Guidelines for counselling in the workplace

by Rick Hughes and Andrew Kinder
Association for Counselling at Work
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Guidelines for counselling in the workplace

Written by Rick Hughes and Andrew Kinder on behalf of and in collaboration with the Association for Counselling at Work (ACW) and published by The British Association for Counselling and Psychotherapy

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1. About the Association for Counselling at Work (ACW)

ACW is the specialist workplace division of the British Association for Counselling and Psychotherapy (BACP). ACW exists to progress best practice in counselling at work and other employee support interventions, including coaching, mediation, stress auditing, stress management, trauma management and information services. We achieve this by offering a forum for all professionals with an interest in employee support and psychological health at work. ACW is also the professional home for workplace counsellors, providing a range of member services including online community forum, regional and special-interest networks and a quarterly 40-page journal. The website - www.counsellingatwork.org.uk - provides details of forthcoming events and free downloads of recent journal articles.

ACW vision:
For everyone in the UK to be happy to go to work, confident they have access to appropriate support within a positive culture, thus increasing the wellbeing, health and motivation of the workforce and maximising productivity.

ACW mission:
To lead on wellbeing at work and become the primary point of reference on providing effective support for employees in difficulty, and developing cultural change programmes that improve company wellbeing.
2. About the British Association for Counselling and Psychotherapy (BACP)

BACP is established for counsellors and/or psychotherapists working in either professional or voluntary settings, whether full or part-time, with a view to raising the standards of counselling and/or psychotherapy for the benefit of the community and in particular for those who are the recipients of counselling and/or psychotherapy. BACP seeks to advance the education of the public in the part that counselling and/or psychotherapy can play generally, and in particular to meet the needs of those members of society where development and participation in society is impaired by emotional, physical or social difficulties.

BACP vision:
An emotionally healthy society.

BACP mission:
To enable access to ethical and effective psychological therapy by setting and monitoring professional standards.

3. About the Guideline’s supporters

We wish to thank the following organisations for supporting this publication:

HSE
The Health and Safety Commission is the body responsible for the oversight of health and safety matters in the UK. The Health and Safety Executive and Local Authorities are the enforcing bodies who work in support of the Commission.

BOHRF
The British Occupational Health Research Foundation (BOHRF) is an award-winning niche charity specialising in the provision of evidence-based solutions to practical questions asked by employers and their advisers in both private and public sectors.

COHPA
The Commercial Occupational Health Providers Association (COHPA) is a trade body promoting the benefits of occupational health.

EAPA
The Employee Assistance Professionals Association (EAPA) is the professional body for Employee Assistance Programmes (EAPs). It represents the interests of professionals concerned with employee assistance, psychological health and wellbeing in the UK.

4. Executive summary

These guidelines are written for those responsible for, or thinking about, purchasing a counselling provision for an organisation. The guidelines aim to summarise the key variables likely to impact on a purchasing decision and offer up-to-date industry good practice, including a series of case studies which illustrate different models that are available. Those with existing provision, as well as workplace counselling practitioners, may find this a useful reflective tool. Purchasers who have questions about service provision are welcome to contact ACW on acw@bacp.co.uk.

5. Your questions answered

5.1. What is counselling?

On their website, the BACP (2006a) defines ‘what is counselling’ in the following way:

‘Counselling takes place when a counsellor sees a client in a private and confidential setting to explore a difficulty the client is having, distress they may be experiencing or perhaps their dissatisfaction with life, or loss of a sense of direction and purpose . . . Acceptance and respect for the client are essentials for a counsellor and as the relationship develops, so too does trust between the counsellor and client, enabling the client to look at many aspects of their life, their relationships and themselves which they may not have considered or been able to face before. The counsellor may help the client to examine in detail the behaviour or situations which are proving troublesome and to find an area where it would be possible to initiate some change as a start. The counsellor may help the client to look at the options open to them and help them to decide the best for them.’
5.2. What counselling is not
Counselling is not about giving advice or directing a client to take a particular course of action. It should not be seen as conditional. That is, attendance should not adversely affect career progression or status at work. Attendance must also be voluntary. Counsellors do not judge or exploit their clients in any way.

5.3. Counselling in the workplace
Workplace counsellors are expected to work within a short-term framework. Employees accessing counselling normally have a limited number of sessions available to them, usually between two and six sessions. If further support is required, counsellors may refer employees onwards to alternative primary care resources, which may not necessarily be funded by the organisation. Workplace counsellors are expected to have an understanding of organisational cultures and workplace factors that might impact on their work. They should be mindful of the different stakeholders involved and be aware of potential conflict between the needs of the client, the organisation, the counselling provision and additional parties. Although counselling is a major component of an employee support service provision, the provider needs to develop an understanding of, and expertise in, a number of related activities including coaching, mediation, trauma-management services and practical information (eg debt management, legal advice or benefits information).

Service providers should be able to conduct routine stress audits. This will help purchasing organisations meet their legal obligations to carry out risk assessments. Whilst service providers can provide support to employees to increase their coping resources through counselling, stress management and mental health awareness training, the organisation has a duty of care to ensure a safe and healthy working environment is provided.

5.4. Self-referrals versus referrals from managers
Purchasers would benefit from considering the advantages and disadvantages of different types of referrals. Self-referrals (where the employee chooses to refer themselves for counselling) are most commonly made available to employees, and these are strictly confidential. Even the fact that an employee has made contact with the service provider is protected. The advantage of this is that employees can take responsibility for themselves and get support freely without anyone in the organisation being aware of their referral. It should be noted that in some circumstances the self-referred client has an option to inform management and obtain time off from work to attend counselling. Alternatively they may wish to keep counselling confidential and go in their own time.

Some purchasers may wish to concentrate their efforts on those employees who are in most need, such as those absent from work, particularly those with ‘stress’. Manager-referrals can give this focus. These have been more closely associated with occupational health and may occur where a manager is concerned about an employee’s sickness absence (eg especially when due to some mental health issue such as anxiety or depression). There are slight variations on the ‘manager-referral’ format, but basically each allows a manager, supervisor or other authorised individual to refer an employee to appropriate support or counselling. The person making the
referral on behalf of the employee may receive a summary feedback report after an initial assessment to determine the most appropriate support. Confidentiality needs to be taken into account here as the employee needs to give their consent (preferably in writing) to any identifiable information released. The advantage of this type of referral where a report is written is that issues originating in the workplace can be identified, giving the organisation an opportunity to take remedial action. Also, it enables counselling to be provided to employees who may not have considered referring themselves.

The potential disadvantage is that employees may feel in some way that they are being coerced into the counselling rather than freely entering it. If this is the case, it will reduce the effectiveness and credibility of the service. Purchasers who wish to include manager-referrals in their schemes would benefit from assurances about how the service providers can mitigate any potential disadvantages, including how practitioners have been trained to write reports to managers and other feedback protocols.

Notwithstanding the maintenance of confidentiality which is paramount, counsellors need to act in cases of apparent workplace problems, which are in some cases a major stress contributor, by encouraging self-referred clients to communicate their work-related problems back to the employer. Where circumstances allow, and with client consent, the counsellor/service provider can act as a bridge between the client and the organisation (such as via human resources, welfare, occupational health) so that the underlying work-related difficulties can be addressed. This should be voluntary for the client without any penalty if they would prefer that it be kept confidential.

5.5. How counselling contributes to organisational development
Counsellors may find that clients present to them with work-related issues. Whilst anonymity and confidentiality will be maintained, there are opportunities to present to the organisation aggregated examples of dysfunctional behaviours, such as bullying and harassment. Most likely, such information may be made via usage statistics. Additionally, case managers, service managers and/or occupational health practitioners may be able to act as a bridge between the counsellor and the line manager or human resources. Where manager referrals are made, the workplace counsellor can include any work issues within the report sent back to the organisation.

5.6. Counselling for work and personal/home issues
Uninitiated organisations might assume that a counselling service is used for work-related issues only. While this is a decision a purchaser needs to make themselves, it is apparent that domestic or personal issues can have a significant impact on work. For instance, with presenting issues such as relationship difficulties, bereavement and addiction, there may be a knock-on effect on work, including a deterioration in concentration, increased accidents and higher absence. Similarly, work-related stress, bullying and harassment, work-related trauma, organisational change and work performance can have an adverse affect on home life.

5.7. A counselling session
A consultation or ‘session’ with a counsellor usually takes place in a confidential setting (traditionally at the approved premises of the counsellor/service provider or at the organisation’s premises where this is suitably private) and will last between 50 minutes and one hour. The duration and frequency is often dependent on the resources available (determined by the purchasing organisation) and the appropriateness of counselling (dictated by the counsellor in consultation with any supervisor or case manager). Traditionally, counselling happens face to face, but alternatives include telephone, online and video-conferencing. The advantage of these alternatives are that they improve access to counselling services and are often less expensive; purchasers would do well to ask whether the provider might offer such options in addition to face-to-face sessions.

5.8. The roles of a workplace counsellor
A key consideration for purchasers is to ensure that workplace counselling services are able to deal with issues that occur within an organisation,
such as conflict, stress-related absence, work-related trauma and harassment/bullying. Any service provider needs to be not only competent in the technicalities of counselling but also conversant in the following roles which Schwenk (2006a) highlights:

- Advising line managers on approaching troubled employees
- Employee counselling - face to face, by phone or online
- Training and health education - proactive intervention
- Advising the organisation on policy matters in relation to welfare and emotional/psychological health
- Managerial responsibilities - in relation to counselling service provision and operation
- Facilitating organisational change
- Critical incident support and other trauma management
- Advising on equal opportunities and other related employment policies and procedures
- Publicising the service to staff and managers
- Monitoring effectiveness and service evaluation
- Administration of notes and reports to managers from business referrals
- Procedures for referring on
- Mediating between client and organisation
- Managing conflict situations between people at work, using mediation and facilitation skills.

5.9. The difference between counselling, coaching and mentoring

Bachkirova and Cox (2004) offer a distinction between counselling, coaching and mentoring in Figure 1 overleaf. Here, they differentiate the talking therapies based on client motivations and outcome.

The client motivation for counselling is to eliminate psychological problems/dysfunctions or to manage a life-crisis issue. The outcome would be to improve wellbeing. Alternatively, the motivation for coaching/mentoring is to improve performance, with an outcome focus of personal and professional development.

Another way to differentiate counselling and coaching is to reflect on the client’s emotional and psychological level of functioning. For example, the focus for counselling might be to enable a client to cope better, with a more ’normal’ level of functioning, moving from a position of ‘minus one’ to ‘zero’ level. Whereas coaching may work with a currently functioning client (at position ‘zero’) and will seek to raise the level of functioning to ‘plus one’ (ie raised performance). Counsellors and coaches, whilst sharing some therapeutic processes and techniques, should always be mindful of their levels of expertise and practise only within their competence.

5.10 Mediation and other support interventions

Whilst these Guidelines focus on counselling provision, purchasers should consider requesting a wider ‘toolkit’ that includes other support interventions such as mediation services, stress awareness, crisis management planning/training and other training that contributes to a more conducive working environment.
5.11. Career progression of a workplace counsellor

In mapping out the roles and responsibilities of a workplace counsellor, it is perhaps useful to consider the career progression of such a practitioner. This helps to illustrate the ideal training undertaken, the skills honed and the experience gleaned. Schwenk (2006b) provides us in figure 2 with a matrix for the continual professional development (CPD) of a workplace counsellor.

This can be used by service providers to present their professional competencies to purchasers. It is important that practitioners do not work outside their area of competence and that service providers give sufficient access for professional direction from senior practitioners, who ideally should be employed full time in a senior position so that there is a continuing accountability for professional leadership within the organisation.
<table>
<thead>
<tr>
<th>Stages of counsellor development</th>
<th>CPCAB levels and generic skills</th>
<th>Areas of workplace counselling: the map</th>
<th>ACW specifications and context</th>
<th>Training and CPD</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Novice</strong> beginner – limited skills and experience</td>
<td><strong>Level 1</strong>&lt;br&gt;working with current and specific problems&lt;br&gt;■ certificate in counselling skills&lt;br&gt;■ ethics&lt;br&gt;■ boundaries&lt;br&gt;■ listening skills</td>
<td>telephone intake – ‘gateway’ screening – limited intervention</td>
<td>EAP or other agency work and/or voluntary work</td>
<td>core certificate&lt;br&gt;local BACP introduction workshops</td>
</tr>
<tr>
<td><strong>Apprentice</strong> some practice experience</td>
<td><strong>Level 2</strong>&lt;br&gt;working with recurrent difficulties&lt;br&gt;■ 2nd year certificate, no specialty declared (more theory plus skills)&lt;br&gt;■ as above at a deeper level</td>
<td>telephone intake – limited therapeutic intervention; more depth possible, screening and referral</td>
<td>EAP or in-house EAP or other agency work&lt;br&gt;■ awareness of systemic sensitivity re confidentiality issues</td>
<td>as above&lt;br&gt;meet and join local network of counsellors</td>
</tr>
<tr>
<td><strong>Journeyperson</strong>&lt;br&gt;Stage 1 – 1st year Diploma</td>
<td><strong>Level 3</strong>&lt;br&gt;in-depth therapeutic work&lt;br&gt;■ awareness of alternative sources of local and/or national psychological and practical help as appropriate</td>
<td>close supervision – needs a placement&lt;br&gt;■ Internal placement&lt;br&gt;■ Secondment from HR, personnel or related department</td>
<td>Intervention level – able to:&lt;br&gt;■ screen and initial assessment&lt;br&gt;■ counsel&lt;br&gt;■ work to integrative model&lt;br&gt;■ understand brief therapy&lt;br&gt;■ refer&lt;br&gt;■ utilise strategic interventions&lt;br&gt;■ utilise supervision&lt;br&gt;■ develop a systemic/organisational awareness</td>
<td>think about joining a professional body&lt;br&gt;secure professional insurance&lt;br&gt;find a relevant placement and supervisor&lt;br&gt;explore seminars/workshops on different topics, models, theories etc.&lt;br&gt;accumulate hours for accreditation with BACP/IPS or equivalent</td>
</tr>
<tr>
<td><strong>Journeyperson</strong>&lt;br&gt;Stage 2 – Post diploma, with licence to practise independently</td>
<td><strong>Level 3</strong>&lt;br&gt;as above</td>
<td>in-house EAP counsellor working toward accreditation&lt;br&gt;■ in-house EAP telephone counsellor&lt;br&gt;■ taking on some team leader responsibility</td>
<td>■ formal presentation of case material&lt;br&gt;■ produce case notes, summaries and quasi-legal reports&lt;br&gt;■ write concise and accurate records/reports for external audiences&lt;br&gt;■ awareness of IT requirements: CORE and other assessment tools; use of online counseling pathways and coaching and mediation</td>
<td>clinical governance&lt;br&gt;formal documentation&lt;br&gt;brief therapy – time limited&lt;br&gt;organisation&lt;br&gt;multidisciplinary working – collaborative care&lt;br&gt;referral procedures relevant to workplace&lt;br&gt;assessment skills including risk management&lt;br&gt;brief, solution-focused therapy/MBT&lt;br&gt;supervision</td>
</tr>
<tr>
<td><strong>Mastercraftsman</strong>&lt;br&gt;accreditation level&lt;br&gt;Management of counsellors and independent practice; supervision; professional committee work</td>
<td><strong>Level 4</strong>&lt;br&gt;■ working with psychological fragility&lt;br&gt;■ specialist model and focus&lt;br&gt;■ understanding of the broader context of counselling provision with reference to possible involvement in legal, disciplinary and grievance procedures&lt;br&gt;■ implications for client confidentiality and service records</td>
<td>■ EAP case manager&lt;br&gt;■ in-house service manager or senior practitioner&lt;br&gt;■ coaching&lt;br&gt;■ mediation&lt;br&gt;■ EAP associate/affiliate admin role&lt;br&gt;■ supervision and/or professional guidance for student/trainee placement</td>
<td>able to respond to areas such as:&lt;br&gt;■ trauma and accident&lt;br&gt;■ staff support&lt;br&gt;■ long-term absence&lt;br&gt;■ stress&lt;br&gt;■ redundancy&lt;br&gt;■ bullying/harassment&lt;br&gt;■ debriefing&lt;br&gt;■ disciplinary&lt;br&gt;■ bereavement&lt;br&gt;■ aggregated feedback to the employer on trends and themes&lt;br&gt;■ coaching and mediation</td>
<td>IT skills&lt;br&gt;online skills&lt;br&gt;specialist guidelines and practice&lt;br&gt;coaching, mediation&lt;br&gt;brief therapy/MBT&lt;br&gt;trauma&lt;br&gt;systems&lt;br&gt;chronic illness and its impact on mental health&lt;br&gt;focused, evidence-based practice audit, evaluation and referral</td>
</tr>
<tr>
<td><strong>Senior practitioner</strong>&lt;br&gt;6 years post BACP accred</td>
<td><strong>Postgraduate level</strong>&lt;br&gt;Liaison with other organisational departments</td>
<td>Organisational consultant&lt;br&gt;Training and development; policy making</td>
<td>Broad knowledge of the employer; its business culture, policies and politics; mediation services; mentoring and coaching</td>
<td>issues of management and accountability&lt;br&gt;liaison with other resources&lt;br&gt;legal, commercial, health &amp; safety legislation</td>
</tr>
<tr>
<td><strong>Senior practitioner</strong>&lt;br&gt;Supervisory clinical director&lt;br&gt;Public role; professional committee work; publishing</td>
<td></td>
<td>Being able to highlight organisational concerns</td>
<td></td>
<td>issues of management and accountability&lt;br&gt;liaison with other resources&lt;br&gt;legal, commercial, health &amp; safety legislation</td>
</tr>
</tbody>
</table>

Figure 2: The matrix guide to the CPD of a workplace counsellor
6. Why do organisations offer counselling to employees?

Friery (2006) highlights a series of reasons why organisations offer counselling to employees:

- **Provide additional support**
- **Duty of care**
- **Support employees through major change**
- **Help alleviate stress**
- **Enhance welfare package**
- **Support for HR**
- **Protect organisation from litigation**
- **Encourage retention/loyalty**
- **Address sickness/absence**

From this survey of over 200 organisations, representing a total of 6,000 employees, Friery (2006) found that providing additional support was the most popular reason for providing counselling to employees. The next reason was duty of care or the organisation's responsibility under a host of employment laws to provide a safe and healthy working environment. Jenkins (2006) cites workplace counselling as a 'shield against litigation' and a 'weapon fighting for duty of care'.

One aspect of organisational life that is constant is change, and supporting employees through major change was the next most popular reason for offering counselling. In 2004, the UK Health and Safety Executive published Management Standards for Work-Related Stress (HSE, 2004). Organisations are required to undertake an organisational stress audit as part of their risk assessment. Having a service where employees can get support to help alleviate stress will help organisations present evidence to demonstrate compliance in any stress audit.

Organisations are keen to attract and retain the best talent. The presence of a fully resourced counselling service can be seen as an important source of support for employees and, as part of the overall welfare package, help to retain talent in the organisation. Whilst counselling in the workplace is not currently subject to personal taxation in the UK as an employee benefit (‘Welfare counselling provided to an employer’s employees generally is exempt from tax on employment income’, HMRC Leaflet EIM21845), it is important to note that this is only when the service is available to all employees. It cannot be tax free if offered as part of a flexible benefits package.

Welfare departments, occupational health and the human resources (HR) functions are the most likely to purchase and manage a counselling provision. Having such a service undoubtedly gives support for HR, as counselling helps to manage issues for employees before they become problems and before problems lead to sickness absence. Having a manager-referral facility is another way to manage sickness absence, particularly where stress is a factor.

The apparent legal protection that workplace counselling offers organisations is listed as the seventh reason to offer such a service to employees. It should be noted that a recent Appeal Court ruling has suggested that a counselling service is not necessarily a ‘sufficient
discharge’ of an employer’s duty of care (Jenkins, 2007), since in a recent case, counselling could not reduce workload. It is likely that future rulings will be judged on a case by case basis. This is followed by encouraging retention/loyalty and then addressing sickness/absence (See section 7 below).

Whilst not included in Friery’s research, a further reason counselling support is brought in is after a critical incident or work-related trauma. Counsellors with specialised trauma training can offer support to those employees immediately involved, those who have witnessed the event, or concerned colleagues. Having a crisis management plan helps to prepare for such an eventuality.

7. The benefits of counselling provision

Research suggests a positive correlation between the provision of counselling and net workplace benefits (McLeod, 2001). Analysis of counselling at work and its associated activities has found a range of additional benefits, including:

Organisations that ignore the welfare of employees will suffer reduced productivity
‘Eighteen per cent of employees are affected by personal problems on the job - these personal problems can decrease their productivity by 25 per cent.’ (Masi, 1982)

Counselling support can have a significant positive impact on sickness absence
‘Counselling interventions have been found, in the majority of studies that have examined this factor, to reduce sickness absence rates in clients by 25-50 per cent.’ (McLeod, 2001)

Over a quarter of employee difficulties and problems were work related
‘Twenty-eight per cent of problems identified by clients were work related. Of these, 62 per cent referred to difficulties in relationships at work.’ (Firth & Shapiro, 1986)

Counselling can have a dramatic impact on positive work effectiveness
Counselling contributed to ‘significant improvements on most attitude-to-work factors: opportunity for control, skill use, job demand, clarity, feeling valued, interpersonal contact, competence, work spill-over, adequacy of pay and job satisfaction.’ (Firth-Cozens & Hardy, 1992)

An internal counselling service can save the organisation money
In an evaluation by the University of Manchester Institute of Science and Technology (UMIST), Cooper et al (1990) found that the counselling service saved the Post Office £102,000 over six months.

Confidential counselling services for employees may reduce the risk of litigation
An organisation that provides ‘confidential help to employees who fear that they may be suffering from harmful levels of stress is unlikely to be found in breach of duty.’ (Sutherland & Hatton, 2002)

EAPs can reduce sickness levels
‘Employee Assistance Programmes . . . have been shown to reduce sickness levels and are cost effective.’ (National Audit Office, 2006)

8. Counsellor standards and accountability

8.1. Standards of and for counsellors
Irrespective of the format of counselling service provision, counsellors should practise in an ethical and professional manner consistent with the Ethical Framework for Good Practice in Counselling and Psychotherapy set out by BACP (2006b).

A typical set of standards required of counsellors is likely to be a mix of the following criteria:

Essential
- Training in workplace counselling and experience of working in organisations
- Accreditation by BACP or equivalent
- Over 450 hours of counselling experience (post qualification)
- A minimum of a Diploma in Counselling, preferably on a BACP-accredited training course
- Experience and understanding of short-term or time-limited brief counselling
- A minimum of 1½ hours of supervision per month with a qualified counselling supervisor
Membership of BACP, BPS, COSCA or UKCP

Professional indemnity insurance

Suitable premises to provide a private, comfortable and safe counselling environment

Access to specialist psychological supervision for complex or high-risk clients

Continual Professional Development

Where counsellors work with young people under eighteen years of age, counsellors should have knowledge of child protection issues and criminal records checks may be required for counsellors undertaking direct work with children and young people

Criminal record checks may be required for certain contracts due to the environment of the work (e.g., Prison Service) or because of the vulnerability of service users.

Desirable

Certified Employee Assistance Professional (CEAP) qualification

At least 40 hours of personal therapy

Training in cognitive-behavioural therapy and solution-focused therapy

Knowledge of systems theory and organisational culture

Some knowledge of service management

Training in trauma support, group diffusing or critical incident management

It is worth mentioning that the above is written for the role of counselling in the workplace and that the service provider will need to demonstrate competence in the other support interventions mentioned in this document, such as coaching, stress auditing, trauma support, mediation, practical information for debts etc.

8.2. Standards for a counselling service provision

There is currently no legal requirement to meet a specific accreditation standard for counselling provision. However, since this document seeks to identify best practice, the following offers two options for measuring performance against relevant professional standards:

**BACP Service Accreditation Scheme**

The Service Accreditation Scheme helps the public and practitioners identify services providing a high standard of counselling/psychotherapy. It sets the standard to which all services can aspire and encompasses a range of providers, from the small local voluntary group to major commercial Employee Assistance Programme providers. This scheme has joined BACP’s established schemes for the accreditation of individual practitioners, supervisors and training courses.

The Service Accreditation Scheme is open to counselling/psychotherapy services who are BACP organisational members and thus subject to the Association’s *Ethical Framework for Good Practice in Counselling and Psychotherapy* (BACP, 2006b) and who can meet the criteria as detailed in the booklet entitled ‘Service Accreditation Scheme’.

Details of the criteria can be found at [www.bacp.co.uk](http://www.bacp.co.uk) under ‘service accreditation’.

**Employee Assistance Professionals Association (EAPA)**

The EAPA is the professional body that represents the interests of professionals concerned with employee assistance, psychological health and wellbeing in the UK. Amongst its members of purchasers, providers, counsellors, consultants, trainers and other related specialists, there is an accumulated wealth of experience. UK EAPA is part of EAPA International, which has over 7,000 members in more than 30 countries worldwide.

UK EAPA exists to:

- Provide leadership in promoting and developing EAPs in the UK
- Set national standards of practice and professional guidelines for EAPs
- Provide support and stimulation for the professional development of its members.
EAPA has developed a set of professional standards against which EAPs are assessed. Purchasers wishing to find EAPs that have met these standards can contact the EAPA via www.eapa.org.uk and look up ‘EAP Providers’.

9. Issues concerning confidentiality

The BACP (2006b) explains: ‘Respecting client confidentiality is a fundamental requirement for keeping trust. The professional management of confidentiality concerns the protection of personally identifiable and sensitive information from unauthorised disclosure. Disclosure may be authorised by client consent or the law. Any disclosures should be undertaken in ways that best protect the client’s trust. Practitioners should be willing to be accountable to their clients and to their profession for their management of confidentiality in general and particularly for any disclosures made without their client’s consent.’

Confidentiality is not absolute, but standards need to be set which safeguard clients, counsellors and organisations during the therapeutic process. It is beyond our scope here to clarify the precise limits and extent of confidentiality involving each stakeholder. Suffice to say that each stakeholder should be fully briefed on what is and what is not confidential.

Stakeholders include:

- Counsellor
- Client
- Organisation
- Line management
- Supervisor
- Occupational health, welfare, human resources, health and safety
- Labour relations representatives, including unions
- General Practitioners, mental health, social work and medical services.

Clients should be informed of the parameters for disclosure before they access the service. Where appropriate, they should understand the consequences of disclosure.

Circumstances where a disclosure may be made include:

- Where there is risk of harm to self or others
- Where there is a serious alleged crime
- Where there is a legal requirement (eg protection of children or prevention of terrorism)
- Where there is a significant threat to the health and safety of those within an organisation.

Providers need to have clear protocols to address how they deal with the following:

- When called to present evidence by a court summons, subpoena or enquiry
- The sharing of client information and data protection, internally and externally
- Note-taking and any client reports, particularly in response to a manager-referral, including who has access, responsibility and custody
- Ownership of client records and reports
- Referral-on protocols and the transfer of responsibility and accountability.

The key principles are that employees should be able to seek psychological support in confidence (eg to attend at a location that is confidential), that inappropriate disclosures to line managers about what is discussed should be prevented, and that notes of any consultations are kept secure so that other related professionals do not have access to them.

Issues surrounding confidentiality are complex and a more thorough discussion is beyond the scope of these Guidelines. Readers who wish to explore this topic further would be advised to refer to ‘Therapists in Court: Providing Evidence and Supporting Witnesses’ by Tim Bond & Amanpreet Sandhu (2005)
10. Evaluating and auditing a counselling service

The *evaluation* process, usually conducted by the service provider, seeks to understand why employees access the service. Usage statistics may identify data split by gender, location, division, department, presenting issue, frequency of usage etc. This helps to explain why and how the service is being used (or not). (As an aside, some service providers rate usage by issue rather than by employee, which can inflate perceived usage, as one employee may use a service for several reasons. Purchasers should clarify how the counselling provider analyses and presents data.)

*Auditing*, however, refers to an independent assessment of how the service is run. An audit might also be used in advance of purchasing a counselling provision, to assess the various organisational requirements and to assess specific employee and management needs.

10.1. Why measure and monitor a counselling service?

Purchasers are increasingly demanding higher levels of transparency and accountability from service providers, requiring that services have in place robust systems for evidencing their quality and effectiveness. In the fields of health and social care, the Department of Health’s (DH) White Paper - *Our Health, Our Care, Our Say* (2006) - encourages purchasers to use benchmarking data when assessing service quality.

There appears to be evidence that routinely evaluating service quality and effectiveness over time brings improvements in both - probably due to the conscious reflective opportunities that this type of information offers (McInnes, 2007).

10.2. Key areas for service audit and evaluation

Service audit and evaluation should aim to address three main areas (drawing from guidance produced by the Royal College of Nursing, 2006):

1. Routine audit of service usage
2. Routine audit of key aspects of service quality, such as waiting times, equity of access to the service, risk assessment, efficient delivery of therapy and overall effectiveness
3. The contribution of the service to work performance and attendance (i.e., cost benefit analysis).

10.3. Effectiveness, wider service quality and benchmarking

Simple outcomes and effectiveness data are helpful in assessing quality, except that not all clients complete the therapy ‘journey’. For instance, clients may not progress from assessment into therapy and, if they do, may terminate therapy prematurely. Even if they complete therapy, they may not show demonstrable improvement. Underlying this may be a range of factors that reflect clients’ experiences of services, positive or negative, and which are related to service quality.

To properly address wider areas of service quality, therefore, services should consider having complementary data that can help to illuminate clients’ various journeys through therapy and reflect on aspects of service quality.

Some service providers choose to develop their own outcomes and effectiveness data, perhaps by way of a *client feedback questionnaire*. This can allow for the questionnaire to be tailored to the more specific needs, and delivery components, of the organisation and service managers. However, as this is likely to be a unique set of criteria, it cannot readily be benchmarked and compared with other industry-standardised service data.

Alternatively, a widely used industry data collection system called CORE (Clinical Outcomes for Routine Evaluation) allows for benchmarking, albeit with stricter limits on criteria. CORE system data highlight the range of service performance in six key performance domains - waiting times, outcome measure completion, assessment and intake practice, risk assessment practice, unplanned endings, and rates of improvement.

Whatever system is used, purchasers should be able to see how the service provider monitors effectiveness. Assessment against published benchmarks can aid this process. Standardised systems, where data are available across different services, gives a service provider the opportunity to highlight and calibrate areas of service strength and identify areas for potential development.
10.4 Cost benefit analysis

Some service providers seek to measure the cost benefit of implementing their counselling through the collection of company performance data such as employee productivity, cost of absence etc. Whilst this can provide an indication of the type of organisational benefits that may be achieved, some caution is needed in the interpretation of such data. For instance, whilst the introduction of the EAP may generate improved company performance, saying that the EAP has directly contributed to the improvement is open to challenge, given that there are likely to be other variables that could create an effect within the organisation.

11. Setting up a counselling provision - checklist of points to consider

The following, in no particular order, represents a series of issues to consider when choosing to establish a counselling provision. The exact criteria will be different for each organisation.

Setting up a service:

- Ensure there is a clear and unequivocal commitment and support from senior management
- Establish what the reasons are for setting up the service - purpose and outcomes sought
- Consider specific employee and organisational needs, particularly after any recent changes
- Assess how best to involve those connected with employee relations, especially unions
- Plan how best to communicate to staff the reasons for having a provision with senior-level endorsement
- Form a steering committee - those responsible for managing and implementing the service
- Establish boundaries of confidentiality and how this impacts on stakeholders and steering committee
- Assess how the provision will be promoted (PR and marketing strategy) whilst measuring service awareness and service usage

Integration between service provider and purchasing organisation:

- Create formal guidelines, parameters and service protocols - what is offered how, when and by whom
- Clarify how these fit with key policies such as drug and alcohol, grievance and disciplinary, bullying and harassment, accident management policies (for trauma) etc
- Consider the extent and limitations of confidentiality - who needs to be ‘in the know’ and why, including human resources, occupational health, welfare and/or management and in what circumstances information may be requested from the provider
- Prepare for and plan a crisis prevention plan for trauma, including clear lines of responsibility
- Consider the referrals process - self- or manager-referral with pros and cons of each format

Service provider issues to address:

- Consider appropriate data collection and record keeping protocols, including compliance with current data protection legislation
- Choose appropriate delivery mechanisms for counselling - face-to-face, phone, online, intranet etc
- Clarify an appropriate level of professional indemnity insurance required of counselling and related activities for practitioners
- Devise appropriate quality standards and consider what these seek to ensure
- Draw up a complaints procedure and ensure all who access the service are aware of this
- Clarify the facilities for the counselling sessions that will protect confidentiality - in-house requirements or external standards
- Specify an appointment system - how it works, including contact time (sessions) and frequency
Establish referral-on procedures - roles and responsibilities of counsellor, service provider and employer

Establish supervision arrangements that are appropriate to the workplace (see Copeland, 2004, for a wider discussion on this)

Evaluation:

Ensure appropriate service monitoring and auditing procedures are in place

Monitor usage figures and feed in to marketing/PR campaign

Evaluate the service to determine whether it is ethical and meets disability, age, gender, ethnicity and religious needs

12. What form do counselling services take and how do different formats work?

The following models of counselling provision seek to illustrate the different ways in which counselling can be delivered in an organisation although other variants can also be designed. The preferred format will depend on a range of criteria, including what best suits the organisation and specific counselling needs.

12.1. In-house service (counsellors employed by the organisation)

The Employee Support Line (esl) service at Hampshire County Council

Company type, sector, employee population

Hampshire County Council is a non-profit making local authority employing approximately 37,000 employees.

Reasons for establishing a provision, plus the aims and objectives

The internal counselling service was created in 1992 and provides counselling and support to employees, including senior managers and the members of the county council (councillors). It supports the county council’s Wellbeing Strategy and its commitment to reducing workplace stress.

What is the purpose or role of counselling?

The esl team of counsellors is highly trained and experienced in dealing with most issues for which clients refer for counselling, whether work related or personal. They are able to engage with staff experiencing difficult issues either at home or work, such as harassment and bullying, disciplinary, stress, trauma, critical incident, bereavement, depression, anxiety, relationship difficulties.

How the service works:

Service promotion

The service is promoted regularly by: leaflet inclusion in payslips, Hampshire County Council’s intranet, articles in newsletters, induction pack for new starters, and reference is made to the availability of esl in relevant employment policies. Presentations are delivered to teams in various departments throughout the county as requested. Further leaflets, wallet cards and posters are distributed to departments, units and schools as required.

Confidentiality and feedback protocol

Es1 has a strict code of confidentiality within the boundaries of the BACP Ethical Framework (2006b), the law and the Data Protection Act 1998. No one outside esl, including the organisation, has access to records. Statistical information is produced for Senior Management - in particular, issues for which staff seek help. Regular monthly one-to-one and group supervision is provided internally for each counsellor and attendance is mandatory. The clinical supervisors are each responsible for monitoring counsellors’ work with clients to maintain and enhance good practice within the BACP Ethical Framework at all times. The supervisors, who are not line managers, feed back regularly to the strategic manager, ensuring that any training needs are identified.

Access and referral process

Access is by self-referral via a dedicated helpline number and email. Callers are initially assessed by a helpline coordinator and, if appropriate, allocated to a counsellor for face-to-face assessment and counselling, normally up to a maximum of six sessions. Staff may re-refer if new issues arise.
Measurement and evaluation
An evaluation form is given to all clients at the first session for completion at the end of counselling. These are anonymous unless the clients wish otherwise. Statistical data are fed into an internal database. Reports inform service development and counselling outcomes. The evaluation includes client feedback regarding their counsellor. This feedback is used within the clinical supervision framework and helps to inform the professional development needs of each counsellor.

Proven benefits to the organisation
The service evaluation consistently shows that over 96 per cent of esl clients report significant improvement in their wellbeing as a result of receiving counselling, thus supporting one of Hampshire County Council’s Corporate Strategy priorities, ‘maximising wellbeing’. McLeod (2001) reported that ‘counselling interventions have been found, in the majority of studies which have examined this factor, to reduce sickness absence in clients by 25-50 per cent’. Hampshire County Council is committed to reducing sickness absence.

Key points of learning
The service is committed to continuous professional development informed by national and international counselling research, and organisational needs and changes. For instance, in response to the National Institute for Clinical Excellence (NICE) guidelines recommending cognitive-behavioural therapy (CBT) for mild to moderate anxiety and depression, esl commissioned Certificated Advanced CBT training for many of their counsellors. Trauma/critical incident response training is planned for 2007 as per recent NICE guidelines (2005), and mediation training is also being researched and planned for 2007. Improvements have been made to the service structure since the service began, in particular the status of the counsellors from volunteers to employees with all the normal staff benefits. A career progression structure within the service is currently being researched.

12.2. In-house service (with counsellors externally contracted by the organisation)
The CALM programme at AstraZeneca

Company type, sector, employee population
AstraZeneca is a major international healthcare business engaged in the research, development, manufacture and marketing of prescription pharmaceuticals and the supply of healthcare services, with healthcare sales of $23.95 billion in 2005. AstraZeneca is listed in the Dow Jones Sustainability Index (Global) as well as the FTSE4Good Index. The company employs 65,000 people globally, with 10,500 working in the UK at eight locations. The CALM programme supports employees in the UK only.

Reasons for establishing a provision, plus the aims and objectives
In the mid 1980s, Occupational Health and Human Resources (HR) began noticing an increase in the numbers of employees presenting with stress-related symptoms. This led to the introduction of training in stress management. This training continued until the beginning of the 1990s when it was decided that a more comprehensive method of implementing stress-management interventions was required. After reviewing a number of employee assistance programme models, CALM (Counselling And Life Management) was established in 1996, the component parts being reactive ie counselling; and proactive ie life management. The objectives are to:

- Provide programmes promoting Balanced Living and Life Management
- Provide a professional and confidential counselling service in a workplace setting
- Listen to people and the organisation to best match activities to needs
- Contribute to a culture of wellbeing in AstraZeneca globally.

What is the purpose or role of counselling?
The confidential counselling service is designed to help employees deal with personal problems, some of which may be affecting performance
at work. Within the business, most people are fairly well balanced. Occasionally, however, employees may need additional support, which is provided by counsellors who are either members of BACP or UKCP registered. The counsellors are external consultants, available within the workplace, to assist individuals who feel they need support or the chance to ‘talk things through’ in an informal and strictly confidential manner. The programme also provides support for managers to identify and manage work-related stress, change management, and deal with employees who are suffering from depression and anxiety.

**How the service works:**

**Service promotion**
The CALM programme is promoted by a variety of media: posters, website, self-help leaflets, presentations at group meetings, inclusion in staff induction packs, articles in local and national newsletters. To ensure that the whole organisation is involved with the programme, Steering Panels have been established at each major site where the programme operates. Representatives from senior management (usually the site manager), Occupational Health, Human Resources and a union or staff committee representative, along with a CALM team member, constitute the Panel. The broad spectrum of membership encourages feedback from all areas of the business, ensuring that concerns can be raised and discussed.

**Confidentiality and feedback protocol**
The CALM programme considers confidentiality its highest priority. The CALM counsellors are external consultants who are not part of AstraZeneca’s management structure. They will not pass personal information to managers, HR or Occupational Health unless specifically asked to do so by the client. There are exceptional circumstances when disclosure of confidential information is necessary eg risk of harm to self or others etc. All counsellors adhere to the AstraZeneca CALM Code of Practice and ensure that all clients are aware of the content.

The UK Wellbeing Manager and/or a relevant internal occupational health professional manage clinical governance and all CALM counsellors are required to undertake supervision in line with their professional body regulations.

**Access and referral process**
There are a variety of acceptable ways in which an employee can access the service. Line managers, Human Resources or Occupational Health professionals encourage employees to utilise the programme on the understanding that attendance is voluntary. The majority of employees self-refer and can utilise the service in company time with no requirement to ‘make up’ the hours. Managers are not informed when an employee attends for a counselling session but employees are encouraged to discuss any work-related issues with their manager.

**Measurement and evaluation**
Key service satisfaction data are collected through a quality evaluation questionnaire, enabling employee concerns to be addressed. Of CALM service users who provided feedback during 2005, 86 per cent specified that the issue that brought them to counselling was affecting their work. Thirty-six per cent of these stated the service had reduced the time they would have taken off work, and 57 per cent stated utilising the service had made them more productive.

A survey in 2002 of 643 UK employees to examine their attitudes towards the CALM programme found that 92 per cent supported the provision of workplace counselling and considered it important that employers provide such services: 95 per cent agreed it could help people in distress; employees did not associate any stigma with workplace counselling; 83 per cent of employees were aware of the support available and users viewed management support positively.

**Proven benefits to the organisation**
In addition to the direct benefits of improving the health and wellbeing of our employees, there are additional cost benefits from providing the CALM programme. The CALM programme contributes to a reduction in health insurance spend for psychological illness. The health insurance provider ascribes this reduction as being due to the on-site counselling and training initiatives in place ie the CALM programme, where cases are dealt with early, reducing the need for referral and possible time off work. In the 12 months to the end of June 2005, this resulted in a direct saving of £80,000.
Along with service satisfaction data, the CALM questionnaire gathers data on potential reduced sickness absence and improved productivity. Extrapolation from this data indicates cost savings, based on an average cost of a sickness episode due to psychological illness of:

- £450,000 in direct cost of absence
- £850,000 in direct and indirect cost of absence

Estimated cost savings due to improved productivity after counselling equated to £600,000.

Key points of learning

The CALM programme has been established for 10 years and has benefited from a number of improvements over this time including the introduction of web-based material, a dedicated telephone link with the Citizens Advice Bureau, self-help literature on issues raised in counselling sessions and a survey of employee attitudes to workplace counselling.

To enhance the impact of the counselling data, in 2003 the statistics were linked to the ‘stressful characteristics of work’ defined by the European Agency for Safety and Health at Work. Counsellors report against these criteria in addition to non-work related concerns eg home relationships, bereavement, and psychological problems.

We have learnt that promoting wellbeing is a sound business ideal. If we are to expect people’s continued energy and commitment at work, we must provide the right environment in which they feel positive and enthusiastic about what they are doing, have a clear sense of purpose, confidence in their ability to meet the challenges and pride in their individual contribution to the company’s success. The CALM programme undoubtedly contributes to this philosophy.

12.3. External provision
(Employee Assistance Programme)

The Right Corecare Employee Assistance Programme (EAP) at Petersons*

Company type, sector, employee population

Petersons is a national retail chain with some 15,000 staff. They share many of the problems suffered by other retail chains, such as high staff turnover, significant wastage (including theft), higher-than-average sickness absence and some variable management skills leading to localised hot-points of workplace bullying. Annually, they carry out a staff survey, and in 2003 were dismayed to find fewer than 25 per cent of staff said they felt allegiance to the company.

Reasons for establishing a provision, plus the aims and objectives

As part of their strategic approach to these issues, Petersons recognised that they needed to look closely at the employment experience of their staff, and realised that the issues facing them were complex and difficult to address from within the existing corporate structure. Having looked at various options, they decided to tender for an Employee Assistance Programme (EAP). From the receipt of the staff survey, it took a full year to identify the solution, define the service they were looking for, publish an Invitation to Tender, evaluate the responses and award the three-year contract. They decided on an initial three-year contract because they recognised that embedded problems were going to require a longer-term solution. They believed they would probably need a permanent EAP (giving service continuity) yet wanted to monitor the market regularly.

What is the purpose or role of counselling?

Although many people think of an EAP as a workplace counselling service, it offers many additional services. During the first two years of the contract, the Petersons EAP showed that almost 50 per cent of calls were for legal problems (not necessarily work related). Although employment law was well used, other employee problems included divorce, child access, tenancy, consumer and motoring issues. During this period the stores experienced a number of incidents

* Some details have been changed for confidentiality reasons, including the company name.
(leaving staff distressed and in need of support), from armed robbery to customers having heart attacks. Through the EAP, the employer was able to ensure that managers were sufficiently trained to respond to such incidents and, where appropriate, encourage staff to access the EAP support services. This enabled the managers to delegate support to those better qualified to provide such help and left them to concentrate on their core managing roles.

**How the service works:**

**Service promotion**

All staff receive a credit card-sized information card giving a service summary along with contact details. Posters are placed in every workplace location (within sight of staff but not customers!) and these are replaced regularly, to keep the images fresh and the message current. The EAP provider provides both an intranet and a website for Petersons, with company-specific information. Staff are encouraged to view this regularly. On-site employee briefings are given by the EAP provider and a DVD about the service is used at all staff induction sessions. A briefing, specifically aimed at managers, not only explains how the service works but also helps them understand how they can receive management support and how they can help their staff access the service.

**Confidentiality and feedback protocol**

Evidence has shown that staff access a service more freely when they believe that their confidentiality is not compromised, yet the employer who pays for the service understandably expects and needs feedback. Management Information is agreed during the setting-up of the contract. In this case, Petersons receive a quarterly report showing service usage across eight regions in the UK. They do not receive individual store feedback, because fewer than 50 employees work in most of their stores and 50 is the minimum size of pooled data permitted by the EAP provider. The information provides an analysis of the numbers of people who accessed the service and the issues they presented with. It identifies how many progressed to face-to-face counselling and how many sessions these people used. It also highlights any trends and patterns that may be relevant for the employer.

**Access and referral process**

Staff can access professional support and advice through the freephone telephone service run by the EAP provider. Because this is available 24 hours, staff can phone when it suits them. Employees self-refer to counselling with a range of problems, the most frequent of which could be classified as relationship issues, encompassing everything from the breakup of a marriage to difficulties with teenage offspring. These issues have a real effect on people’s ability to focus at work, yet the issues were not specifically work related. Prior to purchasing an EAP, Petersons had no resources to support staff in these areas.

**Measurement and evaluation**

The Management Information provided to the employer also analyses the workplace issues that are impacting on staff. The EAP is able to show some regional variation, so that with some presenting issues, such as ‘bullying’, the organisation can better direct training resources or take appropriate remedial action. Another example of the positive use of this MI featured recent usage data identifying staff affected by change - the stores were going through a major refit, and this left some staff feeling more vulnerable and anxious, for several reasons, including greater exposure to assault from customers. By sharing this trend with the employer, the provider was able to identify the support which staff needed and introduce consultation and training activities to help staff adjust to the changes. In this way, Petersons finds that the counselling service not only meets the needs of individual employees but also helps corporately - bringing value from the shop floor to the boardroom.

**Proven benefits to the organisation**

After two years, the company feels that the EAP purchase cost has been more than justified. Sickness absence has reduced and staff are staying longer (when asked whether Petersons is a good employer, more than 80 per cent responded positively - even though only 15 per cent of all staff had used the EAP over the two years). Awareness of the service is high across all staff groups - and there is some evidence that wastage has also declined. Furthermore, the company feels it has a far better understanding of
the psychological make-up of their workforce, so can now plan strategically with more accurate assumptions about the impact of developments on the workforce.

**Key points of learning**

From a counselling perspective, over the first two years almost seven per cent of staff received face-to-face counselling and this was something the company could never have contemplated prior to the implementation of the EAP. Staff could access help knowing that it was entirely confidential, and were content that their employer would be helped to understand the big picture by way of generalised usage data. The total cost to Petersons added less than one thousandth to their staffing costs - the cost benefit was very clear. Now, in the third year of the service, Petersons is planning to invite tenders for a further three years, taking the opportunity to look at innovation and efficiency in the EAP sector, and their HR director has declared that if she were forced to reduce the benefits offered to staff, the only one she would be adamant must stay is the EAP service.

**What is the purpose or role of counselling?**

The service provides support in counselling not just for self-referrals but also for manager-referrals under the occupational health arm of the provider, to help reduce sickness absence of the company. The service also has an important role in helping RMG deal with harassment and bullying, trauma at work, organisational stress audits and health promotion, such as through stress management awareness.

**How the service works:**

**Service promotion**

The services are constantly promoted through manager briefings to their teams, posters, e-channels and leaflet drops. Articles are frequently distributed which pick out a particular issue (eg debt, bereavement, trauma at work etc) and talk through how an employee was supported with this, in order to make the service come to life.

**Confidentiality and feedback protocol**

A clear clinical governance system operates within the service provider whereby there are clinical leads who are separate from line-management reporting. These clinical leads ensure that all practitioners (full time or contracted in) receive appropriate professional supervision (one-to-one plus group), have updated training, and that their client notes and reports to managers are fully audited. They are also responsible for mentoring support for practitioners where any training needs are identified through the audit and CORE systems.

**Access and referral process**

The service has three elements:

1. Workplace counselling which focuses on management referrals and works in conjunction with the occupational health service

2. Employee assistance which gives free self-referred, confidential access 24/7 to all employees (and resident family) for counselling and practical issues. This is promoted as an independent company called ‘HELP’ through posters, leaflets, e-channels, home mailings etc.

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**12.4. Outsourced provision**

**(via occupational health services provider)**

*The Counselling Service at Royal Mail Group, outsourced to Atos Origin*

**Company type, sector, employee population**

Transport sector with annual sales in excess of £8 billion, circa 193,000 employees

**Reasons for establishing a provision, plus the aims and objectives**

Royal Mail Group (RMG) has a long history of having a welfare/counselling service (traced back to 1944). Over the years, it has significantly developed this provision and five years ago it outsourced this provision along with its occupational health service.

The aim of the counselling service is to support RMG in its strategy to transform its business and to provide one of the best counselling & employee support service available in the UK so its employees receive help and advice to boost health & wellbeing.
3. Consultancy/training where stress management training, mediation, trauma policy support and stress audits are carried out. Managers can request these through a ‘bespoke referral’.

**Measurement and evaluation**

Client satisfaction shows 97 per cent satisfaction. CORE is used to evaluate the impact of counselling as well as to monitor service effectiveness through benchmarking.

**Proven benefits to the organisation**

In an evaluation by the University of Manchester Institute of Science and Technology (UMIST), Cooper et al (1990) found that the counselling service saved the Post Office £102,000 over six months.

Dr Steve Boorman, Chief Medical Adviser of RMG stated recently: ‘In just 18 months . . . stress-related absence at Royal Mail, Parcelforce Worldwide and Post Office Ltd was cut by a third. This tremendous achievement resulted from a series of business-wide initiatives designed to make our organisation a more rewarding and attractive place to work, combined with a new approach to workplace counselling provided by Atos Origin. The company and our employees are stronger as a result.’

**Key points of learning**

The service has participated in some innovative research on which early interventions are effective when trauma occurs in the workplace (details available at [www.bohrf.org.uk](http://www.bohrf.org.uk) click on ‘trauma’). The EAP has recently been improved by launching an expanded legal advice service which includes personal injury representation and employment representation.

**12.5. Public Sector - Healthcare**

**Amica Staff Counselling and Psychological Support Services - University Hospitals of Leicester NHS Trust**

**Company type, sector, employee populations**

Amica is an NHS-based service; all the counsellors and psychologists are employed by the University Hospitals of Leicester NHS Trust. It provides services to a number of other NHS and Public Sector organisations. Currently 60,000 staff are covered by its services.

**Reasons for establishing a provision, plus the aims and objectives**

The service started in the late 1980s and has grown from a piece of research by Professor Tom Cox, who researches workplace and organisational stress for the World Health Organisation. The Human Resources framework for the NHS made explicit in Working Together - Securing a Quality Workforce for the NHS (NHSE, 1998) that all NHS staff in England should have access to counselling services by April 2000. The service has developed, reflecting the ever-changing needs of the staff and organisations. Today Amica is one of the largest providers of a broad range of psychological support services to NHS staff.

**What is the purpose or role of counselling?**

Counselling and psychological support for all NHS staff is the basis of the service. The range of services includes telephone counselling, face-to-face counselling, psychological debriefing, group support and legal and debt advice. The key element is to support staff through any difficulties that impact on their working lives. Core to the service is the ability to work with organisations and their staff at all levels. Amica is included in all organisational change plans and decisions. The head of service is responsible for advising the Trust Executives and Medical Director on how best to set up support for both patients and staff after adverse events and major incidents.

**How the service works:**

**Service promotion**

All staff are covered by the service provision and have a card with a confidential, direct telephone number that gives them access to a qualified and experienced workplace counsellor. The line is open 365 days a year, from 8.30am to 8.30pm. All NHS staff can self-refer to face-to-face counselling. The counselling offered is short-term (eight sessions) crisis-focused, with all counsellors and psychologists trained in cognitive-behavioural therapy (CBT). At present, staff can see a counsellor within 10 working days or earlier if
clinical assessment requires. Staff can request group support, mediation and psychological debriefing. The service links with the ‘Improving Working Lives’ scheme within the NHS. Because the service is now core within the NHS organisation, promotion is mostly by word of mouth. The high profile which the Head of Service and counsellors have in the organisation promotes the services through their presence at various key meetings. Outside the NHS, promotion is via Occupational Health, Human Resources and other key managers. There are regular update meetings and annual reviews.

Confidentiality and feedback protocol
The service maintains confidentiality in line with British Psychological Society (BPS) and BACP guidelines, and through the guidance from the NHS Trust and the Department of Health. Feedback is an important part of developing the organisational client. Feedback data are given with all identifying information removed. Written reports and verbal feedback are given. All organisations purchasing the service have ongoing contact with the Head of Service.

Access and referral process
All staff access the service via a confidential telephone counselling line. NHS staff can self-refer to face-to-face counselling, group support or debriefing.

Measurement and evaluation
There are a number of employee evaluation systems, which include feedback forms for service users, CORE and clinical case studies.

Proven benefits to the organisations
Success with staff returning to work and help through traumatic events has now seen a 40-60 per cent yearly increase in demand for the service. Growth outside of the NHS continues to increase as other public sector organisations see the benefits of referring staff with psychological difficulties.

Key points of learning
The key learning point is to listen to the service users and the organisations purchasing the service. The service has to work closely with both. As a service, we have to be not afraid to review and change the services as and when needed.

12.6. Contracting with a local counsellor - for small and medium enterprises (SMEs)
The Counselling Service at Tamar Science Park Ltd provided by Optima Workplace Ltd

Company type, sector, employee population
Science Park provides a complete environment for knowledge-based businesses, employing a team of 12 to look after about 50 client companies.

Reasons for establishing a provision, plus the aims and objectives
To enhance the provision of support services to employees, to maintain staff retention and promote a workplace culture that aims to endorse professional and personal wellbeing. The employee environment is fast paced, as the Science Park is on a high-growth path. Therefore an ability to identify and resolve any employee issues prior to them impacting on performance or results is seen as important.

What is the purpose or role of counselling?
The service provides support through both self-referral and management referrals to enable individuals to access support when required and for the management to take a systemic view of healthy working practices and health promotion.

How the service works;

Service promotion
The service is promoted through an initial briefing to all employees, which includes a folder of information for each individual and credit card-sized contact information. Briefings to new employees are provided on an ongoing basis as required. Maintaining awareness of the service is through emails and educational information included in feedback reports.

Confidentiality and feedback protocol
Confidentiality is maintained within the BACP guidelines, and discussion with line managers happens only with explicit client consent. Individual clients are invited to complete a feedback form anonymously. Feedback on general service use is reported to the company on a six-monthly basis.
**Access and referral process**

The service has three elements:

1. **Management referral** which supports the company’s systemic approach to a healthy workforce and enhances their duty of care.
2. **Individual self-referral** which gives free access for all employees for up to six face-to-face sessions, via a telephone helpline accessible on weekdays from 8am to 8pm.
3. **Coaching and training** where personal development and stress management awareness is available through management referral.

**Measurement and evaluation**

The principle measurement tool is CORE, used to evaluate and monitor the counselling process and service effectiveness. Individual clients are invited to complete evaluation forms anonymously and the company participates in service evaluation at six-monthly intervals.

**Proven benefits to the organisation**

The presence of such a service which is supported by management has had a positive impact on the whole organisation. Easy access and a quick response to referrals has demonstrated the efficacy of taking action sooner rather than later. Early return to work from sickness absence has been a principle element of investment return. Whilst intangibles such as perceived motivation and general happiness levels amongst the small team was not an issue, management has recognised early signs of improvement.

**Key points of learning**

The service has adapted to the unique needs of a small organisation where confidentiality around service use has been paramount. This is particularly challenging when developing reporting, evaluation and feedback procedures. Continuing areas for development are increasing and encouraging service use.

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**12.7. Hybrid provision**

*(mix of internal and external service)*

**The service provision at the Department for Constitutional Affairs**

**Company type, sector, employee population**

The Department for Constitutional Affairs (DCA) is a central government department with 26,000 employees.

**Reasons for establishing a provision plus the aims and objectives**

DCA established its Welfare Service 35 years ago; since then the service has grown and evolved. It has transformed from its early days as a purely staff-focused counselling service to become a resource for staff and managers alike, offering a wide range of services, including mediation. Since June 2006, the in-house service, now known as Workplace Support and an integral part of the HR Directorate, has worked in partnership with Atos Origin to further enhance the service provision. This means our service provision is a ‘hybrid’ model, blending the internal in-house service with the supplementary external support.

The overriding aim of the service is to help keep staff effective at work. A large proportion of the work done is in the arena of absence management or grievance and disciplinary issues.

**What is the purpose or role of counselling?**

Counselling is one of the functions that helps the service meet its aims. This part of the service is largely delivered by Atos Origin, and is used by staff needing that further level of support to help them return to work or to help them deal with issues that would otherwise have impacted on their attendance or performance.

**How the service works:**

**Service promotion**

The service is promoted widely across the DCA. Regular articles about the service appear in DCA’s in-house magazine, and the helpline number is advertised in the weekly newsletter. In addition, Workplace Support Advisers (the in-house team) promote the service at training events, workshops...
and road shows. There is also an infonet site and leaflets/posters that are readily accessible.

Confidentiality
The partnership service operates a clear confidentiality code that is specific about the instances when confidentiality would have to be broken. Mechanisms have been agreed to enable the confidential transfer of client information between the DCA and Atos Origin elements of the partnership. Both Atos Origin counsellors and DCA Workplace Support Adviser have access to regular professional supervision.

Access and referral
All access to the service is via the DCA Workplace Support helpline, where cases are triaged for onward referral. The helpline is staffed during working hours and out-of-hours callers are diverted to the staffed Atos Origin service centre. The helpline provides information and takes self-referrals for support, advice and counselling, requests for management support and consultancy services, and referrals for mediation.

Measurement and evaluation
The service is measured through the annual HR customer service survey. Statistical data are provided monthly by both DCA and Atos elements of the partnership to show levels of take-up and trends.

Benefits to the organisation
Key benefits include the provision of expertise to managers on handling welfare-related issues, including workplace stress; provision of counselling and support services to employees that help them come back to work after long periods of absence; and mediation to prevent minor workplace issues becoming lengthy, disruptive and destructive grievances. Further, the service handles the DCA eye care scheme, and so helps the DCA meet its legislative duty of care, and is the central point for contact for advice on DDA workplace adjustments.

How the service has improved and adapted
Over recent years, the service has introduced a helpline and a wider range of services, including mediation, stress support and trauma support. Since June 2006, as a result of the new partnership provision, the service has changed from being available only during working hours, to being a 24/7/365 resource. This has enabled Workplace Support to deliver high-quality proactive and responsive services to a rapidly changing organisation that has doubled in size since 2005.
13. References

BACP. (2006a) http://www.bacp.co.uk/education/whatiscounselling.html

BACP. (2006b) http://www.bacp.co.uk/ethical_framework/index.html


Sutherland (Chairman of the Governors of St Thomas Becket RC High School) v Hutton [2002] CA, EWCA Civ 76. In the Court of Appeal (Civil Division) on appeal from Liverpool County Court., per Lady Justice Hale, Lord Justice Brooke, Lord Justice Kay see IRLA [2002] 263 at paragraph 33.


14. Further information and links

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