

EAP in South Africa

HIV/AIDS Pandemic Drives Development

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South Africa is known globally as the nation that instituted apartheid – legal racial separation – in the 1940s. There were sanctions on our society for many years as the rest of the world would not support a government that perpetuated such injustices on its citizens. Nelson Mandela was imprisoned for 27 years for fighting against this oppressive system. Apartheid legislation was repealed in 1991, pending fully democratic, multiracial elections in 1994.

When Nelson Mandela was finally released from prison and elected as our first black president, it made worldwide news and marked a drastic revolution for South Africans. “Since the apartheid system officially ended, both blacks and whites have shared equal rights under the laws. However, the economic disparity that existed during apartheid has persisted. The South African census in 2012 found that the average black family earned just one-sixth as much as the average white family,” said former EAPA CEO Dr. John Maynard in his “World of EAP” column in the 1st Quarter 2017 *JEA*.

History of EAP in South Africa

Our turbulent history has impacted every part of South African society, and the development of EAPs is no exception. The mining industry, in particular, was notorious for migrant labour as men had to leave their homes and families in rural areas to live in urban hostels. More than any other industry, EAPs developed out of the need for resources for these employees.

The movement of black people was severely regulated and prohibited in most areas. Families could not travel to see their family members. This created a breakdown in the family unit and increased informal settlements as well as the transmission of HIV/AIDS.

These factors catapulted the growth of EAPs in the mining sector. While there were programs that centered on mental health and substance abuse issues, the major focus of most programs was around HIV/AIDS, which has since become a pandemic. “A United Nations report in 2016 estimated that 19.2% of South Africa’s black population was HIV-positive,” Dr. Maynard noted.

The South African government has developed HIV policies and legislation into labour laws and duty of care guidelines, and many EAP practitioners have used HIV/AIDS laws to gain access to employers to educate employees on other issues. This has enabled EAPs to grow into a more holistic-centered approach for employees.

Today, nearly all industries in South Africa ranging from mining, manufacturing, technology, customer services, and finances, all have an EAP in one form or another. (The South African Department of Public Service and Administration mandated the establishment of EAPs in all government departments in 2001.)

Overview of Internal EAPs in SA

The development of EAPs in South Africa has been complex. EAPs have evolved from Social Welfare and Occupational Social Work, to Human Resource Management, Occupational Health and the Mental and Medical health fields. Social workers appear to be the preferred profession in staffing EAPs – but they are certainly not the only ones as nurses, psychologists, and human resource personnel all play a role. As such, EAPs have become fairly sophisticated within a short period of time.

The EAP field is developing rapidly in South Africa, where EAPA-SA is celebrating its 20th anniversary. “EAPA-South Africa is one of EAPA’s most successful international branches with eight local chapters and an annual conference that typically draws close to 400 delegates,” Dr. Maynard stated.

Many workplaces have long since bought into the concept of EAP, and in fact are expanding by incorporating issues of Health Risk Management, Occupational Health and Safety, Organizational Development and other relevant issues. EAPs or Employee Health and Wellness Programs (a different

title but still maintaining EAP Core Technology) are prevalent among government departments and most medium to large private sector work organizations in South Africa.

Internal EAPs remain the preference for more organizations although they may not be pure 100% internal models. Many South African internal EAPs are actually hybrids combining elements of internal and external models, depending on access to professional resources and funding. There are various external service providers that partner with internal EAPs to extend their services. The most popular EAP-SA providers are ICAS-SA, Life: Careways, Workforce, Life Assist, Metropolitan Health, Healthchoices, Kealo, and Proactive Health Solutions.

The few international service providers in South Africa include Universal Health, Chestnut Global Partners, and Workplace Options. Moreover, South African broad-based black economic empowerment (BBBEE) laws made it hard for companies to operate *without* empowering the local populations that were previously disadvantaged.

This created an environment that has helped realize the potential of EAP potential within our country. The well-regulated labour environment creates external pressure for employers to take care of employee health and wellness needs and mitigate workplace risks. In the public sector EAPs have been compulsory for all tiers of government departments since a directive – as noted earlier – was issued in 1996.

HIV/AIDS Drives Public, Private EAPs

The HIV/AIDS pandemic in South Africa has been a key driver for the emergence and development of EAPs in both public and private sectors. Stigma and discrimination relating to HIV and AIDS resulted in adoption of the broadbrush approach of EAPs. Many newly created EAPs, traditionally underfinanced, have used peer education and peer counselling models to deliver low-cost EAP services, some of which still do today.

Most EAPs feature a proactive approach to employee wellness through wellness education; health screening and testing, as well as a reactive risk-mitigating approach of employee counselling and support.

Internal EAPs are typically organisationally situated in Human Resource and Occupational Health departments and have varying degrees of access to executive management. Depending on the size and complexity of the organization, EAP staff may be found at different levels but come mainly from Health, Social Science, and Business backgrounds. However, in the public sector it is not unusual to find an EAP manager from other occupational groups since the directive to establish EAP came without specifics on staffing requirements.

Providers have extended EAP services to include counselling, and legal, financial, and health advice. There has also been growth and other supporting services like occupational health, ergonomics, absenteeism, and disability management. In other words, employee services in SA have been evolving from EAPs to Employee Health and Wellness Programs (EHWPs). The following provides an overview to EHWP services in South Africa.

*** Do EHWPs perform assessments?** Yes, based on presenting problems. Assessments may include psychometric tests, self-assessments, organisation-wide behavioural risk questionnaires; and health risk assessments. Occupational health assessments might include environmental hygiene, disability audits, and health and safety determinations.

For example, when a EHWP service provider has a new client, they tend to start with a behavioural risk assessment and then a health risk assessment (HIV, blood pressure, cholesterol, etc.) as a measure of identifying health and wellness issues. The next step would involve devising a wellness strategy around the findings, targeting interventions based on the outcomes. Quarterly reports are then used as a measure to indicate progress.

Such assessments allow for measurement and tracking toward program goals, but also as an integration point since services might be offered by different providers. (The data can be integrated for a more holistic picture.)

*** What kind of services are typically included in EHWPs?** Services vary from program to program, however most consider the Department of Public Services and Administration (DPHS) four-pillar framework formed in 2001:

- * HIV/AIDS and TB management;
- * Health and productivity management (absence, incapacity, injury on duty, and disability);
- * Safety and health (occupational health and safety, and environmental and risk management); and
- * Wellness management (physical, psychosocial, spiritual, and organisational wellness).

* **How are services delivered?** It varies as sometimes it occurs internally with a multi-disciplinary team or a combination model consisting of internal and external providers. For example, with an HIV awareness drive, the internal EAP manager would outsource HIV testing to a nursing firm that would perform physical testing at a workplace wellness day. The internal EAP would do an awareness session about HIV and AIDS, the nurses would test, and EAP counsellors would offer those services. If the employee tests positive, they would be referred to medical insurance to begin treatment and access disease management services. If the employee is not coping with the disease or needs support in breaking the news to a partner or family, they are referred back to the counsellor to assist with additional counselling. Legal and financial issues are also common secondary problems. Essentially, there are a lot of cross referrals within a multi-disciplinary team. The EAP standards of managing confidentiality and solid case management is key. Most services ensure that they operate with consent forms for referrals and track referrals and repeat users.

* **What is the most unique, interesting aspect of EAP and EHWP in your country, which might differ from other nations?** Historically speaking, prioritizing the HIV pandemic mentioned earlier is a main difference from many countries. The SA government has included it as a separate pillar in their wellness framework to ensure that all organizations address this issue in their population. It initially was the entry point of the employee to EHWP services – but they realize they can access so much more – particularly in blue-collar environments.

In fact, for the past 10 years psychosocial issues has been a dominant EAP service. These issues range from dealing with relationship issues (partner/spouse), organisational issues (conflict or changes) and stress management.

Other Ways in Which South African EAP/EHWP Services Differ

** *Cultural or spiritual diversity.* Some EAP practitioners face dilemmas in dealing with “African spiritual calling.” Most companies and practitioners are trained from a Western philosophy and theories. As a result, an employee who seems to be having delusions (her ancestors are calling her) feels she needs time off work to become a spiritual healer. Culturally, the manager understands but according to company policies and business practices, he is not sure what to do. The employee is talented, and the manager does not want to lose her.

If relying solely on the DSM-5, the EAP would say clinically that this person needs medication and therapy. However, if culture is taken into account, the employee and manager cannot simply succumb to a Western way of handling this situation. EAPs have begun reaching out to the Spiritual Healers Association as an extra resource for dealing with an issue like this. This has also forced EAP managers to work with HR to re-examine leave policies.

** *Racism and empowerment.* The history of oppression, racism, and broad-based black economic empowerment (BBBEE) creates workplace conflicts where the EAP is called in to either mediate the issue or to counsel the victim or aggressor. (In BBBEE, African recruits receive the initial option for a position based on reparation for previously disadvantaged populations.)

** *Heavy unionism.* South Africa is also notorious for being heavily unionized. EAPs work closely with unions to gain access for employees for awareness drives and stakeholder referrals. However, since there are so many strike-related activities, EAP support is required for both management and employees. In addition, trauma debriefing is sometimes necessary after a violent or threatening situation. Conflict management by the EAP ensures a peaceful return to work.

EAPA-SA’s Role in Professional Development

Another unique aspect of South African EAP is that it has set up a national qualification structure for EA professionals. In 2015 EAPA-SA was recognised by the South African Qualifications Authority (SAQA). The professional designations provide a framework to stratify EAP roles and provide requirements for effective functioning within those roles. The four professional designations are:

- * *Employee assistance coordinator* (general, non-clinical administrative support to clients and colleagues);
- * *Employee assistance practitioner* (mainly non-clinical EAP services at implementation level);
- * *Employee assistance professional* (licensed, autonomous clinical services in addition to program implementation); and
- * *Employee assistance specialist* (design, implementation, and strategic management of EAPs).

The four designations are progressive in complexity and create a clear skills development path. EAPA-SA's Recognition of Prior Learning Policy and Procedure forms a bridge between the designations and involves a process of assessment by a trained advisor and moderated by a SAQA accredited assessor.

Moreover, EAPA-SA's Continuous Professional Development Policy ensures that practising members regularly update their knowledge and skills to deliver effective EAP services. Earning a minimum number of CPD points per year is requirement to renew membership. CPD is also a requirement for renewing licences of clinical professionals with their respective Statutory Councils.

Professional Development Environment in South Africa

The Skills Development Act, SAQA, and the National Qualifications Framework (NQF) regulate and support employee skills development in South Africa. This framework stratifies and accredits formal learning as well as learning providers.

As mentioned earlier, SAQA has recognised EAPA-SA as a professional body. This provides a mandate to register professional designations for EAP on the National Learner Records Database (NLRD); create a formal system for both Continuous Professional Development (CPD) and Recognition of Prior Learning (RPL). This recognition has provided EAPA-SA with an opportunity to institutionalise and structure EAP learning and to forge a clear path to develop formal accreditation, certification, and ultimately qualifications in EAP.

EAP Skills Development

There are currently no EAP-specific qualifications in South Africa, but EAP is included in certain curricula, such as Social Work, Industrial Psychology, Occupational Health, and Human Resource and Management. Many members have used EAPA -SA as an informal method of "upskilling" through discussions and mentorship by more experienced EAPA-SA members.

At the graduate level of study there are many universities where Health, Social and Business Science Doctoral and PhD candidates choose EAP as a subject of study. EAPA-SA is positioning itself to offer EAP mentoring and coaching to its network of EA professionals and specialists; *influencing the development of an EAP undergraduate qualification.*

Summary

EAP practitioners have come a long way in "professionalising" the EAP field and getting business leaders to understand their role in relation to business and performance. They have come a long way and have accomplished much. However there are still many issues that require additional work:

- * *The current counselling environment curtails professional development.* With life coaching, and peer, lay, pastoral, debt, and other forms of counselling, work organizations content with compliance do not feel the need to invest in EAP professional development as long as they have someone coordinating an EAP. This is an area that needs to be studied and remedied to protect employees and organizations.

- * *Internal EAPs – especially those in government – remain extremely focussed on compliance.* We need to get away from bureaucratic red tape and work towards outcomes and ROI. We still struggle

with the link between investment and internal EAP expertise. Training needs to broaden expertise from basic clinical practice to demonstrate the business case for EAP return on investment (ROI).

** Finally, we need to finalise our RPL and other professional development processes. This will give EAP practitioners the accreditation they deserve.*

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