



# Employee Assistance Programmes (EAPs) Supporting good work for UK employers?

Dr Zofia Bajorek



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- AXA-PPP Healthcare
- Bupa
- Care Call Wellbeing
- Care First
- EAEF
- Enlighten
- Health Assured
- Insight Healthcare
- Manage Health
- OH Assist
- Optum
- Payplan
- Retail Trust
- Validium
- Workplace Wellness

# Foreword

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Over the past decade there has been an increase in our understanding of the importance of improving workplace health and wellbeing. Although some sickness absence from work is unavoidable, creating the right work conditions, or ‘good work’ can improve employee wellbeing, and consequently improve sickness absence levels. Initiatives to help reduce the stigma regarding mental health at work have developed alongside this concept of good work and have been helped by the younger members of our Royal Family in their campaign to get people talking to end the stigma surrounding mental wellbeing, to raise awareness of the issues, and to encourage people in all circumstances to seek help.

In the workplace, Employee Assistance Programmes (EAPs) are one method through which the workforce are able to seek help on both work and non-work related issues that can have an impact on the health and wellbeing of employees. In Dame Carol Black’s and David Frost’s sickness absence review (2011), EAPs were shown to be valued by employers and employees, to reduce absence and were ‘*relatively inexpensive to provide*’ (page 48). As such, one of recommendations from their report was that tax relief on EAPs should be retained.

This piece of research was commissioned by UK EAPA to help further our understanding of the role of EAPs in the workplace, discuss how EAPs are perceived and valued by staff and whether there is any evidence that calculations of economic utility are undertaken. If EAPs can help to further develop ‘good work’, then knowledge regarding how they can be improved to increase their outreach and the impact they can have on employee and organisational wellbeing is welcomed to help secure their role in the future.

***Paul Roberts***  
Executive Board Member  
*UK Employee Assistance Professionals Association*

***Andrew Kinder***  
Chairman  
*UK Employee Assistance Professionals Association.*

# Executive Summary

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Over the last decade progress has been made in the understanding that work, especially good work is good for health, and that good employee health is good for business. As employees are an organisation's most valuable asset, a shift is needed in workplace attitudes to ensure that preventing ill-health at work becomes a priority.

Employee Assistance Programmes (EAPs) are a set of services designed to improve and/or maintain the productivity and healthy functioning of the workplace and aim to address organisational productivity and help employees identify and resolve both work and non-work related personal issues. Literature suggests that a standardised model of EAPs does not exist (although core components of effective EAPs have been identified), that EAPs can vary in the scope that they cover and whether they are implemented internally and externally to an organisation.

Since their introduction to the UK, the EAP market has grown rapidly and EAPs have been ranked as one of the most popular core employee benefits that an organisation can provide however, there has been very little research focussing specifically on UK EAP effectiveness. There is convincing evidence to suggest that workplace counselling can be effective for helping to improve the health and wellbeing of employees and has reduced levels of sickness absence, although the research undertaken to date has lacked methodological rigour and/or appropriate evaluative design. There have also been attempts to measure the economic benefits of EAPs, as the provision of EAPs is not currently a core part of business operations and so EAPs can be viewed as an additional cost for employers. To date, there are only a limited number of research studies looking at economic utility and return-on-investment, in general suggesting that EAPs do cover their costs, although conclusions regarding return-on-investment over time are yet to be answered.

The main objectives of the research included undertaking background, state of the market research into EAP provision and use in UK organisations, as well as to examine the present evidence of organisations conducting economic utility calculations or return-on-investments for EAPs. The methods used to meet these objectives included an online survey of HR Managers (78 respondents) and EAP Providers (11 respondents), and in-depth interviews with EAP Contract/HR Managers (10 participants).

A summary of the key results include:

- EAPs were viewed as an important investment for organisational health and wellbeing plans, and managers reported that implementing EAPs was seen as 'good employment practice'. However, EAPs were often implemented alongside other organisational health and wellbeing initiatives (e.g. Occupational Health (OH), resilience training, healthy eating initiatives, etc.).
- 'A comprehensive EAP' (including EAP telephone services, online and face-to-face counselling) was preferred by HR Managers, with the telephone service reported as the most common method through which service users contacted EAPs.
- Both survey and interview respondents highlighted that work-related stress was the most common reason for contacting the EAP, with other popular issues including: depression,

family events and anxiety. Other work-related issues included difficulties with line managers, changes in work roles and redundancy.

- HR Managers were asked to discuss what they perceived the value of the EAPs were for employees, with responses centred around the importance of having an independent, confidential, professional service, providing high quality advice. For others an EAP was considered to be akin to an 'insurance policy' and its true value was only realised when the service was used.
- HR Managers often noted how EAP usage could increase if there were improvements in how the service was promoted. Organisations mentioned current promotion practices including: posters, leaflets, intranet and inductions. Barriers to promotion included limited website prominence and that EAPs were often perceived as a 'counselling service' and the other areas through which an EAP could provide help were not often discussed or promoted. Line managers and EAP Providers were considered to be means through which the service promotion could be improved.
- Measures of EAP service quality included: staff ratings, the number of closed cases and provider feedback. It was acknowledged that these methods of evaluation were 'ad hoc' rather than systematic evaluations, but were relied upon as a result of the difficulties associated with undertaking EAP evaluations (e.g. confidentiality, measuring intangible benefits, appropriate outcome measures, etc.).
- The majority of respondents had not calculated any financial evaluations of their EAPs, usually because the service was described as something 'good to have' and there was no need to justify the implementation of EAPs to senior management or the finance directors. Some interview respondents recognised that they should undertake financial evaluations of the service, but did not know an appropriate methodology through which to calculate this.
- The future of EAP use was positive with HR Managers reporting their likelihood of keeping the service, although some noted that they may change their service provider. In these cases the level of service quality was considered to be more important than service costs.
- The level of EAP Provider data collected limited the level of data analysis possible. However one important finding revolved around the different methods through which 'service use' was measured, suggesting that this should be standardised to aid future evaluations of the state of the EAP market.

A number of recommendations regarding how EAPs can be improved from a number of key stakeholders have been made:

#### UK EAPA:

- To improve their visibility
- Encourage EAP Providers to engage in research
- Ensure EAPs collect up-to-date data to aid future EAP research
- To develop a standardised measure of EAP use

#### EAP Providers:

- Appropriately train their account managers
- Recognise their role in EAP promotion

#### Organisations/HR Managers

- Improve methods of EAP promotion including line management engagement
- Create a culture where EAPs are accepted – reduce stigma
- Develop methods through which service confidentiality is explained

# Contents

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<b>Foreword</b>	<b>3</b>
<b>Executive Summary</b>	<b>4</b>
<b>Introduction</b>	<b>7</b>
<b>Employee Assistance Programmes (EAPs)</b>	<b>8</b>
<b>Study Objectives and Methods</b>	<b>17</b>
<b>Results: EAP Providers</b>	<b>39</b>
<b>Discussion</b>	<b>43</b>
<b>Recommendations</b>	<b>47</b>
<b>References</b>	<b>49</b>
<b>Appendix 1 HR Managers Online Survey</b>	<b>52</b>
<b>Appendix 2 EAP Provider Online Survey</b>	<b>58</b>
<b>Appendix 3 HR Manager Interview Schedule</b>	<b>61</b>

# Introduction

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Mental health problems in the UK are increasingly becoming a common cause of long-term and short-term sickness absence, with the latest ONS statistics showing that stress, anxiety and depression were the cause of at least 15 million days of sickness absence (ONS, 2014). This ill health in the working age population can represent an economic burden for both organisations and society as a result of increased healthcare costs, an increase in welfare payments, lost organisational productivity and, if untreated, increases in long-term sickness absence (Bajorek et al, 2014). Buon and Taylor (2007) claimed that successful organisations tend to be those committed to aiding employees manage and deal with their health problems, and, over the last decades progress has been made in improving our understanding that work is an important determinant of health, and that the provision of 'good work' is good for health (Parker and Bevan, 2011).

In her 2008 report, *'Working for a healthier tomorrow'*, Dame Carol Black provided evidence to suggest that good employee health is good business, and that improved workplace health could generate both organisational and government cost savings. The review also suggested that a shift in workplace attitudes would be necessary to ensure that both employers and employees recognise the importance of preventing ill-health at work, and the key priority that the workplace has in promoting good health (Bajorek et al., 2014). Human Resources literature has emphasised that an organisation's employees are its most valuable asset (Compton and McManus, 2015), with Vaughn-Jones and Barham (2010), highlighting that employees in good health can be up to three times more productive than those in poor health, experience fewer motivational problems, are more resilient to change and are more likely to be engaged with the business's priorities, therefore indicating how the health of employees is a major factor in an organisations competitiveness.

Highley and Cooper (1994) reported that organisations have to recognise that by helping employees cope with stress, anxiety and depression in the work environment many help to reduce absenteeism, improve staff morale and boost organisational productivity. Thus it could therefore be argued that if organisations placed greater investment in early prevention, sign-posting and timely referrals to employees in the workplace, then this would make good business sense. Dewe (1994) reported that there had been an 'explosion of interest' (page 21) in organisational health and wellness programmes, and described how interventions could be introduced at a number of levels. For example, interventions can aim to alter employee working conditions; a second approach is to provide stress management training, but such programmes may not work as they may treat all people alike, and assume that their issues are similarly related. The third approach is to see the individual in relation to the work environment, and it is at this level where Employee Assistance Programmes (EAPs) are considered to be important.

# Employee Assistance Programmes (EAPs)

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## EAP history, definition and utilisation

Arthur (2000) commented that EAPs were a relatively new type of counselling provided by UK employers, but the EAP history is usually associated with American attempts to deal with alcohol abuse in the workplace during the 19<sup>th</sup> and 20<sup>th</sup> centuries. As employers' concerns about alcoholism amongst workers continued and increased, programmes were needed to treat the problems caused by this (e.g. emotional, mental and financial) – these services became known as Occupational Alcohol Programmes (Kemp, 1994). Newton (1999), reported that throughout the Hawthorne Studies on worker productivity, when employees were interviewed and able to express themselves, voice opinions and formulate complaints, there was, as a result a renewed rigour for their work and a reduction in reported tension. As a result, Western Electric (where the Hawthorne Studies were conducted), employed counsellors to help employees adjust to personal and psychological situations, as well as benefit organisational productivity.

The Employee Assistance Professionals Association (EAPA) defined EAPs as:

***“In general, an EAP is a set of professional services specifically designed to improve and/or maintain the productivity and healthy functioning of the workplace, and to address a work organisation’s particular business needs through the application of specialised knowledge and expertise about human behaviour and mental health. More specifically, as EAP is a workplace programme designed to assist: (1) work organisations in addressing productivity issues, and (2) ‘employee clients’ in identifying and resolving personal concerns, including health, marital, family, financial, alcohol, drug, legal, emotional stress, or other personal issues that may affect job performance” (EAPA, 2012).***

Berridge and Cooper (1994) explained that EAPs are seen by organisational managers as playing a capable role in keeping organisations operating at a high level of efficiency, quality and competitiveness, by helping employees tackle complex work and out of work issues. As a result, an EAP can be seen to help organisations attain and retain high performance through supporting employees who are experiencing problems leading to stress or feelings of being unable to cope with their current situation. At any given time, 20% of employees have personal problems that can have an impact on their organisational role (Carchietta, 2015), and if employees (and other eligible dependents that some EAPs may cover) are encouraged, or chose to, access an EAP at the earliest opportunity and before the problem worsens, an organisation may be able to mitigate or avoid financial and human capital costs (Sharar and Hertenstein, 2006). As such, Compton and McManus (2015) commented that EAPs can be seen as an organisational risk management tool, as through providing an early counselling intervention to employees, there is a greater opportunity that problems experienced by employees such as substance abuse and mental illness can be avoided, reducing the risks (and costs) of both short-term and long-term sickness absence. EAPs are now frequently included as an employee benefit, and are increasingly regarded as evidence of duty of care by organisations (Kirk and Brown, 2003; Berridge and Cooper, 1994).

A review of the literature shows that a standardised model of an EAP does not exist (Berridge and Cooper, 1994; Arthur, 2000; Jacobson, Jones and Bowers, 2011), as variations appear as a result of individual needs, organisational characteristics, and the capability of EAP providers



among others. However, there do appear to be elements of commonalities, or core components of effective EAPs, which include:

- A commitment and support from top management
  - A clear, written set of policies and procedures that outline the purpose of the EAP and how it functions in the organisation
  - Close co-operation with local unions
  - Training of supervisors on their role in problem identification
  - Education of employees and promotion of EAP services to foster widespread utilisation throughout the company
  - A continuum of care, including referral to community agencies and follow-up of each case
  - An explicit policy on confidentiality of employee information
  - Maintenance of records for programme evaluation purposes
- (Arthur, 2000, page 550)

EAPs can vary in the scope they cover, for example, some will cover employee's families and a broad range of issues, including those extrinsic to work, while others may be limited solely to those issues that have an impact on work performance, such as: mental/physical ill-health, the inability to cope with their work or the experience of unacceptable behaviour at work (Berridge and Cooper, 1994). As such, EAPs are intended to tackle stress in organisations in the wider-sense, with the underlying notion that stress is a normal part of life, and should not be categorised, especially as different stressors can inter-react and affect all aspects of an individual's life. Berridge and Cooper (1994) also highlighted the wide range of issues that can come under an EAP's scope, arguing that the range of issues handled is really only limited by the problems that are encountered by individual employees or by the training/competence of the counsellors. Counselling issues can include: alcohol abuse, bereavement, career development, disabilities, family problems, financial advice, legal issues, retirement, physical fitness and violence, among others.

EAPs may also vary in terms of whether an organisation decides to implement internal or external provision. Advantages of having an internal EAP include: it is perceived that it would be more likely to fit with an organisation's needs, it can be easily monitored to ensure maximum service provision, and if problems with the service did occur, then finding solutions would be easier (IDS, 2002). However, staff may not see an internal service as independent or confidential, and there may also be problems with trying to deliver services to employees if they are situated in different organisational sites (Newton, Hayday and Barkworth, 2005).

External EAPs can provide many benefits for organisations: confidentiality and independence of the service is perceived, however, service benefits are considered to be the priority with external EAPs, including having specialist structures in place to serve customers, as well as having access to high level support from different geographical locations on a 24-hour basis (Newton, Hayday and Barkworth, 2005). As Cekiso and Terblanche (2015) highlighted, as EAPs are operating in complex climates, any product offered must be refined to meet a customer's demand and services should be tailored to best match their needs.

There are a range of external models of EAPs that organisations can choose. The 'Full Service Model' (EAPA, 2012) is the most comprehensive, usually including a 24-hour/365 day a year helpline, offering a range of practical and clinical support. Therapeutic support is usually short-term (lasting between 3-8 sessions and time limited), provided by qualified and trained clinicians. Some EAPs also offer internet-based online counselling, which can include live-messaging if required. Practical support (e.g. legal help, debt management, medical help and support for managers) can also be provided over the telephone or online. In all cases, those using EAP services will be initially assessed to see what the most suitable services for their

needs are, and then are helped by the appropriate professionals. The model also includes the provision of utilisation reports, EAP promotional materials and online resources. Some organisations opt for a more embedded EAP service, where the EAP is included 'free' with other insurance or healthcare products (EAPA, 2012). As a result, this model may be more limited in the services offered in comparison to full EAPs (e.g. telephone services only, or limited face-to-face counselling provision). EAPs may also be purchased as a 'telephone and online' model, removing all face-to-face services, and counselling takes the form of structured, short-term sessions either over the phone or online (EAPA, 2012). Other services in this model can include self-assessment and factsheets available online. One caveat to this model is to ensure that security and confidentiality measures are agreed by both the provider and the purchaser.

The Employee Assistance Society of North America (EASNA) (2009) describes that effective implementation of EAPs is based on a number of factors; however leadership support of an EAP is crucial. Senior leaders can help define the reasons for implementing the EAP, to bring it into the organisation's culture and promote its use. Trades unions and other employee organisations may also have to be included in discussions to reduce any suspicions that employees may have re: the introduction of an EAP (Berridge and Cooper, 1994). It is also important that an organisation ensures that metrics are collected and reported, so that improvements and changes can occur to the programme (EASNA, 2009).

Employees can encounter EAP services through a number of modes (Berridge and Cooper, 1994):

- Self-referral: the employee refers through their own volition (often on the advice of a colleague with experience of EAPs)
- Organisational specialist referral: when an employee is referred through occupational health or HR. The referral can be made as a result of a meeting, request for advice or an accident.
- Managerial referral: a manager could refer an employee as a result of problem identification either through one-to-one management meetings or informal conversations and can be concerned about the wellbeing of their employees, or through more formal performance management where unsatisfactory job performance has been recorded. An employee may then contact an EAP voluntarily, or in some cases, using an EAP could be attached to disciplinary action.

Since their introduction in the UK, the EAP market is growing rapidly, with recent statistics suggesting that more than 13.79 million employees are covered by an EAP, which represents about 47% of the working population (EAPA, 2013). In terms of EAP utilisation, McLeod (2001) reported that utilisation rates for organisations with EAPs averaged between 4-8% of eligible employees, with women more likely to use the services than men. Compton and McManus (2015) indicated that there was a wide age distribution of EAP users with the highest percentages between 40-49 years (14%) and 50-59 years (10%). Other research has indicated that one in five employees seeking help from EAPs sought advice directly about work issues, and EAPs were more commonly used to discuss personal problems (Newton, Hayday and Barkworth, 2005). Compton and McManus (2015) undertook research into why organisations introduced EAPs. The main reasons included to support the health and wellbeing of their employees, to implement best practice and for perceived organisational duty of care. Importantly, a minority of the respondents (6%) noted that effective counselling led to an improved business strategy. Organisational perceived benefits of EAPs included: improving employee relations, improved employee morale, and reduced stress in the workplace, with increased productivity reported as being inconsequential (Compton and McManus, 2015).

## Do EAPs work?

Although EAP provision within organisations have almost trebled over the last decade (Mellor-Clark et al., 2013), and EAP services have been ranked as one of the most popular core employee benefits that organisations can provide, the growth of EAPs has occurred without having a substantive level of research evidence (McLeod, 2001, 2010). Mellor-Clark et al., (2013) also reported that there has been very little research specifically focussing on UK EAP effectiveness. Additionally, where research has been undertaken, it has predominantly occurred in the private sector which has been described as primarily promotional or prescriptive, and lacked methodological rigour or evaluative design (Cayer and Perry, 1988).

As EAPs can be introduced into organisations with the belief that counselling or other assistant services will improve employee productivity, it has been argued that more aspects of EAPs should be explored more fully (Colantonio, 1989; Csiernik, 1995), especially focussing on whether the health and wellbeing of the workforce has been enhanced (Csiernik, 1995). Sharar and Hertenstein (2006) argued that EAPs have not been studied or evaluated with the same level of intensity as other employer sponsored health and wellbeing work programmes. Thus, what evidence do we have that EAPs are effective for improving employee wellbeing and productivity?

McLeod (2001) conducted a literature review of the impact of EAPs on workplace behaviour and client satisfaction. The review concluded that EAPs were not seen as less effective than other workplace wellbeing interventions, with the finding that 90% of clients in EAP studies indicated satisfaction with the services they received. The review of the literature was updated by McLeod in 2008, which also reported that clients would use the service again, and that they would recommend EAPs to their colleagues. However, McLeod (2008) mentioned client satisfaction reflects how professionally a service was delivered, rather than the quality of the services, and the overall implications for an individual's health and wellbeing or organisational productivity. The updated review also studied the effects of workplace counselling on employee psychological functioning, reporting that those who had attended counselling experienced an amelioration of their symptoms of stress and wellbeing, and there was also a positive effect on depression. However, the author also stressed that review of the literature could not claim that EAPs had an enduring impact on psychological difficulties, or whether the service merely helped the client deal with their current symptoms. Additionally, those who used the workplace counselling services reported higher levels of psychological distress and clients with a more complicated or severe health issue required long-term counselling, or referral to other specialist services. With regards to job attitudes such a job satisfaction, motivation, organisational work commitment and workplace relationships with other work colleagues, EAPs did appear to lead to positive changes in work attitudes, but the data also suggested that for many clients there was not a sufficient level of current 'work dysfunction' for there to be a clear measurable outcome, and consequently results for job attitudes still remain uncertain.

A range of other studies have also provided mixed results regarding the effectiveness of EAPs:

- Van der Klink et al (2001) conducted a systematic review on workplace counselling interventions to help with occupational stress, concluding that individual interventions were more effective than organisational level interventions. However, CBT style methods were most effective (in comparison to other counselling interventions).
- De Groot and Kiker (2003) observed that it is difficult to distinguish the distinct effects of EAP counselling programmes in comparison to other workplaces stress and health and wellbeing interventions. However, the review did highlight a number of factors that could have implications for EAP use. EAPs were most useful when there were specific outcomes to be focussed upon, and there were wide ranging and comprehensive interventions. To reduce an employee's sickness absence better results were gained if EAPs were approached voluntarily. However, the programmes seemed to have little or no effect on job satisfaction or turnover levels.

- Kirk and Brown (2003) conducted a review of EAP literature with a country specific focus on Australia. Interestingly, they reported that counsellors used for EAPs in Australia were more qualified than their counterparts in the UK. The review suggested that employees who used the EAPs in general reported perceptions of improved mental and physical health and wellbeing, but there was little evidence that EAPs had a significant impact on organisational level data, e.g. improved job satisfaction and productivity.
- Csiernik (2004) reviewed published studies regarding EAP evaluation, and when reviewing those focussing on managers perceptions of the impact of counselling on employee performance, reported mixed outcomes (one study showing no perceived improvement, whereas others reporting between 43% and 73% of managers perceiving performance improvements).
- The British Occupational Health Research Foundation (BOHRF) (2005) found that workplace counselling for employee with mental health problems helps them to remain or return to the workplace, but there was little evidence that it could prevent mental health problems. Additionally, the report concluded that Cognitive Behavioural Therapy (CBT) was the most effective method for workplace counselling.
- Mellor-Clark et al., (2013) analysed a national set of EAP data to assess the relative quality of EAP service provision when compared to CORE systems benchmarks for NHS primary care and UK higher education counselling services. The results indicated that EAP counselling can be a highly effective intervention, especially for employees who experience common mental health problems (which include, but are not limited to anxiety, stress and depression). EAP providers in the study typically provided time limiting counselling services that usually lasted 4-6 sessions, and demonstrated efficiency and effectiveness when evaluated alongside comparators.

In summary, it seems justifiable to conclude that there is convincing evidence to suggest that workplace counselling can be an effective intervention for helping employees with psychological, emotional and behavioural problems, with some evidence suggesting that this can also reduce levels of sickness absence and enhance workplace functioning. The research to date is not however able to comment on what approaches are more effective, and what the critical amount of sessions are associated with optimal effectiveness. What is clear is that there are a range of methodological challenges in EAP research, which has led to difficulties in providing conclusive evidence.

## Economic Evaluations of EAPs

EAP literature has often commented that an organisation's choice of which EAP they use and the method of EAP provision is more than just a technical matter based on organisational fit, but they will also be based upon economical reason (Berridge and Cooper, 1994). As the provision of EAPs and counselling services is not part of core business operandi, the availability of an EAP for employees becomes an added 'cost' for employers, and as a result any costs need to be balanced by HR in some way (McLeod, 2008). As a result, Cekiso and Terblanche (2015) argued that EAP customers rarely buy EAPs by prices alone, but through what an EAP can provide at the best value for money in terms of the benefits they can receive for the price they pay.

UK EAPA (2013) reported that the cost of EAPs has fallen, and the average benchmark cost of full EAP provision for an organisation of 100 employees represents value at £14/person (however, it is noted that prices will be lower for larger organisations). Masi (2011) calculated that some EAPs can now cost far less than one-half of 1% on an employer's annual health benefit cost, and the EAPs objective to remain competitive whilst profitable can present a challenge in terms of ethical and quality problems (Masi and Sharar, 2006). However, EAPs need to show the efficacy of their services, and that they do provide an economic business case and relate this to both employee health and wellbeing and performance and productivity (Jacobson, Jones and Bowers, 2011).

Attempting to measure the economic benefits of EAPs has been a major study in EAP research, however care has to be given regarding what is being measured. For example, economic benefits can be measured using:

- *Cost-Benefit Analysis*: these are the most common form of outcome evaluations reported in the EAP literature, and are conducted by comparing the money spent on providing services and the inputs, with the monetary values produced by the change, outputs (Csiernik, 1995). Thompson and Fortress (1981), commented that if the costs are less than the benefits received then the programme can be deemed a success. It is thought however, that both tangible (e.g. absence and performance) and intangible costs (e.g. self-reported measures that are difficult to translate into monetary values) should be included in a cost-benefit analysis
- *Cost-effectiveness*: this analysis looks at more unspecified outcomes (e.g. psychological wellbeing), and aims to establish which interventions that organisations have implemented achieves the best therapeutic results in relation to the cost of the implementation (Highley and Cooper, 1994).
- *Return-on-Investment*: As many organisations now may have to justify the costs of an EAP service, organisations could have to calculate what the return-on-investment for their EAP is (i.e. does the EAP provide enough business value to cover the cost of purchasing the service) (Attridge et al., 2009). Flanagan and Ots (2009, page 1) identified three types of potential financial benefits from EAPs to assess an employer's financial return-on-investment: i) a healthcare value component, ii) the human capital value component (representing savings in reducing absenteeism and turnover (and presenteeism) and improving productivity and engagement), and iii) the organisational value component (comprising cost savings in regard to issues such as safety risks, employee grievances and legal claims and positive benefits in demonstrating employee concern and support). Leon (2012) reported that although 78% of organisations conduct return-on-investment calculations on HR functions, only 39% measured the return-on-investment of their EAP.

Houts (1991) undertook a piece of research on conducting economic analyses of EAPs in organisations. The survey results indicated that the majority of managers (83%) responded that cost-saving was an important criterion on which EAP performance could be evaluated on, with 98% of managers also reporting that the cost-saving potential of their EAP was high, or very high. However, only 40% actually collected any cost-saving data on which they could base any claims. As there is now an increasing demand for evidence that EAP services are effective and result in positive outcomes (Greenwood, Dewese and Inscoe, 2008), there are a growing number of publications discussing economic data with regards to EAPs.

- Highley and Cooper (1994) provide a description of the McDonnell Douglas study, who commissioned a cost-benefit analysis involving a longitudinal analysis of costs related to healthcare claims before and after the implementation of an EAP. The research did not attempt to calculate measures that could not be objectively measured, and the study found that the overall saving for the EAP population (compared with a control group) was \$5.1 million, and there was a return-on-investment of \$4:1. However, Masi (1997) reported that this study compared employees who used the EAP for alcohol treatment with those who used their own mental health programme, and thus determined the alcohol treatment was most cost-effective.
- Maiden (1988) described a study undertaken by the US Department of Health and Human Services Employee Counselling Service, with an emphasis in the cost-benefit of the EAP service provided to all employees. The employees who had not used the EAP were viewed as the control group. The cost-benefit analysis showed that the programme should realise a return-on-investment of \$7:1 (predicted after 6 months of use).
- McClellan (1989) conducted a cost-benefit analysis of the Ohio state EAP, finding that the implementation of the EAP did not reduce health insurance costs or employee sickness absence, and there was no return-on-investment (the EAP did not offset its cost to the state

government). However those who used the service did value the therapeutic services received, and rated the EAP highly.

- Blaze-Temple and Howat (1997) found that the EAP provided significant cost-savings, especially in terms of reducing sickness absence and employee turnover. When a cost-benefit ratio was calculated for those who had received counselling compared to those without, the EAP had paid for itself (1:1 ratio). However, the study also reported that those who had attended self-arranged counselling outside of the EAP also increased in organisational productivity, and the cost-benefit ratio was more beneficial than the EAP counselling.
- Dainas and Marks (2000) found an overall 2:1 cost saving was reported in favour of an organisational EAP, as those employees (and family members) who had used an EAP had lower general medical costs and overall healthcare costs (although their mental health costs were still higher than those who had not used the EAP). Similarly, Klarreich, DiGiuseppe and DiMattia (1997) calculated a cost-benefit ratio of 2.74:1 for organisational EAPs, in a study using the cost of supervisor times and absenteeism as factors measured.

However, with the increased interest in understanding whether organisations generate a return-on-investment from their EAP, providers are concerned about pricing (Cekiso and Terblanche, 2015), as purchasers may be quoted differently for the same service. As a result, providers may submit lower prices. Therefore organisations may not only have to consider the price of EAPs, but also the quality of the service provided (Sharar and Hertenstein, 2006). Sharar and Hertenstein (2006) argue that the issue of the pricing of EAPs need to be addressed, and what the cost should be for a quality service, otherwise price may become how organisations choose their EAP provider rather than service provision, thus losing sight of the original mission of EAPs (Cekiso and Terblanche, 2015). Developing a method through which EAP providers can demonstrate return-on-investment, will both aid an organisation's decision to use EAPs, and to reduce the probability that EAPs may be removed from organisations when they experience financial problems.

In summary, although EAPs have the potential to improve the health and wellbeing of organisational employees, employers are increasing their attention and focus on how EAPs can provide services which also demonstrate economic effectiveness and a return-on-investment (Jacobson and Jones, 2010). However, currently there is a limited number of research studies looking at the economic costs and benefits of EAPs, and many of the studies conducted, because of the methodologies used to undertake the research, have led to tentative conclusions (McLeod, 2008). The studies that have been undertaken, in general, suggest that EAPs do cover their costs in terms of economic savings for organisations, but it is clear that many questions regarding an EAP's return-on-investment (and whether this changes over time) are yet to be answered. Research into return-on-investment has been slow, but is becoming of greater importance as providers are now competing in price and may be compromising quality as a result.

## Methodological barriers to EAP evaluations

From the research discussed above, it could be concluded that EAP evaluations have not, as yet, produced the quality of evidence that is required to enable an unqualified endorsement and support of EAP interventions in the management of health, wellbeing and stress of employees or other personal and organisational issues that can affect an employee and the organisation (Kirk and Brown, 2003). The process of defining and collecting outcome measures is still important for EAP quality improvement, and data for verifying the differences that EAPs can make is crucial (Jacobson et al., 2011), but a very difficult part of EAP evaluations. Csiernik (2011) reported that there is a greater need to conduct more in-depth evaluations, using both quantitative and qualitative methods, including longitudinal designs. However, the EAP literature has also discussed a number of methodological barriers to undertaking evaluations,

which could hamper the development of EAP and a full understanding as to whether EAPs do result in improved employee outcomes and organisational value for money.

### Confidentiality

One of the aspects that can assure the success of an EAP is the confidentiality of the service, with employees being able to seek help, at times without their managers knowing, and with the safety of knowing what is said would not be fed back to the organisation. As a result, releasing any information could destroy the reputation of a programme, if employees perceive the evaluation negatively (Highley and Cooper, 1994). Kirk and Brown (2003) and Csiernik (1995), also mentioned confidentiality as a barrier to evaluations, as once again, engaging in research could compromise this position, with Csiernik (1995) commenting that any probing evaluative questions was a situation that most client organisations and providers would like to avoid so that anonymity remains. This consequently means that there may be difficulties in accessing records and reports regarding EAP use, or complications with participant selection. McLeod (2008) highlighted that confidentiality also leads to difficulty in obtaining organisational data around factors such as workplace performance, sickness absence and disciplinary procedures, and precludes the opportunity in undertaking any longitudinal data regarding employees who may have accessed the service.

### Measures of utilisation

Amaral (1999) reported that there can be issues associated with the validity of utilisation indices that are reported by organisations. In fact Csiernik (2003) undertook a survey of utilisation in 154 organisations, not just about the level of utilisation in organisations but how it was measured and calculated. The survey highlighted that organisations used 19 different formulae for collating EAP utilisation reports, thus on occasions researchers may not be measuring like for like. Utilisation measurements differed through what could be detailed as a recordable case: a referral, a new case, a face-to-face meeting, a telephone contact, a return visit or a situation where a treatment plan has been agreed. The difficulties in measuring utilisation is also an issue for providers, as they have the objective of remaining competitive, while trying to remain profitable, but this is difficult as Masi (2011) concludes because there have never been common measures or measuring tools to gauge and compare aspects of performance.

### Missing data

Jacobson et al., (2011) noted that EAP evaluations could be challenging for EAPs of any size, but the situation is not aided as a result of EAP databases not often designed for formal evaluation processes, and often contain missing data. McLeod (2008) highlighted that the more missing data there is, the more likely it is that study findings can be mis-interpreted, and Jacobson et al., (2011) also reported that a lack of complete data also meant that researchers have a limited opportunity to conduct more complex statistical analyses, and have a limited ability to make broader generalisations regarding the effectiveness of EAP services. In their research, Compton and McManus (2015) found that 24% of their respondents did not keep relevant and up to date records of EAP use, thus hindering any attempts of an evaluation.

### Research design

Berridge and Cooper (1994b) reported that built into any EAP there must be its objectives, a subjective data collection process, a regular and systematic evaluation and then a re-evaluation of the evaluation process. However, differences in research methodologies and research design when evaluating EAPs have led to difficulties in gauging their true effectiveness. Kirk and Brown (2003) discussed that many studies pertaining to calculate cost-benefit analyses of EAPs usually did not include valid control groups for comparisons, and also did not collect longitudinal data to provide any long-standing evidence of EAP effectiveness, with Colantonio (1989), adding that there were few studies using designs where subjects were randomised into treatment and control groups. Arthur (2000) also claimed that there is a lack of properly controlled and methodically sound studies, and as many claims for the benefits of EAP use come from studies

from the USA about alcohol intake and work outcomes, he questioned the generalisability of the results to other organisational contexts. Csiernik (1995) cautioned that consideration needs to be made when drawing conclusions from research studies highlighting cost-benefit analyses of EAPs as a result of a lack of consistency in selecting criteria for evaluation and the inability to quantify some pertinent types of data.

## Providers

Highley and Cooper (1994) commented that in both the US and the UK, EAP providers have resisted attempts of any form of evaluation, usually claiming that EAP benefits cannot be easily quantified, and this could be strengthened as a result of provider fears that any cost-benefit calculations may not be favourable. If results are not favourable, then this reflects upon their programmes, and their businesses. McLeod (2008) also acknowledged that providers of EAP services are in commercial competition with each other, and are fearful that information about their programmes will be passed on, and so can create barriers to research evaluations, which has prevented the EAP field from developing as a profession (Jacobson et al., 2011).

In summary, although research has been undertaken in an attempt to establish how beneficial EAPs can be for organisations, a number of methodological challenges have been noted which could hamper their development. Issues such as problems with methodological rigour (control groups, RCTs, lack of longitudinal data) add to the complications of mixed definitions of concepts such as 'utilisation'. However, data confidentiality from EAP purchasers and providers also add to the limited opportunities for effectively evaluating the services provided. In fact, Csiernik (2011) concludes that there is a great need to conduct more in-depth evaluations, using qualitative and quantitative designs, to approach the basic questions that still remain in the field.

## Conclusion

Recent research has indicated that employee health is good for business and improving workplace health could generate organisational savings as well as benefiting productivity. EAPs, a relatively new form of workplace counselling (for both work and non-work issues), are increasingly being used in the UK, with the perception that they have an important role in operating at a high level of efficiency, quality and competitiveness. However, although there is some evidence to suggest workplace counselling can be effective for helping employees with psychological and emotional problems, current research does not yet provide clarity on what counselling approach is most effective, and what the critical number of sessions (or mode of sessions) was associated with reaching optimal effectiveness. Although the costs of EAPs have fallen, they are still not a core part of business, and so organisations have to consider whether EAP costs are covered by improvements in organisational outcomes. Current EAP research however has a paucity of evidence focussing on economic cost-benefits of EAPs, and many questions regarding whether EAPs provide a return-on-investment are yet to be answered. A review of the EAP literature has also indicated that there are many methodological challenges when undertaking EAP evaluations, indicating the need for further research in this area.



# Study Objectives and Methods

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The main objectives of the research included undertaking background, state of the market research into EAP provision and use for organisations in the UK, with an aim to understand the size, shape and trends within the UK EAP market. As the literature review highlighted there has been considerable data on the coverage and take-up of EAP and research on their organisational impact, however comprehensive research on their economic utility has remained relatively sparse. Therefore, a second objective for this research was to study and examine the present evidence of return-on-investments for EAPs, to allow for an independent and objective appraisal to be made of their pros and cons as well as an assessment of the economic returns that could be accrued from their use.

The methods that were used to meet these objectives included:

- Conducting an online survey of HR Managers/Professionals to determine the use, utility and value of EAPs (or the barriers to take-up among those who do not use them). The survey investigated the services provided by EAPs, why organisations invested in them (and in a particular provider), and the most common reasons for EAP use. The online survey also asked questions regarding EAP promotion within organisations, how and if the quality of EAP services are measured by an organisation, and whether any financial calculations of cost-effectiveness or return-on-investment are undertaken.
- In-depth interviews with a number of stakeholders on user perspectives of EAPs, to collect their views on the current utilisation and value of EAPs, how/if they measure their EAP (both in terms of employee wellbeing and financial return-on-investments), and how they think that the use of EAPs and the services that EAPs provide can be improved.
- An online survey for EAP providers, to understand the number of clients EAPs providers offer services to, the products that EAPs offer (e.g. telephone services, face-to-face counselling etc.), utilisation rates, gross revenue, gross profit and organisational surplus, and the quality standards that their EAP staff have.

## Results: HR Managers

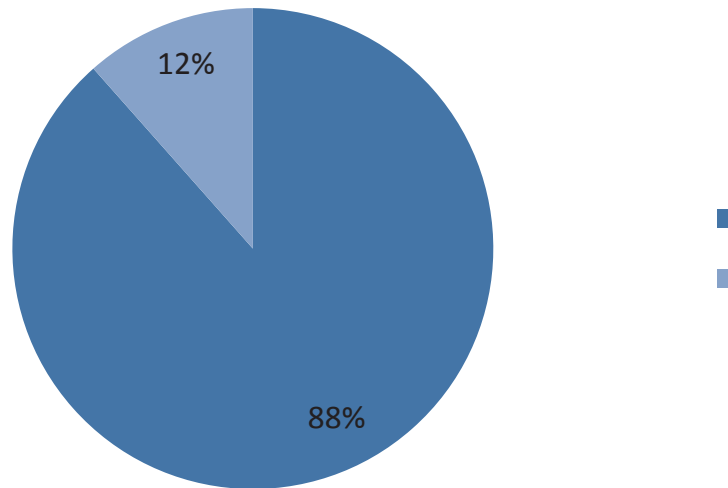
The survey for HR Managers/Professionals was answered by 78 respondents having been advertised through both UK EAPA and The Work Foundation websites and contacts, and through an article in HR Magazine. In-depth interviews were conducted with 10 HR Managers who were either involved in the procurement of the EAP for their organisation, or who were the EAP contract manager. All interviews were conducted over the telephone and thematically analysed. This chapter will report the results of both the online survey, and the in-depth qualitative interviews with HR Managers/EAP contract managers.

## Organisational use of EAPs

In total, 88% (69 organisations) of the respondents reported that their organisation used an EAP. When asked why they decided to invest in an EAP, the most common response was that having an EAP was part of the organisation's health and wellbeing plan (67%), followed by an EAP was

implemented as a way to reduce organisational sickness absence (49%), closely followed by the response that an EAP was a method through which an organisation could provide staff with support for particular issues (48%). Investing in an EAP to improve organisational productivity was only reported by 33% of HR Managers.

### Does your organisation use an EAP?



When answering a similar question in the qualitative interviews, the most common response provided by the HR Managers was that implementing an EAP was seen as ‘good employment practice’ as employees may have concerns, worries or questions that employers may not be able to answer (or that they do not want to disclose to their employers) and consequently an EAP is a service that is on-hand and able to provide support that employees require.

***“It is also about us being a caring organisation, we do care about our staff in the organisation, we care about their wellbeing and we want to be able to support them with the issues that they may be facing in their day to day lives.” (Participant 4)***

***“As a good employer it is important to provide such a service.” (Participant 5)***

As with the quantitative survey, many of the interviewees highlighted that an EAP was part of a wellbeing strategy that organisations were implementing in their organisation, as wellbeing at work was a stream that was being viewed as a having increasing importance. However, it is important to note that EAPs were often one component of the organisation’s health and wellbeing strategies, being implemented alongside other schemes such as the Virgin Pulse Global Challenge<sup>1</sup>, healthy eating initiatives, resilience training, and equality, diversity and inclusion practices, and as a result, when later discussing EAP outcomes, difficulties were voiced in highlighting the role of EAPs for overall employee wellbeing changes or improvements.

***“We are playing a part in advocating employee wellbeing and acknowledging that we think that is important...I couldn’t think about why we wouldn’t have it. It is very much part of our health and wellbeing package that we have for staff.” (Participant 8)***

***“We are putting staff health and wellbeing at the forefront of everything that we do, and the EAP is an example of that.” (Participant 10)***

Another organisational service that was often discussed to help organisations improve wellbeing was Occupational Health (OH). In both the online survey and the interviews, there was a mixed reaction about the relationship between OH services and EAP in organisations. For some there was a good relationship, where both EAP and OH services would refer clients to the respective sources of help, if they believed the other service would be beneficial. In some organisations,

(1) Formerly the Global Corporate Challenge (<https://globalchallenge.virginpulse.com/>)

all the different services that have been implemented to promote wellbeing meet to discuss how their profile could be improved – showing a proactive approach to service delivery. Managers were often key to highlight that EAPs offer something more distinct than OH, which is why they could justify having both. EAPs provided the confidential help for both work and non-work issues, and the service was instant, whereas OH was often cited as a managerial referral service to help those who had been on long-term sickness absence to discuss issues in relation to returning to work, workplace adjustments and fitness for work tests. However, for others, there was very little or no link between the OH and the EAP services, especially if there was competition for the services. For example, one survey respondent mentioned that the OH wanted to try and introduce counselling to improve their income. Some managers discussed wanting to develop improved communication between the services to find something more cost-effective.

The role that EAPs could play in sickness absence prevention or reduction was also discussed by a majority of interviewees. Managers explained that they had concerns about the level of sickness absence rates at their organisations, and referred to evidence from literature or other examples of good practice they had become aware of, where EAPs had been implemented to help reduce long-term sickness absence. This was described very clearly by one participant who explained:

***“At the time we had a lot of sickness absence, and the sickness absence rates were very high, in-particular around stress, mental health, anxiety and depression...and therefore the business case (for implementing the EAP) was to try and reduce sickness absence, and this was one of the methods to really try to assist with that.” (Participant 7).***

Other reasons for the why organisations invested in and implemented EAPs that were mentioned in the qualitative interviews included: as a result of the level of structural changes occurring in the organisation, implementing an EAP provided employees with an external service through which any concerns that could have an impact on their health and wellbeing could be discussed, and help could be offered; two organisation discussed that previous interventions similar to EAPs (such as in-house counselling services, or referrals to NHS programmes) were not very successful and often resulted in long waiting lists, and consequently the EAP with the instant access to a counsellor was considered to be more preferable.

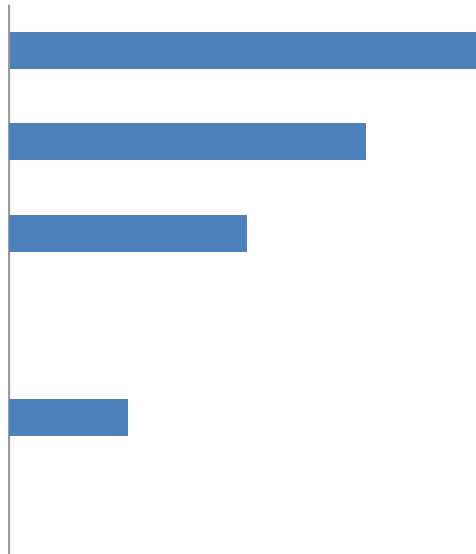
***“It has either helped them get back to work quicker, or has prevented them going off sick because they have had counselling that they can access a lot quicker than they could if they went through their GP.” (Participant 2)***

One participant discussed how the decision to implement an EAP arose from input from their trade union, who suggested EAPs as a support mechanism through which staff could be further aided. Finally, a number of respondents insisted that as a service EAPs were so valuable that organisations would be in trouble if they did not have it:

***“I think the word on the street is and always has been is that you really have to have one. If you don’t then your organisation will be in trouble.” (Participant 3)***

Twelve per cent (9 organisations) had not invested in an EAP, with the most common response for not having implemented the service being a lack of information about EAPs (44%), followed by the organisations already using other wellbeing practices or initiatives (33%). Cost was indicated as a reason for not having an EAP by 22% of these organisations. When asked what might persuade these organisations to start using an EAP, evidence of their effectiveness was clearly needed, with both evidence of cost-effectiveness (33%) and evidence that they improve wellbeing and productivity (33%) most commonly reported. As in the previous question, respondents also noted that they would like more information regarding the services that EAPs provide before a decision whether to use an EAP is made.

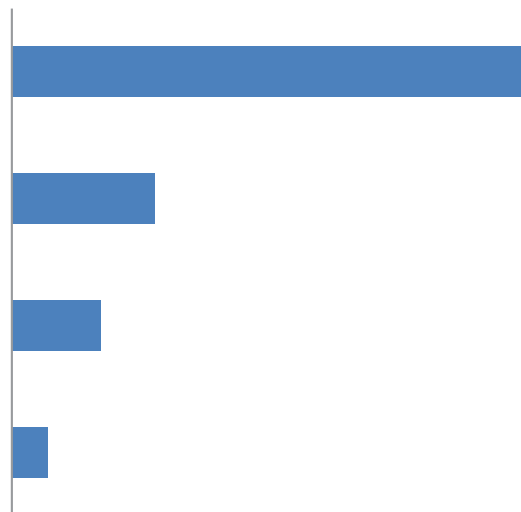
## Why does your organisation not have an EAP?



## EAP Service Provision

Organisations who did make use of an EAP were asked what 'type' of EAP they had (tick all that apply option). The majority of organisations (84%) had what in the qualitative interviews were often referred to as comprehensive EAPs, which included telephone services, online services and face-to-face counselling, 23% reported having EAP telephone and online services (although, in a number of cases in the qualitative interviews organisations indicated that they could pay for additional face-to-face counselling if required). A small number of organisations opted solely for telephone counselling (14%), whereas 6% of respondents had an EAP as part of their insurance policy.

## What type of EAP does your organisation have?



Survey respondents also provided information regarding the most frequent methods of contacting the EAP. Of the 57 responses, 84% indicated that telephone was the most common method, with 16% opting for the EAP website.

Many reasons were provided for why different types of EAPs were chosen, and why there could be different methods of EAP contact. The most common response referred to the accessibility to the service provided to employees, and organisations chose their provision method on the basis of enabling a range of options especially as staff in some organisations may not always have a regular digital connection or are based in offices, and versatility is needed to suit different access preferences. As such, offering a wide-range of services was often viewed as providing the ‘best support’ to employees. Respondents also commented that the immediacy of the response provided by having a range of service options was important, highlighting that the ability to speak to a qualified professional at any time of the day was a key decision maker when choosing service provision. The third most common response provided by survey respondents revolved around ‘cost-effectiveness’ and that the costs for the service seems reasonable for what the EAP would provide.

The qualitative interviews also highlighted the importance of having a range of services provided by the EAP. For example, having online facilities allowed for an added layer of confidentiality that may not be available from phone services:

***“The beauty of the service is that we have an online facility, so if you are in the office and you can’t pick up the phone you can do an online chat which is completely confidential, and they have strengthened this in the course of our contract...you can do that online with the counsellor, nobody around you knows what is going on, and you are getting some immediate support.” (Participant 8)***

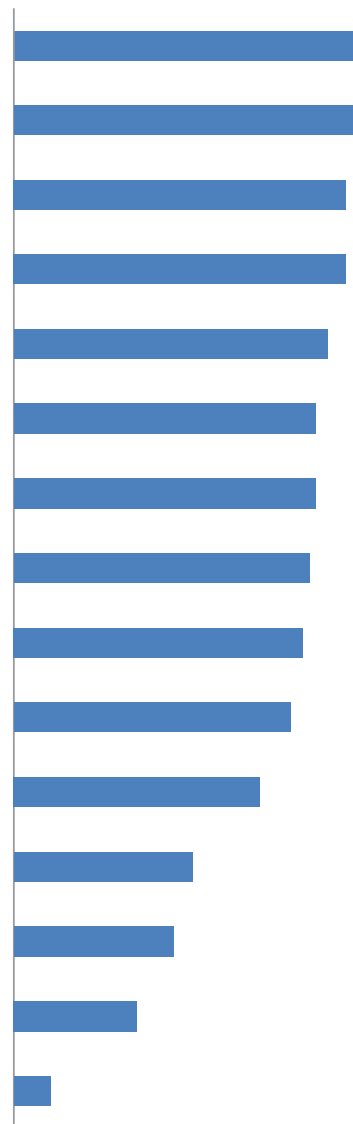
Additionally, the interviews also indicated that the different modes of service provision could also serve different purposes. For example, a number of respondents commented that the online services were focussed on the health and wellbeing aspects of the EAP, whereas the telephone service could cover a range of topics. It was also inferred that there could be an age difference in what services are used and by whom. For example:

***“There is a 24/7 telephone service which covers everything from legal advice right through to elderly care...that would just be an interview on the phone. They can have up to six face-to-face counselling sessions...and then there is the health and wellbeing service online, and quite a lot of people just chose that, particularly the younger generation would use something like that.” (Participant 6)***

Survey respondents were also questioned regarding what services their EAP provides (once again, a tick all that applied option).

Of the 59 respondents who answered this question, 95% reported that counselling services were provided by the EAP, and the counselling was offered through a number of options: face-to-face counselling (92%), structured telephone counselling (83%), and Online CBT (Cognitive Behavioural Therapy) (34%). A range of other information and guidance was also provided by a majority of EAPs, including: emotional, work-life and workplace issues (93%); money/debt advice (92%); legal information/guidance (86%); health advice (80%) and child and elderly care information (76%).

## What service does your EAP provide?



The survey results also indicated that EAPs were an important resource for managerial information, where managers can contact an EAP to ask for support as to how to manage problems they may be having in the workplace (68%), management consultation (49%) and management information on employee and organisational interventions (44%). This specific manager service was highlighted as a welcome attribute to EAP services. In some cases the EAP service also came into the organisation to provide specific training for managers who may not have been fully equipped to help employees with a mental health condition or personal issue that could be affecting their work, which was also seen as a beneficial service:

***“There is also a specific part, a dedicated part for managers, so if there is a manager and they are dealing with a tricky situation, so for example, they are dealing with a redundancy or dealing with a member of staff who is suffering with mental health issues, there is a dedicated management support section which they can access as well.”***  
***(Participant 4)***

Some organisations (especially multi-national organisations) mentioned other methods through which an EAP has provided additional services including crisis management, where a country specific incident may have occurred. EAP providers, in some cases (and on a few occasions, for additional costs as it may not have been previously agreed in the service contract) could also come into the organisation to provide training after a critical incident had occurred and

health and wellbeing training if/when an organisation was promoting the importance of health and wellbeing.

***“I think that it is a very useful support mechanism, particularly in times of crisis or critical incidents or things like us for us as a business to be able to know that we can support our employees in those very difficult times. I personally see it as very important.” (Participant 1)***

Although all interviewees reported that they found their service comprehensive, there were also some suggestions regarding how EAP services could be improved. Overall, these comments revolved around how EAP providers could do more to promote their services in the organisation (which will be discussed in more detail later), so that employees could make the most out of the advice that was offered. The other two issues centred upon the EAP being able to tailor their services towards organisational needs, whether that be adapting the training provided rather than resorting to ‘off-the-shelf’ information, and getting back to organisations more swiftly.

The level of service provision and the ability to negotiate specific contract benefits (such as training, promotion activities, the ability to deliver services globally and having multi-lingual counsellors or health and wellbeing awareness days) were often given as reasons why certain EAP providers were chosen to deliver services in organisations. Both the survey and qualitative interviews indicated many organisations chose their EAPs having gone through a procurement exercise, often having to choose on the basis of the quality and price of the service offered. One interviewee described how when deciding what EAP provider to use, their organisation decided to alter the usual procurement process, to place a higher emphasis on service quality:

***“What we have always done with this particular contract, is that we have always had the quality ratio higher than the cost one, so we would have a 70:30% ratio, whereas some other contracts are 100% price, or 80% price, this one we decided to get waived so we could do it on a higher quality than price side, of things. So the evaluation panel would then look at the submissions, and we would also invite them for interviews in terms of for further questioning to the panel, and we would score based on those.” (Participant 7)***

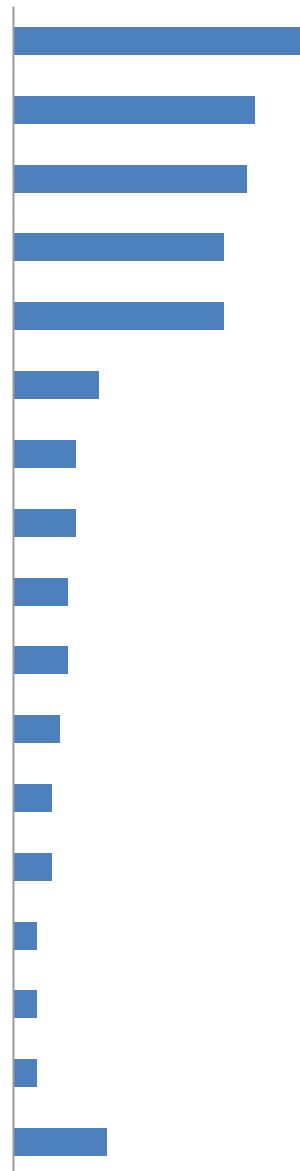
The reputation of an EAP provider often had a large role to play in determining which service provider to opt for. If contract managers had experienced good service provision previously in terms of accessibility, customer feedback and had an excellent organisational legacy, these factors increased the likelihood of an EAP service provider having their contract renewed. A number of respondents to the survey indicated that cost was a consideration, with one organisation reporting having conducted some cost versus benefit analysis from the information provided by EAPs during the tender process.

## **EAP Service Use**

An objective of the research was to gain an understanding of the issues pertaining to why employees (and employers) use EAPs. This is of interest as an EAP can be used for both work-related and non-work-related issues, but both can have an impact on organisational productivity and sickness absence, and having knowledge about the main issues could help organisations improve wellbeing or management in these areas.

Survey respondents were asked to indicate what the top 5 issues employees present with. Work stress was the most common presenting problem, with 70% of the 54 respondents who answered this question selecting this. Depression (57%) and family events (56%) were also commonly reported. A number of workplace issues were also reported, but not as frequently as other life events. For example, difficulties with line managers received 20%, workplace restructure was reported by 15% of managers, and bullying was 6%. Other options for why the service was used by employees included legal and financial issues, bereavement and general HR issues.

## What are the top five issues that employees present with?



Interview respondents were also asked highlight what they considered the top issues for contacting EAPs to be. Two of the participants were unable to answer the question as they had recently changed providers and so had not received the latest quarterly reports. Some other managers highlighted that reporting the top issues is actually a difficult task, as over the year the issues can vary dependent on what is happening at the organisation or in the individual's private life. Additionally an employee may ring up not knowing the key issue they require support with, or they may be focussing on a different problem that is causing their underlying anxiety.

***“Reporting the top three issues can be misleading, because some people will say right up-front that the issue is work related, when in fact when it is uncovered it actually turns out to be a relationship issue, maybe sort of socially or you know relationships within the family...” (Participant 6)***

At the time of the qualitative data collection the majority of managers confirmed the quantitative results by reporting that work stress was a major issue, although one manager clarified this



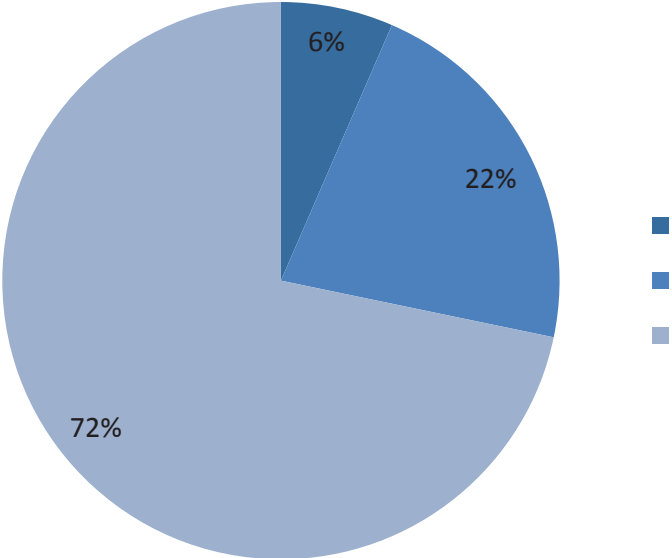
finding with the reasoning that as this is what people usually associated EAPs with. Personal issues were also often commented upon – although there were some discrepancies in how these were reported. Some managers labelled all non-work issues as personal, whereas others broke down this category into individual issues – the most frequently reported being bereavement, divorce, relationship problems and concerns with child management. This is further clouded as all these issues could come under the umbrella of ‘personal stress’ which was another reported category for contacting the EAP. One manager had a usage report that divided the most common problems into work-related and personal issues categories, with work related issues being concerns regarding employer relationships, work demands, and organisational change, and personal issues being relationships, debt and general stress related problems.

Organisations also reported a large degree of difference between the level of EAP use, ranging between 2.5%-16%. Some organisations indicated that this may not reflect true usage, as in some cases there were known incidents where one employee had used the service more than once. Many were concerned that their EAP was not used enough, and organisations where the use was higher highlighted the importance of having an EAP, as it was evidently filling a wellbeing gap. One interviewee was concerned that their high level of EAP use meant that their organisation was being poorly managed, but also reasoned that:

***“We have no evidence or correlation to say that just because the service use is higher, it doesn’t mean that you have lots of issues in your organisation, which is what I originally thought, but it could mean that people are aware that the service is there and so are using it.” (Participant 8)***

Survey respondents were asked how their current EAP usage compared to previous years. Of the 46 managers who answered the question, 6% indicated that EAP use had reduced, 22% reported that EAP use had increased, with 72% highlighting that the use had not really changed.

**How has this year’s EAP use compared with the previous year?**



Both the survey and the interview respondents provided a number of reasons for why any changes in EAP use were found. Most indicated that with EAPs there was constant change in demand because you can never know what is going on in an employee’s personal life. Variability in work-related issues commonly revolved around organisational restructuring and organisational change which led to periods of employee uncertainty, or increased employee workloads resulting in work-related stress. A number of managers also noted that changes in EAP use could have occurred as a new EAP had been implemented and so there was an increase in service promotion, and when there had been a reduction in use, this was commonly linked to variability in the promotion, and managers were keen to address this.

Interviewees often speculated why employees did not use the EAP. Some managers believed that employees either don't have any issues that they wanted to discuss or confide in anyone or they did not know that they actually needed the service. However, other managers voiced that more needed to be done to calm fears about the confidentiality of the service, either as there were fears that other employees could find out that the service had been used, or that HR or line managers would find out why they have used the service:

***“One problem is that the employees are worried about what information the organisation would receive, so if they call and speak to a counsellor I think that they are probably concerned about whether the EAP are going to feed anything back to the organisation.” (Participant 4)***

Managers were keen to highlight that confidentiality was something they always spoke about when promoting the service as they realised this could be a point of contention, or concern for employees. One discussed how they stressed that all information given was anonymised; that the data given in usage reports were not broken down in such a way that individuals could be identified, and when using the service employees did not have to give all their descriptive information if they did not feel comfortable to do so. In this way, it was the importance of:

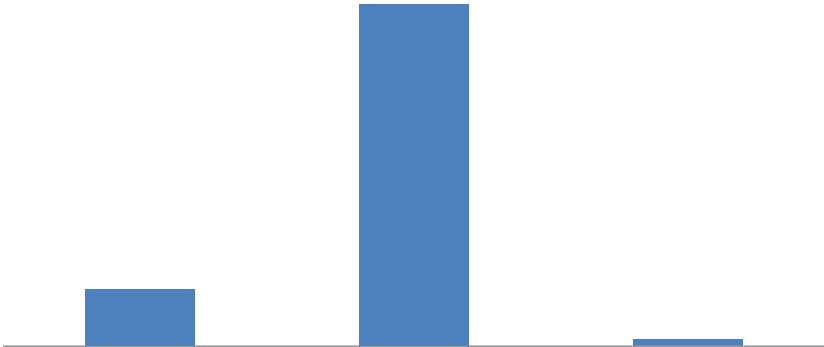
***“...re-emphasising when we say it is confidential, it really is confidential, and the information really won't come back to the managers.” (Participant 8)***

Many reasons as to why people did not use the service was often related to promotion in some way, whether this was related to employees not even knowing that the organisation had an EAP; employees may not be aware of what the service offered and as a result of that, there was an associated stigma that EAPs are only for counselling and health and wellbeing and nothing else:

***“There is a stigma. I think people don't recognise it as an Employee Assistance Programme, they just recognise it as some counsellors, or a counsellor company, even though it is not marketed like that, but that is what people generally consider it to be.” (Participant 7)***

The quantitative survey asked whether some employees at an organisation were not eligible for the service, and from the 57 who responded, 14% indicated that there were members of staff who were not eligible to use the EAP, 84% said that all were eligible for EAP use, and 2% were unsure.

**Are there any groups of staff not eligible for EAP use?**



For the 14% of respondents who reported that some employees were not eligible, the staff groups included: temporary or agency workers, contract workers, those covered under different services, under an alternative pension scheme and those in different areas of the United Kingdom who are not part of the organisation's insured income protection scheme.

## EAP Value to Staff and Promotion

Literature discussing EAP use has often considered how having the service is beneficial for organisations in terms of the potential positive implications for improved wellbeing, sickness absence and productivity, but also highlights the role they can have in providing benefits to employees as a result of the advice they can give. This research was also interested in the value of EAPs to employees, and what could be done to improve this. The online survey included an open ended question for HR Managers to discuss what they thought the value and benefits to employees having an EAP could be. Out of the 29 respondents who commented, the most common reply was that an EAP offered both an independent and confidential source of support, something that was external to HR and other managers, and that staff could receive high quality personal and professional support that those internal to the organisation may not be able to offer. Similar themes emerged throughout the qualitative interviews. The opportunity for independent, confidential advice for both work-related and personal problems was often described as an 'invaluable benefit'. For example:

***"Sometimes staff do not want to discuss their personal matters internally, so the EAP gives them that service, that place to go, where they can be anonymous and discuss their problems." (Participant 10)***

However, from both the survey responses and qualitative interviews, this was reported to be a very difficult question to answer, as in most cases the usage of EAPs was low (ranging between 2-16%), and there was the perception that employees saw the service as an 'insurance policy' or a 'back-up' for when an issue arose, and would use it, if they knew it was there. In this sense, managers often reported they thought that for the majority of employees an EAP was of little perceived importance. However anecdotal feedback suggested that when the service had been used, it had been of great value.

***"I think it is of great importance and great value, obviously, because I am in charge of wellbeing. However, whether the rest of the organisation sees it the same way, well, I think it is now of those things that is like an insurance policy. You never know that you really need it until the time comes that you need it...It is probably one of the best wellbeing programmes that we have, but whether anybody else feel like that depends on whether they have needed to use it I guess." (Participant 1)***

Some HR Managers highlighted short case studies in their interviews where employees have reported that the speed of the service, where there was instant access to a counsellor, or debt advisors meant that personal issues that often have a 'knock-on effect' or 'spill-over' for work productivity were dealt with in a timely manner. This was seen as being invaluable as anxieties and concerns were dealt with, and the EAP was a good starting point to instantly direct employees to the correct service. The other reported value discussed in the interviews was that employees had reported that the different modes of service delivery provided by EAPs was of importance, as not everyone felt comfortable using the phone, and the website access, or online discussions were also extremely valuable.

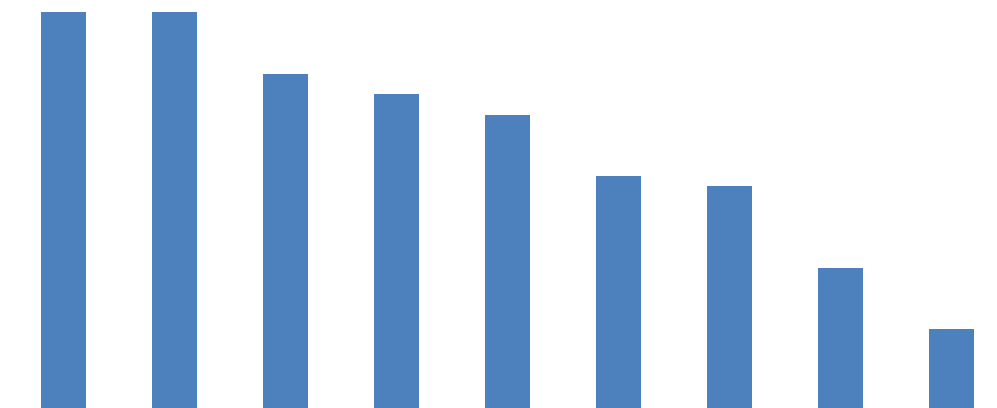
***"I think that if you look across the staff as a whole and come up with an average view of the importance of an EAP, then I would think that is quite low. But I think for those individuals who need support, but for that smaller group, then I think it has been vitally important, especially for those who have needed signposting to further professional resources." (Participant 5)***

A point made by both survey respondents and HR Managers interviewed was that the value of EAPs to employees could be improved and strengthened if EAPs were better promoted and communicated across organisations. In interviews managers often reported that the usage was low, and one major component of this was what an employee's knowledge of what an EAP was. Some managers saw this as a two way process however – the EAPs were being promoted in organisations, but it could be that staff were not reading the communication, or in some cases misunderstanding them.

***“As a benefit to staff it is there, but it is still probably underutilised. Because it is like anything isn’t it? People don’t read communications until they need it do they? It is important to staff, but it is also very important to the organisation if it is working properly and fully communicated – this means that staff cannot utilise the benefits from the service.” (Participant 7)***

There were a number of ways through which EAP services were promoted throughout organisations. In the quantitative survey, 49 respondents answered the question about the methods through which the EAP was promoted (multiple options were allowed), 80% of respondents indicated that the intranet and HR were the two main approaches. Posters (67%) and advertising the EAP during new staff inductions (63%) were also common approaches. Promotion through staff newsletters (45%) and the Trade Union (29%) were the least common methods. Other methods suggested by the survey respondents included promotion via podcasts and webinars, leaflets, wallet cards and through presentations by the provider.

### **How is the EAP promoted in your organisation?**



The qualitative data verified the survey data, with all HR Managers utilising similar methods of promotion including: using organisational intranet sites (however, it was often mentioned that this could be improved as the wellbeing information and contact details for the EAP were often hidden behind many other internal screens, and so needed more prominence); posters; through the induction to new starters; through discussions with line managers; organisational newsletters; leaflets; wallet cards and through informal discussions with staff.

HR Managers also discussed a number of difficulties that they had with promoting EAP services, and how this can be improved. One factor that was mentioned by the majority of HR Managers was the importance of line managers for promoting the service to those who they have contact with. The line manager was highlighted as they would have an employment relationship with the employee and recognise when an issue may be arising and so would be able to communicate the EAP to their staff.

***“There is absolutely a role that line managers can play, and we are finding that to be increasingly important. It can still get better, and there is still room for improvement...” (Participant 3)***

However, HR Managers also noted some of the limitations of using line managers for promotion. One provided an example where line managers were asked to hand out leaflets to each of their members of staff, but instead the leaflets were just left on the table for employees to take one

if they want one – so the challenges in ensuring line managers were undertaking the tasks asked of them were raised. Another participant highlighted that although line managers were in the prime position for promotion, they also had extensive workloads to complete and so adding an extra task to remember may not be ideal, especially if they are not up to date with the latest services that an EAP provides, or have not had line management training to help recognise when employees may be in need of help. One line manager did question the role of line managers over and above employees in general, and in their opinion every staff member had the role and responsibility to promote the EAP if they knew of another employee struggling with a work or personal issue:

***“Line managers are important, but I think that they are no more or less important than other members of staff...we haven’t particularly targeted line managers in a particular way, as they should be aware as anyone else in this organisation.” (Participant 5)***

As well as line managers, participants from both the survey and interviews discussed the role of the senior management team in both the successful implementation and promotion of EAPs. The qualitative data indicated that in almost all occasions the senior management team were very supportive of EAPs in organisations. In general the senior management team would be part of the tender process, suggesting that they thought EAPs were a beneficial initiative, although contract managers believed that more could still be done by them to promote the service, especially during times of organisational change and development.

***“On some levels they do support it, and in others, well it is not exactly that they don’t support it, it is just that there might be something else that is more important, or more pressing.” (Participant 6)***

However, only one interviewee mentioned that they felt the need to justify EAP usage to senior management, especially when it was low, and indicated that support of the EAP may waiver if there were funding constraints and EAP use was still low.

Comments from both the survey and interview data provide evidence suggesting that EAP providers need to take a more proactive role in promoting the service in organisations. HR Managers suggested that this could occur through presentations at health and wellbeing days, and when the service is launched – especially if the service is through a new EAP provider. Survey comments included implementing roadshows where providers could promote their services more explicitly and concretely to different audiences, and the development of an electronic ‘app’ that employees could receive was also suggested. It was clear that managers wanted more out of providers in terms of promotion, but they also wanted the ‘right’ people to promote it – providers who are engaging and would inspire people to use the service:

***“There really is a joint responsibility between the employer and the EAP to promote it. The employer commissions the service and if they want to get the best value from it then they do need to promote it. But equally the EAP need to promote it, to justify their existence.” (Participant 9)***

***“We have a benefit fair every year, and we get them to come in, and this is one of the reasons I had to change my account manager, because we would always ask them to do some kind of talk, but my ex-account manager would not really inspire anyone to do anything...” (Participant 3)***

HR Managers also discussed the difficulty in communicating the fact that EAPs were more than just a support line for those with mental health issues, and that other services (which could have an impact on an employee’s mental health) were also available. In interviews the strong connection between EAPs and mental health was evident, with HR Managers inferring that the EAP was mentioned when employees were about to take ‘sick-time off’, and realised that they ‘may not get to promote the other services as much as they would like’.

***“I mean, for me the EAP is more than just purely counselling. I do think that the EAP can be tarnished with a counselling brush, and I do think that is to do with how the service is promoted. So I do my absolute utmost to ensure the employees know that there are distinct aspects to EAPs and that it is not purely about counselling.” (Participant 6)***

A few of the HR Managers we spoke to highlighted that in some organisations there could be cultural issues which led to employees struggling to understand that accessing help is ok, both in the UK, and in organisations who had sites in other countries. They recognised that this was a difficult barrier to overcome. One HR Manager suggested that the name ‘EAP’ may not encapsulate all the services that EAPs provide, and the term could be off-putting for some staff members:

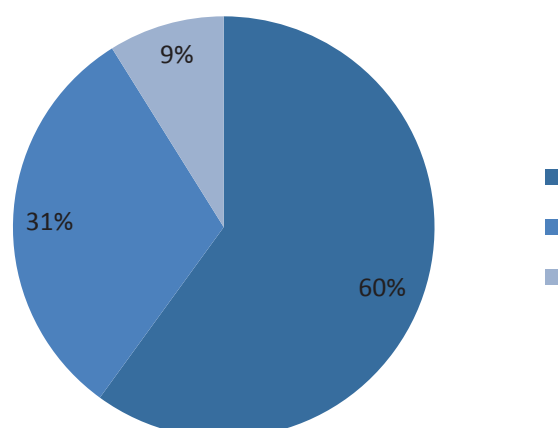
***“The EAP may need to change its name, because I think it’s just got to become a little more approachable. The term is off-putting. It is not clear what the service provides, and when you call something a ‘programme’ it makes you think like you are in some kind of system and are not going to get out any time soon.” (Participant 3)***

In this way, ideas for improvements to EAP promotion included regular proactive promotion of the service, instead of just reactive measures (for example managers highlighted that the EAP number was in return to work letters after a period of sickness absence, but recognised that more should be done earlier), ensuring that reminders of the EAP are sent to all staff and not just given to those going through inductions, EAPs should be given more prominence in team meetings and should be talked about instead of just having posters around the building. The regularity of reminders was often discussed, with one HR Manager observing that she now has the EAP number and a short blurb around EAP service provision in her email signature, so it is always there when e-mails are sent. One interviewee discussed the role of ‘wellbeing champions’ – members of staff interested in wellbeing to promote wellbeing initiatives across the organisational service areas. It was noted that there needed to be more champions with clearer objectives, but these could potentially improve the promotion of EAPs. Finally, both the survey and interviews were conscious that the message had to be accessible for ‘harder to reach staff’, including those who hot-desk, work flexible hours, who do not work in an office (examples given included rubbish collectors, street wardens) and those who work from home, but who are still eligible for EAP use.

## EAP Evaluation

Having understood how and why the service is used by employees, the research was keen to determine whether any evaluations of EAPs were undertaken to measure the quality of the service provided. Out of the 45 respondents who answered whether they measured the EAP quality of service, 60% responded positively, 31% indicated that they did not measure the quality, and 9% did not know. There were a number of methods through which organisations measured service quality, the most common being staff ratings (59%), the number of closed cases (56%) and sickness absence (37%).

### Does your organisation measure EAP quality of service?



Other methods of EAP evaluation included having quarterly meetings with providers to discuss performance, and what improvements could be made, reviewing the usage reports across the different modes of service provision (face-to-face, telephone and website use), and one organisation also measured the retention of staff who had used the service.

However, the qualitative interviews provided a lot of information regarding EAP evaluation and the difficulties associated with conducting evaluations. The majority of those interviewed reported that any evaluation was probably more 'ad-hoc' in its approach, and was heavily reliant on the quarterly feedback forms and meetings that they had with their service provider. HR Managers indicated that usage reports could be tailored to individual organisations on request of specific information, however the information usually requested included: statistics regarding service use, mode of use (e.g. if someone had accessed the website what area of the website they had used, or which areas of the website have been accessed most frequently), gender, age, organisational division and whether follow ups were necessary.

***“We probably don’t evaluate our EAP properly, we do monitor the usage, but this really isn’t an evaluation...We can only measure how important and how good the service is to our employees by our usage figures, and I get these from my provider monthly... and when people want to know what the usage is then I can tell them. They give me everything that I ask for.” (Participant 3)***

Another method of evaluation came from the feedback forms that providers ask service users to complete after having received the help required from their EAP however, there seemed to be a wide range of levels of feedback collected, and differences in how reliably participants would answer them. One interviewee revealed that their provider asked a number of valuable questions that could help with service evaluation:

***“There are a number of specific questions that they [the EAP] ask for those who have used the service. These include, did the EAP help you? Did you feel better at the end of the sessions? Do you feel better enough to carry on working? Did using the EAP enable you to carry on working without going off sick? So we get a lot of evidence from these questions which are self-reported from those you use it.” (Participant 9)***

When asked whether organisations had ever considered undertaking their own evaluations, HR Managers often responded that although it would be helpful to see what employees thought of the service and whether it could be improved, asking employees to evaluate the service was difficult as the topic was sensitive in its nature, and there could be a breach in the confidential nature of the service, as only those who have used the services would be able to answer. For a minority of interviewees, developing a way in which the service could be evaluated more comprehensively whilst maintaining confidentiality was something to be included when they renewed the contract:

***“It is hard to do, because you don’t know who you are targeting...there is the confidentiality of the service, so unless the manager has actually referred the person to the EAP, then we don’t know who is using it...so we can’t evaluate it formally.” (Participant 8)***

Anecdotal feedback was the main way through which HR Managers were able to find out what employees thought of the service and this was offered as having some form of organisational evaluation. Managers found that users were often happy to report when they had experienced a positive service from the EAP, which often happened through day to day conversations. In some cases, knowing that employees had had a positive experience was a helpful way to promote the service to others. Managers also said that they welcomed any complaints about the service, although these were few and far between, and these could be used to improve EAP delivery:

***“We have some anecdotal feedback from people who have actually accessed the programme, so if they have had a good experience, then occasionally they would come***

*to us and say that they have found this really good and useful. We certainly encourage this because it helps us to know that the EAP is providing the right service, and what the staff need from the programme.” (Participant 4)*

However, HR Managers understood that this form of feedback would not be able to provide the data that they needed to ascertain whether having used the EAP had been beneficial for reducing sickness absence and improving employee productivity. In many cases, it was not because managers did not want to conduct evaluations, but they saw difficulties in measuring the benefits of EAPs, both because some of the outcomes were intangible and because as one manager noted:

*“I think we can say that when people contacted them [EAPs] they were probably already at a high, or medium to high level of anxiety, or you know, in that state of mind, and therefore when they have reached the support, or been through the support mechanism, you would just expect their anxiety to reduce anyway, so the expectation is already there.” (Participant 7)*

## Financial Evaluation

One of the objectives of the research was to review whether organisations examine the cost utility of EAPs, or investigate a return-on-investment to see what wider value EAPs can provide to employers and employees. Results from the quantitative survey found that out of the 44 respondents who answered the question, only 9% had conducted return-of-investments, 86% had not and 5% did not know.

### Has the organisation conducted a Return-on-Investment calculation for the EAP?



The qualitative interviews provided a greater insight into the importance (or seemingly lack of importance) of conducting an economic evaluation of EAPs in organisations. None of the HR Managers interviewed for this research conducted any financial evaluation, and there were a variety of responses as to why this was the case. The most common response offered by participants was that managers were under no pressure by the senior management team or finance directors to provide evidence of cost-effectiveness or return-on-investment. In many cases having an EAP was seen as the ‘right thing to do’, and cost was therefore not a point of interest.

*“I have not been asked to do a financial evaluation or return on investment. I think that the EAP is just a good service to have, so we don’t have to justify it. It is an intangible benefit to staff, so it is really hard to put a value on the service that it provides.” (Participant 10)*

*“No we don’t do financial evaluations. We don’t have to justify the EAP usage as everybody sees it as something, as a benefit if you like, for staff to access, and it has never really been questioned at all since it has been here...the EAP is seen as an essential commodity for staff... it’s a question of the value for the people that use it.” (Participant 2)*



For some HR Managers the logistics around conducting financial evaluations were discussed, including the difficulties in identifying a robust and meaningful methodology through which return-on-investments can be conducted, and some even asked during the interviews if there was any known methods that other organisations have shared through which such calculations can be made. Others commented that the usage reports they received from service providers did not contain all the relevant information that was needed to calculate any financial evaluations, and although some 'assumptions' could be made, the evaluative methods would not be rigorous enough.

***“Do we check that we are getting an ROI? No. Because I think that you will find that if you speak to anybody, finding an ROI for wellbeing programmes is very difficult. You can resort to the method that if you have certain things in place then theoretically you are saving x amount of money from people not going off sick, but that is a very difficult thing to do...I would love to say what an ROI is, but there is no real way to be able to measure that at the moment that is robust enough to be meaningful.” (Participant 1)***

If assumptions regarding return-on-investments needed to be made, HR managers often spoke about using sickness absence data as an indication of improved health and wellbeing, alongside engagement survey findings. One manager described how the feedback that the provider gave them indicated that savings have been made as they would have reported in their usage reports 'x number of staff used this service, and x said that they would not have to take sickness absence because they had used the service'. However, for one HR Manager, basing return-on-investment or conducting any financial evaluation of an EAP based on sickness absence data was not an option for them:

***“I have not done a cost-benefit analysis or anything like that, because that would be tied up with sickness absence, and I said that I did not want the EAP to be measured against sickness absence because that it is just so difficult to measure that...I don't know how that can be directly related to the service. I am not going to look at absence levels because they can vary for many reasons, for ill-health, for all the different life factors.” (Participant 6)***

Although the organisations did not conduct any financial evaluations, phrases such as 'we use EAPs because they are cost-effective', or 'EAPs are cheap' were often given as benefits to the service. When questioned how HR managers could say this when no financial evaluations are undertaken, a variety of answers were given, including:

- that EAPs are cheaper in comparison to other talking therapies that organisations looked into:  
***“If we were going to provide this talking therapy differently, than it would cost a lot more, and that is how I can say it is cost-effective. So it is not about how much we could have saved in sickness absence, it is more about thinking how we could have provided the service differently, and I see it as cost-effective in that way.” (Participant 9)***
- HR Managers had been able to negotiate a cheaper contract price in their latest round of EAP procurement:  
***“I think for me, because I have now secured for our future contract something that is £7,000 cheaper from what we have had in the previous three years, with additional services added [it is cost-effective]. I am happy that we have got really good value for money for the next season of the contract.” (Participant 8).***
- The EAP is cheaper than the services that organisations had for wellbeing improvement previously:  
***“I think it is actually a really cheap service. If you compare it to what we had in place previously then this is actually far less expensive.” (Participant 6)***
- The costs of EAPs are actually very minimal per employee for the level of service they provide:  
***“I see it as an essential commodity, and you know, it's not going to be stupid money. The per head cost is minimal for the service that is provided. And therefore it is not really a question about money, but the value for the staff that use it.” (Participant 2)***

A number of HR Managers argued that return-on-investments could not be calculated as there was no real way of knowing that any changes in sickness absence, wellbeing or engagement scores that had been captured by any EAP provider data or internal organisational staff survey/ data collection methods was the result of having an EAP, as in many cases, the EAP was one of a number of measures introduced to improve employee wellbeing. Therefore any correlations that are made may not be truly representative of the role of the EAP:

***“Obviously sickness absence has reduced, but we can’t just attribute that to an EAP. We can lump it in with all our strategies...but it is very difficult to pin something down to one specific area.” (Participant 7)***

When being questioned about financial evaluations, a number of HR Managers did indicate that this was something that could be done, or should be done in the future, especially as other organisational programmes were more comprehensively evaluated. One manager recognised that conducting a cost-benefit analysis or a return-on-investment would make a stronger business case for EAPs and would help their organisation consider EAP providers, but that even if that happened, the CEO would still insist that having an EAP was not data or financially driven, but a service that was needed to help staff if/when they wanted to use it.

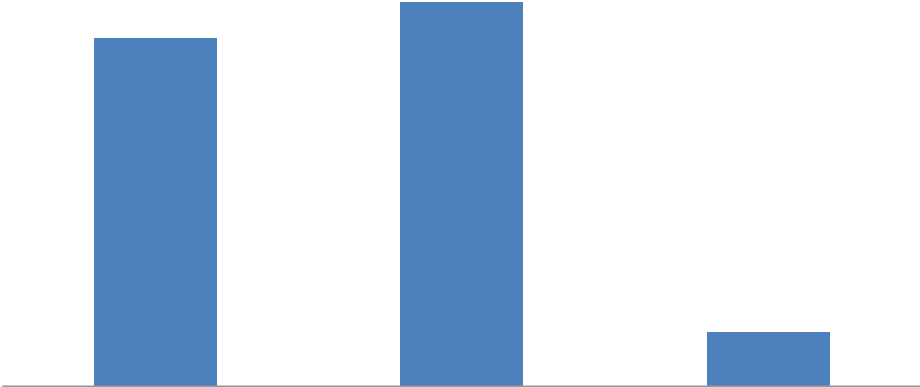
***“We have never need asked to do one [a cost benefit analysis or return-on-investment], but I think it is an area that we should be looking at, if only to add to the business case of why we need to have one in place.” (Participant 8)***

Another manager described how their EAP was relatively new to the organisation, and undertaking financial evaluations would be a future priority, however, promotion of the service to ensure that employees both knew it was available and recognised the full range of services an EAP provided was currently higher on their agenda. Finally, one manager noted that financial evaluations would be a beneficial undertaking that they should do it in ‘an ideal world’, but they did not have the time, the resources or the systems in place to collect the data necessary and then conduct the calculations, and that there were more pressing HR issues to respond to.

### Future Organisational Use of EAPs

HR Managers were asked to consider their future use of EAPs, both in terms of whether they have/will consider changing their EAP service provider, and whether they have considered cancelling the EAP service altogether. In the online survey, of the 43 respondents who answered the question, 44% had considered changing EAP provider, 49% reported they would not want to change their provider, and 7% said they did not know.

#### Has your organisation considered changing the EAP provider?



The qualitative interviews provided evidence as to why organisations may want to change providers. The main topic of discussion was whether the service continued to be value for money. Managers were insistent that this was not just based on the cost of the service this also included the level of service that they received for the fee, and the quality of the service experienced:

***“It depends on whether it continues to be value for money or not. So I don’t just mean what the overall cost is, but I mean what we are actually getting for that service, so whether the account management declines, or they are not responsive enough, or if the services like the training are not proving to be very useful...” (Participant 1)***

One manager provided an example of having to change their provider as initially they received poor quality of responses to requests, they were receiving complaints and poor feedback from employees. After a tender exercise, where a smaller EAP provider was chosen, they remarked on the better customer service, account management and improved service delivery, in essence the new provider had ‘better ethos and engagement’. Breaking confidentiality, putting obstacles in the way of employees accessing support services, and despondent account management were other reasons offered from changing EAP providers.

The relationship with the account manager was critical in developing this positive service delivery. The quantitative survey suggested that just under 2/3 of respondents had regular contact with their account manager (63%), 29% did not have regular contact with account managers, where 8% reported they did not know. Interviewees highlighted that if account managers have too many clients to cover then service quality reduced and contact with the EAP became more difficult:

***“I’ve just had to change my account manager because the previous relationship wasn’t working and you do really need to get the right account manager. If they don’t really understand your business and what you need, then it can actually be quite painful.” (Participant 3)***

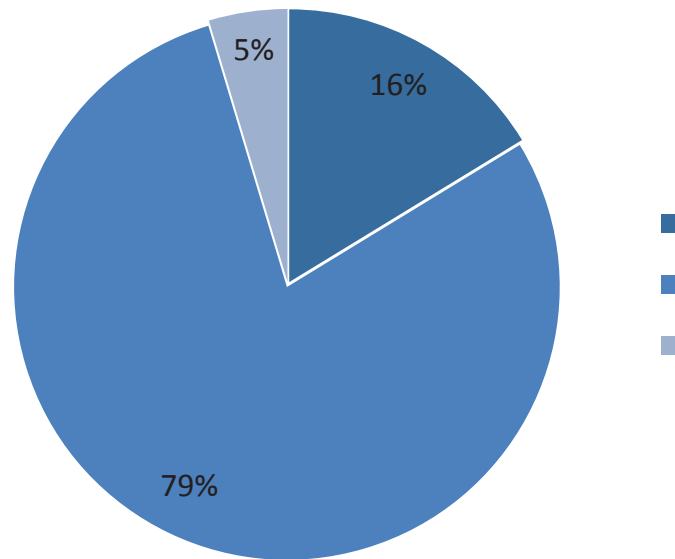
Another reason supplied for changing EAP providers was that some public sector organisations were part of a government framework, which meant that it would be more cost-effective for them when on the framework to procure EAP services rather than tendering as an individual organisation. They were keen to emphasise that the service of their current provider had been excellent, but with budget cuts in services, going through the framework may be best option for them.

Conversely, there were managers who were very happy with their current provider, and could not see any reason for changing their provider in the future. Once again, the account manager and the related service quality was a big influencer in this decision. Positive relationships were defined as honest and open, there was a willingness to partake in contract negotiation, swift replies when asked for information and a keenness to help wherever possible.

***“It has always been an excellent relationship, I get on well with all the members of their team (the EAP), and particularly the contract manager. We have got a really good business relationship. It is honest and it is open, and it is always about service delivery, so that never escapes us. It means we can be very honest in terms of contract negotiation...” (Participant 8)***

When discussing whether an organisation had ever considered cancelling their EAP service, out of the 43 respondents who answered the question, 16% indicated they would, 79% wanted to keep the service, while 5% did not know.

## Has your organisation considered cancelling the EAP service?



A number of reasons were given by the 16% who reported they would end their EAP contract. The most common response was as a result of limited utilisation. This was discussed in the interviews, with many managers commenting that although usage was low, they still considered the service to be beneficial for employees as it provided a ‘back-up’, ‘insurance’ or ‘piece-of-mind’ to both employees and managers.

***“I believe it is beneficial however little it is used, and potentially the benefits will be for both the organisation and the individual...it is something that I think is like an insurance policy. You know, if you don’t have to use it, it is all well and good, but it is there in case you do.” (Participant 2)***

All of the interviewees indicated that they were likely to keep providing an EAP in the future. Many respondents re-iterated the fact that they believed the service was cost-effective, provided value for money, and that there was a strong business case for having one. Others commented that providing the service in the future indicates that the organisation has a strong well-being component and that they can be viewed as a ‘good employer’.

***“I will not end the EAP contract, not for the moment and not in the foreseeable future. I think because it is cost-effective, but it is not just that, you know, to operate in the 21<sup>st</sup> century, you need to have an EAP in place.” (Participant 6)***

A few managers also described that if the EAP was taken away then there would be a gap in the organisation’s responsibility to help maintain employee wellbeing, and if there was not an EAP in place, then another service would have to be implemented that provided something similar.

In the qualitative interviews, HR Managers were also asked whether they would invest in EAPs in the future if they were taxed as an employee benefit. The majority of the respondents said that they would still invest in EAPs, explaining that the benefits of EAPs also outweigh the negatives, and the benefits of employees being productive in the workplace are much bigger than the cost spent, and that you would have to have something in place as EAPs are extremely valuable. Other managers reported that they probably would invest in EAPs still, but there may be under greater scrutiny about the value that they are getting for the overall cost:

***“I suppose that we would have to stop and think about the costs, and how much more we are talking about. So this might give us some pause for thought. I would just say that it would make us think, but I don’t think that it would be a show stopper.” (Participant 5)***

Some questioned how taxing an EAP would work. One HR Manager queried whether employees would opt in for the service if it had to be deducted from their pay, even though they predicted that it would only be a small amount of money. Another questioned what the knock-on effects would be for other members of the organisation, especially how the administration would work. Finally, one HR Manager thought that taxing an EAP as an employee benefit seemed to be counter-intuitive:

***“We would have to think about what the impact would be, and what the cost to the organisation would be. I think the whole thing would be counter-intuitive. I don’t understand why you would tax something that is potentially having a positive impact on work, and put that tax on the employees. We would probably still go for it, but it will make us think.” (Participant 9)***

## **The Role of UK EAPA**

Interview participants were asked about their understanding and knowledge of UK EAPA and how their role in the EAP market could be improved and what more they could offer organisations who provide EAP services. Half of the interviewees had heard of UK EAPA and half had not. However, some of those who had heard of UK EAPA admitted that it was purely accidental, or they happened to be at a conference at the ‘right place and the right time’ when their organisation was going through a tender process. One manager only found out about UK EAPA when:

***“I was tendering for a new EAP contract, and one of the reasons I am aware of them is because they came up on Google, and the advertising department alerted me to them. We were not aware of them before this, so it was when we tendered, and the EAPs talked about being a member of UK EAPA.” (Participant 9)***

While these organisations now look at the website occasionally to see if there were any updates or new information about EAPs or service delivery, one manager noted that:

***“I like to keep my finger on the pulse, and I like to know what is going on. I don’t think that you can confess to be an EAP contract manager and not be in touch with them.” (Participant 6)***

Despite that statement, 5 of the interviewees were not aware of UK EAPA. One participant noted that they had worked in the industry for a number of years but had never come across them, however, they did justify this statement by adding that they had never been involved in a tendering process, and that could be why. Another added that they had never had any issues with their providers and so had no need to look outwards for further guidance regarding EAP service implementation, evaluation or service development.

Participants provided a number of ways through which UK EAPA could improve their awareness amongst EAP contract managers – much of these were centred around raising their profile and visibility among contract managers. A number of contract managers spoke about the need to develop some form of EAP standards so that the consistency of EAPs could be measured to make it easier to judge EAP quality when undertaking a tender process:

***“Does UK EAPA have a register of all the EAPs in the UK? Because if they do, we need a way of measuring the consistency of delivery and quality of what we have. We are lucky that we have a good one here, but there will be bad ones out there I am sure. What they could have is a measuring system like the corporate health standard – so for example EAPs were able to say whether they were a gold, silver or bronze standard.” (Participant 8)***

A number of interviewees suggested that UK EAPA could improve their visibility through the use of social media, and developing webinars on topics regarding EAPs (e.g. tendering, promotion, how to get the best out of your EAP etc.). One participant suggested that there could be local meetings to discuss local organisational issues. Finally, a few HR Managers reported that UK EAPA needs to decide who its target audience needs to be, as there seemed to be more promotion among health and wellbeing topics, whereas targeting HR may be more helpful:

***“HR people will be amongst the biggest people that they would want to go out to. There is lots of industry press that they could be in, or make themselves known in, and raise their awareness in. I now know that they go to the big health and wellbeing shows, but I think that they could think a bit more widely about who their customers are.”***  
(Participant 9)

## Conclusion

The results from HR Managers responsible for EAP contracts indicate that EAPs are predominantly implemented as part of an organisation’s health and wellbeing plan, to reduce sickness absence, and because this would fit into the organisation’s values of being a ‘good employer’. The majority of organisations in this research opted for what was often described as a ‘comprehensive survey’ (face-to-face, telephone and online advice) as this provided a range of methods through which EAPs could be contacted, as well as matching different employee needs. Work stress was reported as one of the most common reasons to contact an EAP, although through more in-depth interviews it became clear that in many cases the original intention for using the EAP may not have been the underlying cause of anxiety, and thus determining what EAPs are usually used for can be complicated. Similarly undertaking evaluations of EAPs were also reported to be very difficult, with the confidentiality of the service and the methodology used to undertake the evaluation being the commonly cited explanations.

None of the interview participants had undertaken a financial evaluation of their EAP, even though they frequently used terms like ‘our EAP is cheap, ‘our EAP is value for money’ or ‘I see the EAP as providing a cost-effective service’. EAP use was variable among the research respondents however a universal acknowledgement was the importance of improving the promotion of the service to all members of the organisation, with line managers often seen as having an important role.

HR Managers predicted that they would continue to use EAPs in the future, because removing the service would leave a health and wellbeing gap in their organisation, and there was evidently some need for a helpline, and organisations wanted to be seen as ‘wellbeing friendly’. Some managers had considered changing their EAP provider, but this was rarely cost related, but connected to service provision. Finally, the role of UK EAPA was discussed highlighting that increased visibility was required by the association to have the most impact with those who manage EAP contracts in organisations.

# Results: EAP Providers

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Alongside the data collected from HR Managers, an online survey was also conducted by EAP Providers to examine the use of EAPs by their clients. The research was interested in identifying the main EAP products and services offered; the patterns of EAP use and the approximate scale of EAP business being conducted in the UK. In order to collect the data from EAP providers a confidentiality agreement was produced between The Work Foundation and EAPA members to protect commercially sensitive data.

Eleven EAP Providers answered all or some of the survey questions, although one provider failed to provide any quantifiable data, however they did answer two questions about the type of EAP products offered and a question about the quality standards held by the company. Of the remaining 10 EAP Providers, the data supplied contained a high proportion of missing data, and consequently the number of respondents who answered each questions will be reported.

## UK EAP Clients (Customer Organisations)

When answering how many clients does your EAP provide services to, 10 organisations responded, with figures ranging from 14 clients to 1885 clients, with the total number of clients being 3,420. Following from this, the Providers were asked how many of these clients are directly managed by them (and not by some form of intermediary) only 9 of the providers answered this question, with the total equalling 2,057. Providers were asked to calculate the headcount from their total number of clients that they offered services to, which for the 10 organisations who provided this data resulted in 6,142,979 clients.

## EAP Product Splits

EAP Providers were asked about the products that they offered their clients:

Of the 11 who responded:

- 11 offered EAP telephone information services, online services, telephone counselling and face to face counselling;
- 9 providers offered EAP telephone information services, online, telephone counselling;
- 9 providers offered EAP telephone and online services;
- 9 providers offered an EAP telephone helpline;
- 5 providers offered an EAP as part of an insurance policy contract with face-to-face counselling, and
- 6 providers offered an EAP as part of an insurance policy contract.

## Usage

The EAP Provider survey aimed to determine the usage of the services they offered to clients, and questions were broken down into the separate services offered.

### Online self-help

The total number of clients that online self-help services were available, out of the 9 providers who answered the question, was 3,281 (96% of clients received this service). Out of the client population 155,799 individuals had used online self-help in the last full year of data (out of the 8 respondents who provided data), meaning that 2.53% of the client population used this service. A total of 3,798 online self-help sessions were recorded by the 9 providers who had the data available, however 5 providers recorded delivering no sessions at all.

### Online counselling (chat room environment)

With regards to online counselling, 10 providers were able to provide data, and a total of 548 clients had this service available to them (from a total of 4 providers), indicating that only 16% of the total clients had access to this service. Providers were asked how many of the client population had used this service in the last full year of data they had, which totalled 50 (from 3 providers).

How respondents measured the use of online counselling differed, with 4 providers measuring page clicks and 3 providers using total number of users (only 7 providers responded to this question).

### Telephone usage

Providers were asked how many clients the telephone service was available to. Ten providers were able to respond to this question, with the total being 1,539 clients. This means that 45% of the clients represented in this data had access to a telephone service.

### Telephone counselling

Of the 9 respondents who reported data for this question, telephone counselling was provided to 1,545 clients, with the number of individual clients using this service in the last full year of data collection being 32,739. However, once again there was a slight discrepancy with how telephone counselling is measured with 9 providers measuring the number of specific cases and 1 provider measuring the number of calls.

### Face-to-face counselling

Nine providers reported on the level of face-to-face counselling provided to their clients, and this service was available to 1,487 clients (43% of clients had access to this). In the last full year of data collected 13,732 individuals in the client population used the service. Only 1 provider measured the use of face-to-face sessions using the number of sessions received, whereas the other 9 measured use as the number of specific cases.

### Legal information

The number of clients that legal information was available to totalled 1,482 (from the 9 respondents who provided data), and 10,072 employees in the client population used the service in the last full year of data (from 9 respondents).

### Financial information

Nine respondents reported data regarding financial information, with a total of 1,486 clients having access to this source of support, and among this client population 1,362 employees used the service to discuss such matters.



## Critical Incident Services

The critical incident services were available to 1,489 of the clients covered by the service providers who responded (9 respondents), with 544 uses from the client population in the last year (from 9 respondents, with one respondent reporting 0 uses).

## Total usage

Ten respondents provided what they considered to be a 'normal' level of usage for a full EAP. Percentage values ranged from 0-7%, with the calculated average at 4%, but the most common level reported was 5%. EAP providers described a variety of calculation measures they used to report what they considered to be this 'normal' level. A number of providers calculated this by using the number of clients who have used the service divided by the total headcount. However, there were discrepancies for whether this was for all those who has used the service regardless of access method, as some providers did not include online activity, others only included those who were 'thoroughly embedded' in the service and one provider reported that usage was based on the number of individuals who had called up and had a clinical assessment.

Other methods of calculating 'normal' usages included:

- Considering normal usage when 3% of eligible users contact the 24-hour helpline during any 12 month period;
- The calculation being based on the number of people using the service (be it legal, financial or counselling etc.) per 100 lives across the client portfolio; and
- The percentage of the total population that uses the helpline and the percentage of the total population that are referred to structured counselling.

This indicates that among the EAP providers who responded to the survey, there was no uniform method for calculating 'normal' usage.

## Presenting problems

EAP providers were asked to report the top five presenting problems from their utilisation reports in a number of different categories:

Presenting problems for work issues: Work stress/work pressures was a commonly reported theme by providers (9 responded, although not all 9 provided complete answers) as presenting problems (including work dissatisfaction and work change); bullying and harassment and conflicts at work (both with an individual line manager or interpersonal conflicts) were also frequently reported. A variety of work-related legal issues were identified, including: contracting/redundancy problems; HR or grievance issues; and, compromise agreements. The final theme under presenting problems for work issues covered sickness absence/sick pay and return to work policies that employees needed help with.

Presenting problems for non-work issues: Once again the presenting problems provided (9 respondents, but not all complete) can be broken down into a number of distinct themes. The first theme is related to health issues with anxiety, mental health in general, sleep disruption and addictions all reported. The second theme relates to relationships (including issues such as marital difficulties, family issues, divorce), with the third theme covering legal and debt issues (such as property law, family law, financial advice and tenancy).

Presenting problems for work-related clinical utilisation: Only 6 respondents answered this question and not all provided complete answers. Two major themes emerged from the data: work-related mental health issues and stress as a result of the work itself (e.g. role stressors, stressful demands, anxiety and depression with relation to work hours/sickness absence, changes to work), and the second theme being work stress as a result of organisational relations

(e.g. stressful working relationships, grievances, stress/illness resulting from bullying and harassment and stress as a result of redundancy or the threat of redundancy).

Presenting problems for non-work related clinical issues: Once again there were 6 respondents to this question (some with incomplete responses), with mental health (anxiety, depression and health) most commonly reported, sometimes in association with life events such as bereavement, divorce and relationships. Two providers reported that physical health was also an issue they had been asked about.

Providers were also asked to report other major services that they offered their clients that may not have been reported in the utilisation responses (7 providers answered this question). Training and managerial services were most commonly reported, although wellbeing initiatives and advice were also given. Some providers offered mediation, vocational support, biometric screening, immunisations and consultancy as well (although these were less common).

## Financial business data

EAP providers were asked a number of questions regarding their business and the financial data they collect. In terms of the financial data collected, five respondents answered the questions with a variety of responses including: income and expenditure data; full GAAP accounts; management accounts; turnover, costs and contribution and full monthly management costs. All respondents reported that the financial data is collected monthly. For the majority of participants financial data was reported to senior management and the financial departments/directors or business partners and the EAP business management teams.

Six of the EAP providers supplied data (although some was incomplete) regarding their full business data. One respondent reported their data in dollars (consequently excluded from calculations). Gross revenue ranged from £3,945 to £3,224,414 with the calculated average at £1,297,484 (although heavily skewed by two large revenues) with the median gross revenue at £649,000. Participants were also asked to provide details of any gross profit they received. Profits ranged from £1,970 to £2,546,836. The calculated average of the gross profits totals £756,037 whereas the median is £592,000. Only three providers were able to report if they had a surplus. One provider said there was not, whereas the two other providers reported a surplus of £57,000 and £562,390.

EAPs were also asked whether their gross revenue differed from the previous year. Although only 6 respondents provided financial data regarding their gross revenue, 9 EAP providers responded, with 6 participants saying that they had an increase in gross revenue, with 3 indicating a decrease.

## Conclusion

Only 11 providers responded to the survey (despite a number of reminders), and within the responses there was a high level of missing data, therefore establishing any firm conclusions regarding the state of the market of EAP use in the UK is difficult. However, with the limited data that was collected, we were able to establish that how providers calculate EAP usage differs (some measure clicks, others measure cases), indicating that standardisation with regards to the measurement of usage needs to be developed. EAP Providers also reported that work demands and pressures resulting in work stress were the main work-related reasons for contacting EAPs, whereas non-work issues were themed around health and anxiety problems, relationship issues (e.g. divorce) and legal and debt issues. There was limited financial business data (i.e. income, expenditure and revenue) provided, and for providers who supplied data, there were a large range of revenues, thus the calculated mean were heavily skewed. Therefore it is very difficult for to provide any firm conclusions.

# Discussion

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The research aimed to understand the state of the market of EAP use among organisations, and to highlight whether there is any evidence that return-on-investments are calculated or discussions of economic utility of EAPs in organisations occur. The findings have led to a number of contributions to the literature regarding the use of EAPs in terms of their use, their evaluation and how they can best be promoted in organisations. The research has also highlighted a number of difficulties in obtaining provider data to help determine the state of the market research. Finally, the role of UK EAPA as an associative body of EAPs has been discussed.

Previous literature has indicated that EAPs are implemented in organisations with the belief that the counselling and other associated services will improve employee productivity. The findings of both our quantitative and qualitative data suggests that organisations decided to invest in EAPs as this was part of their health and wellbeing plan, and provided an opportunity for employees to discuss issues (both work-related and personal problems) with somebody external and independent. It could be argued that as this would improve the health and wellbeing of their staff, the knock-on effects would lead to improvements in overall productivity, but the respondents were clear that being seen as an employer that considers the health and wellbeing of their staff was their priority. Implementation of an EAP to improve productivity was not mentioned per se, but could be inferred from a minority of respondents who indicated that EAPs were introduced to reduce sickness absence. As further evidence of organisations wanting to improve staff wellbeing, the majority of organisations provided 'full EAPs' (telephone, online and face-to-face service provision), which meant that staff had ease of access to the EAP through the mode of their choice (which was important for confidentiality in office situations or gave employees who worked in manual labour roles greater access to the service).

The use of EAPs varied between the organisations, and in the qualitative interviews when asked directly what average usage was, taking into account that there could be monthly variations, usage was reported to be 2.5-16%. The most common reason for employees to contact the EAP was related to work stress – which for some was not surprising as this was primarily how EAPs were promoted in organisations, and what HR Managers perceived employees assumed EAPs were focussed on. Personal relationship issues were also commented upon, with some managers clearly understanding that having the service available to deal with these issues was important, as there can be a cross over between personal stress and work which could have an impact on employee wellbeing and productivity. However, what became clear in both the HR Manager survey and in some cases from the provider survey was the discrepancy in how EAP Providers classify cases. Some used the umbrella term of 'personal stress' to cover issues such as divorce, bereavement, family issues etc., where others would have reported these as independent topics. Thus to gain a clearer understanding of why individuals use EAPs, there needs to be a clearer unified guidance as to how EAPs both measure and report this.

Discussions about service use often led on to EAP promotion and how this could be improved. HR Managers often mentioned that they would like to see the EAP used more frequently by their members of staff, and thought how the service was promoted plays a really important role. All organisations used similar methods to advertise their EAP – posters, leaflets, the intranet, wallet cards, inductions etc. However, there was a universal acknowledgement that something more

needed to be done, as managers would comment that the majority of their employees would not know the service existed, or would only seek it if they had a problem. Some managers acknowledged that only discussing the service at inductions meant that only new staff would know what the service currently provides, and suggested that launches of the EAP should be conducted every year. There was some evidence to show that there were still organisational barriers to service promotion, especially when discussing the intranet. Managers would like to have improved EAP visibility on organisational websites, and for the EAP to have the same organisational importance as other workplace initiatives.

The research highlighted that more could be done to promote EAPs in the organisation by two key stakeholders. A number of HR Managers in both the online survey and the qualitative interviews highlighted that EAP Providers need to take a leading role in helping to promote their services – either through a more dynamic literature campaign (better posters, leaflets etc.) or coming into an organisation on wellbeing days and visibly promoting the service. Some managers discussed having arranged this as part of their contract negotiations. However, others had the assumption that the EAP should provide this as part of their service de facto. Thus, how EAP Providers consider this role could be of increased importance in the future. The other key stakeholder in EAP promotion was line managers. Line managers have an important role in organisations in developing a positive employment relationship with those who report to them, to assist in employee personal development and to be aware of the health and wellbeing of those whom they manage. Therefore how aware line managers are of EAP services plays an important role in service promotion. Although, some HR Managers argued that line managers already have extensive workloads, developing an employment relationship is part of this. An important role for the EAP industry to consider is how they can engage with line managers, thus improving the impact that EAPs can have through embedding themselves with their key audience in the organisation.

It is also important to consider the barriers to EAP use noted by HR Managers, and how these can be overcome. One of the key comments was how the advertisement of EAP services were most commonly concerned with tackling an employee's mental health, and there was the perception that the ability to discuss personal or non-work related issues was not as well known. The idea that an EAP equated a counselling service was often mentioned, thus there is a clear need for EAP providers, HR Managers and anyone else involved in service promotion to improve the clarity of the message regarding the main functions of an EAP and the range of help that the service can give to organisations. Confidentiality was also noted as an issue as to why employees may not use the service. Once again, HR Managers provided examples of how they attempted to overcome this issue, but if there is a perception that EAP Providers do disclose personal information to the organisation, the industry and HR Managers need to find a way to clarify their stance on confidentiality and the importance of confidentiality throughout service delivery.

Determining the value of EAP services was very difficult for organisations to do. Although 60% of survey respondents reported to measure/evaluate the quality of the service provided, the majority of respondents and interview participants commented that this was most commonly measured through the usage reports or through anecdotal feedback from employees who had used the service. However, HR Managers understood that this wasn't a 'proper' evaluation of the service, and that more needed to be done to understand how to measure 'service quality'. Another method through which evaluations were conducted was by looking at the feedback questions that EAP Providers asked their service users. HR Managers also questioned how useful these were as they were unsure about how many of the service users actually completed the feedback forms. Queries regarding the ability 'to measure' utilisation and evaluations of the service echoed what was found in the literature, regarding the methodological difficulties of calculating utilisations, problems regarding data confidentiality, and how to appropriately measure the intangible benefits of the EAP service. There were also concerns about using 'sickness absence' as a measure of EAP value, as this may not be an accurate measure of

improved wellbeing, and it is also difficult to ascertain how much any improved wellbeing is as a result of the EAP over and above the other health and wellbeing initiatives organisations implement. Most organisations were interested to know how to measure service quality and conduct evaluations, and consequently the EAP industry may wish to develop this further.

The lack of evaluative measures was clearly demonstrated when asking whether any economical or financial evaluations were made. HR Managers in the interviews suggested that financial benefits were not important as they would have an EAP to be seen as a 'good employer' whether the EAP was cost-effective or not, and senior managers rarely asked for evidence of cost effectiveness. However, managers would justify their EAP as being 'cost-effective', 'good value for money' and 'not very expensive' if they were ever challenged about the service despite not having the evidence to show this. Some HR Managers mentioned that if a methodology to calculate return-on-investments were possible, then they would be interested in conducting an evaluation, especially if future budgets for such initiatives were reduced they would be able to highlight service value. However, some HR Managers noted that they can now negotiate good deals with providers and gain 'added extras' from their EAP, so services are becoming cheaper than they were, or in comparison to other initiatives that could provide similar wellbeing services. It is therefore important that quality and service evaluations are conducted to ensure that organisations are receiving value for money, and EAP Providers could use a return-on-investment measure as a way to promote their service or differentiate their services from others in a competitive environment.

The provider data collected for this research highlighted a number of issues with undertaking state of the market research, and calculating any financial evaluations, many of which cemented the findings of methodological challenges found in the initial research literature. Engaging with EAP Providers was extremely difficult. Many providers who were asked for data were unwilling to take part in the research for fear of anonymity and competition between providers. Additionally, amongst the providers that did take part in the research, the level of missing survey data made any significant data analysis difficult. Providers often mentioned that the data requested was either unavailable, the records were not up to date, or could not be calculated from their data sets. Further to this, although it was a small sample, we do have evidence that in some cases how provider's measure utilisation differs, thus trying to gain a measure from providers about EAP market use proved difficult. If the EAP industry wants to highlight its true value to organisational wellbeing, then being able to demonstrate their effectiveness and value for money is of key importance. However, this will have to be calculated in a unified way, so organisations will be able to make a qualified judgement regarding who they would like to procure business from.

The research also suggests however, that costs are not the only reason for why a specific EAP is chosen to provide a service. HR Managers indicated that having a good working relationship is really important – especially with the account manager. If this relationship was honest, open, responsive and the account manager was clearly concerned with the individual organisation and not just seen as 'one of many', then this led to a greater likelihood of the HR Manager indicating commitment to the provider. When considering the likelihood of using EAPs in the future, HR Managers admitted that they could not envisage their organisation without an EAP, but service delivery and service quality was more important than the cost of the service in keeping providers. Thus although EAP Providers are clearly concerned with disclosing financial information in-case this hinders their competition, they must also consider how they provide the service and the 'personal organisational relationship'. Consequently, developing methods through which service feedback can be universally measured and reported by the EAP industry could be an initiative to be considered.

Finally, the results highlighted that there is still work for UK EAPA to raise their awareness as associative body, and how they can improve the service they deliver.

## Limitations and Future Research

Although this research has provided interesting findings regarding the EAP industry in the UK, there were a number of limitations to the study. Although the online survey was promoted through a wide variety of methods (websites, articles, social media), the number of respondents were small, and may have only focussed on organisations who are already interested in HR/wellbeing issues, the work of The Work Foundation, or those who have some connection with EAPA. In this way, we may have limited our outreach to specific sectors or organisations and skewed our findings.

Additionally, conducting research in this way allows for self-selecting biases, either those who have had a really positive experience with an EAP or negative opinions. This is a particularly important comment when discussing the qualitative interviews, as these were selected from respondents to the online survey that said they were happy to have a further in-depth discussion. The survey responses also included those who did not have an EAP; however these individuals were not willing to be interviewed. This could have provided further insight into what EAPs could do to promote their services to organisations, why they are not used and what alternative services these organisations provide to allow employees to discuss both work and non-work related issues.

The small response (and the level of missing data) that we received from the providers also hindered our ability to provide an accurate representation of the state of the market of EAP use in the UK. If more providers had been willing to provide the data then it would have been possible to undertake a more thorough analysis of the data, both in terms of service use, and financial evaluation.

There is therefore scope for further research:

- To engage with EAP providers to understand their role in EAP service promotion, service delivery, organisational engagement and their role in EAP evaluations. It will also be interesting to gain a deeper understanding of their reticence to engage in research, their concerns about data sharing, and how this can be overcome to improve future research in this area.
- To be undertaken with organisations that do not use EAP services, to find out their reasoning behind this, what would change their minds, and what is needed in the EAP industry to improve the way services are promoted/delivered.
- To understand the perspective of other key stakeholders. This research was based on the perspective of HR Managers and their perception EAPs. However, it was clear that other key stakeholders in organisations are needed to implement, promote and fully evaluate EAPs. Thus future research could include the employee voice, line managers, senior management, and those involved in organisational finances, as these stakeholders may have differing views regarding the value of EAPs.
- Finally, to develop a methodology through which organisations can fully evaluate (both in terms of wellbeing and financial cost-benefits or return-on-investments) their EAP, and see how well the methodologies can be applied in real organisational settings.

# Recommendations

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## UK EAPA

- UK EAPA to improve its visibility among service users, developing webinars/social media training that can help organisations when tendering and choosing EAPs, highlighting changes in EAP policies or service provision, and developing EAP standards of good practice.
- UK EAPA to highlight the importance of all EAP providers engaging in state of the market research, so that there is a clearer understanding of the nature of EAP service provision, where improvements can be made, and enabling more in-depth evaluations of service delivery, including cost-benefit analyses and return-on-investment.
- UK EAPA to develop a standardised method for accurately measuring usage, so that clearer state of the market evaluations of EAP use can be made.

## EAP Providers

- EAP Providers to monitor and encourage best practice to ensure client satisfaction with the service.
- EAP Providers to ensure that they collect evaluative data, and keep up to date records of the service they provide to aid future EAP research.
- EAP Providers to appropriately train account managers – these were seen as key to ‘good’ service provision by HR Managers and were a factor in EAP contract renewal, consequently this will become of increased importance to providers.
- EAP Providers to recognise their role in EAP promotion in organisations, to help the organisation and show that they are invested in the organisation they are providing services to. When considering this, there needs to be an increased clarity in the message that EAPs are not solely focussed on aiding work-stress, but encompass a large range of services, including legal, debt and personal advice as well as counselling.
- EAP Providers to develop methods through which their service promotion can be more deeply embedded at the right levels of the organisation (e.g. to line managers and employees).

## HR Managers and Organisations

- HR Managers to develop (with the aid of EAPs) improved methods of EAP promotion in organisations – with a focus on line managers who they highlighted as being instrumental to EAP promotion.
- HR Managers (with the aid of EAPs) to develop improved ways in which the confidentiality of EAP services is discussed with employees to address employee concerns.
- Line Managers to recognise their role in advising their direct reports of the services that EAPs can provide in a proactive rather than reactive way.
- Organisations (but especially line managers) to create an organisational culture where the use of EAPs is not stigmatised, but is an accepted practice that can help individuals.

## Conclusion

Recent research findings continually emphasise the role that improved employee wellbeing can have for organisational productivity and outcomes, and organisations are beginning to realise the impact that both work and non-work issues can have for their employees. EAPs – a service specifically designed to improve and/or maintain the productivity and the healthy functioning of the workplace – are one of a range of methods through which organisations are beginning to engage with the wellbeing/productivity agenda. This research aimed to establish a state of the market evaluation of EAP provision in the UK, and to examine the present evidence of the use of economic utility (return-on-investment). The results highlighted that organisations have implemented EAPs as part of health and wellbeing initiatives and to be seen as a ‘good employer’, however difficulties with service promotion often meant that usage was low, or below what HR Managers believed it should be, indicating that EAPs may be more for the ‘piece of mind’ of HR Managers rather than of benefit to employees. Work stress was often quoted as the primary reason for accessing the service, although how effective the service is for improving wellbeing is still undetermined as there are many practical and methodological challenges to undertaking EAP evaluations. Financial evaluations of the service are rarely conducted, although managers believe the services that EAPs provide are cost-effective and value for money, despite the fact there is no data to support these statements. EAP Providers (as previous literature suggests) were unwilling to engage with the research, thus limiting any data analysis able to be conducted. The findings highlight many avenues for future research, including further work to develop methods for calculating economic utility and embedding these methods practically. Finally, the research also highlighted the role that UK EAPA has in improving the visibility of EAP practice, and developing a standardised measure to recognise ‘good EAPs’.



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# Appendix 1

## HR Managers Online Survey

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### HR Professional Questionnaire

The Work Foundation, on behalf of the Employee Assistance Programme Association (EAPA) are inviting HR professionals to take part in a survey in relation to the organisational use of Employee Assistance Programmes (EAPs). We are interested in why your organisation does (or does not) have an EAP, why EAPs are important and the quality of service that your EAP provides. All data collected will be stored confidentially and analysed anonymously. Any reporting will not name any organisation.

The Work Foundation would also like to undertake a series of interviews to collect some more in-depth information about EAP use. If you are willing to take part in an interview, please provide your contact details at the end of the survey.

Thank you.

### Organisational Use of an EAP

#### 1. Does your organisation use an EAP?

- Yes
- No

(If yes, continue with Q 4)

#### 2. If no, why does your organisation not have an EAP? (tick all that apply)

- Cost
- Not considered important
- Other wellbeing practices are used
- Lack of information about EAPs
- Don't Know
- Other (please specify)

#### 3. What might persuade your organisation to start using an EAP? (tick all that apply)

- Evidence of cost-effectiveness
- Evidence that they improve wellbeing and productivity
- Clarity of information regarding what an EAP provides
- Better support from organisational management
- Don't know
- Other (please specify)

(please continue to background section)

**4. What type of EAP does your organisation have? (please tick all that apply)**

- EAP telephone services, online, face to face counselling
- EAP telephone services, online
- EAP telephone helpline
- EAP as part of an insurance policy contract

**5. Why did your organisation choose this option? (free text)**

**6. Why did the organisation invest in an EAP? (tick all that apply)**

- Organisational Policy
- Part of a staff wellbeing plan
- Reduce organisational sickness absence
- Improve productivity
- Support particular issues among staff
- Other (please specify)

**7. Why did the organisation invest in the specific EAP provider? (free text)**

**8. What services does your EAP provide? (tick all that apply)**

- Money advice/debt management
- Child and elderly care information services
- Legal information and guidance
- Information on emotional, work-life and workplace issues
- Health advice
- Counselling
- Helpline support via counsellors
- Structured telephone counselling
- Face-to-face counselling
- Management referrals and support
- Management Consultation
- Online CBT
- Management information on employee and organisational interventions
- An EAP website with interactive content and information
- Other (please specify)

**9. What are the top five issues that employees present with?**

- Work stress
- Change in work role
- Difficulties with Line Manager
- Difficulties with co-workers
- Redundancy
- Job dissatisfaction

- Bullying
- Disciplinary
- Workplace restructure
- Life event
- Family
- Anxiety
- Depression
- Managing a Chronic Health Problem
- Return to work
- Substance abuse
- Other (please specify).

**10. What is the most frequent method of contacting the EAP:**

- Telephone
- Website

**11. Are there groups of staff who are not eligible for EAP use?**

- Yes
- No
- Don't Know

**A. If yes, which groups are not eligible?(free text)**

**12. Why are certain groups not eligible for EAP use? (Free text)**

**13. In the last full year of EAP data collection, what was the level of EAP use? (% usage)**

**14. How does this compare to previous years? (select one response)**

- Higher use
- Lower use
- Similar use

**15. Are there any organisational reasons that could explain EAP use patterns? (free text)**

### **Promotion of EAP in the organisation:**

**16. Do you have regular contact with an Account Manager about your EAP?**

- Yes
- No
- Don't Know

**17. How is the EAP promoted in your organisation? (tick all that apply)**

- Intranet

- Staff newsletters
- Through line managers
- Posters
- Occupational Health
- Induction
- Through HR
- Union
- Other (please specify)

**18. How do you think the communication of the EAP can be improved in your organisation? (Free text)**

**19. What is the proportion of staff go to the EAP themselves vs are sign posted to the EAP by their manager?**

- Self-referral .....%
- Management referral.....%
- Don't Know

**20. What is the nature of the relationship between your organisations Occupational Health and the EAP? (free text)**

**21. What else is happening regarding the health and wellbeing (including mental health) in the organisation that could affect use of the EAP? (Free text)**

## Quality of service

**22. Does the organisation measure EAP quality of service?(please select one response)**

- Yes
- No
- Don't know

**A. If yes, what measures does the organisation collect?(please tick all the apply)**

- Number of closed cases
- Staff ratings
- Job performance
- Sickness Absence
- Productivity
- Return to work
- Other (please specify)

**23. Has the organisation conducted return of investment calculations for the EAP?(please select one)**

- Yes
- No

- Don't know

**24. Has your organisation considered changing the EAP provider? (please select one)**

- Yes
- No
- Don't Know

**A. If yes, why?(free text)**

**25. Has your organisation considered cancelling the EAP service?(please select one)**

- Yes
- No
- Don't know

**A. If yes, why? (free text)**

**26. What is the current value of the EAP to employees?**

**27. How can this value be increased? (free text)**

**28. Have you any comments regarding successful implementation of EAPs and evidence of successful EAP outcomes? (free text)**

**29. What barriers have you experienced when implementing the EAP in your organisation? What can be done to overcome them? (free text)**

## **Background Information**

**30. What is the size of the organisation? (please select which applies)**

- <5
- 6-24
- 25-49
- 50-99
- 100-499
- 500-999
- 1000-4999
- 5000-9999
- 10000-49,999
- 50,000-99,999
- 100,000 or more

**31. Is the organisation (please tick which applies):**

- Single-sited
- Multi-sited



**32. What sector is your organisation in?(please select one)**

- Private sector
- NHS
- Other public sector
- Armed forces
- Other (please specify)

**33. What is the gender split in your organisation?**

- Males.....%
- Females.....%

**34. What region of the UK are you based in? (please select one)**

- North-East
- North-West
- Yorkshire and Humber
- East Midlands
- West Midlands
- East of England
- London
- South-East
- South-West
- Non-UK

**35. Will you be happy to be contacted for further information about your EAP if required for later stages of the research. If yes, please leave contact details below.**

- Yes
- No

Contact details

# Appendix 2

## EAP Provider Online Survey

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### EAPA Provider Questionnaire

The Work Foundation, part of Lancaster University, on behalf of the Employee Assistance Professionals Association (EAPA) are inviting EAP providers to take part in a survey examining the use of EAPs by their clients. We are interested in identifying: the main EAP products and services offered, patterns of EAP use, and the approximate scale of EAP business activity being conducted in the UK. This survey is being conducted in parallel with a separate survey of HR professionals to gather data on EAP utilisation. Both surveys are part of a wider study being conducted by The Work Foundation into the return on investment of EAPs.

All data collected from EAP providers will be stored confidentially and analysed anonymously. Any reporting will not name specific providers. A confidentiality agreement between The Work Foundation and EAPA members has been produced in order to protect commercially sensitive data. It can be retrieved via Paul Roberts, EAPA Executive Committee member. In addition, any queries about the study can be directed to either Paul ([paul@enlighten.co.uk](mailto:paul@enlighten.co.uk)) or to Dr Zofia Bajorek at The Work Foundation ([zbajorek@theworkfoundation.com](mailto:zbajorek@theworkfoundation.com)).

Thank you

#### UK EAP Clients (Customer Organisations)

- How many clients to do you offer EAP services to? (UK only) ..... clients
- What is the headcount that this covers? (UK only) ..... People
- How many of your clients are directly managed by you (i.e. not managed by some form of intermediary)? ..... clients

#### EAP Product Splits

What EAP products do you offer your clients? (please tick all that apply)

- EAP telephone information services, online, telephone counselling, face to face counselling
- EAP telephone information services, online, telephone counselling
- EAP telephone information services, online
- EAP telephone helpline
- EAP as part of an insurance policy contract with face to face counselling
- EAP as part of an insurance policy contract

#### Usage

This section aims to determine the usage of the services that your EAP offers to your clients.

#### Online self-help:

- How many of your clients is this available to? .....

- How many of the client population has used this in the last full year of data you have? .....
- How many sessions are delivered? ..... Total sessions

**Online counselling (chat room environment):**

- How many of your clients is this available to? .....
- How many of the client population has used this in the last full year of data you have? .....
- How is usage counted? Page clicks OR Number of specific users

**Telephone usage:**

- How many of your clients is this available to? .....

**Telephone counselling usage:**

- How many of your clients is this available to? .....
- How many individual clients have used this service in the last full year of data you have? .....
- How is usage counted? Number of calls OR Number of specific cases

**Face to face counselling service:**

- How many of your clients is this available to? .....
- How many of the client population has used this in the last full year of data you have? .....
- How is usage counted? Number of sessions OR Number of specific cases

**Legal information usage:**

- How many of your clients is this available to? .....
- How many of the client population has used this in the last full year of data you have? .....

**Financial information usage:**

- How many of your clients is this available to? .....
- How many of the client population has used this in the last full year of data you have? .....

**Critical Incident Services:**

- How many of your clients is this available to? .....
- How many of the client population has used this in the last full year of data you have? .....

**Total usage**

- What do you consider to be a 'normal' level of usage for a full EAP? Please state calculation method.

**Presenting Problems:**

From your utilisation reports, please list the top 5 information utilisation problems presented

a. For work issues ?

b. For non-work [personal] issues

From your utilisation reports, please list the top 5 clinical utilisation problems presented?

a. For work issues ?

b. For non-work [personal] issues

### **Other major related services**

Do you provide other major related services to your clients?

### **Your EAP business**

How many employed personnel do you have in your EAP business?

- .....clinical
- ..... non-clinical

In the last full year of data you have, what was your level of gross revenue from your EAP business?

Compared with the previous year was this:

- An increase?
- A decrease?
- A static position?

What financial data for the EAP business is collected?

How often is it collected?

Who is it reported to? (free text)

In the last full year of data what was your gross profit?

In the last full year of data what was your surplus?

What is the gender split in your business?

- Males.....%
- Females.....%

What proportion of your employees are:

- White.....%
- Mixed/multiple ethnic groups.....%
- Asian/Asian British.....%
- Black/African/Caribbean/Black British.....%
- Chinese.....%
- Arab.....%
- Other (please specify)

What level of qualifications do your employees have?

What quality standards can you demonstrate? (e.g. ISO901, ISO1400 etc).

# Appendix 3

## HR Manager Interview Schedule

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- How long have you had an EAP in place?
- Why did your organisation decide to provide an EAP?
  - Was there any evidence to suggest an EAP was needed?
  - Or was there an issue or incident that provided the catalyst to introduce an EAP?
- Is having an EAP at your organisation considered to provide a 'piece of mind' to employees?
  - In your opinion, should EAPs be seen as more than this?
- What do you think the benefits of having an EAP are?
- How important is the EAP to your employees / organisation? Do you measure or capture this in any way?
- What services does your EAP deliver?
  - How does your EAP ensure it delivers your organisational needs?
  - Is there anything that you would want your EAP to provide that it currently doesn't?
  - What else do you think an EAP can bring to your organisation?
- Describe the relationship / link between your EAP and Occupational Health services.
- In what way(s) does your organisation evaluate your EAP?
  - Is this evaluation undertaken by HR or another team within the business, i.e. finance or procurement?
  - To what extent are you under pressure to justify EAP usage by the board?
- How do you measure any financial outcomes of EAP use?
  - What more information do you need to calculate these outcomes?
  - Who do you have to report these outcomes to?
- How do you measure the utilisation of your EAP?
  - What does this tell you about your EAP?
  - What does it tell you about your employees?
  - What do you do with any information that you collect?
- What do you think are the top three issues / reasons why an employee makes contact with your EAP?
- What feedback do you collect from employees about the EAP?

- How do you share this feedback with your EAP provider?
- In what way does this influence any changes made with your EAP provider?
- Does your EAP provide you with any user feedback data?
  - Yes: how does the organisation use this? And who receives this information?
- How is the EAP promoted in your organisation?
  - Whose responsibility is it to promote the EAP?
  - In what ways do you think this could be improved?
- In what way(s) can your EAP improve the service it provides you? On what basis do you say this?
- How likely is your organisation to keep using an EAP service in the future?
- What, if anything do you think will lead to you changing EAP providers?
- What would make your organisation end its EAP contract?
- If your EAP was taxed as an employee benefit, would you buy it?
  - Yes / No: why?
- Are you aware of the UK Employee Assistance Professionals Association (UK EAPA)?
  - Yes: what do you think UK EAPA can do more usefully for EAP providers and users?
  - If No: How do you think they could/should improve their visibility?
- Are there any other comments that you would like to make about EAPs that have not been covered by this interview?
- Would you like to receive an update on the research findings when they are published?
  - Yes: please confirm your email address.

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