



UK

GUIDELINES FOR AUDIT

and

EVALUATION

for

EMPLOYEE ASSISTANCE PROGRAMMES

UK EMPLOYEE ASSISTANCE PROFESSIONALS ASSOCIATION

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1. GLOSSARY OF TERMS

The terms used within these Guidelines are defined as follows:

Audit	This is essentially a third party review, undertaken by an independent person or company, experienced in the field of Employee Assistance Programmes (EAPs) and/or counselling in the workplace. The audit will encompass all or some of the element of the contract agreed between the provider and purchaser. It is constructive three-way process rooted in the contract.
Audit Report	A written report detailing the findings of the audit, presented simultaneously to the provider and purchaser.
Audit Review Meeting	A formal and constructive review of the audit report in the presence of the auditor, purchaser and provider.
Auditor or Audit Consultant	Any individual or group of individuals contracted by the purchaser to carry out an audit of the service provided.
Case Manager	Ensures that the direct services process takes place in accordance with the provider's standards.
Counsellor	Any individual employed or contracted by the provider to offer the clinical aspects of the service.
Confidentiality	Audit and evaluation processes are totally Confidential and, if necessary, those undertaking audit or evaluation may be asked to sign a confidentiality agreement encompassing organisational, client and marker sensitive information.
Direct Services	Services provided directly to the individual employees of the organisation e.g face-to-face counselling, legal advice.

Evaluation	This is concerned with looking at whether The EAP is achieving what it set out to achieve. It involves the measurement of the effectiveness of elements of the service, for both the organisation and its employees. Evaluation is about comparisons or measuring against something else, even if it is an objective or expectation. The evaluation can be carried out by the provider, the purchaser and/or an independent person or company skilled in this area.
Evaluator	Any individual or group of individuals Contracted by the purchaser to carry out an evaluation of the service provided.
Management Services	Services provided directly to the purchaser by the provider e.g utilisation reports, programme awareness raising activities, service development.
Provider	The company, individual or group of individuals contracted to provide the EAP or counselling in the workplace for the purchaser.
Purchaser	The organisation which purchases the EAP or counselling in the workplace service, whether provided externally or using internal resources. The provider and purchaser terms apply equally to externally and internally provided services. For example, with an in-house counselling service the purchaser could be the Human Resources department, with the provider being an in-house counsellor.
Specialists	Any individual employed or contracted by the provider to offer the specialist elements of the service e.g lawyers, debt counsellors, information advisors.
Supervisor	A senior counsellor trained in clinical supervision.

UK EAPs

EAPs provide worksite focussed programmes to assist in the identification and resolution of employee concerns such as personal or work related matters, which affect, or may affect performance. The aim of EAPs is to enhance individual performance in the workplace to the benefit of both the individual and the organisation.

For further definitions, please consult the UK Standards of Practice and Professional Guidelines for Employee Assistance Programmes.

11. AUDIT

A. Purpose

There are a number of reasons for initiating an audit, which include:

- To verify that the quality of the service meets the expectations of the contract
- To verify the extent to which the current service meets the contract (there may also be some consideration of how good the contract is)
- To help with the development of the service (on-going improvement)
- To check what is really happening in terms of the running of the service
- To help mitigate against possible litigation if an individual client sues the purchaser for actions, information or advice for which they are seeking legal redress.
- To confirm that previous audit recommendations have been implemented

Audit must be a planned process which is seen in a positive way by all parties involved. It should not be used as an excuse either to reduce cost or to change provider.

B. Methodology

The audit should be paid for by the purchasing organisation, but the provider normally stands the cost of participating in the audit e.g the counsellors' time when being interviewed, etc.

The process of the audit is shown in detail in the flow chart at the end of this document. The small numbers in brackets correspond to the numbers as used in the flow chart. The audit begins with the purchaser informing the provider of their intention⁽²⁾ followed by the selection of an auditor⁽³⁾ and the setting⁽¹⁴⁾ or agreeing of standards⁽¹⁵⁾. An audit protocol⁽¹⁶⁾ must then be established before the audit is actually carried out.

Providers will satisfy themselves that the auditor is competent and qualified before providing access to any information – whether organisationally focused, confidential to clients or market sensitive. However, providers should not be able to veto an auditor just because they are not happy with findings from previous audits.

A comprehensive audit should consist of both a process audit and a direct services audit, although these may not necessarily be carried out at the same time. Audit can be a continuous on-going process or it can be a one-off procedure.

Audit must be carried out to previously agreed standards. These could be:

- Those which the purchaser and provider agreed before the service was introduced
- In-house counselling service objectives
- UK Standards of Practice and Professional Guidelines for Employee Assistance Programmes

If standards have not been previously agreed then these must be established as part of the audit process, before the audit takes place⁽¹⁸⁾. When embarking upon an audit it is essential to set realistic targets as to the extent of the audit or the time that the audit will take.

The auditor may be an individual or a company. The audit consultant must be competent to carry out the full audit (or part of it) and should be independent of both the provider and purchaser. Whilst internal company auditors within the purchasing organisation may, within the bounds of confidentiality, be able to conduct a process audit of an EAP (whether internally or externally provided), they should not have access to confidential client records and are therefore unable to carry out the direct services audit. An independent auditor should be appointed to carry out the direct services audit.

Individuals with experience of auditing programmes outside the UK must be familiar with British practice before embarking on an audit in the UK. Auditors who are members of the UK EAPA adhere to the UK Standards of Practice and Professional Guidelines for Employee Assistance Programmes, UK Code of Ethics and these Guidelines.

C. Process Audit

This part of the audit is primarily concerned with whether or not the service meets the standards previously agreed.

The Process Audit Procedure

This should:

- Assess whether the initial setting-up of the programme was as stated in the contract.
- Check that the promotion and awareness raising activities which occurred were as agreed
- Verify that appropriate links between purchaser and provider have been established
- Scrutinise the recruitment procedure and adherence to it

- A sample of counsellors and/or specialists may be interviewed, regarding the recruitment procedure, etc
- Look at the application forms from prospective counsellors and specialists, to see whether or not they have been properly completed and are current
- Check that the provider has verified the qualifications and supervision arrangements of counsellors and specialists
- Check the qualifications and selection procedure for this delivering management services
- Assess confidentiality of records and possibility of unauthorised access to them
- Check that access to all elements of the service is as stated
- Assess the EAP's adherence to standards previously agreed between the purchaser and provider

The Process Auditor

Those who conduct the process audit must be able to demonstrate extensive knowledge of EAP and counselling in the workplace. This could include, but is not limited to, experience of providing EAP's or experience of purchasing EAP's. The person should be asked for a detailed proposal about how they will conduct the audit before any decision about the person's competence to conduct a thorough process audit is made. It is not appropriate for a competitor to conduct the audit.

D. Direct Services Audit

This part of the audit is primarily concerned with those areas where confidentiality is an issue. It is concerned with the quality of the work done with clients, on a one-to-one basis, whether this is counselling (clinical audit) or e.g. legal or financial advice (specialist audit).

E. Clinical Audit

The Clinical Audit Procedure

This should include:

- Consideration of a random number of cases to assess the appropriateness of the referral. The size of this sample will depend upon the size of the EAP and should

be agreed before the audit commences. (10-20 case notes take about a day to read and assess)

- The case manager for the sampled cases may be interviewed, as may counsellors
- It is necessary to look at the appropriateness of the case studies used in any recruitment process.
- Look at and assess the appropriateness of the intake records of the service provided
- Supervision arrangements need to be assessed

The case notes must be selected by the auditor, not by the provider. It is important to recognise that all case notes and cases will not be perfect. Clinical audit establishes that the counsellors operate as specified in the contract and in line with UK EAPA Standards.

Clinical audit is not about outcomes. The outcome of a particular case being read does not have a positive or negative impact upon the EAP as a whole. If, however, a very bad set of case notes is read then it is usual to look at some more case notes from the same counsellor to verify that the problem identified has been recognised by the case manager and to review the nature of the action taken to rectify the situation.

The Clinical Auditor

The person who carries out the clinical audit must be a counsellor who is also experienced in supervision, reading and assessing case notes and short-term therapy within a workplace counselling environment. However, purchasing organisations may find it difficult to assess whether or not this is the case which is another reason why the approval of the provider should be sought at an early stage. The provider will need to verify whether or not the auditor's qualifications and training are sufficient to allow them to conduct a clinical audit. Providers should not grant access to case notes without satisfying themselves that the auditor is competent.

F. Specialist Audit

This examines the professional quality of other specialist components of the service not covered by the clinical audit e.g information, legal advice, financial advice, childcare, eldercare, careers advice. All these components of the service may be highlighted for audit at some point. Specialists in these areas should be used for this type of audit.

G. Internal Audit

Internal auditors, within the purchasing organisation, can monitor response times, the referral procedure etc. and may be able to complete the process audit. However, internal

auditors, for reasons of confidentiality, should not carry any of the direct services audit, or indeed parts of the process audit which require extensive knowledge of UK EAPs.

Providers should carry out their own internal audits but these should not be seen as a substitute for purchasers initiating their own independent audit.

H. Report

The final audit report should, if possible, be made fully and simultaneously⁽²²⁾ available to all parties involved i.e. to both the provider and the purchaser. A formal review of the findings should also take place with all parties present. There should be an opportunity for the provider and purchaser to ask for the report to be totally or partially re-written, where errors occur^(25,26), but any amendments to the audit report must be clearly documented. The audit process should be fully open, with nothing hidden from any party. However, specific case notes should be discussed only with the provider, in order to preserve confidentiality.

Where issues or areas for improvement are identified through an audit, these should be clearly highlighted to all parties and recommendations may be made. Any changes should be agreed between the provider and the purchaser, but a realistic time-frame for change but be established between them.

The audit report and subsequent review meeting represent the end of the audit process.

I. Flow Chart

The flow chart, at the end of this document, shows the detailed steps involved in the audit process.

The chart highlights the places where the work passes from one group to another which is where problems can occur.

The numbers are for identification purposes and do not indicate the sequence.

PLEASE NOTE:

It has not been possible to replicate this flow chart, but should you wish to obtain a copy, please contact jane@timms9026.freemove.co.uk with your postal address and a copy will be sent

III. EVALUATION

A. Purpose

The aim of this section of the Guidelines is to identify what can and cannot be evaluated and to discuss the benefits and limitations of evaluation.

Purpose

There are a number of reasons for initiating an evaluation, which may include:

- To ascertain what contribution the EAP has made to the business, including return on investment
- To consider whether there are any groups of people who are not using the service e.g. ethnic minority groups
- To decide whether or not to keep the service at all
- To decide whether or not to change providers
- To confirm that employees know about the service
- To check that the service is meeting the unique needs of the organisation and all its members
- To find out what effect the EAP is having on individuals
- To ascertain how people feel about the service
- To compare providers when the service is initially being bought or when new tenders are being sought for an existing service

Evaluation must also be a planned process particularly where outcome measures are involved, as it is impossible to evaluate retrospectively some outcome measures. It is essential to consider the reasons for conducting an evaluation and to utilise what already exists, in terms of data, etc. the importance of evaluation should not be overlooked as “evaluation empowers the purchaser”. Purchasers should expect some form of evaluation from providers as a matter of course.

It is important to be clear about what particular aspects of the EAP are being evaluated e.g. telephone helpline, face-to-face counselling, programme design, the implementation process, legal advice. It is also necessary to differentiate between objective measures which can be measured and calculated and subjective measures which cannot be objectively measured.

Audit and evaluation may be carried out at about the same time but they should be carried out completely separately and may need to be carried out by different people.

B. Process

The evaluations may be paid for by the purchasing organisation, the provider or a combination of the two.

The process involved in initiating and carrying out an evaluation is very similar to that employed for auditing and much of the auditing flow chart applies equally to both evaluation and audit.

Evaluation begins with the purchaser informing the provider of their intention, followed by the appointment of an evaluator and the agreement of objectives. An evaluation methodology must then be established before the evaluation goes ahead. It is impossible to evaluate against objectives that have not been agreed. There ideally needs to be an agreement between the purchaser and provider before the EAP is put in place as to what the objectives of the services are. If this was not done at the outset then objectives need to be agreed between all parties before the evaluation commences.

C. Evaluator

The evaluator may be an individual or a company. The person who conducts the evaluation must usually be able to demonstrate extensive knowledge of EAPs and workplace counselling.

However, this is not always necessary for simple attitude surveys. Where an outcome evaluation is to be conducted, the evaluator must have the appropriate training. The evaluator must therefore be competent to carry out the type of evaluation required and should be independent of both the provider and purchaser.

Both purchasing organisations and providers can conduct many forms of evaluation themselves. In instances where this is the case, the purchaser or provider may seek advice from an independent consultant with regard to how to carry out the evaluation or, in the case of purchasers, to seek confirmation that an evaluation carried out by a provider has been done properly. There is currently a shortage of expertise in this area but expertise will develop. Evaluators who are members of the UK EAPA adhere to the UK EAPA Standards of Practice and Professional Guidelines for Employee Assistance Programmes, UK Code of Ethics and these Guidelines.

D. What to Evaluate

The financial value to the organisation is obviously a big driver for evaluation an EAP, although there are many others. Evaluation can be split into two main areas: that which concentrates on the effects of the service on the individual employees; and that which focuses on the organisational effects of the EAP. It may also be possible to evaluate the effects of the EAP at team, group, departmental and/or location level. It is important to evaluate the organisational aspects of the WAP as well as the individual aspects. Qualitative information can be as important as quantitative information provided it is correctly presented.

Individual Level Evaluation

This may include:

- User feedback forms
- Pre and post counselling questionnaires
- Level of functioning before and after referral
- Manager ratings pre and post counselling
- The speed of return to work compared with before the EAP was introduced
- The extent of alleviation of stress

There can be difficulty in selecting control groups for use at an individual level because of the perceived lack of confidentiality.

Organisational Evaluation

This may include:

- Uptake or usage of service
- Awareness of the service or penetration
- Morale and motivation
- Return rate, that is. Number of clients re-contacting the service
- Percentage of work-related issues
- Adequacy of the session limit

- Adequacy of the assessment
- Extent to which the EAP management and counsellors understand the culture of the organisation
- Time keeping
- Efficiency
- Quality
- Performance
- Safety or accidents
- Customer complaints
- Absence
- Group performance indicators
- Company return to work figures
- Grievances
- Stress counts – percentage improvements
- Constructively resolved harassment
- Themes and trends
- Time-saved for managers and supervisors
- Private Medical Insurance (PMI) claims

E. What it is Not Possible to Evaluate

Obviously it is only possible to evaluate measures for which records are kept. Also, the instruments to conduct scientific organisational evaluations are not, as yet readily available.

Effects on the Bottom Line

it is difficult to evaluate the financial side of EAPs. Effects may be found on individuals but there will not necessarily be any directly measurable effects at the organisational level, because if only 5-10% of employees use the EAP then the impact at the organisational level may be small and needs to be kept in perspective.

However, when all of the individual consequences of the successful EAP have been properly assessed, the effects on the organisation can be significant.

Cost Benefit Analysis

This type of evaluation is carried out regularly in the US, making full use of the healthcare savings. It is less useful in the UK because the NHS healthcare system makes it difficult to evaluate properly the possible effects of an EAP on healthcare claims etc. It may be possible, however, to use PMI claims etc. where a company has a fully managed private healthcare system.

Pre and Post Counselling Measurement

There are pitfalls to the use of a pre and post counselling methodology. The main pitfall is that the use of code numbers cannot be avoided (in order to match up the two questionnaires from one person) and this can appear to compromise confidentiality, even though in practice it does not.

For this type of evaluation to be successful, providers need to be heavily involved. There is a great deal of difficulty in selecting control groups for this type of evaluation, although the use of a control group does enhance the rigour of the evaluation because it takes into account things which may be going on in the organisation at the time the evaluation is conducted.

REFERENCES

UK Standards of Practice and Professional Guidelines for Employee Assistance Programmes
Employee Assistance Professionals Association Inc.
EAPA Britannic Chapter, 1995

UK EAPA Code of Ethics, 1998

ACKNOWLEDGEMENTS

The UK EAPA thanks the following members and the Audit and Evaluation Sub-committee for their enthusiasm and for the time and effort they voluntarily contributed in the preparation of these Guidelines which are the first to be published by the EAPA anywhere in the world:

Carolyn Highley-Marchington - Chair

- Audit and Evaluation Sub-committee
The Highley-Marchington Consultancy, Independent Consultants, Auditors and Evaluators

Tim Cuthell

- PPC (UK), EAP Provider

John Fader

- Independent Auditor

Carolyn Gilchrist

- W H Smith, Internal Counselling Service

Melanie Lilley

- FOCUS Consulting Group, EAP Provider

Roger Pryor

- BT, Internal Counselling Service

The EAPA would also like to thank all those members of EAPA, and others who have helped in the preparation of these Guidelines.

March 1988