

Evaluation of Employee Assistance Programmes in the Public Service

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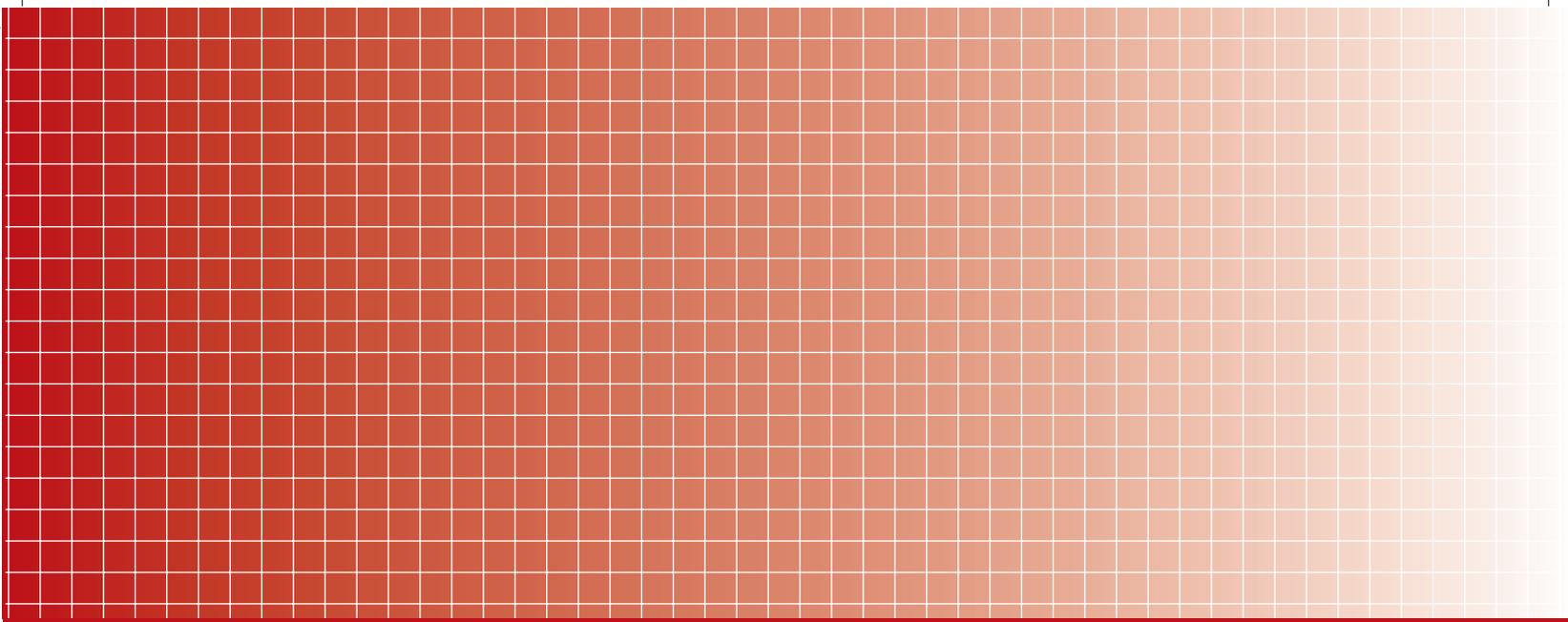


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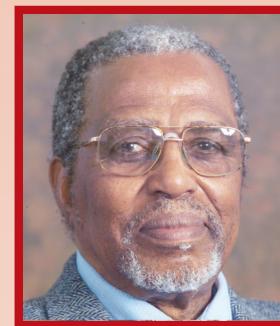
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ACRONYMS

AIDS	Acquired Immuno-deficiency Syndrome
ARV	Anti-retrovirals
BMR	Bureau of Market Research
DPSA	Department of Public Service Administration
EAP	Employee Assistance Programme
EAPC	Employee Assistance Programme Co-ordinators
FHI	Family Health International
HIV	Human Immuno-deficiency Virus
HIV+	Human Immuno-deficiency Virus sero-positive
HOD	Head of Department
HR	Human Resources
ILO	International Labour Organisation
KAP	Knowledge, Attitudes and Practices
KAPB	Knowledge, Attitudes, Practices and Beliefs
KISS	Keep it Short and Simple
MSAP	Minimum Standards Action Plan
NGO	Non-government organisation
OHS	Occupational Health and Safety
PAR	Participatory Action Research
PEP	Post Exposure Prophylaxis
PET	Peer Education and Training
PRB	Population Reference Bureau
PSC	Public Service Commission
SMS	Senior Management Service
SPSS	Statistical Package for the Social Sciences
STD	Sexually Transmitted Diseases
STI	Sexually Transmitted Infections
USA	United States of America
VCT	Voluntary Counselling and Testing



Foreword



Although Employee Assistance Programmes (EAPs) have been operating in another form in the South African Public Service as a function within Human Resource Management for decades, few comprehensive studies have been conducted into their functioning and efficacy in addressing the problems of workers in Public Service workplaces. In the light of the growing number of employees needing assistance due to organisational transformation, increased work stresses, as well as the impact of HIV and AIDS in the workplace, it is imperative to ensure the optimal functioning of EAPs in the Public Service. It was the aim of this project to investigate EAPs within the Public Service to determine their functioning, efficacy as well as the drivers of their effectiveness within the Public Service. Furthermore, some best practices on the functioning of EAPs in the Public Service were also identified and used together with the findings to derive recommendations to strengthen them.

It appears from the findings that there is a significant number of very effective EAPs within the Public Service that can serve as best practices to strengthen other EAPs that are currently not as effective. This is especially required to address the increasing number of employee problems in the workplace as well as the mounting impact of HIV- and AIDS-related problems in the workplace.

This report is presented for the benefit of Public Service managers to make them aware of the findings of this project, and to provide recommendations that can contribute towards strengthening EAPs within the Public Service.

This report is also part of the endeavours of the Public Service Commission to address a broad range of aspects pertaining to the functioning of the Public Service and its structures, in order to transform and strengthen such structures to ensure a better service to Public Servants and ultimately the broad populace making use of the services provided by the Public Service.

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

PROF SS SANGWENI
CHAIRPERSON: PUBLIC SERVICE COMMISSION

Executive Summary

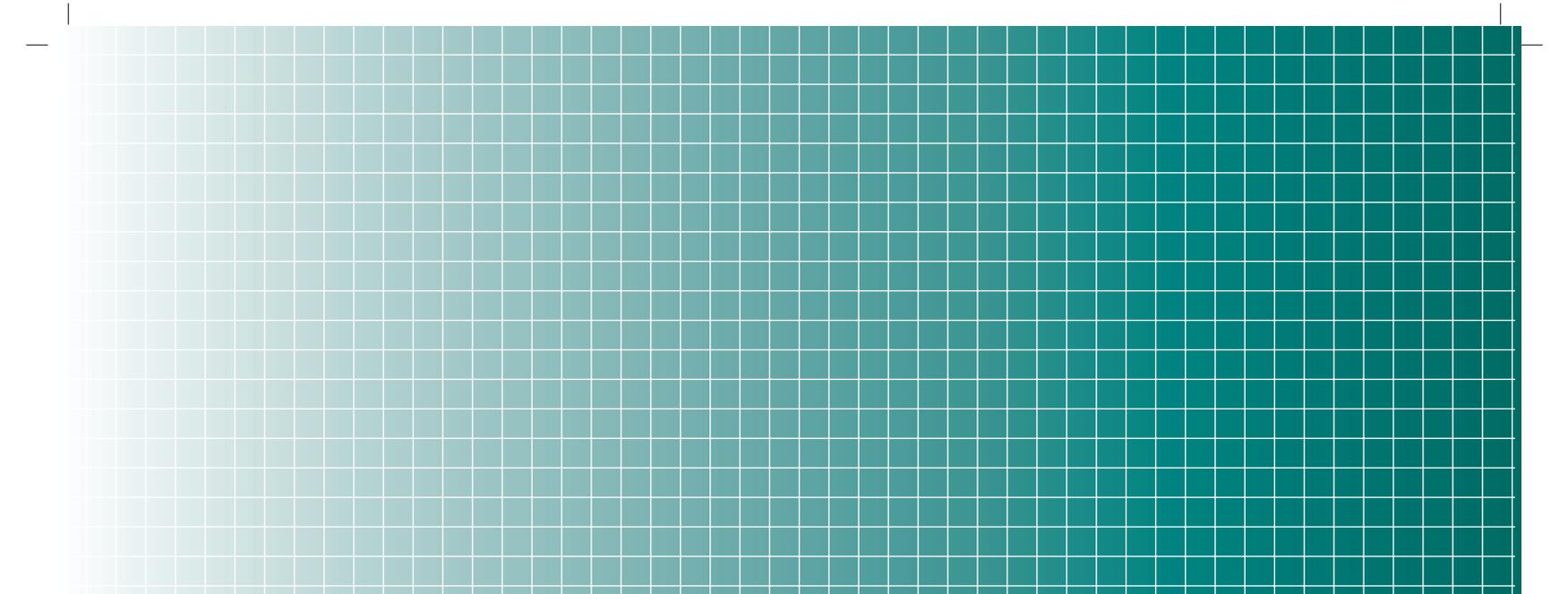
Employee Assistance Programmes (EAPs) have been established within the South African Public Service for some time where they focused on a variety of employee problems within the workplace including, inter alia, substance abuse and dependency, adaptation problems in the Public Service workplace, mental and personal relationship problems, dealing with disease, and providing counselling. Such EAPs benefited Public Service departments in various ways including, inter alia, addressing problems and improving performance and productivity.

This project had as its aim, to investigate the functioning of EAPs within the Public Service with a special emphasis on their effectiveness and best practices with regard to their functioning. It also aimed at developing guidelines to encourage departments to establish EAPs where such did not exist, and to monitor and evaluate the levels at which they are involved in the implementation of the policy framework on HIV and AIDS within the Public Service.

In order to achieve the abovementioned research objectives, the situational analysis approach developed by the Population Reference Bureau was used. This process encompassed the following steps: profiling, scoping, surveying, impact assessment, evaluation, and gap analysis, which are discussed in detail in this report. The institutional sample used for the analysis consisted of national Public Service departments as well as provincial departments in KwaZulu-Natal, Western Cape, Northern Cape, Mpumalanga and Gauteng. A total of 1 680 respondents provided their inputs in response to questionnaires that were distributed for the purposes of this study, while nearly 200 personal interviews and impact assessments were conducted. Furthermore, a total of 20 focus group discussions and a number of workshops were held in order to obtain detailed information about EAPs and their functioning within the Public Service. The data obtained was analysed and interpreted by making use of various analytical and interpretation software.

It was found that not all departments have developed and implemented policies on EAPs. However, the purpose of the study was not to analyze and critique departmental policies but to assess the implementation and effectiveness of EAPs in the workplace. In order therefore to guide the analysis of data and interpretation of findings, a heuristic model pertaining to EAPs was designed and used for these purposes. Two variables were included in the model, namely the level of comprehensiveness of the services provided by EAPs and secondly, their level of proactiveness in dealing with problems of workers. By means of this model four modes of operation of EAPs were identified, namely:

- EAPs that are either non-existent or play a limited role in a department while being reactive in the manner in which they operate in the workplace;

- 
- EAPs that render comprehensive services but only on a reactive basis. Such EAPs function on a patient-doctor model where employees with problems approach them and they are able to provide them with comprehensive services;
 - EAPs that provide limited services but for various reasons such services are proactive when dealing with the workplace impacts of potential problems of workers; and
 - Comprehensive EAPs that are also proactive. Such EAPs provide a variety of services to Public Service workers to address their problems, and also proactively provide information and services in an attempt to mitigate the impact of worker problems on the workplace.

Employees in national departments and in Gauteng provincial departments are generally satisfied with the services that are rendered by EAPs, while in KwaZulu-Natal, Western Cape, Mpumalanga and Northern Cape, respondents indicated lower levels of satisfaction with programmes providing employee assistance in the workplace. There were also significant differences in expectations of what EAPs should deliver and their actual service delivery, on both a national level as well as in the various provinces.

It was also interesting to note that full-time and part-time employees attached different levels of satisfaction to the functioning of EAPs. In this regard full-time workers indicated a lower level of satisfaction with EAPs than did part-time workers. This could be ascribed largely to the fact that full-time employees are more dependent on their co-workers to provide services for coping effectively within the workplace for a longer period of time.

There was very little difference between the ratings of EAPs provided by members of different population groups although the African population group attached a high importance to the effective functioning of EAPs in the workplace. This could be ascribed to the fact that such workers within transforming departments, and a growing number of work stresses, necessitate a higher level of support in order to cope effectively within the workplace, considering their previous disadvantaged circumstances.

This project also focused on determining the involvement of EAPs in mitigating the impact of HIV and AIDS in the workplace. Respondents were generally of the opinion that EAPs should be involved significantly in dealing with workplace impacts of HIV and AIDS, while at the same time indicating that presently EAPs were involved only to a limited extent in dealing with such impacts.

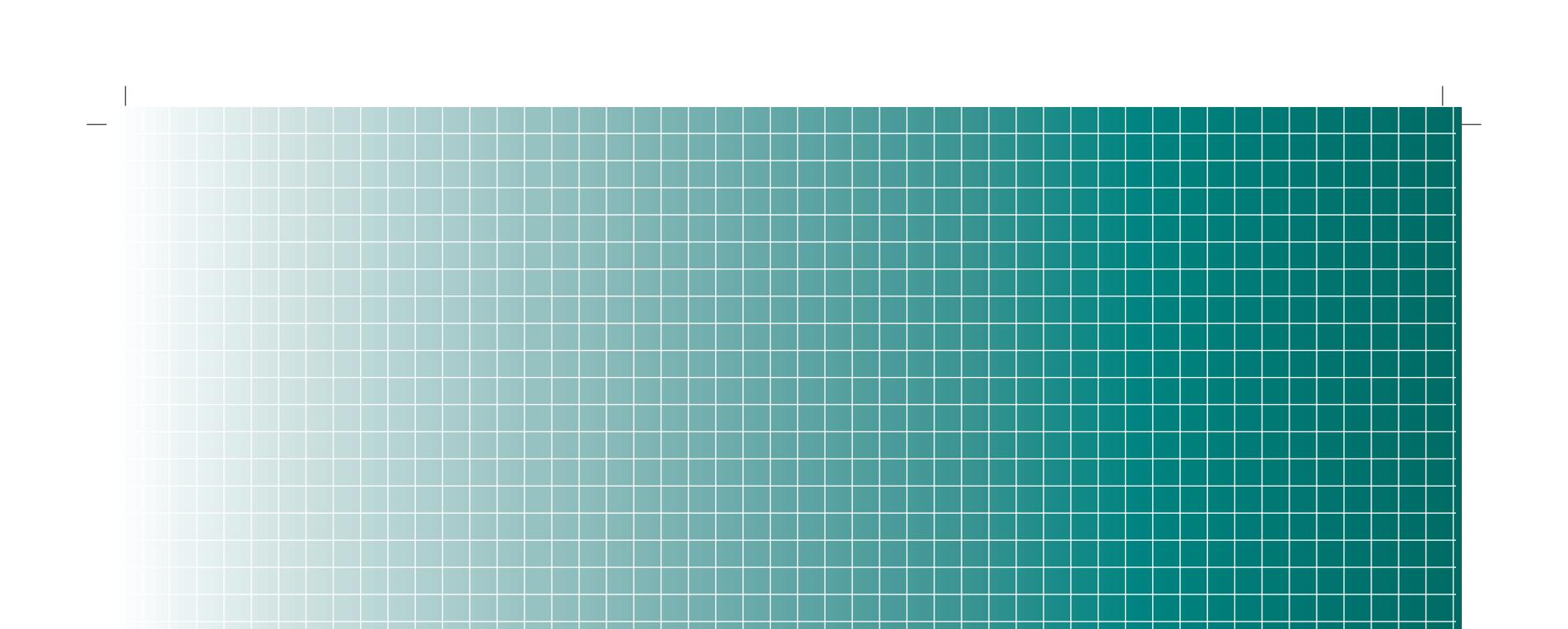
EAPs are generally well-implemented and well-received in most departments. However, the general feedback from respondents indicates a need for more comprehensive and wellness oriented EAPs within the Public Service. In instances where EAPs were effective in their functioning, their perceived success could to a large extent be attributed to the individuals responsible for such programmes. This became evident during focus group discussions when respondents referred to EAP co-ordinators in personal capacities as opposed to the role they play within the formal structures of their departments. Furthermore, the qualitative findings also show that EAPs are ideally suited to provide the required counselling, support, awareness creation and follow-ups to mitigate the overburdening of information about workplace problems.

By means of the research conducted, some pertinent issues impacting on the effectiveness of EAPs in the workplace were uncovered. These include:

- Leadership and management commitment to EAPs.
- EAP resources in the form of budgets and personnel.
- EAP co-ordinator dedication and passion.
- Communication by EAPs.
- Confidentiality by EAPs.
- Compassionate guidance by EAPs.
- Information provided by EAPs.

In this report much detail is provided regarding these issues impacting on the effectiveness of EAPs. For purposes of the executive summary, it is indicated that management commitment to EAPs and leadership thereof are the most important aspects influencing their successful functioning. It appears that the commitment and support of top and middle management to EAPs vary greatly in that some managers are very committed thereto and also to their strengthening within the workplace, while others are not seriously committed in this regard. Departments also differed significantly in terms of providing budgets and resources for EAPs, especially in national departments where there was a strong emphasis on capacitating them with sufficient resources and budgets, which was not necessarily the case in some provincial departments.

From the responses obtained during interviews and focus groups, it appears that EAPs that had the most impact were actively involved in awareness and education programmes regarding better and healthier lifestyles. Such EAPs had media and literature available to employees requiring information, e.g. about being more effective at work, or how to overcome substance dependency or other personal problems.

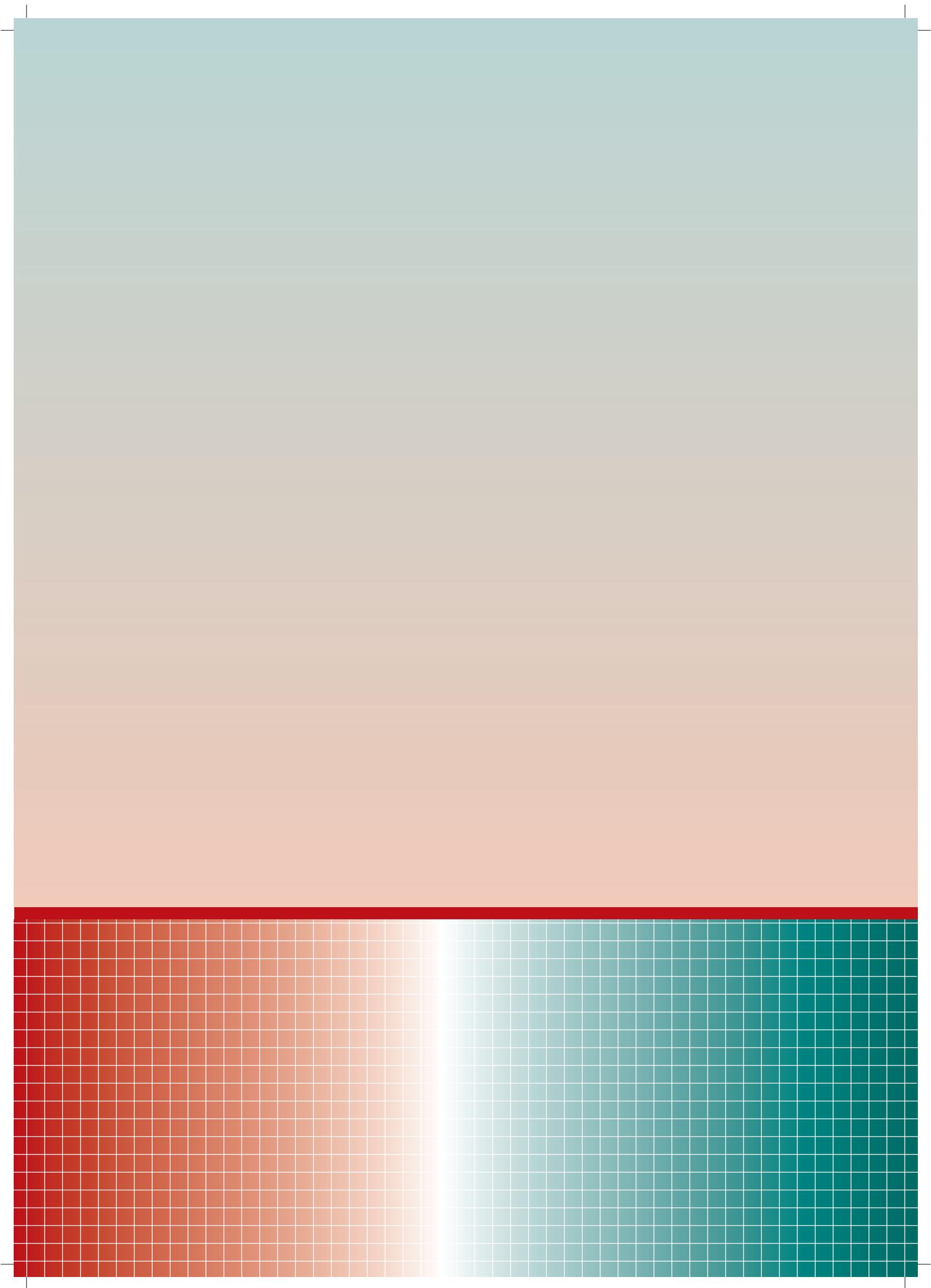


On the basis of the findings of this study, this report also provides some recommendations for strengthening EAPs within the Public Service. These include, inter alia, methods for strengthening management commitment to and involvement therein, improving management support to EAPs, providing sufficient budgets and resources, improving communication of EAPs to affected employees and ensuring their confidentiality, using performance agreements to strengthen EAPs, as well as the provision of compassionate guidance and comprehensive information. Some recommendations are also provided on transforming EAPs into wellness centres, as well as a list of services to be provided by EAPs and wellness centres. Such services include, inter alia, risk management, the provision of awareness and education programmes, providing counselling and support, providing peer education training, providing a call centre and providing confidential assistance to employees in need thereof.

Some guidelines for the involvement of EAPs in dealing with HIV and AIDS in the workplace are also provided. It was emphasised that in order for EAPs to strengthen their functioning, especially in the light of a growing prevalence and broader range of workplace problems to deal with, ideally they should:

- Have an emphasis on overall wellness.
- Have a comprehensive and all-inclusive service delivery in the context of overall wellness.
- Re-skill and retool EAPCs to deal with a broader range of workplace problems.
- Communicate EAP services to Public Service workers.
- Provide health and wellness education.
- Provide peer education training and counselling.
- Provide support to Public Service workers infected and affected by HIV and AIDS.
- Provide lifestyle and disease management.
- Provide monitoring and evaluation instruments to test the efficacy of EAPs within the workplace.

Finally, the necessity of continuously evaluating and monitoring the efficacy of EAPs in dealing with employee problems in the workplace can not be over-emphasised. This is required especially to ensure ongoing improvement with regard to EAPs in the Public Service as well as for their strengthening to deal more effectively with a growing number of employee problems especially in the light of the HIV and AIDS impact.



Chapter One

Introduction

1.1 Background to the Report

Employee assistance programmes (EAPs) were implemented in the South African Public Service to deal with various employee problems long before HIV and AIDS became known, and long before transformation imperatives generated a broader range of workplace problems to deal with. They were originally introduced to deal with various problems that public servants encountered that had a direct bearing on their productivity in the workplace, including, inter alia:

- substance abuse and/or substance dependency;
- adaptation problems in the Public Service workplace;
- mental and personal relationship problems;
- employee conflict in the workplace;
- personnel development;
- dealing with disease (e.g. cancer); and
- need for counselling (e.g. occupational or clinical counselling).

EAPs benefit government departments by improving performance and productivity. This is done through various intervention programmes aimed at increasing attendance and avoiding absenteeism but also include activities involving communication, organisational commitment, staff turnover and dealing with interpersonal conflict.

As with many other non-core products and services, the management of EAPs tends to be outsourced by organisations. One of the main reasons for this is the need for confidentiality. When dealing with personal problems, it is essential that such problems are not spoken about openly in the workplace. From that point of view alone, it makes sense that a specialist professional function within the organisation manages often complex personal problems. It is notable that when an employee who has problems gets help, it usually boosts the entire team. It is also often unwise for just anyone inside a department to assume the role of a therapist if a problem stems from personal circumstances, and should rather be left to an EAP Coordinator in the organisation to deal with such problems.

The EAPs in departments were found to be involved at varying levels in dealing with HIV and AIDS, namely some EAPs are not at all involved, some are involved to some extent, and some are fully involved in dealing with HIV and AIDS in the workplace.

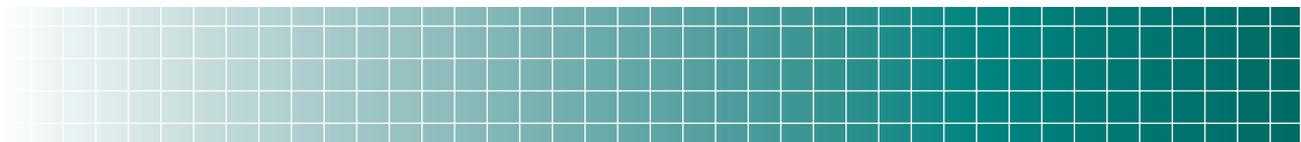
There is no doubt that EAPs also have a significant role to play in dealing with HIV and AIDS in the Public Service due to the fact that HIV and AIDS are not solely biological diseases with physical effects, but also impact on employees in various emotional and other ways that necessitate EAP involvement.

In view of the above the PSC conducted an evaluation of EAPs in the Public Service. Specific emphasis was placed on the role of the EAPs in dealing with HIV and AIDS.

1.2 Mandate of the PSC

In terms of Section 196 (4) (b) of the Constitution, 1996, read in conjunction with Sections 9 and 10 of the Public Service Commission Act, 1997, the Commission is empowered to investigate, monitor and evaluate the organisation and administration, and personnel practices of the Public Service.

In terms of Section 196 (4) (f) (iv) of the Constitution, 1996, the Commission may of its own accord or on receipt of a complaint, advise national and provincial organs of state regarding personnel practices in the Public Service



including those relating to the recruitment, appointment, transfer, discharge and other aspects of the careers of employees in the Public Service.

1.3 Objectives

The main objectives of the project were:

- 1.3.1 To establish the nature and functioning of EAPs within the Public Service.
- 1.3.2 To investigate the effectiveness of EAPs in the Public Service and to establish best practices with regard to their functioning.
- 1.3.3 To develop guidelines to encourage departments to establish EAPs where they do not exist.
- 1.3.4 To monitor and evaluate the level at which EAPs are involved in the implementation of the policy framework on HIV and AIDS in the Public Service.
- 1.3.5 To determine the ability of EAPs to absorb the mounting impact of HIV and AIDS and the availability of EAP measures to address the implications thereof.
- 1.3.6 To determine and define the roles of EAPs in addressing the problems of HIV and AIDS in the workplace within the Public Service.

1.4 Research Methodology

1.4.1 Background to the research methodology and data handling plan

In order to achieve the above-mentioned objectives with regard to the required EAP research, the situational analysis approach developed by the Population Reference Bureau (PRB) of the United States was used. This encompassed the following steps:

- Profiling: a profile of the role of EAPs in the various national and provincial departments was formulated by means of collecting primary data (obtained through interviews and surveys) and secondary data (existing data of departments). This included the role in terms of HIV and AIDS.
- Scoping: the issues that need to be taken into account when focusing on EAPs and their roles in the Public Service were determined. In addition, the issues were approached from the perspective of the Public Service being the 'duty bearer' with regard to the provision of employee assistance to public servants. This was done by conducting interviews and focus groups with major role players in the identified departments, as well as through the scrutiny of secondary data sources pertaining to the Public Service.
- Surveying: primary data was obtained by means of a questionnaire based on the minimum standards issued by the DPSA to monitor progress regarding the implementation of the HIV and AIDS policy framework and to determine the efficacy of EAPs in providing counselling, support and other services to public servants. Secondary data was obtained by focusing upon the issues relevant to EAPs and their roles in dealing with employee problems in the Public Service.

- Impact assessment: an assessment was made by means of interviews regarding the efficacy of EAPs in providing information and counselling services, and to identify the scope of EAPs within the Public Service.
- Evaluation: during this phase of the research an evaluation was made of best practices of the departments with regard to employee assistance programmes with the aim of formulating guidelines for the strengthening of EAPs to deal effectively with more acute and a wider range of problems in the public service. Such guidelines for best practices were discussed with Public Servants and others during the workshops conducted.
- Gap analysis: since one of the objectives of the current research was to investigate the implementation of EAPs within departments, a gap analysis was conducted to establish how effective and to what extent such EAPs have been implemented and are involved in dealing with HIV and AIDS in the workplace.

As part of this project, best practices regarding the implementation of EAPs, especially in the context of the policy framework on managing HIV and AIDS in the workplace and the roles of EAPs in dealing with HIV and AIDS, were identified. Workshops were conducted to disseminate the information to identified public servants with the aim of empowering them to strengthen their programmes and to share their views regarding their programmes with the researchers.

1.4.2 Research Methodology and Data Handling Plan

The situation analysis described in section 1.4.1 can be seen as a form of Participatory Action Research (PAR) and is characterised by a 'bottom-up' approach that relies on participation and collaboration between public servants and the research team and focuses on empowering public servants at the most basic level. This is especially important since the results of the research and the concomitant action taken will impact on the working environment of public servants. This approach also ensured that public servants experienced 'ownership' of the research and the results.

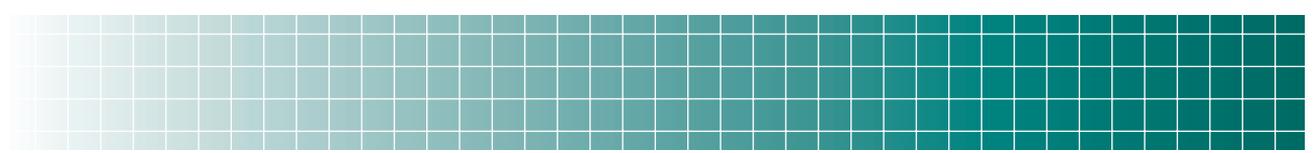
1.4.3 Population, Sampling Frame and Sample

The total institutional sampling frame for this project consisted of national departments, as well as provincial departments in KwaZulu-Natal, Western Cape, Northern Cape, Mpumalanga and Gauteng. Only five provinces were selected due to budgetary constraints.

The sample for the study as well as the response rates are provided in table 1 below.

Table 1: Sample and respondent numbers and response rate to questionnaire, gap and risk analysis, by department

Departments	Sample	Respondents	Response rate (%)
National	900	368	41
Gauteng	390	325	83
KwaZulu-Natal	480	173	36
Western Cape	390	390	100
Mpumalanga	300	251	84
Northern Cape	330	172	52
Total	2 790	1 679	60



It is clear from table 1 above that a total response rate of 60 % was obtained. The highest response rate, namely 100%, was obtained in the Western Cape, followed by Gauteng and Mpumalanga at 83% and 84% respectively. The lowest response rates were obtained from KwaZulu-Natal and the national departments. Apart from the questionnaires that were distributed and collected, in total 91 personal interviews were conducted, 90 impact assessments were completed and in total 20 focus group discussions were held.

1.4.4 Research Instruments and Data Collection

The various methods of data collection and the rationale behind these methods are discussed below.

1.4.4.1 Personal Interviews

Personal interviews were conducted with the departmental representatives responsible for the implementation and co-ordination of the EAPs as well as HIV and AIDS policies and programmes. These interviews gave the representatives an opportunity to openly express their views and opinions regarding the implementation and effectiveness of the EAPs in the Public Service as well as their effectiveness in dealing with HIV and AIDS. This allowed the research team to gain in-depth knowledge and improved understanding of the challenges and difficulties faced regarding the practical implementation and the functionality of EAPs in this context.

It should be re-emphasised that although the HIV and AIDS co-ordinators were predominantly targeted in terms of the research, the personal interviews were conducted with both EAP and HIV and AIDS co-ordinators. This was due to the fact that not all departments had managed to fully integrate their units. This allowed the researchers to gain an even broader insight into the issues affecting the effectiveness of the EAPs, as challenges were identified by individuals dealing both directly and indirectly with the programmes.

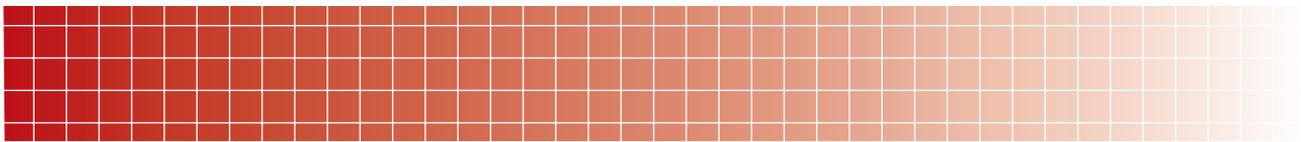
1.4.4.2 Focus Groups

Focus groups provided an environment where public servants could discuss certain issues and formulate ideas and opinions that would otherwise be difficult with an individual interview or questionnaire.

The interaction between public servants in a focus group created a synergistic environment and provided insights into people's shared experiences and opinions of HIV and AIDS, of EAPs in general, and of those dealing specifically with HIV and AIDS-related issues in the workplace. The Focus Groups were also very important in identifying the underlying, more emotional issues so relevant to EAPs, such as the need for care and compassion.

1.4.4.3 Questionnaires

Since stigma and discrimination are focal points when conducting any study concerning employee problems and the roles of EAPs in the Public Service, it was imperative that public servants were able to voice their opinions anonymously. Questionnaires provided an effective and anonymous way for public servants to state how they felt, what they thought and the challenges they faced.



1.4.4.4 Workshops

Feedback workshops provided an effective solution to a number of issues. They provided a first opportunity for researchers to share their findings with departmental HIV and AIDS co-ordinators as well as with a large number of senior managers within the Public Service. They also served as a source of relevant and valuable information due to the fact that the attendees raised their views, opinions and experiences with regard to the findings being presented. They also provided the researchers with an opportunity to test and refine certain recommendations that arose during the primary research.

1.4.5 Data Coding, Analysis and Interpretation

The quantitative data obtained by means of questionnaires, interviews and impact assessments were coded, back-checks were completed and such data were captured onto data files. These were subsequently converted to Statistical Package for the Social Sciences (SPSS) format and analysed by conducting the following analyses by means of SPSS:

- frequency analyses;
- descriptive analyses obtaining means and standard deviations; and
- cross-tabulations coupled with inferential analyses such as chi-square and correlation analyses to test for significant differences.

In addition to the analyses conducted by SPSS, gap analyses were performed to determine the sizes of gaps between the desired and perceived levels of service.

The qualitative data (ie focus group and in-depth interview data) were captured onto MS-Word files and were analysed by making use of qualitative data analysis techniques. After completion of the quantitative and qualitative data analyses the results were interpreted, presented during workshops and used to draft this report.

1.4.6 Limitations of the Project

Any research project has some limitations that need to be kept in mind when perusing, discussing and implementing the results thereof. In the case of this project the following limitations apply:

- not all provinces were included and therefore the results are not representative of all provinces in South Africa;
- not all EAPs in all national and provincial departments were focused on. Therefore, there is no guarantee that all forms of EAPs found in the Public Service will be reported on; and
- it did not comprise a longitudinal study but a once-off survey, therefore policy and programme impacts were not determined over a period of time.

However, every effort was made to ensure that extraneous impacts on the quality of the project were controlled to obtain high quality research results, despite the afore-mentioned limitations.

Chapter Two

Overview of Employee Assistance Programmes

2.1 Introduction

Employee Assistance Programmes, (EAPs), have been in existence in some form since the early 1940s. Early programmes focused on individuals whose alcohol use affected their job performance and thus were called, 'Occupational Alcohol Programmes'. Dickman and Challenger (1988) report that 'the EAP movement began... with one recovering alcoholic worker sharing his recovery with another.'

By the early 1970s, the scope of services provided by EAPs broadened and the number of companies implementing EAP programmes increased significantly. The business community recognised that many everyday life stresses could also impact negatively on an employee's ability to perform well in the workplace. By 2003 more than 88 % of Fortune 500 companies provided EAP services in their workplaces. This number is expected to increase to 96 % by 2006.

The fiscal benefit of an organisation providing an EAP is measured in both hard and soft costs. Hard costs can be measured objectively and include statistics such as employee health insurance claims, absenteeism, workers' compensation costs, and accidents at work. 'Soft' costs are more difficult to measure, taking into account worker retention, training, and personal and workplace satisfaction that directly impact on employee productivity. Fluctuations in these figures are not necessarily attributable only to the impact of EAPs. However, studies that were conducted comparing the hard and soft costs of an organisation prior to and immediately following the implementation of a comprehensive EAP showed that the cost benefit was substantial.

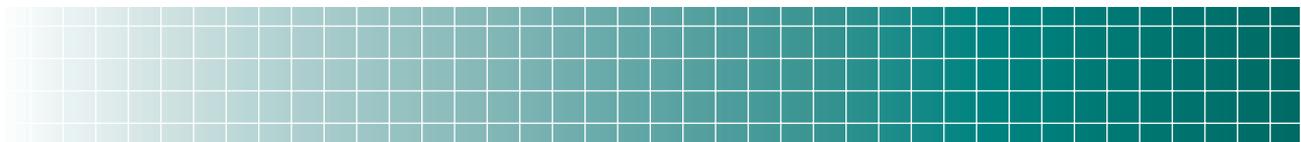
Research shows that people today live with 65 % more stress than 20 years ago. Today, a modern day EAP will typically include assistance with-

- marital and family conflicts;
- job stress;
- alcohol and drug abuse;
- eating disorders;
- financial difficulties;
- legal needs;
- separation or divorce issues;
- grief and loss;
- parenting;
- relationship issues;
- anxiety, depression and/or anger concerns; and
- physical/sexual/emotional abuse communication problems.

Generally EAP programmes represent a commitment by an organisation to improve the well-being of its employees through a programme that provides assistance in dealing with personal difficulties. Today, more and more organisations branch out to executive coaching as part of their EAP programme. Executive coaching focuses on the executive to identify roadblocks, explore the future, solve problems, manage stress and plan for change. Table 2 provides a short summary of what the aims of an EAP programme are.

Table 2: Summary of aims of an EAP programme

EAPs aim to increase:	EAPs aim to decrease:
<ul style="list-style-type: none">• Attendance• Communication• Organisational commitment• Performance and productivity	<ul style="list-style-type: none">• Absenteeism• Accidents• Interpersonal conflict• Staff turnover



As with many other non-core products and services, the management of EAPs tends to be sourced out by organisations. One of the main reasons for this is the need for confidentiality. When dealing with personal problems, it is essential that such problems are not spoken about in the workplace corridors. From that point of view alone, it makes sense that a specialist professional company manages often complex personal problems. It is notable that when an employee who has problems gets help, it usually boosts the entire team. It is also often unwise for anyone inside a department to assume the role of a therapist if a problem stems from personal circumstances.

2.2 Priorities for the Successful use of EAPs

A number of priorities for the successful use of EAPs can be seen, namely:

- Productivity must be seen as a strategic issue surrounding EAPs. This paradigm change will facilitate the use of productivity-enhancing solutions such as EAP, and communicating department leadership commitment to such practices.
- The use of EAPs should be based on an informed set of expectations, which will have an impact on their strategic objectives. When using EAPs management's focus should not be only to meet the department's business objectives, but also to achieve optimal utilisation of organisational resources (factors of production) namely, capital employed, company assets or equipment, as well as human beings.
- EAP systems should be less reactive, and rather develop a more proactively preventative and facilitative role. A reactive or treatment focus is inclined to develop a stigma against those who are identified as needing counselling and support from EAP, whereas a proactive focus can be used to transform the organisational culture as a whole to a more caring and supportive one.
- There is room in most organisations for EAPs to be positioned in Occupational Health and Safety (OHS), social responsibility, and as a component of human resource benefits. This situation may be suitable for most companies, but unfortunately will not lead to optimal benefits from EAPs. EAPs fulfil organisational development functions, and should therefore be positioned as a central part to all human resource management functions in an organisation.
- EAP professionals often contribute to undermining EAPs within organisations because of their having an overly caring focus and a limited business focus. For them to be able to respond to, and anticipate EAP needs within a company, there is a need for EAP professionals to be aware of how the application of the EAP can improve the functioning of individual employees and therefore the organisation as a whole. This awareness will facilitate their ability to support the company and its employees in a manner that really matters to the company.

It must be emphasised that EAPs are not an aid for dealing with problem employees. They are frequently regarded as a way in which organisations must take responsibility for the overall well-being of employees in the face of the modern day pressures placed on their performance.

2.3 International Perspective on the Establishment of EAPs

EAPs are understood by USA, UK and Australian authors as programmes to assist employees to perform better in an organisation as well as being suppliers of these programmes. Therefore in literature the suppliers used to provide EAP services are often erroneously identified as the actual EAPs.

Literature reviewed suggests that a generic definition of EAPs could be: A confidential and professional service provided as a benefit to employees that complements and extends in-company resources in the constructive and supportive management of people impacted on by concerns in their personal and work lives. In this definition, the following should be highlighted:

- EAPs are confidential.
- EAPs are professional.
- EAPs are part of employee benefits.
- EAPs are there to deal with concerns in the personal and work lives of people.

The core service offered through an EAP is professional assessment, referral and counselling. Interestingly, HIV and AIDS counselling do not form part of the literature regarding EAPs that was generated outside South Africa. The emphasis appears to be on assessment, referral and counselling for substance abuse and stress-related issues. The biggest challenges identified by suppliers and users (employers) of EAPs are:

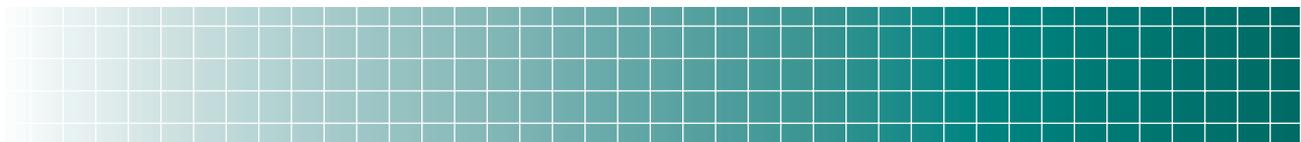
- Are they managing workplace wellness within the confines of keeping individual confidentiality at an acceptable cost?
- Which elements of an EAP programme will be added or eliminated from the total programme offering?
- How deep should a counsellor delve into the problem experienced by an individual?
- What must be handled by EAPCs within the organisation and what must be referred to outside co-ordinators?

In the UK and Australia, the preference is for EAPCs to be qualified psychologists, social workers or occupational therapists. Not surprisingly, in these countries users of EAPs indicated very high levels of satisfaction with the outcomes of counselling sessions. Still, the real challenge for the future of EAPs in both these countries is to remove the label that is often attached to this form of intervention.

The question can be raised as to why EAPs are necessary. The pressures on people in a modern working society have increased the stress of workers. An increased focus on short-term results (with a resultant downsizing and/or multi-tasking) has resulted in many people working under long-term pressure. This in turn may lead to people who cannot cope without some sort of support mechanism. Table 3 shows some of the major reasons for the introduction of EAPs in the USA.

Table 3: Major reasons for introducing EAPs in the USA

To assist with	To reduce	To improve	To manage
Policy implementation Counselling Downsizing Reactions to a crisis Specific needs or events Problem diagnosis Problem expression Problem dissipation Problem solution	Litigation Costs Absenteeism Staff turnover Accidents Withdrawal Conflict Stress Anxiety	Success Morale Commitment Performance Profits Productivity Quality Image/PR Perks Benefit package Feedback Coping skills Health	Change Problem people Stress Uncertainty Environment



In the USA, the rapid growth in the EAP industry (where quite a number of EAP supplier companies exist) resulted in the industry being regarded as ill-defined and amorphous. It is often described as a one-stop-shopping-centre for all workplace health and human resources issues. It is accepted that EAPs in the USA are not easily defined. Programmes are diverse in scope, balanced somewhere between an occupational and a healthcare role. Within the field there is no clear sense of a common mission or set of goals. EAPs lack a research and empirical base as well as publication of theoretical frameworks, best practices, evidence-based decision applications, and cost-effectiveness studies.

Within this context, Daniels, Teems and Carroll (2005) suggested ten rules to ensure quality in the delivery of EAPs. These are briefly discussed below:

Rule 1: Care is based on continuous healing relationships.

EAP clients receive services whenever and wherever they need them. Services are offered in many forms, including face-to-face, via the internet, or telephonically. Referrals to outside sources are made seamlessly and contact with clients and any outside providers of service is continuous until concerns are resolved.

Depending on where a person or organisation is located, the time of day that a need arises, and whether an EAP counsellor is available, often hinder access to an EAP. This rule suggests that EAPs should be responsive at all times and be available through a number of different mechanisms, including the internet and other technology resources.

Rule 2: Customisation is based on client/company needs and values.

EAPs are designed to meet the most common types of needs as well as the capacity to respond to individual client and company choices and preferences. Clinical interventions as well as all other services provided by EAPs are customised according to clients' and companies' values, strengths and desires.

Rule 3: The client company is a source of control.

Clients/companies have the necessary information they need to make decisions about EAP interventions and services that impact on them.

Rule 4: Shared knowledge and the free flow of information are necessary.

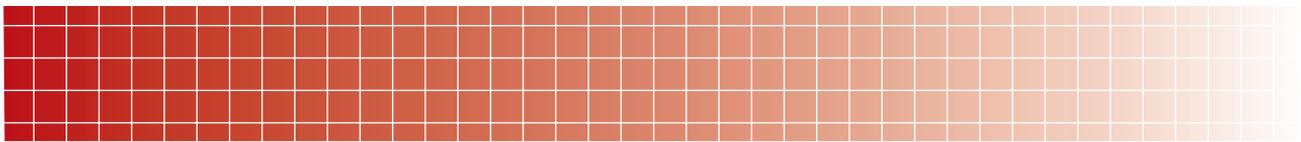
For organisations to be able to make their own decisions about their care, it is essential that they have access to information about their situation and possible interventions, consequences of choices, and other information. One way to ensure this is to provide organisations with access to records. This is not a regular practice for EAP suppliers. The opposite, whereby it is difficult to access records, is more common. Confidentiality, liability, and lack of clinical understanding are the reasons most often listed for this. It is incumbent on EAP practitioners to educate clients about their record content and to implement the proper policies and procedures to assure confidentiality. Another important issue related to this rule is that employers/ organisations have all the necessary information they need to be able to make decisions about EAPs and about introducing employees into the EAP system. Again, EAPs cannot hide behind confidentiality when a work organisation must have information that impacts on the well-being of its workforce.

Rule 5: Decision-making is based on evidence.

Clients and companies receive services based on the best available scientific knowledge. Services do not vary from practitioner to practitioner or from location to location. EAP suppliers make referrals to services that are also evidence-based.

Rule 6: Safety is a system priority.

Clients and organisations receive services that are emotionally and physically safe. This requires that delivering



on EAPs needs to be compassionate, caring, and trusting. EAPs also pay attention to systems and processes that assure safety and prevent errors.

Rule 7: All aspects of delivering an EAP must be transparent.

While services are transparent, this is balanced with the need to protect sensitive client information as far as possible.

Rule 8: Needs must be anticipated.

Implicit in this rule is the idea that EAP providers carefully plan their services, and that these plans are based on dialogue and observation about needs and desires of clients and organisations. EAP providers must shift from being good at reacting to events, to the ability to anticipate what these events might be.

Rule 9: Productivity is ongoing.

One challenge for the EAP field is to develop basic standards and performance measures around timeliness, availability, staffing requirements and other indicators of successful programme access. Minimising waste must become an important focus of EAP providers, particularly in a larger environment of shrinking resources. Interventions, outreach efforts, training, and other programme components are conducted in ways that do not waste the resources (including time) of EAP staff, those serviced by EAPs, and those supporting and hosting EAPs.

Rule 10: Co-operation between professionals is essential.

There is an active collaboration and communication between clinicians, practitioners, and outside programmes to ensure that information is appropriately exchanged and care is coordinated. These ten rules were developed as a first step towards ensuring that quality standards are assured in the field of delivering EAPs in the USA. These steps could also be considered as guidelines in other environments. Particularly challenging for the South African environment, will be the way in which organisations deal with HIV and AIDS in the workplace. Apart from all the normal day-to-day pressures experienced by South Africans, HIV and AIDS add to the emotional and physical stress that workers have to endure.

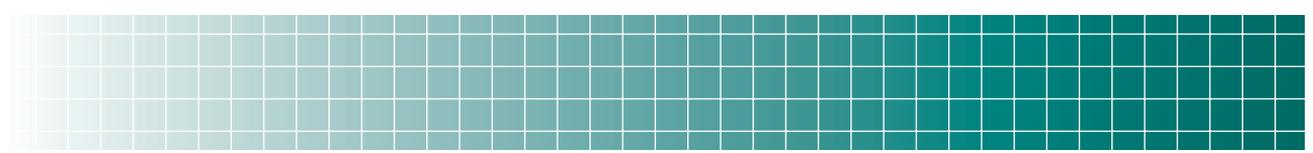
2.4 EAPs in the South African Public Service

Central to the socio-economic well-being of any country is an able Public Service. Especially in South Africa with its high divorce rate, many organisational stresses and millions of people in the population being infected and/or affected by HIV and AIDS and its various other socio-economic challenges, it is of vital importance to provide mitigating services to Public Service workers to have a productive and effective Public Service to ensure adequate service delivery.

Should the ability to provide such services by the Public Service be impacted upon by issues such as marital and family conflicts, job stress, substance abuse, eating disorders, HIV and AIDS, financial difficulties, etc amongst Public Servants, it would undoubtedly be severely detrimental to the welfare of South Africa.

One way of strengthening the Public Service in this regard is to implement an effective health and counselling infrastructure and EAP to ensure that the public servants are able to perform their duties optimally.

There is particular pressure on the Public Service specifically with regards to HIV and AIDS. The potential impact of HIV and AIDS creates a heavy burden for workplace programmes (such as EAPs) to deal with the counselling, support, awareness creation and follow-up within the Public Service. AIDS strikes at the heart of the Public Service's primary role of providing a range of social and economic services to the public and private sectors.



Teachers absent from the classroom, customs officials absent from cargo clearing stations, or healthcare personnel so overworked that they cannot provide quality patient care - all are realities in the era of HIV and AIDS and all undermine the Public Service's role in society. Therefore EAPs can play an important role in not only reducing HIV and AIDS related absenteeism, but also improving productivity due to increased emotional and physical health.

2.5 EAPs and HIV and AIDS

EAPs are about confidentially and professionally supporting employees impacted on by concerns in their personal and work lives. As HIV/AIDS is a concern that impacts on the personal and work lives of employees and requires confidential and professional interventions it follows that the principles that underscore EAPs can be applied to public servants infected and affected by HIV and AIDS as well. However, in the case of the South African Public Service it was found that HIV and AIDS issues are often dealt with in isolation compared to the many EAP-related issues that confront employees. For instance:

- Management sometimes draft HIV and AIDS policies while not involving all relevant stakeholders.
- Many departments have prevention programmes such as awareness and condom distribution campaigns in place. Only some departments have integrated HIV and AIDS prevention into existing programmes and none of the departments have formally evaluated their prevention programmes.

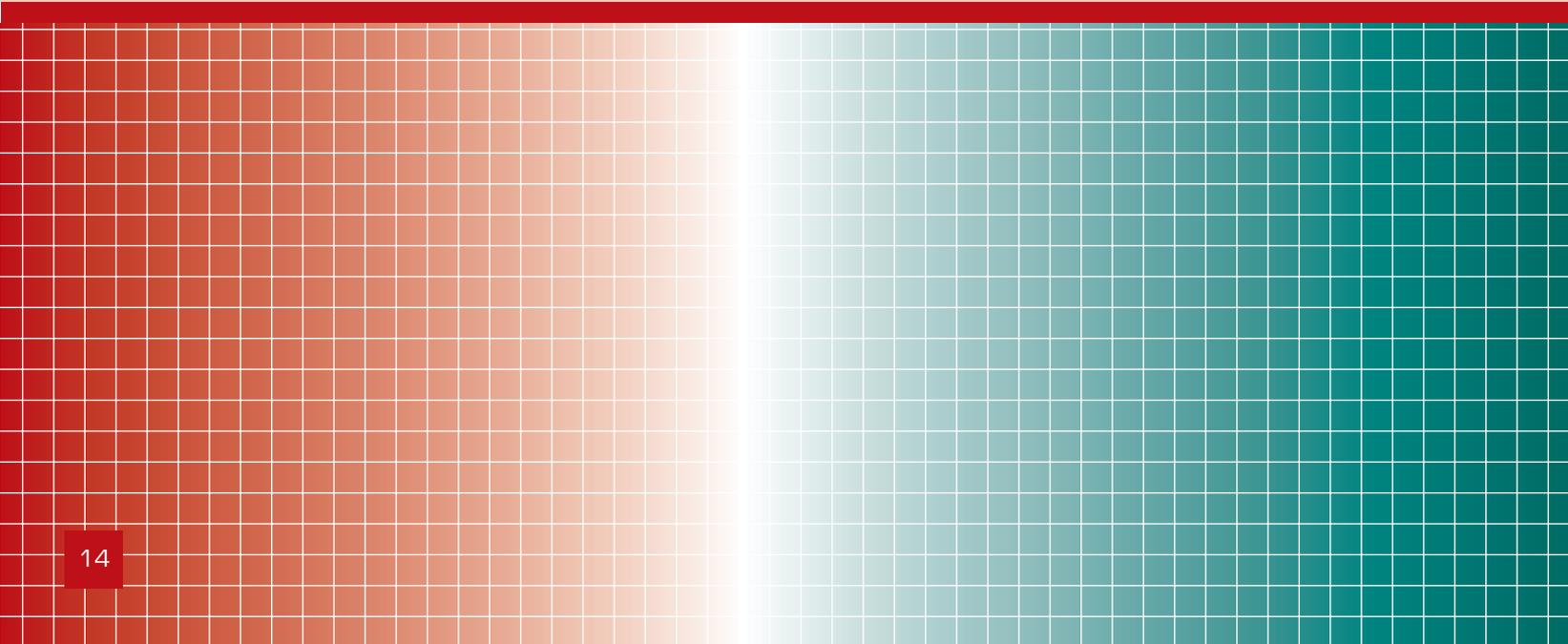
If the following scenario is considered, it becomes evident that the management of HIV and AIDS should be slotted under the group of services provided for in an EAP programme: A public servant has a spouse who contracted HIV and now has full-blown AIDS. Gradually the burden of attending to the day-to-day family chores falls on him/her. Apart from the additional stress that this creates, the family finances are also constrained, not only due to immediate medical needs, but also from a long-term point of view. What if the spouse dies and they lose that income? How will the children be affected? Will it be possible for them to continue living in their house?

This scenario identified various types of pressure. For instance:

- Financial pressure.
- Pressure of having to deal with more of the household chores.
- Emotional pressure.
- Often a relationship is also subjected to distrust.

The immediate trauma of coping with the news is aggravated when the person realises the risk of discussing the situation with any of his/her colleagues who in turn may discuss it with someone else and the rumour spreads that the employee may also have contracted HIV?

From the above it is evident that there are opportunities for a full spectrum of EAP services. It is also clear why HIV and AIDS issues in the workplace should be part of the bigger wellness programme of an EAP.



Chapter Three

Analysis of Departmental Policies on EAPs

3.1 Introduction

Most departments recognize that problems of a personal/work-related nature can have an adverse effect on an employee's job performance. Employee Assistance Programmes (EAP) are therefore introduced by organizations who have the interest of their staff at heart. The programmes are designed to provide eligible employees and their immediate families with professional, confidential, short term assistance in dealing with a variety of problems.

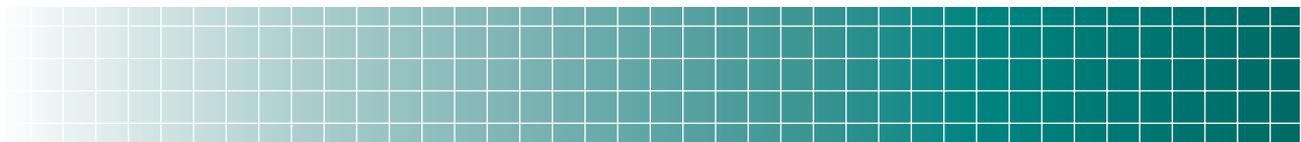
These programmes vary considerably from department to department in design and scope. Some focus on specific problems whilst others adopt a holistic approach to a range of employee and family problems. It was found that at national level and in the five provinces that participated, 23 departments have comprehensive EAP policies and programmes, 16 have limited EAP policies and programmes and 11 have draft EAP policies and programmes in place. Where such policies are in place, they do provide an overview of the nature of EAPs provided and the principles that underscores their utilization.

An analysis of the departmental policies on EAPs is provided in this chapter. A summary of the most critical issues covered by various departmental policies has been made.

3.2 Nature of Assistance Provided for by Departmental Policies on Employee Assistance Programmes

The departmental policies make provision for a range of issues in respect of which assistance can be provided to employees through EAP. These issues include but are not limited to-

- abusive relationships;
- childcare and eldercare issues;
- emotional or behavioural disorders;
- family and marital discord;
- family violence;
- HIV and AIDS counselling;
- legal problems;
- marital, family and relationship problems;
- personal indebtedness and financial management problems;
- psychological problems;
- stress (family, social, job, etc.);
- substance abuse (alcohol, drugs, prescription medication) and other addictive behavior such as gambling;
- work-related problems;
- bereavement counselling;
- cultural diversity;
- internal conflict management and resolution;
- life skills development and management services;
- retirement preparation;
- stress management;
- substance abuse prevention management;
- trauma debriefing;
- unsatisfactory work performance;
- women in the workplace; and
- reasonable accommodation.



It should be noted that the issues raised above have been extrapolated from all departmental policies as analysed. This shows that departmental policies provide for an array of issues pertaining to employees' health and wellness.

3.3 Common Objectives Covered by Departmental Policies on Employee Assistance Programmes

The most common objectives of EAPs in the departments that have EAP policies are to:

- Provide constructive assistance to employees and their immediate family members who are experiencing any form of personal problems such as physical illness, mental and emotional illness, family distress, financial, alcoholism, drug dependency, legal or others.
- Render a confidential service aimed at assisting employees by helping them to improve their efficiency and quality of life by means of preventative and remedial activities.
- Timeously identify, assess and refer troubled employees/underachievers to specialist treatment (internal or external service providers) for successful re-integration into the work environment.
- Prevent a decline of performance from employees with normally satisfying job performance and potential.
- Establish and maintain a holistic approach to remedy personal, social and emotional problems.
- Increase the level of interpersonal skills amongst employees in departments.
- Enhance the quality of life of all employees.
- Provide employees with a fulfilling, safe and healthy working environment.

It is clear that EAPs have a focus on ensuring a healthy and productive workforce.

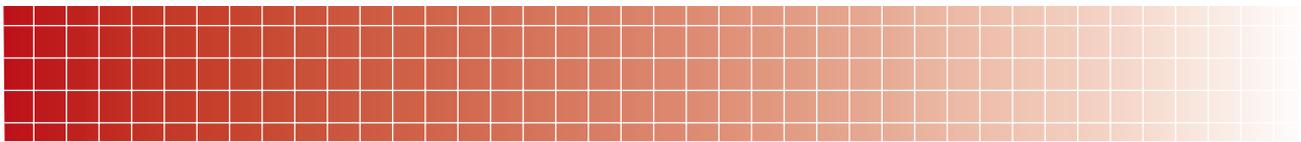
3.4 Responsibilities in Respect of Employee Assistance Programmes

EAP policies define the responsibilities and rights of role players. In this regard, the following role players and their responsibilities are articulated.

3.4.1 Employee Assistance Programmes Co-ordinator

The departmental policies provide for the appointment of an Employee Assistance Programme Co-ordinator, who is tasked with the following:

- To formulate policies and strategies of the EAP.
- To advise on the implementation of the EAP.
- To assist EAP service providers to correctly position the EAP within departments in order to optimize benefits.
- Ensure continued promotion and awareness of the EAP within departments in close collaboration with EAP service providers.
- Develop action plans in conjunction with all the relevant stakeholders.

- 
- Co-ordinate and maintain a strong working alliance between supervisors, employee representatives, employees and EAP service providers.
 - Continuously conduct monitoring and evaluation of the EAPs' implementation to assess whether these policies are still relevant given the ever changing environment in which departments function.

3.4.2 Employee's Rights and Responsibilities

The following are employees' rights and responsibilities pertaining to EAPs:

- Personal information concerning participation in the EAP is maintained in a confidential manner.
- Participation in the EAP shall not jeopardize an employee's job nor prejudice any opportunity for promotion or advancement.
- Leave and time-off shall be granted in accordance with departments' standard policies and procedures for professional assessment, counselling and treatment.
- Employees must take full responsibility for their own health and fully participate in the programme.
- It is the responsibility of the employee to maintain satisfactory job performance.
- Policies define criteria for 'additional' treatment emanating from the application of EAPs. These criteria take into consideration whether an employee has medical aid or not and the affordability of additional treatment.

3.4.3 Managers' and Supervisors' Responsibilities

The following are the responsibilities of managers and supervisors with regard to EAPs:

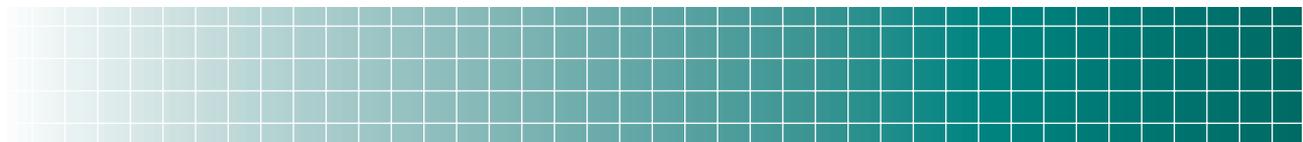
- Address work performance problems through normal supervisory procedures.
- Be consistent and treat all employees fairly and equally.
- Make employees aware of the agreed job performance standards, disciplinary code and/or EAP procedures in instances where job performance is declining to unacceptable levels.

3.5 Confidentiality

All departmental policies on EAP emphasize the issue of confidentiality. This is intended to ensure that employees confide to an appropriate person without these issues being made known except with their explicit consent. Furthermore, these policies state that the status of an EAP Co-ordinator should be that of an impartial professional adviser, concerned primarily with safeguarding and improving the well-being of employees. The EAP Co-ordinator is also tasked to consider any situation from both the employer and the employees' point of view and strive to ensure that neither is put at risk. This means that the EAP policies strictly emphasize the fact that the service is confidential and anonymous and that EAP records are kept separate from the normal personnel records. These policies further emphasize that employees who seek employee assistance will not jeopardize their job security, compensation, promotional opportunities and/or reputation.

However, some of these policies indicate that there are limits to the confidentiality of records. The limits that were identified include:

- the requirement by law and/or professional obligation, for the EAP Co-ordinator to report abuse or negligence on issues such as child abuse;
- disclosure of records to an external professional adviser for the purpose of ensuring that assistance required is continued;

- 
- reporting on situations which are deemed potentially 'life threatening' (when there is sufficient evidence to raise serious concerns about the physical well-being and safety of the employee, or about others who may be threatened by the employee); and
 - compliance with a court order or a subpoena.

3.6 Referral Procedure

In terms of Departmental policies, an employee can access EAPs in three ways, and these can be implemented in different forms, namely self-referral, informal referral and formal referral by the supervisor.

- **Self-Referral**

Employees experiencing personal or social difficulties can approach the EAP Co-ordinator directly and may subject themselves to the EAP counselling at any time. Employees who voluntarily seek EAP counselling services but who do not want their supervisors to have knowledge of their attendance are allowed to arrange these appointments outside of the normal working hours.

- **Informal Referral**

When an employee experiences personal or social difficulties and on advice of other people (e.g. a colleague, supervisor, friend, family member, etc.) seeks assistance from the EAP Co-ordinator, this process is referred to as an informal referral.

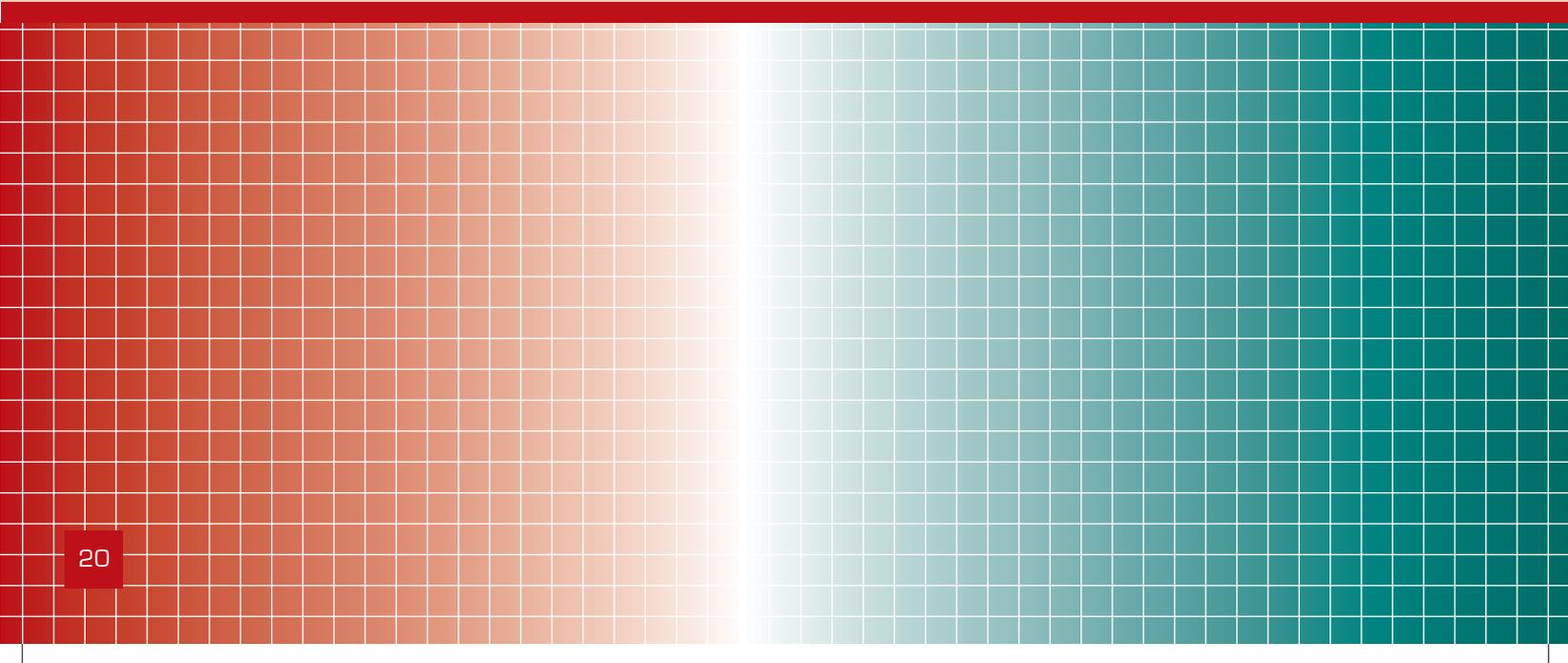
- **Formal Referral**

An employee may be referred to an EAP Co-ordinator for assessment or counselling by his or her supervisor whenever the supervisor is concerned about a decline in employee job performance, attitude or behavior. The supervisor is then required to complete 'The Supervisor Referral Report', without mentioning the nature of the personal difficulty.

In addition to in-house processes, departments have established links with external service providers with a view to ensuring that:

- Employees and their immediate family members can access 24-hour national call centres every day of the year. The national call centres are normally toll-free numbers which enables employees and their dependents access to telephone counselling for psychological and emotional difficulties.
- Through this service, employees can also have access to legal and financial counsellors who can assist with appropriate advice for legal, financial and general life management difficulties.
- If it is evident during contact with the national call centres that employees and their dependents would benefit from 'face to face' sessions with appropriate counsellors at private practices, these would be set-up through the national call centres.
- Employees are entitled to eight personal counselling sessions per person per year at a place close to his or her residence or work. Each session will last approximately one hour and counselling is provided by fully qualified and registered clinicians.

On face value these policies should provide a sound basis for the implementation of the EAPs. However, the following two chapters examine the implementation of EAPs from a qualitative and quantitative perspective based on responses from public servants.



Chapter Four

Quantitative Overview of the
Implementation of EAPs in
the Public Service

4.1 Introduction

In this chapter some of the quantitative findings regarding EAPs in the South African Public Service will be provided.

Such information will pertain to two major issues regarding EAPs within the Public Service, namely:

- the functioning and efficacy of EAPs; and
- the role of EAPs regarding HIV and AIDS in the workplace.

As the basis for both the quantitative findings provided in this chapter and the qualitative findings provided in chapter 5, a heuristic model of EAPs within the Public Service was developed.

4.2 Heuristic Model of Employee Assistance Programmes in South Africa

It appears from the findings of the research that EAPs differ both in (1) the level of comprehensiveness of the services they render and (2) their level of involvement in dealing with HIV and AIDS in the workplace. On the basis of these two variables, the model shown in table 4 was created to structure the findings about EAPs.

Table 4: Heuristic model of EAPs in the Public Service

Reactive			
EAPs absent or limited in scope	Quadrant 1: Limited EAPs, reactive	Quadrant 2: Comprehensive EAPs, reactive	Comprehensive EAPs
	Quadrant 3: Limited EAPs, proactive	Quadrant 4: Comprehensive EAPs, proactive	
Proactive			

In **quadrant 1** EAPs are either absent or play a limited function in a department, while being reactive in the manner in which they operate in the workplace. Respondents who reported such EAPs in their departments indicated that:

- they only deal with a very limited number of issues, i.e. some counselling;
- they have limited capacity and are often budget-starved;
- there are no high-levels of visible management commitment to such units and they are often seen as a 'nice to have';
- they operate in a reactive fashion and only provide services upon request and therefore do not tackle workplace problems or potential workplace programmes proactively.

In **quadrant 2** an EAP renders comprehensive services but on a reactive basis. EAPs in this mode of functioning work on a 'patient-doctor' model where employees with problems – usually very serious problems – approach EAPs that are able to provide comprehensive services to them. Due to the fact that such EAPs do not provide a broad range of employee wellness programmes proactively, their services are often not known throughout their departments.

In **quadrant 3** limited EAP services are available, but for various reasons the service providers in such EAPs act proactively when dealing with the workplace impacts of potential worker problems. One reason for their involvement could be that they were requested to do so by management or employees. A further reason was that a person (or persons) in the EAP office developed a passion for helping people with specific problems, ie an EAP functionary could have a specific interest in conducting emotional trauma or substance programmes in the workplace.

In **quadrant 4** comprehensive EAPs are found that are proactive. It appears from respondents' views that due to their experience with employee counselling, support, awareness creation and follow-ups such EAPs are very successful in their efforts to provide assistance proactively to employees and dealing with a wide range of problems.

By making use of the quantitative data obtained in the surveys conducted for the purposes of this project, an assessment was made regarding the level at which EAPs function within Public Service workplaces and the level at which they are actually involved in HIV and AIDS issues in the workplace, and the level at which they should be involved. Such findings will be given and discussed below.

4.3 The Functioning and Efficacy of Employee Assistance Programmes Within the South African Public Service

The level at which respondents were satisfied with programmes providing employees with assistance and the level of importance that they attach to such programmes can be seen in table 5 below. In this table the mean scores of respondents in different provinces (on a 5-point scale) regarding their satisfaction with such programmes and the importance thereof are shown.

Table 5: The satisfaction of respondents with programmes providing employee assistance and the importance they attach to such programmes, by province

Provincial/National departments	Current level of satisfaction (5-point scale)	Importance (5-point scale)
National	3,26	4,53
Gauteng	3,12	4,53
KwaZulu-Natal	2,55	4,62
Western Cape	2,61	4,18
Mpumalanga	1,97	4,58
Northern Cape	2,51	4,41

The table above indicates that at both national and provincial levels, respondents attach great importance to programmes providing employee assistance in the workplace. With the exception of National Departments and Gauteng, there appear to be significant gaps between the levels of satisfaction with such programmes and the importance attached to such programmes.

An age group breakdown regarding levels of satisfaction and importance of the said programmes is provided in table 6.



Table 6: The satisfaction of respondents with programmes providing employee assistance and the importance they attach to such programmes, by age group

Age group	Current level of satisfaction (5-point scale)	Importance (5-point scale)
16 – 24 years	2,96	4,40
25 – 45 years	2,70	4,47
46+ years	2,87	4,38

It is evident from the above table that there are significant gaps between current levels of satisfaction and importance. During focus group discussions it was evident that respondents between the ages of 25 – 45 years, where the biggest gaps were experienced between satisfaction and importance, were of the opinion that although they had great personal well-being, personal improvement and lifestyle management needs that could be addressed by programmes providing employee assistance in the workplace. Such programmes were often largely limited in the scope of services offered and often only provided such limited services upon request, and thus not comprehensively or proactively.

It is interesting to note from table 7 that although both full-time and part-time employees attach a high (and very similar) importance to programmes providing employee assistance in the workplace, full-time employees were less satisfied with such programmes.

Table 7: The satisfaction of respondents with programmes providing employee assistance and the importance they attach to such programmes, by employment status

Employment status	Current level of satisfaction (5-point scale)	Importance (5-point scale)
Full-time employed	2,71	4,44
Part-time employed	2,97	4,52

According to table 7 it appears from the focus groups that full-time employees have a greater expectation that they will be supported in the workplace and are generally not satisfied with the current level of assistance they experience in the workplace.

There also appears to be interesting differences in the levels of importance attached to programmes providing employee support by members of different population groups as is evident from table 8 below.

Table 8: The satisfaction of respondents with workplace programmes providing employee assistance and the importance they attach to such programmes, by population group

Population group	Current level of satisfaction (5-point scale)	Importance (5-point scale)
African	2,75	4,56
Asian	2,78	4,37
Coloured	2,62	4,29
White	2,82	4,23

It appears from the above table that members of the African population group attached a very high importance to EAPs, especially proactive and comprehensive programmes providing assistance to employees to improve their well-being and functioning in the Public Service.

According to table 9 below, a very interesting relationship was found between the importance attached to workplace programmes providing assistance to employees and the HIV and AIDS risk group. The HIV and AIDS risk group was determined as part of a study on the implementation of the policy framework for managing HIV and AIDS in the Public Service.

Table 9: The satisfaction of respondents with workplace programmes providing employee assistance and the importance they attach to such programmes, by HIV and AIDS risk group

HIV and AIDS risk group	Current level of satisfaction (5-point scale)	Importance (5-point scale)
Very low risk	2,74	4,64
Low risk	2,73	4,48
Medium risk	2,66	4,36
High risk	2,75	4,39
Very high risk	2,96	4,28

The category in which an employee falls correlates with the level of importance placed on the programme. The higher the risk group the lower the importance that respondents place on such programmes. It became evident from many studies conducted by the Bureau of Market Research (BMR) and Markinor that the higher the lifestyle risk of somebody to contract HIV and AIDS, the more they believed that they are immune against debilitating diseases and conditions, with the consequence that they are of the opinion that they do not really need the services of workplace programmes providing assistance to employees. The following section will focus in more detail on the link between EAPs and HIV and AIDS in the workplace.

4.4 The Involvement of Workplace Programmes Providing Employee Assistance in Dealing With HIV and AIDS

It appears from table 10 below that in some of the provinces there is a stronger involvement of EAPs in HIV and AIDS issues, while in others there are large gaps between the current level of involvement and the level at which they should be involved.

Table 10: The level at which EAPs are involved in HIV and AIDS in the workplace and the level at which they should be involved, by province

Provincial/National departments	Current level of involvement (5-point scale)	Preferred level of involvement (5-point scale)
National	3,2534	4,4578
Gauteng	3,1662	4,4154
KwaZulu-Natal	2,5181	4,5238
Western Cape	2,6992	4,1872
Mpumalanga	2,0080	4,5401
Northern Cape	2,4132	4,2651
Average	2,7630	4,3850

The above table shows that with the exception of the national departments, the level of integrating EAPs into programmes against HIV and AIDS in the workplace is fairly low. Although the provincial EAPs can be placed in quadrants 1 and 2 of the model shown in table 4, there is a clear preference in both the national and provincial departments for EAPs to be operating in the 3rd and 4th quadrants. The gaps between current involvement and preferred involvement in HIV and AIDS issues in the workplace are especially significant in KwaZulu-Natal and Mpumalanga, the two provinces with the highest HIV-prevalence rates in South Africa.

As can be seen in table 11 below there are important gender differences between the level of preference for EAPs to be involved in HIV and AIDS issues and the current level.

Table 11: The level at which EAPs are involved in HIV and AIDS in the workplace and the level at which they should be involved, by gender

Gender	Current level of involvement (5-point scale)	Preferred level of involvement (5-point scale)
Male	2,7130	4,2932
Female	2,7935	4,4491
Average	2,7630	4,3850

It appears that females have a somewhat higher preference for such integration. This could be ascribed to the fact that females who are affected or infected by HIV and AIDS opined that EAPs are ideally suited to provide the necessary counselling, support, education and follow-up required by people infected and/or affected by HIV and AIDS in the workplace.

It is interesting to note in table 12 below that there are differences between different age cohorts regarding the levels of satisfaction with the involvement of EAPs in HIV and AIDS issues in the workplace.

Table 12: The level at which EAPs are involved in HIV and AIDS in the workplace and the level at which they should be involved, by age group

Age cohort	Current level of involvement (5-point scale)	Preferred level of involvement (5-point scale)
16 – 24 year olds	2,9730	4,3423
25 – 45 year olds	2,7138	4,3950
46 and older	2,8925	4,3645
Average	2,7630	4,3850

It appears from the table above that 16- to 24-year old public servants show the highest level of satisfaction while the cohort most affected by HIV and AIDS, namely 25- to 45-year olds, show both the lowest level of satisfaction with such involvement as well as the highest preferred level of involvement.

According to table 13 below, there appears to be an inverse correlation between the educational status of respondents and their satisfaction with the current level of involvement of EAPs with HIV and AIDS in the workplace.

Table 13: The level at which EAPs are involved in HIV and AIDS in the workplace and the level at which they should be involved, by level of education

Education group	Current level of involvement (5-point scale)	Preferred level of involvement (5-point scale)
Some secondary schooling	3,1600	4,2449
Secondary schooling completed	2,8098	4,2125
Post-grade 12 certificate/diploma	2,7906	4,4218
University degree	2,6435	4,4555
Average	2,7630	4,3850

It is evident from the table above that respondents with only some secondary education reported the highest level of satisfaction with the level of involvement of EAPs in the workplace while the respondents with a university degree reported the lowest level of involvement. Conversely, there appears to be a positive correlation between educational level and the importance being attached to EAPs playing an active role in dealing with HIV and AIDS in the workplace. The reason for this could be that more highly educated people are more informed about their overall health than those who are less educated and therefore require a broader range of health-related services, also in the workplace, to ensure optimum health.

Finally, there also appears as in table 14 below, to be population group differentials regarding the level of satisfaction with the involvement of EAPs in dealing with HIV and AIDS in the workplace.

Table 14: The level at which EAPs are involved in HIV and AIDS in the workplace and the level at which they should be involved, by population group

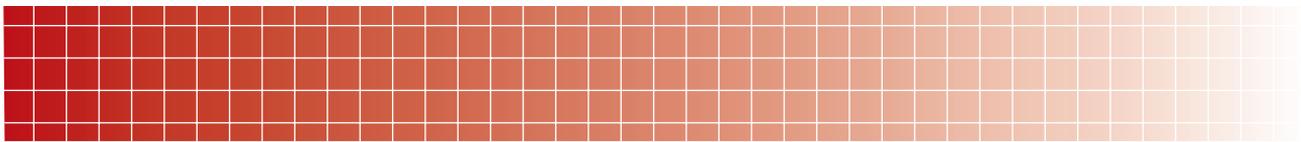
Population group	Current level of involvement (5-point scale)	Preferred level of involvement (5-point scale)
Africans	2,7648	4,4718
Asians	2,5889	4,3444
Coloureds	2,6997	4,2287
White	2,9458	4,2227
Average	2,7630	4,3850

It is evident from the table above that White respondents reported the highest level of satisfaction while Asian respondents indicated the lowest level of satisfaction with regard to current involvement. With regard to the preferred level of involvement, the African population scored the highest and the Coloured and White population groups the lowest.

It is clear from the discussion above that generally there is a strong need for EAPs to be involved in HIV and AIDS in the workplace, although satisfaction with current levels of involvement is fairly low. Whereas the current functioning of EAPs is presently mostly in quadrants 1 and 2, the preferred functioning is quadrant 4 where there are comprehensive EAPs addressing a broad range of employee problems in the workplace, including HIV and AIDS.

Chapter Five

Qualitative Findings



5.1 Introduction

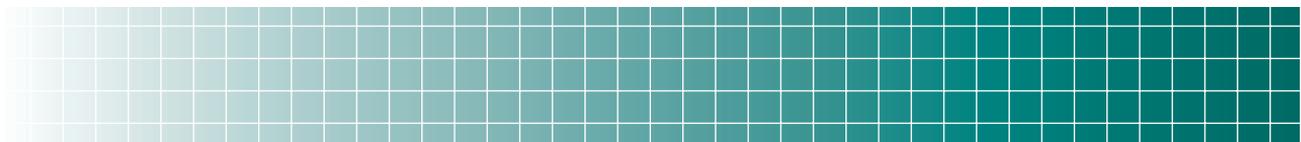
To obtain a qualitative or in-depth insight into and understanding of the issues affecting the implementation and effectiveness of EAPs various key managers were interviewed, and 20 focus groups with employees were conducted. This chapter will deal with the issue of EAPs both in isolation, and in terms of its impact on managing HIV and AIDS in the workplace.

Some of the key findings from the research were:

- Generally EAPs seemed to be well-implemented and well-received in most departments. The feedback from respondents was predominantly positive, specifically as obtained from the focus groups.
- The general feedback from respondents seemed to encourage a more comprehensive, wellness-oriented approach. Instead of isolating services and programmes (i.e. HIV and AIDS programmes), there was a shift towards an encompassing unit or comprehensive approach. Essentially there appears to be a definite need for comprehensive EAPs with large-scale involvement in HIV and AIDS in the workplace. This indicates a need for a quadrant 4 mode of EAP functioning as shown in the heuristic model in chapter 3.
- The perceived success amongst employees concerning the effectiveness of EAPs could be largely attributed to the EAPCs. This became evident during focus groups when respondents almost consistently referred to the EAPs in personal capacity, as opposed to a formal position or department.
- EAPs are seemingly ideally suited to continually provide the required counselling, support, awareness creation and follow-ups to mitigate against overburdening of information.
- The most important issue regarding EAPs is confidentiality. Fears of being marginalised, isolated, discriminated against or being compromised in any other way prevent numerous people from revealing seeking help for their problems, particularly in the case of their HIV status or problem with alcoholism or struggling to cope at work.
- Employee problems and AIDS-related diseases strike at the heart of the Public Service's primary role of providing a range of social and economic services to the public and private sectors. Teachers absent from the classroom, customs officials absent from cargo clearing stations, or healthcare personnel so overworked that they cannot provide quality patient care are all workplace realities and all undermine the Public Service's role in society. Therefore EAPs can play an important role in mitigating the impact of employee problems and diseases in the workplace.
- There is particular pressure on the Public Service to deal with the HIV and AIDS pandemic. This potentially creates a heavy burden for workplace programmes (such as EAPs) to deal with the counselling, support, awareness creation and follow-up within the Public Service.
- Public servants felt that they suffer from an overload of information about workplace problems, stress, substance abuse, personal problems and HIV and AIDS. Too much is communicated too often and it would appear that much of the information is not actually absorbed. There is a need for concise and accurate communication about these issues and how to deal with them.

5.2 The Role of EAPs in the Workplace

EAPs received predominantly positive feedback from the respondents, both the key managers and the employees. The benefit of programmes assisting employees to address personal problems and effectively improving morale



and productivity is invaluable. The major issues impacting on the effectiveness of EAPs are as follows:

- Leadership and management commitment to EAPs.
- EAP resources – budgets and personnel.
- EAPCs' dedication and passion.
- Communication by EAPs.
- Confidentiality by EAPs.
- Compassionate guidance by EAPs.
- Information provided by EAPs.

Most of these issues are similar to the issues raised in terms of EAPs dealing with HIV and AIDS. However, specific reference will be made concerning: confidentiality, compassionate guidance, and information.

The issue of confidentiality should be briefly discussed, as most confidentiality needs arose from the stigma surrounding alcoholism, HIV and AIDS and inability to cope in the workplace. Needless to say employees and respondents do not want these problems to be known. The slightest fear of confidentiality not being maintained will greatly affect the utilisation of EAPs by the people who need them most. Elements that effectively contributed to perceived and real confidentiality included the following:

- Having only qualified counsellors as EAPCs.
- Providing telephonic guidance, thus ensuring anonymity.
- Having EAPCs emphasise their contractual obligation to ensure confidentiality and subsequent actions that employee may take should confidentiality be compromised.
- Explaining the process whereby confidentiality is ensured (eg: keeping files locked up, etc).

Essentially EAPs should provide counselling and guidance to employees seeking assistance for certain problems. Thus these two needs should be discussed in further detail.

5.2.1 Compassionate Guidance

A need for emotional support was clearly stated, specifically not only in dealing with HIV and AIDS, but also when dealing with other sensitive problems. When reading this report it should be kept in mind that EAPs are meant to assist people who are often emotional and irrational and at times face very real, life-threatening or sensitive problems. For this reason it is crucial for the coordinator or counsellor to be able to provide emotional support to affected employees. Although many of the EAP personnel were indeed trained and qualified counsellors, it was found that in various instances the individuals were simply managing projects and forced into counselling capacities. Although some of these individuals did rise to the challenge, ideally only trained staff and personnel should provide counselling on sensitive issues.

5.2.2 Comprehensive Information

The provision of timeous and effective counselling hinges on comprehensive information where assistance can be obtained. A database of preferred service providers should be made available by the EAP unit as well as the cost implications and who would carry the costs. Practical scenarios were repeatedly tested during the research to identify the main needs of respondents relating to the utilization of EAPs. During a simulation session of an EAP unit the following information was repeated:

- Respondents clearly stated that they firstly, wanted to know where they could obtain help and why the recommended place was suitable. Information on how to access the venue and assistance with transport if necessary was also raised.
- There should be regular provision of updated information on who would be the point of contact and also a guarantee that there will be trust and confidentiality.

5.3 Qualitative Findings Regarding EAPs and their Involvement in HIV and AIDS in the Workplace

Having focused on some of the qualitative findings regarding EAPs in the workplace, the discussion that follows will provide some insights from the qualitative data regarding EAPs and their role in dealing with HIV and AIDS in the workplace. The aspects that will be focused on in this regard are:

- the role of management in strengthening EAPs;
- the role of communication in promoting EAPs;
- the role of budgets and resources in strengthening EAPs;
- the role of EAPs in dealing with stigma, confidentiality, disclosure and discrimination in the workplace;
- awareness, education and counselling services provided by EAPs; and
- follow-ups conducted by EAPs.

5.3.1 The Role of Management in Strengthening EAPs

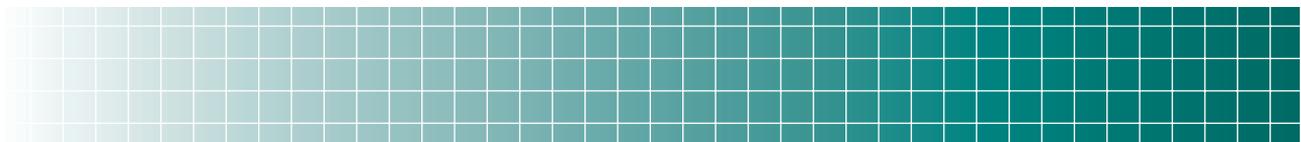
Management commitment and leadership have proven to be one of the most important aspects influencing the successful functioning of EAPs. The general impression regarding the role and influence of leadership is that commitment and support of top and middle management is extremely varied. Some respondents reported that management is very committed to EAPs and their involvement in dealing with employee problems in the workplace, while others were of the opinion that management is not seriously committed to the strengthening of EAPs in the workplace. Both groups of respondents were of the opinion that without visible top management commitment to the strengthening of EAPs, involving them in dealing with HIV and AIDS in the workplace, EAPs will not be able to play a significant role in mitigating against the impact of employee problems and disease on productivity.

5.3.2 The Role of Communication in Promoting EAPs

The Minimum Standards (DPSA, 2002) state that a head of department shall ensure that the health promotion programme includes an effective internal communication strategy. EAPs should be involved in such health promotion programmes as they have traditionally been involved in promoting the social, mental and physical health of employees through counselling, awareness programmes, life skills programmes and follow-ups.

However, EAPs have often been regarded as assisting public servants with serious mental, substance abuse and competence problems. The result is that they become a last resort for employees with serious personal problems to receive help. In instances where the role of EAPs was communicated as being an empowerment function within the department, that is available to improve the functioning of employees, EAPs are able to play a more pro-active role in ensuring higher levels of productivity within departments.

The objective of all good communication essentially should be to relay an understandable message that reaches its audience. A department may have a comprehensive EAP that also deals with HIV and AIDS, but if the



employees do not know about it or how to make use of it, it will be useless. The main issues influencing the effective communication of such programmes as identified by the employee and coordinator respondents are clarity, understandability, conciseness, interaction and participation.

5.3.3 The Role of Budgets and Resources in Strengthening EAPs

The Minimum Standards (DPSA, 2002) state that a head of department shall allocate adequate human and financial resources to implement health promotion programmes and, where appropriate, form partnerships with other departments, organisations and individuals who are able to assist with health promotion programmes. Employee assistance programmes have been involved in health promotion programmes for a long time and are therefore ideally suited to be involved in such programmes.

Departments varied significantly in terms of providing budgets and resources for EAPs. Those with budgets specifically allocated towards HIV and AIDS management and with EAPs being actively involved in such programmes, were consistently more successful in their provision of services to deal with HIV and AIDS in the workplace.

5.3.4 The Role of EAPs in Dealing with Stigma, Confidentiality, Disclosure and Discrimination in the Workplace

The Minimum Standards (DPSA, 2002) require that a head of department shall ensure that no public servant or prospective public servant is unfairly discriminated against on the basis of her or his HIV status, or perceived HIV status, in any employment policy or practice. A head of department shall take appropriate means to actively promote non-discrimination and to protect public servants who are HIV-positive or perceived to be HIV-positive from discrimination. The Minimum Standards further state that all public servants shall treat information on an employee's HIV status as confidential and shall not disclose that information to any other person without the employee's written consent. The head of department shall create mechanisms within the workplace to encourage openness, acceptance, care and support for HIV-positive public servants. Such mechanisms should preferably form part of a comprehensive EAP or health promotion programme.

Very few departments had specific programmes in place to combat the stigma surrounding HIV and AIDS and very few departments reported occurrences of disclosures. Many reported having systems in place to ensure the confidentiality of respondents, but few reported incidents of discrimination.

Probably the main obstacle hampering the utilisation of HIV and AIDS programmes is the stigma and fear surrounding it. Even where comprehensive HIV and AIDS programmes are in place, public servants are hesitant or afraid of making use of the available facilities, as it would implicate them as being either HIV-positive or clearly at risk thereof. The subsequent discrimination, be it in terms of career development or social life, is a big deterrent. The stigma surrounding HIV and AIDS is an intangible obstacle dealing with personal issues and emotions since there are no quick solutions to this problem.

One possible solution would be to involve EAPs not just in dealing with HIV and AIDS as has been discussed in this document, but to include HIV and AIDS under the ambit of the EAPs in order to ensure that an HIV-positive person entering EAP offices cannot be stigmatised solely for making use of EAP services. To facilitate this process it is recommended that EAPs be transformed into comprehensive wellness centres. Detailed recommendations in this regard are provided in chapter 7 of this document.

5.3.5 Awareness, Education and Counselling Programmes Provided by EAPs

From the responses obtained during interviews and focus groups that the EAPs with the most impact, in dealing with HIV and AIDS in the workplace, were actively involved in awareness and education programmes regarding better and healthier lifestyles. Such EAPs had media and literature available to employees requiring information, such as about being more effective at work, how to overcome substance dependencies, dealing with HIV and AIDS and how to overcome personal problems. Respondents cited dramatic changes in their perceptions of their health, their work lives, as well as people infected and affected by HIV and AIDS and many other lifestyle and health issues.

With regard to voluntary counselling and testing, the Minimum Standards (DPSA, 2002) state that a head of department shall encourage voluntary counselling and testing (VCT) for HIV and other related health conditions and, wherever possible, facilitate access to such services for public servants in the department. Provision of VCTs varied significantly. Some departments managed to arrange on-site VCT sessions on an almost quarterly basis, while others simply arranged with an external facility to provide VCTs on a daily basis. Some departments had never organised any event where public servants could undergo VCT. Respondents were of the opinion that EAPs could play an important role in being involved in the counselling aspects of VCTs since they have trained counsellors who have the necessary skills to provide pre-test, post-test as well as HIV and AIDS lifestyle counselling.

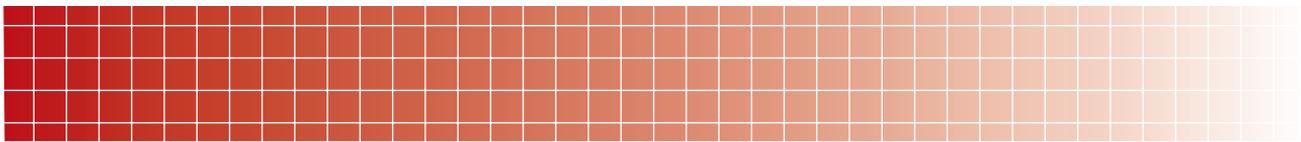
5.3.6 Follow-ups conducted by EAPs

The Minimum Standards (DPSA, 2002) state that the head of department shall introduce appropriate measures for monitoring and evaluating the impact of health promotion programmes among public servants. It is important that EAPs monitor the efficacy of all programmes conducted by them. For many years EAPs have used follow-ups as a method of ensuring the efficacy of programmes and monitoring their success. This encompasses that EAPs would follow-up on counselling and awareness programmes to ensure that information provided during such programmes, and insights arrived at, have long-term effects in people's lives.

EAP respondents expressed a need for a basic evaluation system that would enable them to effectively report on the status of health programmes implemented in the department. For example, the checklist indicated in the SA guide to disease management was mentioned as a solution to the current uncertainty surrounding monitoring and evaluating EAP implementation.

Chapter Six

Summary of the Main Findings



The majority of departments, on both national and provincial levels, had implemented some form of EAPs, which received predominantly positive feedback from respondents. However, the level of comprehensiveness of services that the EAPs rendered differed notably between the various departments. Not all departments have policies in place to inform the functioning of their EAPs. This can negatively affect management of EAPs and the principles that underscore them.

There is also a very strong shift towards having comprehensive wellness programmes that effectively cover a broad range of needs and problems, as opposed to separate programmes dealing with specific problems in isolation.

From the findings it became clear that with the exception of the national departments, the level of integrating EAPs into workplace programmes against HIV and AIDS is fairly low. In some of the provinces there is a stronger involvement of EAPs in HIV and AIDS issues, while in others there are large gaps between the current level of involvement and the level at which they should be involved. In many instances the EAPs stood in almost complete isolation from the HIV and AIDS units.

The key issues influencing the effective implementation and functioning of EAPs are:

- Management commitment.
- Leadership.
- Funding (budgets and resources).
- Personal dedication from the various operational personnel.
- Perceptions of EAPs.
- Stigma.
- Awareness and education.

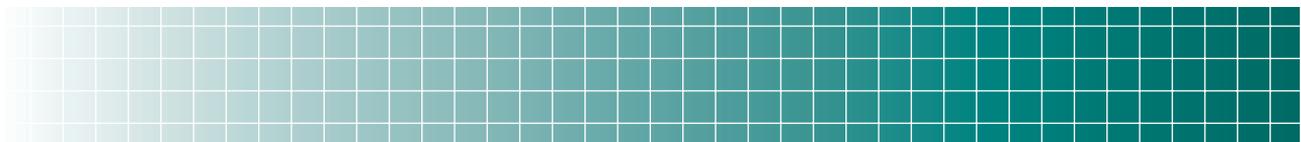
Generally, the impression regarding the role and influence of leadership is that commitment and support of top and middle management is extremely varied. Some respondents reported that management is very committed to EAPs and the involvement of EAPs in dealing with employee problems in the workplace, while others were of the opinion that managements are not seriously committed to strengthening EAPs in the workplace. The level of effective implementation was usually in direct correlation with the degree of commitment and involvement.

Departments differed significantly regarding budgets and resources for EAPs. Those with budgets specifically allocated to HIV and AIDS management and with EAPs actively involved in such programmes, were consistently more successful in their provision of services to deal with HIV and AIDS in the workplace.

The issue of adequate funding was found to be in direct relation to the commitment of management. Wherever an authoritative person (SMS) was committed to implementing and developing EAPs and HIV and AIDS disease management, funding would be relatively available.

Another important element that influenced the success or effectiveness of EAPs and HIV and AIDS disease management programmes was the personality, dedication and passion of the person directly responsible for the implementation of the programmes. Time and again successful programmes could be contributed to eager and dynamic personnel who were sincere about their jobs. The opposite was also true where it was found that where individuals were forced to act as EAP counsellors or coordinators or simply aimed to improve their CVs, the EAPs and HIV and AIDS programmes were usually not satisfactory.

Employees' perceptions of EAPs also affected its effectiveness. It appears from the findings that EAPs have often been seen as the places employees with serious mental, substance abuse and competence problems go for help.



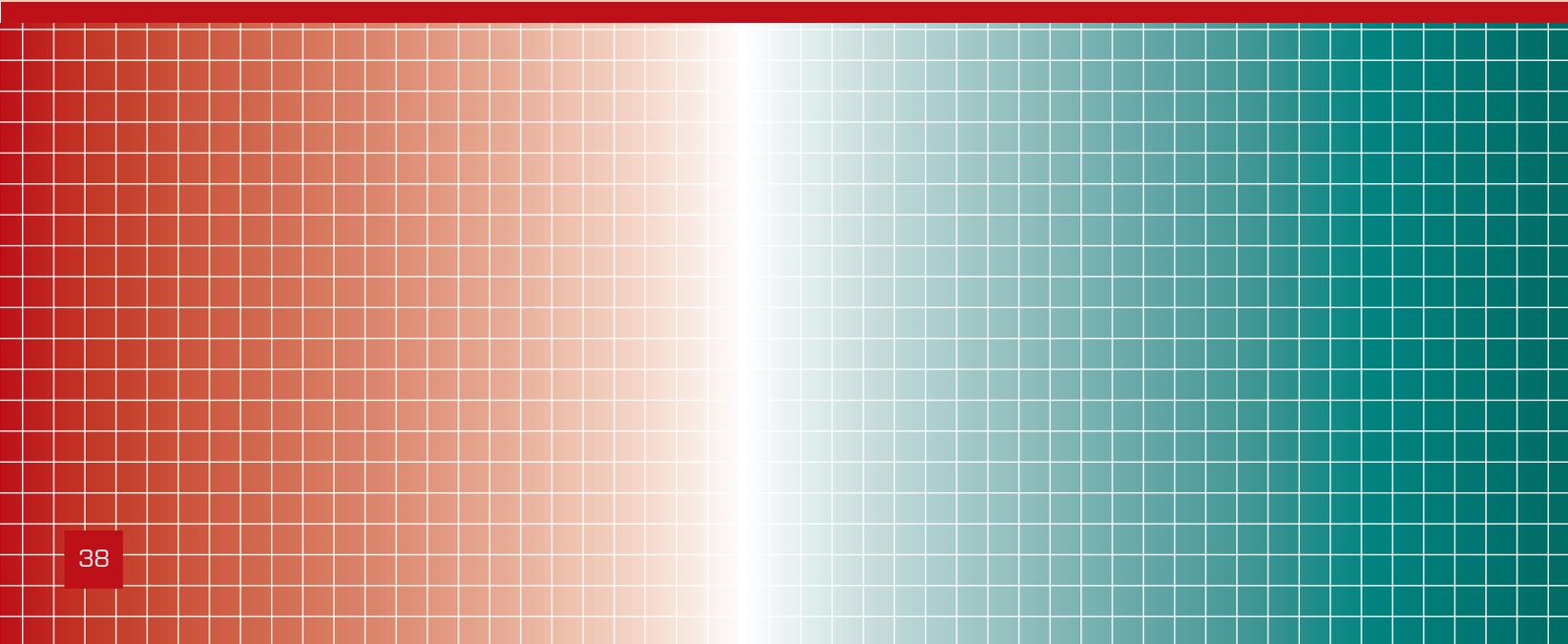
The result is that they become a last resort for employees with serious personal problems to seek assistance. In these instances where EAPs were communicated as having an empowerment function within the department, they are able to play a more pro-active role in ensuring higher levels of productivity.

Probably the main obstacles inhibiting the successful utilisation of EAPs and HIV and AIDS programmes are the stigma and fear surrounding these diseases. Even where comprehensive programmes are in place, public servants are hesitant and often afraid to make use of the available facilities, as it would imply that they have some form of illness or disease, and are either HIV-positive or clearly at risk thereof. The subsequent discrimination, be it in terms of career development or social life, appears to be a big deterrent to people infected or affected by HIV making full use of available services. Specifically the stigma surrounding HIV and AIDS is an intangible obstacle involving personal issues and emotions - there are no quick solutions to this problem.

It appears from the responses obtained during interviews and focus groups that the EAPs that had the most impact, especially in dealing with HIV and AIDS in the workplace, were actively involved in awareness and education programmes regarding better and healthier lifestyles. Such EAPs had media and literature available to employees requiring information, about being more effective at work, how to overcome substance dependencies, dealing with HIV and AIDS and how to overcome personal problems. This finding should be qualified by stating that these departments usually also had a sincere and passionate individual promoting these activities. Especially where SMS were actively involved in these activities responses were very positive.

The key needs that were identified in terms of EAPs in general and dealing specifically with HIV and AIDS were the following:

- Confidentiality - Employees indicated a need for guidance and access to information without being exposed and risking discrimination.
- Compassionate guidance - A need for emotional support was clearly stated, specifically relating to the possibility of exposure or dealing with HIV and AIDS.
- Comprehensive information needs were also repeated such as Where to go? Why? Who to see/speak with? How to get there? and What are the cost implications?



Chapter Seven

Recommendations

7.1 Introduction

Emanating from the findings, the following are recommended with a view to ensuring and improving the effectiveness of EAPs by national and provincial departments:

- Management-related recommendations:
 - Improve leadership commitment to EAPs.
 - Ensure adequate budgets and resources for EAPs.
 - Facilitate clear and unanimous communication from EAPs to personnel.
 - Enforce management participation in and dedication to EAPs through carefully constructed performance agreements.
 - Development of an overarching policy.
- Operational recommendations:
 - Promote and ensure confidentiality.
 - Provide compassionate guidance.
 - Provide clear and comprehensive solution oriented information.
 - Transform EAPs and HIV and AIDS units into comprehensive wellness centres.

7.2 Management Recommendations

7.2.1 Leadership Commitment

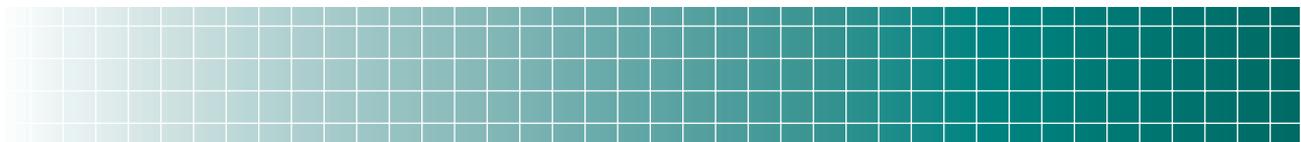
This report made reference to numerous issues and elements influencing the successful implementation of EAPs, but by analysing all these findings leadership commitment was identified as consistently impacting the most critically on EAPs.

In terms of their effectiveness and levels of implementation, most EAPs correlated directly with the commitment and sincerity of leadership. It is therefore of vital importance to ensure that leadership is indeed committed and passionate about the implementation and development of EAPs. This entails the vision and drive from HODs and SMS, through the various organisational levels to ensure the effective implementation of EAPs. The main challenge in this regard will be to develop and encourage management commitment and involvement as it is often an emotional issue which is only later manifested in real actions.

Creating emotional support and involvement amongst SMS and HODs falls outside the scope of this report, but on a practical level, the most effective way of enforcing and ensuring commitment is through the use of performance agreements. By setting minimum compliance standards and creating a contractual obligation leadership commitment can be effectively addressed. Performance agreements as effective instruments to enforce these requirements will be discussed in depth below.

The following impact on leadership commitment and contribute significantly to the effective implementation and utilisation of EAPs:

- Management support.
- Visible leadership.
- Leadership participation.



7.2.1.1 Management Support

Management support concerns ensuring the realisation and utilisation of programmes. It is important that management do not only communicate ideas and visions with employees, but also provide support in terms of financial or human resources to implement programmes. Thus it is crucial that leadership provides support by appointing authoritative management, funding and staff to implement and maintain the programmes.

7.2.1.2 Visible Leadership

Employee perceptions greatly influence their decisions and behaviour, and therefore SMS members and HODs must be seen to be driving and contributing to EAPs if employees are to utilise them. The benefits of having employees witnessing the SMS actively involved in developing and maintaining programmes should not be underestimated.

7.2.1.3 Leadership Participation and Programme Utilisation

A continuation of the concept of visible leadership is leadership participation, which refers to having SMS members themselves taking the lead in the utilisation of the various programmes and services effectively giving it their personal stamp of approval. This undoubtedly will also influence the subtle element of trust which impacts on the crucial issue of confidentiality. This aspect of participation is particularly relevant to the HIV and AIDS related programmes, where employees are confronted with the fear of discrimination and being ostracised. Leadership should face up to the fears first, if they expect their employees to follow.

7.2.2 Budget

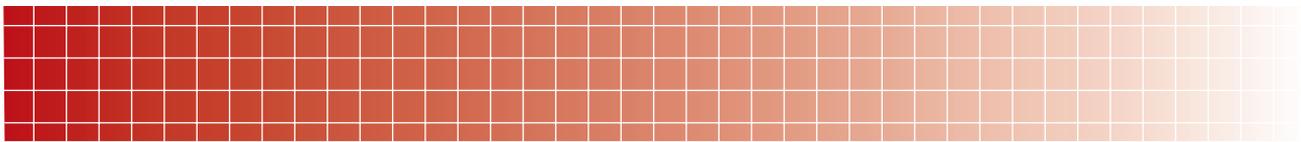
The issue of insufficient budgets was repeatedly raised as a key debilitating factor. It is also a matter directly related to leadership commitment and passion. Wherever HODs or SMS were serious about EAPs, coordinators generally indicated that they were satisfied with the available budget, and the same applied to SMS and HODs. It is crucial that appropriate budgets be allocated to the EAP units to ensure that they function effectively. SMS and HODs need to assume responsibility for budgets.

A further recommendation pertaining to budgets and financial resources is to implement pilot projects that essentially are smaller scale, temporary versions of comprehensive programmes. They provide the ideal opportunity to test the programmes and events, and thus determine real costs.

7.2.3 Communication

Communication from a management perspective refers to the process of communicating strategies down the organisational levels and having them understood and implemented, as well as receiving feedback from the employees to understand their experiences. If a clear line of communication existed between the upper and lower echelons, numerous implementation and utilisation problems would most likely have already been solved.

As far as EAPs are concerned, a major recommendation actually stems from the previously mentioned aspect



of visible leadership. It would be very beneficial if management could be seen and heard relaying their strategies and commitment regarding EAPs directly to employees. Not only would this increase trust and confidence from the employees, but would most likely also reduce the confusion stemming from the overload of information.

Regarding the communication lines from junior to senior employees, a key recommendation is the utilisation of workshops. Workshops are ideal mediums to encourage close interaction between the various organisation levels, and leadership could utilise these very effectively to gain insight into the various strengths and weaknesses of the programmes. Direct insights can be obtained into the reasons for the success or failure of EAPs.

Workshops during the development phases of EAPs also have the added benefit of participatory dedication where employees become more involved and dedicated to the success of programmes due to the fact that they were involved in the conception thereof. Participation in the initial stages of any programme or event has been shown to contribute significantly to the eventual success and utilisation of the programmes. In the case of EAPs it is recommended that workshops be conducted to provide the opportunity to obtain insights into the needs of the employees as well as to receive feedback from them.

7.2.4 Performance Agreements/Obligations

As stated earlier, most departments had EAPs available and a number of them had already established a working relationship between the EAP and HIV and AIDS programmes, although very few had yet fully integrated them.

However, the ideal situation is for all departments to be on an equal level in respect of the implementation and functioning of their EAPs. For this reason the first recommendation is to compel departments to develop and implement fully integrated EAP programmes, by way of including the requirements in the Performance Agreement of (an) SMS member(s) assigned with this responsibility. Essentially this agreement should simply enforce the existing Minimum Standards which clearly state that Heads of Departments “shall create mechanisms...” In terms of such an agreement the relevant SMS member(s) should be held responsible for the implementation of satisfactory EAPs.

The agreement should ideally contain clearly defined requirements such as:

- A deadline for the implementation of a satisfactory EAP. The concept of ‘satisfactory’ should include the following minimum requirements:
 - Referral service – eg. AA, marital counsellor, etc.
 - Fully integrated with an HIV and AIDS programme.
 - Dedicated programme coordinator or counsellor.
 - A list of absolute minimum requirements with which the EAPs must comply would ease the enforcement of such an approach.
 - Provision of adequate resources
 - The SMS member(s) should be obliged to ensure that adequate resources are provided to enable the effective functioning of EAPs.

- Human resources in terms of a dedicated coordinator or counsellor and other staff.
- Budgetary resources to enable the required services to be rendered.

7.2.5 Development of an overarching EAP Policy

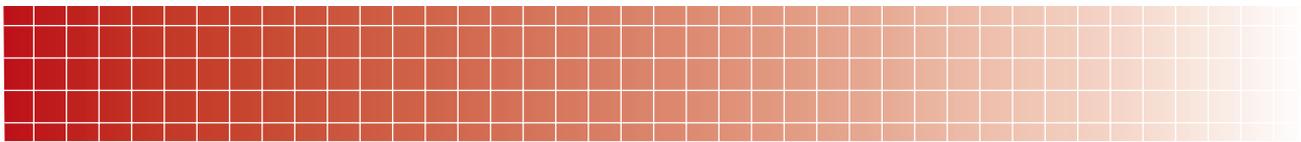
Overarching policies should be developed that as a minimum addresses:

- **Nature of assistance**
 - Services to be provided by EAP should be clearly spelt out so that employees are well informed.
- **Objectives**
 - Objectives intended to be achieved with the introduction of the EAP policy should be articulated, e.g. the aim of the policy is to provide professional assistance to employees and their immediate families with regard to the management of various problems.
- **Activities in relation to the different areas of assistance**
 - Employees should be informed by the policy what the different activities/actions are in relation to all the areas of assistance.
- **Responsibilities of role players**
 - The responsibilities of different role players in the application of the EAP must be clearly spelt out.
- **Referral procedure**
 - Employees must be informed of the referral procedures to be followed in instances where a need for assistance is identified.
- **Confidentiality**
 - Employees must be assured that the information they provide will not be divulged to any party or person without their consent.

In developing the policy the following operational recommendations should be considered.

7.3 Operational Recommendations/Guidelines

Essentially an EAP caters for employees who need guidance and information on specific, usually sensitive problems. It is recommended that these issues are clearly addressed and form part of all departments' EAPs.



7.3.1 Confidentiality

Ample attention has already been given to the topic of confidentiality, but it needs to be reiterated that without a strongly perceived sense of confidentiality, employees will be hesitant to make use of EAPs. It is recommended that confidentiality be promoted through:

- Allowing for guidance in anonymity, for instance via telephone calls.
- Emphasising the protection of employees' identities, and their subsequent rights should such a breach occur.
- Explaining the practical protection that employees will experience, such as locked folder cabinets, using employee numbers as opposed to names etc.
- Ensuring that EAP-office layout and staff-responsibilities inadvertently identify an employee or indicate an employee's problem.
- Ensuring that issues of confidentiality are dealt with through the use of an off-site wellness centre. This issue will be discussed in detail below.

7.3.2 Compassionate Guidance

EAPs deal with numerous sensitive issues, and therefore it is vitally important to have counsellors or co-ordinators that can provide appropriate emotional support. It is important to ensure that randomly chosen individuals, primarily responsible for coordinating and implementing EAPs do not act as counsellors as well. The potential damage that this can incur is substantial. Therefore it is recommended that all individuals responsible for counselling receive training.

7.3.3 Comprehensive Information

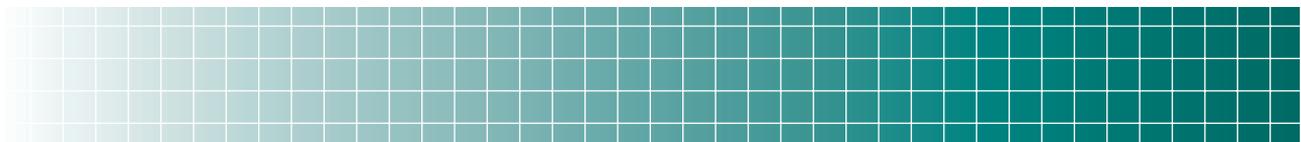
At its core, an EAP assists employees by referring them to places or institutions where they can receive professional help for their specific problems. Thus it is crucial to the effective functioning of an EAP to have the required information available. An EAP must be able to assist an employee by providing information on where to go, why? who to see/speak with, how to get there and what are the cost implications.

Therefore a comprehensive and regularly updated database is recommended as it is critical to the success of an EAP. The database should at least contain the names and contact details of the various approved service providers within the geographic region of the department and its employees.

Ideally more information should be available such as cost implications and transport guidelines to assist the employee in obtaining help as soon as possible.

7.4 Transforming EAPs into Wellness Centres

As this report has already mentioned wellness centres, these centres evolved from standard EAPs and have been very successful in dealing with employee health, wealth and emotional problems. For this reason another key recommendation is for all EAPs to be fully integrated with HIV and AIDS programmes, and ultimately develop into comprehensive wellness centres.



Essentially a wellness centre is a centralised unit providing assistance and support for public servants, ranging from debt or marital problems, to alcoholism and HIV and AIDS.

The benefit of these centres regarding HIV and AIDS is that by treating it in the same manner as other diseases and problems it gradually helps remove the stigma. It also solves the problems surrounding anonymity.

When a public servant visits a wellness centre it may be for a myriad of reasons, including such basic issues as stress or financial advice. Entering an HIV and AIDS office quite clearly signals the reason thereof. From the employees perspective he/she will consequently feel far more comfortable visiting a wellness centre for assistance.

Leading wellness centres all have qualified social workers/counsellors attending to the needs of the employees. Having qualified personnel has also shown to improve the employee's perceptions of professionalism and confidentiality.

However, if HIV and AIDS units and EAPs are successfully integrated and transformed into wellness centres, careful consideration should be given to their physical lay-out, as well as to the description of the staff. One of the respondents phrased this necessity as follows: 'I think it will be pointless to have a so-called wellness centre that is essentially just an EAP office and a HIV and AIDS office thrown into the same area. There needs to be a complete integration, otherwise you will have the same AIDS-stigma surrounding it.'

The lay-out of wellness centres must be such that there are no separate HIV and AIDS sections that may retract from the benefit of the centre. If a person is seen walking into the HIV and AIDS section, the anonymity process will be jeopardised.

Similarly EAP counsellors and coordinators should not be identified as being specifically responsible for HIV and AIDS, or else interaction with them will clearly indicate the nature of the visit, and once again negate the overall wellness aspect.

The only identified shortcoming of a wellness centre is the fact that essentially an employee must still approach a co-employee, be it a counsellor or coordinator, to receive assistance and guidance. The idea of confronting a departmental colleague with a serious personal problem is still stated by most respondents as being the major obstacle in dealing with HIV and AIDS in the workplace.

When the option of an external, possibly off-site wellness centre was discussed during the feedback workshops, some departments fiercely resisted the recommendation. However, it soon became evident that the use of the word 'external' was associated with a private sector institution service provider, which did not appeal to some of the respondents as they had their doubts regarding such institutions.

It should be noted that an external service provider does not necessarily imply a non-government service provider, but rather a facility that provides the required services from outside the physical office environment. It is irrelevant whether it is a government or a private institution, the main criteria for this facility is that employees need to perceive it as being removed from their department so that they can utilise the services without feeling threatened about the possibility of being exposed, discriminated against or ostracised.

The possibility of an external or off-site facility was discussed in-depth with Public Service workers, and the following characteristics were identified:

- Physically removed: it should be outside of the normal office environment. An off-site, but centralised wellness centre received a lot of support from respondents.

- Centralised location: it must be easily accessible.
- Ideally, non-departmental staff should run the wellness centre: staff should ideally not be co-public servants. In this regard one respondent stated as follows: 'I do not want to bump into them at a function'.
- The focus should be wellness orientated instead of employee problem or HIV and AIDS specific. Respondents phrased this sentiment as follows: 'If I walk into the 'AIDS-building', regardless of where it is, obviously everybody will know why I am there' and, 'If it is a unit dedicated primarily for HIV and AIDS issues, the whole benefit towards anonymity will be lost.'

7.4.1 Services to be Provided by EAPs/Wellness Centres

EAPs or wellness centres involved in combating employee problems in the workplace should provide very specific programmes in the workplace, namely:

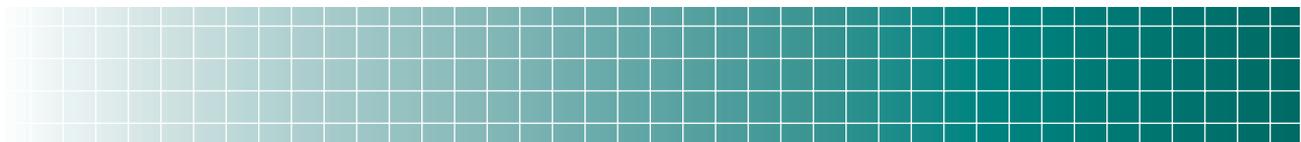
- Risk assessment: KAPB surveys are done initially to determine the potential risk of employee problems to the department. These findings are usually evaluated by qualified statisticians and actuaries.
- Awareness and education programmes need to be conducted. These include the provision of new and fresh posters, monthly talks and presentations, celebrations, etc.
- Counselling and support: public service workers with problems need to be counselled and supported.
- Peer educator training (PET) should be provided to key employees who can act as peer educators of employees, i.e. for employees who want to know how to quit smoking.
- The provision of a 24-hour call centre should be provided to all public servants. Furthermore the 24-hour helpline will give public servants access to support without having face-to-face contact. It should provide emotional support, guidance and referrals from usually highly qualified counsellors in more than one language.
- Confidential assistance should be the main aspect of EAPs and wellness centres. All respondents indicated their preference for an external service provider, as it allowed them to face their problems without having to deal with possible discrimination or social issues.

7.5 Guidelines for the Involvement of EAPs in Dealing with HIV and AIDS In the Workplace

It is evident from this report that EAPs already play an important role in many departments in dealing with HIV and AIDS in the workplace. It is further evident from the results of this project that in those departments where EAPs are not comprehensive and involved in dealing with these diseases, their functioning needs to be expanded to include comprehensiveness and involvement in HIV and AIDS. The guidelines below resulted from research conducted and workshops following the research.

Guideline 1: The emphasis of EAPs should be on wellness

Whereas EAPs traditionally focused on a limited range of public servant work-related problems, their focus should rather be on the general wellness of public servants. In the face of HIV and AIDS the implication of this would be that HIV and AIDS should be one of many public servant wellness issues that EAPs should focus on.



Guideline 2: EAPs should be comprehensive in service delivery

EAPs should provide a comprehensive range of wellness services to public servants, including inter alia, the traditional counselling, education and support services. They should also provide lifestyle management programmes, health and wellness education services, peer education and training with regard to, for example, divorce, substance abuse, providing infection control and monitoring and evaluating the efficacy of their services.

Guideline 3: Integration with existing HIV and AIDS services

In many instances EAPs duplicate services provided in the workplace by HIV and AIDS functionaries, i.e. employee counselling, support, lifestyle management and wellness education. All such functions should be integrated into a comprehensive wellness centre where the variety of counselling, support and wellness education skills can be pooled to the benefit of departments and public servants.

Guideline 4: Re-skilling and retooling EAP counsellors

With the changing wellness demands of the workforce brought about by more organisational stresses and a wider variety and incidence of employee problems, it is imperative that EAP functionaries should be continuously re-skilled and retooled to deal with it. EAP functionaries should be re-skilled with, for example, specific HIV and AIDS, VCT and bereavement counselling skills and should be retooled by obtaining HIV and AIDS risk profile measuring instruments, the necessary HIV and AIDS information pamphlets and other materials for use during HIV and AIDS workshops.

Guideline 5: Communicating services to public servants

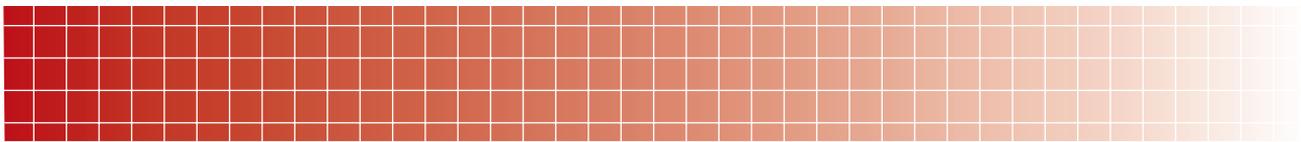
During the integration of EAPs with HIV and AIDS services to form comprehensive wellness programmes, the new range of services provided by such wellness centres should be communicated in such a manner that people infected and affected by HIV and AIDS who require assistance will not feel uncomfortable to visit such wellness centres.

Guideline 6: Conducting health and wellness education

The importance of health and wellness education in addressing employee problems in the workplace cannot be over-emphasised. EAPs are ideally suited to provide wellness education to Public Servants to ensure that they can make optimal lifestyle choices. Such wellness education can cover a multitude of wellness topics, including inter alia, the negative effects of substance abuse, how to discontinue abusing substances, how to handle stress in the workplace, how to prevent becoming HIV infected, how to live a healthy life despite being HIV-positive and how to be optimally productive at work.

Guideline 7: Conducting peer education, training (PET) and counselling

It became evident from the research that peer education, training and counselling are very powerful tools for EAPs. By educating and training peer counsellors to address their knowledge and emotional needs, many of them will be available to deal with employees in the workplace. Respondents reported that they would rather discuss their problems (including substance abuse, divorce and HIV and AIDS) with trained peer counsellors than with functionaries who have no practical experience of the problems they are facing.



Guideline 8: Conducting counselling (also being involved in VCT)

Due to the fact that EAP functionaries are trained counsellors, they are suitably equipped to deal with the counselling needs of employees infected or affected by HIV and AIDS. EAP staff could, for example, provide counselling to public servants before being tested for HIV and after they have been tested and found to be HIV-positive. Counselling should also include public servants working with HIV-positive co-workers to deal with stigmatisation and support issues and lifestyle counselling to public servants living with HIV and AIDS. EAP functionaries could also provide bereavement counselling to those whose co-workers have died as a result of HIV and AIDS.

Guideline 9: Providing support to public servants infected and affected by HIV and AIDS

EAP functionaries, being trained social workers, psychologists and counsellors, have obtained client support skills through many years of experience. Such support skills could be used with great effect in supporting public servants living with HIV and AIDS. The existing support skills of EAPs could be enhanced through further training in HIV and AIDS specific support skills, e.g. through university short course programmes being offered in this regard.

Guideline 10: Providing lifestyle and disease management to public servants

During the research the need was expressed for EAPs to provide lifestyle and disease management to public servants. Such management would include that comprehensive wellness centres perform the different management roles with regard to public servant lifestyles and disease management, including (1) planning on ways to improve public servant wellness, (2) making decisions regarding programmes to improve public servant wellness, (3) providing leadership in improving public servants' wellness, the management of diseases, managing infection control in the face of disease and (4) setting up an organisational infrastructure to improve public servants' wellness.

Guideline 11: Ensuring infection control and post-exposure prophylaxis provision in the workplace

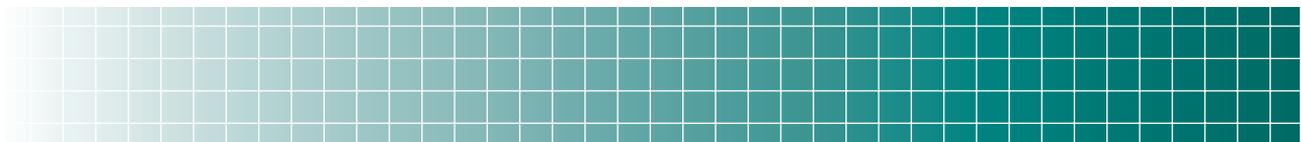
Wellness centres need to be at the forefront in ensuring various forms of infection control within the workplace. Examples of infection control include, inter alia, to ensure that contagious diseases are contained in the workplace and that emergency prophylaxis is provided to public servants who come into contact with contaminated blood. Ensuring the availability of condoms in the face of HIV and AIDS and other sexually transmitted infections should be overseen by wellness centres.

Guideline 12: Monitoring and evaluating the efficacy of the involvement of EAPs in dealing with HIV and AIDS in the workplace

It became apparent from the research that many health, wellness and lifestyle programmes have been implemented in the Public Service but that the efficacy of these programmes are not always evaluated. To ensure the success of programmes implemented by wellness centres it is of great importance that the outcomes of such programmes be monitored and evaluated with a view to continuous improvement.

7.6 Concluding Remarks

It is evident that EAPs in Public Service departments have come a long way in providing a broader range of servants and being more proactive in their workplace involvement. Briefly, EAPs have evolved from counselling people who have substance abuse problems to the management of employee wellness on a physical and

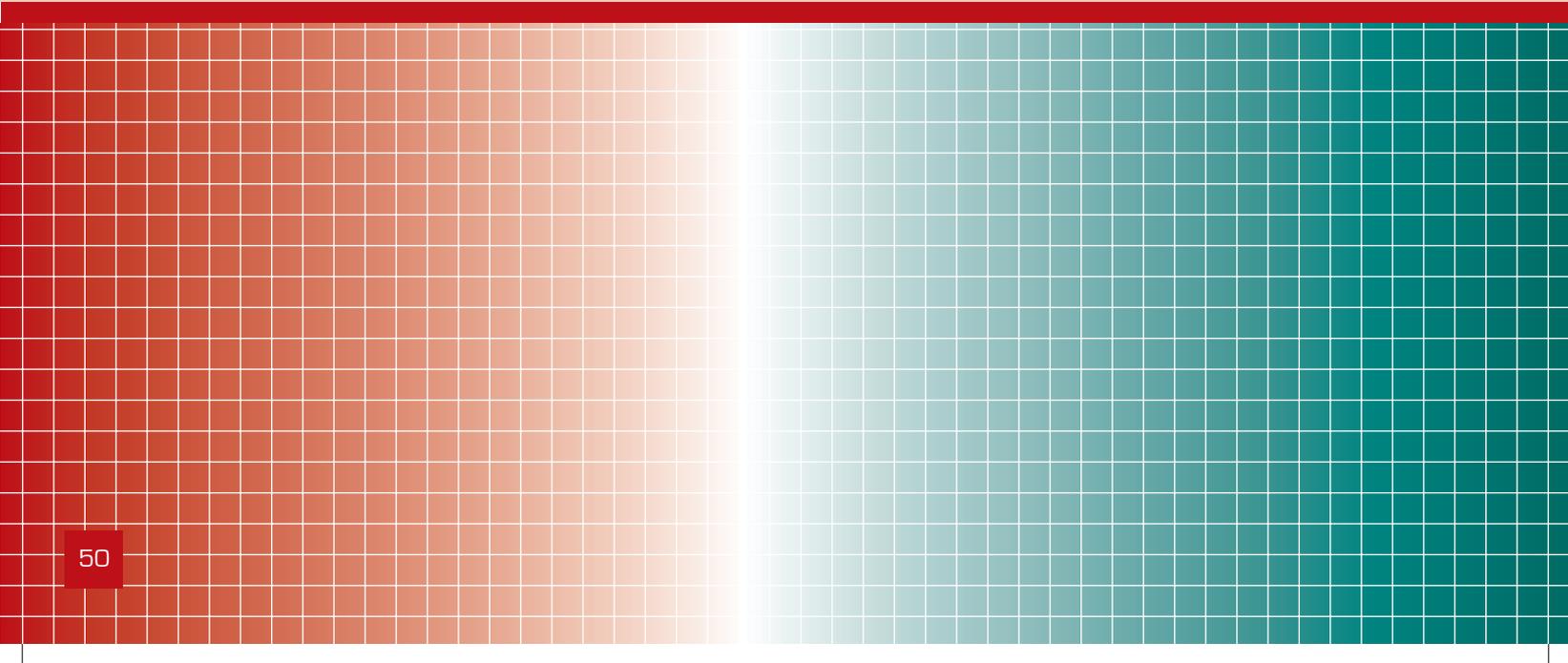


psychological level. The range of professional assistance that may be needed by a person who is confronted with workplace-related problems encourages EAPs to evolve from crisis centres to employee wellness management centres in the workplace.

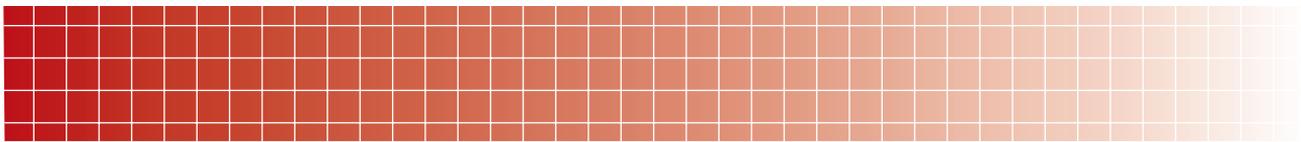
This transformation in the functioning of EAPs goes along with changing needs of Public Service workers with regard to EAPs, namely from 1st to 4th quadrant functioning as shown in table 4, as well as in line with new challenges posed by new problems and diseases in the workplace where comprehensive wellness programmes are required to mitigate their impact.

To put the findings and recommendations into practice, a four-step process will be required:

- Strengthening the skills of EAP functionaries, providing the necessary organisational support to them and allowing them to design comprehensive wellness programmes.
- Instituting comprehensive wellness centres and communicating the formation of such centres to employees. The programmes and services rendered by such wellness centres should be stipulated.
- Determining service satisfaction with programmes implemented and services rendered and adapting programmes and services to ensure that the service needs of employees are addressed.
- Monitor and evaluate the success of services and programmes. This is necessary to ensure that the services rendered by EAPs/wellness centres have a long-term effect, for example having a programme to help people overcome alcoholism. Employees who complete wellness centre programmes could be evaluated to determine the success of the specific programme.



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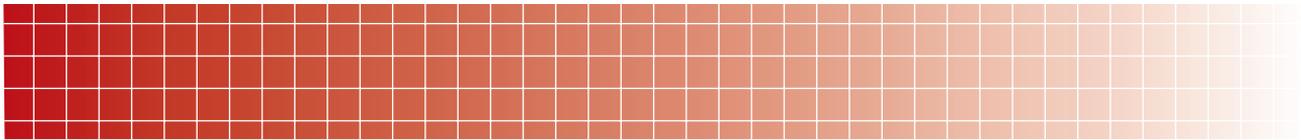
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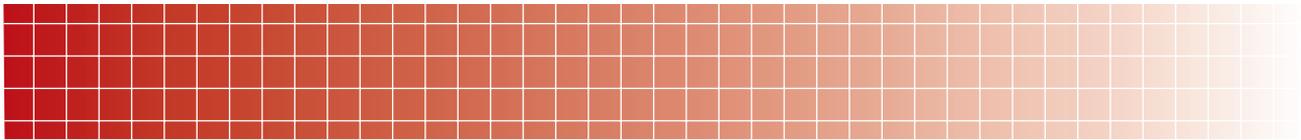
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