construct validity were incorporated in the questionnaire as part of ensuring that there was validity and reliability.

3.2.4.5 Pilot study

The researcher tested the questionnaire by conducting a pilot study with one manager and one supervisor. The two respondents used during the pilot testing process were excluded in the main study. The pilot study gave guidance to the researcher in terms of the flow and feasibility in terms of the research question and the possible questions the respondents would ask during the research project. The questionnaire was clear to both respondents and no changes were needed.

3.3 ETHICAL CONSIDERATIONS

The ethical issues applicable in this study are discussed below.

3.3.1 Informed consent

A letter of informed consent was handed to respondents to request their voluntary participation based on adequate information and deliberation to accept rather than reject some proposed course of action that will affect him or her (Waynberg, Schroeder & Chennels, 2009:29). The informed consent letter included the goal and objectives of the study, the rationale of the study, the procedures of the study as well as the duration of the study. Respondents were assured of anonymity and confidentiality, as at no stage of the research would their names be revealed. The respondents were also informed that there was no financial reward as a result of their participation in this research project, and that they were at liberty to withdraw their participation at any stage of the research project. (See Appendix D). All the respondents signed the informed consent letter.

3.3.2 Permission to conduct the study

A written request to seek permission to conduct the research project within the COJMM was made by following the required guidelines, procedures and process of the council for conducting research.

The letter to seek permission included the goal and objectives, the rationale, the procedures the study would follow and the duration of the study. The letter assured the COJMM that the findings of the research and the report would not be made public to other parties for which it is not intended, except the University of Pretoria. The COJMM would also be provided with a copy of the research report once it was finalized. (See Appendix B).

3.3.3 Voluntary participation

The respondents in the study were asked to sign a letter that confirmed that their participation in the study was voluntary and that they were able to withdraw their participation at any stage (Babbie, 2008:67; De Vause, 2002:60). The research respondents were given an explanation of the value of the study so that they could understand and realize the importance of their participation in the research project and thus took an informed decision on whether to participate in the research project or not.

3.3.4 Violations of privacy/anonymity/confidentiality

Both the anonymity and confidentiality of the managers and supervisors were secured in the study as they were not required to provide any private and personal information; the group administered questionnaires were completed anonymously (Strydom, 2011:119-121) without the possibility of relating the responses on the data collection instrument back to the respondents (Babbie, 2010:65).

3.3.5 Release or publication of the findings

Both the respondents and the COJMM were informed that the research report would be published. Upon release, the COJMM would be provided with a copy of the research report. The researcher explained to the respondents and the COJMM that the final report would remain the property of the University of Pretoria.

3.4 EMPIRICAL RESEARCH FINDINGS

The questionnaire, which was the quantitative data gathering instrument, was divided into three sections, namely sections A, B and C. The aim of section A was to gather the biographical information of the respondents, whilst section B was aimed at evaluating the EAP services within the COJMM according to the Professional standards of EAP in South Africa and section C was aimed at obtaining the views and comments of the respondents. The different EAP standards were incorporated into the following 10 categories:

- Advisory Committee
- Needs Assessment
- Service Delivery Model
- Policy
- Staffing
- Confidentiality
- Professional Liability Insurance
- Case management , monitoring and evaluation
- Training of managers and supervisors and worker representative
- Marketing, networking with internal and external stakeholders

Each category contained a number of items, which comprised the different aspects in the category. Each item was in the format of dichotomous questions with only two possibilities namely “yes/no”. Descriptive analyses were used to determine the patterns and trends of the respondents’ views on the items in the different categories of the questionnaire. This allowed the researcher to find out the general views of the respondents regarding the different variables.

The empirical results will be presented in the following three sections:

Section A: Biographical profile of respondents;

Section B: Descriptive analysis of quantitative data; and

Section C: Comments or suggestions about EAP within the COJMM.

3.4.1 Section A: Biographical profile of the research respondents

The demographical profile of the respondents were produced according to the following variables: gender, race, home language, level of education, job position, years of experience in current position, specific department and region in which they are employed. The results of each variable will be graphically displayed and described.

3.4.1.1 Gender

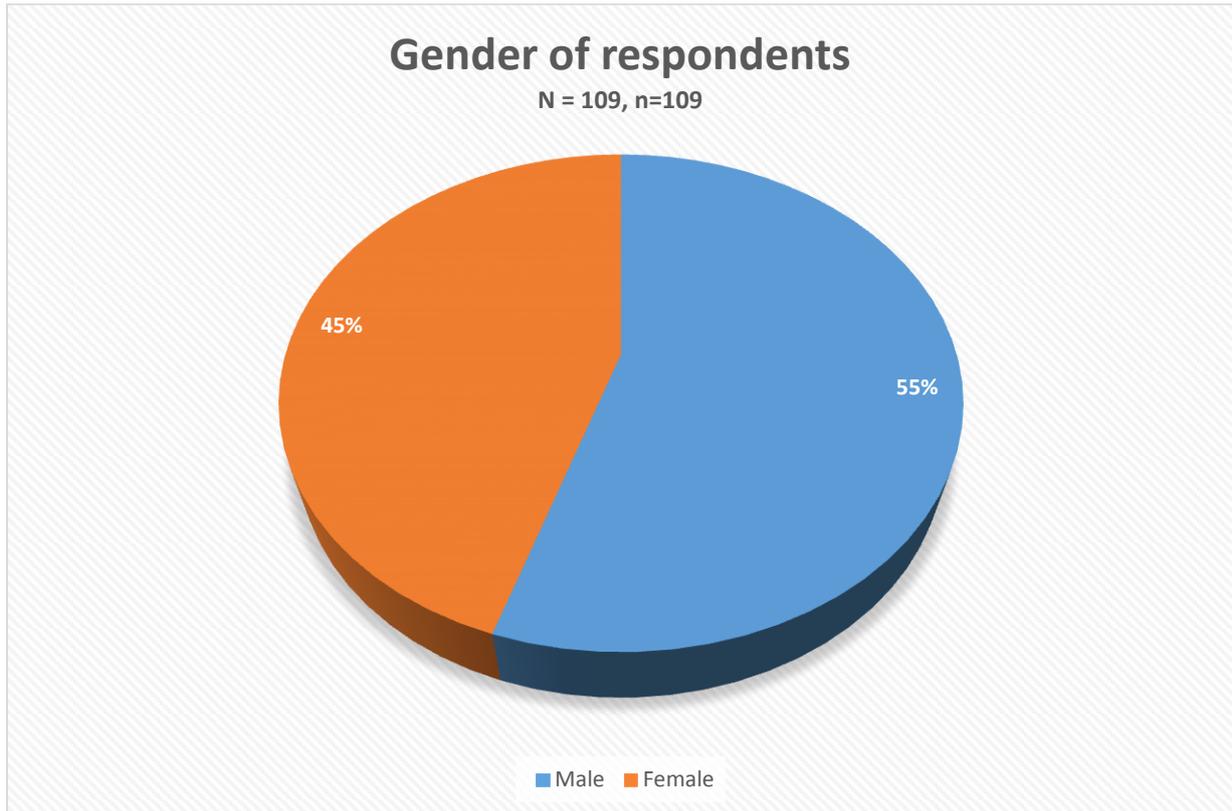


Figure 1: Gender of respondents

Figure 1 shows that 55% of the respondents were males and 45% were females. The ratio of males to females may be attributed to the fact that males predominantly occupy the management positions as the targeted population was operational managers and supervisors.

3.4.1.2 Race of respondents

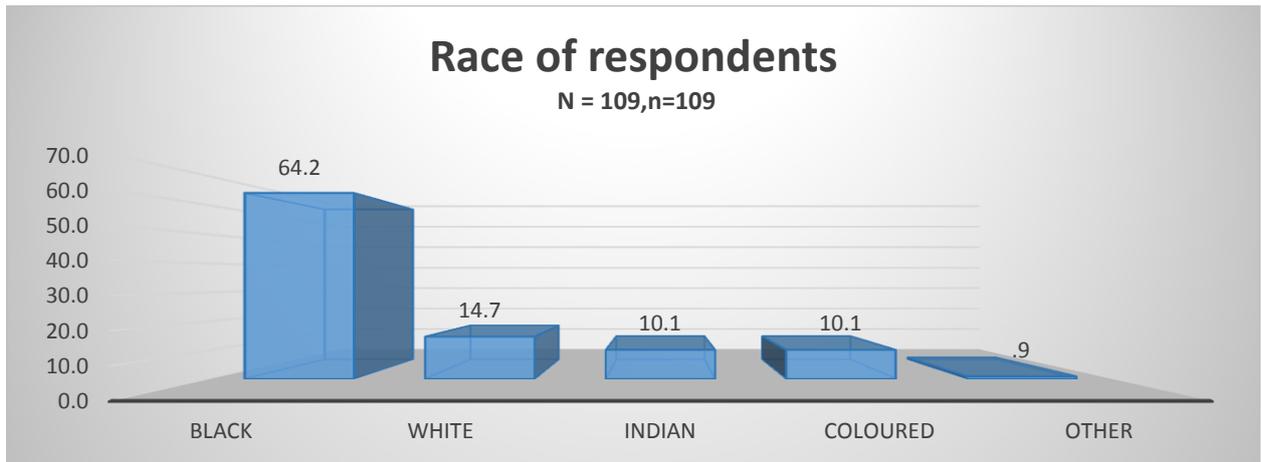


Figure 2: Race of respondents

The race of respondents is displayed graphically in Figure 2. Figure 2 highlights that, 64.2% of the respondents were black, 14.7% were white, 10.1% were Indian and 10.1% were coloured, whilst 9% did not indicate their race. It is thus clear that the majority of respondents were black.

3.4.1.3 Home language of respondents

The languages spoken by the respondents were diverse, as indicated in Figure 3 below.

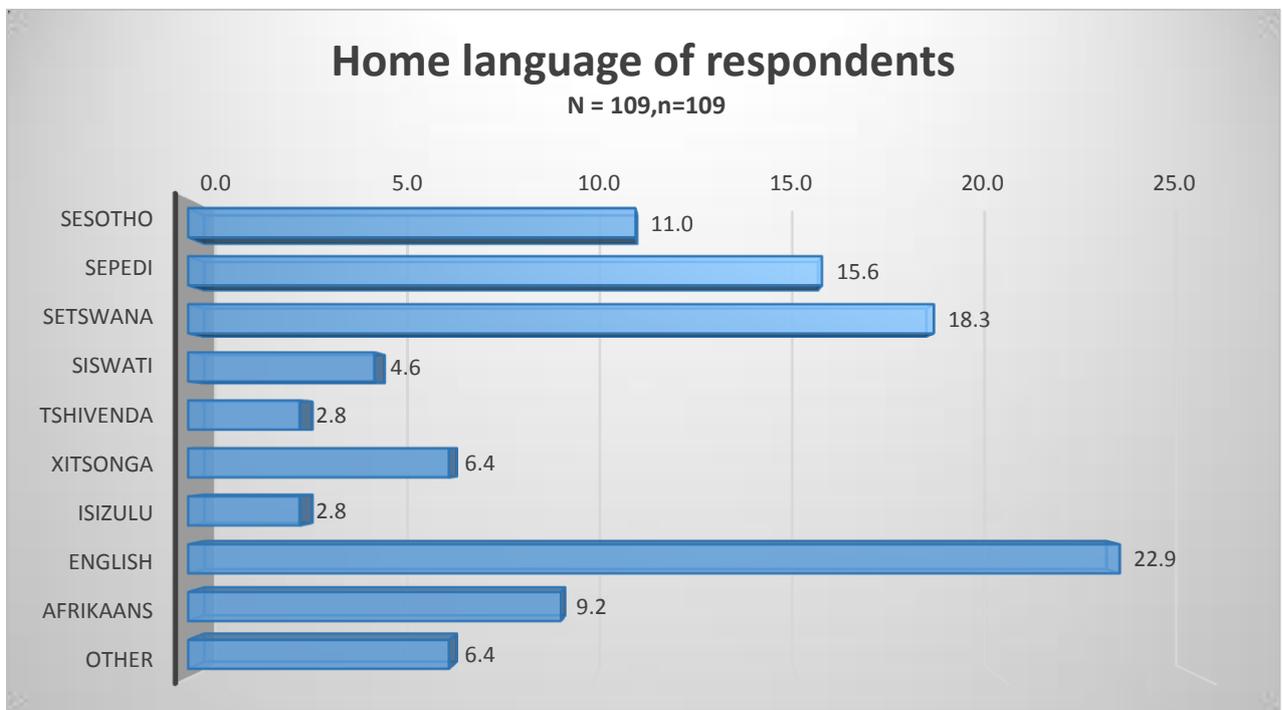


Figure 3: Home language of respondents

As seen in Figure 3 most of the respondents spoke English (22.9%), Setswana (18.3%) and Sepedi (15.6%). These are languages, which are predominantly spoken in Johannesburg region.

3.4.1.4 Level of education of respondents

The respondents' level of education ranged from below matriculation to postgraduate qualifications. A summary of these qualifications is given in Figure 4 below.

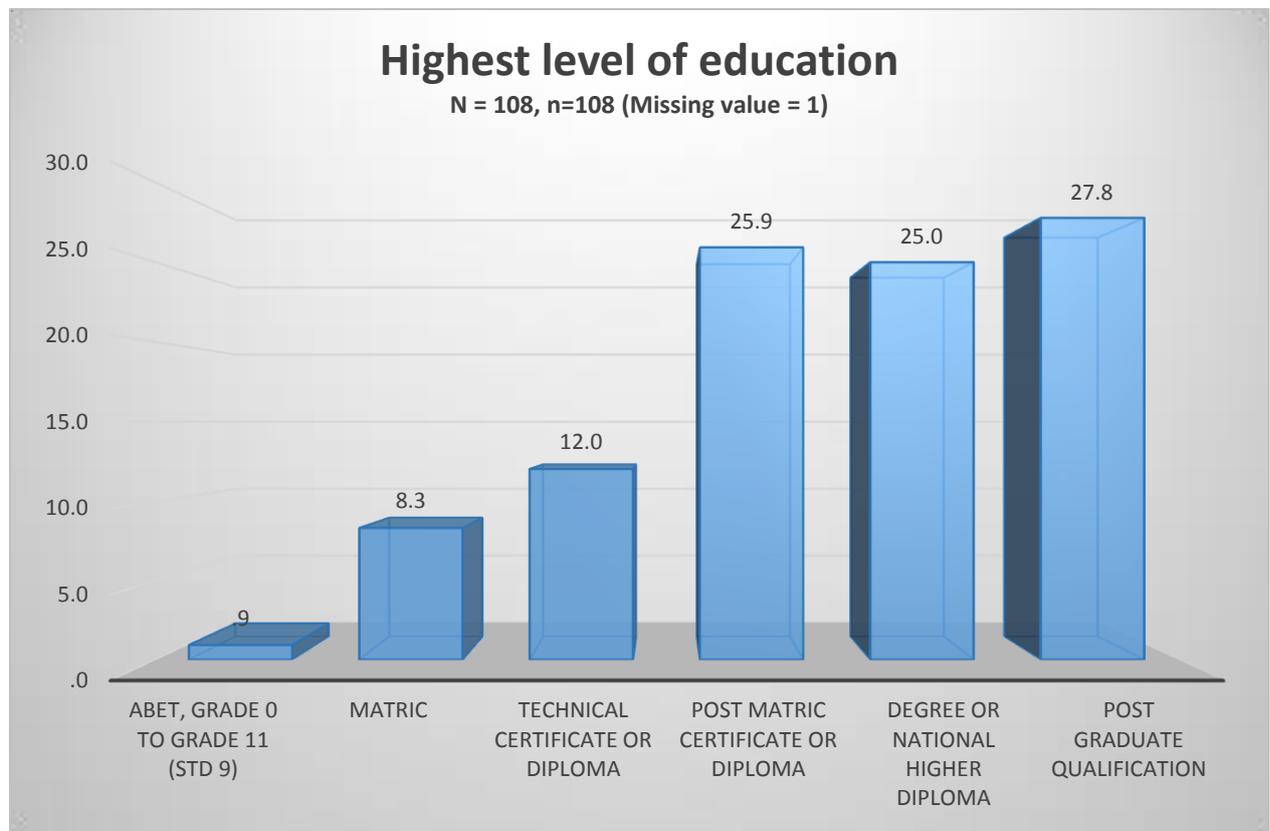


Figure 4: Highest qualification of respondents

Figure 4 highlights that the majority of the respondents (27.8%) had a postgraduate qualification, whilst 25.0% had a degree or national higher diploma, and 25.9% had a post-matric certificate or diploma, 12.0% of respondents had a technical certificate, 8.3% had matric and 9% of the respondents had abet training. The data indicates a high level of literacy amongst the respondents.

3.4.1.5 Job position of respondents

The respondents occupied a range of job positions, including manager, operational manager and supervisor. These job positions of the respondents are presented in Figure 5 below.

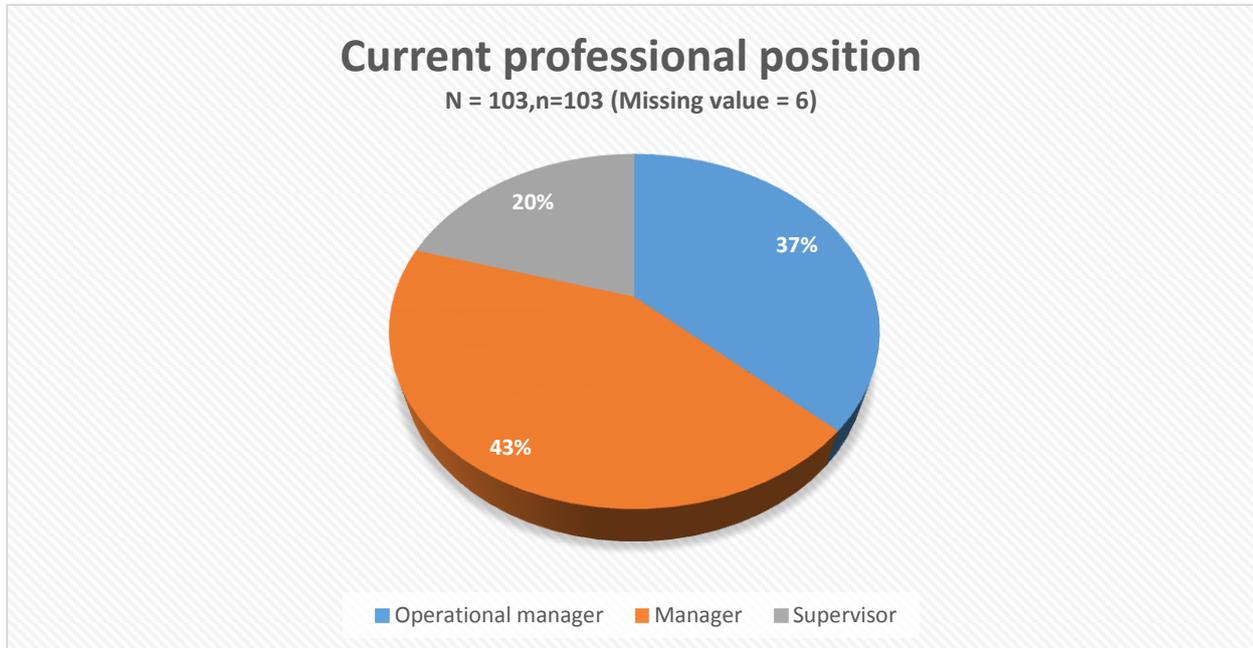


Figure 5: Job position of respondents

Figure 5 highlights that 43% of the respondents were managers, 37% were operational managers and 20% were supervisors. This indicates that the majority of the respondents were in senior positions.

3.4.1.6 Departments under which respondents are deployed

The City of Johannesburg Metropolitan Municipality is comprised of various departments. The distribution of respondents per department is reflected in Figure 6 below.

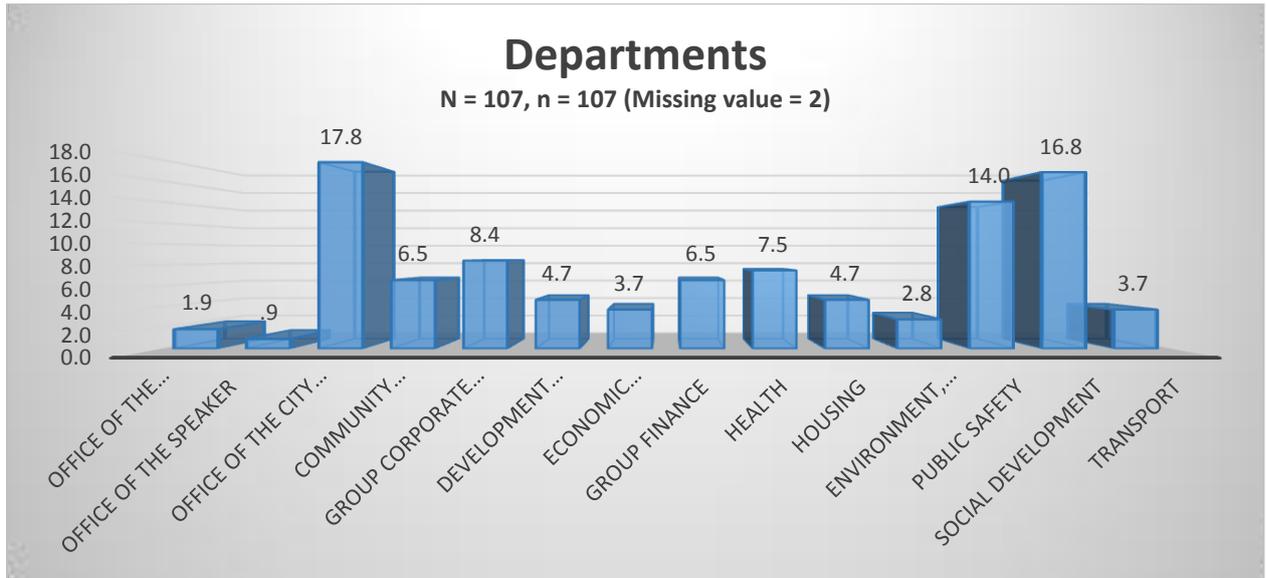


Figure 6: Departments of the City of Johannesburg Metropolitan Municipality

Figure 6 indicates the distribution of respondents with regard to their departments. The majority of the respondents were from the office of the City Manager (17.8%) followed by the Department of Social Development 16.8% and the Department of Public Safety 14%.

3.5.1.7 Regions under which respondents are deployed

The City of Johannesburg Metropolitan Municipality is divided into various regions. The distribution of respondents per region is reflected in Figure 7 below.

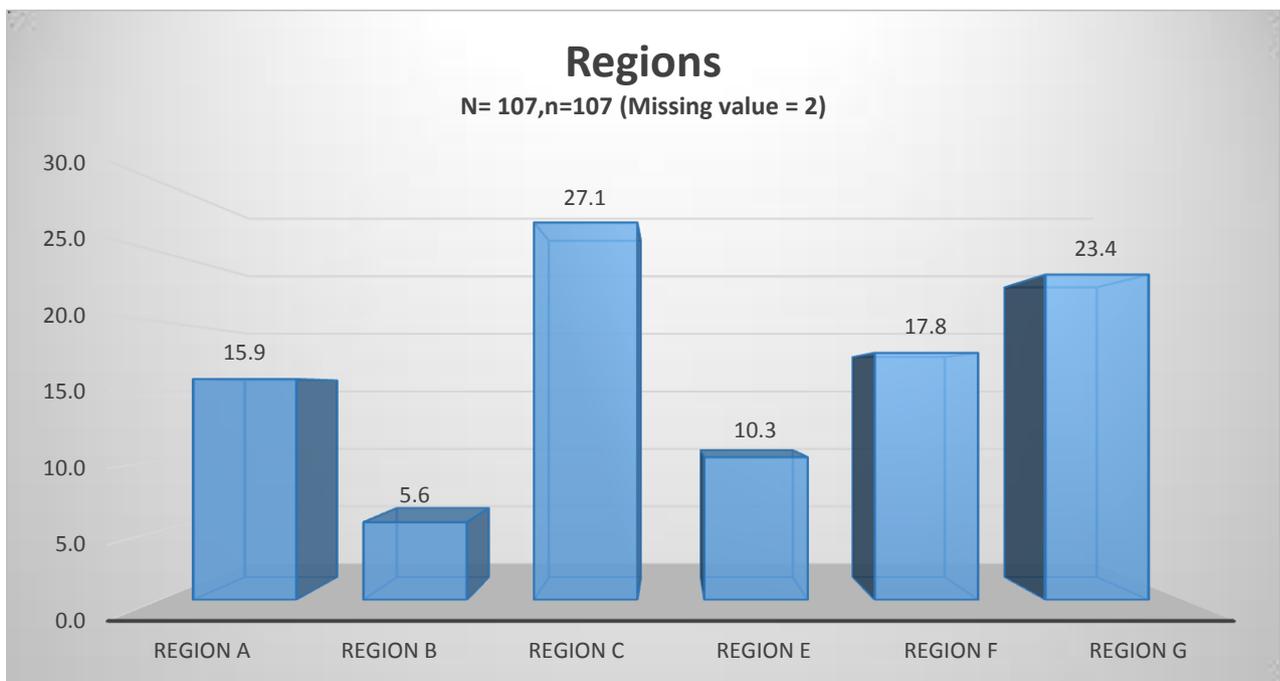


Figure 7: Regions under which respondents are deployed.

Figure 7 indicates the distribution of respondents with regard to their regions. The majority of the respondents were from Region C (27.1%), followed by Region G (23.4%) Region F (17.8%) and Region A (15.9%).

3.4.2 Section B: Descriptive analysis of quantitative data

This section provides data that evaluates EAP services according to the Professional Standards of South Africa within the City of Johannesburg Metropolitan Municipality. As mentioned above, the different EAP standards were categorised into 10 categories and each category contains a number of items. Each category with its specific items will be discussed separately.

3.4.2.1 Category: Advisory Committee

This category contains 3 items, namely questions 9.1 – 9.3 in the questionnaire.

- **Question 9.1: Does your EAP have an Advisory Committee?**

Question 9.1 requested respondents to indicate “yes” or “no” as to whether their EAP has an Advisory Committee. If they answered “yes” to question 9.1 the respondents were requested to answer follow up questions 9.2 and 9.3 to specify if there was representation from other internal stakeholders and whether the Advisory Committee with all its stakeholders had an input in the policy making process of the EAP, Programme Design, Programme Promotion, and Programme Evaluation. Figure 8 displays the responses on whether the City of Johannesburg Metropolitan Municipality (COJMM) EAP has an Advisory Committee.

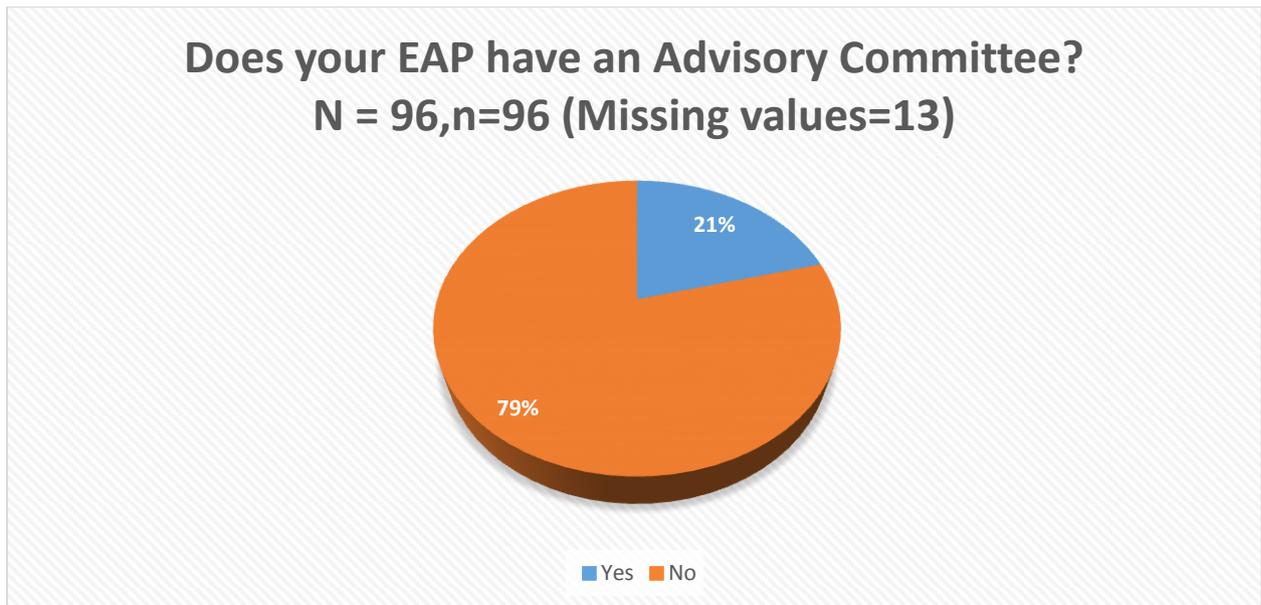


Figure 8: Advisory Committee

Figure 8 illustrates that 79% of the respondents indicated that their EAP does not have an Advisory Committee. Only 21% responded positively that their EAP does have an Advisory Committee. The poor implementation of the Advisory Committee may be possible due to limited commitment, ownership and buy-in from key stakeholders or that programmes are new and still establishing credibility from within the organization with the main drivers being the champions or EAP personnel.

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 of services.

- **Question 9.2: Does the advisory committee include representation from the following internal stakeholders?**
 - Top management
 - Senior management
 - Middle management
 - Unions
 - Human Resource Division
 - Occupational Health Safety
 - Labour Relations Section
 - EAP Professionals/Practitioners

Question 9.1 requested respondents to indicate “yes” or “no” as to whether their EAP has an Advisory Committee. If they answered “yes” to question 9.1 the respondents (21%) were requested to answer follow up questions 9.2 and 9.3 to specify if there was representation from other internal stakeholders and whether the Advisory Committee with all its stakeholders had an input in the policy making process of the EAP, Programme Design, Programme Promotion and Programme Evaluation.

Table 1 displays the responses with regards to the Advisory Committee representation of internal stakeholders.

Table 1: Advisory Committee Representation

Advisory Committee Representation	Yes	No
Top Management	5%	0
Senior Management	9%	0
Middle Management	7%	0
Unions	6%	0
Human Resource Division	12%	0
Occupational Health and Safety	7%	0
Labour Relations Section	5%	0
EAP Professionals/Practitioners	9%	0

From the 21% respondents that responded positively that their EAP does have an Advisory Committee, Table 1 indicated representation of top management 5%, senior management 9%, middle management 7%, unions 6%, human resource division 12%, occupational health and safety 7%, labour relations 5% and EAP professionals/ practitioners 9%. The respondents reported that the Advisory Committee had representation from all the relevant internal stakeholders as reflected in Table 1.

- **Question 9.3: Does the Advisory Committee contribute to the following functions?**
 - Formulation of policy
 - Programme design

- Programme promotion
- Programme evaluation

Question 9.1 requested respondents to indicate “yes” or “no” as to whether their EAP has an Advisory Committee. If they answered “yes” to question 9.1 the respondents were requested to answer follow up question 9.3 to specify whether the Advisory Committee with all its stakeholders had an input in the different functions of the EAP. Table 2 displays the responses with regards to the Advisory Committee contributing to the specific functions.

Table 2: Advisory Committee contribution to certain functions

Contribution to functions	Yes	No
Formulation of Policy	15%	0
Programme Design	12%	0
Programme Promotion	11%	0
Programme Evaluation	11%	0

The 21% that responded positively that their EAP does have an Advisory Committee, Table 2 indicated the 21% respondents reported that the Advisory Committee contributes to policy formulation 15%, programme design 12%, programme promotion 11% and programme evaluation 11%.

3.4.2.2 Category: Needs Assessment

This category contains 2 items, namely Q 10.1 – 10.2 in the questionnaire.

- **Question 10.1: Has an EAP Needs Assessment been conducted?**

Question 10.1 requested respondents to indicate “yes” or “no” as to whether an EAP needs assessment has been conducted. If they answered “yes” to question 10.1 the respondents were requested to answer follow up question 10.2 and if they answered “no” respondents were requested to proceed to question 11. Figure 9 displays the responses on whether the City of Johannesburg Metropolitan Municipality (COJMM) has conducted an EAP needs assessment.

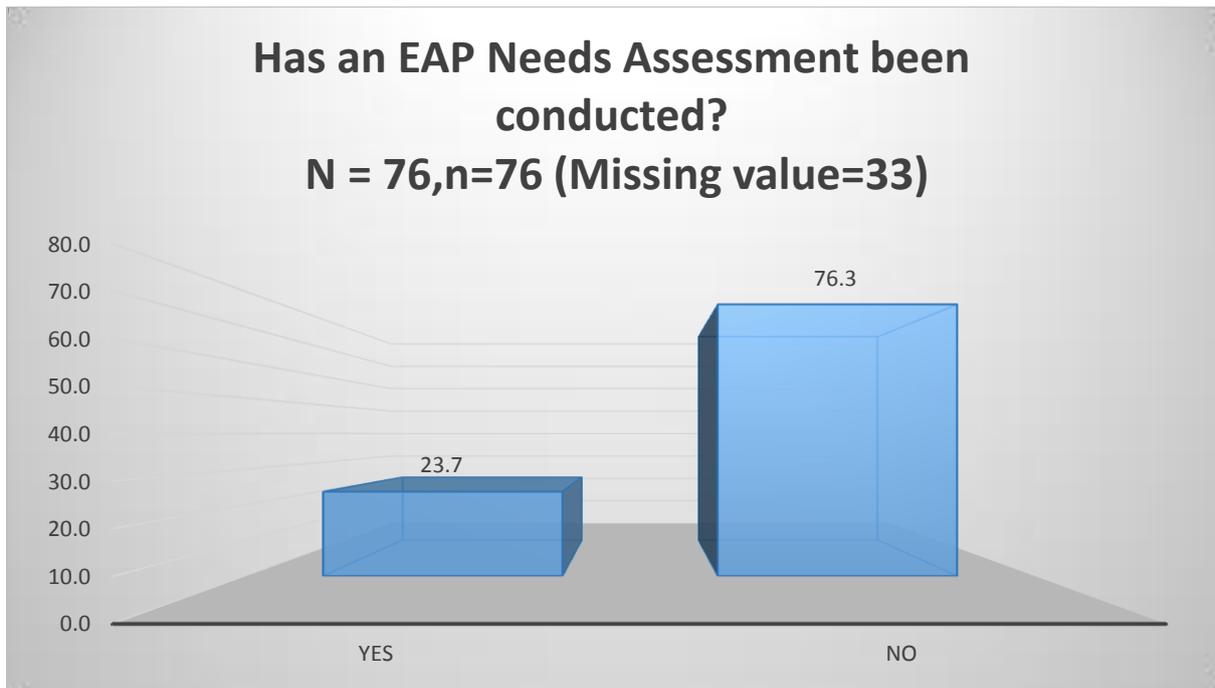


Figure 9: Needs Assessment

In Figure 9, from the 76 respondents who answered the question, the majority of respondents (76.3%) indicated that an EAP needs assessment was not conducted while only 23.7% responded that an EAP needs assessment was conducted. The poor level of implementation of this EAP standard could be due to limited capacity and resources to conduct a needs assessments or the organization might 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.

- **Question 10.2: Has the Needs Assessment covered the following?**
 - Organizational profile and needs
 - Employee needs
 - Line managers' needs
 - Employee representative needs

Question 10.1 requested respondents to indicate “yes” or “no” as to whether an EAP needs assessment has been conducted. If they answered “yes” to question 10.1 the respondents were requested to answer follow up question 10.2. Table 3 reflects the areas covered by the needs assessment as per the responses.

Table 3: The responses on areas covered by EAP needs assessment

Areas covered	Yes	No
Organizational profile and needs	71.4%	28.6%
Employee needs	100%	0.0%
Line managers' needs	88.9%	11.1%
Employee representative needs	77.8%	22.2%

From the 23.7% respondents that responded positively that the needs assessment had been conducted, Table 3 reported that the needs assessment covered the organizational profile and needs (71.4%), the employee needs (100%), line managers' needs (88.9%) and employee representative needs (77.8%).

EAPA SA (2005:9-10) reports that the purpose of the needs assessment is to ensure that programme planning and development includes an assessment of the needs of the employee population and the organization for which they work. This assessment is intended to help the organization determine the most appropriate and cost effective methods of providing EAP services. However, the respondents reflected poorly against this standard indicating that the City of Johannesburg Metropolitan Municipality (COJMM) have either not found the standard important to implement or have been unable to do so.

3.4.2.3 Category: Service Delivery Model

This category contains 2 items, namely Q 11.1 – 11.2 in the questionnaire.

Question 11.1 and 11.2 were two closed ended questions, which allowed respondents to only indicate “yes” or “no”. Q11.1 asked if there is a specific EAP model and Q11.2 asked if the EAP is an outsourced model and whether the pricing model was transparent and accepted by all the stakeholders. Table 4 indicates the responses to question 11.1 and 11.2.

Table 4: Service delivery model

	Yes	No
Q11.1: Is there a specific model for the EAP (Internal, External or Combination)?	53	30
	63.9%	36.1%
Q.11.2: If your EAP is an outsourced model, was the pricing model transparent and accepted by all the stakeholders?	11	28
	28.2%	71.8%

Table 4 demonstrates that only 63.9% of respondents acknowledged a specific service delivery model while 36.1% indicated that there is not a specific EAP model. This may be due to the fact that the respondents may not have the knowledge or capacity to link their EAP services to a specific model. Combined service delivery model may be difficult to define as services may be dynamic and still evolving.

The significant percentage of respondents (71.8%) indicated that the pricing model was not transparent. This high number of respondents who indicated that the pricing model was not transparent may be due to the fact that the information about pricing is mainly limited to senior management.

3.4.2.4 Category: Policy

This category contains three items namely Q 12.1 – Q 12.3 in the questionnaire. Question 12.1 and 12.2 were viewed as a unit, because both questions were focused on policy per se while question 12.3 follows up by requiring the respondents to indicate whether there is an EAP policy implementation plan. Figure 10 displays the responses of all three questions.

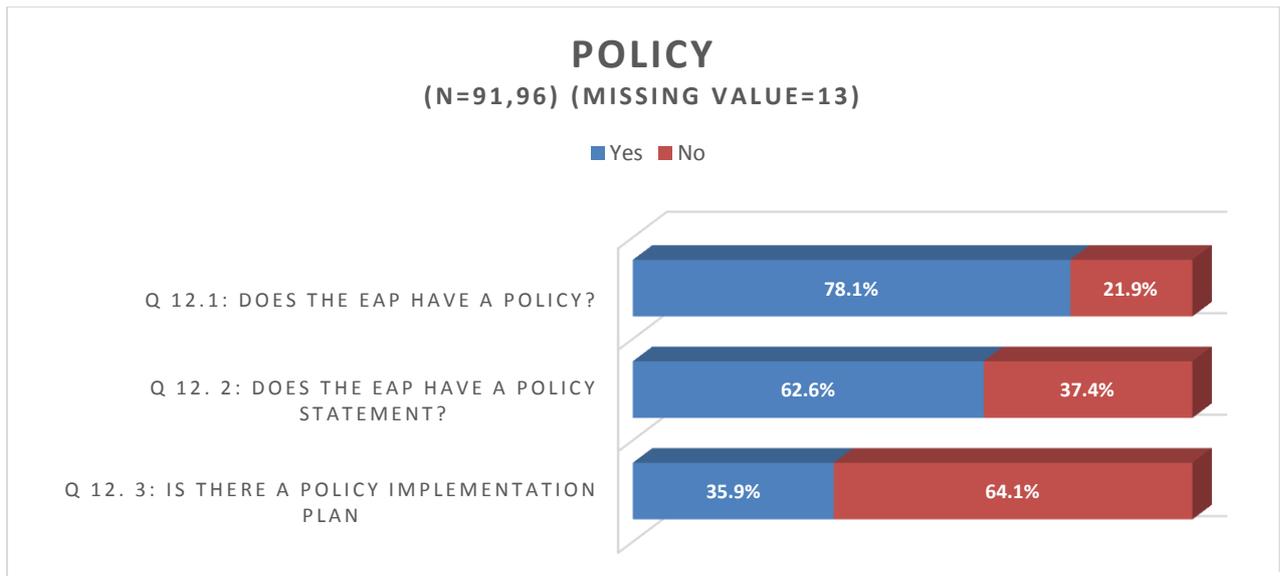


Figure 10: EAP Policy

Figure 10, indicates that the majority of respondents (78.1%) indicated that the EAP has a policy, which demonstrate that EAP operates within a policy framework. Only 21.9% indicated that there is no EAP policy.

Regarding a policy statement, 62.6% of the respondents acknowledged that there is an EAP policy statement while only 37.4% indicated that there is no policy statement. According to EAP Standards, a policy statement refers to the principles, the rights and responsibilities of the various stakeholders (EAPA SA, 2005:12).

In terms of the policy implementation plan, only 35.9% cited that there is an EAP policy implementation plan, while a significant percentage of respondents namely 64.1% indicated that there is no EAP policy implementation plan, which could be seen as a limitation.

The research findings indicated that although there is a lack of an EAP policy implementation plan, the COJMM is prioritising the policy processes, which is in line with the research of Csiernik (2003:34) who mentions that EAP policies are valuable not only for the protection of employees' rights, as they have been shown to promote voluntary utilization and the protection of confidentiality, but policies are also important mechanisms used to evaluate the EAP.

3.4.2.5 Category: Staffing

The category about staffing contains three items namely Q 13.1 – 13.3 in the questionnaire.

Question 13.1, 13.2 and 13.3 were viewed as a unit, because all the questions were primarily focused on staffing, qualifications, consultation and staffing ratios. Figure 11 displays the responses of all three questions.

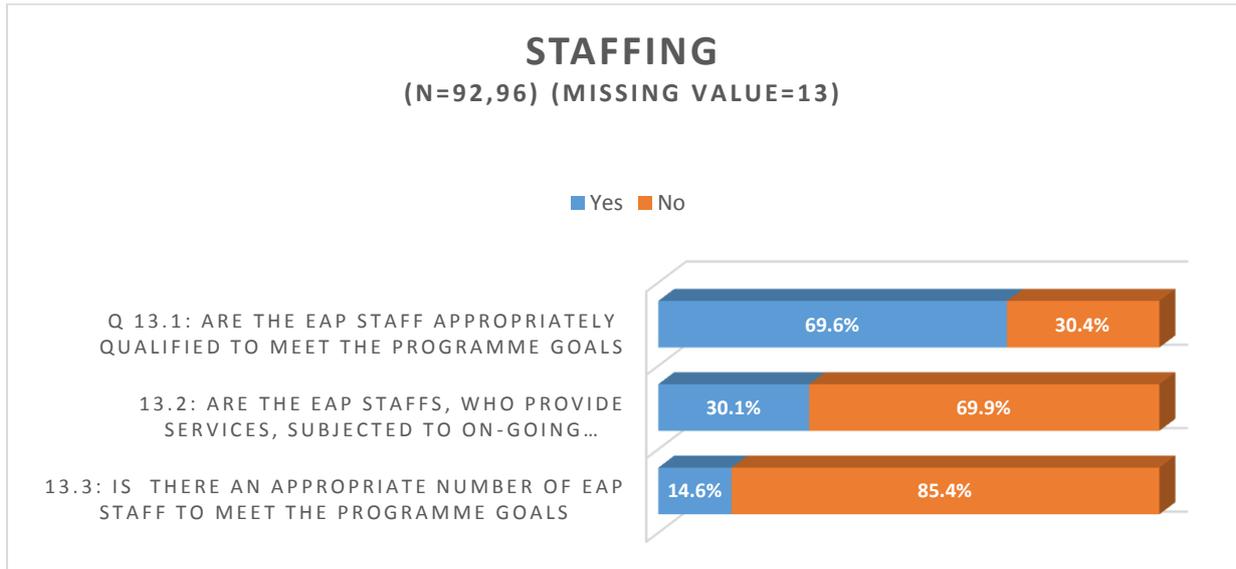


Figure 11: EAP Staffing

Figure 11 highlights that 69.6% of the respondents acknowledged that EAP staff are appropriately qualified to meet the programme goals while only 30.4% indicated that the EAP staff is not appropriately qualified.

With regard to on-going consultation, 69.9% acknowledged that the EAP staff are subjected to on-going consultation as required by the EAP standards of South Africa, while 30.1% indicated that their EAP staff is not subjected to on-going training. Furthermore, the results in Figure 11 reflect that a majority of respondents (85.4%) perceived that there is an inappropriate ratio of EAP staff to meet the programme goals. This could possibly be due to limited resources and the fact that the EAP programme is underfunded.

3.4.2.6 Category: Confidentiality

The category of confidentiality contains three questions namely Q 14.1 – 14.3 in the questionnaire.

Questions 14.1, 14.2 and 14.3 were viewed as a unit, because all the questions were focused on processes of confidentiality as they relate to the practice of EAP. All the questions were closed-ended questions as they requested the respondents to answer “yes” or “no” to each question. Figure 12 reflects the respondents’ answers.

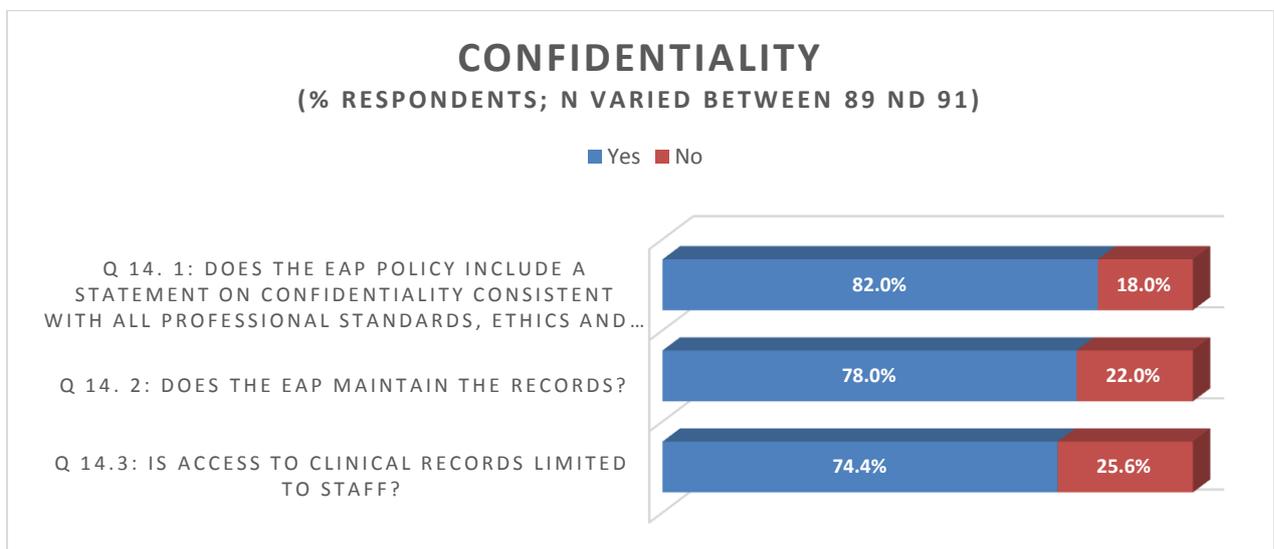


Figure 12: EAP Confidentiality

Figure 12 illustrates that the majority of respondents (82.0%) were affirmative about having a statement of EAP confidentiality, which indicates acknowledgement and respect for this critical EAP principle. Confidentiality is the cornerstone of an EAP – it is a critical principle without which the programme would suffer poor credibility and inadequate utilization.

Record keeping is also a critical element of EAP management and administration and the majority of respondents were affirmative in their responses (78.0%). 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. Figure 12 further indicates that

(74.4%) of the respondents indicated that access to the clinical records is limited to the EAP staff.

3.4.2.7 Category: Professional liability Insurance

There are two items incorporated into the category of professional liability insurance namely Q 15.1 and 15.2.

Questions 15.1 and 15.2 were viewed as a unit, because both questions were centred around professional liability insurance as they relate to the statutory practice of EAP. Both questions were closed-ended as they requested the respondents to indicate “yes” or “no” in responding. Figure 13 reflects the respondents’ responses.

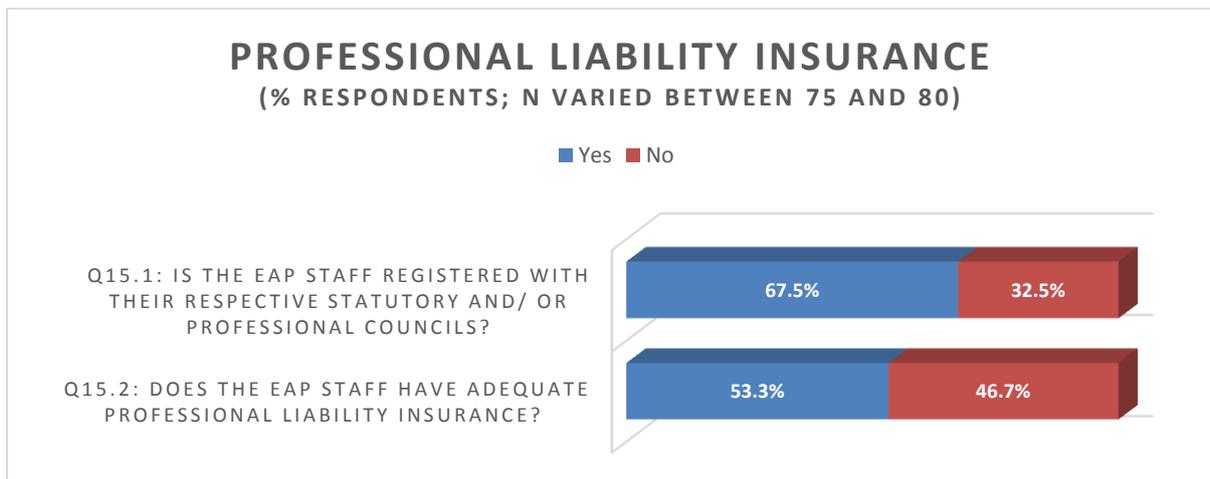


Figure 13: Professional liability insurance

Figure 13 indicates that 67.5% of the respondents highlighted that the EAP staff is registered with their professional council and 32.5% indicated that the EAP staff is not registered with their professional body.

With regard to professional liability insurance, Figure 13 illustrates that 53.3% of the respondents responded positively and only 46.7% answered negatively indicating either a risk area or that the organization itself may take responsibility for any liability arising out of service provision.

3.4.2.8 Category: Case management, monitoring and evaluation

This category captured six items (Q16.1 – 16.6) and all the items were viewed as a unit, because all the items were centred around the direct therapeutic services of

EAP practice while 16.6 was a follow up on monitoring and evaluation of EAP services. All the questions were closed - ended as they requested the respondents to indicate “yes” or “no” in responding. Figure 14 reflects the responses.

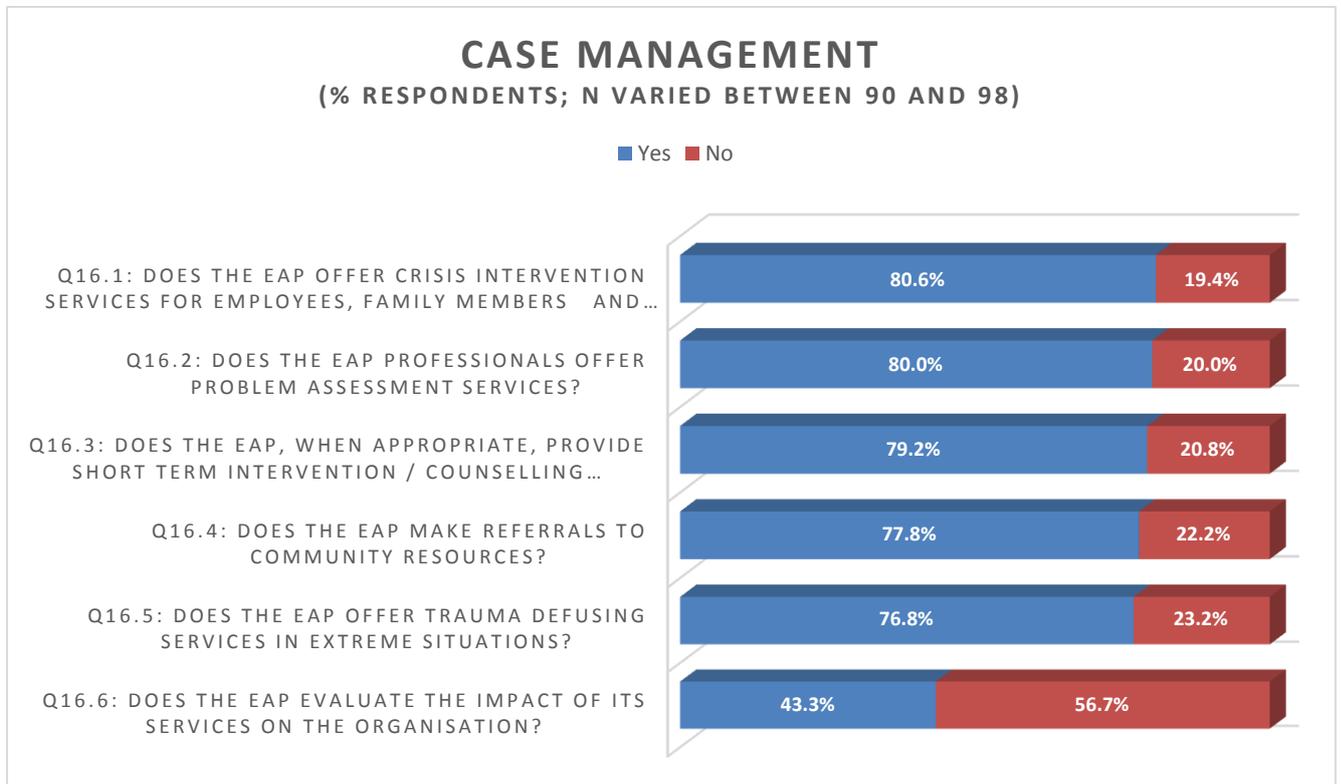


Figure 14: Case management, monitoring and evaluation

It is clear from the data in Figure 14 that in terms of direct services, there is a high level of implementation. These are the services that form the EAP transactions and it seems that the services are most valued by the end users of EAP. It seems that crisis intervention (80.6%), problem assessment (80%), short-term intervention (79.2%), referrals to community resources (77.8%), and trauma defusing services (76.8%) are an indication that troubled employees are still a top priority of EAP services and also that the EAP practitioners are using external resources in their therapeutic services with their clients within the COJMM.

However in terms of EAP evaluation services, Figure 14 indicates a significantly lower level (43.3%) of implementation of the evaluation of EAP services which should be an issue of concern as (56.7%) of the respondents indicated that there is no evaluation of the EAP services in the COJMM.

Evaluation is critical to EAP services even if they have been newly implemented. EAPA-SA (2010:18) reported that baseline information on EAP performance indicators is essential to determine the impact or value of programmes. This information can be gained from organizational records and reports, or determined by means of research methodologies at the onset. From these research findings it seems that EAP services risk losing credibility and may not even be aware of service delivery gaps if they do not have efficient evaluation systems.

3.4.2.9 Category: Training

The category of training contains six items (Q17.1 – 17.6) and all the items were viewed as a unit, because all the items were centred around training services delivered by EAP practitioners. All the questions were close-ended as they requested the respondents to indicate “yes” or “no” in responding. Figure 15 highlights the responses.

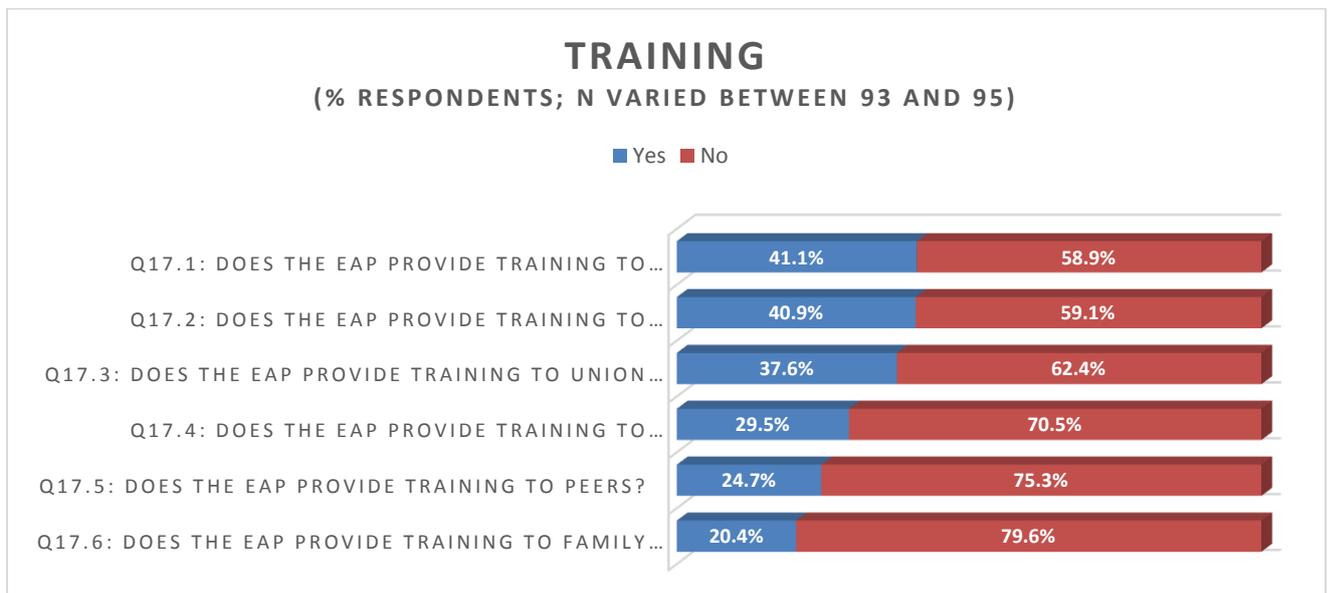


Figure 15: EAP training services

The responses in Figure 15 show that the majority of the respondents (58.9%) indicated that there was no training to supervisors, no training to managers (59.1%) and worker representatives (62.4%). Regarding training to employees the results indicated that the majority of the respondents (70.5%) indicated that training was

not offered; in terms of training to peers respondents (75.3%) indicated that training is not being provided and furthermore with regards to training of family members 79.6% of the respondents indicated that there is no training offered to the family members.

The responses about training as an EAP standard are not aligned to what Beidel and Brennan (2006:29-30) emphasized with regards to EAP supervisory training. According to these authors training in EAP should provide clear value to individual managers and the organization by ensuring that managers, supervisors and shop stewards are familiar with, understand the dimensions of, and are prepared to engage fully in the supervisory referral process and the dynamic EAP consultation process. Training is a critical standard as amongst others it plays a role of capacitating managers, supervisors and union representative to deal with proper people management. Therefore, this means that ongoing broader organizational consultation, management and union training is limited within the organization.

3.4.2.10 Category: Marketing and networking with internal and external stakeholders

This category captures five items (Q18.1 – 18.5) and all the items were viewed as a unit, because all the items were centred around marketing and networking services of EAP in practice. All the questions were closed-ended as they requested the respondents to indicate “yes” or “no” in responding. Figure 16 reflects their replies.

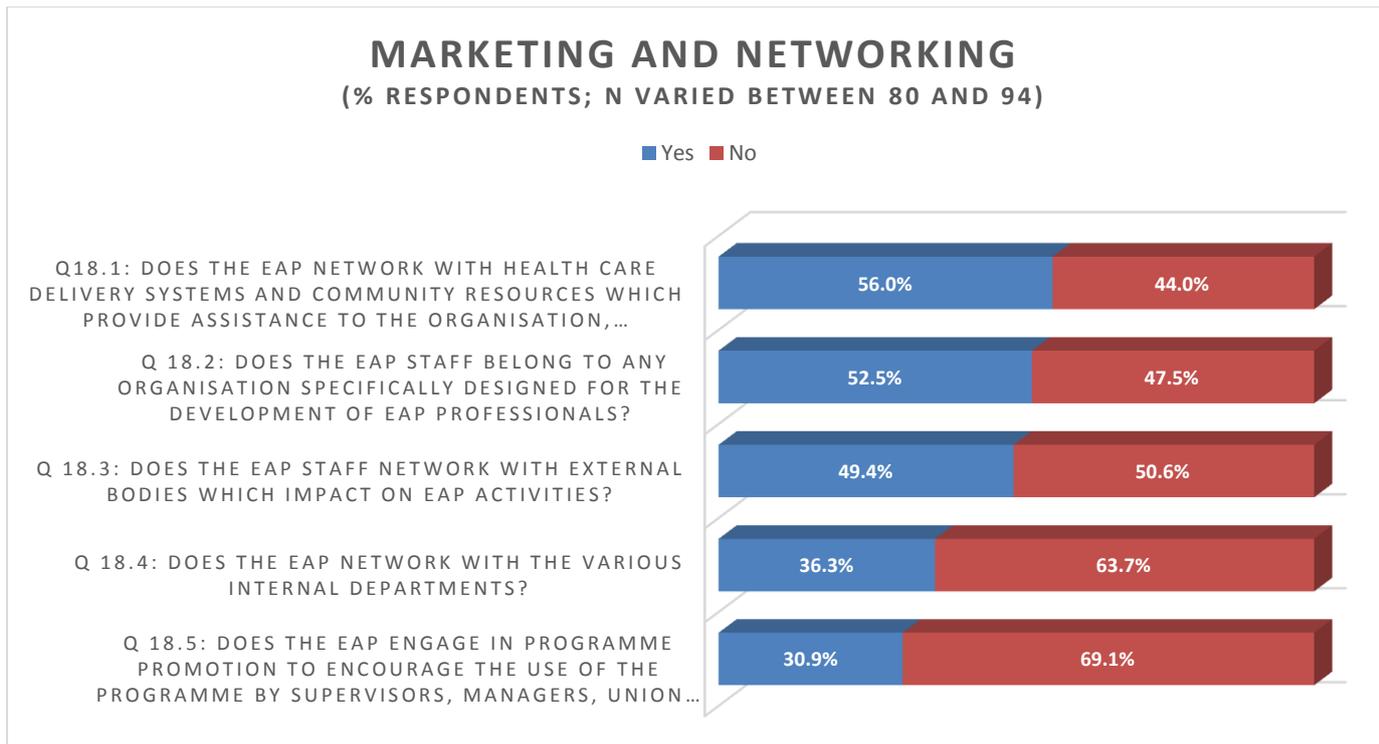


Figure 16: Networking and Marketing EAP services

Figure 16 shows that 56.0% of the respondents indicated that the EAP does network with health care delivery systems and community resources, while only 44.0% reported that the EAP does not network with health care delivery systems and community resources. With regard to professional affiliations 52.5% of the respondents reported that the EAP staff belongs to an organization for professional development while 47.5% indicated that the EAP does not belong to an organization for professional development.

In terms of networking with internal departments, the results indicate a low level of implementation (36.3%). The same pattern could be seen in terms of networking with external departments, as the results indicated a low level of implementation (49.4%). This low level of networking implies that the EAP directorate in COJMM is not making efforts to fill service delivery gaps by exploring and utilizing external skills and other resources, as suggested by Googins and Godfrey (1987:125).

Regarding the EAP engaging in programme promotion to encourage the use of the programme by supervisors, managers, union representatives, peers, employees and family members, 69.1% of the respondents reported that the EAP is not

engaging in programme promotion, while 30.9% indicated that the EAP is engaged in programme promotion.

According to EAPA SA (2005:21), EAPs should ensure the availability and use of promotional materials and educational activities, which encourage the use of the programme by supervisors, managers, worker representatives, peers, employees and family members. The goal of this standard is to ensure that the EAP is highly visible and presented in a positive light to encourage members of the organization to utilize the programme services fully. It is therefore clear from the results of the study that in terms of marketing and programme promotion, the respondents indicated that there is a relative low level of implementation.

3.4.3 Section C: Comments or suggestions about EAP within the COJMM.

Section C was the last section in the research questionnaire, therefore the researcher thought it was appropriate to conclude by obtaining the views or possible suggestions from the respondents about EAP within the COJMM. The following quotes reflect the recommendations and suggestions provided by respondents about EAP within the COJMM:

- *“We need more EAP specialists as there is a lot of staff problems and resources are limited. There are only 3 specialists who service the whole city.”*
- *“Capacity (Human Resource) is a challenge within EAP. The city has only 3 EAP specialists servicing core departments including Emergency Management Services (EMS) and Johannesburg Metropolitan Police Department (JMPD). That is an employee population of 33 000 employees.*
- *“Capacity of EAP within the city is a challenge, the ratio is 1:10000 we have impact on turnaround time and services of EAP within the city.”*
- *“I don’t know how to access the EAP because the availability of EAP members is limited. No idea of programmes ran by EAP.”*
- *“I never heard about EAP since I joined the City of Johannesburg municipality. I have no knowledge about the programs they implement. I only heard that employees get referred to EAP, if they fail to comply to conditions of service.”*

- *“Roadshows are essential for staff in order to update them on the current developments i.e. policy changes. This has not been happening in a while which makes it difficult for staff to know what’s currently taking place.”*
- *“I would suggest that training needs to be done to all level of staff and management in working clusters.”*

Employees who were of the opinion that marketing of EAP services within the City of Johannesburg Metropolitan Municipality (COJMM) is ineffective provided various suggestions. Some of those suggestions were that more awareness of EAP services is needed within COJMM. Another suggestion was that every region within the COJMM should have an EAP representative for better proximity of the service to employees.

Employees also believed that there is a need for more EAP specialists as there is a great deal of staff problems and resources are limited, as there are only three EAP specialists who service the whole city with an employee population of 33 000 employees . In conclusion, it is important to note that these empirical findings are from the randomly selected sample, which is regarded as representative of the whole population of the City of Johannesburg Metropolitan Municipality (COJMM).

3.5 SUMMARY

This chapter provided the research findings from the data collected. The findings were presented following the sequence in the questionnaire wherein the data was presented in three sections that focused on the demographic details and the benchmarking of EAP services according to the EAPA SA Standards.

The following chapter will present the research results with an objective of drawing conclusions regarding the findings of the study. The chapter will also present recommendations to assist the City of Johannesburg Metropolitan Municipality in improving and implementing EAP services according to the EAPA SA standards.

CHAPTER 4

CONCLUSIONS AND RECOMMENDATIONS

4.1 INTRODUCTION

Both private and public sector organizations are starting to implement a proactive approach to managing employee wellness and health matters respectively. How organizations implement the EAP services differs from one organization to another. However, the EAP professional standards of South Africa provides an opportunity for a common ground in implementing EAP services according to the professional standards of EAP in South Africa (Emener, Hutchison & Richard, 2003:187).

In order to benchmark the EAP services in COJMM in relation to each of the Professional Standards of EAP in South Africa, the following research goal was formulated: To evaluate the Employee Assistance Programme (EAP) services within the City of Johannesburg Metropolitan Municipality (COJMM) according to the Professional Standards of EAP in South Africa.

In order to achieve the goal the following objectives were formulated:

- To describe theoretically EAP in South Africa with specific emphasis of EAP in the public sector as well as the Professional Standards of Employee Assistance Programmes in South Africa.
- To benchmark the EAP services in COJMM in relation to each of the Professional Standards of EAP in South Africa.
- To formulate recommendations to the management of COJMM regarding the effective implementation of EAP services.

Against this background, the following research question guided this research study:

How do the employee assistance programme services within the City of Johannesburg Metropolitan Municipality adhere to the Professional Standards of EAP in South Africa?

It is important to note that the randomly selected sample of 109 employees whose questionnaires were returned and analysed became the basis for the empirical findings regarding the benchmarking of the EAP services in COJMM in relation to each of the professional standards of EAP in South Africa. The results were thus considered to be representative views of the whole population (Strydom, 2011:223-225; Kumar, 2005:164).

Therefore, based on the empirical data, key findings, conclusions and recommendations regarding the evaluation of EAP services in COJMM in relation to each of the Professional Standards of EAP in South Africa are outlined below.

4.2 KEY FINDINGS

From the empirical data the following key findings were identified:

- 79% of the respondents indicated that their EAP does not have an Advisory Committee. Only 21% responded positively that their EAP does have an Advisory Committee.
- The majority of respondents (76.3%) indicated that an EAP needs assessment was not conducted while only 23.7% responded that an EAP needs assessment was conducted.
- From the results, it was observed that 63.9% of the respondents acknowledged a specific service delivery model while 36.1% indicated that there is not a specific EAP model. In terms of pricing 71.8% indicated that the pricing model was not transparent.
- The majority of respondents (78.1%) were of the opinion that there is a high level of implementation of the policy standard, which demonstrates that the EAP operates within a policy framework. Only 21.9% of the respondents indicated that there is no EAP policy within the COJMM. In terms of the implementation plan, 64.1% indicated that there is no EAP implementation plan, which could be seen as a limitation.
- 69.6% of the respondents acknowledged that EAP staff is appropriately qualified. Only 30.4% indicated that the EAP staff is not appropriately qualified. With regard to the staff ratio, the majority of respondents (85.4%) perceived that there is an inappropriate ratio of EAP staff to meet the programme goals.

- With regard to confidentiality, the majority of respondents (82.0%) were affirmative about having a statement of confidentiality, which indicates acknowledgement and respect for this critical EAP principle within the COJMM.
- With regard to the evaluation of EAP services, there is a significantly lower level (43.3%) of implementation of evaluation, which should be an issue of concern as 56.7% of the respondents indicated that there is no evaluation of EAP services within COJMM.
- The results indicate that in terms of direct services, there is a high level of implementation of trauma defusing services (76.8%), crisis intervention (80%) short-term intervention (79.2%) and referrals (77.8%) which are an indication that EAP practitioners are using external resources in their case management.
- 56.7% of the respondents indicated that there is no evaluation of the EAP services within the COJMM.
- The results indicated a lower level of implementation of the training of managers, supervisors and worker representative. Regarding training to supervisors, 58.9% of respondents indicated that there is no training offered; in terms of training for managers, 59.1% of respondents pointed out that there is no training offered; with regard to training for employee representatives, 62.4% of the respondents indicated that there is no training offered. Regarding training for employees, the results indicated a lower percentage of 29.5%; in terms of training for peers, 75.3% of respondents indicated that training is not being provided; and furthermore with regard to training of family members, 79.6% of respondents indicated that there is no training offered to the family members. Lack of training programmes could thus be seen as a limitation.
- Regarding marketing and networking, a majority of 69.1% of the respondents reported that the EAP is not engaging in programme promotion.

From the comments and suggestions the following key findings were identified by the respondents about EAP services within the COJMM.

The majority of the respondents identified amongst other factors the issue of staff ratio as one of the limitations with regard to the implementation of EAP services

within COJMM. The other key issue that the respondents identified clearly was with regard to the lack of marketing of the EAP services within COJMM.

4.3 CONCLUSIONS BASED ON THE EMPIRICAL FINDINGS

The conclusions regarding the empirical findings will be based on the following 10 categories of the different EAP professional standards of South Africa:

- Advisory Committee
- Needs Assessment
- Service Delivery Model
- Policy
- Staffing
- Confidentiality
- Professional Liability Insurance
- Case Management , Monitoring and Evaluation
- Training of Managers and Supervisors and Worker Representative
- Marketing, Networking with Internal and External Stakeholders

The following conclusions regarding the evaluation of EAP services according to the EAP professional standards of South Africa within the City of Johannesburg Metropolitan Municipality can be made:

- **Advisory Committee**

The category about the advisory committee contained three items and was viewed as a unit because all the questions were primarily focused on the existence of the Advisory Committee, composition of the Advisory Committee and the functioning of the Advisory Committee.

Regarding the Advisory Committee, it was observed that 79% of the respondents indicated that their EAP does not have an Advisory Committee. Only 21% responded positively that their EAP does have an Advisory Committee and that the Advisory Committee has the representation from key stakeholders and that it contributes to the functions of the Advisory Committee. The results highlighted that there was a poor level of compliance with the standard, which provides both a

foundation and framework for EAP practice and should usually be undertaken before an EAP implementation. The poor compliance of this standard indicates a weakness in the foundation of the EAP services.

- **Needs Assessment**

The category about the needs assessment was viewed as a unit because all the questions were concentrated on the processes of the needs assessment. In terms of needs assessment the majority of respondents (76.3%) indicated that an EAP needs assessment was not conducted while only 23.7% responded that an EAP needs assessment was conducted. The 23.7% that responded positively to the question further indicated that the needs assessment covered all the key areas of the needs assessment processes. However, it seems that due to the lack of a needs assessment, the EAP services within the COJMM are not informed by the needs of the municipality but rather are influenced by the instruction to comply with some of the basic requirements of Government.

- **Service Delivery Model**

The category on the service delivery model contained two items. The first item focused on the existence of a service delivery model and the second item focused on the transparency of pricing. With regard to the service delivery model, only 63.9% of respondents acknowledged a specific service delivery model while 36.1% indicated that there is not a specific EAP model. In terms of transparency, 71.8% respondents indicated that the pricing model was not transparent and accepted by all the stakeholders. Based on the empirical results, it seems that the COJMM is not complying with the Municipal Systems Act (No 32 of 2002). This legislation aims to empower municipalities to disclose information about its business and finances.

- **Policy**

In terms of an EAP policy 78.1% of the respondents acknowledged that there is an EAP policy. However, 64.1% indicated that there is no EAP policy implementation plan, which could be seen as a limitation. The absence of an implementation plan places the City of Johannesburg Metropolitan Municipality (COJMM) in a difficult situation because the EAP directorate is 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. Based on this information, it is doubtful whether the COJMM fully understands the concept of employee assistance or its benefits.

- **Staffing**

In terms of staffing, the majority (69.6%) of the respondents acknowledged that the EAP staff is appropriately qualified to meet the programme goals. Furthermore, with regard to on-going consultation, 69.9% acknowledged that the EAP staff is subjected to on-going consultation as required by the EAP standards of South Africa. In terms of the staff ratio, the majority of respondents (85.4%) perceived that there is an inappropriate ratio of EAP staff to meet the programme goals. This could possibly be due to limited resources and the fact that the EAP programme is underfunded. The need for more EAP staff was emphasized strongly by respondents in their suggestions to enhance EAP services.

Inappropriate numbers of EAP staff present a significant challenge to most respondents in that the ratio of EAP staff to size and geographical distribution of the workforce is very inconsistent. The EAPA-SA standards do not provide adequate guidance on this matter as they merely state that there should be an appropriate number of staff influenced by size and geographical location, without any suggested ratio.

With regard to on-going consultation, a majority (69.9%) of the respondents indicated that the EAP staff is not subjected to on-going consultation. It therefore seems that the EAP practitioners within COJMM are not effectively accessing professional support due to the lack of on-going consultation.

- **Confidentiality**

The majority of the respondents (82.0%) were affirmative about having a statement of confidentiality, which indicates acknowledgement and respect for this critical EAP principle within COJMM. Confidentiality is the cornerstone of an EAP – it is a critical principle without which the programme would suffer poor credibility and inadequate utilization.

Confidentiality in record keeping is also a critical element of EAP management and administration and the majority of respondents (78%) were affirmative in their responses. Keeping records is essential to monitor and evaluate an EAP as it provides the foundation for establishing baseline information and progress reporting. In terms of access to the clinical records, 74.4% of the respondents indicated that access to the clinical records is limited to the EAP staff. With regards to the principle of confidentiality and record keeping it seems as if COJMM adheres to the professional standards of EAP in South Africa.

- **Professional Liability Insurance**

In terms of EAP staff registering with professional councils, 67.5% of the respondents highlighted that the EAP staff is registered with their professional council. With regard to professional liability insurance, 53.3% of the respondents' responded positively that the EAP practitioners do have professional liability cover. It therefore appears that the EAP practitioners are complying with their statutory bodies. It seems that the COJMM is in line with the professional standards of EAP in South Africa as described by the EAPA-SA (2005:15) that the EAP professionals should register and maintain their registration with their respective statutory and/or professional councils and should adhere to the codes of practice of such bodies.

- **Case management , monitoring and evaluation**

In terms of direct therapeutic services, the empirical results indicated a high level of implementation and compliance with the EAP Standards of South Africa. The majority of respondents acknowledged the existence of most of the therapeutic services.

For instance, in terms of crisis intervention, 80.6% respondents acknowledged the service; with regard to problem assessment services, 80% of the respondents responded positively.

The high levels of positive responses by the respondents (79.2%) in short-term intervention; referrals to community resources (77.8%); and trauma diffusing

(76.8%), are an indication that EAP therapeutic services are in existence within the COJMM.

However, with regard to evaluation services, the majority of the respondents (56.7%), indicated that there is no evaluation of the EAP services in the COJMM, which is a limitation. The service area of evaluating the impact of EAP services seems to be neglected with only 43.3% of respondents noting that there is indeed the evaluation of services. Evaluation is neglected often 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.

- **EAP training services**

With regard to training services delivered by EAP practitioners, the empirical results indicated a low level of implementation of training. Only 41.1% of respondents believe that training was provided to supervisors; in terms of training to management only 40.9% of the respondents responded positively; with regard to training the worker representatives, only 37.6% of the respondents acknowledged that there is training. Regarding training to employees, the results indicated 29.5% of respondents acknowledging training. In terms of training to peers, the response was 75.3% of respondents indicating that training is not being provided; and furthermore with regard to training of family members, 79.6% of the respondents indicated that there is no training offered to the family members. It therefore seems that ongoing EAP training services within the COJMM is not being implemented effectively and this has implications in terms of increasing awareness of the services and capacity.

- **Marketing, networking with internal and external stakeholders**

In terms of networking with internal departments, the results indicated a significantly low level of implementation namely 36.3%. In terms of networking with external departments, the results also indicated a low level of implementation, that is, 49.4%. There is thus a lack of internal and external networking within the COJMM and this has implications in terms of exhausting resources within the COJMM.

With regard to marketing as an EAP standard, 69.1% of the respondents reported that the EAP is not engaging in programme promotion, while 30.9% indicated that the EAP is engaged in programme promotion.

According to EAPA SA (2005:21), EAPs should ensure the availability and use of promotional materials and educational activities so that this could encourage the use of the programme by supervisors, managers, worker representatives, peers, employees and family members. The goal of the marketing standard is to ensure that the EAP is highly visible and presented in a positive light to encourage members of the organization to utilize the EAP services fully. It is therefore clear from the results of the study that in terms of marketing and programme promotion, the respondents indicated that there is a low level of implementation.

- **Conclusions from the respondents' comments and views about EAP within the COJMM**

Respondents expressed several views and the majority indicated that EAP implementation within the COJMM has limitations. Amongst others, respondents indicated that marketing of EAP services within the City of Johannesburg Metropolitan Municipality (COJMM) is ineffective. Some of those suggestions were that more awareness of EAP services was needed within COJMM. Another suggestion was that every region within the COJMM should have an EAP representative for better proximity of the service to employees. Respondents also believed that there is a need for more EAP specialists as there is a lot of staff problems and resources are limited, as there are only three EAP specialists who service the whole city with an employee population of 33 000.

4.4 RECOMMENDATIONS

Based on the empirical findings of this research study, recommendations are presented in two ways, namely recommendations based on empirical findings and recommendations based on future research.

4.4.1 Recommendations based on empirical findings

In this section, the researcher presents the key recommendations following the same sequence of the 10 categories of the different EAP standards. The

recommendations regarding empirical findings will be based on the following 10 categories of the different EAP standards and in addition, the researcher presents a summarised paragraph regarding the suggestions according to the respondents:

- Advisory Committee
- Needs Assessment
- Service Delivery Model
- Policy
- Staffing
- Confidentiality
- Professional Liability Insurance
- Case Management , Monitoring and Evaluation
- Training of Managers and Supervisors and Worker Representative
- Marketing, Networking with Internal and External Stakeholders

- **Advisory Committee**

It is recommended that an Advisory Committee be put in place in COJMM as indicated in the EAPA-SA Standards Document, which proposes that the Advisory Committee should consist of:

- Senior management
- Human Resources Department
- Medical Department
- Occupational Health and Safety Department
- Finance Department
- Training and Development Department
- Risk Management Department
- Union/Employee/Worker representatives
- Line management
- Employee relations specialists
- EAP Practitioners (EAPA SA, 2005:5).

Therefore, it is recommended that all key stakeholders, as indicated in the EAPA SA standards, as well as employee relations specialists and EAP professional/professionals be included in Advisory Committees.

Furthermore, 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 within the Advisory Committee.

- **Needs Assessment**

- COJMM needs 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 COJMM. It should also indicate sick leave rates and employee satisfaction. These variables could then be measured at different intervals to determine the EAP impact and value to COJMM. This process will also assist in quantifying the return on investment.
- It is recommended further that a needs assessment with all the stakeholders should be implemented on a regular basis.

- **Service Delivery Model**

- The service delivery category contained two items: pricing and the service delivery model. It is recommended that within COJMM there should be engagements with the relevant stakeholders to assess the need for a suitable service delivery model. This recommendation is supported by Straussner (2001:53) who indicates that in determining which model to use, a needs assessment is needed to assist the organization in decision making.
- With regard to pricing, it is recommended that the pricing of EAPs should be negotiated and agreed upon between the service provider and the employer (COJMM), after different models had been considered. Models should be transparent and acceptable to all the role players involved.

- **Policy**

- With regard to the recommendations in terms of EAP policy, policy statement and an EAP implementation plan, it is recommended that the COJMM should review the EAP policy through engaging with the key stakeholders.
- There should be a clear EAP policy statement and implementation plan formulated. It is recommended further that the EAP policy, policy statement and implementation should be communicated, marketed and reviewed annually.

- **Staffing**

- EAPA-SA needs to be more specific in terms of staffing ratios for EAPs, obviously monitored within the framework of specific factors.
- EAPA-SA needs to develop specific guidelines to determine appropriate qualifications for the different EAP functions.
- With regard to the staff ratios within COJMM, it is recommended that each region should employ a regional EAP professional if it is to achieve the goals and objectives of the EAP services.

- **Confidentiality**

- In terms of confidentiality, the written policy should include a statement on confidentiality consistent with all professional standards, ethics and legal requirements, which regulate the management of information.
- With regard to record keeping and access to clinical records, the COJMM should develop a system, which is in line with the ethical professional standards which captures relevant written and electronic data that is regularly up-dated and accessible in a structured manner to stakeholders.

- **Professional Liability Insurance**

- The researcher agrees with EAPA SA and recommends that all EAP professionals within COJMM should obtain professional liability

insurance via relevant statutory bodies. Employers (COJMM) should pay premiums.

- **Case Management , Monitoring and Evaluation**

- The City of Johannesburg Metropolitan Municipality (COJMM) should partner with EAP Training Institutions to capacitate their EAP directorate and to provide on-going support in implementing or strengthening their EAP services.
- COJMM needs to ensure that professional supervision or case management is provided to EAP personnel, even if the service is contracted externally.
- It became apparent from the empirical results that the EAP services have been implemented within the COJMM but the efficacy of these programmes have not been evaluated.
- To ensure the success of programmes implemented by the EAP practitioners it is of great importance that the outcomes of such programmes be monitored and evaluated with a view to continuous quality improvement.
- Therefore, it is therefore recommended that the COJMM should invest in monitoring and evaluation tools and methods to ensure continuous quality improvement of EAP services.

- **Training of Managers and Supervisors and Worker Representative**

- It is recommended that the 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.
- 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 reflect on their support and involvement.

- **Marketing, Networking with Internal and External Stakeholders**

- The researcher recommends that the COJMM develop continuous and innovative marketing strategies to ensure utilization and awareness of the EAP programme.
- COJMM should encourage on-going internal and external collaborations as a way of enhancing the marketing of the EAP services.

- **Recommendations based on the respondents' comments and views about EAP within the COJMM**

Respondents expressed several views and the majority indicated that EAP implementation has room for improvement.

- Amongst others, respondents indicated that marketing of EAP services within the City of Johannesburg Metropolitan Municipality (COJMM) needs to be enhanced. One frequent suggestion was that more awareness of EAP services was needed within COJMM.
- Another suggestion was that every region within the COJMM should have an EAP representative for better proximity of the service to employees.
- Many respondents also believed that there is a need for more EAP specialists as there are many staff problems and resources are limited, as there are only three EAP specialists who service the whole city with an employee population of 33 000.

4.4.2 Recommendations for future research

Government departments and private sector organizations are gradually introducing EAPs to deal specifically with enhancing the wellbeing and quality of life for all employees in the workplace. Through the literature review, the researcher was able to confirm that not many research studies have been conducted on EAP standards, more especially in South Africa.

Therefore, there is definitely a need for future research on the matter in order to increase the body of knowledge as well as to continue where the researcher left off.

The researcher recommends that the following areas should be considered in terms of future research studies:

- A research study on the comparison of the implementation of the EAP Standards of South Africa in the South African Public and Private Sector.
- A research study to assess and evaluate the progress with regard to the implementation of EAP services in the public sector.

4.5 ACHIEVEMENT OF THE GOAL AND OBJECTIVES OF THE STUDY

The goal of the study was to evaluate the EAP services within the COJMM according to the Professional Standards of EAP in South Africa. In achieving this goal the researcher designed the relevant questions on the questionnaire which aimed at benchmarking the EAP services in COJMM in relation to each of the Professional Standards of EAP in South Africa. From the empirical data, meaningful information regarding the employees' responses on the phenomenon of EAP services in COJMM in relation to each of the Professional Standards of EAP in South Africa was gathered and described in Chapter 3.

Table 5 focuses on stating the objectives of this research study, as well as indicating how the objectives were achieved.

Table 5: Achievement of research objectives

Nr Objective	Objective achievement
To describe theoretically EAP in South Africa with specific emphasis of EAP in the public sector as well as the Professional Standards of Employee Assistance Programmes in South Africa	This objective was achieved as reflected in the literature review presented in chapter 2.
To benchmark the EAP services in COJMM in relation to each of the Professional Standards of EAP in South Africa.	This objective was accomplished by means of the presentation of empirical findings in chapter 3
Based on the findings to formulate recommendations to the Management of COJMM regarding the effective	This objective was achieved by means of making recommendations in this concluding chapter 4

implementation of EAP services.	
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4.6 SUMMARY

The aim of this study was to evaluate the Employee Assistance Programme (EAP) services within the City of Johannesburg Metropolitan Municipality (COJMM) according to the Professional Standards of EAP in South Africa. According to the research findings, it is evident that the research question that guided this study was answered as all the objectives were achieved.

From the research findings, it can be deduced that the level of awareness of EAPA-SA standards seems limited within the City of Johannesburg Metropolitan Municipality (COJMM).

In conclusion, this research study has contributed to the body of knowledge for future research studies on the concept of EAP standards in South African organizations, especially in the local government sector.

LIST OF REFERENCES

Arlington, S.H. 1992. *Work and Well-being: The Occupational Social Work Advantage*. New York, NY: NASW Press.

Attridge, M. 2010. *The Business Case for Workplace Critical Incident Response: Binghampton*. New York, NY: Haworth Press.

Attridge, M. & Amaral, T. 2009. *Selecting and Strengthening Employee Assistance Programs: A Purchaser's Guide*. Available: <http://www.easna.org/publications> (Accessed 2014/02/19).

Babbie, E. 2008. *The Basics of Social Research*. 4th ed. USA: Thomson Wadsworth.

Babbie, E. 2010. *The Practice of Social Research*. 8th edition. Wadsworth. United States

Babbie, E. & Mouton, J. 2001. *The Practice of Social Research*. Cape Town: Oxford University Press

Basic Conditions of Employment Act No. 75 of 1997 (Published in the *Government Gazette*, No. 15999. Pretoria: Government Printers).

Beidel, B.E. & Brennan, K.N. 2006. Embracing Trauma Response from the EAP Perspective. *Journal of Employee Assistance*, 36(2): 29-30.

Beurman-King, B. 2005. Comprehensive Wellness Programming and EAPs. *Journal of Employee Assistance, EAPA International*, (35): 29-34

Blair, B. 2001. Does your EAP add value to the organization? *HR Future*, 1(2): 36-39

Blair, B. 1985. *Providing Added Value to Employers*. EAPA Exchange (32): 21-30

Blair, B. & Harper, T. D. 2002. Does your EAP add value to the organization. HR future: *South Africa's independent human resource magazine*, Vol 1, Issue 2.

Bollman, L.G. & Deal, T.E. 2008. *Reframing Organizations*. 4th ed. San Francisco: Jossey-Bass.

Bradman, L.H. 2003. Apples to Apples. *Journal of Employee Assistance*, 33(3):7-12

Bruce, M. 1990. *Promoting Employee Health*. Hampshire: MacMillan.

Byars, L.L. & Rue, L.W. 1994. *Human Resource Management*. 8th ed. New York: McGraw-Hill.

Careways Group. 2010. *Manager Training Manual*. South Africa: Johannesburg.

Caron, C. 2003. Ethics in EAP Practice. *EAPA Exchange*, (29):70-81

Collins English Dictionary. 1994. London: Harper Collins Publishers

Cooper, C.L. Biron, C. & Burke, R.J. 1997. *Creating Healthy Workplaces: Stress Reduction, Improved Well-being, and Organizational Effectiveness*. Farnham: Gower Publishing.

Constitution of the Republic of South Africa Act 108 of 1996 (Published in the Government Gazette, Pretoria: Government Printer).

Craig, N. 1997. Clinical Supervision in the Marketplace. *Employee Assistance Quarterly*, 12 (3):63-68.

Csiernik, R. 2003. A Review of EAP Evaluation in the 1990s. *Employee Assistance Quarterly*, Vol. 19 (4): 21-37

Cunningham, G. 1994. *Effective Employee Assistance Programmes EAP Counsellors and Managers*. California: Sage Publications.

Darick, A.A. 1999. Clinical Practices and Procedure. In Oher, J.M. (Ed). *The Employee Assistance Handbook*. New York, NY: John Wiley & Sons.

De Vaus, D. 2001. *Research Design in Social Research*. London: SAGE

De Vaus, D. 2002. *Surveys in Social Research*. 5th ed. Maryborough: Routledge

De Vos, A.S. 2005. Qualitative data analysis and interpretation. In De Vos, A.S. (Ed.), Strydom, H., Fouche, C.B & Delpport, C.S.L. *Research at grassroots for the social sciences and human service professions*. 2nd ed. Pretoria: Van Schaik Publishers

Delpport, C.S.L. & Roestenburg, W.J.H. 2011. Quantitative Data-Collection Methods: questionnaires, checklists, structured observation and structured interview schedules. In De Vos, A.S. (Ed), Strydom, H., Fouche, C.B. & Delpport, C.S.L. *Research at grass roots for the social sciences and human service professions*. 4th ed. Pretoria: Van Schaik Publishers.

Department of Labour. 2003. *EAP technical assistance guidelines*. Cape Town: Department of Labour.

Department of Public Service and Administration. 2008. *Employee Health and Wellness Strategic Framework for the public service: A guide for Government Departments*. Pretoria: Department of Public Service and Administration.

Department of Public Service and Administration. 2000. *Draft National Instruction: 4/2000: A guide for Government Departments*. Pretoria: Department of Public Service and Administration.

Dessler, G. 1997. *Human Resource Management*. 7th ed. Upper Saddle River, NJ: Prentice- Hall.

Dickman, F. 2003. *Employee Assistance Programmes: Basic Concepts, Attributes and an Evaluation*. 3rd ed. Springfield, Illinois: Charles C. Thomas.

Dickman, F., Challenger, B.R., Emener, W.G. & Hutchinson, W.S. 2000. *Employee Assistance Programmes: Wellness / Enhancement Programming*. 3rd ed. Illinois: Charles C. Thomas Publishers.

Dickman, F., Challenger, B.R., Emener, W.G. & Hutchinson, W.S. 1988. *Employee Assistance Programmes*. Charles. C. Thomas Publishers.

Du Plessis, A. 2001. Occupational Social Work in South Africa. *Employee Assistance Quarterly*, 17(1):91-118.

Du Plessis, A. 1991. *A Society in Transition: EAP's in South Africa*. EAP Digest, March / April: 35 – 62.

EAPA-SA. 2004. *National Conference*. South Africa: Johannesburg

EAPA-SA.2005. *Standards for Employee Assistance Programmes in South Africa*. South Africa: Johannesburg.

EAPA Standards Committee Document. 2005. Pretoria: EAPA Standards Committee.

EAPA-SA Standards Committee Document. 2010. Pretoria: Employee Assistance Professional Association of South Africa.

EAPA-SA Standards Document. 2010. Pretoria: Employee Assistance Professional Association of South Africa.

EAPA-Exchange, January / February 1992, 17, (4). EAPA Association.

EAP Training Manual. 1998. Employee Assistance Professional Association. Pretoria: South Africa

EAPA-Exchange. 2002. Employee Assistance Professional Association (U.S) Arlington, USA.

Ekenberg, K. 1995. *Professional Liability of Midwives in Employment and Private Practice. Australian College of midwives incorporated*, 8(2):14-15.

Emener, W.G., Hutchison, W.S. & Richard, M.A. 2003. *Employee Assistance Programmes: Wellness / Enhancement Programming*. 3rd ed. Illinois: Charles C Thomas Publishers.

Employment Equity Act 55 of 1998. (Published in the *Government Gazette*, No. 19370. Pretoria: Government Printers).

Fouche, C.B. 2011. Evaluation Research. In De Vos, A.S., Strydom, H.; Fouche, C.B. & Delport, C.S.L. *Research at grassroots: For the social sciences and human service professions*. Pretoria: Van Schaik, 449 – 472

Fouche, C.B. & De Vos, A.S. 2005. Quantitative Research Designs. In De Vos, A.S., Strydom, H., Fouche, C.B. & Delport, C.S.L. *Research at grassroots: For the social sciences and human service professions*. 3rd ed. Pretoria: Van Schaik

Fouche, C.B. & Delport, C.S.L. 2011. Mixed method research. In De Vos, A.S., Strydom, H.; Fouche, C.B. & Delport, C.S.L. *Research at grassroots: For the social sciences and human service professions*. 4th ed. Pretoria: Van Schaik

Furnstein, B. & Brown, E.G. 2001. *New Partnership: Human Services with Business and Industry*. Cambridge, Mass: Schenkman.

Googins, B. & Godfrey, J. 1987. *Occupational Social Work*. New Jersey: Prentice Hall.

Gray, P.S., Williamson, J.B., Karp, D.A & Dalphin, J.R.2007.*Research imagination: An Introduction to Quantitative and Qualitative Methods*. New York: Cambridge University Press.

Grobler, P.A., Warnich, S., Carell, M.R., Elbert, N.F. & Hatfield, R.D. 2002. *Human Resource Management in South Africa*. 2nd ed. Thomson Learning.

Harper, T. 1999. *Employee Assistance Programming and Professional Developments in South Africa*. New York: The Haworth Press.

Hepworth, D. H., Rooney, R.H., & Larson, J.A. 2006. *Direct social work practice: Theory and skills*. Pacific Grove, Calif: Brooks/Cole Publications

Highley, J.C. & Cooper, C.L. 1994. *Evaluating EAPs*. Personnel Review. USA: Hazelden Foundation.

Holloway, F. 2006. Selling EAPs to Small Business. *Journal of Employee Assistance*, 36 (1):20.

Hopkins, J. 2003. The Employee Assistance European Forum (EAEF) and its Role in the Emerging EA Market in Continental Europe. In Masi, D. (Ed). *The International Employee Assistance Compendium*. 3rd ed. Masi Research Consultants.

Jacobson, J.M. & Attridge, M. 2010. Employee Assistance Programs (EAPs): An Allied Profession for Work/Life. In Sweet, S. & Casey, L. (ed). *Work and Family Encyclopaedia*. Chestnut Hill, MA: Sloan Work & Family Research Network.

Kirt-Ashman, K. & Hull, G.H. 2006. *Generalist Practice with Organizations and Communities*. 2nd ed. Pacific Grove, CA: Brooks/ Cole.

Kruger, M.E. & Spies, G.M. 2006. The Rights of the Sexually Abused Child. In Speis G.M. (Ed) *Sexual Abuse: Dynamics, assessment and healing*. Pretoria: Van Schaik Publishers.

Kumar, R. 2005. *Research Methodology. A Step-by-Step for beginners*. Australia: Addison Wesley Longman.

Kuzman, P.A. & Akabas, S.H. 1981. *Occupational Social Work for the 21st Century*. National Association of Social Work Press, 26:52-60.

Labour Relations Act No. 66 of 1995 (Published in the *Government Gazette*, No.16861. Pretoria: Government Printer).

Ligon, J. & Yegidis, B. L. 2003. Programme Planning and Evaluation of Employee Assistance Programme. In Hutchison, W.S. & Emener, W. G. *Employee Assistance Programme*. USA: Charles C Thomas.

Lilly, A. 2007. Supporting Caregivers Returning to Work Following Humanitarian Missions. *Journal of Employee Assistance*, 37(1):18.

Maguire, L. 2002. *Clinical Social Work: Beyond Generalist Practice with Individuals, Groups and Families*. 1st ed. Pacific Grove, California: Brook/Cole-Thomson Learning.

Mahlahlane, C.M. 2003. *The Factors Influencing Supervisory Referrals to the Employee Assistance Programme in Telkom Pretoria Area*. Pretoria: University of Pretoria.

Maiden, P.R. 1997. *Employee Assistance Programmes in the New South Africa*. New York: Haworth Press.

Maiden, R.P. 2001. *Global Perspectives of Occupational Social Work*. New York: The Haworth Press.

Manzini, K. 2005. *Factors that Hinder the Utilization of the Employee Assistance Programme*. Unpublished Master's thesis. Pretoria: University of Pretoria.

Masi, D.A. 1992. *The AMA Handbook for Developing Employee Assistance and Counselling Programmes*. USA: Amacon.

Matlape, M.G. 2003. *Strategic Positioning of EAP in South African Workplaces*. Unpublished Master's thesis. Johannesburg: University of Witwatersrand.

Matlawa, M. 2011. Personal Interview, EAP practitioner at Tzaneen Municipality. Limpopo. 22 March 2011.

Maynard, J. 2005. The Root Cause. *Journal of Employee Assistance*, 35(4):38-40.

Monfils, M.K. 1995. Needs Assessment and Implementation of an Employee Assistance Programme. *American Association of Occupational Health Nurses Journal*, 43 (5):265-272.

McAninch, J. 2006. Responding to an Industrial Disaster. *Journal of Employee Assistance*, 36(2):16-19

Mistretta, F.M. & Inlow, L.B. 1991. Confidentiality and the Employee Assistance Programme Professional. *American Association of Occupational Health Nurses Journal*, 39 9(2):84-86.

Moema, M.S. 1996. *Survey into Attitude of Black Mine Employees Towards EAP*. Johannesburg: Sage Publishers.

Mthethwa, Z.B. 2000. *The Development of an Employee Assistance Programme for the Department of Correctional Services in the Barberton Management Area*. Unpublished M. Social Work (Management) dissertation. Pretoria: University of Pretoria.

Mullins, L.J 1993. *Management and Organizational Behaviour*. Fifth Edition. London. Financial Times: Pitman Publishing.

Municipal Systems Act 32 of 2002 (Published in the Government Gazette, (8677) Pretoria: Government Printer)

Myers, D.W. 1984. *Establishing and Building Employee Assistance Programmes*. London: Quorum Books.

Occupational Health and Safety Act No.85 of 1993, as amended by the Occupational Health and Safety Act 181 of 1993 (Published in the *Government Gazette*, (14918) Pretoria: Government Printer).

Oher, J.M. 1999. *The Employee Assistance Handbook*. New York: Wiley.

Oxford English Dictionary. 2003. Clarendon Press: Oxford.

Paul, R. & Masi, D. 2002. Organizational Impact: Assessing the Needs of Employers. *EAPA Exchange*, (32):13-18.

Perry, R.W. & Cayer, N.J. 1992. Evaluating Employee Assistance Programme: Concerns and strategies for public employees. *Public Personnel Management*, Vol 21:1-8.

Peters, H.J. 1999. A value Driven Approach to the Operations of a South African EAP Vendor. In Maiden, R.M. *Employee Assistance Programmes in the new South Africa*. USA: Haworth Press.

People Dynamics Report. 1998. *HR Future*. South Africa: Johannesburg.

Phillips, R. 2006. Tying EAPs to the Big Picture. *Journal of Employee Assistance*, EAPA International, (36):18-27.

Phillips, S.B. 2004. Client Satisfaction with University Employee Assistance Programmes. *Employee Assistance Quarterly*, 19(4): 59-70.

Presnall, L. 1981. *Occupational Counselling and Referral System*. Salt Lake City: Utah Alcohol Foundation.

Public Service Commission. 2010. *Evaluation of the Policy and Procedure on Incapacity Leave and Ill-Health Retirement (PILIR) on Sick Leave Trends in the Public Service*. RP261. Pretoria: Communication and Information Services.

Robert, D.M. 1994. *Developmental Guidance and Counselling: A Practical Approach*. Minneapolis: Educational Media Corporation.

Roberts, A.R. 1999. *Crisis Management and Brief Treatment: Theory, Technique and Applications*. Chicago: Nelson-Hall Publishers.

Romano, M.E. 1995. *Redefining Supervisory Shop Steward Training*. In EAP Digest, Jan/Feb. page 10-28.

Ross, R.R. & Altmaier, E. M. 1994. *Interventions in Occupational Stress: a handbook of counselling for stress at work*. Sage. London.

Rozenky, R.H. & Wiens, B.A. 2006. Assisting Rural Employees Following Critical Incidents. *Journal of Employee Assistance*, 36 (2):21-23.

Sarantakos, S. 2005. *Social Research* (3rd ed). New York: Palgrave Macmillan.

Schoeman, L. & Petzer, S. 2005. *HIV Prevalence Study and Costing Analysis Undertaken for the Development of HIV/AIDS Workplace Strategy for Buffalo City*. Cape Town: Mills Litho.

Sithole, S. 2009. Evaluation of Employee Assistance Programmes: Theoretical Guidelines for Practice. *Social Work / Maatskaplike Werk*, 45(4):360-366.

Sithole, L. 2005. *The Need for Employee Assistance Programmes in South African Universities*. Unpublished thesis. Limpopo: University of the North.

Sithole, S. & Khorombi, N. 2009. Evaluation of Employee Assistance Programmes: Theoretical Guidelines for Practice. *Social Work/Maatskaplike Werk*, 45(4):360-366.

Skills Development Act No. 97 of 1998 (Published in the *Government Gazette*), Pretoria: Government Printers.

Sonnenstuhl, W.J. 1995. Peer Referral Networks and Utilization of a Union-Based EAP. *Journal of Drug Issues*, 25(2):291-312.

South African Local Government Association (SALGA), 2007. *The Framework for an Integrated Local Government Response to HIV and Aids*. Pretoria: State Printers.

Straussner, S.L. 2001. *Comparison of In-house and Contracted-Out Employee Assistance Programme*. New York: The Haworth Press.

Strydom, H. 2011. Ethical aspects of research in the social science and human service professions. In de Vos, A.S., Strydom, H., Fouche, C.B. & Delpont, C.S.L. *Research at grass roots: For the Social Science and Human Service Professions*. 4th ed. Pretoria: Van Schaik.

Tanner, R. 1991. Social Work: The profession of Choice for EAP's. *Employee Assistance Quarterly*, 6, (3) 71-84.

Taute, F.M. 2004. The appropriateness and necessity of short-term therapy in the context of the Employee Assistance Programme. *Social Work / Maatskaplike Werk*, 40(1):15-24.

Terblanche, L.S. 1992. The state of Art of EAPs in South Africa: A critical Analysis, in *Employee Assistance Quarterly*, 7(3), 17-27.

Taylor, P.A. 2010. Employee assistance program staffing: past, present and future. *Employee Assistance Quarterly*, 8(2):28-88.

The Public Service Commission (PSC). 2006. *Evaluation of Employee Assistance Programmes in the Public Service*. South Africa: Public Service Commission. Pretoria.

The White Paper on Transforming Public Service Delivery, notice no. 1459 of 1997.
Pretoria: Government Printer.

Oxford English Dictionary. 2003. Clarendon Press: Oxford.

Waynberg, R., Schroeder, D. & Chennels, R. 2009. *Indigenous Peoples, Consent and Benefit Sharing: Lessons from the San-hoodia Case.* New York: Springer Dordrecht Heidleberg.

Weiss, R.M. 1998. *Employee Assistance Quarterly.* Vol. 18 (3), Washington. The Haworth Press, Inc.

White, W.L., Sharar, D.A. & Funk, R. 2001. Elevating the business ethics of Employee Assistance. *Behavioural Health Management*, 21(4):38-40

Winegar, N. 2002. *Employee Assistance Programs in managed care: Marketing and selling EAPs.* New York: Haworth Press.

Yamatani, H. 1993. Suggested Top Ten Evaluations for Employee Assistance Programmes: An Overview. *Employee Assistance Quarterly*, 9 (2):65-82.

Zastrow, C. 2010. *Introduction to Social Work and Social Welfare: Empowering people.* 10th ed. USA: Brooks/Cole, Cengage Learning.

Zide, M.R. & Grey, S.W. 2001. *Psycho-Pathology: A competency-based treatment model for social workers.* Pacific Grove, CA: Brooks / Cole Thomson Learning.