

Employee Assistance Programs: NSW Health Policy and Best Practice

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Summary All NSW public health organisations must, in consultation with staff and their representatives, provide an Employee Assistance Program. This document outlines NSW Health policy for Employee Assistance Programs and to provide a 'better practice' resource for the establishment and continuous improvement of Employee Assistance Programs.

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EMPLOYEE ASSISTANCE PROGRAMS:

NSW HEALTH POLICY AND BETTER PRACTICE

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1.0 About This Document

- 1.1 Employee Assistance Programs** Employee Assistance Programs: NSW Health Policy and Better Practice
- Copies may be obtained at
<http://internal.health.nsw.gov.au/jobs/empcond/conds/>
- 1.2 Responsibility** Employee Relations Division
- 1.3 Version** March 2005
- 1.4 Updates and Feedback** Feedback is welcome and should be addressed to the Director, Employee Relations Division, NSW Department of Health
- 1.5 Related policies** PD2005_409 Workplace Health and Safety: A Better Practice Guide
PD2005_234 Effective Incident Response: A Framework for Prevention and Management in the Health Workplace
- PD2005_227 Better Practice Guidelines for Including Health and Safety in the Engagement, Management and Evaluation of Contractors in Health Services
PD2005_328 NSW Health Policy and Procedures for Injury Management and Return-to-Work
PD2005_130 Principles and Minimum Standards for the Development of Health Service Codes of Conduct (currently under review)
PD2005_517 Managing Displaced Employees: Policy and Guidelines
PD2005_362 NSW Health Privacy Manual
- NSW Premier's Department**
- Code of Conduct for NSW Public Sector Agencies: Policy and Guidelines (1997)
Performance Management: Policy and Guidelines (1998)
Taking Safety Seriously – Improving Workplace Safety Management in the NSW Public Sector: Policy and Guidelines (2002)
Dealing with Employee Work-Related Concerns and Grievances: Policy and Guidelines (1996)
Harassment Free Workplace: Policy and Guidelines (1996)
- 1.6 Related Legislation** Anti-Discrimination Act 1977
Occupational Health and Safety Act 2000
Occupational Health and Safety Regulation 2001
Privacy and Personal Information Protection Act 1998
Health Records Information Protection Act 2002
Freedom of Information Act 1989
Crimes Act 1900
Public Sector Employment and Management Act 2002
Workplace Injury Management and Workers Compensation Act 1998

**1.7 Additional
References**

Standards for Employee Assistance Programs for Australian Industry - Employee Assistance Professionals Association of Australia (1998/99) [www.eapaa.org.au]

Counselling for Staff in Health Service Settings: A Guide for Employers and Managers - Royal College of Nursing (April 2002) [www.rcn.org.uk]

The EAP Handbook – CONSAD Research Corporation (1999) [www.CONSAD.com/eap]

2.0 Introduction

2.1 Purpose and Scope of Document

The purpose of this document is to:

- Outline NSW Health policy for Employee Assistance Programs
- Provide a 'better practice' resource for the establishment and continuous improvement of Employee Assistance Programs.

EQulP Standards

The Australian Council on Healthcare Standards (ACHCS) Evaluation and Quality Improvement Program (EQulP) provides a framework, including an external accreditation process, for quality improvement of health care performance.

Effective implementation of the policy requirements in this document will contribute to assisting Public Health Organisations to meet the EQulP Standard 3.1.6 'The Management of Human Resources Supports the Delivery of Quality and Safe Care and Service'.

2.2 What is an Employee Assistance Program (EAP)

An Employee Assistance Program is a work-based, early intervention strategy which provides appropriate, timely, professional and confidential counselling and referral services for staff (and their families) in order to assist them to identify and resolve professional, personal, health or work-related issues.

These issues may include, but are not limited to, interpersonal relationships, mental health issues, organisational change, substance abuse, workplace conflict, health concerns or financial problems, all of which may have an impact on the health and safety of staff, and potentially the effective functioning of the workplace.

EAPs may also encompass health promotion initiatives (eg raising awareness about mental health issues in the workplace or providing smoking cessation programs).

Where long-term or specialised counselling is required outside of the provider's expertise, EAP counsellors will refer staff to appropriate agencies and services in the community.

EAPs are based on the following principles:

- Voluntary participation
- Tri-partisan support (ie staff, unions and management)
- Early intervention and prevention
- Independence
- Confidentiality
- Evaluation and continuous improvement.

EAPS and Injury Management

As discussed previously an EAP is an early intervention strategy which aims to identify and resolve personal, health or work related issues as early as possible, before they become significant problems. However it is important to note that accessing the service is on a strictly voluntary basis.

EAPs provide valuable support to an OHS system, though they do not take the place of prevention strategies. EAPs should not become the de facto occupational psychological injury management system, as this is not their purpose, and dealing with an ongoing work related issue only through the EAP may not be in the best interests of the employee.

Injured staff may choose to utilise an EAP for extra personal support, in addition to the services provided as part of their injury management plan.

EAPs should not be used to abrogate the responsibility of the employer to provide a workplace that is physically and psychologically safe.

Department Policy Directive (PD2005_328) '*NSW Health Policy and Procedures for Injury Management and Return to Work*' provides more information on the injury management process.

2.3 What is the Purpose of an EAP

Employee Assistance is based on a commitment to achieving and maintaining safe, healthy, equitable and productive workplaces.

A number of key studies have concluded that workplace counselling helps to reduce the level of psychological distress in staff thereby assisting to increase work performance and reduce absenteeism. The Royal College of Nursing, in their publication '*Counselling for Staff in Health Service Settings: A Guide for Employers and Managers*' report that a large scale study into stress in the UK National Health System, conducted by Leeds and Sheffield Universities, established a clear link between stress and sickness absence.

EAPs represent a flexible response to concerns in the life of staff that may threaten their health, safety, well-being or performance.

Specifically the benefits of having access to an EAP, for staff, include resolution of issues before they become work issues, improvement of work performance and a reduction in the psychological effects of issues and problems.

Employers' benefits can include increased productivity, improvements in absenteeism and turnover costs, decrease in accidents, injuries and industrial or disciplinary action, the retention of experienced and skilled staff and increased staff morale. Additional benefits can include enhanced relations between managers and staff.

2.4 Legislative Framework

2.4.1 Occupational Health and Safety Legislation

The NSW Occupational Health and Safety Act 2000 and Occupational Health and Safety Regulation 2001 require employers to ensure the health, safety and welfare of their employees, and to identify hazards in their workplace, assess the risks arising from the hazards, and develop strategies to eliminate or control those risks.

Failure to adequately eliminate or control workplace risks may result in prosecution and penalties for employers.

The provision of quality EAP services may assist Public Health Organisation in meeting some of their obligations under the NSW Occupational Health and Safety legislation, particularly in relation to employee welfare and psychological health. In addition, the provision of an EAP by a Public Health Organisation can also be used in conjunction with other incident and post-incident management strategies (refer to Section 2.6 of this document) to minimise the risk of psychological illness and injury after an incident has occurred.

2.4.2 Privacy Legislation

Personal information collected and used in the provision of EAP services is protected by the Health Records and Information Privacy Act 2002, and the Privacy and Personal Information Protection Act 1998.

These laws set out principles that govern the collection, storage, use and disclosure of personal information. The NSW Health Privacy Manual (PD2005_362) directs Public Health Organisations on all aspects of information privacy management and confidentiality issues.

The most relevant privacy principles in the delivery of EAP services are:

- The requirement to inform a person receiving EAP services how their information will be used, stored and of any third parties which may have access to the information (see Privacy Manual Part 7 Collection)
- The option for EAP services to be provided on an anonymous basis where it is lawful and practicable (see Privacy Manual Part 8 Anonymity)
- The confidentiality and security arrangements surrounding personal information recorded and held for the purposes of providing EAP services (see Privacy Manual Part 9)
- The obligation to take reasonable steps to ensure that personal information collected in the provision of EAP services is relevant, accurate, up to date, complete and not misleading (see Privacy Manual Part 10)
- The limits on use and disclosure of personal information collected in the provision of EAP services (see Privacy Manual Part 11).

It is important to remember that the privacy principles apply to personal information that is recorded in any format (eg. paper, electronic, video, audio), as well as verbal information or opinion.

Section 4.2.5 of this document provides specific guidance on appropriate confidentiality arrangements for EAP services.

2.5 Key Definitions

Consultation – drawing on the knowledge, experience and ideas of staff and encouraging their participation and input to improve specific workplace systems or programs during both their development and implementation.

Counselling - the provision of information and/or emotional support by a person with acknowledged skills and expertise to a person (client) who is in need of emotional support, or requires help to deal with psychological concerns or difficulties.

EAP provider - an organisation or counsellor, whether internal or external, who is appropriately trained, qualified and experienced in the provision of counselling services.

Staff - for the purposes of this document, any person working in a casual, temporary or permanent capacity within NSW Health, including contractors with a reasonable expectation of ongoing work, volunteers and students (including those on work experience placements).

Public Health Organisations - for the purposes of this policy refers collectively to the NSW Department of Health, Area Health Services, statutory health corporations, affiliated health organisations and the Ambulance Service of NSW.

Public Health Organisation - for the purpose of this policy refers individually to the NSW Department of Health, Area Health Services, statutory health corporations, affiliated health organisations and the Ambulance Service of NSW.

Incident - any unplanned event resulting in, or with the potential to result in, death, injury, ill health, damage or other loss.

Record keeping - administrative and/or confidential clinical records, notes or files, maintained in a secure and orderly manner.

Workplace - any place where staff work, or are likely to work, and includes any place where a person goes while at work eg hospitals, motor vehicles including ambulances, and patient/clients' homes.

2.6 The Role of EAPs in Incident Management

PD2005_234 *'Effective Incident Response: A Framework for Prevention and Management in the Health Workforce'* provides guidelines for the development of a systematic and co-ordinated Incident Management Program. In particular the document focuses on the impact of incidents on staff and provides a framework to assist staff to deal with their experience.

In addition to their on-going role in providing counselling and referral services for staff in order to assist them to identify and resolve professional, personal, health or work-related issues, EAPs can be incorporated as an integral part of a Public Health Organisation's Incident Management Plan.

Public Health Organisations should consider the role of the EAP when developing Incident Management Plans. EAP providers can be engaged to provide appropriate types of immediate support to staff after an incident occurs and the necessary follow-up over the weeks following the incident while still maintaining the voluntary nature of the EAP.

2.7 Peer Support Programs

2.7.1 Peer Support Programs

Public Health Organisations should consider, as another element of their staff support strategies, the use of a Peer Support Program.

2.7.2 What is Peer Support?

Peer support is the use of staff as volunteers, trained in appropriate methods of assisting colleagues in their workplace.

Training for peer supporters should include methods of providing support to others. Support often involves;

- Providing appropriate referral to others services such as EAPs
- Practical assistance (including making sure any immediate physical needs are met)
- Listening
- Providing current information
- Support after incidents as outlined in PD2005_234 Effective Incident Response.

As the name suggests, the peer supporter provides "support" only and does not become a counsellor, or take on any other role for which they are not trained, qualified or indemnified.

2.7.3 What Peer Support is NOT

Peer support is not a counselling service. Counselling is provided under the EAP.

2.7.4 Effective Peer Support

Qualities of an effective peer supporter include:

- Good rapport with workmates and colleagues
- Ability to listen and comprehend in difficult situations
- Sensitivity to the problems of others
- Ability to analyse problems and make decisions
- Willingness to undertake continuous learning
- Capacity to allocate time to the peer support role
- Ability to maintain confidentiality
- Communication skills including managing conflict and the ability to defuse situations.

Peer support programs need guidance and advice for peer supporters, on a wide range of issues. Overseeing the activities of the peer supporters in the initial stages of a program helps them to gain perspective and good understanding of their role.

Peer support is separate from EAP and should not be confused with a counselling service. EAP staff can however provide individual support to peer debriefers.

Ongoing assistance for peer supporters in the way of training, and time out for meetings, should be a consistent part of the Program's implementation.

2.7.5 Key Factors To A Successful Peer Support Program

- **Endorsement, Financial Support and Encouragement of Management.**

Peer support programs need to be encouraged and championed from the top. Management should be informed and involved.

- **Appropriate Initial Training**

Initial training needs to be structured and focussed towards the peer support role.

- **A Peer Support Policy**

Peer support programs should have a clear, well-documented policy, which includes a set of guidelines specific to the Public Health Organisation. A peer support policy, which may include, but not be limited to the following key components:

- Consultation with staff and unions during the development and finalisation of the peer support policy
- Access for all staff to the peer support program
- Peer supporters to meet the identified criteria (qualities) to carry out the service

- Peer supporters have access to information, advice, ongoing training and support
- Provision of staff education for all staff and management on the peer support program, including ongoing promotion of the service

- Regular meetings for peer supporters (during worktime)
- Ongoing monitoring of the policy and program to ensure operational effectiveness.
- Allow for release of peer supporters, as appropriate, in the event of an incident.

- **Staff Education and Awareness Raising**

Like any new initiative, peer support requires the awareness and education of staff that may use the program. This could be via inductions, talks, brochures, newsletters, educational sessions, training seminars and videos.

- **Management /Supervisor Education**

The support and encouragement of management is essential to the recognition and growth of a program. Keep management informed as far as what the team is doing and ensure they have a good understanding of the program aims, peer supporter roles and team procedures.

- **Regular Meetings for Peer Supporters**

Effective programs include meetings and review sessions for peer supporters with the purpose of providing up to date information and providing opportunities to discuss any issues. These should also include some ongoing and advanced training for team members.

3.0 NSW Health Policy

3.1 Policy Statement

All Public Health Organisations must, in consultation with staff and their representatives, provide an Employee Assistance Program which includes:

- *Access for all staff to professional EAP counselling and referral services delivered to individuals within a reasonable time frame*
- *Services appropriate to the needs of:*
 - *People with disabilities*
 - *People with injuries which may affect their ability to access services*
 - *People of non-English speaking backgrounds*
 - *Aboriginal people and*
 - *Women*
- *Access for supervisors and managers to information, advice and support on the effective management of organisational and individual issues affecting staff, for example: change management issues, team functioning, interpersonal relations and conflict resolution*
- *Personnel, whether internal or external, with appropriate training, qualifications and experience to deliver counselling services*
- *Information and training for all staff and managers on their rights and responsibilities in relation to employee assistance and associated procedures*
- *Ongoing monitoring, review and evaluation of the program and providers, whether internal or external, to ensure operational effectiveness*
- *Confidentiality of employee assistance records and related personal information*
- *Confidential clinical records that are orderly, complete, secure and consistent with the keeping of notes for clinical files*
- *Regular data collection and non-identifiable statistical reports, consistent with the integrity and independence of the EAP service and client confidentiality*
- *The implementation of strategies to communicate the Program to managers and staff.*

4.0 Best Practice for Employee Assistance Programs

4.1 Determining an Appropriate Model for Employee Assistance

4.1.1 Models for EAP Service Provision

There are currently three types of EAP service provision models. These refer to the provision of core EAP services such as confidential counselling and referral services for all staff, consultation with managers regarding EAP issues, training and promotion in EAP service utilisation, and appropriate reporting.

4.1.2 External Service Provider Model

EAP core services are provided on a contractual basis with a private, or government organisation on a standard fee for services rendered, or on an estimate of utilisation for each reporting period.

Counselling services may be paid separately from other EAP training & promotional activities. Promotional costs are typically highest at the initial establishment phase.

The perceived independence of an external provider from the facility is attractive to potential users. Accessibility and familiarity with the organisational cultures of Public Health Organisations should be considered, as external providers usually cover a wide range of industries.

4.1.3 Internal Service Provider Model

EAP core services are provided by internal staff of the Public Health Organisation. Designated EAP staff may be permanent or temporary. It is preferred that they have a dedicated role as EAP providers, rather than a dual role which could create a conflict of interest. If there is a potential for a conflict of interest to occur, thought should be given to using an outside provider.

Some internal services provide counselling at different locations within their area to enhance both accessibility and privacy. The independence and confidentiality of EAPs must be ensured and promoted to engender trust from potential users.

4.1.4 Mixed Service Provider Model

EAP core services are provided both internally and externally. The two main rationales for such an arrangement are:

- To give EAP users the choice of having more immediate access with an internal provider, or the perception of an added sense of privacy consulting an external (and usually off-site) service
- To assist in covering a wide geographical area.

With a mixed model, a clear contract regarding confidentiality, accountability, responsibilities and reporting system is essential, and an EAP Coordinator/Manager role is usually designated accordingly.

This combination has the potential to apply the strengths of internal and external providers, and cover the shortcomings of both, to maximise appropriate utilisation by staff.

4.1.5 Selecting a Model For EAP Provision in Rural Areas

Any of the models outlined in 4.1 could be applied in rural or remote areas. However in consideration of the geographic and resource limitations, the following may need further emphasis

- A full time EAP manager who coordinates both internal counselling and external referrals. An even greater sensitivity to client confidentiality and appropriate referral is required within small communities
- Provision of a toll free telephone counselling/crisis line
- Out of hours services in line with NSW Health D2005_234, Effective Incident Response.

4.2 Key Elements of an EAP

The following information has been provided for Public Health Organisations to assist in meeting the NSW policy requirements as outlined in section 3.0 of this document.

4.2.1 Consultation

Effective consultation with staff members and their unions during the development of an EAP is essential to assist in generating a level of commitment and ownership.

It is suggested that Public Health Organisations consider the following forums as a mechanism for consulting with staff members:

- Joint Consultative Committees/Staff Consultative Committees
- Staff members/team meetings
- Quality committees
- OHS Committees and OHS Representatives.

4.2.2 Access to EAP Counselling

EAPs should be flexible and aim to provide the following:

- To make an EAP counsellor available within a reasonable period (e.g. no longer than five working days) of a request for a counselling appointment and sooner in urgent situations (eg no later than 48 hours or 24 hours for telephone counselling)
- To provide services appropriate to the needs of:
 - People with disabilities
 - People with injuries which may affect their ability to access services
 - People of non-English speaking backgrounds
 - Aboriginal people and
 - Women

All staff should be eligible to use the EAP including permanent staff, temporary or casual staff and contractors with a reasonable expectation of ongoing work, volunteers or students (including those on work experience placements). Families of staff should also have access to the EAP.

The optimal hours of access to counselling delivered by EAP providers should be determined by the Public Health Organisation, in consultation with staff and unions, and reflect the needs of the workforce (eg shift work). Access to counselling services during work time is a core component of EAPs.

Staff with problems that are affecting their work should be encouraged to voluntarily seek assistance from the EAP. An EAP counsellor may assist staff in discussing concerns and planning an appropriate course of action.

Where long-term or specialised counselling is required outside of the providers' expertise, EAP counsellors will refer staff to appropriate agencies and services in the community, including referrals to culturally specific support services (eg Aboriginal Medical Services) where required.

4.2.3 Management Support

Managers/supervisors are responsible for identifying and acting upon problems that affect work performance in their work area. This includes providing support to staff who may be experiencing work related concerns or personal problems that effect performance or conduct.

Managers and supervisors should be trained and skilled to know when and how to sensitively and appropriately refer staff to the EAP. As part of the feedback process, managers/supervisors should respond to strategies and information offered through the EAP about trends in the workplace.

Staff should not be pressured by managers to utilise counselling. It is always a voluntary process.

4.2.4 Professional Providers

EAP counselling is to be provided by appropriately qualified and experienced personnel who are competitively selected to ensure the highest possible quality of service to staff.

Quality assurance and minimum professional standards are fundamental to the provision of effective EAP services. Clinicians working in a dual role (which includes providing EAP services) within a Public Health Organisation must ensure that they avoid any conflict of interest.

EAP counsellors, whether internal or external, should meet as a minimum the following criteria:

- A defined high level of professional competency, including well developed clinical skills, communication and cross cultural communication skills, understanding of organisational and people management issues and knowledge of local community resources
- An understanding and knowledge of Aboriginal social, cultural and economic issues. All EAP counsellors should undertake cultural respect training.
- Adherence to professional conduct and standards
- Provision of services in regional centres if required by the Public Health Organisations
- Ability to assess and provide post incident support
- Ability to provide initial and on-going staff awareness programs, publicity materials and referral training
- Ability to assess and refer appropriately to specific referral agencies, including referral to culturally specific services
- Ability to provide services to staff of diverse cultural and social backgrounds.

Internal EAP counsellors should be given access to regular clinical supervision with a qualified off-site supervisor. This provides a measure of quality assurance for the organisation and a reference point for counsellors who work in solo positions.

Where EAP services are to be provided by an external provider, Public Health Organisations in selecting the most appropriate external provider, should consider the arrangements for clinical supervision provided by that organisation for their counselling staff.

The range of services provided by EAP providers, whether internal or external to Public Health Organisations, should include:

- Professional, confidential face-to-face counselling for staff at a location sensitive to the confidentiality requirement
- Access to an emergency telephone counselling service (provided for emergency telephone counselling and referrals)
- Encouraging and assisting staff to identify and try to resolve work-based problems appropriately using the employer's administrative procedures. (With the written authority of the staff member, EAP providers may seek advice from the appropriate Human Resources Manager or Co-ordinator of EAPs).
- Directly liaising with the relevant Co-ordinator of EAPs/HR Manager (e.g. three monthly), and more often should particular or urgent issues develop that require understanding, involvement or action
- Where problems are specialised or long-term, referring clients to appropriate agencies and services in the community, eg financial counsellors, psychotherapists, grief counsellors

- Providing updated service directory information about community and other resources including:
 - Counselling services (eg. marriage/family and financial services)
 - Mental health services
 - Drug and alcohol services
 - Financial advice services
 - Legal services
 - Support groups including unions.

4.2.5 Confidentiality

Use of an EAP is voluntary and confidential. Strict confidentiality is to be maintained and job security and promotional opportunities are not to be jeopardised by participation.

Where an external provider is engaged, consideration should be given to the allocation of a file reference or activity code (for billing purposes) to the staff member attending counselling. This file reference/activity code (and no names of staff) should appear on financial accounts from the EAP provider for each visit by that staff member to ensure staff privacy.

All information relating to the content of the counselling provided to staff by the EAP provider is to be kept strictly confidential. Written authority of the staff member is to be obtained before any details of counselling, apart from overall statistics, is provided to any other party.

See the NSW Health Privacy Manual (PD2005_362) for further guidance on privacy and confidentiality issues.

Exemptions from Confidentiality Provisions

EAP providers are permitted to inform the Public Health Organisation of activities (such as corrupt conduct, harm to self or others etc), which constitute a serious and imminent threat to the life, health or safety of the individual or another person, or a serious threat to public health or public safety. If for example, a staff member is not able to undertake his/her current work safely, the Public Health Organisation should be notified that close support and/or work alterations may be necessary.

Under the *NSW Crimes Act 1900*, there is an obligation for people who have information about serious criminal offences to notify the Police. Section 316 of the Act requires a person to consider whether the information they have will be of “material assistance” to securing the apprehension or conviction of an offender. If so, they are obliged to notify Police.

Staff should be aware that a “serious criminal offence” is an offence which attracts a penalty of five years imprisonment or more and includes offences such as serious assaults, drug trafficking, child abuse, sexual assault, murder and manslaughter. It does not cover minor possession offences or any offence under public health legislation.

If, for whatever reason, any EAP records are relevant to a court case a party to the case can seek a court order (such as a subpoena) to obtain copies of those records. A court order would usually override the staff member's rights to privacy and confidentiality. This should be conveyed to staff using EAP services.

4.2.7 EAP Records

EAP providers are to establish and maintain appropriate professional, and strictly confidential, EAP records. This includes keeping all client records in an orderly, complete, secure and acceptable manner, according to agreed documented procedures in the Public Health Organisation.

The keeping of notes/files in a secure manner is a requirement of all EAP providers and is considered a fundamental part of appropriate client management.

EAP files should be kept for seven years (as per the NSW Health Patient Matters Manual) following the last entry and disposed of in a confidential manner. When an internal provider changes (including by way of resignation) the notes become the property of the next provider and steps must be taken to ensure that notes are handed on to a successor or filed in a secure manner.

Files/notes should be kept using some means to ensure that the identity of the client is not readily identified and stored in a de-identified manner.

Under Freedom Of Information legislation clients may apply to have access to their own file. However, under current law, clients do not own their own files and may remove only copies, not originals, of files from the provider.

4.2.8 Awareness, Education and Training

EAP training and awareness programs should:

- Provide staff with information about what the EAP means, how and when to use the program, and who to contact for information about the EAP
- Establish the EAP as an integral part of staff management and workplace relations practices, providing help in dealing with personal concerns affecting staff in the workplace.

Information about the EAP should be included in staff training programs including:

- Induction and orientation programs and materials
- Supervisor and management training
- Staff health and fitness programs
- HIV/AIDS education
- Cultural awareness training on Aboriginal culture and diversity
- Drug/alcohol and substance abuse awareness programs;
- Conflict resolution training
- Performance management integrated training.

At the conclusion of manager/supervisor training, participants should:

- Have the skills to know when and how to sensitively and appropriately advise staff of the EAP, or refer staff to the EAP
- Respond to strategies and information offered through the EAP about trends in the workplace
- Provide information about EAP services to their staff with sensitivity regarding the importance of the needs of people with disabilities, of non-English speaking backgrounds, of Aboriginal or Torres Strait Island descent and women.

4.2.9 Communicating and Implementing EAPs

Public Health Organisations should ensure open and fair access to EAPs. The following strategies may be useful in communicating and implementing the procedures within Public Health Organisations:

- A strategy to market the procedure and ensure it is well known and accessible to all staff
- Training and information sessions specifically about the procedures
- Discussion of the procedures at staff and managers meetings
- Articles published in Public Health Organisation newsletters
- In response to the diversity of the workforce and within available resources:
 - The publication of material in community languages
 - The development of audio tapes for people with literacy issues or visual impairment
 - The use of language interpreters and sign language interpreters for people with hearing impairments and
 - The promotion of material via Web sites.

4.3 Continuous Improvement in Employee Assistance

4.3.1 Reporting

It is important that the independence and integrity of the EAP be maintained. EAP providers should, while preserving the confidentiality of EAP users, provide regular statistical reports as agreed with the Public Health Organisation and include, for example:

- Total number of counselling sessions conducted
- Referral source (eg. supervisor, self)
- Response time between referral and assessment of a client
- Categories of issue identified
- Recommendations for actions to health care facility management
- Follow-up evaluation of general client satisfaction
- Other types of services provided to the organisation (training, advice to managers etc).

4.3.2 Evaluation and Continuous Improvement

To evaluate the effectiveness of EAPs, Public Health Organisations should consider the establishment of an EAP Advisory Committee, or assigning the task to a specific position such as Coordinators of EAPs or Human Resource Managers to review data.

Evaluation activities will be most effective where

- There are stated goals (ie the Public Health Organisation defines and agrees upon what it wants the survey to accomplish)
- The goals are stated in measurable terms
- Information necessary for the evaluation is both recorded and retrievable
- The evaluation tools reflect the goals of the assessment
- All participants understand their roles in the process prior to the design of the study and
- The evaluation process will provide useful information to all stakeholders

Evaluation activities should take place regularly as such information can contribute to the development of strategies to address major issues in the workplace. Elements to be considered when evaluating the cost effectiveness of an EAP may include calculating the levels of sick leave, grievances, disciplinary action etc before the provision of employee assistance services and then at regular intervals following the introduction of the service.

Public Health Organisations may also wish to conduct a targeted survey throughout the organisation to ascertain the level of knowledge and understanding of employee assistance services and whether staff would be likely to use the services if they experienced work related or personal problems.