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Perceptions and experiences of affiliates on employee counselling: an employee assistance programme perspective

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Perceptions and experiences of affiliates on employee counselling: An Employee Assistance Programme perspective.

A report on a study project is presented to

Department of Social Work

School of human and community development

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In partial fulfillment of the requirements for the degree

Master of Art in Occupational Social Work and Research

By:

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DECLARATION

A research project submitted in partial fulfillment of the requirements for the degree **Master of Art in Occupational Social Work and Research** in the Faculty of Humanities, University of the Witwatersrand, Johannesburg. I hereby declare that this research report is my own, unaided work. It has not been submitted before for any other degree or examination or any other university.



Rankotsane Margaret Sebetha

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I would like to thank my supportive mother, Mrs. Ramadimetsa Emily Sebetha and my grandmother Mrs. Ramadimetsa Francinah Maredi for always prioritising my education and encouraging me to never give up. It gives me the greatest joy to know I have strong loving women behind me for emotional and financial support. “Kea leboga Boledi le Seebo”.

To my supervisor, Dr. Roshini Pillay, thank you for the support and guidance in this journey, for being patient with me and for never giving up on me. I would not have made it without you.

A big heartfelt thank you to all my participants for allowing me to enter their spaces and interview them. Your work is highly appreciated.

DISCLAIMER

Subsequent to examination, the term external EAP provider in this study was changed/refers to an affiliate because the description of the target group as 'affiliate' makes it more appropriate and clearer to understand the context of this study. An affiliate refers to a professional in private practice, contracted by an EAP service provider company to render services, often counselling, on an outsourced basis.

The title of the study was changed from "exploring the perceptions and experiences of external EAP providers on employee counselling and the execution of the programme" to "Perceptions and experiences of affiliates on employee counselling: An Employee Assistance Programme perspective" as suggested by the external examiner.

ABSTRACT

Services rendered by employee assistance programmes (EAPs) in organisations provide resolutions to employees' personal problems that impact their performance at work and enable employees to reach their full potential beneficial to both the employee and their employer. The benefits of the EAP involve, healthy employees spending less on health care, taking fewer sick leaves, showing more productivity and greater performance. The primary aim of this study is to explore the experiences of affiliates on the roll-out of employee counselling and how they perceive their treatment and or conditions of the programme in the workplace. The objectives of the study were; to describe the external model of EAP, to explore affiliates' experiences on employee counselling and explain how the service is rendered, to explore and describe the roles played by affiliates when conducting EAP individual counselling, to explore the views of affiliates on the strengths and weaknesses of EAP individual counselling. The study was qualitative and used a case study as the research design. The population of the study was affiliates, registered to practice in South Africa with over 3 years of work experience. A sample of 10-15 affiliates was selected using purposive sampling. The collection of data was completed over a semi-structured interview schedule and face to face interviews and data was analyzed through thematic content analysis. The findings of this study presented that employee counselling benefits both employees and organisations and the execution of the programme vary from one company to the other. Additionally, affiliates are faced with numerous challenges while providing counselling to employees as well as successes such as reduced absenteeism, high motivation, increased productivity, and increased concentration. However, there is still a need for effective management strategies to manage challenges experienced within the external model of EAP.

Key words: Employee counselling, External EAP, Affiliates, EAP company, Return on Investment.

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CHAPTER 1

INTRODUCTION TO THE STUDY

This chapter discusses the rationale, the primary aim and secondary objectives of the research study. It further provides a summary of the research methodology adopted as well as the research question.

1.1 STATEMENT OF THE PROBLEM AND RATIONALE OF THE STUDY

Counselling services in organisations aim to provide resolutions to employees' personal problems that impact their performance at work and enable employees to reach their full potential which would be beneficial to both the employees and their employer (Ho, Tsui, Chu & Chan, 2003). The Department of Public Service Administration (DPSA) (2008) explains assistance programmes as individual wellness programmes promoting the physical, social, emotional, occupational, spiritual, and intellectual wellness of individuals and therefore contributing to work performance. These services are provided by both internal and affiliates consisting of social workers and psychologists. To have internal Employee Assistance Programme (EAP) means that an organisation has hired EAP providers who work full-time in their offices and to have affiliates means that a third-party company contracted by the organisation provides the services. EAP providers provide employees with support through the adoption of assistance strategies such as employee counselling, stress management and trainings (DPSA, 2008).

These EAPs promote flexibility in the workplace to accommodate work, personal and family needs. According to scholars Berry, Mirabito and Baun (2010), healthy motivated employees stay with your company for longer. This position was demonstrated through a study conducted by Willis Towers Watson and the National Business Group who conducted a health care employer survey with the results showing that organisations with highly effective wellness programmes report significantly lower voluntary attrition than those whose programmes have low effectiveness (Berry et al., 2010). This was confirmed in 2017 in the 22nd annual Willis Towers Watson survey on high performance insights best practices in healthcare. These are best practices in healthcare which employers take to enhance the performance of health plans for their employees and organisations. The research focused on a wide array of strategies in employer-sponsored health care to reduce cost, improve efficiency and achieve a healthy, high performing workforce (Willis Towers Watson, 2017). The Willis Group Towers is a global multinational risk management, insurance brokerage and advisory company based in the

United States of America (USA). This company conducts annual survey and helps companies around the world turn risk into a path for growth (Berry et al., 2010). The results showed that EAP programmes not only are developed to assist employees but as well improve the work environment which is the organisation they work for or are externally contracted to serve.

Brummett (2000) states that although there has been some examination of the differences between internal and affiliates, the integration of the two and the nature of the work that affiliates perform, there has been very little written in the literature about the work experiences of the primary providers of EAP services. Additionally, Csiernik and Darnell (2010) report that Cunningham (1992) completed qualitative investigation of the attitudes, knowledge, and beliefs of EAP counsellors. The scholar highlighted out the variety in education, counsellors' professional backgrounds and examined the comparative isolation among providers of EAP despite whether they worked for one EAP vendor or for dissimilar EAP vendors. The results showed limited vendor support to associate affiliates with each other or the organisation, and the focus concerning to this group was merely appointment and compensating them (Csiernik & Darnell, 2010).

In addition, the rapid change of globalization and technological advancement leading to the change in workplace ethics and the organisational corporate culture has increased the demand for EAPs in the workplace to assist in addressing organisational needs and employees' hardships (Csiernik & Darnell, 2010). This too indicates the growth within the field of EAPs denoting that EAP providers must keep up with the transformation in the workplace and strive to meet the needs of the working environments. With these arguments, the researcher developed a number of questions within the external model of EAP with questions around the manner in which affiliates are supported by organisations they are providing services to and the type of support provided. Furthermore, how are affiliates able to avoid unwittingly getting involved in the politics of the organisation while providing employee counselling? How is ROI (Return on Investment) measured? Again, what measures are followed to mitigate and manage communication issues occurring amongst the service Centre and the organisation to which they are providing services? Therefore, it was essential to discover the perceptions and experiences of providers of external EAP on the roll-out of employee counselling casework, their treatment, and the conditions of their service. This will help develop knowledge of how affiliates operate, identify the support provided or required and understand the affiliates' views about the programme.

Consequently, this research study was motivated by the interest of the researcher in the field of EAP and the personal and professional experience as a social worker. Being a qualified social worker and practicing internally has provided the opportunity to render counselling services to employees although not employed as an EAP provider. This helped the researcher to interact with affiliates and to realize the importance of employee counselling and developed the researcher's interest in exploring the experiences of affiliates and how they view the nature and conditions of their services. The study has potential to enhance understanding of the execution of employee counselling, the challenges experienced and their opinions on the circumstances of their service. This will further help in understanding the external EAP model and employee counselling, will provide guidance to Occupational Social Workers (OSW) students who have an interest in EAP, will provide insight into the ROI of affiliates and provide the ability to differentiate between an affiliate and internal EAP provider.

1.2 CONTEXTUALISATION OF THE STUDY WITHIN THE SOUTH AFRICAN CONTEXT

The employee assistance field continues in the 21st century as an unregulated counselling profession (Csiernik, Darnell & Trotter, 2015). The field of EAP shows a rapid development in South African (S.A.) workplaces. The growth of formal training provided by higher learning institutions is suggestive of the expansion of EAPs in SA. This development includes the professional association: Employee Assistance Professionals Association of South Africa (EAPA-SA) with their training in the standards and ethics for practitioners (Govender, 2009). The labour legislation such as the Labour Relations Act (LRA) No. 66 of 1995 and the Occupational Health and Safety Act (OHSA) No. 29 of 1996, further give employers the responsibility to assist employees with challenges that employees carry to the work environment and help manage risks within the workplace that affect the employee. Additionally, to provide aid to personnel who are weakened by difficulties that could constrain production level or guilty of misbehavior afore sentence or dismissal, corporate regulations and related discipline are expected to be progressive.

However, Csiernik et al. (2015) argue that there is no criterion at all regarding what qualifies an individual to be an EAP counsellor other than self-identification. In South Africa, these EAP providers are either registered as social workers, counsellors, or psychologists. This is echoed by Du Plessis (2001) stating that individuals with social work qualification seem to be preferred in EAP recruitment but psychologists, human resource personnel, and nurses as well perform

a similar role. In support of this, the participants of this study are practicing as industrial, clinical, and counselling psychologists, clinical and occupational social workers and some are registered counsellors.

These participants provide employee counselling to external EAP companies contracted with as EAP affiliates. According to McLeod and McLeod (2001), over the past years both public and private sector organisations have adopted the provision of confidential face-to-face counselling for employees as a major way of delivering staff support. A variety of models of workplace counselling then evolved ranging from externally contracted EAPs provided by large commercial firms offering not only therapeutic counselling but additional services such as financial advice and telephone helplines (McLeod & McLeod, 2001). These services such as financial advice and telephone counselling are similarly provided within the external model of EAP in South Africa. Although external providers focus mostly on face-to-face counselling, they are sometimes expected to assist with telephone counselling to employees who are unable to travel to them. Similarly, Jacobson and Attridge (2010, p.11) mentioned that "EAPs and work-life programmes rely on similar methods for service delivery including telephonic assessment and referral, brief intervention, problem resolution, and follow up. Both kinds of programmes also usually offer outreach, education and training programmes". Therefore, most researchers focused mostly on these types of EAP models and less on the perceptions of the EAP affiliates, taking into consideration the changes and development of the external model of EAP that comes with several challenges and expectations. Also, the field of EAP in South Africa has grown into a more holistic centered approach for employees, with nearly all industries introducing EAPs within their work environments. These in return creates more responsibilities for EAP providers as the need for EAP continuously grows.

1.3 RESEARCH QUESTIONS

What are the perceptions and experiences of affiliates on employee counselling?

1.4 PRIMARY AIM AND SECONDARY OBJECTIVES OF THE STUDY

The primary aim of this study is to explore the experiences of affiliates on the roll-out of employee counselling and how they perceive their treatment and or conditions of the programme in the workplace.

Secondary objectives of the study are:

- To describe the external model of EAP.
- To explore affiliates' experiences on employee counselling and explain how the service is rendered.
- To explore and describe the roles played by affiliates when conducting EAP individual counselling.
- To explore the views of affiliates on the strengths and weaknesses of EAP individual counselling.

1.5 LIMITATIONS OF THE STUDY

The limitations of this study included locating a sample of 10-15 EAP practitioners providing employee counselling and willing to be part of the study thus it took longer than expected to complete the data collection process. The researcher made use of LinkedIn to find these participants which enabled the researcher to check for services they render and their area of operation. Again, it was difficult to access available data due to few similar research studies previously conducted. Also, the use of native languages during data collection prolonged and made the data analysis process difficult because the researcher had to translate into English when reporting the results. The research instrument led to affiliates providing socially desirable responses.

1.6 ORGANISATION OF THE REPORT

The Research Report comprises of five chapters as follows; chapter one discusses the background of the research, the primary aim and secondary objectives of the study. In addition, it provides a summary of the research methodology the research question and lastly the limitations of the study. Chapter two focuses on the literature reviewed and outlines the theoretical frameworks. It reviews literature on the history of EAPs internationally and in S.A, the models of EAPs, the type of services covered by EAPs, the challenges experienced, and how organisations in S.A and across the world benefit from of EAPs; chapter three provides the research design and methodology used in the study; chapter four presents the findings of the study which are discussed in detail. Lastly, chapter five summarizes results and the recommendations arising from the research study.

CHAPTER 2

LITERATURE REVIEW ON THE ROLE OF AFFILIATES AS COUNSELLORS IN THE EAP

2.1 INTRODUCTION

EAPs evolved for decades and the services rendered were influenced by both the dynamics and history of various organisations. This section reviews literature on EAPs and theoretical frameworks in the external field of EAP and employee counselling. This part of the research study includes the history of EAPs internationally and in S.A, the models of EAPs, the types of services covered by external EAPs, previously identified challenges experienced by affiliates when providing employee counselling and how South African work organisations benefit from the external model of EAP. The following paragraphs help to understand better the definition of EAPs, the theoretical frameworks guiding the study, the kind of services provided within the external model of EAP and the providers of EAP within the workplace. Lastly, this chapter outlines challenges faced within the external model of EAP, the issue of ROI and how it is measured. The ROI forms part of this study to help understand how EAP affiliates are paid for the service rendered through the EAP vendors they are affiliated or contracted with.

2.2 THEORETICAL FRAMEWORKS

Govender (2009) is of the view that EAP services in S.A. work environments can be traced back to the 1930s with its roots in the field of OSW. The field (OSW) was established within the context of two systems; the Welfare and the Apartheid System of Government aiming to foster optimal adaptation amongst individuals and their respective settings (Van Breda & Du Plessis, 2009). OSW is a specialized field of social work practice addressing the human and social needs of the workplace through different work interventions (Van Breda & Du Plessis, 2009). Similarly, EAPs are explained as a set of programme procedures and policies by which a work organisation reasonably intervenes with the use of different counselling approaches to identify and treat problems of employees that serve as barriers and impact their job performance (Van Breda & Du Plessis, 2009). According to EAPA-SA (2015), EAP is defined as the work organisation's resource based on core technologies aiming to enhance the effectives of employee/s and the workplace through prevention, identification, and resolution of personal

and productivity issues. The researcher identified two OSW models; Occupational Social Work Practice Model and Bargal's models because of her social work background, her understanding of the models, frequent use of the models when providing employee counselling and their relation to the field of EAP. These theories are relevant to this study because of the relationship to the broader areas of knowledge being considered. They are two occupational social work models putting emphasis on prevention, education, and development of policies in the workplace which are some of the roles played by affiliates providing employee individual counselling. Additionally, these models put focus on all systems connected to the workplace, the employee, employer, and the organization. Furthermore, this is highlighted by EAPA-SA (2015) stating that EAPs deliver comprehensive quality services to three target groups: organizational management/supervisory structures, worker organisations, and employees and their family members. Two OSW models which are the Occupational Social Work Practice Model and Bargal's models are discussed in section 2.2.1 and 2.2.2 with the strengths and limitations of each model.

2.2.1 *KRUGER AND VAN BREDA (OCCUPATIONAL SOCIAL WORK PRACTICE MODEL, OSWPM)*

The OSWPM model was developed to present OSW with a strategy for the achievement of the goals and objectives of the business plan (Kruger &Van Breda, 2001). This model rests on two concepts; binocular vision and practice positions. The binocular vision concept was developed to manage the pressures among the micro and macro practice, predominantly the level of constancy towards workers and their family members, as well as management. It is a metaphor for the social work principle of person in environment (PIE) and the social worker's ability to have a telescopic and microscopic view of situations presented simultaneously (Kruger & Van Breda, 2001, as cited in Van Breda & Du Plessis, 2009). The microscopic view focuses on the issues close-up, including the everyday struggles of individuals and their families and the struggles of a group of workers. The telescopic view is what enables the social worker to see the broader picture of the challenge/s (Van Breda & Du Plessis, 2009).

The OSWPM draws from the ecosystem's model and its commitment to the comprehensive practice of including both individuals and the work environments (Van Breda & Du Plessis, 2009). It consists of four practice positions (restorative interventions, promotive interventions, work-person interventions and workplace interventions) from which the social worker should

intervene (Van Breda & Du Plessis, 2009). The ability to position oneself in all these interventions gives the EAP counsellor the capacity to turn around on the podium, positioning to the context in different points, planning and implementing relevant interventions.

2.2.1.1 Strengths and potential limitations of the OSWPM model

The OSWPM model offers a broad-based conceptualization that considers the interaction among individuals at all levels (micro, meso and macro) considering their environments. It acknowledges the relationship between work life and family life and that there should be family support programmes (Kruger & Van Breda, 2001). The model shifted from the evolutionary models that use the terms 'phase and stage'. The developers introduced the term position to avoid the developmental suggestion of other models. These positions are flexible, and each has its own primary intention (Van Breda & Du Plessis). However, the model was initially developed as a military model assuming it can be applicable across all settings. The assumption of the equal distribution of power among employees and their paying organisation is not always the case. In South African organisations, employers have more power than employees (Van Breda & Du Plessis, 2009). Therefore, it could be challenging for affiliates to assist employees to manage challenges faced with their employers. The OSWPM differs from the Bargal model which is elaborated in section 2.2.2 Bargal's model 1988 (for the conceptualization of practice).

2.2.2 *BARGAL'S MODEL 1988 (FOR THE CONCEPTUALIZATION OF PRACTICE)*

The model illustrations numerous activities undertaken by social workers during interventions and describes the activities based on two axes, the vertical axis (unit of intervention with individual and family, group, organisation and communities) and the horizontal axis (types of interventions with primary, secondary and tertiary prevention) (Van Breda & Du Plesssis, 2009). The model is depicted in the Table 1.1 below.

Table 1.1 An illustration of the axis identified by Bargal (1988).

Unit of intervention	**Types of intervention**		
	Primary	Secondary	Tertiary
Individual and family	Preparation for individual or family transitional states e.g. divorce.	Individual treatment during emotional stress e.g. occupational or personal stress	Follow up of employees after completion of services or after referral.
Group	Group counselling for a particular population e.g. group trauma debriefing	Establishment of self-help groups.	Resource person for self-help groups at the workplace.
Organisation and community	Education and training programmes for managers or development of programmes for special groups e.g. day care.	Consultation for managers regarding employees' needs and concerns.	Follow up for department units.

From the Table 1.1 above, the primary prevention is an intervention in the life of an individual, social group or community preceding to the onset of illness. The tertiary prevention follows when the crisis is in its aftermath (Van Breda & Du Plesssis, 2009). The OSW considers the model of intervention in a clinical/medical model versus a community model (Van Breda & Du Plesssis, 2009). In the clinical model, the OSW directly interacts with employees and in the community model solutions lie within the individual's primary groups (e.g. colleagues) (Van Breda & Du Plessis, 2009).

2.2.2.1 Strengths and potential limitations of the Bargal's model

This model illustrates an array of activities and interventions that a practitioner can undertake. These activities are shown in axes allowing easy understanding of the model. The model acknowledges the levels of practice in social work; micro, meso and macro. The theory

compares the clinical and the community model emphasizing that the practitioner's efforts can be placed within a conceptual model (Du Plessis, 1990). However, the model limits the practitioner's ability to intervene and each method of intervention shifts with the type of intervention. Therefore, the model does not indicate the period it should take for the practitioner to focus on one unit of intervention. These two models put emphasis on prevention, education, and the development of policies in the workplace. These are some of the affiliates' services within the external model of EAP that are additionally rendered within organisations. The section 2.3 defining EAPs and EAP service providers, helps to understand the definition EAP and understand who qualifies to render the service, EAP.

2.3 DEFINING EAPs AND EAP SERVICE PROVIDERS

2.3.1 EMPLOYEE ASSISTANCE PROGRAMMES

EAPs are defined by Brown and Csiernik (2015) as services provided to workers and members of their household to assist with both ordinary and extraordinary circumstances related to their work and personal lives. This includes issues of addiction, family problems, finances, grief and bereavement, mental health and concerns arising from the nature of work and the workplace itself (Brown & Csiernik, 2015). Gerstein and Bayer (1990) describe EAPs as programmes developed to provide mental health services to employees who are not performing in their jobs due to problems experienced at work. EAP services are further explained as programmes sponsored by the employer, designed to diminish, and assist in eradicating a diversity of problems within the workplace (Attridge et al., 2009).

Additionally, EAPs assist employees experiencing these problems through holistic ways that help employees improve their health and wellbeing. EAPs were developed as a curative strategy to address issues faced in the workplace. They can act as preventative or promotive measures that assist and improve the wellbeing of the organisation and its employees as well as increasing the level of productivity. One of the benefits of employee counselling is its effectiveness in reducing workplace problems such as absenteeism, presenteeism and costs associated with general health care and finally it can increase provision for health and safety (Attridge et al., 2009).

In support of the statement above, EAPA-SA (2015) describes EAP as intervention programmes designed to provide support for employees who are experiencing life issues which are impacting their psycho-social functioning and productivity in the workplace. Among the issues faced by employees are financial difficulties, substance abuse, stress, anxiety, and depression. Therefore, to assist employees with issues experienced, private employee assistance vendors in SA work with affiliates and non-governmental organisations (NGOs) to refer employees for the assistance they require which might be long- or short-term intervention. For example, amongst these NGOs is the South African National Council on Alcoholism (SANCA) which has branches across the country for both inpatient and outpatient treatment programmes and employees are referred for substance abuse related issues.

2.3.*2 EAP AFFILIATES, EMPLOYEE COUNSELLING AND REQUIREMENTS FOR ENTRY*

Professionals providing external EAPs are psychologists, occupational health practitioners, industrial relations specialists, and personnel practitioners (Du Plessis, 1990). Scholars such as Attridge et al. (2009) echo that EAPs providers come from various professions including social workers, psychologists, counsellors, substance abuse specialists and occupational nurses. Csiernik and Darnell (2010) further add that most of these professionals are not full-time EAP counsellors, but rather generalist counsellors or psychotherapists who often affiliate themselves with multiple EAP vendors. These EAP providers are registered with relevant bodies like the South African Council for Social Service Profession (SACSSP), EAPA-SA and Health Professions Council of South Africa (HPCSA), and the Board of Health Funders (BHF) to practice in South Africa and are trained to provide employee counselling. Some of these individuals have registered companies and work as externally contracted EAPs under large commercial firms offering therapeutic counselling, training, psychoeducation, and telephone counselling service as affiliates.

Furthermore, it is mentioned that there is no overarching governance regulatory body in place that provides best-practice guidelines nor is there a regulatory college or mandatory licensure to offer EAP services or be an EAP counsellor. According to Csiernik et al. (2015), it is because of the non-existence of a statutory body and or regulatory guidelines for EAP counsellors that companies implement the concept of employee assistance within companies in numerous, diverse, and inconsistent ways. However, the professional body EAPA-SA took the lead to become acknowledged by SAQA as a professional association and materialised in 2015 and it

provides for four categories of membership: EAP coordinator, EAP practitioner, EAP professional and EAP Specialist (EAPA-SA, 2015). To add more, EAPA-SA recognises professionals from the related disciplines as well as their professional registrations works together with their Statutory Councils, Professional Associations and other stakeholder entities to ensure excellence in Employee Assistance Practice (EAPA-SA, 2015).

2.4 EMPLOYEE ASSISTANCE PROGRAMME MODELS

Work environments are unique and complex entities that continue to grow and contribute to the changes in the economic and social state of the country. With these changes in the work environment, EAP as a resource within the workplace has become dynamic and exclusively improved to meet the needs of the modern work environment. The modification of EAPs occurs to accommodate the different work environments it serves and meets the needs of these environments. It is often not possible for different workplaces providing different services to adopt one EAP model hence the development of different models of EAPs. The literature reviewed differentiates between the following EAP models: the internal models, external models and the blended model which allows the practitioner to combine the internal and external model of EAP, providing wider choice for employee counselling and again bringing richness to the intervention instead of dilution of purity. The models are elaborated further in the subsequent sections, 2.4.1 internal models, 2.4.2 external models and 2.4.3 blended models**.**

2.4.1 INTERNAL MODELS

Internal EAPs are staffed by full-time EAP professionals who are employed by a business that provides all EAP services to employees (Attridge et al., 2013). According to Masi (2000), this model of EAP is made up of full time EAP providers hired by the company. This is echoed by EAPA-SA standards (2005) stating that internal model's services are provided by EAP specialists staffed full time by the organisation. This entails that permanently employed staff members run the programme and offer services within an organisation. According to James, Braam-Rust & Kingma (2012), this type of EAP model may either be managed by an employer organisation or by a union. Likewise, there are a number of benefits and limitations attached to this EAP model and include: assessments can be made in the light of the organisational system, the EAP provider knows much about the organisation (culture, diversity etc.), the EAP provider can relate to the challenges experienced by employees increasing the level of communication

and the practitioner can provide multiple roles. According to Govender (2009), the availability of EAP providers within companies encourages employee counselling attendance and needs can be attended to faster.

In S. A internal EAPs have previously helped with socio–political conflict issues that had an impact on the work environment. Moreover, they have formed part in the prevention of unfair dismissal of employees, conflict in the workplace as well as motivation for the creation of educational programmes in the workplace (Govender, 2009). Furthermore, in the public sector of the Eastern Cape EAP practitioners were mainly focusing on change management. They assisted with integration of workers when the Homeland States were integrated into S.A and with a number of issues not traditionally managed by EAPs (Govender, 2009).

According to EAPA-SA (2015), EAPs can be in-house or outsourced and organisations choose to hire a third-party service provider to assist in developing and implementing effective and reliable EAPs rather than employing or assigning an EAP manager and team. Additionally, the outsourced EAP providers can render services onsite although they are seldom based onsite just like affiliates who only provide a service onsite when required. This gives rise to the second EAP model called external EAP model which is the focus of this study and explained in section 2.4.2 external models.

2.4.2 EXTERNAL MODELS

In contrast, the external model of EAP is the type of model where organisations contract with vendors (EAP companies or individual counsellors practicing privately) to provide EAP services to employees (Attridge et al., 2013). It involves outsourcing EAP affiliates within private practices to assist with face-to-face counselling cases. According to EAPA-SA (2015, p. 8), "when the external model is adopted, an EAP practitioner should be appointed by the corporate client". A corporate client refers to a company or organisation utilizing an EAP (EAPA-SA, 2015). The provision of services takes place away from the workplace in the counsellors' private practices or arranged venues. These counsellors are known as affiliates and according to Sharar (2008), affiliate network is the network where EAP companies enter into a contractual agreement with independent behavioural health clinicians to provide EAP services in a private office to clients. Clinical affiliates are most often counsellors in private practices and their services are then supplemented by a smaller, dedicated internal staff that provides other specific services (Attridge et al., 2013). These supplementary services include counselling, 24-hour telephone access, research, data reporting, account management, and

wrap around services that include managed care, and health coaching (Attridge et al., 2013). Furthermore, the principal offerings are counseling services, 24 Hour telephone access lines, and response to critical incidences. This external model is usually recommended because of its advantages including that confidentiality can be easily maintained because of restricted or no interaction with other individuals within the company other than employee clients.

Additionally, practitioners do not get involved in company politics as they are externally hired by the company to provide EAP services. However, the limitations include being profit driven and not constantly serving the interests of the organisation (Govender, 2009). To add more, EAP providers are feeling pressure from employers to provide high-quality services at a lower cost while the utilization of EAP services remains stable or if not higher due to the increased stress levels experienced by employees (Jacobson, Jones, & Bowers, 2011). EAP affiliates are not expected to go above and beyond what was agreed on even if the employee still needs counselling. This means that they are expected to ask permission from less seasoned clinical directors for extra counselling sessions (Csierniek & Darnell, 2010). However, they provide support and refer employees who need further counselling. According to Csierniek and Darnell (2010), this is a primary clinical and ethical concern because of the inability to provide sufficient counselling to clients due to the continuous pressure to spend less time with clients. The types of external EAP Models are discussed next.

2.4.2.1 Hot-line model

The hot–line model can be offered through a local or long-distance telephone counselling service. Distressed employees are given the platform to contact publicized 24/7-hour care Centre/s and be assessed by an objective listener or clinician who similarly has the ability and qualification to complete the initial stage assessment (Myers, 1984). The referral system is utilized to refer employee clients to suitable service providers selected from a directory of service providers within their community. The accuracy of assessment is normally based on the communicative skills of the employee client and the assessor's capability to comprehend and thoroughly categorize problems being communicated. This type of external model is normally used by South African private EAP companies with telephone clinicians conducting the telephone assessments before referring cases to affiliated counsellors for face-to-face counselling. Myers (1984) maintains that the hot-line model guarantees anonymity and confidentiality, provides easy access to the service and it is cost-effective. However, crisis

circumstances often require more private communication, which at times can be challenging and require that the blended model be adopted (Myers, 1984).

2.4.3 THE BLENDED MODELS

This model also known as hybrid models constitute of both the internal and external models of EAP. Moreover, it consists of a lesser number of EAP providers hired as full-time staff by the company that guides the EAP. Services are delivered within the company and include clinical, non-clinical and management related services. Meanwhile, external EAP counsellors provide several clinical services working from the external vendor yet managing their activities through the in-house EAP (Employee Assistance Society of North America-EASNA, 2009). The affiliates consider affiliating and contracting with more than one company which increases their clientele base. Most of these affiliates are those with less work experience in the EAP field and assist organisations with onsite cases. Affiliation helps build their name as EAP affiliates as they work with companies and provide face-to-face counselling. Most people are not aware of where these new counsellors operate and getting referrals from two or more companies helps to introduce them and their services to a greater community of employees.

To proceed with the definition of blended models, organisations applying these EAP models do not adopt a single model but adopt other parts of EAP models to best address its workplace issues. The blended models allow organisations to be flexible in meeting their distinct changing needs. Additionally, these models providing inexpensive assessment and referral systems (Harper, 1999). However, the success of the model depends on the availability of resources within the organisation, quality of the resources and the accessibility of a case coordinator to manage the process (Mothiba, 2018). This means that companies are faced with the choice of selecting the relevant model for their employees which is influenced by a multiple of factors and some of these factors are discussed in section 2.5 factors contributing to the selection of an appropriate EAP model.

2.5 FACTORS CONTRIBUTING TO THE SELECTION OF AN APPROPRIATE EAP MODEL

The selection of an effective model is done by companies that provide EAP services to their employees. Factors such as: size of the workplace, distribution of workplace, mission, cultural climate, the distribution of services, population targeted, variety of services, administrative

considerations, and funding sources influence the decision to select a model (Govender, 2009). Similarly, EAPA-SA (2015) emphases that the service delivery and EAP costing models should be founded on sound financial principles, selection of an appropriate and effective model of service delivery, ensuring cost effectiveness and balance between expenditure and benefits. Additionally, the researcher adds that the selection of an appropriate model can as well be influenced by the organisational culture, the severity of the problem experienced by individuals and groups of employees, individual and organisational needs and the urgency of the problem. This is because different individuals can experience one incident but require different interventions based on their personal needs. This is echoed by Govender (2009) arguing that it appears rational that EAPs are planned according to the special characteristics and needs of each distinct organisation. Furthermore, Govender (2009) states that sometimes organisations may implement EAPs without adopting one of the existing models but somewhat develop their individual model that matches their organisational needs.

Although, EAPA-SA (2015) states that 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. This is for the organisation to fully benefit from the employee assistance programmes. It is because of this that the EAP field is differentiated from other fields in the workplace. The subsequent section helps in understanding the background of EAPs and why the programme was developed.

2.6 BACKGROUND OF EMPLOYEE ASSISTANCE PROGRAMMES

2.6.1 INTERNATIONAL HISTORY OF EAP

According to Murphy (1995), the earliest EAPs were non-psychiatric counselling programmes, which developed in the mid-1920s during the now classic Hawthorne studies conducted at Western Electric. The original group of counsellors was supervisors and other plant employees with no clinical training (Murphy, 1995). In trying to bring about adjustments in employee and supervisory attitudes, the counsellors used the interview process to avoid diagnosis, prescriptions, or advice-giving in favour of a non-directive, confidential listener's role (Murphy, 1995). However, Haaz, Maynard, Petrica and Williams (2003) reason that EAPs emerged internationally in the 1940s in the USA where the first Occupational Alcohol Programmes (OAPs) were recorded. These models have since changed to identify holistic

problems experienced by employees. The extensive expansion of the scope of services of EAPs in the 1970s was followed by the scope of EAPs stretching to include provision of treatment for all types of substance dependence, abuse or addiction, adding therapy and counselling for personal problems related to marriage, stress or depression and financial problems (Rajin, 2012). Additionally, Masi (2010) mentions that to fully understand the history of EAPs it is essential to simultaneously investigate the history and development of the occupational social work field.

2.6.1.1 Growth and transformation of OAPs to EAPs

According to Du Plessis (1990), EAPs developed from Occupational Alcohol Programmes (OAPs) in the 1970s. This development was associated with reasons such as the stigma attached to OAPs and the fact that not all problems affecting employees in the workplace are related to alcohol (Du Plessis, 1990). Organisations realized that not only substance and alcohol abuse needed to be addressed, but also other work-related problems impeding performance in the workplace such as workplace conflict and employees' personal problems contributed to the concept of the troubled employee (Du Plessis, 1990). The evolvement led to a significant number of private or affiliates (Csiernik & Darnell, 2010). What was once a profession dominated by addiction counsellors and those with a recovery history working for large companies slowly shifted to a field assisting with a broad range of mental health and social problems, with this broad-brush approach being staffed by an increasingly diverse assortment of helping professionals (Csiernik & Darnell, 2010).

2.6.2 HISTORY OF EAPs IN SOUTH AFRICA

Du Plessis (2001) states that in South Africa, EAPs have developed from Social Welfare, Occupational Social Work, Human Resource Management, Occupational Health and the Mental and Medical Health fields stating that the development of EAPs in S.A has been a complex process. EAPA-SA (2015) further mentioned that the first formally structured EAP in South Africa was by the Social Services Department of the South African Chamber of Mines. Rakgokong (2016) echoed the statement above stating that EAPs were presented in South African workplace during the 1980s by the Chamber of Mines of South Africa (COM-SA) showing interest in assisting its employees in an industrial context (Rakgokong, 2016). This

was because organisations started seeking to be employer of choice in the industry and felt the need to comply with regulations for corporate social responsibility and occupational health and safety regulations and laws (Sieberhagen, Pienaar & Els, 2011). A few organisations such as Electricity Supply Commission (ESKOM) and Anglo-American Corporation provided support to their employees through OSW services in the early 1980s. Moreover, private companies like COM in 1983 initiated a feasibility study on EAPs for the mining industry which was an achievement in the history of EAPs in S.A (Maiden, 1992) setting an example for other companies to provide support to their employees.

However, Du Plessis (2001) mentions that South African workplaces began in 1935 to employ social workers. This was done with the government run railway service and later within South African Synthetic Oils Limited (SASOL) in 1954 and Iron and Steel Corporation (South Africa) (ISCOR) in 1957 (Du Plessis, 2001). Additionally, ISCOR employed the first black social worker only in 1969 prior to which amenities were provided specifically to white workers. Du Plessis (2001) further mentions that services were separated structurally along racial appearances and only became available from the 1980s to all employees (Du Plessis, 2001).

Maiden (1992) states that EAPs are modelled after programmes in the USA and were later introduced by social workers and psychologists who studied programmes in the United States in S.A workplaces. A few individuals learned by attending EAPA and EASNA conferences where they gleaned the "nut and bolts" of EAP development and practice (Maiden, 1992). The scope and focus of EAPs has evolved to identifying holistic problems that both employees and employers experience. According to Rajin (2012), the scope of EAPs had stretched to comprise the provision of treatment for all types of substance dependence, abuse or addiction, as well as therapy and counselling for personal problems related to marriage, stress or depression and financial problems. It is mentioned that in 2004 during the National Conference, the president of EAPA-SA referred to the matter of HIV/AIDS in his opening address. The president of EAPA-SA stated that the catalysts of EAP in the USA were alcoholism and other related problems but in South Africa it is HIV/AIDS (Govender, 2009). Additionally, Govender and Vandayar (2018) state that factors such as HIV/AIDS catapulted the growth of EAPs in S.A mining sector. The scholars acknowledge that there were programmes that centered on mental health and substance abuse issues, but the major focus of most programmes was around HIV/AIDs, which has since become a pandemic (Govender & Vandayar, 2018).

Csiernik and Csiernik (2012) states that the availability of counselling services offered through EAPs continues to grow, with EAP now accessible to employees in 65% of large workplaces. Furthermore, EAPA-SA (2015) argues that EAPs have shown tremendous growth since their development in 1986. The development of EAPs in South Africa has shown how companies have become aware of the importance of employee counselling which was identified by EAPA-SA as one of the 6 core technologies (EAPA-SA, 2015). The combination of these 6 core technologies represent a unique approach to addressing work related issues such as productivity and employee personal issues affecting their ability to fully perform on the job (EAPA-SA, 2015). Govender and Vandayar (2018) mention that nearly all industries in South Africa ranging from mining, manufacturing, technology, customer services, and finances, all have an EAP in one form or another.

Rakgokong (2016) added that in South Africa, EAPs assist employees experiencing problems by trying to be holistic in a way that helps employees improve their health and wellbeing. The researcher came to realize that the expansion of EAPs in S.A was influenced by numerous occupations and the issues experienced by individual employees in the workplace. EAPs have progressed and still show growth because of numerous organisational needs which occur in changing methods and levels of complexity within organisations. Govender (2009) states that, within a short space of time EAPs have fairly become cultured although they are still in the initial phases.

However, Terblanche (2018) argues that these programmes took root and flourished in the earlier years and have expanded significantly in the past two decades in both the public and private sectors. At the same time models of employee assistance have evolved and been adapted to meet the changing demands of the South African workplace (Terblanche, 2018). The growth within the field of EAPs entails that EAP providers must keep up with the transformation in the workplace and strive to meet the needs of the working environments and their population. Therefore, putting the focus on those who provide the services of EAPs externally will help in understanding how they view the execution of the programmes in the South African work environments and explore their perceptions and experiences of these programmes, especially of employee counselling and how the service can be improved. The section 2.7 practical and effective aspects differentiating external EAPs in S.A from other models of EAP, identifies aspects which differentiate the external EAP model from other models of EAP.

2.7 PRACTICAL AND EFFECTIVE ASPECTS DIFFERENTIATING EXTERNAL EAPs IN S.A FROM OTHER MODELS OF EAP

Scholars such as Csiernik et al. (2015) argue that EAPs started as OAPs staffed by workers who had achieved temperance in the workplace. These workplace efforts then evolved into empowering these workers/counsellors to negotiate contracts for clinical services which it was believed could dramatically reduce costs for organisations while in return providing mental health services for workers and their families (Csiernik et al., 2015). Even in today's workplace, EAPs continue to have opportunities to indicate their value by helping organisations to cope with the increase in employee stress and the complexities of the workplace. The EAP provider remains the first point of contact for employees and their families experiencing personal challenges. According to Csiernik et al. (2015), descriptive terms have evolved over time focusing more on the aspects of EAP design and the delivery of service. These reflect the wide diversity in types of organisations that sponsor EAPs and delivery models of EAP services. What is more, there appear to be practical and functional aspects differentiating EAPs along a few discrete dimensions. The following aspects were identified.

2.7.1 CONTRACT, DURATION AND SESSION LIMITATION

According to EAPA-SA (2015, p. 8), "an external programme operates with the staff of a service provider selected and contracted by the employer". Additionally, certain services will be provided internally (e.g. training), while other services (e.g. clinical/counselling) will be outsourced. Generally, clients are referred to more than one specialist if their problems go beyond the scope of the EAP provider (Taranowski & Mahieu, 2013). Assessment and referral models typically offer up to three EAP sessions focusing on identifying the problem and linking to an appropriate outside source for problem improvement (Csiernik et al., 2015). For example**,** employee counselling can be conducted for anxious, concerned, and distressed employees and their families for a number of sessions only. Counselling as part of the EAP is generally short-term and offered through a brief and solution focused orientation (EAPA-SA, 2015). Furthermore, the intervention should be cost effective and appropriate (EAPA-SA, 2015). The benefits fall outside the normal health benefits that employees have access to, and the number of sessions depends on the counsellor`s intervention approach (Taranowski & Mahieu, 2013). It further includes constructive confrontation which talks about the use of inspiration and short-

term involvement when providing counselling to employee clients and addressing issues that affect employee work performance (Herlihy, 2002).

Most of the presenting issues are not related to their work; the onus is on EAP counsellors to assess both the impact of the workplace on the issue and the impact of the issue on the employee's ability to work (Csiernik, Darnel & Trotter, 2016). The strength of employee counselling includes that the client will be counseled by a professional fully trained to pick up behaviours and experiences, whether personal or work-related (McLeod & Henderson, 2003). Based on the services identified, the researcher argues that it is significant to be flexible as an EAP provider to provide services required by employers, employees and the organisation. Maynard (2004, p. 36) asserts that "employee assistance core technology should not be viewed as defining the field but rather as the heart, but not the boundary, of our work."

2.7.2 TYPE OF SERVICES WITHIN THE EXTERNAL MODEL OF EAP

James et al. (2012, p. 1555) mention that "typical areas addressed by employee assistance programmes are: career counselling; alcohol/drug abuse programmes; counselling for marital/family problems; AIDS education/support groups; counselling for mental disorder; financial counselling; retirement counselling; termination/outplacement assistance; legal counselling; health education/health risk screening; emotional distress; and major life events, including births, accidents and deaths".

Consequently, the basic model offers the core service of a traditional EAP including consultation with a suitable person in the identification and resolution of job performance issues, problem assessment, referral and follow-up services, organisational consultation, programme promotion and education, treatment and assistance (Csiernik, 1999). Consultation and referral are completed after issues are identified during assessment which refers to confidential and appropriate initial process of identifying problems that may affect work performance (Herlihy, 2002). Additionally, this consultation is a combination of support and training provided to organisational leadership such as management and unions seeking to employees at risk. Other purposes of the consultation are to enhance the work environment and improve employee job performance. This includes providing outreach services to educate employee clients and members of their household about the accessibility of services and guaranteeing the confidentiality of EAP counselling and encouraging the utilization of the

services (Herlihy, 2002). Additional services referred to as "*the add on service"* offers a menu of referral services in addition to core EAP services. These include critical incident response, wellness training, work-life services, legal assistance, financial services and more and vary from company to company (Herlihy, 2002).

According Taranowski and Mahieu (2013), although EAPs vary from organisation to organisation, they usually involve services such as: assessment and advice, monitoring and evaluation, referrals, and wellness counselling. The researcher is in support of this from professional experience as a qualified practicing social worker. Rothermel et al. (2008) state that services rendered under EAPs encompass: wellness counselling, appropriate referral structures, financial and legal support. According to EAPA-SA (2015), these services make up the 6 EAP core technologies. These core technologies of EAP include the necessary components of the field of EAP such as training and development, marketing, case management, consultation with work organization, stakeholder management, monitoring and evaluation (EAPA-SA, 2015). The combination of these components produces a distinctive approach adopted to address both productivity issues and the employee's individual distresses disturbing their work performance and capacity to accomplish work goals.

Terblanche (2018) further states that the employee assistance uses a range of services, tools, technologies, and interventions from various fields to support employees, managers, and broader stakeholders in the interest of the effective of the organization. In addition, to meet the needs of the organisations, accomplish the goals of the organisations and help increase productivity, EAP providers are presented with several roles which are elaborated in the subsequent paragraph.

2.7.3 EMPLOYEE COUNSELLING SERVICES AND ROLES OF EAP AFFILIATES

Walsh (1982) states that EAPs exist to provide information or referrals to appropriate counselling (face-to-face and telephonically), treatment, and support services for employees. Du Plessis (1990) further mentions that many roles undertaken within EAPs which are not new to the social work profession and include: assessment, advising, consulting, diagnosing, referring, counselling, aftercare and programme evaluation. Terblanche (2018) argues that counselling services include therapeutic aspects such as assessment, therapeutic functions including psycho-social care and crisis intervention. Affiliates of EAP conduct assessments

and referrals, problem-solving and/or short-term intervention depending on the presenting problem(s) and the service design selected by the employer. Additionally, the assessment helps determine whether an EAP short term intervention is appropriate or if more intensive care is indicated (Terblanche, 2018).

EAPA-SA (2015) states that the purpose of short-term intervention is to ensure that intervention will consist of a pre-determined maximum number of sessions and develop a protocol for distinguishing whether cases requires short-term intervention or long-term intervention. In addition, the assessment should result in the formulation of an EAP service plan, service goals and should be objective and measurable. EAPA-SA (2015, p. 17) continues to state that "when long-term psychotherapy is indicated, referral to an alternative resource should be considered". The goal of referral is to ensure that employee clients with unique needs identified during assessment are linked with cost-effective and appropriate level of care and ensuring that clients have access to appropriate resources (EAPA-SA, 2015). Similarly, Terblanche (2018) adds that the plan of action is developed with employees to help them manage their personal or work-related problems and refer them where necessary.

2.7.4 SERVICE LOCATION

The services explained in the foregoing paragraphs are conducted in different locations based on the type of case presented. In an onsite site, services are delivered on the premises of the sponsoring organisations where the employees experienced a traumatic event. These sites are found within the internal model which is defined by having EAP staff who are employees of the organisation sponsoring the EAP benefit (Sharar, Pompe & Attridge, 2013). Furthermore, these services are mostly rendered within the workplace and such cases include trauma debriefing and restructuring and retrenchment. Another type of service-location within the EAP is called Off-site where services are provided at a location other than the premises of the sponsoring organisations which could be the EAP provider's private practice (Sharar et al., 2013). Because of the growing field and the demand for EAPs in the workplace, other services are provided through virtual sites (Sharar et al., 2013). These services are delivered telephonically or online, eliminating the issue of EAP office location and issues around the inability to travel due to financial issues which differs from how counselling was traditionally provided. The following section shows how cases are linked to affiliates.

2.8 LINKING CASES TO EAP AFFILIATES

Several companies market their services through wellness days. This is where representatives visit companies they serve to interact more with the employees through inductions and education. Employees are then provided with details of how they can access services. Besides, these companies and its employees are encouraged to utilize the services of EAP through self-referrals and managerial referrals. Self-referrals are defined as the referral completed voluntarily by an employee via email, SMS, or phone call. Employees' choose to seek help and participation in the programme is voluntary and the presentating issue may be personal rather than work related (Sugarman, 1992). Therefore, managerial referral means that the referral is completed by the manager when there is a work-related matter that is affecting the performance of the concerned employee. Managers complete a form in the presence of the employee and are expected to communicate with the employee before sending through the referral. According to EAPA-SA standards (2015), the employee should be aware of the contents of the form. The form is not a disciplinary form but a formal referral to assist employees facing problems and need help. Furthermore, affiliates as individuals with private practices, or through companies they have affiliated with, also market their own services.

2.9 BENEFITS OF IMPLEMENTING EAPs IN THE WORKPLACE

EAP services can produce positive clinical change, improvements in employee absenteeism, productivity and turnover, and savings in medical, disability or workers' compensation claims (Attridge et al., 2009). For example, "one national study used an independent firm and random sampling techniques to conduct follow-up interviews of over 1,300 cases and it found that 95 percent of EAP users reported being satisfied with the service" (Attridge et al., 2009, p. 1). The results for distinct users of EAP clinical amenities are typically found within areas of clinical symptom relief and demonstrate improvement in work performance (Attridge et al., 2009). The EAP for the Federal Occupational Health programme that supports federal government agencies in the United States similarly did a study of EAP outcomes based on almost 60,000 clients in the United States of America (Selvik, Stephenson, Plaza & Sugden, 2004). The study studied the client's level of performance improvement in the workplace and their overall health and functioning. Data was collected over a period of three years through a standardized procedure that involved the use of validated self-report instruments as well as counsellor-assessed measures. The results showed that the number of employees who reported having

"quite a bit" of difficulty performing their work was reduced from 15% to 5% of all EAP cases. Likewise, a significant reduction in absenteeism and tardiness was identified (Selvik et al., 2004). The study proves that EAPs positively impact employees' work productivity, absenteeism levels, and employees' overall health. This aspect of the EAP is like the focus of OSW as it similarly focuses on both the employer and the employee seeking to create a friendly environment for both and benefiting the organisation.

2.10 IDENTIFIED CHALLENGES EXPERIENCED WITHIN EAP

2.10.1 TRUST AND CONFIDENTIALITY

Trust and confidentiality are critical for an effective counselling session (Sieberhagen et al., 2011). When a troubled employee perceives that information revealed will be shared with the organisation he or she may not reap benefits from EAP. The challenges include the notion of 'whose agent is the counsellor', does the counsellor have the troubled employees' concern at heart or they are concerned with the demands of the organisation? This refers to ethics in counselling (McLeod, 2010). Correspondingly, EAPA-SA states that professional bodies like HPCSA(Health Professionals Council of South Africa), SACSSP(South African Council for Social Service Professionals), Code of ethics and EAPA-SA should be utilized by employee assistance professionals to promote good ethical behaviour (EAPA-SA, 2015).

Additionally, confidentiality should always be promoted and maintained to protect the privacy of individual clients and the interests of the stakeholders. However, counsellors may only breach their contract when a troubled employee is prone to harm themselves or another person or when the court of law requires the information (HPCSA 2007; SACSSP, 2012). To add more, EAPA-SA (2015) states that a written consent has to be provided in situations where confidential information has to be disclosed and should meet certain criteria like information to be disclosed, purpose and specific person to whom it has to be disclosed. The issue of confidentiality was then concluded to not being exclusive to external EAPs.

2.10.2 EQUITY AND DISCRIMINATION

Social issues such as employment equity and discrimination are as well a challenge of EAP (Clarkson, 1995). This may be even more relevant in South African with its history of apartheid

and the many laws that resulted from democracy such as the Employment Equity Act (EEA), affirmative action and LRA. Again, in South Africa, issues of values, morals, culture, and religion may likewise be pertinent (McLeod, 2010). It is the counsellor's role to be aware of the personal orientation of their clients.

2.10.3 STIGMA, SHAME AND NEGATIVE PERCEPTIONS ABOUT EAP

Negative perceptions and stigma still exist regarding any form of mental health counselling (Bathie & Pryor, 2011; Brown & Bradley, 2002; Livingston & Boyd, 2010, as cited in Rakgokong, 2016). The fear of negative job repercussions particularly when the economy is poor and confidentiality when using EAP remains a dominant concern. Part of the concern is directly associated with a lack of knowledge regarding what EAP entails, failure to seek help due to the unhealthy work environments, stigma, and a lack of trust in EAPSs (Bennett & Lehman, 2001). Moreover, the stigma is still linked to what is still seen by many as the primary purpose of EAP, resolving alcohol and drug abuse (Merrick, Hodgkin, Hiatt, Horgan, & McCann, 2011). Therefore, feelings of fear and rejection behaviour can cause uncomfortable interactions with the service providers (Link & Phelan, 2001). Reportedly, management shares information about EAP programmes available and beneficial to employees. However, most employees are still sceptical about using EAP services because of the negative remarks attached to counselling services.

2.11 POSSIBLE SOLUTIONS TO CHALLENGES EXPERIENCED WITHIN EAP

The issues identified above, i.e. stigma and shame could be addressed by the continuous introduction of EAPs and external counsellors to employees and by providing examples of employees known to other employees as having been helped by the EAP counsellors. Additionally, these employees could be encouraged to share with their co-workers how they were assisted by the EAP counsellors. It is believed that publicising information on the availability of an EAP could be a way of encouraging employees to utilise the services offered by the organisation. This indicates that the way in which information is shared about counselling services is critical for employees and encourages participation in EAP services while reducing the stigma attached to employee counselling. The open-door policy should in addition be encouraged for employees who prefer seeing EAP affiliates that are offsite. These EAP affiliates could be those contracted with the company but having private practices to allow

employees to choose what they prefer instead of insisting they see the onsite therapist during their lunch breaks to save time and expecting them to return to work after their counselling sessions. Giving employees the option to choose where they prefer having sessions will reduce factors contributing to resistance to part take in counselling which is coupled with issues of racism, social justice, and diversity and cultural or gender realities. In the following paragraph the researcher will discuss the ROI and how affiliates are compensated for providing employee individual counselling and group counselling. This will further help understand the costing model of the service and how each party involved benefit. According to EAPA-SA (2015), when costing the EAP model, the stakeholders' needs should be met in terms of return on investment. In the following section, the researcher further discusses the ROI and how it fits into the bigger picture of the study.

2.12 RETURN ON INVESTMENT (ROI)

According to Csiernik et al. (2016), purchasing an EAP often comprises justifying the cost of the service to those in charge of finances and the budget. Additionally, a huge challenge is how to measure the ROI for EAPs (Csiernik et al., 2016). This challenge questions whether EAPs provide adequate occupational worth to cover the cost of acquiring the package. Moreover, the theorist mentioned that costs are based on anticipated and actual utilization of the programme and such usage varies by industry, size of the employer and by the model of the programme. EAPA-SA (2015, p. 7) argues that "the pricing of EAPs should be negotiated and mutually agreed upon by the service provider and the employer, after different models have been considered". Furthermore, EAP affiliates negotiate and agree on rates of the service before contracting with the company. This then brings questions of how are the rates calculated, do all affiliates get the same rate despite their qualifications, experience, and professions? Or ROI differs from one EAP counselor to the other?

According to Berry et al. (2010), assistance programmes have often been viewed as a nice extra, not a strategic imperative. With tax incentives and grants available under recent health care legislation, companies can use these programmes to chip away at their enormous health care costs which are rising with an aging workforce (Berry et al., 2010). In most cases organisations view contract services as an efficient and speedy method of developing and maintaining EAPs (Sonnestuhl & Trice, 1990). The externally contracted model is explained as being able to provide a twenty-four hour a day service compared to the internal model and

it is less costly (Khorommbi, 2007). Kurzman (2013) similarly mentions that EAP providers need to move away from their current "commodity focus" and "ROI paradigm", and begin to identify the critical functions EAPs perform for work organisations which make them indispensable strategic partners in employers' universal pursuit of productivity and innovation. Therefore, EAPA-SA must focus on developing a uniform university-based EAP curriculum; moving assertively toward universal state licensure; actively promoting an evidence-informed and a programme based research (Kurzman, 2013). It is because of the above reasons that ROI was identified to being another important aspect that must be looked at when conducting this study as it is similarly a challenge to many EAP affiliates.

2.13 SUMMARY

The literature reviewed displays the relevance and effectiveness of EAPs in the workplace. The history and explanations classify the development of the field from OAPs to EAPs besides presenting how EAPs have assisted organisations to better manage employees and issues of productivity throughout the years. The EAP models of service delivery help in understanding the field of EAPs in depth and how the programmes are rendered. This differentiates employee assistance programmes from other programmes aimed at achieving employee wellness in the workplace. In achieving the wellness of the employee, the EAP affiliates perform different employee counselling services although not exclusive to the external model of EAP such as assessor roles, education, training, support, and referrals to other service providers. Further, they attend to the different types of cases referred to them as self-referrals or managerial. Some of these cases are individual emotional distress, trauma, relationship cases, bereavement, substance abuse or conflict to name but a few. In summary, the literature broadens our knowledge and understanding of EAPs. The following chapter discusses the research design and methodology of the study. This will include limitations of the study and ethical consideration.

CHAPTER 3

RESEARCH APPROACH, DESIGN AND METHODOLOGY

3.1 INTRODUCTION

This section discusses the research design and methodology of the study. It covers the research approach, population and sampling procedures, the research instrument, data collection, analysis, limitations of the study and ethical considerations. This chapter aims to introduce the research strategy as well as the empirical techniques applied throughout the study.

3.2 RESEARCH APPROACH

Brink and Wood (1998, p. 100) state that research design purpose include providing a plan for answering the research question and "is a blueprint for action". Creswell (2009) identified three types of research approaches: qualitative, quantitative and mixed methods. This study was qualitative in nature and its purpose was to discover important questions, processes, and relationships (Martin, 2013).

The motivation for selecting qualitative research was because the study involves exploring the opinions and experiences of EAP providers of employee counselling in the workplace and how the programme is executed. This means participants individually voiced their opinions while providing suggestions during the data collection process. Additionally, the study was exploratory and looked for the perceptions of EAP affiliates. The limitation was that the inquirer was typically involved in a sustained and intensive experience with the participants. This happened because the inquirer is as well practicing as an EAP affiliate and providing employee counselling. Therefore, to avoid such involvement and contamination of the results the researcher tried to maintain objectivity and avoid bias by finding other sources of data that support the interpretations. Furthermore, conclusions were reviewed with research supervisor to identify gaps in the arguments that need to be addressed. According to Locke, Spirduso and Silverman (2013, as cited in Creswell, 2014), this introduces a variety of strategic, ethical, and individual concerns into the qualitative research process. Therefore, with these concerns in the researcher's mind, inquirers explicitly identified reflexively their biases, values, and personal background such as culture, gender, history and socioeconomic status (SES) that shaped their understandings formed during the study (Creswell, 2014).

3.3 RESEARCH DESIGN

The research design for this study was a case study, defined as the strategy of enquiry where the need is to explore in-depth a programme, process and even an event of one or more individuals (Creswell, 2009). This research design is explained as a qualitative approach where the investigator discovers a confined system such as a case or multiple bounded system/s over a period of time (Lewis, 2015). This is done over thorough, in-depth collection of data including numerous bases of information (e.g. interviews, observations, audiovisual material, and documents) (Lewis, 2015). This research design was used because of its focus on studying the specific phenomenon without any form of control on variables. Dooley (2002) emphasizes that in a case study, the focus is on the observation of all variables and their interacting relationships. Therefore, this strategy of enquiry allowed the researcher to go thoroughly through the process of observation, identifying important concepts and themes.

3.4 POPULATION AND SAMPLING PROCEDURES

The target population of this research was affiliates in Gauteng province, South Africa. The participants are independent, registered counsellors with SACSSP, EAPA-SA, BHF or HPCSA. The participants are social workers and psychologists in private practice with registered companies with employee counselling as a service provided. A sample of 10-15 practitioners was selected using snowball sampling and purposive sampling with sampling relying on the judgement of the researcher looking at the types of services rendered by the EAP provider, the registration and qualifications as well as referrals from the individuals already in the study. According to Creswell (2009), sampling involves the process of selecting a sub-section of a population that represents the entire population to obtain information regarding the phenomenon of interest. The reason for the sample of 10-15 affiliates was to gather ample data from different individuals to have enough information for comparison reasons.

These affiliates were located and contacted through LinkedIn while others were contacted through referrals from other participants. The referral of other participants allowed the researcher to check profiles and the services they render before sending out invitations to participate in the study. According to Handcock and Gile (2011), link-tracing sampling is explained to being an effective means of collecting data on population members in populations that are hard to reach. Furthermore, snowball sampling is referred to as a convenience sampling mechanism especially in populations that are hidden, impossible or prohibitively expensive

(Handcock & Gile, 2011). In this study, it was difficult and time consuming to identify individual EAP affiliates hence LinkedIn was viewed as a great platform to locate participants. To add more, Woodley and Lockard (2016, p. 322) argue that this version of snowball sampling is defined by Goodman (1961) as "a rigorous statistical approach to estimating certain relational features". In this definition, "individuals in the sample are asked to identify other individuals, for a fixed number of stages, for the purpose of estimating the number of mutual relationships or social circles in the population" (Woodley & Lockard, 2016, p. 322).

3.4.1 INCLUSION AND EXCLUSION CRITERIA

The inclusion criteria for this study were EAP providers with over three years working experience in employee counselling, registered to practice in South Africa and with the required qualifications (e.g. social work and psychology) to practice. Only affiliates able to communicate in English were part of the study although some included their native languages in some parts of the interviews. The study involved participants who consented to being tape recorded during data collection. This helped during the data analyses because of the use of a semi-structured interview schedule.

3.5 RESEARCH INSTRUMENT

A semi-structured interview schedule (appendix D) was adopted in this study and allowed the use of both closed and open-ended questions. Semi-structured interviews are "well suited for the exploration of the perceptions and opinions of respondents regarding complex and sometimes sensitive issues and enable probing for more information and clarification of answers" (Barriball & While, 1994, p. 330). This does not mean the researcher let the interview proceed without direction but went in with a general plan of inquiry without steering the conversation by means of pre-set questions (Babbie, 2001). The questions pursued were those that flowed from the participant's replies throughout the interviews and the researcher's role included subtly directing the course of the interview without any form of bias (Babbie, 2001). The researcher has experience in conducting interviews with individual clients and the skills (e.g. probing, questioning, and answering questions) and techniques that are taught in our social work profession and this experience was an advantage during the interviews.

Creswell (2014) mentioned that the benefits of a semi-structured interview schedule are: participants are able to express their opinions directly using their own words, and the interviewer can provide a clear set of instructions and clarification for the participants as they occur face-to-face. The face-to-face interactions enabled the researcher to show empathy, observe the participants and control the line of questioning while participants could provide data based on their encounters (Creswell, 2014). However, the disadvantages of this research instrument are that not everyone can equally articulate and express their perceptions, and the presence of the researcher may bias the responses of the participants (Creswell, 2014). In this study, the disadvantage was background noise while conducting the interviews as some were held outside the participants' private practices which affected the tape recordings.

3.5.1 PRE-TESTING

The researcher conducted pre-testing on two EAP providers to check the suitability of the research questions. This was very helpful in making necessary changes to the nature of the questions and how they should be presented to the participants. These service providers were not part of the final study but have the same characteristics as the other participants who were interviewed and formed part of the final study.

3.6 DATA COLLECTION

Data were collected through face-to-face interviews with semi-structured and mostly open-ended questions to explore the participants' opinions (Creswell, 2014). The open-ended questions allowed them to share their experiences and provide more open-ended answers. The role of the interviewer was mentioned in the beginning of each interview. Again, data collection involved setting boundaries for the study and establishing the protocol for how the data would be recorded. Creswell (2014) argues these data collection methods are very useful because they are suitable for qualitative research which aims to purposefully select participants who can best help the researcher to completely get an understanding of the problem and the research questions. The interview questions were given to the research supervisor to ensure content validity, and reliability. Interviews were tape-recorded with the consent of participants and collected data will be saved in a locked cabinet during the data collection process or in a personal computer that requires a password. The researcher made appointments and interviews were conducted at the participants' private practice spaces and where they feel comfortable. The interviews including both questions and answers, did not take longer than an hour. The

main advantage of this data collection method is that during the interview the interviewer can clarify questions, misunderstandings, and any forms of miscommunications. However, interviews can be time consuming thus it is essential to conduct enough interviews (McCawley, 2009).

3.7 DATA ANALYSIS

The collected data were analyzed though thematic content analysis. Thematic content analysis enables the researcher to identify, analyze and report patterns (themes) within data. It further interprets various aspects of the research topic (Braun & Clarke, 2006). Data were analyzed while the interviews were still taking place. The researcher adopted inductive data analysis which is explained as the process of working back and forth between the themes and database until the researcher has established a comprehensive set of themes (Creswell, 2014). For example, an interview conducted earlier was analyzed by listening to the tape recording, writing notes or transcribing. This was done to identify themes before conducting another interview session. This process was followed throughout the process of data analysis allowing the researcher to go back and listen to the recordings and analyze data pointing out important themes.

These steps were followed *Step 1: Organizing data*- the researcher went back to the interview guide and identified the differences between the questions which the researcher wanted to be answered and those which arose from the interview as echoed by (Braun & Clarke, 2006). *Step 2: Finding and organizing ideas and concepts*- this involved identifying recurring ideas, language and themes linking people and their settings. This step involved finding meaning in language, hearing stories and coding and categorizing ideas and concepts. *Step 3: Sorting dat*a- the collected data was sorted into a framework and the researcher focused on finding themes in the study. The advantage of thematic analysis is that it allows flexibility.

3.7.1 TRUSTWORTHINESS

The researcher considered the four criteria (credibility, transferability, dependability, and confirmability) because of the challenges of the trustworthiness of qualitative research (Shenton, 2004). Issues of validity and reliability were addressed in this study by using these

four criteria as stipulated: credibility (addressing internal validity); transferability (referring to external validity); dependability (addressing reliability) plus confirmability.

Firstly, the research method adopted was established and confirmed to ensure validity. This included the methods of data analysis and pre-testing on two EAP providers checking the suitability of the research questions (Shenton, 2004). Secondly, the researcher familiarized herself with the nature of services provided by the participants and their private practices before the data collection process occurred. This was achieved through a preliminary visit and consultation before the actual interview sessions took place. Thirdly, the researcher practiced strategies to help ensure honesty in the participants. Every potential participant approached was given an opportunity to decide to be part of the study ensuring that the study involved individuals who were genuinely willing to participate in the study. Lastly, to ensure reliability the processes of this study are fully reported, enabling future researchers to conduct similar studies with the aim of gaining the same results.

3.8 ETHICAL CONSIDERATIONS

3.8.1 VOLUNTARY PARTICIPATION

The participants were approached and requested to participate in the study by providing them with detailed information regarding the nature of the study (aims, objectives, intentions of the study and what participation entailed) in the participant information sheet (appendix A). English was the language used to communicate with the participants although participants used other languages in some parts of the interview. The participants were asked to use English to avoid language barrier issues which in return would have required that the researcher find an interpreter or interpreters to assist. This additionally limit the researcher's full interaction with the participants which is time consuming. The researcher explained these reasons to participants further making it clear that participation is voluntary, and participants were made aware of the right to withdraw from the study at any stage and participation would not be compensated.

3.8.2 INFORMED CONSENT

McLaughlin (2008) mentions that informed consent encompasses that all participants should be fully knowledgeable about a research project before they approve to participate, providing

them with holistic information regarding the purpose of the study. The participants were provided with information including the aims and objectives of the research during the first contact. This included informing them about the right to exit the study at any time should they see no need to participate anymore. A consent form (appendix B & C) was distributed to participants to encourage commitment, involvement and to demonstrate an understanding of the rights of both parties (researcher and participants).

3.8.3 NON-MALEFICENCE

This entails that the research did not intentionally cause any form of harm to the participants or compromise their interests. Therefore, for the purposes of safety and comfortability, interviews were conducted within the operating premises of the EAP provider and their preferred locations.

3.8.4 CONFIDENTIALITY, ANONYMITY AND PRIVACY

Participants' privacy was respected and ensured with all information revealed being kept confidential. Participants' names during the interviewing process were not required and the final report does not contain their names. No one other than the researcher and supervisor will have access to the tapes. The tapes will be kept in a locked cabinet for two years following any publications or for six years if no publications emanate from the study.

3.9 SUMMARY

This chapter presented the research approach, research design, and methodology of the study. The limitations of the research were as well presented as well as the ethical considerations. The subsequent chapter is the presentation of the findings of the study which resulted from the semi-structured interviews conducted with the affiliates.

CHAPTER 4

PRESENTATION AND ANALYSIS OF RESULTS

4.1 INTRODUCTION

This chapter is the presentation of themes that emerged during data analysis. The chapter illustrates the views and experiences of 11 affiliates who provide employee counselling privately in SA for various SA companies. The protection of the participants' identity was done but the use of pseudonyms. Concepts which emerged were developed as themes of this study. These themes highlight the experiences, perceptions, roles, challenges, and successes of affiliates. The themes are discussed in the following paragraphs inclusive of the objectives of the study.

4.2 DEMOGRAPHIC DETAILS OF PARTICIPANTS

The Table 1.2 below is an indication of the 11 participants' demographics that represent the minimum requirements sought as described in the previous chapter.

Table 1.2 Profile of EAP affiliates (N=11)

Demographic factor	Sub-category	No
Gender of affiliates	Male	2
	Female	9
Age of affiliates	26-35	7
	36-46	4
Qualification	Social Work	8
	Psychology	3
Years of experience	3-7	7
	6-10	2
	11-15	1
	16-20	1

The Table 1.2 above is an illustration of the total number of participants, showing an increase in the number of female affiliates when compared to male affiliates. The total years of experience in the EAP field range between 3-20 years among the 11 participants sampled. Affiliates with fewer years' experience are new in the field of EAP but have been practicing counselling in NGOs rendering generic social work services while others provided community work.

4.3 EMERGED AND OVERLAPPING THEMES

Table 1.3 Demonstration of themes emerged from the study

Objectives	Themes	Sub-themes
Understand the external model of EAP.	Registration Employee counselling Referral systems	Qualification Individual vs group Self-referral and managerial referral
Explore experiences of employee counselling and understand how the programme is rendered.	Networking	EAP companies Affiliation Theories/approaches
Understand roles played by affiliates.	Counselling cases Roles	Type of cases Assessment Administrative Referral
Strengths and benefits of EAP casework counselling.	Preventative methods Successes.	Wellness days and inductions Lowered absenteeism Increased productivity High motivatation.
Weakneses of EAP casework counselling.	Challenges	Values and ethical issues Resistance by employees Contract,duration and session limit Unrealistic expectations Clients needs vs company roles vs ethics and ROI

The Table 1.3 above is an illustration of the objectives of the study, the themes and sub-themes that emerged from the study which are further discussed in the sections, 4.4 understanding the external model of EAP**,** 4.5 employee counselling and execution of the programme**,** 4.6 employee counselling and the roles of affiliates, 4.7 challenges and limitations of EAP casework counselling, and 4.9 successes and benefits of EAP case work counselling. The first theme to be demonstrated is understanding the external model of EAP, coupled with identifying and understanding the relevant professional body or bodies, the qualification and the types of case referrals made to refer employees for counselling.

4.4 UNDERSTANDING THE EXTERNAL MODEL OF EAP

The understanding of the external model of EAP is coupled with identifying what qualifies counsellors to be regarded as affiliates in South Africa. The section 4.4.1 registration for entry into the EAP field shows the professional bodies affiliates are expected to register with before providing employee counselling in South Africa.

4.4.1 REGISTRATION FOR ENTRY INTO THE EAP FIELD

The Figure 1.1 below presents one of the main requirements for a counsellor to practice as an external employee counsellor in South Africa as presented by participants in this study.

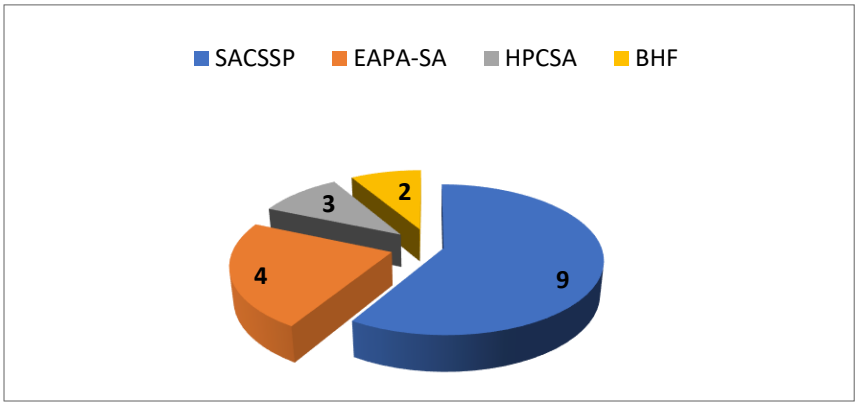

Figure 1.1 Registrations of the EAP affiliates with professional bodies (N=11)

All participants are working as affiliates, affiliating with EAP companies in South Africa, owning private practices, co-renting practices and utilizing Non-Governmental Organisations' spaces to render their services. The sizes of their practices vary among participants and they are registered with professional bodies such as SACSSP, HPCSA, EAPA-SA and BHF to practice as counsellors which is illustrated in the Figure 1.1 above.

The figure 1.1 indicates that the affiliates associate with various professional bodies. From the semi-structured interviews conducted, nine participants of this study are registered with SACSSP, four with EAPA-SA, three with HPCSA and two with BHF. The figure 1.1 further shows that affiliates associate with a range of professional bodies although there is no specific professional body or criteria regarding what certifies an individual to practice EAP employee counselling in South Africa. This point is emphasised by Jacobson and Attridge (2010), as previously mentioned, that it is this lack of formal certification that has led to the EAPA creating an independent certification procedure for EAP professionals globally. The CEAP is a voluntary credential that identifies individuals as EAP professionals who have met established standards for EAP practice, adhering to the EAPA Code of Ethics and standards of practice (EAPA, 2010, cited in Jacobson & Attridge, 2010). The affiliates are required to register with their specific professional bodies (SACSSP & HPCSA) to practice as counsellors (for example as social workers and psychologists) which automatically allows them to provide EAP employee counselling.

To further understand the external model of EAP and registration with professional bodies, participants of this study were asked what made them chose to practice as affiliates and whether they received specific EAP training. Here is one response:

> *I did not get a specific training in EAP. I just completed my MA and landed my first job in the EAP field. I started practicing as an EAP telephone clinician at An EAP company.* [mmmh] *I must say, I was very lucky to get the job considering I had never worked before. So, they considered me because I had a masters degree in Occupational Social Work. I later decided to start practicing privately as an EAP practitioner. It was not easy at first, but everything got better with time. I started working with a number of companies as an affiliate and it worked for me* (Elizabeth, 43, female).

From the statement above, it may be understood that having a post degree qualification is advantageous for individuals who wish to practice as affiliates. In addition, holding a higher degree qualification in counselling in EAP and the field of OSW is an advantage as it increases the probability of entry into EAP private companies. Another factor is that the EAP field is small and still growing and every EAP company has its own requirements and expects highly qualified and skilled individuals hence holding a higher degree is considered an advantage. This is echoed by participant Martha stating that:

> *I graduated with a degree in psychology. At that time, I would not say I knew I was going to be an EAP provider. I then registered for Social work because at that time there was still a need of social workers in the country. I stayed for 2 years not practicing after graduation and I decided to try EAP. That is when I decided to start applying for vacancies in EAP companies. I then landed a job in a small EAP company. I worked for them without experience in EAP and I learned a lot* (Martha, early 30s, female).

The statement above shows that some EAP companies provide an opportunity for counsellors who are new in the field of EAP to gain work experience and understanding of how the system works before proceeding to open their private practices. Moreover, five participants of this study who graduated with social work and psychology bachelor's degrees conveyed that it took them longer to get jobs in the field of EAP as compared to those with higher qualification. The statement above further identifies the importance of studying for a post graduate qualification especially when planning to practice as an affiliate since it is mentioned that there is little or no training provided to affiliates after contracting with vendors to provide employee counselling. The second aspect to understanding the external EAP model is being aware of how clients are referred to affiliates for employee counselling**.**

4.4.2 EMPLOYEE COUNSELLING AND CASE REFERRAL SYSTEMS

Bringing clients and EAP affiliates together gives rise to the question of how employees reach affiliates and helps to understand the contextual relationships between employee clients and affiliates as well as the involvement of the companies and managers the employees work for. The case referral for employee counselling within the external model of EAP is through various referral methods and employees can decide whether to take up the opportunity of attending counselling or not. The referral systems are highlighted to explain the types of EAP participant referrals made to EAP Affiliates by EAP vendors affiliated with. These referral methods are discussed in section 4.4.2.1 referral methods.

4.4.2.1 ***Referral methods***

Referrals for EAP services can be completed by managers or supervisors, family members, co-workers, employees as clients, and other employee counselling providers for further assistance or when the service required does not fall under the scope of their practice. External counselling

providers receive case referrals through companies they are affiliated to. However, this process of affiliation differs from company to company and they receive cases from telephone clinicians from the same companies they are affiliated with. Participant Neo explains this further emphasizing that:

> *Although with affiliations* [the act of connecting or associating with an EAP company] *you get to work with a clinician from the company's call centre. The clinician conducts the intake and assessment process and when you get a referral, it will be a referral of a specific problem. So, it makes it easier because you know what you will be dealing with* (Neo, 31, female).

The quote by Neo explains the process of case referrals to affiliates which too explains how the intake and assessment process is completed. This referral process is echoed by participant Amira adding that:

> *They* [telephone clinicians in EAP companies affiliated with] *check the location of the client to make a referral after checking who they have as a service provider residing near the client's location* (Amira, 40, female).

The participant Amira, in the last paragraph, indicates that referrals are made taking into consideration the presenting problems and the employee client's preferred location which is where sessions will be held. These locations are mostly the affiliates' private practices and are discussed with clients before confirming appointment dates. This serves as an advantage as affiliates only get referred a case after a client has already completed the initial assessment process.

In addition, a distinction can be made between the types of referrals (personal and occupational). These types of referrals are similarly known as self (voluntary) and managerial which can be mandatory and initiated. These referrals are sent through to affiliates but are mostly received by telephone clinicians whose responsibility is to connect clients with the relevant affiliates (affiliates) after conducting initial telephone assessment. Sharar (2008) echoes the statement by stating that the goal of a referral system is to connect a client with the most appropriate treatment. This is echoed by Csiernik et al. (2015) who mentioned that an EAP counsellor bases his/her assessment on some standardized tests and using their professional wisdom develops a plan of action in partnership with the client. The types of referral systems mentioned above will be enlarged on in the following paragraphs.

4.4.2.1.1 Self-referrals

A self-referral occurs when an employee client refers themselves for counselling. They approach the EAP providers telephonically using toll free numbers, via email, sms (short message service) or face-to-face. This is supported by participant Simphiwe who explains this process similarly introduces the idea of ethics in counselling.

> *Because confidentiality and privacy are respected and kept at all times. Even if a manager can ask if the employee did request assistance, I am not disclosing because it is [a] self-referral unless the employee complete and sign a disclosure form. But all of this is explained in the beginning of the intervention…….These referrals are received through employees contacting care centres to arrange appointments or sending of emails. Some companies do have sms lines which I believe most clients prefer* (Simphiwe, late 30s, female).

The statement above highlights ethics in employee counselling and the importance of discussing confidentiality with clients in the beginning phase of counselling. It further indicates that there might be instances where feedback might be required even in self-referral cases. Self-referrals are voluntary, and employees are expected to contact EAP counsellors or providers willingly. This type of referral is viewed as more confidential than the managerial referral method, and it encourages employee clients to make use of the EAP services. This is echoed by a study conducted to examine how affiliates make and receive referrals with EAP unique cases. The results of the study showed that the participants' preferred referral method was self-referral (Sharar, 2008). The following paragraph discusses the managerial referral which is compared to self-referral method.

4.4.2.1.2 Managerial referrals

Managerial referrals occur when the supervisor or manager refers employees via writing due to work related issues such as lowered job performance, absenteeism, conflict or whatever the issue may be that they feel needs the attention of the EAP provider. This type of referral can by mandatory or suggested by the supervisor /manager. The difference is that in a mandatory-managerial referral, the referring manager will receive a summative report from the counsellor and in a managerial-initiated case, the referring manager does not get a written feedback. Participant Khomotjo in the next paragraph asserts that recommendations are made in the report

submitted to managers stating the type of intervention the client will receive and whether they completed the counselling process or not.

> *In terms of a managerial referrals [mandatory managerial referrals], we make recommendations and complete a report to the service provider stating what could be done to deal with that situation at that particular moment* (Khomotjo, 27, female).

The quote in the last paragraph shows how confidentiality is still maintained when sending reports to managers. The employees' presenting problems are kept confidential. However, the limitation and barrier to maintaining confidentiality is that exceptions are still made in suicidal, homicidal and in cases of child neglect situations. Participant Martha further emphasized that breach of confidentiality occurs in cases that are more complicated and require immediate intervention and the involvement of the next of kin. The participant was asked to elaborate further on these types of cases and she mentioned:

> *Such cases will be high risk cases where the client is suicidal, homicidal or he/she is abusing substances. This is when you ensure that the client is hospitalised or you break confidentiality. Sometimes such cases are changed to managerial initiated cases* (Martha, early 30s, female).

It is evident that there are exceptions to confidentiality, and this can be broken both in voluntary and involuntary case referrals. The quote in the last paragraph illustrates the difference between high and low risk cases and the two types of managerial referrals. However, the process of referral for counselling depends on the employees' decisions to accept or refuse intervention. The section 4.5 perceptions and experiences of affiliates help identify and understand the opinions of EAP affiliates on the roll-out of employee counselling.

4.5 PERCEPTIONS AND EXPERIENCES OF EAP AFFILIATES

According to Csiernik and Darnell (2010), lack of ample research with affiliates of EAP limited the knowledge of the working lives of those who have become the prominent providers of EAP counselling specially within the South African context. This along with concerns raised by several EAP affiliates to the researcher regarding their working lives and dilemmas they regularly face in their counselling practice prompted this exploratory study of how EAP

affiliates perceive their interventions. The participants' experiences differ because they are affiliated with different EAP vendors and the interventions implemented are not the same. The participant Betty mentioned that one of her unpleasant experience occurs when requesting cases. The participant reported that

> *I can only request a limited number of sessions or offer the service pro-bono if extra sessions are not provided. Although employees are explained to in the beginning of the intervention, it is not easy to tell them they are not eligible, and some seem surprised. This once made me asked to be removed from one of the EAP vendors affiliate network when I joined the EAP field because I felt like I was failing my clients, not being professional and creating a bad name for myself (Betty, 28, female).*

According to the EAP affiliate, Betty cited that the negative experiences provide discouragement to continue working as an EAP affiliate. However, despite the issues experienced the affiliate maintains the highest level of ethical conduct. This is echoed by EAPA-SA standards (2015), stating that the EAP practitioner must always maintain professional behaviour and ensure client protection. Similarly, another EAP affiliate Thuto mentioned that

> *It is difficult to work with EAP vendors that prioritise the service delivery, the manner in which counselling is provided and not necessarily the wellbeing and needs of employees. Again, you cannot raise such complaints or not accepts what they require because they will keep you as an affiliate but will no longer send you referrals. We cannot also ignore the fact that the way companies arrange EA services to their employees affect how the service is rendered as well as how we as affiliates provide the service (Thuto, 26, male).*

However, other participants mentioned positive experiences which act as motivation to continue providing employee counselling as an EAP affiliate. The participant Elizabeth stated

> *I love my job and do not hesitate to wake up to assist after getting a call reporting an arm robbery or death at the workplace. This is encouraged by the positive responses from clients we serve, their families and companies that employees work for (Elizabeth, 43, female).*

The affiliate Elizabeth highlights that the EA programmes not only benefits employees, but also their families and their respective companies. This is supported by the OSWPM that draws from the ecosystem's model and advocating for the use of four positions across the full range of micro, meso and macro (community, organisational and national) levels (Van Breda & Du Plessis, 2009). Van Breda and Du Plessis (2009) further note that many employed individuals support not only themselves, but also numerous other family members, providing a community-based social security network that is vital to the well-being and development of society. Similarly, EAPA-SA standards (2015) cited that EAP will offer intervention services for employees, family members and the organisations in crisis situations.

Moreover, the participant Joey spoke about the importance of diversity and how working with different employee clients help understand human behaviour and how managers' leadership styles affect individual clients. The participant stated that

> *It is actually very pleasant and interesting to work with a group of employees who have experienced a similar incident like trauma, observing their behaviour and how they interact with each other at the beginning and end of intervention is rewarding….or working with different employees who have both experienced trauma but presenting different symptoms. Providing employee counselling to employees provides an opportunity to learn every day as they present a variety of issues they face in their respective companies (Joey, 27, female).*

The quote above indicates the promotion of working with different clients and a diversity of issues they present. The quote brings to surface the competencies about employee-counsellor relationship, understanding, respect of client individuality and celebration of diversity. This is highlighted by SACSSP (2012) stating that social workers' efforts seek to promote insight and sensitivity regarding cultural and ethnic diversity. Again, the affiliate Joey highlights the importance of proving counsellors with feedback regarding the execution of their intervention to clients and how clients benefitted from the programme. This execution of employee counselling is discussed further in section 4.6 employee counselling and execution of the programme.

4.6 EMPLOYEE COUNSELLING AND EXECUTION OF THE PROGRAMME

It is important to understand how employee counselling is rendered within the external model of EAP hence this was identified as one of the objectives of the study. The participants identified affiliation with employee assistance companies as common within the external model of EAP as it helps affiliates in getting their services known by EAP companies and individual employee clients. Crienik and Darnell (2010) further stated that the ongoing evolution of EAP has seen a move from predominantly internal volunteer and professional providers to the increasing dominance of external service providers in the form of affiliate networks. Additionally, EAPA-SA (2015) states that EAP partner with both internal stakeholders and external resources to respond to the needs of the work organisation, the employees and the family members in a cost-effective manner. The section 4.6.1 affiliation discusses affiliation to further understand how employee counselling as a programme is rendered by EAP affiliates and what theories are adopted to better provide individual counselling.

4.6.1 AFFILIATION

Data collected demonstrate that employees' needs affiliates to continuously learn about changes within the workplace and the populations occupying these spaces to manage the issues experienced and to bring change. In bringing change, affiliates sign contracts with EAP companies as affiliates for various reasons which are to be expanded upon next. The quote by participant Martha in the next paragraph helps understanding of how affiliates become affiliates and why affiliates consider affiliation.

> *You need to become an affiliate so you can be known as an EAP provider here in South Africa. If not, then you will not have referrals. Being an affiliate makes it easier to get cases and more cases means you will send an invoice with a higher amount* (Martha, female, early 30s)……. *Receiving referrals from one company won't make you enough to pay debts. It helps build your name as a therapist because most people are not aware of where we operate the services we provide and getting referrals from two or more companies help get your services known. This is because clients you have assisted will make recommend you to other people* (Martha, female, early 30s).

The statement above indicates the advantage of affiliates' affiliation with EAP companies. Companies refer clients for face-to-face counselling to affiliates and expect professional conduct and quality service. Although affiliation is positive and highly recommended, the limitations of affiliating with more than one company were reported. The subsequent quote highlights the limits of working as an affiliate in SA.

> *When you're an affiliate, you get paid based on the work you have done. Also, having to send feedback reports within a specific time frame can be difficult. You find that I have seen a number of clients and sending feedback within 24 hours as expected by other companies is difficult. So, I will say the workload can be a lot* (Amira, 40, female).

The limitations of affiliation include excessive administrative work which was reported as being one of the roles of an affiliate. From data collected, too much administrative work mostly occurs when EAP providers are affiliated with more than one company which is what most EAP providers do. Likewise, affiliates adopt different theories to provide effective employee counselling even though EAP companies recommend solution focus-based theory (Backenroth, 2001). Some of these theories are acknowledged in section 4.6.2 theories for external employee counselling casework.

4.6.2 THEORIES FOR EXTERNAL EMPLOYEE COUNSELLING CASEWORK

The execution of employee counselling includes identifying what theories to adopt to provide employee counselling casework. Backenroth (2001) reported that there are several occupational counselling approaches that practitioners can adopt to provide counselling services to employees. The following approaches (solution focused brief and psychoeducation) were reported by affiliates as frequently used to provide employee counselling and reported by participants as highly recommended within the EAP field.

4.6.2.1 Solution focused brief therapy – SFBT

The SFBT has been described as the living process in EAP since its beginning (Bliss & Bray, 2009). This theory emphasises that the role of the therapist is to effectively listen and believe clients are experts in what will work best for them (Bliss & Bray, 2009). This theory allows employee clients to oversee their own treatment although the sessions are limited. The argument is supported by participant Neo who explains the model in the subsequent paragraph

looking at the length of services including the number of sessions available to individual clients. The participant mentioned that:

> *Services are short term and there is a need to focus on what is the solution rather than what is the problem. We set goals from the first intervention and check with them if they have any coping mechanisms they use or have used before. And the companies I affiliate with are promoting the use of solution focus therapy. They approve 3-4 sessions only unless there is a need for more sessions* (Neo, female, 31).

The quote above was supported by 6 affiliates who see the SFBT as both a limitation and a benefit for using this helping approach. The limitations of this model are expanded upon next:

> *I also feel like the 3-4 sessions are too short, you find that you only build connection in the second session and you are only left with one session. Some clients take longer to build a connection with the therapist and the time they do it is the end of the intervention because they only get a limited number of sessions. This is the biggest challenge in EAP* (Portia, 26, female).

The limitations identified most frequently were the duration of service and the expected results with six participants highlighting it as a problem. The quote further shows that every client requires a different approach depending on their presenting problems. Nonetheless, despite the limitations coupled with this solution focused therapy, it is a highly recommended approach within the field of EAP while providing employee counselling because it allows employee clients to focus on solutions rather than problems. According to Bliss & Bray (2009), the therapist is expected to ask questions that are focused on the present and future, enabling employee clients to be part of the process of identifying possible solutions. In support of this statement participant Simphiwe indicated that

> *The solution focused based theory helps reach goals and allows discussion of goals or needs in the beginning of the intervention* (Simphiwe, late 30s, female).

Another EAP provider supported and highlighted the advantage of using solution focused brief therapy by mentioning

> *So, we basically work at the problem at hand, trying to find working solutions and I maybe apply the feministic and positive psychology. If it is solution focussed, you need to understand that it is brief. So, I think using positive psychology helps a lot in pushing the clients to avoid prolonging the sessions* (Portia, 26, female).

The quote shows that helping clients find solutions to their problems is essential and saves time while assisting employees reach counselling goals. Some employees are not aware that the services are short term hence employee counsellors keep emphasizing it, so they are not surprised when the service must be terminated. This gives rise to the importance of education for employees and training for managers about employee counselling in the workplace. This is echoed by participant Neo who mentioned that

> *The companies I affiliate with are promoting the use of solution focus therapy. They approve 3-4 sessions only unless there is a need for more sessions. So, employees need to be informed to avoid confusions and made aware* (Neo, 31, female).

The quote above illustrates that the education and awareness should include explaining the length of service and the types of cases that can be referred to EAP. The idea of education benefits all parties involved in the helping process. Employees and managers are psycho-educated which in return simplifies the work affiliates must do. The psycho-educated approach is discussed in the next section, 4.6.2.2 Person in Environment (PIE) and narrative therapy approach.

4.6.2.2 Person in Environment (PIE) and narrative therapy approach

Counsellors use their skills to determine what kind of counselling methods will be appropriate and at what point for numerous clients which means they need to be able to use more than one approach. This is described by participant Thuto in the quote below.

> *I prefer using counselling approaches like Person in environment, systems perspective and the narrative therapy approach…. The experiences I have with employee counselling led to the use of these approaches. I have used a number of approaches and skills in every situation until I realise that there are those that are more effective than others. The Person in environment allows me to involve the family of the employee and or other systems having a relationship*

> *with the client. Further, it helps understand the environment like the company they work for and how it has an impact on them as individual clients. This makes it easier for us to reach intervention goals, make recommendations and to help identify support systems for the client* (Thuto, 26, male).

The foregoing quotes show that different EAP affiliates adopt different approaches when providing employee counselling. These range between SBFT, PIE and narrative therapy. The use of these skills requires extensive knowledge and experience to help identify the relevant approach for each problem presented. Therefore, affiliates are expected to have the skills to identify relevant helping approaches and skills to support employee clients during employee counselling. According to Eagle (2000), the therapist is very much present as a witness to the event through active listening, empathetic reflection, and appropriate questioning. This statement is further elaborated in section 4.7 employee counselling and the roles of affiliates, where the functions and services of affiliate are identified.

4.7 EMPLOYEE COUNSELLING AND THE ROLES OF AFFILIATES

Providing employee counselling is coupled with the roles that need to be executed**.** The following roles are some of those identified by affiliates as essential during employee counselling. Each participant identified roles that they commonly execute, acknowledging that different work environments and types of cases contribute to the roles played. Therefore, it is essential to understand the types of cases referred to affiliates. These cases are identified in the in section 4.7.1 range of cases referred for counselling.

4.7.1 RANGE OF CASES REFERRED FOR COUNSELLING

Presenting problems that are mostly referred to EAP include work related or personal problems. In addition, the participants in the next paragraph identified other issues that employee clients are mostly referred for.

> *I mostly get referrals for personal issues like bereavement, distress, substance abuse, adjustment and also interpersonal issues like marriage counselling* (Neo, 31, female).

Additionally, another participant, Joey, mentioned work-related issues that employees get referred to employee individual counselling for. She reported that,

> *I look at issues that mostly employees get referred for, for individual counselling. These will be interpersonal conflict in the workplace, absenteeism, substance abuse in the workplace, bullying, communication and more* (Joey, 27, female).

Participants in the previous quotes identified the types of cases they receive from employees and managers. The OSWPM acknowledges that social work practice addresses the human and social needs of the work community through a number of practice positions, explained in section 2.2.1 (Van Breda & Du Plessis, 2009). Another participant Portia spoke about substance abuse as one of the cases managers usually refer to affiliates. The participant supported the other six participants who identified substance abuse as a burning issue in the workplace.

> *A lot of manager managerial referrals are for substance abuse, from drugs to alcohol…and the challenge is 90% of employees are referred to government rehabilitation centres, they do not complete the process, either they go once, twice and never return. Sometimes they [employees referred for substance use] deny intervention* (Portia, 26, female).

The quote explains the challenges experienced with substance abuse referred cases and questions whether employees sign managerial forms because they accept help or they feel obliged to with the fear of losing their jobs. Although, in a study by Rakgokong (2016) on "cashiers` and management`s perceptions of the usefulness of EAPs with particular reference to wellness counselling" the results showed that it was not apparent that management forced employees to attend EAPs (Rakgokong, 2016). To support this argument, participants of this study were asked if employees are allowed to give consent and participant Neo responded that:

> *No one is forced into accepting help. Yes, they might feel like they are supposed to because they were referred by managers/supervisors but we as therapist do not force them, we make them understand the importance of accepting intervention and provide encouragement. And you know with the managerial cases I dealed with where the underlying issue is substance, most clients disagree they have a problem with substances* (Neo, 31, female).

4.7.2 ROLES EXECUTED DURING EMPLOYEE COUNSELLING.

Affiliates are expected to display different skills when attending to the cases listed above and to perform different functions within the workplace. The following are functions identified by the participants of this study as important during employee casework counselling.

4.7.2.1 Psycho-education

Psycho-education is defined by affiliates as an approach where education is provided to employees during counselling. Psycho-education is regarded as a role and part of the counselling approaches that are mostly encouraged within the external model of EAP. The education provided to employees covers topics that are relevant to their needs. Participant Neo mentioned below that:

> *Mostly I get referrals for substance abuse and psycho-education. You find that an employee tested positive for alcohol and the company referred him/her for EWP* (Employee Wellness Programme*). This is where you educate the employee about the implications of substance abuse at work. Most companies have 0 tolerance substance abuse and conduct alcohol testing regularly*
> (Neo, 31, female).

Psycho-education involves instilling the knowledge and skills to manage similar issues when experienced in the future and, if long term intervention is encouraged, employees are provided with education on the importance and reasons behind the recommendations. EAP providers ensure that employees are empowered and informed and this can be done in groups. The idea of providing education in groups is echoed by Masson, Graham and Langa (2016) who mentioned that mass psycho-education about the issues experienced and related symptoms are conducted as part of community intervention. These community interventions could be trauma debriefings, conflict management and educating managers about EAP services. This is supported by the participant below who stated that most trauma debriefings are conducted in groups.

> *I also get referrals for group counselling. Most of these cases are conducted at stores where there was a robbery. Then I will go and provide trauma counselling, help normalise symptoms of trauma and provide better coping mechanisms* (Neo, 31, female).

The quote above is supported by Bargal's model which emphasises the need to undertake several activities during interventions (Van Breda & Du Plessis, 2009). The theory identifies group work as one of the units of intervention and group counselling for employees as the type of intervention (Van Breda & Du Plessis, 2009). According to Eagle (2000), group trauma debriefings not only involve normalising symptoms, but allow employees to narrate their experiences with the trauma event. The normalising of symptoms involves educating employees and providing awareness. This is echoed by Eagle (2000) who argues that the debriefing process involves a strong mobilization of group support and primarily, the normalisation of reactions is conducted. The provision of education and awareness further provides employees with more knowledge and abilities to handle symptoms of the issue faced. This is echoed by the quote below:

> *I also provide psycho-education. This is where I am educating clients on issues of concern especially substance abuse in the workplace. So, in essence, I provide trainings and do presentations* (Joey, 27, female).

Another participant echoed the foregoing quote by Joey.

> *The other role I play is that of an educator where I provide trainings and wellness day for the companies I am affiliating with. In the trainings I cover different topics based on what the company has required. I act as a mediator and sometimes a negotiator* (Elizabeth, 43, female).

The statements above help in understanding the role of an educator played by external EAP practitioners when conducting EAP counselling casework. Being an educator entails that the affiliate needs to understand the organisation, its culture and norms while providing education while allowing employees to actively contribute to the education process. Therefore, psycho-education and solution focused brief approaches are not the only approaches adopted when providing employee counselling. According to four participants of this study, they can adopt numerous approaches in one session and the succeeding are some of the approaches mentioned by participants as necessary when providing employee counselling.

4.7.2.2 Assessor roles

Assessment is the primary function performed when rendering employee counselling and this is supported by the participant in the foregoing quote. It shows that it is important to conduct a comprehensive assessment with the client to determine the nature of concern and how their presenting issues impact the client's productivity and work performance. This statement is

echoed by participant Patricia who too mentioned how and why assessment is conducted, highlighting telephone assessment.

> *We* [affiliates] *conduct telephone assessment with employees to establish what the problem may be and establish the best treatment plan for the employee. We provide telephone assessments as well for those who would feel comfortable speaking to a therapist over the phone before arranging counselling. Assessment includes checking any form of risk and whether their work is affected by their presenting problem and then we provide face-to-face counselling (*Portia, 26, female*).*

This quote highlights the fact that the assessor's role is conducted in two different ways: telephone and face-to-face. The quote emphasises the importance and advantages of assessment, more especially telephone assessment, which involves guiding the process of helping affiliates in deciding on the best treatment plan for each client. Telephone assessment further assists telephone clinicians to refer employees to the relevant affiliate for counselling. In support of this statement, Csiernik et al. (2015) mention that, within the counselling role, they (affiliates) complete assessments in addition to providing clinical treatment.

From my understanding, assessment is the first stage of counselling where rapport is created, a contract established, where felt needs are differentiated from perceived needs and problems are identified. Karatzias, Chouliara, Power and Kilfedder (2011) assert that identifying significant pre-counselling factors through assessment, helps counsellors provide unique treatment and planning to meet the treatment needs of a particular client. Another benefit of telephone assessment is that it is cheaper compared to face-to-face assessments. EAP companies prefer that this role be performed by their full-time telephone clinicians before referring clients to affiliates with the aim of saving costs.

Nonetheless, participants mentioned there are assessment limitations especially around the use of telephone assessments. Portia mentioned in the subsequent quote that

> *In telephone assessment the line breaks sometimes, soft speaking clients, crying clients who just make you wonder what they could be going through wherever they are, or if they are with someone* (Portia, female, 26).

Challenges around telephone assessment which could disturb the assessment process, making it difficult for the counsellor to identify the needs of the clients, highlight the issue of using the telephone as a medium of communication during interaction with employee. Therefore, it is clear that the needs of clients will not be met if limitations are not managed. After completion of the assessment stage, employee-clients are further referred for counselling or for the type of service required. The referral process will be discussed in section 4.7.2.3 referrals or linkage of cases as another function performed by affiliates.

4.7.2.3 Referrals or linkage of cases

The function of referring employee clients includes recommending other service providers if the service required is not provided or their company does not cover that particular service as a benefit for employees. Participant Joey specified, in the quote below, the reasons behind referrals and that affiliates conduct follow up after referring clients.

> *Referral and linkage, making sure that clients know exactly where to go for help and then following up to make sure that they have reached the place where they supposed to go* (Joey, 27, female).

The quote shows that referrals are a way of linking clients to further resources beneficial to them. This quote is supported by Kang'ethe (2008), stating that counselling referral as a system is defined as the network that provides services to clients from one level of service delivery to another which depends on the needs of the client. It is because of this that affiliates need to build a good resource network as employee clients will expect that they are referred to the relevant people. These were supported by participant Martha in the statement below arguing that:

> *Yes it* [developing a network system] *is very important as clients will be depending on you as their therapist for guidance. Even if you do not provide a certain service, they expect you to direct them therefore you should have an idea of where they can go for further help. Your contact people can include those in NGOs/ NPOs. Because some cases you will have to refer to organisations such as SANCA* (Martha, +- 30 years, female).

Another affiliate, Neo echoed the previous quote by Martha. Neo emphasised the importance of having good working relationships with other service providers. She highlighted this by mentioning that:

> *It is very challenging* [being an affiliate] *in a sense that you need to be good with people, build relationship everywhere you go to have a good network. This helps when you have to refer clients for further intervention or for a different type of service you do not offer. This network consists of Dieticians, Biokineticists, psychiatrists and psychologists. Having a good network makes it easy for me to connect my clients with the right intervention. It makes my job easy* (Neo, 31, female).

The statements by Martha and Neo indicate the need for affiliates to have the ability to work with other service providers in community service organisations. The main focus is on providing clients with the service needed. This referral system requires that affiliates acquire more knowledge of various community resources such as Community Based Organisations (CBOs) and Non-Governmental Organisations (NGOs). These organisations help refer cases that are not covered by short term counselling such as long-term rehabilitation services for substance abuse and psychiatric services. This means that while companies pay for services that do not require much time, ethically if clients need additional help, they could be referred to CBOs. However, the advantage of referring clients to community resources is that there is limited or no follow up on cases. Follow up is one of the tertiary types of intervention identified as essential in Bargal's model (1988, as cited in Van Breda & Du Plessis, 2009). The model identifies following up on employees after completion of intervention or after referral for further assistance as vital (Van Breda & Du Plessis, 2009). Among the roles of EAP providers who refer clients is an administrative role which requires affiliates to keep records of referred cases, of cases attended and complete case reports. The administrative role of affiliates is expanded upon next..

4.7.2.4 Administrative roles

Administrative roles are regarded as the second most important in the field of EAP and include, note taking, billing, referring, report writing and invoicing. The administrative role is a requirement because most of the work is done on various systems by the various companies that affiliates are contracted with. This is supported by Neo in the following quote:

> *When you're an affiliate, you get paid based on the work you have done. Also, having to send feedback reports within a specific time frame can be difficult…….So, I will say the workload can be too much* (Neo, 31, female).

The administrative role for affiliates is essential and refers to report writing including case closure reports which are sent to companies the provider is contracted with and have to be approved prior to invoicing. Affiliates are then expected to have good administrative skills to help complete reports and send them within the required time. This is echoed by the same participant Neo mentioning that

> *Different companies have their own preferred report writing styles. So, I am affiliated with two companies, which means I need to do what is expected of me by both these companies. It becomes difficult at times but I have to do it anyway* (Neo, 31, female).

This quote by Neo indicates that report writing is more challenging when it comes to invoicing and writing within time frames especially when affiliates are affiliated with a number of companies and attending to a lot of cases. The challenge is because of the various writing skills required by each EAP company. This gives rise to ethical dilemmas such as privacy and confidentiality, racism, resistance to counselling, cost implications, values and ethics, duration and session limits. The other challenge includes the notion of 'whose agent is the counsellor'; does the counsellor have the troubled employees' concerns at heart or are they concerned with the demands of the organisation? According McLeod (2010) this refers to ethics in counselling. The issue of ethics is elaborated further in the subsequent paragraph.

4.8 CHALLENGES AND LIMITATIONS OF EAP CASEWORK COUNSELLING

The researcher asked participants about their experiences with employee counselling within the external EAP model in South Africa and employee counselling was described as thought-provoking, demanding and time consuming. The following are challenges identified by affiliates and commonly experienced during employee casework counselling.

4.8.1 VALUES AND ETHICAL ISSUES

During counselling, the counsellor is in the workplace for the benefit of the employee and not necessarily for the organisation. This means that the organisation can reap benefits when the

troubled employees are helped through the EAP process. However, the affiliates identified that companies are selective in terms of EAP services they avail to their employees. This is supported by the next quote by Elizabeth showing that employees are only eligible for particular types of services and not all.

> *I come across challenges like informing a client that I cannot provide a particular service because their company does not cater for it. For example, some companies only cater for trauma and bereavement cases and not personal/occupational stress. So, most employees are not aware of this and still request counselling in relation to their relationships and or personal problems* (Elizabeth, female, 43).

Another participant echoed Elizabeth's statement mentioning that

> *You cannot reject cases because they are not work issues or because their company will not cover cost because of the type of case they are presenting. You find that they are a lot of intertwined aspects and conducting an assessment is the first step to identifying the problem and possible solutions which might include something outside your scope of practice… then you explain and refer* (Amira, 40, female).

The previous statements give rise to issues of ethics, time limits, nature of the contract, quality services and counselling values as to how clients are served. The participant highlights that clients still receive services. This can be in the form of getting resources or recommendations. It is still the responsibility of the affiliates to provide services, hence employee-clients are referred to relevant service providers and additionally provided with resources. These types of issues are discussed which include the type of contract, duration and session-limit next.

4.8.2 CONTRACT, DURATION AND SESSION LIMIT

The challenge of session-limit is intertwined with the type of contract signed by EAP companies and those that employee-clients work for. The agreement between these two parties determines the duration, price for EAPs, type of service and number of sessions employees are eligible for. This creates a challenge for affiliates as most employees are not knowledgeable about these factors that determine the type of counselling they will receive and for how long. It is then the responsibility of the affiliate to explain the session model and help clients

understand the type of contract signed with their employee counselling service provider. This is supported by participant Amira who emphasised that

> *If the company you are affiliated with has stipulated that you can only see a particular client for only three sessions whatever you do you set your goals clear from the beginning so that, by the end of the three sessions you have achieved what you set out to achieve because no payment will be made for any extended time spent with the client* (Amira, 40, female).

This quote by Amira identifies the type of contract, duration and session limit as some of the big challenges that most affiliates are faced with. In addition, it highlights the issue of pricing options for employee counselling which has resulted in acquiring EAPs that are driven primarily by price, rather than careful examination of the kinds of usage, the range of services, the needs of the employees and the quality and effectiveness of the programme. This is echoed by participant Betty in the succeeding paragraph putting an emphasis on the kind of contract and the use of SFBT which encourages short term counselling:

> *Some employees get three sessions a year per presenting problem as per their company contract. It is a short a term service, so they* (employee companies) *are only assisting employees with the assessment and recommendations from the therapists. Some benefit from the short them counselling while others don't* (Betty, 28, female).

This quote was echoed by participant Amira in the next quote mentioning that, affiliates are paid based on the sessions provided which are 3-4 sessions in most cases or at times for a certain number of hours especially when providing CISD. The participant underlined that

> *Because you know even if you're onsite for two or three hours extra, you'll only be paid for that 1 hour and a half because of the contract signed. So, communication has been very effective as it makes it very clear to employees, (*Amira, 40, female).

The preceding quote raises questions around how companies determine what the proper price to pay for the counselling services is and what factors are considered when determining the price and type of services employees should receive. The quote further stresses that affiliates may not contribute to the agreement between the EAP companies they affiliate with and those they serve but they interact directly with clients and are still expected to practice the 'first serve

principle'. The concept of first serve entails that clients are never denied assistance despite what the contract stipulates. In cases where extra sessions are needed, they can be requested and might be granted or denied. If denied, clients will be referred to community CBOs, as explained previously, for long term counselling or further intervention or provided with resources if they are willing to pay for more counselling sessions. This issue then gives rise to issues such as the clients' needs, company roles and ethics which are to be expanded in the subsequent paragraph. These issues of not increasing prices and offering services at a lower price shows that organisations try to remain profitable and this presents an important ethical problem for EAP providers which considers the clients' needs vs. company roles and ethics.

4.8.3 CLIENTS' NEEDS VS. COMPANY ROLES AND ETHICS

The participants of this study emphasized that it was essential to be well-informed about issues experienced in workplaces and how they affect individual employees and the role/s of companies in helping employees resolve the issues faced and what the employees of that company are in need of. Affiliates have to be conscious of their roles and ethical conditions within the counselling field. Based on some of the statements made by the participants, it becomes a challenge to keep a balance between the needs of the clients, to separate employees' needs from those of their company while helping both to meet their needs. The participant Joey mentioned in the next quote that

> *Among the challenges is being in a company that is not fully aware of our responsibilities as EAP providers. Standing between the company and the employees comes with issues of being accused on taking sides, not being fair or neutral enough. Managers will expect 100 % transparency while employees expect that you stand by them as their mediator which we hardly are depending on the presenting problem. Some employees will ask you to help them get their jobs back which are not part of our scope* (Joey, 27, female).

The preceding quote by Joey shows that there is a need to keep a neutral position as an affiliate. The lack of knowledge results in the challenge of unrealistically high expectations from managers after referral of employees for employee counselling and employee resistance to participate which are expanded on in the succeeding paragraphs.

4.8.4 UNREALISTICALLY HIGH EXPECTATIONS

As mentioned, high expectations of the results from the companies regarding the utilisation of employee-counselling is viewed as a challenge by affiliates. This was stated by participant Amira:

> *Some companies still have not grasped the importance of EAPs. Others they do not have an understanding of these programmes. I have told you that for some instances, sometimes the manager will send someone for intervention, and they expect that after three sessions that person should be okay. Therefore, if they are presented with another issue later then they go straight for disciplinary processes or whatever. They believe in this quick fix and do not have a clear understanding of what EAPs is still lacking. Others they just do it as a tick box exercise so that they seem to be complying that yes, we have this programme for our subordinates. But as to what is all about and what it entails and appropriate resources for these is still an issue* (Amira, 40, female).

Similarly, participant Silvia mentioned that

> *I believe that companies invest in what they know will increase their profit and they want to know how this profit will be increased. So, my views are basically are in support of what companies investing in EAP but they have high expectations. For example, they expect that employees start showing great motivation and productivity immediately after completing their sessions which is always the case* (Silvia, 49, female)

The issue of high expectations does not only come from employees, but employers who need to receive clarity on how the service should be provided. The quotes above show that the companies use the services of EAP for several reasons and highlight that most are still not well informed about EAPs. The lack of education further extends to employees and contributes to the resistance of employees to participate in counselling because of ethical issues such as confidentiality and privacy, lack of trust in their fellow employees and managers. Resistance as a dilemma is emphasised in the following paragraphs which additionally deal with concerns related to the reason why employees refuse employee counselling.

4.8.5 RESISTANCE TO PARTICIPATE

Resistance to requesting or accepting employee counselling is further related to the publicity of the EAP programme in the workplace, to stigma and to the fear of being labelled the troubled employee. This is echoed by Amira as an affiliate in South Africa with 20 years' work experience. She mentioned that

> *Among us black people there is still some reservations about going for people going for therapeutic services. People do not want to be associated with being failures or being crazy because there's still the perception that when you go for counselling then "ilife Ighlogile"* (*translate: Life has defeated you*) (Amira, 40, female).

Similarly, another participant Silvia further added that

> *Some employees rather arrange for themselves because they do not want their managers or other employees know that they are attending counselling. And this is not only shown within workplaces, it is shown in our communities. People* (black people) *are still ashamed of attending counselling because of the stigma attached. Attending counselling for most people means you have problems and you are struggling to resolve* (Silvia, 49, female).

The preceding quote identifies issues contributing to resistance from employees in the workplace. Among these contributors is the stigma attached to counselling. According to Link and Phelan (2001), stigma is the outcome of a process in which a series of interrelated components combine. The combination of these factors generates stigma: identifying and labelling human differences, stereotyping in which the labelled person is linked to undesirable characteristics, separating "them" the stigmatised group, discrimination, and loss of status. Furthermore, the theorists argue that stigma can discourage care-seeking as feelings of fear and rejection can cause uncomfortable interactions with the service providers (Link & Phelan, 2001). Participant Amira supported the argument by identifying other factors contributing to stigma as resistance: racism and language. The participant Amira mentioned in the next quote that

> *General challenges I would say, the issues of racial imbalances that is still a big issue. Because sometimes you might find an employee who has been exposed to a lot of abuse in the workspace and still happens that their employer or manager is of the different race. And to find the balances is to answer whether these issues are about the employee's performance or there are racial under*

> *those that are there. So, some the interactions will be about keeping those issues apart and further contributing to resistance to accept counselling* (Amira, 40, female).

The issue of racism in South Africa is attached to issues of language. The participant below echoed Amira in the previous quote on racism and conveyed that

> *Some employees would expect the therapist to speak in their home language. It is just impossible to speak in all South African languages and they will make it an issue, sometimes even request another therapist* (Simphiwe, late 30s, female).

Language as a barrier cannot be ignored considering that South Africa is a diverse country and of course our cultural backgrounds and history do contribute to individual preferences when it comes to counselling. According to McLeod (2010), in the South African context challenges such as issues of values, morals, culture and religion may in addition be pertinent and may be experienced in EAP. People have preferences when it comes to gender, race, and language and to save time as the sessions are short term, it is important to gather the right information during assessment. The above-mentioned challenges of being less informed, resistance to participation and expectations of unrealistic results from managers give rise to the challenge of the Return on Investment which includes questioning how EAP companies sell the idea of EAP and its benefits. The affiliates' understanding of ROI and how it is measured are demonstrated in the following paragraphs.

4.8.6 THE RETURN ON INVESTMENT- ROI

Affiliates did not seem to know much about the concept of ROI. It was understandable as the return on value is between the EAP vendors they contracted with and those receiving the service. However, affiliates were able to provide their views or understanding on the concept and how they think ROI is measured or can be measured. The participant Simphiwe observed that

> *ROI is mostly used to measure or evaluate the efficiency of what the company has invested in or to compare the efficiencies of several investments. The companies invest in EAPs for an increase in productivity. Which is believed will result from the wellbeing of employees. This is the reason why the companies buy EAP services for their employees….I would not say much but I believe that companies invest in what they know will increase profit and want to know how*

> *this profit will be increased. So, my views are basically in support of why companies invest in EAP although they have high expectations. For example, they expect that employees start showing great motivation and productivity immediately after completing their sessions which is not always the case* (Simphiwe, late 30s, female).

The definition provided above shows the drive behind the whole idea of introducing EAP services in the workplace. The focus is on improving productivity and profit which then leaves the question of what happens if anticipated goals are not met. On how ROI is measured, the affiliates reported:

> *I think it can only be measured after the completion of service. Like only after the service was provided because it can be measured through the high rate of performance….and like I said high work motivation and maybe less rates of absenteeism. The performance after attending EAP will be compared to before the employee/s attended EAP services. The comparison will then show whether the investment is beneficial to the company and employees or not* (Silvia, 49, female).

This definition provide by Silvia suggests that costs are based on anticipated and actual utilization of the programme and this differs from company to company. Companies have their own session models available for employees and can only cover costs for a certain number of sessions. Employees are expected to have achieved goals within the number of counselling sessions attended or they can cover additional costs if required. Additionally, it is challenging to measure ROI, but the participants of this study maintained that improvements in productivity, less absenteeism, more commitment, and motivation to work could help measure ROI. This is supported by the National Business Group on Health stating that well-run EAP will provide a positive return on investment (Jacobson & Attridge, 2010). To achieve anticipated results the participants identified possible solutions presented in section, 4.8 management of challenges experienced to help resolve the challenges identified.

4.9 MANAGEMENT OF CHALLENGES EXPERIENCED

All challenges identified require effective management to provide employee-counselling as an EAP service. Adopted techniques by affiliates are different as they work in different work environments. This is supported by the participant Thuto who acknowledged that,

> *The traditional way seems to be failing to address new challenges and this means that there is a need to revolutionaries the way in which counselling is rendered* (Thuto, 26, male).

The affiliate, Thuto quoted above acknowledges that there are new challenges arising in the field of EAP hence the need for new solutions. Other EAP providers identified possible solutions to the challenges encountered. These solutions include assuring clients of confidentiality, providing clarity, education and explaining the purpose and existence of affiliates in the workplace. Backenroth (2001) argues that counsellors need to serve employees to their best interests in an atmosphere of genuineness, respect, and empathy. This includes being honest, professional at all times and serving clients with clarity where necessary. The quotes below echo this sentiment by stating that

> *Remaining professional* [laughs], *I cannot over emphasize the importance of being a professional. And have your clear boundaries and roles very clear from the beginning….because some companies can use you for their disciplinary measures or whatever. So, if you remain clear about your ethical stands, your professional self-balance* (Amira, 40, female).

The statement above indicates that companies still need to be informed about the idea of counselling in the workplace. Furthermore, it shows that being an affiliate is more than acquiring the qualification, but includes one's personality, professionalism, and ability to work with people. The provision of education, training and induction within companies is required, as is continuous support to managers by the EAP companies' representatives to ensure they are aware of which issues could be referred for short term employee-counselling and what to expect after intervention with the employee. Even though there are several challenges experienced, there are as well accomplishments within employee counselling, and these were identified by the participants of this study.

4.10 SUCCESSES AND BENEFITS OF EAP CASE WORK COUNSELLING

Despite the challenges experienced, there are achievements attached to employee-counselling casework which are identified by participants of this study. These successes were

mentioned during the interaction with affiliates. According to participant Joey:

> *When it comes to programmes regarding the health and wellness I realised that ever since we started doing those, the employees are more responsible when it*

> *comes to their health not as careless as they use to be…. but of course there are still those that don't really pay attention to these things but I would say that the number of those that comes with success stories after these programmes is very pleasing. That is why I like sharing more about health and wellness* (Joey, 27, female).

This quote by Joey shows that EAPs help form the foundation to support an employer's most valuable asset which is its employees. Further, the programmes help balance the challenges from work and personal life, as well as supporting working families. This is supported by the OSWPM as one of the EAP provider's focuses in developing and managing the employees' micro and macro challenges within their organisations (Van Breda & Du Plesssis, 2009). Furthermore, the affiliates' ability to have a telescopic and microscopic view allows him/her to focus on both the individual, their families and the organisation while standing in the podium to implement relevant interventions (Van Breda & Du Plesssis, 2009). This was further echoed by Jacobson and Attridge (2010) by stating that EAPs and work-life programmes are designed to help employers reduce risk while increasing productivity in a healthy and effective manner. In addition, EAPs help reduce absenteeism, increases job motivation and satisfaction, and increase concentration and performance. This was supported in the following quote by Thuto and further highlighting that employee counselling aims to be holistic, benefit companies and create balance between work and life.

> *It is a good initiative because EAPs are a good way of increasing productivity in the workplace while improving the lifes of the employees. Not only do employees benefit from the services but the company itself because healthy employees are more productive and shows good job satisfaction. The other thing is that, companies that provide wellness programmes to employees are reported to being doing well with employees showing lower rates of absenteeism, high work motivation and increased concentration* (Thuto, 26, male).

The foregoing quote shows that the availability of employee-counselling in the workplace is reported to benefit not only employees, but their families and the companies they work for. The quote gives recognition to how EAPs assist companies and employees. It further proves that EAPs are not only benefiting employees but companies as well in the form of high performance by employees which increases productivity. The high performance is the result

of increased concentration, fewer mistakes on duty, reduced or no absenteeism and high work motivation. According to EAPA (2005), employee assistance is the organisation's resource that develops particular core technologies to improve the effectiveness of employees and workplace through the prevention of issues affecting employees, identification of issues and resolution. This is echoed by Thuto in the previous quote, showing that it is evident that employee wellness determines whether employees will show great performance or not. However, there are still other aspects within the external EAP model that need to be improved. The participants of this study made suggestions which are highlighted in next section 4.11 suggestions and recommendations by EAP affiliates.

4.11 SUGGESTIONS AND RECOMMENDATIONS BY EAP AFFILIATES

To further identify what needs to be improved within the external model of EAP, especially when rendering employee-counselling, participants of this study were asked a dream question that allowed them to make recommendations on what could be added on the employee counselling programme to help improve employee-counselling as a service within the field of EAP. One EAP provider Silvia mentioned that

> *I would cover mental health cases; substance abuse and ensure that my employees' medical aids cover rehabilitation for substance abuse. This is because substance abuse among employees is high. Every day, we get substance abuse cases* (Silvia, 49, female).

The participants' (eight affiliates) common responses put more focus on substance abuse. They further reported that, when a substance abuse issue is identified, employees are referred to EAP providers for counselling which might not be what they need at that time.

> *I would perhaps assist them with rehabilitation only if they are willing to. So, my company would give them some time off work to focus on their substance abuse dependency* (Thuto, 26, male).

In reducing the high rate of substance use in the workplace, affiliates made suggestions on how companies can be more involved rather than just referring employees for counselling.

> *Substance abuse inductions to educate employees more of the implications of substance abuse in work environment. Most companies have introduced substance abuse policies but do not educate their employees of the issue and that is why we receive a lot of substance abuse cases* (Neo, 31, female).

According to the quote above, employees are continuously referred for employee-counselling because of the lack of knowledge and resources within their companies to assist them with substance abuse dependencies. This need identifies the importance of rehabilitation centres and clinics for employees. In addition, the EAP affiliates suggested the use of other counselling theories which are presented in section 4.11.1 other counselling theories.

4.11.1 OTHER COUNSELLING THEORIES

The participants suggested that EAP companies should encourage the use of other counselling theories. This is because cases differ and not all cases will benefit from the SFBT. This is echoed by Betty in the next quote,

> *I like using the behavioural theory especially when I am a providing counselling on occupational stress. What I am trying to say is each problem for me needs a different approach. I sometimes use person centered approach and the cognitive theory* (Betty, 28, female)

In support of the previous quote, another participant Silvia mentioned that

> *Every counselling approach is important. I use, CBT (cognitive behavioural therapy), PCA (person Centred approach), and person in environment, solution focus and more. I think using many make the counselling more effective* (Silvia, 49, female).

The quotes above shows that although SFBT is the only theory encouraged for employee casework counselling, EAP affiliates are still using other theories which they find very helpful. The participants mentioned that they recommend the use of these theories because they help meet the needs of the clients. The suggestions made included the length of service and type of cases which were identified as some of the challenges experienced by affiliates.

4.11.2 TYPES OF CASES AND LENGTH OF SERVICE

Based on the views of the participants, it will be helpful for employees to receive counselling on issues faced within and outside work which are included in the contract signed with EAP companies. The participants mentioned that EAP services do not cater for psychiatric services and children younger than 13 years. The participants mentioned that children should be provided with counselling although it might not be for a long period. Getting recommendations from the EAP providers will provide parents with some hope and the belief that their companies

are trying to help meet their personal needs and are not only concerned about profit. This was echoed by Portia:

> *Child-related psychology services and psychiatric are expensive so I would buy services that will benefit the employees and their children. It is frustrating for the parents to hear they have to consult privately; you can hear that it is stressful for the parents…. even though I might not buy the whole package but at least one or more psycho-metric assessments* (Portia, 26, female).

Another participant recommended services for after care services for the employees' children to help manage issues of absenteeism and late coming:

> *I would get a crèche or after care services for my employees' children. Most employees who were referred for late coming, excessive absenteeism and taking of longer breaks and leaving work before their knock off time complain about their children and traffic* (Silvia, 49, female).

The previous quote identifies another aspect of what contributes to issues of absenteeism among employees. It proves that employees' family responsibilities affect their work and further supports the need for work/life balance. The balance will motivate employees to spend more hours at work knowing their dependents are safe. The following paragraph is a summary of chapter 4 to conclude the results of this study.

4.12 SUMMARY

This chapter was the presentation of results from the data collected from 11 semi structured interviews with affiliates providing employee-counselling casework as a service in South Africa. Themes that developed from the data collection process were highlighted as well as an indication of how the objectives of the study were achieved. The subsequent chapter will provide a summary of results, conclusions, and recommendations for future research studies.

CHAPTER 5

SUMMARY OF FINDINGS, CONCLUSION AND RECOMMENDATIONS

5.1 INTRODUCTION

In this chapter the researcher presents and discusses the interpretation of results, showing whether results are expected or unexpected. It further summarises the key findings of the study whose aim was to explore the perceptions and experiences of affiliates on employee counselling. This summary includes the objectives of the study and how they were achieved. Secondly, this chapter highlights recommendations on future research and how the external EAP model can be improved to help manage the challenges experienced by the affiliates during employee casework counselling. Lastly, the conclusion of the study is presented.

5.2 SUMMARY OF FINDINGS

The subsequent paragraphs are a presentation of the findings which were discussed in the previous chapter. These findings are summarized with regards to the secondary objectives of the study.

Objective 1: To describe the external model of EAP.

The understanding of the external model of EAP was coupled with understanding how this model differs from other models of EAP such as the internal model and being knowledgeable about the types of external EAP models. The understanding of the external EAP model was as well centered on the qualification and registration required for entry into the field of EAP helping us understand the professional bodies that affiliates are expected to register with before providing employee counselling in the country. It is shown that employee counselling in S.A is provided by Social workers, psychologists and registered counsellors who are registered with their respective professional bodies. The understanding of the external model further gave rise to the concept of affiliation which is about outsourcing EAP affiliates within private practices to assist with face-to-face counselling cases. It was shown that affiliates register with various professional bodies like SACSSP, HPCSA, BHF and EAPA-SA.

Objective 2: To explore affiliates' experiences on employee counselling and explain how the service is rendered.

In achieving this objective, the researcher asked the affiliates to share their experiences and they mentioned both positive and negative experiences in EAP counselling, and their views on how employee counselling is rendered was discovered. There is a feeling among some EAP affiliates of dishonesty between what EAP vendors tell their employees would receive regarding clinical services and what affiliates can provide. EAP vendors do not acknowledge experience in terms of hourly compensation, and during the economic downturn many affiliates had been asked to reduce their hourly rates and the number of sessions per employee client. This discourages some to terminate affiliation contracts because of not being able to work under what is required by the EAP vendors affiliated with and having to deny employee clients service because their companies did not make the service available for them. Some EAP affiliates continue with clients' counselling on a pro-bono basis if extra sessions are not approved. However, the provisions of employee counselling varied from affiliates and from one EAP company to the other. Hence some mentioned to being happy with how the programme is rolled out, with the positive responses from employee clients, their families and organization, providing EAP affiliate with the motivation to continue with the interventions used to execute the service.

Additionally, affiliates receive cases through interaction with companies providing counselling to their employees, through affiliation with EAP companies and through employees contacting them directly for counselling. Most affiliates in South Africa associate with multiple EAP companies to be sustainable and get referred cases for individual and group employee counselling. During affiliation, telephone clinicians in EAP companies that affiliates affiliate with provide telephone assessment and refer to affiliates for face-to-face counselling.

Consequently, affiliates render employee counselling in response to requests from the companies they are affiliated with which encourage the use the solution focused brief approach which is short term in nature. The types of cases received are trauma cases, bereavement, occupational and personal stress related cases and substance abuse cases. However, not all companies pay for these types of services for employees. This means the type of contract signed will determine which service employees are eligible for and for how long. The provision of services takes place away from the workplace in the EAP affiliates' private practices or arranged venues which depends on the type of case referred. Some counselling sessions, such

as trauma cases, take place onsite which is where the trauma occurred and, in most cases, this is their workplace.

Objective 3: To explore and describe the roles played by affiliates when conducting EAP individual counselling.

This objective centred on the different skills and functions of affiliates within the workplace when rendering employee counselling. Among these roles are educator, broker, administrative roles, assessment, and referrals. These roles are performed not only in individual counselling but in every counselling, case including group counselling. Themes related to objective 3 emphasized the importance of community-based resources such as CBOs and NGOs which are mostly used when employees are not eligible for a particular service or when they require long term counselling. In addition, affiliates assist employees with substance abuse resources and guidance towards admission into substance abuse treatment programmes. Therefore, they work with substance abuse CBOs to assist employees with substance dependency.

Objective 4: To explore the views of affiliates on the strengths of EAP individual counselling.

Affiliates' view EAP casework counselling as beneficial to both employees and companies as this programme helps to reduce rates of absenteeism, to increase productivity and high motivation and to increase concentration. These achievements highlight that employee counselling aims to be holistic with companies benefiting while helping employees to create a balance between work and life. Employees additionally prefer external employee counselling as counselling sessions are rendered offsite and they believe that confidentiality is better maintained because of the limited contact with people within the company such as managers and supervisors and other than employee clients. Further, EAP providers are separate from the corporate politics of the organisation as they are externally contracted by the company to provide EAP services and motivate employees to attend counselling. This objective helped with understanding the importance of the theoretical frameworks guiding this study, OSWPM and the Bargal's model. The models of OSW indicate how services can be provided to benefit the two systems (employee and employer). This is dependent on the positions of EAP personnel in their respective workspaces and on resources available as well as suitable capacity within those programmes.

Objective 5: To explore the views of affiliates on the weaknesses of EAP individual counselling

In achieving this objective, the affiliates identified challenges within the external EAP casework counselling which include: ethical issues such as confidentiality and privacy, employees' resistance to participation, contract and session limits when affiliated with EAP companies, unrealistic expectations from both employees and managers and lastly, the return on investment. The service is short-term and consisting of a limited number of sessions and employees and companies have high and unrealistic expectations. Companies are focused on profit and the interests of the employees are not always served. This emphasises the issue of the nature of the contract, the duration of the service and the session limit. Affiliates provide services based on the number of sessions paid for and approved by the employer or company they are affiliated with and those that the employees work for. Among these limitations is the ROI, which showed that companies are more focused on improving productivity and only pay for services that will help the company reach its targets. Therefore, pricing is very important for companies to decide on employee counselling. They consider factors such as how much the service will cost and how often will it be used during the period of the contract.

5.3 RECOMMENDATIONS

Based on the findings of this current study, the participants suggested the following recommendations.

5.3.1 POLICY AND PRACTICE

As identified in the literature review section, there is no specific professional body or criteria regarding what certifies an individual to practice EAP employee counselling although EAP profession in South Africa is guided by EAPA-SA. Additionally, EAPA-SA took the lead to become acknowledged by SAQA, as a professional association which materialised in 2015 and provides for four categories of membership: EAP coordinator, EAP practitioner, EAP professional and EAP Specialist. EAPA has created an independent certification procedure for EAP professionals although CEAP is a voluntary credential that identifies individuals as EAP professionals who have met established standards for EAP practice, adhering to the EAPA Code of Ethics and standards of Practice. Therefore, affiliates who are not registered with EAPA-SA are still eligible to practice employee counselling. It is recommended that

professional bodies consider developing a formal discipline or a professional body that will regulate and qualify an individual as an EAP practitioner in South Africa.

5.3.2 EMPLOYEE ASSISTANCE COMPANIES IN SOUTH AFRICA

Based on the views and experiences of the affiliates, it is recommended that EAP companies consider reviewing their contracts continuously to identify whether the services and resources available to employees are sufficient and appropriate or whether there is a need for additional services. This continuous review of services will further help identify issues experienced by affiliates when providing employee counselling and will inform companies about the roles of affiliates and the needs of the employees. EAP companies should furthermore consider encouraging the use of other counselling approaches instead of only encouraging SFBT which is short term. This will help address the concern of time-limited counselling which is another reason why employees resist participating. Other major challenges experienced by affiliates during employee casework counselling are ethical issues and employee resistance to attending employee counselling. Employees are discouraged because of the stigma attached to counselling and uncertainties about issues of privacy and confidentiality. Therefore, policies should encompass principles of EAPs such as privacy and confidentiality, providing the employee client with written information about confidentiality which will include how confidentiality will be kept and breached. Affiliates mentioned they verbally assure clients about confidentiality, but clients still resist participating especially if services will be rendered onsite. The written consent could assist in building a trusting relationship during the counselling process.

5.3.3 OCCUPATIONAL SOCIAL WORK AND EAP PROVIDERS

With the rapid growth of EAPs and the demand for these services within South African workplaces, employee counselling providers do not have enough time to provide best practice because of the demands from companies they are affiliated with. A lot of time is spent on administrative work as requested by EAP companies they are affiliated with and there is less focus on following up on cases which were referred to CBO's or for long term interventions. It is recommended that occupational social workers or affiliates follow up on cases to check whether employees received assistance or not. They should be mostly included during the planning and expansion of EAPs in the workplace and in how the services will be rendered, for

example, to encourage the use of technology where counselling could be provided through communication mediums such as Skype. This will further serve as an opportunity to educate these companies about EAPs. This will further serve as an opportunity to educate these companies about EAPs and slowly move away from the capitalist mode of production.

5.3.4 FUTURE RESEARCH STUDIES

It is recommended that future research be expanded to the experiences of employees who attended counselling to explore the effectiveness of the programme and how managing personal issues helped improve their work performance.
Further research studies could investigate the views of EAP affiliates on the use of solution brief focused therapy which was reported to be highly recommended by EAP companies. This future research should be conducted in different geographical locations to identify differences and similarities.

5.4 CONCLUSION

Based on the findings of the study, employee counselling within the external model is rendered in several ways by different professionals all trained and qualified to provide employee counselling. Among these affiliates are social workers, psychologists, and registered counsellors who are registered with professional bodies like SACSSP, HPCPS, EAPA-SA and BHF. These mostly work as affiliates within private practices to assist with face-to-face counselling cases. EAP providers affiliate with both EAP organisations and the professional bodies mentioned above.

Based on data collected, the results demonstrate that the lack of knowledge about EAPs is one of the issues encountered by affiliates. These types of issues encourage EAP providers to continuously keep abreast of changes within the workplace and populations occupying these spaces to manage the issues experienced. Therefore, it is vital for affiliates to be well-informed about the issues experienced by employees in workplaces and how they affect the employee clients. However, it is challenging to keep abreast of the constant changes within organisations. These challenges of unrealistic expectations from employees and organisations, employee resistance, values and ethical issues, the nature of the contract, the duration of the intervention and the session limit are still not fully addressed, and companies still need to be educated. This

education should as well be extended to employees to reduce issues of resistance to participation and the fear of being judged by their counterparts.

Among these challenges is the ROI. This is more related to the pricing of EAPs in the workplace. The rates paid to affiliates are low especially for EAP providers who are affiliated with EAP companies and the amount increases after a while but not yearly. In addition, the fee structure differs from company to company and employees referred by employers are expected to attend a certain number of sessions based only on the amount paid. Some of the counselling offered through EAP vendors is provided by fee for service affiliate counselors.

Despite the challenges of employee counselling within the external model of EAP, there are distinct successes in providing employee counselling which make the work more fulfilling for affiliates. These successes are reduced absenteeism, increased work performance and productivity and increased motivation and concentration. Furthermore, EAP counsellors can build working relationships with other organisations to further help employee clients in need of long-term interventions such as substance abuse and psychiatric admission. The use of technology within the EAP field is recommended to provide new options for counselling, to allow those not able to travel attend virtual counselling sessions.

REFERENCES

Aluko, F.S. (2006). Social science research: a critique of quantitative and qualitative methods and proposal for an eclectic approach. *IFE PsychologIA*, 14(1), 198-210.

Attridge, M., Amaral, T., Bjornson, T., Goplerud, E., Herlihy, P., McPherson, T., Paul R., Routledge, S., Sharar, D., Stephenson, D., & Teems, L. (2009). EAP effectiveness and ROI. *EASNA Research Notes*, 1 (3), 1-5.

Attridge, M., Cahill, T., Granberry, S. W., & Herlihy, P. A. (2013). The National Behavioral Consortium industry profile of external EAP vendors. *Journal of Workplace Behavioral Health*, 28, 251-324.

Babbie, E. R. (2001). *The practice of social research* (9th ed.). United States of America: Wadsworth/Thomson Learning.

Barriball, K., & While, A. (1994). Collecting data using a semi-structured Interview: a discussion paper, *Journal of Advanced Nursing,* 19(2), 328-335.

Bennett, J.B., & Lehman, W.E.K. (2001). Workplace substance abuse prevention and help seeking: Comparison team oriented and informational training. *Journal of Occupational Health Psychology*, 6 (3), 243-254.

Berry, L.L., Mirabito, A.M., & Baun,W.B. (2010). What's the Hard Return on Employee Wellness Programs? *Harvard Business Review,1-10.*

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology,* 3, 77 – 101.

Brown, M., & Csiernik, R. (2015). A content analysis of print Canadian employee assistance program promotional material. *American Journal of Social Sciences*, 3(1), 1-7.

Backenroth, G.A.M. (2001). People with disabilities and the changing labor market: Some challenges for counseling practice and research on workplace counseling. *International Journal for the Advancement of Counselling*, 23, 21–30.

Bliss, E.V., & Bray, D. (2009). The smallest solution focused particles: towards a minimalist definition of when therapy is solution focused. *Journal of Systemic Therapies*, 28 (2), 62–74.

Brink, P.J., & Wood, M. J. (1998). Advanced Design in Nursing Research (2nd ed.). United States of America: Sage Publications

Brummett, P. (2000). A comparison of Employee Assistance Programs providing internal versus External treatment services: a research note. *Employee Assistance Quarterly*, 15 (4), 19-24.

Clarkson, M.B.E. (1995). A Stakeholder Framework for Analyzing and Evaluating Corporate Social Performance. *Academy of Management review*, 20 (1), 92-117.

Creswell, J. W. (2009). *Research Design, qualitative, quantitative and mixed methods approaches* (3rded.). Library of congress cataloging in publication data, United States of America: Sage Publications.

Creswell, J. W. (2014). *Research Design: Qualitative, Quantitative and Mixed Methods Approaches* (4th ed.). Thousand Oaks, CA: Sage.

Csiernik, R. (1999). Internal Versus extrrnal Employee Assistance Programs. *Employee Assistance Quarterly*, 15 (2), 1-12.

Csiernik, R., & Darnell, K. (2010). Perceptions of Affiliate EAP Counsellors: An Exploratory Study. *Journal of Workplace Behavioral Health,* 25 (2), 154-168.

Csiernik, R., & Csiernik, A. (2012). Canadian Employee Assistance Programming: an overview. *Journal of Workforce Behhavioral Health*, 27 (2), 200-216.

Csiernik, R., Darnell, K., & Trotter, M. L. (2015). Perceptions of Employee Assistance Counsellors: Dichotomous Findings for a Dichotomous Field. *Journal of Workplace Behavioral Health*, 30, 344–362.

Csiernik, R., Darnell, K., & Trotter, M. L. (2016). From the Outside Looking Out: A Qualitative Examination of the Experiences of Canadian External EAP Providers. *EASNA Research Notes*, 5 (3), 1-7.

Cunningham, G. (1994). Effective employee assistance programs, counselors and managers. California: Sage Publications.

Department of Public Service Administration, 2008. Pretoria, South Africa: Government Printers.

Dooley, L. M. (2002). Case Study Research and Theory Building. *Advances in Developing Human Resources*, 4, 335-354.

Du Plessis, A. (1990). Occupational Social Work Practice. In McKendrick, B.W. (ed.), *Social Work in Action* (pp. 20-43). Pretoria: South Africa: Haum Tertiary.

Du Plessis, A. (2001). "Occupational social work in South Africa" Employee assistance Quarterly, 17 (1), 97-118.

Eagle, G.T. (2000). The Shattering of the stimulus barrier: The case of an integrative approach in short-term treatment of psychological trauma. *Journal of Psychotherapy Integration*, 10, 301-323.

Standards Committee of Employee Assistance Professionals Association of South Africa, (2005). *Standards for Employee Assistance Programmes: from micro to macro practice. EAP in practice in the South African context*. Johannesburg: EAP Association S.A.

Standards Committee of Employee Assistance Professionals Association of South Africa, (2015). *Standards for Employee Assistance Programmes: from micro to macro practice. EAP in practice in the South African context*. Johannesburg: EAP Association S.A.

Employee Assistance Society of North America (2009). Selecting and strengthening Employee Assistance Programs: A Purchaser's Guide. Arlington, VA: Employee Assistance Society of North America.

Gerstein, L.H., & Bayer, G.A. (1990). Counselling psychology and employee assistance programs: Previous obstacles and potential contributions. *Journal of Business and Psychology*, 5, 101-111.

Govender, T. (2009). *A critical analysis of the prevalence and nature of employee assistance programmes in the eastern cape buffalo city municipal area* (Masters dissertation). University of Pretoria, South Africa.

Govender, T., & Vandayar, R. (2018). EAP in South Africa: HI/AIDS pandemic drives development. *Journal of Employee Assistance*, 48(4), 12-21.

Haaz, J.E., Maynard, J., Petrica, S.E., & Williams, C.E. (2003). Employee assistance program accreditation. *Employee Assistance Quarterly*, 19, 1-26.

Handcock, M. S., & Gile, K. J. (2011). Comment: On the concept of snowball sampling. Sociological Methodology, 41(1), 367-371.

Harper, T. (1999). Employee assistance programming and professional developments in South Africa. *Employee Assistance Quarterly*, 14, 1-18.

Health Professions Council of South Africa. (2007). *Guidelines for good practice in the health care professions. Confidentiality: protecting and providing information*. Booklet 11. Pretoria, South Africa.

Herlihy, P. A. (2002). Employee Assistance and Work/Life Core Technologies. *EAPA Exchange.* May/June: 10-13.

Ho, W., Tsui, M., Chu, C., & Chan, C. (2003). Towards culturally sensitive EAP counselling for Chinese in Hong Kong. *Employee Assistance Quarterly*, 18, 73-83.

Jacobson, J. M., & Attridge, M. (2010). Employee assistance programs (EAPs): An allied profession for work/life. In S. Sweet & J. Casey (Eds.), *Work and family encyclopedia*. Chestnut Hill, MA: Sloan Work and Family Research Network.

Jacobson, J.M., Jones, A. L., & Bowers, N. (2011). Using Existing Employee AssistanceProgram Case Files to Demonstrate Outcomes, *Journal of Workplace Behavioral Health,* 26 (1), 44 -58.

James, P.M., Braam-Rust, A.A., & Kingma, L. (2012). The well-being of workers in the South African construction industry: A model for employment assistance. *African Journal of Business Management,* 6(4), 1553-1558.

Karatzias, T., Chouliara, Z., Power, K., & Kilfedder, C. (2011). Predicting outcome of face-to-face and telephone counselling for occupational stress. *British Journal of guidance & Counselling,* 39, 197-208.

Kang'ethe, S. (2008). Challenges that are referral system poses to care giving as exemplified by the Khanye community home based care (chbc) programme in Botswana. *Social Work Journal,* 44, 355-368.

Khorommbi, N.N. (2007). *The Evaluation of the Employee Assistance Programme in the Department of Public Works in Vhembe District* (Masters dissertation). University of Limpopo, Polokwane, South Africa.

Kruger, A., & Van Breda, A.D. (2001). Military Social Work in the South African National Defense Force. *Military Medicine,* 166 (11), 947-951

Kurzman, P. A. (2013). Employee assistance programs for the new millennium: emergence of the comprehensive model. *Social Work in Mental Health*, 11(5), 381-403.

Labour Relations Act, No. 66 of 1995. Pretoria, South Africa: Government Printers. Retrieved From https://www.gov.za/sites/default/files/gcis_document/201409/act66-1995labourrelations.pdf

Lewis, S. (2015). Qualitative Inquiry and Research Design: Choosing Among Five Approaches. *Heath Promotion Practice*, 16 (4), 473-475.

Link, B.G., & Phelan, J.C. (2001). Conceptualizing Stigma. *Annual Review of Sociology*, 27, 363-385.

Maiden, P. (1992). *Employee assistance programs in South Africa*. Binghamton, New York: The Haworth Press, Inc.

Martin, A. (2013). Global environmental in justice, in practice: Introduction. *The Geographical Journal*, 179 (2), 94-104.

Masi, D.A. (2000). International Employee Assistance Anthology (2nd.). Washington: Dallen Inc.

Masi, D. A. (2010). Redefining the EAP Field. The 4th International Employee Assistance Compendium. Boston: Masi Research Consultants, Inc.

Masson, F., Graham, T., & Langa, M. (2016). An integrated approach to working with trauma. In A.A. Herbst., & G. Reitsma, (Eds.), *Trauma Counselling: Principles and Practice in South Africa Today* (pp. 231-247). Cape Town, South Africa: Juta & Company.

Maynard, J.B. (2004). Maintaining our Heart. *Journal of Employee Assistance, 3 (4)*, 36.

McCawley, P. F. (2009). Methods for Conducting an Educational Needs Assessment. Guidelines for Corporative Extension system Professionals. Moscow, University of Idaho.

McLaughlin, H. (2008). Understanding Social Work Research. *British Journal of social Work*, 38 (2), 414-416.

McLeod, J.M., & Henderson, M. (2003). Does workplace counselling work? *The British Journal of Psychiatry*, 182, 103-104.

McLeod, J., & McLeod, J. (2001). How effective is the workplace counselling? A review of the research literature. *Counselling and Psychotherapy Research*, 1(3), 184-190.

McLeod, J. (2010). The effectiveness of workplace counselling: A systematic review. *Counselling and Psychotherapy Research*, 10 (4), 238-248.

Merrick, E.L., Hodgkin, D., Hiatt, D., Horgan, C.M., & McCann, B. (2011). EAP Services Use in a Managed Behavioral Health Care Organisation: From the Employee Perspective. *Workplace Behavior Health*, 26 (2), 85-96.

Mothiba, M.M. (2018). *Organisational factors promoting in-house EAP in the department of economic development, environment and tourism in Limpopo. (*Masters dissertation, University of Pretoria, Pretoria, South Africa).

Murphy, L.R. (1995). Managing job stress: an employee assistance/human resource management Partnership. *Personnel Review*, 24 (1), 41-50.

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

Occupational Health and Safety Act, No. 29 of 1996. Pretoria, South Africa: Government Printers. Retrieved from https://www.wylie.co.za/wp-content/uploads/MINE-HEALTH-AND-SAFETY-ACT-NO.-29-OF-1996.pdf

Rakgokong, P.K. (2016). *Cashiers` and management`s perceptions of the usefulness of EAPS with particular reference to wellness counselling* (Masters dissertation). University of the Witwatersrand, Johannesburg, South Africa.

Rajin, J. (2012). *Employee assistance programme in the South African police service: a case study of Moroka Police Station* (Masters dissertation, UNISA, South Africa).

Rees W.D. (1997). Managerial stress-dealing with the causes, not the symptoms. *Industrial and commercial training*, 29 (2), 35-40.

Rothermel, S., Slavit, W., Finch, R.A., et al. (2008). *An Employer's guide to employee assistance programs: Recommendations for strategically defining, integrating and measuring employee assistance programs.* Center for Prevention and Health Services. Washington, DC: National Business Group on Health.

Routledge, S., Sharar, D., Stephenson, D., & Teems, L. (2009). EAP effectiveness and ROI. *EASNA Research Notes*, 1 (3), 1-5.

Selvik, R., Stephenson, D., Plaza, C., & Sugden, B. (2004). EAP impact on work, relationship and health outcomes. *Journal of Employee Assistance,* 34(2), 18-22.

Sharar, D.A. (2008a). Do Employee Assistance Program (EAP) affiliate providers adhere to EAP concepts? An examination of affiliate fidelity to EAP theory and practice. *Health Affairs*, 27, 298-309.

Sharar, D. A. (2008b). General mental health practitioners as EAP network affiliates: does EAP short term counselling overlap with general practice psychotherapy? *Brief Treatment and Crisis Intervention*, 8(4), 358-369.

Sharar, D.A., Pompe, J.C. & Attridge, M. (2013). Onsite versus offsite EAPs: A comparison of workplace outomes. *Journal of Employee Assistance,* 43 (2), 14-28.

Shenton, A.K. (2004). Strategies for ensuring trustworthiness in qualitative research projects. Education for Information, 22, 63-75.

Sieberhagen, C., Pienaar, J., & Els, C. (2011). Management of employee wellness in South Africa: Employer, service provider and union perspectives. *South African Journal of Human Resource Management*, 9, 1 – 14.

Sonnestuhl, W.J. & Trice, H.M. (1990). *Strategies for employee programs: The crucial balance*. New York: ILR Press.

South African Council for Social Service Professions. (2012). *Policy Guidelines for Course of Conduct, Code of ethics and the Rules for Social workers* (4th ed.). South Africa.

Straussner, S.L. (1990). Helping Troubled Employees: An analysis of selected Employee Assistance Programmes under Management Auspices. New York: Press Inc.

Sugarman, L. (1992). Ethical issues in counselling at work. *British Journal Guidance and Counselling*, 20 (1).64-74.

Taranowski, J., & Mahieu, K. (2013). Trends in Employee assistance program implementation, structure, and utilization, 2009 to 2010. *Journal of Workplace Behavioural Health*, 28, 172-191.

Terblanche, L.S. (2018). Creating a legacy in EAP business. The South African approach towards employee assistance. South Africa: St. Paul and John Publishers.

Van Breda, A., & Du Plessis, A. (2009). A model of occupational social worker active: a developmental social welfare critique, *The Social Worker Practitioner-Researcher*, 21, 319-336.

Walsh, D.C. (1982). Employee assistance programs. *The Milbank Memorial Fund Quarterly. Health and Society*, 60, 492-517.

Willis Towers Watson (2017). *High-performance insights best practices in health care: 22nd Annual Willis Towers Watson Best Practices in Health Care Employer Survey* (WTW-US-17-RES-7328e). Washington DC, Willis Towers Watson Public Limited Company.

Woodley, X.M., & Lockard, M. (2016). Womanism and Snowball Sampling: Engaging Marginalized Populations in Holistic Research, *The Qualitative Report*, 21(2), 321-329

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APPENDIX A: PARTICIPANT INFORMATION SHEET

Perceptions and experiences of affiliates on employee counselling: An Employee Assistance Programme perspective

Good day,

My name is **Rankotsane Margaret Sebetha** and I am a post graduate student registered MA in Occupational Social Work and Research at the University of the Witwatersrand. As part of the requirements for the degree, I am required to conduct research. The title of my research is 'Perceptions and experiences of affiliates on employee counselling: an Employee Assistance Programme perspective **'**. It is hoped that the study will enhance an understanding of employee counselling and the execution of the programme.

As an employee assistance programme provider involved in employee counselling, I therefore wish to invite you to participate in my study. If you accept my invitation, your participation would be entirely voluntary and refusal to participate will not be held against you in any way. If you agree to take part, I shall arrange to interview you at a time and place that is suitable for you. The interview will last approximately one hour. You may withdraw from the study at any time and you may as well refuse to answer any questions that you feel uncomfortable with answering. With your permission, the interview will be tape-recorded. No one other than the researcher and supervisor will have access to the tapes. The tapes will be kept in a locked cabinet for two years following any publications or for six years if no publications emanate from the study. A copy of your interview transcript without any identifying information will be stored permanently in a locked cupboard and may be used for future research. Please be assured that your name and personal details will be kept confidential and no identifying

information will be included in the final research report. The results of the research may further be used for academic purposes (including books, journals and conference proceeding) and a summary of findings will be made available to participants on request.

Please feel free to ask any questions regarding the study. I shall answer them to the best of my ability. I may be contacted on cell phone no **076 128 5643** or via email on **sebethalerato@gmail.com.** Alternatively, you can contact my supervisor **Dr. Roshini Pillay** on her telephone no + 27 (11) 717 4486. If you have any concerns and complaints about the study, please contact Human Research Ethics Committee (Non-Medical).

Should you wish to receive a summary of the study; an abstract will be made available on request. Please understand that you won't get paid or advantaged or disadvantaged for taking part in the study.

Thank you for your time to consider participating in the study.

Yours sincerely
Margaret Sebetha

APPENDIX B: CONSENT FORM FOR PARTICIPATION IN THE STUDY

Perceptions and experiences of affiliates on employee counselling: An Employee Assistance Programme perspective

I hereby consent to participate in the research study. The purpose and procedures of the study have been explained to me.

I understand that:

- My participation is voluntary, and I may refuse to answer any particular items or withdraw from the study at any time without any negative consequences or being disadvantaged in any way.
- I may choose not to answer any specific questions asked if I do not wish to do so.
- There are no foreseeable benefits or particular risks associated with participation in this study.
- My identity will be kept strictly confidential, and any information that may identify me will be removed from the interview transcript.
- A copy of my interview transcript without any identifying information will be stored permanently in a locked cupboard and may be used for future research.
- I understand that my responses will be used in the write up of a Masters project and may also be presented in conferences, books chapters, journal articles or books.

Name of Participants: _____

Date: _____

Signature**:** _____

APPENDIX C: CONSENT FORM FOR AUDIO-TAPING OF THE INTERVIEW

Perceptions and experiences of affiliates on employee counselling: An Employee Assistance Programme perspective

I hereby consent to tape-recording of the interview.

I understand that:

- The recording will be stored in a secure location (a locked cupboard or password protected computer) with restricted access to the researcher and the research supervisor.
- The recording will be transcribed and any information that could identify me will be removed.
- When the data analysis and write up of the research study is complete, the audio-recording of the interview will be kept for two years following any publications or for six years if no publications emanate from the study.
- The transcript with all identifying information directly linked to me removed, will be stored permanently and may be used for future research.

- Direct quotes from my interview, without any information that could identify me may be cited in the research report or other write-ups of the research.

Name: _____

Date: _____

Signature: _____

APPENDIX D: INTERVIEW SCHEDULE

Perceptions and experiences of affiliates on employee counselling: An Employee Assistance Programme perspective

Some demographic details

Age

Experience

Training in EAP

Degree qualification

Services

Size of company

Registration with EAPA- SA

1. How did you come about being and EAP counsellor?
2. What are some of the roles you play as an employee counsellor?
3. What do you like about the programme of employee counselling?
4. What are views on ROI?
5. What are the limitations of working as an employee counsellor in South Africa?
6. Have you ever had ethical dilemma/s arising in your role? Please briefly describe it.
7. If you were the CEO of a large company and had a large budget what types of EAP counselling services would you buy from an external EAP provider?

APPENDIX E: ACRONYMS

AECI	African Explosives and Chemical Industries
BHF	Board of Health Funders
CEAP	Certified Employee Assistance Professional
CBO	Community Based Organisations
COM-SA	Chamber of Mines South Africa
DPSA	Department of Public Service Administration
EAP	Employee Assistance programme
EAPs	Employee Assistance programmes
EEA	Employment Equity Act
ESKOM	Electricity Supply Commission
EAPA-SA	Employee Assistance Professional Association of South Africa
EASNA	Employee Assistance Society of North America
HIV/AIDS	Human Immunodeficiency Virus / Acquired Immunodeficiency Syndrome
HPCSA	Health Professions Council of South Africa
HRMF	Human Resource Management Field
ISCOR	International security and conflict Resolution Program
LRA	Labour Relations Act
NGO	Non-governmental Organisation
OAP	Occupational Alcohol programme
OHSA	Occupational Health and Safety Act
OSW	Occupational Social Work
OSWPM	Occupational Social Work Practice Model

PIE	Person in Environment
ROI	Return on Investment
SASOL	South African Synthesis Oils Limited
SES	Socio Economic Status
SMS	Short message service
SACSSP	South African Council for Social Service Profession
SANCA	South African National Council on Alcoholism
SA	South Africa
USA	United States America

APPENDIX F

SOCIAL WORK
THE SCHOOL OF HUMAN AND COMMUNITY DEVELOPMENT (SHCD)

DEPARTMENTAL HUMAN RESEARCH ETHICS COMMITTEE (SOCIAL WORK) CLEARANCE CERTIFICATE

PROTOCOL NUMBER: SW/18/11/66

PROJECT TITLE: Exploring the perceptions and experiences of external EAP providers on employee counselling and execution of the programme.

RESEARCHER/S: R Sebetha (684471)

SCHOOL/DEPARTMENT: SHCD Social Work

DATE CONSIDERED: 12 November 2018

DECISION OF THE COMMITTEE: Approved

EXPIRY DATE: 31 January 2020

DATE: 18 December 2018 **CHAIRPERSON: Dr E Pretorius**

Cc: Supervisor: Dr R Pillay

DECLARATION OF RESEARCHER(S)

To be completed in **DUPLICATE** and **ONE COPY** returned to the Administrative Assistant, Room 8, Department of Social Work, Umthombo Building Basement.

I/We fully understand the conditions under which I am/we are authorised to carry out the abovementioned research and I/we guarantee to ensure compliance with these conditions. Should any departure to be contemplated from the research procedure as approved I/we undertake to resubmit the protocol to the committee. **For Masters and PhD an annual progress report is required.**

14/01/2019

SIGNATURE **DATE**

PLEASE QUOTE THE PROTOCOL NUMBER ON ALL ENQUIRIES