Employee Assistance Professionals Association of South Africa:
an association for professionals in Employee Assistance Programmes
EAPA-SA, PO Box 11167, Hatfield, 0028

Standards for Employee Assistance Programmes in South Africa

EAPA South Africa Branch

PREFACE

The Employee Assistance Programmes have grown tremendously since the 1986 introduction of the first formally-structured EAP in South Africa by the Social Services Department of the South African Chamber of Mines. In its initial stages, the EAP was associated only with certain industries, but the concept filtered through to almost every industry as well as to the public service.

The first *EAPA-SA Standards* document was formulated in 1999. This document had an encouraging reception and was used by EAP professionals and in training contexts. It was revised in 2005 and again in 2009 to ensure that it reflected both local and international best practice. This is the 4th edition.

A different approach was applied in this revised version. An on-line survey was carried out among EAPA-SA members with the use of a questionnaire. This was developed by Professor Lourie Terblanche and four Masters students specialising in EAPs in the Department of Social Work and Criminology at the University of Pretoria.

The EAPA-SA Board trusts that the users of the newly-released document will find it useful and enriching.

Tinyiko Chabalala
EAPA-SA PRESIDENT
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1. STANDARDS DOCUMENT

1.1 STRUCTURE

It is important to note that these standards are presented as guidelines for EA programmes, and should be adapted without compromising the underlying principles. The status of the programme, i.e. the design, implementation or evaluation phase, must be taken into account.

This document is structured to facilitate trouble-free reading and employs the following terms:

- **Standard**: The agreed level of best professional practice, or a description of an ideal situation.
- **Goal**: A broad general description explaining the purpose of the standard.
- **Objective**: Describes the specific elements of the goal.
- **Motivation**: Rationale for the standard.
- **Criteria**: These features must be present to meet the objective of the standard and for the service to be described as an EAP.
- **Guidelines**: These discuss the various professional options and the best practices that have evolved in certain situations. They offer ideas to those tailoring their services to meet both typical and atypical customer requirements.

1.2 PURPOSE

The purpose of this document is:

- To describe the scope of EAP services;
- To operationalise programme standards and guidelines;
- To educate the work community about EAP services;
- To serve as a guide for EAPA-SA membership and related professionals;
- To enhance the quality and functioning of the existing Employee Assistance Programmes.

1.3 DEFINITION OF AN EAP

EAPA-SA defines an EAP as follows:

1.4 EAP CORE TECHNOLOGIES

The specific core technologies or functions of EAPs entail the following:

1.4.1 Training and development

The training and development of, and assistance for work organisation stakeholders (managers, supervisors and unions) seeking to effectively manage the employee who is experiencing behavioural, emotional or wellness issues; enhancing the work environment; and improving employees’ job performance.

1.4.2 Marketing

The promotion of EAP services (availability and guarantees, i.e. confidentiality) to managers, supervisors, unions, employees and their family members.

1.4.3 Case management

Confidential and timely risk identification, assessment, motivation, short-term intervention, referral, monitoring, follow-up, reintegration and aftercare services for employees with personal and work-related concerns that may affect job performance.
1.4.4 Consultation with work organisations

Consultation with work organisations to proactively address inherent trends resulting from personal or organisational issues.

1.4.5 Stakeholder management

Stakeholder management to establish and maintain effective relations with internal and external role-players and service providers.

1.4.6 Monitoring and evaluation

Monitoring and evaluation of the value/success/impact of EAP services relating to the work organisation and individual job performance.

NOTE

EAPs deliver comprehensive quality services to three target groups: organisational management/supervisory structures, worker organisations, and employees and their family members.

1.5 SIGNIFICANCE AND USE OF PROFESSIONAL STANDARDS

EAPs adhere to professional standards and guidelines, which ensures viable programmes. The purpose of the guidelines is to assist all the relevant stakeholders in establishing and enhancing quality EAPs in accordance with international best practice.

The application of the contents of STANDARDS FOR EMPLOYEE ASSISTANCE PROGRAMMES IN SOUTH AFRICA will ensure quality EAPs, but this should not limit the importance of organisational customisation. This flexibility is the recognition that many of the guidelines illustrate a variety of ways in which standards can be implemented.

When designing, implementing or evaluating an EAP, each organisation should apply these standards and guidelines according to its own unique organisational culture and operation.

1.6 GLOSSARY

(The following should not be read as definitions but rather as descriptions.)

- **Aftercare**: Assistance to an employee in reintegrating into the workplace following treatment;
- **Chemical dependency**: Psychological and/or physical dependency on alcohol and/or other drugs.
- **Client**: Individual/group/family member taking part in the Employee Assistance Programme owing to personal and/or work-related issues.
- **Corporate client**: A company/organisation or department utilising an EAP.
- **Case management**: The process of managing and monitoring an intervention from the start to a logical conclusion.
- **Counselling**: Therapeutic intervention by a trained professional, i.e. social worker, psychologist or psychiatrist.
- **Crisis**: A stressful life experience that disrupts the normal functioning of an individual or family and threatens their stability and ability to cope or function.
- **EAP**: Employee Assistance Programme.
- **EAPA-SA**: Employee Assistance Professionals Association of South Africa.
- **EAPA-SA Board**: Elected Board of the EAPA-SA.
• **EAP professional**: A professionally-trained person providing an EAP service, including clinical EAP-specific or related tasks, i.e. therapy, counselling.

• **EAP practitioner**: A person (not necessarily professionally-trained) performing EAP-specific or related tasks, i.e. referral, liaison, training, marketing, evaluating.

**NOTE**
All EAP staff are ‘practitioners’, although only those with proof of statutory registration may be referred to as ‘professionals’. This means that all professionals are practitioners, but not all practitioners are professionals.

• **Employee**: A person whose employment is governed by a contract of service or other relevant employment laws.

• **Employer**: A person or an institution who hires employees and offers remuneration in exchange for labour.

• **External resource**: Any acknowledged resource in the community that provides services.

• **Follow-up**: Any action involving the referring manager/supervisor for job performance evaluation any time after the initial assessment;

• **Intervention**: Professional guidance to any employee in order to overcome his/her problem;

• **Manager**: A person in a position of supervisory power with added status and authority.

• **Marketing**: The promotion of a specific service to existing/potential clients and corporate clients.

• **Service provider**: An agency providing professional services to clients and corporate clients in accordance with a formal contract.

• **Supervisor**: A person in a position of authority who oversees the performance of subordinate staff.

• **Therapy**: Assessment and treatment (based on a brief solution-based approach) of a troubled employee.

• **Training**: Activity imparting knowledge and skills to address personal and productivity issues.

• **Trauma**: Any event resulting in extreme emotional and/or physical reactions in clients in the present or future. An event which is generally considered to be outside the range of ordinary human experience.

• **Treatment**: Clinical intervention by a registered helping professional.

• **User**: Any person/company making use of services and facilities in accordance with the provisions of a contract.

• **VCT**: Voluntary counselling and testing.

• **Well-being**: A positive state of physical and emotional wellness.

• **Wellness**: An employee in good shape, resulting in a high level of productivity.

• **Worker representative**: A person specifically tasked with acting as a spokesperson for the labour movement.
2. STANDARDS

2.1 PROGRAMME DESIGN

2.1.1 ORGANISATIONAL PROFILING

STANDARD 1

Programme design must be based on a formal assessment of organisational and employee needs.

GOAL

To ensure that programme design includes a profile of the employee population and the organisation for which they work. This assessment is intended to help the organisation determine the most appropriate and cost-effective methods of providing EAP services.

OBJECTIVE

To ensure that the most appropriate EAP will be designed.

MOTIVATION

The organisational profile enables the EAP professional to design the most appropriate and cost-effective EAP.

CRITERIA

The organisational profile should be conducted in a factual, objective and unbiased manner.

GUIDELINES

Construction of a comprehensive organisational profile, including:

- Type of organisation;
- Number of worksites;
- Types of jobs/work, products;
- Size of workforce and demographics;
- Employee needs in terms of skills, health, employee diversity, gender and ethnicity;
- Needs of supervisors, managers and unions, especially regarding the format and functionality of the envisaged programme and resulting service.
- Gathering of information in order to identify HR problem areas, such as:
  - Compensation claims;
  - Absenteeism patterns;
  - Sick-leave abuse;
  - Disciplinary activities;
  - Grievance actions;
  - Employee turnover.

See Annexure A – Needs Assessment Tool
See Annexure B – Template: Organisational profile

2.1.2 POLICY

STANDARD 2

The policy must describe the EAP in its entirety.

GOAL

To ensure that the mandates, principles and focal areas of the EAP are fair, consistently applied and balanced in respect of the interests of all the various stakeholders.

OBJECTIVE

To create a legitimate framework for consistent application.

MOTIVATION

A clearly-written policy will ensure consistent application of the rules and regulations of the EAP.
CRITERIA
A policy should meet international best practice by:

- Having clear mandates;
- Being clear and specific;
- Creating an EAP that is comprehensive and attractive as far as user access is concerned;
- Protecting the interests of all the stakeholders;
- Outlining clearly the confidential nature of the EAP activities in the policy and policy statement;
- Aligning the policy with the organisational strategy.

GUIDELINES
The policy should make provision for matters such as:

- Employee and dependant access, e.g. language, culture and gender;
- Specifying the different conditions that may affect job performance, employee functioning and quality of life;
- Securing job status, which will not be jeopardised as a consequence of accessing EAP services, except when mandated by law;
- Specifying that employees who use an EAP are expected to adhere to the job-performance requirements of the employer;
- Clinical records that must be kept strictly confidential to the extent provided for by law and/or regulation, and which will not be noted in any official company record or in the employee’s personnel file;
- All clinical data should be stored for a minimum of five years;
- Information from the EAP, which may be released only with the written permission of the employee, in response to legal requirements;
- The EAP not being abused by non-compliant employees;
- The policy statement should be a public document displayed in a prominent place in various work-site environments, focusing on the critical components of the EAP;
- The organisation providing EAP services to its employees must recognise human capital as an organisational asset;
- The availability of the EAP policy in different languages;
- The EAP policy should be formulated according to a structured process, which can be summarised as follows:
  - Draft policy to be compiled by EAP practitioner/professional with the cooperation of the EAP committee, if in existence at the time;
  - Tested with different stakeholders/role-players (i.e. supervisors, managers, human resource management, union, employees and employee dependants);
  - Adapted based on feedback from role-players;
- EAP policy should be revised and adapted at least bi-annually.
2.1.3 EAP ADVISORY COMMITTEE

STANDARD 3
There should be an EAP Advisory Committee at the highest possible level within the organisation involving representatives from all segments of the workforce.

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

OBJECTIVE
The function of the Committee should be defined in terms of the status of the programme (e.g. in the design, implementation, and evaluation phases) and appropriate projects. The functions of the EAP advisory committee are:

- to formulate policy and strategy;
- to advise on the implementation procedure;
- to assist with the marketing and promotion of the EAP;
- to act as a sounding-board for EAP practitioners/professionals;
- to provide the necessary support; and
- to contribute to the monitoring and evaluation procedure.

MOTIVATION
The appointment of an EAP Advisory Committee representing all the relevant groupings in the organisation will ensure maximisation of the potential for a highly effective programme.

CRITERIA
The EAP Advisory Committee should consist primarily of, inter alia, role-players in the organisation, and should be guided by the organisational structures and practices, but should also include important external role-players like the EAP service provider, where applicable:

- Senior management;
- Human resources;
- Medical department;
- Occupational health and safety;
- Finance department;
- Training and development;
- Risk management;
- Union/employee/worker representatives;
- Line management;
- Employee relations specialists; and
- EAP professionals/practitioners.

GUIDELINES
- A small company could nominate a single functionary, i.e. the EAP practitioner/professional, to co-ordinate the functions of an EAP Advisory Committee;
- The chairing of the EAP Advisory Committee should change regularly;
- The EAP Advisory Committee should be trained on appointment and attend training sessions on EAP-related matters;
- EAP Advisory Committee members should review statistics and trends on utilisation;
- EAP Advisory Committee members should make recommendations on programme enhancement and alignment;
- The EAP Advisory Committee should preferably be chaired by the most senior manager available;
• The EAP Advisory Committee should be fully constituted, and should be able to be integrated into an existing related committee;
• Members of the EAP Advisory Committee should be appointed in writing by the managing director or head of the business unit;
• The EAP Advisory Committee can also be referred to as the EAP Committee, the Wellness Committee (where such functions are integrated) or the Health and Well-being Committee.
• Although proper representation is important, it should be recognised that smaller committees are often more functional.

2.1.4 SERVICE DELIVERY AND COSTING MODELS

STANDARD 4
Service delivery and Costing models of an EAP should be based on sound financial principles.

GOAL
To ensure the most effective model of service delivery, which will enhance the services to the organisation in terms of both the individual and the corporate client, resulting in the best possible application of financial resources.

OBJECTIVE
To ensure - by selecting the most appropriate model, i.e. internal, external or a combination model or hybrid of these,
• the cost-effectiveness and functional appropriateness of the EAP; and
• a balance between expenditure and benefits.

MOTIVATION
The selection of a model will enhance the credibility of the service and demonstrate that the EAP is mindful of the necessity of utilising limited resources, at the same time illustrating its adaptability in terms of best practices.

When costing the EAP model, the stakeholders’ needs should be met in terms of return on investment.

CRITERIA
The following should be considered when selecting an appropriate service model:
• Alignment with existing corporate strategies and philosophy;
• The size and structure of the organisation;
• The geographical location;
• Accessibility to programme and community resources;
• Financial resources;
• Professional capacity (internal and external);
• Employee preferences;
• The selected costing model should be compatible with the overall philosophy of the employer and its corporate governance;
• Employee benefits should be considered when selecting a pricing model. The pricing of EAPs should be negotiated and mutually agreed upon by the service provider and the employer, after different models have been considered;
• Models should be transparent and acceptable to all the role-players involved;
- The costing must be included in the business plan.

**GUIDELINES**

- All pros and cons should be considered (such as confidentiality, 365/24/7 coverage, in-house staff on leave, etc.).
- The following should be considered:
  - Office space and administrative support;
  - Locality in terms of anonymity and confidentiality;
  - Legal compliance in terms of storing documentation;
  - Accessibility to outside resources.
- An internal programme will operate with the staff of the employer, and should be strategically located, i.e. autonomous section, Human Resources, Medical Services, etc.;
- An external programme operates with the staff of a service provider selected and contracted by the employer.
- In combination, certain services will be provided internally (e.g. training), while other services (e.g. clinical/counselling) will be outsourced.
- When the external model is adopted, an EAP practitioner should be appointed by the corporate client.
- A final decision on the ideal model should be taken only after proper consultation between the EAP practitioner/professional and stakeholders.
- The credentials of the EAP service providers should be taken into account when considering an external model.

- A detailed cost analysis should be carried out during the programme design phase.
- A comprehensive budget should be compiled in alignment with the organisational budget. Comparisons should be drawn on the pros and cons of all the pricing options.
- The costing model should be communicated to all the stakeholders to ensure a clear understanding.

When it comes to service providers, the following should be borne in mind when different options of pricing models are considered with regard to:

- a cost for the total service (capitated pricing);
- a fee-for-service;
- a co-payment by the healthcare provider;
- a co-payment by the client/employee;
- limited clinical services.
2.2 IMPLEMENTATION

2.2.1 OPERATIONAL GUIDELINES

STANDARD 5
Operational guidelines should be developed to operationalise the policy.

GOAL
To provide an operational framework for the EAP.

OBJECTIVE
To provide specific guidelines for the EAP practitioner/professional regarding the core technologies and standards and their unique application in each organisation.

MOTIVATION
To provide procedural and logistical guidelines for the implementation of the EAP according to the unique circumstances of an organisation.

CRITERIA
The operational manual must:

- be based on and correlate with the organisation’s EAP policy;
- be aligned with the organisation’s unique operations; infra-structure, profile and procedures, culture;
- reflect the application of the core technologies and standards tailor-made for the organisation.

GUIDELINES
The following policy guidelines should be covered in the operational manual:

- Programme design;
- Programme implementation;
- Management and administration;
- Clinical services;
- Non-clinical services;
- Networking;
- Monitoring and evaluation.

The policy guidelines should be embodied in the operational manual/guidelines to ensure that the policy will be implemented.

2.2.2 IMPLEMENTATION PLAN

STANDARD 6
An implementation plan must outline the actions and schedule needed to establish an operationally-effective EAP.

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

OBJECTIVES
The objectives of the implementation plan must establish the EAP as an integrated service within the organisation.

MOTIVATION
Describing, documenting and implementing the plan will ensure its successful roll-out.

CRITERIA
The implementation plan should be reviewed annually during the evaluation process, and/or strategic planning session and must stipulate, inter alia, the following:

- Actions needed;
- Timeframe;
- Resources;
- Person responsible;
• Performance indicators;
• Monitoring; and
• Evaluation

GUIDELINES

• Special provision may be needed for programme implementation at work-sites geographically distant from urban localities;
• The implementation plan outlines the actions and responsibilities of all stakeholders, resources required and deadlines;
• The implementation plan should set objectives for utilisation and the number of beneficiaries of EAP services;
• The implementation plan should set objectives for:
  • Management, supervisory and union training;
  • marketing of the EAP services;
  • case management;
  • consultation;
  • stakeholder management; and
  • monitoring and evaluation.
• The implementation plan should consider: geographical location, organisational demographics and staffing, depending on the service-delivery model;
• The implementation plan should be aligned with the strategic plan of the organisation.

2.3 MANAGEMENT AND ADMINISTRATION

2.3.1 STAFFING

STANDARD 7

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

GOAL

To ensure that the number and qualifications of EAP professionals match the needs of the organisation and the programme.

OBJECTIVE

• To employ an appropriate number of staff to achieve the goals and objectives of the EAP;
• To ensure that all the EAP staff meet the professional/practitioner and legal requirements;
• To ensure that all the professional staff involved comply with the requirements of continuous professional development (CPD);
• To assign to the EAP an appropriate level of administrative support staff who are sensitive to the EAP issues of confidentiality and ethics.

MOTIVATION

To ensure a minimum staff complement justifiable in terms of cost and benefit to the organisation.

CRITERIA

Organisations choosing to contract EAP services from an external provider must have at least one suitably-qualified internal person with formal responsibility for coordinating the
delivery of services and monitoring the provider performance.

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

- Geographic location of the workforce;
- Ethnic and cultural mix of employee population;
- Job descriptions for each EAP staff member;
- The ideal ratio for EAP staff as opposed to the number of employees;

  - One (1) full-time EAP professional/practitioner for every 350 employees for an internal comprehensive model with a centralised workforce;
  - One (1) full-time EAP professional/practitioner for every 200 employees for an internal comprehensive model with a decentralised workforce;
  - One (1) full-time internal EAP professional/practitioner for every 1000 for an external comprehensive model with a centralised workforce;
  - One (1) EAP professional for every 500 employees, depending on the number of sites and staff complement per site, for an external comprehensive model with a decentralised workforce;
  - One (1) EAP professional for every 400 employees for a combination model with a centralised workforce, rendering therapeutic services internally and outsourcing the other services;
  - One (1) EAP professional for every 1000 employees for a combination model with a centralised workforce, outsourcing the therapeutic services and rendering other services internally.

Note: The specific combination model and programme needs determine the appropriate staffing ratio for an organisation:

- EAP practitioner/professionals should preferably be registered with a statutory body.
- Qualifications for registration should preferably be at the fourth year level in any of the following disciplines: Social Work, Psychology, Occupational Health, Pastoral Counselling, Psychiatry, Human Resources and Psychiatric Nursing.

See Annexure C – Job description: EAP Professional
See Annexure D – Job description: EAP Practitioner
2.3.2 EAP PROFESSIONAL CONSULTATION OR SUPERVISION

STANDARD 8
Every EAP practitioner/professional who provides services will be subject to ongoing consultation and/or supervision.

GOAL
To ensure the quality of the services and to support professional development.

OBJECTIVES
- To protect the employees’ interests;
- To protect the organisation’s interests; and
- To enhance the EAP professional’s knowledge, attitude and skills.

MOTIVATION
EAP professionals have a potentially profound effect on their clients and vice versa. Consultation and supervision prevent isolation and professional burnout and ensure quality services.

CRITERIA
Consultation and supervision should follow a structured approach under the guidance of an experienced professional. Consultation and supervision can be provided internally or be externally contracted.

GUIDELINES
- Members should have access to professional supervision;
- The professional providing supervision/consultation should have the recommended minimum of five years’ experience;
- An appropriate post-graduate and/or management qualification would be a recommendation.
- It is the responsibility of both the supervisor and supervisee to ensure there is a plan in place for self-care to avoid burn-out.

2.3.3 PROFESSIONAL DEVELOPMENT

STANDARD 9
EAP professionals must engage and participate in professional development activities.

GOAL
To ensure that EAP professionals deliver the highest levels of professional service.

OBJECTIVE
To ensure that EAP professionals’ knowledge and skills are continuously updated and are in keeping with the highest levels of professional practice.

MOTIVATION
EAP professionals must participate in professional development activities through enrolment for CPD (continuing professional development) activities to continually improve their practice.

CRITERIA
- A professional development plan should be formalised as part of the individual professional’s performance contract;
- Registration with the relevant statutory body;
- Membership of and active participation in EAPA-SA structures.
GUIDELINES

- Assessment of learning needs and areas of growth should be determined and included in personal development plans;
- Annual update of registration should be maintained;
- Enrolment for formal qualifications at recognised institutions;
- Enrolment for continuous professional development in line with EAPA-SA CPD Policy;
- Attendance of a minimum of 75% at EAPA-SA Chapter activities;
- Attendance at EAPA-SA Annual conference and AGM;
- Contribution to research and publications in the EAP field;
- Subscription to EAP-related journals;
- Active stakeholder management with fellow professionals in the field;
- Non-professional designated members should have access to professional supervision.

2.3.4 PROFESSIONAL LIABILITY INSURANCE

STANDARD 10

All EAP professionals must have adequate professional liability insurance.

GOAL

To protect the EAP professional, the corporate client and the service provider where applicable.

OBJECTIVES

- To take the necessary precautions for addressing legal challenges concerning service delivery;
- To sufficiently maintain financial resources in order to ensure continuation of the programme during and following litigation.

MOTIVATION

Professional liability insurance provides protection to the EAP profession including the professional, the employer and the service provider.

CRITERIA

Professional liability insurance should be obtained from a creditable insurance company.

GUIDELINES

Individual EAP professionals should bear responsibility for malpractice insurance;

Premiums are preferably to be paid by employers;

Provision of liability must be included in the EAP policy and guidelines.

2.3.5 ETHICS

STANDARD 11

EAP practitioners must maintain the highest level of ethical conduct

GOAL

To foster professional behaviour.
**OBJECTIVES**

- To ensure client and customer protection;
- To ensure professional behaviour at all times;
- To ensure that EAP practitioners/professionals operate within the scope of their registration and expertise.

**MOTIVATION**

To enhance professionalism.

**CRITERIA**

- Employee Assistance Practitioners/professionals must have the necessary skills and knowledge relating to the philosophy and best practices of the EAP.
- Professional registration should be maintained.

**GUIDELINES**

- The Code of Ethics of EAPA-SA and other relevant statutory bodies should be utilised for members to promote ethical behaviour;

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Confidentiality is a cornerstone of the profession, consistent with all the professional standards, ethics, and legal requirements that regulate the management of information.

**GOAL**

To promote confidentiality and professionalism.

**OBJECTIVES**

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

**MOTIVATION**

The EAPs' professionalism and credibility depend on maintaining confidentiality.

**CRITERIA**

- A written statement on confidentiality should be included in all the relevant documents;
- Precautions should be taken to ensure that all communication involving confidential information is protected.

**GUIDELINES**

- Informed written consent is required in situations where confidential information has to be disclosed;
- Written consent must meet the following criteria:
  - Specific information to be disclosed;
  - Specific person(s) to whom information will be disclosed;
  - Purpose of the disclosure;
  - Valid period;
  - Signature of the employee;
  - Signature of the EAP professional;
  - Statement of withdrawal.
- Feedback to referring supervisor/manager is ethically correct and required, but without informed written consent, disclosure is limited to:
  - Confirmation of attendance at EAP sessions;
  - Cooperation or non-cooperation with the treatment plan;
  - Progress or lack thereof.
• Confidentiality should not be confused with anonymity;
• Limits to confidentiality should be defined in the policy (i.e. fraud, child abuse, espionage, and danger to self/others).

2.3.7 RECORD KEEPING

STANDARD 13
The EAP must maintain records.

GOAL
To ensure proper and accurate administration of records.

OBJECTIVES
To design and maintain a system that complies with best practice for capturing and maintaining the following:
• Administrative matters;
• Documentation on meetings;
• Clinical information;
• Corporate client information;
• Evaluation data;
• Marketing and promotional material;
• Training material;
• Project reports (progress reports).

MOTIVATION
• To enhance monitoring;
• To ensure statutory compliance;
• To ensure quality control.

CRITERIA
• A system should capture records in either written and/or electronic form;
• Records should be relevant, regularly updated and accessible to stakeholders in a structured manner.

GUIDELINES
• Client/User records should be managed confidentially and should be secured under lock and key;
• Records should be retained for at least five years and in accordance with legal requirements;
• The required back-up and data security measures should be in place for all electronic records, i.e. application and use of passwords.

2.4 CLINICAL SERVICES

2.4.1 CRITICAL INCIDENT MANAGEMENT

STANDARD 14
The EAP will offer trauma defusing and trauma debriefing services for employees, family members and the organisation in case of critical incidents.

GOAL
To respond to critical incident/s in a timely fashion, in line with organisational policies.

OBJECTIVES
• To provide trauma-defusing services for the immediately-affected employees;
• To provide trauma-debriefing services in response to a traumatic incident;
• To influence organisational policies and protocols relating to trauma management.
MOTIVATION

- Timeously defusing and debriefing may lessen or prevent long-term difficulties or dysfunction at both the individual and organisational levels.

CRITERIA

- EAP staff should be trained in trauma defusing and debriefing;
- The EAP professional should ensure that all sections/departments of the organisation are briefed on the trauma management protocols.

GUIDELINES

- The EAP should prepare a step-by-step procedure guide for identifying actions to be taken by staff, management and employee assistance professionals during critical incidents.

2.4.2 CRISIS INTERVENTION

STANDARD 15

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

GOAL

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

OBJECTIVES

- To contain and normalise a crisis situation;
- To influence organisational policies and protocols relating to crisis management;
- To ensure that EAP clients have access to crisis intervention and other appropriate professional services 24 hours a day, whether or not these form part of the EAP services.

MOTIVATION

- It is essential for the EAP to be able to respond effectively to crises;
- Timely intervention will lessen or prevent long-term difficulties or dysfunction at both the individual and organisational levels.

CRITERIA

- EAP professionals should receive specialised training in crisis intervention;
- Information must be provided and communicated about crisis services available after hours;
- The EAP professional should ensure that all sections/departments of the organisation are briefed about the procedure to be followed in a crisis situation.

GUIDELINES

- The EAP contracts with a local crisis line to provide after-hours coverage;
- The EAP establishes protocols for crisis intervention;
- The EAP prepares a step-by-step procedure guide that will identify actions to be taken by staff, management and employee assistance professionals in a crisis situation.
2.4.3 CASE ASSESSMENT

**STANDARD 16**

_EAP professionals will conduct an assessment to identify problems on the part of an employee and/or a family member and/or an organisation and develop a plan of action/treatment._

**GOAL**

To identify and analyse the problem and develop an appropriate intervention plan.

**OBJECTIVES**

- To utilise assessment to identify, document and evaluate clients’ strengths, difficulties and needs, and to lay the groundwork for a plan of action;
- To ensure that problems located within the organisation rather than with the client are correctly assessed.

**MOTIVATION**

- Proper analysis of the problem ensures timely and appropriate intervention;
- Accurate assessment should increase the likelihood of improved job performance and employee well-being;
- Competently-conducted assessments will enhance the credibility of the EAP in the organisation.

**CRITERIA**

Assessments should include:

- the client’s statement of the problem;
- the precipitating event/s;
- past history of the problem;
- mental status;
- relevant family history;
- level of risk to self or others;
- effect on job performance;
- corroborating data;
- initial impression;
- available support systems;
- conclusion / recommendations.

The EAP professional should focus on the confidential nature of programme participation and clearly outline/emphasise limitations.

**GUIDELINES**

- An intake interview may be conducted telephonically by an intake specialist, but the assessment should preferably be carried out face-to-face;
- When assessing a client, an employee assistance professional without specialised training in a specific field should refer the client for further assessment;
- When long-term psychotherapy is indicated, referral to an alternative resource should be considered.

2.4.4 REFERRAL

**STANDARD 17**

_Clients should be referred to an appropriate resource according to their unique needs revealed by the assessment._

**GOAL**

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

**OBJECTIVES**

- To ensure that clients gain access to appropriate resources and levels of care;
• To utilise the services of outside resources, and to make referrals when necessary.

MOTIVATION
• Appropriate referrals should increase the likelihood of increased job performance and employee well-being;
• Appropriate referrals will enhance the credibility of the EAP in the organisation and ensure a timely resolution of the problem;
• An appropriate referral is a prerequisite for effective case management.

CRITERIA
• The employee assistance professional must explain to the client the reasons for the referral, as well as any costs the referral may incur;
• The progress and outcome of referrals should be followed up by EAP staff;
• The EAP should clarify referral procedures with the outside resources to which clients are referred.

See Annexure E – Supervisory referral form
See Annexure F - Intake form (voluntary or informal referral)

2.4.5 SHORT-TERM INTERVENTION

STANDARD 18
EAP professionals will provide short-term intervention services.

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

OBJECTIVES
• To ensure that short-term intervention will consist of a pre-determined maximum number of sessions;
• To develop a protocol for distinguishing between those cases appropriate for short-term intervention and those appropriate for referral to long-term intervention.

MOTIVATION
• Case management is one of the core technologies of the EAP and resulting activities should be planned and executed as such;
• The nature of the workplace context offers the ideal opportunity for time-limited intervention;
• In accordance with programme policy, the EAP professional should preferably provide short-term intervention services rather than referring the client to an outside resource;
• More clients could be assisted if the EAP confined itself to short-term intervention;
• Short-term intervention is rendered more cost-effectively;
• If short-term intervention is not indicated, referral to an outside resource for long-term intervention should be considered;

CRITERIA
• EAP staff should receive ongoing specialised training in the use of time-limited intervention models;
• A written action plan should be prepared for accomplishing specific objectives within an appropriate time period;
- Organisational policies should support short-term intervention services that are consistent with employee needs.

GUIDELINES
- The EA professional contracts with the employee client for six to eight sessions;
- The EA professional works in a solution-rather than problem-focused way;
- The EA professional utilises homework to give the employee client practice in skills development;
- The intervention plan could include the identification and ranking of problems, the establishment of immediate and long-term goals and the designation of resources to be used, including those contained within the EAP.

2.4.6 CASE MONITORING AND EVALUATION

STANDARD 19
The therapeutic process will be monitored to ensure progress.

GOAL
To ensure quality and cost-effective treatment from resources.

OBJECTIVES
- To contain the costs of treatment;
- To maintain regular contact with the client and the service provider during the intervention period to ensure that the goals and objectives of the intervention plan are being met;
- To enable the EAP practitioner/professional to give appropriate feedback to the referring manager/supervisor about the employee's progress;
- To assist the EAP practitioner/professional in tracking any deviation or failure of treatment to yield the intended outcomes and make certain adjustments.

MOTIVATION
- The EAP is in a unique position to monitor and evaluate the progress of referrals and to ensure quality and cost-effective treatment;
- Good case monitoring and evaluation will help improve the image and credibility of the EAP among potential clients and management.

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

GUIDELINES
- An EAP practitioner/professional should telephone a client or arrange a meeting to discuss the client's view of the progress made in the intervention plan;
- The EAP practitioner/professional should routinely monitor all referred cases for one year after intervention and chemical...
dependency/other addiction cases for a minimum of two years;

- An EAP practitioner/professional should contract with an outside service provider to submit, at agreed intervals, written reports on the progress of a referred employee.

### 2.4.7 AFTERCARE AND REINTEGRATION

**STANDARD 20**

*The EAP will ensure that EAP clients receive aftercare and reintegration services.*

#### GOAL

To ensure the reintegration and continued well-being of referred employees after the intervention.

#### OBJECTIVES

- To monitor the intervention outcomes after the re-entry of an employee who has undergone treatment;
- To assist the employee in reintegrating/readjusting in the workplace following an intervention;
- To assist the referred employee in maintaining the outcomes of an intervention.

#### MOTIVATION

- By providing ongoing aftercare services, the EAP demonstrates a commitment to maintaining the outcomes of an intervention and, by implication, the well-being of the organisation and its employees;
- The documentation of aftercare and reintegration activities assists the evaluation of the effectiveness of the EAP service.

#### CRITERIA

- The organisation’s EAP policy should describe the programme’s aftercare and reintegration procedures and determine what constitutes the closure of a case;
- Follow-up should be conducted with the referring manager/supervisor after the employee’s re-entry, to determine whether the intervention has had the desired effect on the employee’s wellbeing and job performance;
- The EAP practitioner/professional must validate/verify the impact of the intervention by documenting the impressions of the employee, family members, the referring supervisor, the union representatives and the service provider.

#### GUIDELINES

- An EAP practitioner/professional should, at regular intervals, routinely contact the supervisor after a supervisory referral, as outlined by the policy, to enquire about the employee's job performance;
- An EAP practitioner/professional should routinely contact every client within a set period of time following intervention to close the case, if appropriate;
- Where necessary, the EAP practitioner/professional must make recommendations to supervisors regarding job adjustments, in line with the organisation’s HR policy.
2.5 NON-CLINICAL SERVICES

2.5.1 ORGANISATIONAL CONSULTATION

STANDARD 21
The EAP professional will provide advice and consultation to minimize risk and promote organisational effectiveness.

GOAL
To assist management in addressing the organisational issues which could impact on employee well-being and organisational effectiveness.

OBJECTIVES
- To align the EAP in order to add value to strategic business imperatives;
- To be proactive and to partner with relevant stakeholders, by suggesting strategies for minimising the adverse impact of events and add value to organisational change events;
- To positively influence the organisational climate and culture.

MOTIVATION
- Consultation is one of the core technologies of the EAP and resulting activities should be planned and executed accordingly;
- To ensure that the EAP functions as an integral part of an organisation, offering a valuable perspective as part of the organisational team confronting external and internal developments and changes.

CRITERIA
EAP professionals should

- Provide business intelligence, such as: cost-benefit analyses, risk assessments, organisational profiling, employee satisfaction;
- Study and report on the identified trends (internal and external) that influence organisational strategy;
- Report and comment on trends identified in EAP service-rendering and utilisation;
- Respond promptly to requests for EAP services to address organisational needs.

GUIDELINES
- The EAP practitioner/professional should provide reports and give regular feedback to management on the trends, risks and statistics identified during EAP utilisation;
- The EAP practitioner/professional should alert and advise management on the possible impact of organisational changes and events;
- Management should consult the EAP professional about envisaged changes, such as retrenchment, restructuring, reorganising, preparation for retirement, life skills, and budgeting.

2.5.2 EAP MANAGEMENT AND SUPERVISORY TRAINING

STANDARD 22
The EAP will use training as an intervention strategy.

GOAL
To provide training that enhances employee and organisational resilience.
OBJECTIVES

- To provide targeted interventions in response to commonly-identified trends and business risks;
- To build and strengthen individual and organisational skills and competencies;
- To equip supervisors, management and labour representatives to fulfil their functional roles in terms of access, support and utilisation of EAP;
- To enhance the functioning of the EAP in the organisation.

MOTIVATION

Training is one of the core technologies of the EAP and resulting activities should be planned and executed as such.

Ongoing training will:
- Enhance supervisors’ ability to make appropriate referrals;

See Annexure E – Supervisory referral form
- Ensure support for the EAP among union representatives.

CRITERIA

EAP training sessions should be conducted in a structured manner, repeated when necessary, and should cover at least the following aspects:
- The rationale of the EAP;
- The EAP as a management support system;
- Programme operation.

GUIDELINES

An EAP professional should provide training on:
- The positive impact that the EAP could have on the organisation;
- The link between the performance appraisal system and the EAP process;
- Procedures for referring employees who are experiencing job-performance problems;
- Prevention programmes according to identified risk areas, i.e. incapacity management, substance abuse;
- Capacity building to empower both employees and management.

2.5.3 MARKETING

STANDARD 23

EAP practitioners will develop and implement an appropriate marketing strategy.

GOAL

To ensure that the EAP is highly visible and is presented in a positive light to encourage targeted beneficiaries to utilise the programme.

OBJECTIVES

- To ensure that programme promotion is on-going and directed at all levels of the organisation;
- To market the programme in such a way that everyone in the organisation would feel comfortable making use of the EAP;
- To provide regular information to employees aimed at increasing their awareness of factors that affect their personal well-being and that impact on job performance.

MOTIVATION

Marketing is one of the core technologies of the EAP and resulting activities should be planned and executed accordingly.
Appropriate marketing of the programme will encourage use of its services, which ultimately impact on the healthy functioning of the organisation.

**CRITERIA**

The marketing strategy should be developed and reviewed on an ongoing basis in order to ensure its continued relevance and feasibility.

**GUIDELINES**

- The marketing strategy should provide for a clear marketing plan, to be revised and adapted annually;
- The EAP should be marketed in employee-orientation programmes, company and union bulletin boards, newsletters and employee meetings;
- Marketing strategy should target all the levels of the organisation and should be adapted accordingly;
- EAP posters on topics of interest should be displayed for the employee population;
- Electronic media should be considered where appropriate and available, i.e. emails, e-shots, electronic newsletters, social media;
- Promotional material should be designed and distributed, i.e. pens, caps, key-holders, business cards or T-shirts.

### 2.6 PROACTIVE SERVICES

**STANDARD 24**

*The EAP will develop holistic, proactive interventions.*

**GOAL**

To ensure that programmes are in place to mitigate employee behavioural and organisational risks.

**OBJECTIVES**

- To focus on the clinical and non-clinical components of the EAP;
- To build and strengthen individual and organisational skills and competencies;
- To enhance optimal wellness, individual resilience, teams and the organisation.

**MOTIVATION**

Proactive services are more cost-effective than curative services.

**CRITERIA**

- EAP practitioners/professionals should have sufficient knowledge of the organisation if they are to provide guidance for management on future challenges;
- Proactive services should be based on a comprehensive organisational risk assessment.

**GUIDELINES**

- Proactive actions or programmes should be aimed at different target groups and should respond to trends;
- Risk profiling should form the basis of preventive interventions;
- Proactive activities could include: awareness campaigns, wellness days, posters, workshops, information sessions, seminars, training, HCTs and health-risk screening.
2.7 STAKEHOLDER MANAGEMENT

STANDARD 25
The EAP should network with various internal and external stakeholders.

GOAL
- To ensure that the EAP would partner with both internal stakeholders and external resources in order to respond to the needs of the work organisation, the employees and the family members in a cost-effective manner;
- To enhance the knowledge, skills and attitude of EAP practitioners/professionals and to ensure that they are aware of new developments and technologies used in EAP service delivery.

OBJECTIVES
- To identify all the relevant business units in order to optimally utilise their resources for the benefit of the EAP and to elicit buy-in and commitment to the EAP;
- To seek clarification of EAP boundaries and authority lines within the organisation in order to protect EAP neutrality and to facilitate teamwork;
- To identify, select and evaluate external resources to support the EAP and assist employees in gaining access to these resources;
- To develop service level agreements, including the expected package and quality of the services;
- To ensure that the EAP practitioners/professionals are aware of new developments and technologies in EAP service delivery by attending training or professional development programmes;
- To maintain regular, on-going contact with other EAP practitioners/professionals;
- To identify all the relevant external structures that impact on EAP activities and to network with these role-players to ensure commitment to the EAP.

MOTIVATION
- Stakeholder management is one of the core technologies of the EAP and resulting activities should be planned and executed accordingly.
- Close involvement and stakeholder management improves EAP functionality;
- An effective network of professional resources, healthcare providers and self-help groups will ensure the delivery of quality services;
- Stakeholder management with resources in the community will maximise programme effectiveness and decrease potential liabilities;
- The involvement of different role players from the community will ensure the viability and credibility of the EAP;
- Participation in professional organisations provides EAP practitioners/professionals with support and collegiality, which contributes to professional development and the prevention of professional burnout;
- EAP practitioners/professionals can take a proactive stance when core EAP activities and employees’ well-being may be affected by the actions of external bodies.

CRITERIA
- A list of relevant internal business units should be composed, maintained and extended to ensure effective networking;
• Maintaining regular contact with all the listed business units to foster partnerships and improve relationships;
• A list of relevant external resources should be compiled, maintained and extended to ensure effective linkages;
• Identify areas to be addressed in order to promote co-operation with the EAP;
• Respond appropriately to recommendations received from external and community sources;
• A contract with clearly-defined roles and the relationship with the EAP and any managed care services;
• There should be continual communication to employees on services by resources;
• Membership of the EAPA and EAPA-SA;
• Regular attendance of EAP-related professional conferences or training programmes;
• Active participation in EAP-related activities presented by professional bodies;
• Sharing information about new developments and technologies with others in the field, taking appropriate credit for original contributions and adhering to copyright guidelines for acknowledging work by others;
• Identification of external resources that have a direct impact on EAP activities in order to ensure effective working relationships;
• Regular contact between EAP practitioners/professionals and different external resources to identify areas to be addressed in order to enhance the EAP and to respond appropriately.

GUIDELINES

The relevant internal business units could include the following:

• Unions;
• Human resources/personnel departments;
• Benefits;
• Safety;
• Equal employment opportunities;
• Medical;
• Security;
• Risk management;
• Legal;
• Training;
• Organisational development;
• Industrial relations;
• Public relations;
• Corporate social Involvement.

The EAP should secure:

• Community information and referral directories;
• The names of private professionals;
• Lists of mental health centres and treatment programmes; and
• Information on self-help centres, providing services suited to the needs of EAP clients in the geographic areas served.

• An EAP professional verifies an external service provider's professional credentials (i.e. accreditation and registration with professional bodies);
• EAP staff periodically visits area service providers to gather current information about facilities, available services, staffing and quality management;
• Factors to be considered are: availability, co-ordination with the EAP, accessibility, knowledge of work environments, responsiveness, protection of clients' rights, confidentiality, service delivery procedures, geographic location, professional capability, cost and payment
systems, financial relationship with the EAP, references from former clients;

- The service delivery contract should cover the terms of reference, the service package, costing, communication, etc;

- Active participation in EAP-related structures, i.e. EAPA-SA or substructures;

- Presentation of professional papers on best practices in EAP-related structures;

- Presentation of training courses to EAP functionaries;

- Sharing EAP-related information and research.

External bodies for stakeholder management include regulatory, legislative, advocacy, health and wellness, financial, business and academic bodies.

An EAP should obtain information on relevant legislation, policy and procedures relevant to EAP practice, such as confidentiality of records, drug-testing, workers' compensation and rights and vocational rehabilitation.

2.8 MONITORING AND EVALUATION

STANDARD 27

The effectiveness of the EAP should be continually monitored and evaluated.

GOAL

To ensure that the EAP adds value to the organisation and its beneficiaries.

OBJECTIVES

- To identify criteria for process, outcome and impact evaluation;

- To identify the different sources of information required for evaluation purposes;

- To develop and implement a strategy for evaluation of the EAP.

MOTIVATION

Monitoring and evaluation forms one of the core technologies of the EAP and resulting activities should be planned and executed accordingly;

Monitoring and evaluation allow the organisation to judge the programme's progress and usefulness, and to identify the need for programme modifications.

CRITERIA

- A written monitoring and evaluation strategy directly related to the programme's goals and objectives, should be included in the programme design and operational manual;

- A baseline study is to be carried out in the initial stage of EAP implementation, reflecting on both quantitative and qualitative data;

- Regular monitoring and evaluation must be conducted to determine whether goals and objectives are being met;

- Results of process, outcome and impact of the EAP should be obtained and analysed to inform programme development.

GUIDELINES

- The monitoring and evaluation strategy should be developed during the initial design phase of the EAP;

- All role-players who could contribute to the evaluation process should be identified for involvement;
Different types of data should be collected for programme evaluation, such as design effectiveness, implementation, management and administration, union representative involvement, completeness of the programme, direct services (i.e. counselling, marketing, training) and networking;

Evaluation should include all the core technologies;

Consider the utilisation of an external evaluator/consultant in order to maximise the objectivity of evaluation procedures;

Evaluation should be carried out scientifically.

See Annexure G - EAPA-SA monitoring and evaluation checklist
HISTORY AND BACKGROUND

The South African Branch of EAPA (EAPA-SA) was established and the first National Board elected in March 1996. At the first Board meeting, one of the agreed undertakings was:

The development of a South African document on standards for Employee Assistance Programmes, to be utilised by EAP professionals and EAP practitioners.

EAPA-SA Board 1999:

President: Ms Lizzy Thebe
Vice President: Mr Andrew Davies
Secretary: Ms Susan Roestenburg
Immediate Past President: Ms Tracy Harper
Treasurer: Ms Helen Humphrey
Conference & Training: Ms Nono Motloung
Ethics: Ms Denny Piovesan
Membership: Dr André van Jaarsveld
Standards: Professor Lourie Terblanche
Western Cape: Ms Anchen Pienaar
KwaZulu-Natal: Mr Dawie Spöhr/Ms Eleanor Langley
Eastern Cape: Ms Cynthia Hunter
Jacaranda: Mr Pravesh Bhoodram
Mpumalanga: Ms Cammy Orren
Egoli: Ms Given Mashigo.

PROCESS

A working committee comprising members from service providers and academic institutions was appointed in 1996. All the regional EAP interest groups were informed of the process and invited to submit comments. A brief information article was published in People Dynamics, dated February 1998, in order to reach those members who were not formal members of the regional interest groups. A final draft document was distributed to the EAPA-SA Board, the regional EAP interest groups and Social Work departments at various South African universities for comments.

ACKNOWLEDGEMENTS REGARDING THE 1999 EDITION

EAPA-SA is grateful for the contributions to this document, which is a testimony to the commitment and dedication of the members to their professional field.

In particular we wish to acknowledge the contributions by the following members:

- Professor Lourie Terblanche: Chairperson of the Standards Committee and Associate Professor in the Department of Social Work at the University of Pretoria.
- Mr André Beugger: Director of the Centre for Human Development (Pty) Ltd.
- Ms Janine Harrison: Senior Lecturer at the School for Social Work, University of the Witwatersrand.
- Ms Nunu Molebatsi: Private practitioner.

A special word of thanks must go to the Centre for Human Development (Pty) Ltd. for the use of their infrastructure and administrative support during the compilation process for the 1999 version of this document.

The Standards Committee would like to acknowledge their extensive use of the Standards Documents compiled by EAPA Inc. and UK EAPA. These documents were of great assistance.
FIRST REVISION OF THE DOCUMENT
At a Board Meeting on 27 May 2004, it was decided to appoint a task team to review and update the Standards for Employee Assistance Programmes in South Africa in terms of learning and of international best practices.

EAPA-SA Board 2005:
President: Mr Pravesh Bhoodram
Vice President: Ms Nono Motloung
Secretary/treasurer/membership: Ms Nomadlozi Masango
Immediate Past President: Ms Liz Thebe
Conference & Training: Ms Nono Motloung
Ethics/Constitution/Standards: Prof Lourie Terblanche
Western Cape: Mr André Beugger
KwaZulu-Natal: Mr Dawie Spöhr
Eastern Cape: Ms Odette Kruger
East London: Ms Bulelwa Someketa
Jacaranda: Mr Bob Marara
Mpumalanga: Ms Helen Grieson
Egoli: Mr Tony Kanengone
Members: Dr André van Jaarsveld
Mr James Biehl
Mr Siyabonga Nkosi
Dr Sello Sithole
Mr Kenneth Matabane
Mr Kelly Manzini

The task team was comprised of:
- André Beugger: Chair of the Standards and Ethics Committee of the Board
- Prof Lourie Terblanche; Department of Social Work and Criminology, University of Pretoria

Dr Florinda Taute: Department of Social Work and Criminology, University of Pretoria.

PROCESS OF REVISION
Literature was reviewed and additional information was incorporated into a draft document, which was circulated for comment among the EAPA-SA Board members and the EAPA-SA Branches. These comments were considered and appropriately incorporated into the final document.

Acknowledgement of sponsorship
The EAPA-SA Board would like to acknowledge sponsorship by The Careways Group for printing the second edition of this document.
SECOND REVISION OF THE DOCUMENT

At a Board Meeting on 11 March 2009, it was decided to appoint a task team to review and update the *Standards for Employee Assistance Programmes in South Africa* in terms of learning and of international best practices.

**EAPA-SA Board 2009:**
- President: Mr Kelly Manzini
- Vice President: Professor Lourie Terblanche
- Immediate Past President: Mr Bob Marara
- Conference: Mr Pravesh Bhoodram
- Ethics/Constitution/Standards: Mr Godfrey Chabalala
- Membership: Dr Florinda Taute
- Finances: Mr Kenneth Matabane
- Research and Publication: Ms Thiloshni Govender
- Chapter Development and Liaison: Ms Lulamu Matu
- Marketing and Website Management: Mr Tshifhiwa Mamaila
- Egoli: Ms Radhi Vandayar
- Ikhala (East London): Mr Zola Mxalisa
- Jacaranda: Ms Youlanda van Booma
- KwaZulu-Natal: Mr Dawie Spöhr
- Limpopo: Ms Connie Raphahlelo
- Nelson Mandela Bay: Ms Nokubonga Billi
- Western Cape: Mr Patrick Egan.

The Task Team consisted of:
- Tinyiko Chabalala: Chair of the Standards and Ethics Committee of the Board and working at the Department of Economic Development, Environment and Tourism
- Pravesh Bhoodram: Director: Sport and Wellness, Department of Correctional Services
- Thiloshni Govender: Director: Health and Wellness, Eastern Cape Province
- Kelly Manzini: Manager Metropolitan Health
- Professor Lourie Terblanche: Department of Social Work and Criminology, University of Pretoria
- Radhi Vandayar: ICAS

**PROCESS OF REVISION**

Literature was reviewed and additional information was incorporated into a draft document, which was circulated among the EAPA-SA Board members and the EAPA-SA Branches for comment.

The draft document was presented by Godfrey Chabalala on 28 September 2009 at the AGM at the Sandton Convention Centre. The presentation was followed by a panel discussion on the same occasion.

Comments made by the members during the discussion were appropriately incorporated into the final document.

Follow-up sessions were held by the task group, followed by another round of distribution and requests for comments from the membership.

The draft document was displayed for comment on the EAPA-SA website. All the appropriate comments were incorporated, and the inputs are greatly appreciated.

The final document will be presented during the AGM and Annual National Conference in Port Elizabeth, 21-23 September 2010.

The 3rd edition was to be finalised and released during the term of office of the 2010/2011 Board, consisting of the following board members:
**EAPA-SA Board 2010/2011:**
President: Professor Lourie Terblanche
Vice President: Mr Tshifhiwa Mamaila
Immediate Past President: Mr Kelly Manzini
Conference: Ms Thilosni Govender
Governance: Mr Godfrey Chabalala
Membership: Ms Anna Williams
Finances: Mr Pravesh Bhoodram
Research: Ms Radhi Vandayar
Publication: Ms Mannini Radebe
Chapter Development and Liaison: Mr Dawie Spohr
Marketing: Mr Hannes Kruger
Egoli: Ms Marion Borcherds
Free State: Ms Nozi Matshoba
Ikhala (East London): Mr Zola Mxalisa
Jacaranda: Ms Youlanda van Booma
KwaZulu-Natal: Mr Dawie Spöhr
Limpopo: Ms Connie Raphahlelo
Nelson Mandela Bay: Ms Nokubonga Billi
Western Cape: Mr Patrick Egan.

The Board wishes to acknowledge the financial support of **ICAS** for the printing of **1000** copies of the final document.
THIRD REVISION OF THE DOCUMENT

At a strategic planning meeting of the EAPAP-SA Board during January 2014, it was decided to contract Professor Lourie Terblanche and a number of Masters students in EAPs to revise the Standards document.

EAPA-SA Board 2013/2018
President: Mr Tinyiko Chabalala
President Elect: Ms Thiloshni Govender
Immediate Past President: Mr Tshifhiwa Mamaila
Conference: Ms Radhi Vandayar
Governance: Mr Isaac Koto
Membership & Chapter Development Dr Pravesh Bhodram
Finances: Mr Kelly Manzini
Marketing: Mr Azwifarwi Phuravhathu
Education: Mr Joe Makasane
Stakeholder Management and Sponsorship: Ms Palesa Mphosi
Egoli: Ms Andiswa Lefakane
Free State: Mr Jimmy Lenong
Ikhalo: Ms Bridgette Cain
KwaZulu-Natal: Mr Mzwandile Gumede.
Limpopo: Ms Gladys Chuene
Nelson Mandela Bay: Ms Bernie Roberson
Western Cape: Mr Patrick Egan.

The Project Team consisted of staff and students from the Department of Social Work and Criminology, University of Pretoria.

- Professor Lourie Terblanche: Department of Social Work and Criminology, University of Pretoria as Project leader
- Ms Andiswa Lefakane: Masters student
- Mr Moses Kubheka: Masters student
- Ms Ephenia Monama: Masters student
- Ms Hlobokazi Caleni: Masters student
- Mr Tinyiko Chabalala: President
- Mr Isaac Koto: Board member
- Mr Kelly Manzini: Board member
- Dr Pravesh Bhodram: Board member
- Ms Thiloshni Govender: Board member
- Mr Tshifhiwa Mamaila: Immediate Past President

PROCESS OF REVISION

An on-line survey was carried out among registered individual EAPA-SA members during May – September 2014. The data collection instrument was developed by Prof Terblanche and the four Masters students in EAPs. The names are listed above.

The online survey was handled in the online distribution of an email about the revision of EAPA-SA Standards, with two reminders. A link was provided for respondents in order to secure anonymity and confidentiality.

Delegates at the EAPA-SA National Conference in Somerset West from 16 - 19 September 2014 were invited by sms to participate in the survey, up to 19 September 2014.

The provisional findings were presented at the Conference on 19 September 2014 by Professor Terblanche and Ms Andiswa Lefakane.

A complete analysis of data was conducted with the assistance of the Department of Statistics at the University of Pretoria, with the participation of the four Masters students and Prof Terblanche.

Data cleaning was carried out and a report was compiled by Prof Terblanche to the
EAPA-SA Board in preparation for comments on the fourth draft of the Standards document.

Members of the Standards Task Force were requested for input in order to finalise and to justify changes to the 3rd edition of the document.

A draft document was distributed to all EAPA-SA Chapters and registered EAP service providers for input.

Final changes were incorporated and the document was approved by the EAPA-SA Board on 15 July 2015.

Printing was sponsored by .......... 

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**ANNEXURES**

**Annexure A:**
Needs assessment tool

**Annexure B:**
Organisational profile instrument

**Annexure C:**
Job description: Employee Assistance Professional

**Annexure D:**
Job description: Employee Assistance Practitioner

**Annexure E:**
Formal Supervisory / Managerial EAP referral form.

**Annexure F:**
Intake form (voluntary or Informal referral)

**Annexure G:**
EAP Monitoring and evaluation checklist
NEEDS ASSESSMENT TOOL

- This Needs assessment tool is designed so that an organisation can collect data that will enable management to make an informed decision on the preferred Employee Assistance Programme (EAP) model that would be relevant to the organisation.
- The Employee assistance service needs assessment should be performed periodically (e.g., every 2-3 years) and should include consideration of the items listed below.
- The information should be used only to determine the nature and format of the services to be included in the Employee Assistance Programme that is relevant and responsive to the needs of the organisation.

1. Organisation overview:

<table>
<thead>
<tr>
<th>Name of Organisation</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of services/ products</td>
<td></td>
</tr>
<tr>
<td>Number of operational sites</td>
<td></td>
</tr>
<tr>
<td>Years of existence</td>
<td></td>
</tr>
<tr>
<td>Types of jobs</td>
<td></td>
</tr>
<tr>
<td>Physical address</td>
<td></td>
</tr>
<tr>
<td>Number of employees by location/sites</td>
<td>1.</td>
</tr>
<tr>
<td></td>
<td>3.</td>
</tr>
<tr>
<td></td>
<td>5.</td>
</tr>
<tr>
<td></td>
<td>7.</td>
</tr>
<tr>
<td></td>
<td>9.</td>
</tr>
</tbody>
</table>

Demographic data on employee population

<table>
<thead>
<tr>
<th>African:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>Female</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>White:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>Female</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Coloured:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>Female</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Indian:</th>
<th></th>
</tr>
</thead>
</table>

EAPA-SA strives towards the enhancement of the EAP and wellness professions.
To this end, EAPA-SA provides this document as an EXAMPLE or TEMPLATE and therefore this document should not be seen as an official document prescribed by EAPA-SA.
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2. Environmental scanning

<table>
<thead>
<tr>
<th>Where does the organisation exist?</th>
<th>Urban Area</th>
<th>Rural area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Semi-urban</td>
<td>Semi-rural</td>
<td></td>
</tr>
<tr>
<td>The geographical location of the organisation</td>
<td>CBD</td>
<td>Outside CBD</td>
</tr>
<tr>
<td>What are the surrounding sectors?</td>
<td>Mining</td>
<td>Retail</td>
</tr>
<tr>
<td></td>
<td>Game farms</td>
<td>Agricultural farms</td>
</tr>
<tr>
<td></td>
<td>Schools</td>
<td>Hospitals</td>
</tr>
<tr>
<td></td>
<td>Other (specify)</td>
<td></td>
</tr>
</tbody>
</table>

3. Programme management:

<table>
<thead>
<tr>
<th>Is there an existing Employee Assistance service in the organisation?</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>EAP policy developed and available.</td>
<td>Yes/ No</td>
</tr>
<tr>
<td>EAP strategy developed and available.</td>
<td>Yes/ No</td>
</tr>
<tr>
<td>EAP staff available.</td>
<td>Yes/ No</td>
</tr>
<tr>
<td>What other relevant programme(s) is/are available?</td>
<td>HIV &amp; AIDS</td>
</tr>
<tr>
<td></td>
<td>Sports</td>
</tr>
<tr>
<td></td>
<td>Other (specify)</td>
</tr>
</tbody>
</table>

4. Resources

<table>
<thead>
<tr>
<th>Human resources available.</th>
<th>Yes/ No</th>
</tr>
</thead>
<tbody>
<tr>
<td>If yes to the above, how many people are available?</td>
<td></td>
</tr>
<tr>
<td>What material/physical resources are available?</td>
<td>Vehicle</td>
</tr>
<tr>
<td></td>
<td>Offices</td>
</tr>
<tr>
<td></td>
<td>Furniture</td>
</tr>
<tr>
<td>Please quantify</td>
<td>Other (specify)</td>
</tr>
</tbody>
</table>

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## Financial resources available.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

**Has a budget been allocated to the programme?**

**Is the allocated budget standalone, or is it combined with other programme budgets?**

### 5. Staffing

<table>
<thead>
<tr>
<th>EAP staff available.</th>
<th>Yes/ No</th>
</tr>
</thead>
</table>

**If yes to the above, how many personnel are available?**

**What are their ranks/levels?**

<table>
<thead>
<tr>
<th>Senior manager</th>
<th>Manager</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assistant manager</td>
<td>Admin officer</td>
</tr>
<tr>
<td>Admin clerk</td>
<td>Cleaner</td>
</tr>
<tr>
<td>Messenger</td>
<td>Driver</td>
</tr>
<tr>
<td>Other (specify)</td>
<td></td>
</tr>
</tbody>
</table>

**Please quantify the levels.**

<table>
<thead>
<tr>
<th>Psychologist</th>
<th>Social worker</th>
</tr>
</thead>
<tbody>
<tr>
<td>Occupational therapist</td>
<td>Physiotherapist</td>
</tr>
<tr>
<td>Occupational nurse</td>
<td>Medical practitioner</td>
</tr>
<tr>
<td>Chaplains</td>
<td></td>
</tr>
<tr>
<td>Other (specify)</td>
<td></td>
</tr>
</tbody>
</table>
6. Factors affecting employee well-being/productivity

<table>
<thead>
<tr>
<th>Environmental factors:</th>
<th>Noise</th>
<th>Pollution</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Disaster</td>
<td>Waste</td>
</tr>
<tr>
<td></td>
<td>Other (specify).</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupational factors:</th>
<th>Injuries</th>
<th>Occupational diseases</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Accidents</td>
<td>Workload</td>
</tr>
<tr>
<td></td>
<td>Grievances</td>
<td>Disciplinary</td>
</tr>
<tr>
<td></td>
<td>Other (specify)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Social and psychological factors:</th>
<th>Marital stress</th>
<th>Depression</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please tick where applicable</td>
<td>Divorce</td>
<td>Financial stress</td>
</tr>
<tr>
<td></td>
<td>Racism</td>
<td>Alcoholism</td>
</tr>
<tr>
<td></td>
<td>Tribalism</td>
<td>Substance abuse</td>
</tr>
<tr>
<td></td>
<td>Harassment</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other (specify):</td>
<td></td>
</tr>
</tbody>
</table>
7. Networks/Community resources:

<table>
<thead>
<tr>
<th>Community service centres:</th>
<th>Hospitals</th>
<th>Clinics</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (specify)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Faith-based organisations: | |
|---------------------------||
|                           | |
|                           | |
| Other (specify)           |     |

| Non-governmental organisation: | |
|-------------------------------||
|                               | |
|                               | |
| Other (specify)               |     |

| Private organisations:       | Doctors | |
|------------------------------|---------|
|                              |         |
|                              |         |
| Other (specify)              |         |

8. Any Studies/Surveys conducted in the recent past (e.g. The prevalence of HIV in the workplace)

_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
8.1 The results of the study

_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

9. Specific needs and recommendations regarding the introduction of the Employee Assistance Programme and/or Wellness Programmes:

9.1 Supervisors’ opinions:

_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

9.2 Managers’ opinions:

_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

9.3 Top management’s opinions:

_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

Thank you for taking part in the needs assessment process
The organisational profile instrument is designed to collect data that will assist management in making an informed decision on the design and implementation of an appropriate Employee Assistance Programme (EAP). The organisational profile reflects the following:

- The unique characteristics of the employer (company, organisation, department).
- The needs of the workforce.
- Preferences regarding the EAP envisaged.

**Instruction**

- Please answer questions by inserting √ selected choice or required written motivation.

**Organisation Overview: (to be completed by the EAP professional)**

<table>
<thead>
<tr>
<th>Name of organisation.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of services/products offered.</td>
</tr>
<tr>
<td>Number of operational sites.</td>
</tr>
<tr>
<td>Years in existence</td>
</tr>
<tr>
<td>Physical address.</td>
</tr>
<tr>
<td>Number of employees by location/sites.</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Demographic data on workforce.</td>
</tr>
<tr>
<td><strong>White</strong></td>
</tr>
</tbody>
</table>
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To this end, EAPA-SA provides this document as an EXAMPLE or TEMPLATE and
2. Employee Assistance Programme (to be completed by respondents)

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is there an existing Employee Assistance service in the organisation?</td>
<td></td>
</tr>
<tr>
<td>Does your employer have an EAP policy?</td>
<td></td>
</tr>
<tr>
<td>If yes, have you read the EAP policy?</td>
<td></td>
</tr>
<tr>
<td>EAP staff available.</td>
<td></td>
</tr>
<tr>
<td>What other relevant programme is available?</td>
<td></td>
</tr>
<tr>
<td>HIV &amp; AIDS</td>
<td></td>
</tr>
<tr>
<td>OHS</td>
<td></td>
</tr>
<tr>
<td>Sports</td>
<td></td>
</tr>
<tr>
<td>Other (specify)</td>
<td></td>
</tr>
</tbody>
</table>

3. Resources:

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Human resources available.</td>
<td></td>
</tr>
<tr>
<td>If yes to the above, how many people?</td>
<td></td>
</tr>
<tr>
<td>What are the available material/physical resources?</td>
<td></td>
</tr>
<tr>
<td>Vehicle</td>
<td></td>
</tr>
<tr>
<td>Laptop</td>
<td></td>
</tr>
<tr>
<td>Offices</td>
<td></td>
</tr>
<tr>
<td>Desk top</td>
<td></td>
</tr>
<tr>
<td>Furniture</td>
<td></td>
</tr>
<tr>
<td>Stationery</td>
<td></td>
</tr>
<tr>
<td>Other (specify)</td>
<td></td>
</tr>
</tbody>
</table>

EAPA-SA strives towards the enhancement of the EAP and wellness professions.
To this end, EAPA-SA provides this document as an EXAMPLE or TEMPLATE and
| Financial resources available. | Yes | No |
| What is the budget allocated to the programme? |  |
| Is the allocated budget stand alone or combined with other programmes? |  |

4. Staffing

| EAP staff available. | Yes/No |
| If yes to the above, how many personnel are available? |  |
| What are their ranks/levels? Please quantify the levels. | Senior manager | Manager |
| Assistant manager | Administrative officer |
| Admin clerk | Cleaner |
| Messenger | Driver |
| Other (specify) |  |
| What is their professional status? | Psychologist | Social worker |
| Occupational therapist | Physiotherapist |
| Please quantify. | Occupational nurse | Medical practitioner |
| Chaplains |  |
| Other (specify) |  |

5. Factors affecting employee wellbeing/productivity.

| Environmental factors. | Noise | Pollution |
| Disaster | Waste |
| Other (specify) |  |

| Occupational factors. | Injuries | Occupational diseases |
| Accidents | Workload |
| Grievances | Disciplinary matters |
| Other (specify) |  |
### Social and psychological factors.

<table>
<thead>
<tr>
<th></th>
<th>Marital</th>
<th>Stress</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Divorce</td>
<td>Depression</td>
</tr>
<tr>
<td></td>
<td>Racism</td>
<td>Financial</td>
</tr>
<tr>
<td></td>
<td>Tribalism</td>
<td>Alcoholism</td>
</tr>
<tr>
<td></td>
<td>Harassment</td>
<td>Substance abuse</td>
</tr>
<tr>
<td>Other (please specify):</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Networks/Community resources:

**Community service centres:**

<table>
<thead>
<tr>
<th>Hospitals</th>
<th>Clinics</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (specify)</td>
<td></td>
</tr>
</tbody>
</table>

**Faith-based organisations.**

| Roman Catholic | ZCC |
|                |     |
|                |     |
|                |     |
|                |     |
| Other (specify) |       |

**Non-Governmental Organisation:**

<table>
<thead>
<tr>
<th>TAC</th>
<th>POWA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (please specify):</td>
<td></td>
</tr>
</tbody>
</table>

**Private organisation:**

<table>
<thead>
<tr>
<th>Doctors</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Psychologists</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Physiotherapists</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EAP service providers</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other (specify)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

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7. Any studies/surveys conducted in the recent past (e.g. The prevalence of HIV in the workplace).

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

8. The results of the study

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

The end
# Job description

## Employee Assistance Professional

### 1. Post details

<table>
<thead>
<tr>
<th>Job title</th>
<th>Employee Assistance Professional</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purpose of post</td>
<td>e.g. To design, implement, administer and evaluate the Employee Assistance Services in the organisation/company/department.</td>
</tr>
<tr>
<td>Post level</td>
<td>e.g. Lower management, middle management, top management level.</td>
</tr>
<tr>
<td>Core objective</td>
<td>e.g. Management and general support for personnel</td>
</tr>
<tr>
<td>Minimum qualification requirements</td>
<td>For example:</td>
</tr>
<tr>
<td></td>
<td>• 4-year Bachelor’s degree (or equivalent, e.g. Honours), Short course training in EAPs, Advanced Short Course in EAPs</td>
</tr>
<tr>
<td></td>
<td>• Master’s in EAP</td>
</tr>
<tr>
<td></td>
<td>• Minimum of 3 years’ relevant work experience</td>
</tr>
</tbody>
</table>

### 2. Organisational context

<table>
<thead>
<tr>
<th>Location of post</th>
<th>e.g. Head Office/Regional Office</th>
</tr>
</thead>
<tbody>
<tr>
<td>Component</td>
<td>e.g. Employee Health and Wellness Unit</td>
</tr>
<tr>
<td>Post reports to:</td>
<td>e.g. Head of Department/Designated person</td>
</tr>
<tr>
<td>Posts reporting directly to this post</td>
<td>e.g. EAP practitioner/EAP administrative staff</td>
</tr>
</tbody>
</table>
### 3. Main objective

<table>
<thead>
<tr>
<th>No.</th>
<th>Function</th>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1</td>
<td>Design the Employee Assistance Programme (EAP) for the organisation.</td>
<td>For example:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Compile organisational profile.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Conduct needs analysis.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Establish EAP advisory committee.</td>
</tr>
<tr>
<td>3.2</td>
<td>Implement the Employee Assistance Programme (EAP).</td>
<td>For example:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Develop EAP policy to guide the implementation of the programme.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Develop operational guidelines to support the policy.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Develop EAP strategy and implementation plan.</td>
</tr>
<tr>
<td>3.3</td>
<td>Manage and administer the EAP.</td>
<td>For example:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Develop and regularly review the EAP generic service delivery standards.</td>
</tr>
<tr>
<td>3.4</td>
<td>Provide clinical services for the employees and their immediate families.</td>
<td>For example:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Provide trauma debriefing and emotional support for victims.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Provide ongoing counselling and psychotherapeutic services for employees affected by both personal and work-related problems.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Administer and manage EAP cases.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Provide aftercare and monitoring services for employees (post rehabilitation and other forms of therapy).</td>
</tr>
<tr>
<td>3.5</td>
<td>Provide non-clinical services.</td>
<td>For example:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Supervise the EAP co-ordinators and other support staff.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Market EAP services internally.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Train supervisors and/managers in EAP matters.</td>
</tr>
<tr>
<td>3.6</td>
<td>Provide preventative services</td>
<td>For example:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Conduct proactive workshops i.e. life skills, team-building, stress management, personal and financial management, substance abuse, etc.</td>
</tr>
</tbody>
</table>

EAPA-SA strives towards the enhancement of the EAP and wellness professions.
To this end, EAPA-SA provides this document as an EXAMPLE or TEMPLATE and
3.7 Monitor and evaluate the EAP.

For example:
- Monitor the implementation of EAP services in the organisation.
- Coordinate/conduct research into issues pertaining to EAP and programme evaluation.
- Conduct cost benefit analysis and compile report.

4. Networking

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>KEY CUSTOMERS</th>
<th>CUSTOMER REQUIREMENTS</th>
</tr>
</thead>
</table>
|                | Head of Department/Designated person       | • Provide reports on the following:
|                |                                            | • Progress report on the implementation of EAP;
|                |                                            | • Appointment of advisory committees;
|                |                                            | • Report on Impact studies on the implementation of EAP programmes;                   |
| 4.1 Internal   | District /Regional Offices                 | • Render advisory services for the proper implementation of EAP;
|                |                                            | • Monitor and evaluate the implementation of EAP;
|                |                                            | • Provide progress report on EAP;
|                |                                            | • Supervision of EAP practitioner;                                                   |
|                | Staff in the organisation                 | • Provide information on the following:
|                |                                            | • EAP progress report and standards;
|                |                                            | • EAP awareness programmes;
|                |                                            | • Ongoing counselling and support;
|                |                                            | • EAP policy awareness,                                                              |
| 4.2 External   | Other Government departments              | For example:                                                                       |
|                |                                            | • DPSA, Office of the Premier, Department of Labour, and Department of Health and Social Development; |
|                | Professional services                      | • Community service centres (e.g. hospitals, clinics);
|                |                                            | • Faith-based organisations;
|                |                                            | • Non-governmental organisations;
|                |                                            | • Private organisations (e.g. doctors, psychologists);
|                |                                            | • External EAP service providers;                                                   |
5. **Responsibilities**

<table>
<thead>
<tr>
<th>Area</th>
<th>Facet</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Human resources</td>
<td>Number of staff managed directly.</td>
<td>State the number of EAP Practitioners. State the number of EAP administrative personnel.</td>
</tr>
<tr>
<td>Financial resources</td>
<td>Size of budget managed indirectly.</td>
<td>Insert budget value.</td>
</tr>
<tr>
<td>Material resources</td>
<td>Value of equipment managed.</td>
<td>Insert resource value.</td>
</tr>
</tbody>
</table>

6. **Equipment generally used**

<table>
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<tr>
<th>Item</th>
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</tr>
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<td>Video cassette and television set.</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Other Items (specify)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
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7. Job Competencies

<table>
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<tr>
<th>Knowledge</th>
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<th>Personal attributes</th>
<th>Learning field</th>
<th>Learning indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV and AIDS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HR policies and procedures.</td>
<td>Research and evaluation processes and procedures.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
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8. Working conditions

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<td>e.g. Troubled employees who are emotionally unstable and could become hostile.</td>
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<td>Exposure to legal risk</td>
<td>e.g. Any infringement of client’s constitutional rights when handling EAP, HIV and AIDS cases may lead to legal suits. Non-compliance with legislation may result in a fine or imprisonment e.g. disclosure of confidential information obtained during the consultation without express written consent.</td>
</tr>
<tr>
<td>Uncomfortable working conditions</td>
<td>e.g. Sometimes render standby duties after normal working hours with the possibility of attending calls at night/coming home late.</td>
</tr>
</tbody>
</table>

9. Career pathing

Progression/Promotion to the next higher salary range/post level

<table>
<thead>
<tr>
<th>Next higher post</th>
<th>e.g. Director- EAP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conditions of progression</td>
<td>e.g. Availability of a vacant post.</td>
</tr>
<tr>
<td>Conditions of promotion</td>
<td>e.g. Appointment after interview or upgrading of post after job evaluation.</td>
</tr>
</tbody>
</table>
10. Job description agreement

_________________________________________  ___________________________________________
Post holder’s surname and initials                      Supervisor’s surname and initials

_________________________________________
Post holder’s signature                               Supervisor’s signature

_________________________________________
Date                                               Date

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# Job description

## Employee Assistance Practitioner

1. **Post details**

<table>
<thead>
<tr>
<th>Job title</th>
<th>Employee Assistance Practitioner</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purpose of post</td>
<td>To co-ordinate EAP-related tasks.</td>
</tr>
<tr>
<td>Post level</td>
<td>e.g. Entry level, or lower management level.</td>
</tr>
<tr>
<td>Core objective</td>
<td>e.g. To manage and generally support EAP core functions.</td>
</tr>
<tr>
<td>Minimum qualification requirements</td>
<td>e.g. Matric certificate plus a 3-year Bachelor’s degree (or equivalent), Short course training in EAPs.</td>
</tr>
</tbody>
</table>

2. **Organisational context**

| Location of post | e.g. Head office/ Regional office |
| Component | e.g. Employee Health and Wellness Unit. |
| Post reports to: | e.g. Employee Assistance Professional (Manager/Director) |
| The following posts report directly to this post | Dependent on organisational structure. |
### 3. Main objective

<table>
<thead>
<tr>
<th>No.</th>
<th>Function</th>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1</td>
<td>To coordinate the EAP design in the organisation/company/department.</td>
<td>For example:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Facilitate the compilation of organisational profiling.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Facilitate the establishment of advisory committee.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Coordinate the implementation of regular needs assessment.</td>
</tr>
<tr>
<td>3.2</td>
<td>To coordinate EAP implementation actions</td>
<td>For example:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Implement Employee Assistance and Wellness programmes in the organisation.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Assist with the development of EAP policies.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Develop implementation and operational plans.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Develop operational guidelines in support of the policy.</td>
</tr>
<tr>
<td>3.3</td>
<td>To coordinate the administrative functions of the EAP</td>
<td>For example:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Establish sound EAP record-management systems.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Conduct general administrative tasks (typing, faxing and filing).</td>
</tr>
<tr>
<td>3.4</td>
<td>To coordinate actions resulting from the clinical services rendered to employees</td>
<td>For example:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- To render initial assessment.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- To refer EAP cases to internal and external professionals.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- To maintain high confidentiality of all EAP records.</td>
</tr>
<tr>
<td>3.5</td>
<td>To coordinate actions resulting from non-clinical services</td>
<td>For example:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- To conduct EAP supervisory training.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Market EAP services in the organisation.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Assist with the training of supervisors, managers and union representatives.</td>
</tr>
<tr>
<td>3.6</td>
<td>To coordinate actions resulting from</td>
<td>For example:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Conduct EAP workshops (e.g. financial management, life skills,</td>
</tr>
</tbody>
</table>
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<table>
<thead>
<tr>
<th>preventative services</th>
<th>stress management and substance abuse).</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Coordinate team-building interventions.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3.7 To coordinate actions resulting from monitoring and evaluating EAP services</th>
<th>For example:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Facilitate the implementation of cost-benefit analysis.</td>
</tr>
<tr>
<td></td>
<td>• Coordinate the implementation of impact studies.</td>
</tr>
<tr>
<td></td>
<td>• Compile monthly/quarterly and annual M&amp;E reports.</td>
</tr>
</tbody>
</table>
### 4. Networking

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>KEY CUSTOMERS</th>
<th>CUSTOMER REQUIREMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>4.1 Internal</strong></td>
<td></td>
<td>Provide reports on the following:</td>
</tr>
<tr>
<td>Head of Department/Designated person</td>
<td></td>
<td>• Progress report on the implementation of EAP.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Appointment of advisory committees.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Report on Impact studies regarding the implementation of EAP programmes.</td>
</tr>
<tr>
<td>District /Regional Offices</td>
<td></td>
<td>• Render advisory services regarding the proper implementation of EAP.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Monitor and evaluate the implementation of EAP.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Provide progress report on EAP.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Supervision of EAP practitioner.</td>
</tr>
<tr>
<td>Staff in the organisation</td>
<td></td>
<td>• Provide information on the following:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• EAP progress report and standards.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• EAP awareness programmes.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Ongoing counselling and support.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• EAP policy awareness.</td>
</tr>
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<td><strong>4.2 External</strong></td>
<td></td>
<td>For example:</td>
</tr>
<tr>
<td>Other Government departments</td>
<td></td>
<td>• DPSA, Office of the Premier, Department of Labour, and Department of Health and Social Development.</td>
</tr>
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<td>Professional services</td>
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<td>• Community service centres (e.g. hospitals, clinics);</td>
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<td>• External EAP service providers.</td>
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5. Responsibilities

<table>
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<tr>
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</tr>
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<tbody>
<tr>
<td>Human resources</td>
<td>Number of staff managed directly.</td>
<td>Insert number of staff managed.</td>
</tr>
<tr>
<td>Financial resources</td>
<td>Size of budget managed indirectly.</td>
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6. Equipment generally used

<table>
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<td>Other Items (specify):</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>...................</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
7. Job competencies

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Skills</th>
<th>Personal attribute</th>
<th>Learning field</th>
<th>Learning indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Assistance Programme (EAP)</td>
<td>Verbal and written communication skills</td>
<td></td>
<td></td>
<td>Tertiary qualification in Social Sciences</td>
</tr>
<tr>
<td>Occupational Health and Safety (OHS)</td>
<td>Planning and organizing skills</td>
<td></td>
<td>Financial management and budgeting</td>
<td>and in-service training courses.</td>
</tr>
<tr>
<td>Compensation for occupational injuries and diseases (COID)</td>
<td>Facilitation skills</td>
<td></td>
<td>Project management</td>
<td>(BA Degree in Social Science)</td>
</tr>
<tr>
<td>HIV and AIDS</td>
<td>Listening skills</td>
<td></td>
<td>Programme management</td>
<td></td>
</tr>
<tr>
<td>HR policies and procedures</td>
<td>Problem-solving skills</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Research and evaluation processes and procedures</td>
<td>Presentation skills</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Coordination and monitoring skills</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Computer skills</td>
<td></td>
<td></td>
<td></td>
</tr>
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<tr>
<th></th>
<th>Report-writing skills</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Team building</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Financial management</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conflict management</td>
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<th>Exposure to danger</th>
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</table>

### Uncomfortable working conditions

For example:
- Sometimes fulfill standby duties after normal working hours with the possibility of attending calls at night/coming home late.
- Long hours of driving to attend EAP cases.

## 9. Career pathing

### Progression/Promotion to the next higher salary range post level

<table>
<thead>
<tr>
<th>Next higher post</th>
<th>e.g. EAP- Professional (Manager/Director).</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conditions of progression</td>
<td>e.g. Availability of a vacant post/Further studies.</td>
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</tbody>
</table>
10. Job description agreement

<table>
<thead>
<tr>
<th>Post holder’s surname and initials</th>
<th>Supervisor’s surname and initials</th>
</tr>
</thead>
<tbody>
<tr>
<td>Post holder’s signature</td>
<td>Supervisor’s signature</td>
</tr>
<tr>
<td>Date</td>
<td>Date</td>
</tr>
</tbody>
</table>
Formal supervisory/managerial EAP referral form

Instructions:

- This form should be completed by the supervisor/manager or any other person concerned at work.
- The employee should be aware of the contents of this form.
- This is not a disciplinary form but is one to be used in assisting the employee experiencing personal problems that require help.

<table>
<thead>
<tr>
<th>Employee’s name:</th>
<th>Personnel no:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Occupation/Job title:</td>
<td>Salary/Grade level:</td>
</tr>
<tr>
<td>Work station:</td>
<td>Number year/months of employment:</td>
</tr>
<tr>
<td>Division/Unit/Component</td>
<td>Employee’s tel. number:</td>
</tr>
<tr>
<td>Referring supervisor/manager’s name:</td>
<td>Referring supervisor/manager’s tel number:</td>
</tr>
</tbody>
</table>

1. Briefly state the reasons for referral:

   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

2. List the behavioural indicators you have observed in the employee (Use the check list attached):

   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

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3. For how long have you been aware of the incidents or behaviours mentioned in the check list?

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

4. What corrective actions have been taken to solve the problem(s), if any? (e.g. disciplinary action, warnings, counselling).

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

5. If the EAP interventions were to be successful, what should be the desired improvements/changes?

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

6. Mention anything positive about the employee that would be helpful during treatment to improve performance.

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

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7. Point out anything that could hinder the success of the EAP intervention.

__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Supervisor’s/Manager’s signature  Date
The employee's intention to participate in the programme cannot be processed without their signature and a “Yes” indication below.

I understand that my supervisor/manager is referring me to the Employee Assistance Programme and I confirm that the contents of this form were discussed with me.

☐ YES, I will participate in the Employee Assistance Programme.

☐ NO, I do not wish to participate in the Employee Assistance Programme.

_____________________________  ____________________________
Employee’s signature             Date

EAP practitioner:  ____________________________

Date received:  ____________________________
Check list for supervisors

The indicators of the employee’s behaviour that warrant the referral to the Employee Assistance Programme.

Please complete the list below by checking the appropriate box(es), providing any additional information in the space provided.

Absenteism

☐ Excessive absenteeism.

Number of days absent in past 12 months: __________

Pattern (e.g. Mondays, Fridays, after paydays, before or after holidays or long weekends):
____________________________

☐ Excessive lateness;

Period: ______________________

☐ Frequently leaves work place/area.

☐ Unusual excuses for absences.

☐ Leaves work early.

☐ Multiple instances of unauthorised leave.

☐ Frequently sick.

☐ Frequently sick on duty.

☐ Other (specify):

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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Job performance

☐ Lowered quality of work in comparison with earlier performance.

☐ Decrease in quantity of work output.

☐ Increase in number of errors or mistakes.

☐ Impaired judgement.

☐ Impaired memory.

☐ Inability to concentrate.

☐ Frequent accidents on the job.

☐ Job requires more time or effort to complete than expected;

☐ Failure to meet deadlines or schedules.

☐ Decline in ability to manage complex tasks.

☐ Lack of consistency in work pattern.

☐ Other (specify).

____________________________________________________________________

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Behaviour

☐ Avoids supervisor/co-workers.

☐ Deterioration in personal appearance.

☐ Less communicative at work.

☐ Loss of interest.

☐ Unusually critical of supervisor/co-workers/employer.

☐ Inability to accept constructive criticism and advice from co-workers or supervisor.

☐ Wastes resources

☐ Disregard for safety (poor safety record).

☐ Frequent mood swings.

☐ Aggressive.

☐ Insubordination.

☐ Suicidal.

☐ Domestic violence.

☐ Criminal behaviour.

☐ Substance abuse at work.

☐ Under the influence of drugs and/or alcohol.

☐ Other (specify).

__________________________________________________

__________________________________________________

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Inability to cope following an extended period of bereavement or grief (e.g. Loss of spouse, child, parent, grandparent, siblings).

Describe the nature of the event and resulting indicators of affected behaviour.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Inability to cope following a traumatic event or incident (e.g. car accident, disaster, armed robbery, shooting, hijack, kidnapping, death).

Describe the nature of the event and resulting indicators of affected behaviour:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Inability to cope following an injury on duty.

Describe the nature of the event and resulting indicators of affected behaviour.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
Substance abuse at work (alcohol, drugs, etc.)

List the event.

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Would you like training on how to identify and refer a troubled employee? Yes ☐ No ☐

If yes, please contact the EAP office.
Intake form (voluntary or informal referral)

(This form is for completion by a staff member of the Employee Assistance Services.)

1. Personal details of referred employee:

   Date of referral: ____________________________________________

   Personnel/Persal/Staff number (if applicable): ________________________________

   Rank/Title: ________________________________________________________

   Initials and surname: _________________________________________________

   First name: __________________________________________________________

   Telephone number (home): _____________________________________________

   Cell phone number: ________________________________________________

2. Details of work environment:

   Station: ____________________________________________________________

   Position: ___________________________________________________________

   Telephone number (work): _____________________________________________

   Email: _____________________________________________________________
3. Details of referral

3.1 Type of referral:

☐ Voluntary  ☐ Informal

3.2 Short description of presenting problem(s):
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

3.3 Referred employee’s expectations of counselling and/or support services.
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

3.4 Details of previous counselling and/or support services received.
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

3.5 Plan of action:
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

_________________________________________  _______________________________________
Name of EAP staff member  Signature of EAP staff member
EAP monitoring and evaluation checklist

Instructions

- This instrument is specifically designed to monitor and evaluate the implementation of the Employee Assistance Programme by your organisation/department, in accordance with the required EAPA-SA Standards.
- It is important to monitor and evaluate the EAP on a continuous basis in order to identify areas of concern and ultimately improve service delivery.
- You are hereby requested to provide all of the necessary information and documentation that will assist the monitoring team in collecting data.
- The data collected during this exercise will be treated as confidential and will be used only for the purposes explained.

Department/Organisation: ________________________________

Work station: ________________________________

Date of monitoring: ________________________________
## Employee Assistance Programme

<table>
<thead>
<tr>
<th>Standard item #:</th>
<th>Element</th>
<th>Yes/No</th>
<th>Observation</th>
<th>Recommendations/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1.</strong> Programme design:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Advisory committee available and functioning.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Minutes and attendance registers are kept.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Organisational profiling conducted (report available).</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Needs assessment done (report available).</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Surveys conducted (e.g. KAP survey).</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Determination of service delivery models (internal, external or combined). Conducted.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Operating procedures developed.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Programme costing conducted.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>2.</strong> Programme implementation:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>EAP policy developed and available.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Operational guidelines developed and available.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Implementation plan available.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>3.</strong> Management and administration.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Qualified EAP staff available.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Staffing criteria followed.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appropriate educational qualification displayed.</td>
</tr>
<tr>
<td>EAP staff registered with statutory councils (e.g. HPCSA, SACSSP, SANC)</td>
</tr>
<tr>
<td>Professional supervision conducted.</td>
</tr>
<tr>
<td>Continuous professional development plan available and followed.</td>
</tr>
<tr>
<td>Confidentiality and professionalism demonstrated in individual conduct and office ethos.</td>
</tr>
<tr>
<td>Proper record-keeping followed.</td>
</tr>
<tr>
<td>Minimum standards in securing clinical and confidential information developed and available.</td>
</tr>
<tr>
<td>Lockable safe for securing documents available.</td>
</tr>
<tr>
<td>Electronic data secured with the use of password.</td>
</tr>
<tr>
<td>Professional liability insurance available.</td>
</tr>
<tr>
<td>EAP practitioners and professionals have access to EAPA-SA Code of Ethics and other relevant professional bodies.</td>
</tr>
</tbody>
</table>

4. **Clinical services:**

- Trauma management programme, such as debriefing and defusing is offered.
- Crisis Intervention services available.
- Assessments are conducted and records are available.
- Assessment tools and protocols developed and used.

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<table>
<thead>
<tr>
<th>Referrals are conducted and records are available.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referral tools and protocols developed and utilised.</td>
</tr>
<tr>
<td>Short-term intervention services available and offered.</td>
</tr>
<tr>
<td>Short-term interventions follow a specific plan of action.</td>
</tr>
<tr>
<td>Case monitoring and evaluation are conducted.</td>
</tr>
<tr>
<td>Case monitoring and evaluation follow a specific plan of action.</td>
</tr>
<tr>
<td>Aftercare and reintegration services offered.</td>
</tr>
<tr>
<td>Aftercare and reintegration plan developed and available.</td>
</tr>
</tbody>
</table>

### 5. Non-clinical services

<table>
<thead>
<tr>
<th>Organisational consultation services offered.</th>
</tr>
</thead>
<tbody>
<tr>
<td>EAP training provided for the supervisors.</td>
</tr>
<tr>
<td>EAP training provided for the union representatives.</td>
</tr>
<tr>
<td>EAP training provided for the relevant stakeholders.</td>
</tr>
<tr>
<td>Training attendance registers available.</td>
</tr>
<tr>
<td>EAP services are marketed in the organisation.</td>
</tr>
<tr>
<td>EAP marketing strategy developed and available.</td>
</tr>
<tr>
<td>Marketing material available (brochures, pamphlets, posters and other relevant promotional materials).</td>
</tr>
</tbody>
</table>
### 6. Preventative services

Preventative services are available and are offered (awareness, wellness days, posters, workshops, information session, seminars, training, HCT and health-risk screening).

Attendance registers and material distribution records kept.

Risk assessment and profiling conducted and report compiled.

### 7. Networking

Networking conducted.

List of relevant networks compiled and available.

Internal and external resources identified.

EAP practitioners and professionals actively participate in EAP–related structures and sub-structures.

### 8. Monitoring and evaluation

Previous programme monitoring and evaluation conducted.

Monitoring and evaluation strategy developed and available.

Previous cost benefit analysis conducted and report available.

Previous impact assessment study conducted and report available.

### 9. Reporting (at periodic intervals)

Report on successes.

Report on challenges.

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