Leafyard

The EAP Evaluation Checklist

A buyer's guide to choosing an EAP employees will actually use (and that delivers measurable impact)

Most EAPs look the same on paper. The differences that matter show up in the first five minutes of real use — especially digital-first access, intelligent routing to the right help, and whether the service creates lasting improvement (not just a one-off conversation):

- Can someone get support immediately, at the moment they reach out?
- Are they matched to the right level of help, safely and quickly?
- Does the service create lasting improvement—or just a one-off conversation?
- Can you prove value without compromising employee trust?
- Is it an EAP "front door" built for 2025 (always-on digital entry), or a phone line with a portal attached?

This checklist is designed to compare EAP providers consistently, side-by-side, using criteria that predict adoption and outcomes.

How to use this checklist

Ask each provider to answer with evidence (demo, SLAs, policies, screenshots, example reporting), not reassurance. Where possible, ask for artefacts (e.g. redacted transcripts, sample triage flows, escalation paths, sample anonymised cohort reporting) rather than promises. Score each question:

- 0 = No / unclear
- 1 = Partly
- 2 = Yes, clearly

Then total the score—but treat the Red Flags as non-negotiable.

1) Access & responsiveness (employee experience)

The standard: low friction, fast support, available when people actually need it.

- 24/7 access: Can employees get support at any time (not just a contact form)?
- Immediate start: Can an employee begin support immediately (chat/phone), not days later?
- Digital-first entry: Is there a private, simple digital entry point (not only “call this number”)?
- Low-friction entry: Can an employee start support without hunting for credentials or navigating a complex portal?
- From anywhere: Can support be accessed from any screen/page (not buried in a menu)?
- Clear SLAs: Are response times defined and measurable?
- Works for real workforces: Does it hold up for shift workers and distributed teams?

2) Intelligent triage & matching (right help, first time)

The standard: the service routes people to the right pathway quickly and safely.

- Structured triage (prove it): Is triage a conversational assessment and routing system (not just a topic menu)?
- Risk escalation: How are higher-risk situations handled, and how quickly can they escalate to live support?
- Stepped care: Are there multiple levels of support (self-guided → coaching → counselling → specialist referral)?
- Matching quality: How do they match employees to practitioners (availability, speciality, language, preference)?
- Continuity: Can employees keep continuity of care, rather than repeating their story every time?
- Specialist network depth: When specialist support is needed, how broad are the pathways (e.g. specialist helplines/partners) and how quickly can users be connected?
- Role clarity (safety): If AI is used, is it clearly disclosed, governed, and limited to triage/signposting (not diagnosis or therapy)?

3) Clinical quality & governance

The standard: safe, credible support with real oversight.

- Clinical governance: Named clinical leadership and governance model.
- Accreditation: Practitioners are qualified/accredited with ongoing supervision.
- Safeguarding: Clear safeguarding policy and escalation triggers.
- Quality assurance: Quality measured beyond "satisfaction"—what do they do when quality slips?
- Evidence base: They can explain the model plainly and defensibly.

4) Lasting change (beyond a helpline)

The standard: prevention + a structured path to improvement over time.

- Programme/journeys: Is there a structured, long-term journey that supports behaviour change over weeks/months (not just one-off advice)?
- Practical tools: Do employees get tools between sessions (guided actions, exercises, journalling, content)?
- Personalisation: Does the experience adapt based on progress and need?
- Useful before crisis: Is it designed for everyday stress, sleep, motivation, resilience—not only emergencies?
- Re-engagement: What brings employees back after week one?
- Behaviour change design: Can they explain how they drive adherence over time (nudges, progressive goals, reduced choice, etc.)?

5) Limits, caps, and queues (where EAPs quietly fail)

The standard: access that doesn't collapse under demand.

- Session caps: Are sessions capped? If yes, what happens when someone needs more?
- Queue transparency: Are wait times visible and managed?
- Peak demand: What happens during spikes (critical incident, redundancy, seasonal stress)?
- Fair access: How do they avoid "first come first served" inequity?
- No dead ends: Does anyone hit a dead end without a next step?

6) Privacy & trust (will employees actually use it?)

The standard: trust-by-design, explained in plain English.

- Confidentiality explained: Clear explanation of what the employer can/can't see.
- Designed for trust: The experience feels safe even in smaller teams.
- No workplace linkage by design: Can employees sign up and use the service without it being tied to workplace systems/SSO?

- Small-team safety: What specifically prevents 'I'll be identifiable' fear in a 20—50 person organisation?
- Data minimisation: They collect only what's needed for care.
- Non-identifying reporting: Employer reporting is aggregated and non-identifying.
- Tone reduces stigma: Modern, normalising language (not "something's wrong with you").

7) Outcomes & insight (value you can defend)

The standard: measurable outcomes without compromising privacy.

- Outcome measures: Measures change over time, not just usage.
- Actionable analytics: Reporting supports decisions, not just dashboards.
- Board-ready outputs: Can HR export a board-ready summary (e.g. PDF) with clear narrative and trend lines?
- ROI story (defensible): Can link credibly to business outcomes with clear assumptions (without over-claiming).
- Benchmarks over time: You can track improvement vs your past.
- Continuous improvement: Regular review and optimisation process.

8) Implementation & engagement (beyond "posters and prayer")

The standard: a real adoption engine across 12 months.

- Launch plan: Clear rollout plan with timeline and responsibilities.
- Manager enablement: Support managers appropriately (without making them therapists).
- Comms assets: Modern comms employees will read and trust.
- Ongoing campaigns: What keeps engagement alive after month one?
- Support for change moments: Critical incidents, restructures, peak pressure.

Red flags (treat as deal-breakers)

If you hit two or more, expect weak adoption and limited impact:

- Claims without evidence: "we can do that" but nothing to show.
- Session caps with no clear pathway beyond them.
- Triage is a category picker, not a routing system.
- Employer reporting is either meaningless vanity metrics or feels invasive.
- Engagement plan is basically a PDF and some posters.
- 'Digital' is just a directory: the portal/app mostly points to a phone number and PDFs.
- No proof of sustained engagement: they can't show retention/continued weekly usage beyond launch.

Copy/paste questions for suppliers (RFP-ready)

- Describe your triage model and escalation process, including response-time SLAs.
- Confirm whether sessions are capped. If capped, define the cap and the pathway beyond it.
- Explain how you deliver lasting behaviour change, not only point-in-time support.
- Explain your privacy model and exactly what employers can and can't access.
- Provide examples of outcome measurement and how you recommend action based on insights.
- Outline your 12-month engagement plan (launch + sustained adoption).