



UK Employee Assistance Professionals Association

EAP Guidelines

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Foreword: Coping in turbulent times

Professor Cary L Cooper, CBE

Distinguished Professor of Organisational Psychology and Health, Lancaster University Management School, Lancaster University; President of the British Association for Counselling and Psychotherapy (BACP)

The government's Foresight project on *Mental Capital and Wellbeing* (Cooper et al, 2009) estimated the costs of mental ill health and stress in the workplace at £25.9b per annum, reflecting itself in absenteeism, presenteeism and labour turnover. In addition, this figure does not take into account what the NHS spends to repair people damaged by work. And given the continuing recession, downsizings, restructurings, mergers and acquisitions, and the problems in Eurozone, the stresses and strains on employees can only get worse unless we take action. Indeed, in the recent survey of over 35,000 workers in 36 European countries by the European Agency for Safety and Health at Work, 77% of workers said they thought that job-related stress would increase over the next five years, with only 7% saying they thought it would decrease. This isn't surprising though, given the tough conditions currently being experienced by many, with fewer people meaning heavier workloads, increasing demands by employers for employees to work longer and longer hours, intrinsic job insecurity and a more robust bottom-line management style.

But we know from the research (Robertson and Cooper, 2011) that much can be done to improve the health and wellbeing of employees. Indeed, the NICE *Guidelines on Promoting Mental Wellbeing at Work* has demonstrated that prevention and early identification of stress and mental wellbeing problems will save employers at least 30% of the costs or about £8b per annum; and businesses with 1,000 employees could save roughly £250,000 per annum. The business case for health and wellbeing programmes was also highlighted by PWC in 2008, which showed that of 55 organisations engaged in stress and wellbeing interventions in their workplace, there was a decline of 45% in sickness absence, an 18% decline in staff turnover, a 16% decrease in accidents and injuries and an 8% increase in productivity.

According to the 2011 CIPD absence survey, stress is the number one cause of long-term absence, and it is also hugely important in levels of presenteeism in the workplace (see SCM, 2007). The HSE advocates regular auditing of stress levels amongst employees as well as the monitoring of managers in terms of their behaviours (HSE, 2010). EAPs have been shown to reduce sickness absence, enhance job satisfaction and make a major contribution to the health and wellbeing of employees by providing timely support and information for managers and employees.

This very important EAPA Guideline is essential reading for anybody interested in supporting and enabling people at work to cope with the enormous challenges ahead. As the British social reformer John Ruskin wrote in 1851: 'In order that people may be happy in their work, these three things are needed: they must be fit for it, they must not do too much of it, and they must have a sense of success in it.' This is our challenge.

References

- Sainsbury Centre for Mental Health. (2007) *Mental health at work: developing the business case*. Sainsbury Centre for Mental Health Publication.
- Cooper, CL, Field, J, Goswami, U, Jenkins, R & Saharkian, B. (2009) *Mental capital and wellbeing*. Oxford: Wiley-Blackwell.
- Health and Safety Executive. (2010) *Line Manager Competency Indicator Tool*.
- Health and Safety Executive. (2007) *Managing the causes of work-related stress: a step-by-step approach using the Management Standards*. HSE Books.
- Robertson, I & Cooper, C. (2011) *Wellbeing: productivity and happiness at work*. Basingstoke: Palgrave Macmillan.



EAPs help reduce sickness absence, enhance job satisfaction and make a major contribution to the health and wellbeing of employees

Supporters

This is a comprehensive resource that clearly explains what to expect from an employee assistance programme and, just as important, why it matters.

BACP Workplace

www.bacpworkplace.org.uk

These new guidelines are comprehensive and instructive both for those working within the industry itself and for those seeking to implement EAPs for the first time. The inclusion of the history and development of EAPs over the last hundred years together with the definitions of current EAP best practice, make this an invaluable document for providers and purchasers alike. The Guidelines will also be of much interest to organisations outside the UK.

Employee Assistance European Forum

www.eaef.org

This is a timely publication from EAPA and offers employers a thorough and comprehensive overview of EAP provision in the UK today. In particular it highlights the important and growing trend of EAPs becoming integrated within broader occupational health and wellbeing services, a development that COHPA recognises and supports.

COHPA

www.cohpa.co.uk

Mental health in the workplace is the elephant in the room. It exists but too often it is ignored. Yet businesses that proactively support the mental health of their staff are reaping the rewards in terms of staff morale, productivity and loyalty. Mind's Taking Care of Business campaign seeks to transform attitudes to mental health at work and improve working environments and working lives. EAPs provide an independent, confidential and expert service that can help prevent employees from developing mental health problems and help those experiencing such difficulties to manage their condition and recover more quickly. Mind welcomes the UK EAPA Guidelines in raising awareness of these important programmes.

MIND

www.mind.org.uk

Introduction

When it comes to identifying the issues that employees need to manage alongside their work, personal and family relationship issues such as domestic violence, conflict among colleagues, difficulties with managers, depression and other psychological conditions, substance abuse, financial concerns and child or eldercare needs are the tip of the iceberg. And with issues like this to get to grips with, employees' focus on their jobs is likely to diminish. Set against this, the pressure from an increasingly competitive workplace means that many employees, without the appropriate support from their employer, will struggle to perform.

This is exactly why Employee Assistance Programmes (EAPs) have become a valuable tool that organisations can introduce to engage employees and improve and maintain the productivity and healthy functioning of its people. It is estimated that over 10 million employees in the UK now have support from an EAP for occasions when they need to get some help with a personal problem.

It is envisaged that technology will transform the EAP market and the way programmes are delivered in the next few years. Technology has already enabled EAPs to engage with a wider organisational and employee audience and has helped drive programme efficiency whilst also pushing down costs. The future will certainly see interventions being undertaken via online technology, with access to programme resources becoming online as standard.

Today, employee assistance is acknowledged as a key area of investment for employers, despite many companies facing pressure to cut costs. In such a difficult economic climate, EAPs can support the organisation and its workforce; in tough times many organisations are turning to their EAP because they recognise the value of the early intervention and swift action it offers as critical to the survival and ongoing viability of their business.

This Guidelines document has been put together by representatives of the UK Employee Assistance Professionals Association (UK EAPA) to enable EAP providers, organisational customers and the wider public to understand the broad remit and huge potential of EAPs.



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1. EAPs – an overview

1.1 What is an EAP?

An EAP provides managed access to a range of experts and mental health professionals, accessed through a single entry point and via a structured assessment of need, that will provide support, guidance and information on a wide range of work-related and personal issues that can affect work performance and attendance.

According to the global Employee Assistance Professionals Association:

In general, an EAP is a set of professional services specifically designed to improve and/or maintain the productivity and healthy functioning of the workplace and to address a work organisation's particular business needs through the application of specialised knowledge and expertise about human behavior and mental health. More specifically, an EAP is a workplace programme designed to assist: (1) work organisations in addressing productivity issues, and (2) 'employee clients' in identifying and resolving personal concerns, including health, marital, family, financial, alcohol, drug, legal, emotional, stress, or other personal issues that may affect job performance. (EAPA, 2010)

What is special about an EAP is its unique tri-partite (dual-client) relationship between the employer, the EAP or counsellor, and the employee. This means that because of the performance-based backdrop, the work of an EAP always retains an organisational context and focus.

An EAP service provider will work directly with the organisational client to ensure all employees are made aware of the programme, its scope of services, the extent of confidentiality and access options.

Confidentiality is a key feature of an EAP. The understanding of this by all stakeholders involved is crucial to maintain the integrity of the service. Confidentiality is not absolute, though. For instance, if an EAP has evidence that an employee is at risk to themselves or others, or on clear public interest grounds, there may be a valid cause to break confidentiality. But the contractual limits of confidentiality should be made clear to the organisation and service users. Whilst top-line service usage data is aggregated and usually made available to organisations to demonstrate service usage, this should not identify individuals or users.

Telephone-based counselling support may be available in-house, but face-to-face therapy is usually provided through a managed network of counsellors and psychologists.

An EAP works as an advisor to employers on mental health concerns, policy production and crisis preparation. It will often work alongside in-house human resources (HR), welfare and occupational health (OH) functions.

An EAP can be physically located within an organisation (for example, an in-house service provision) or provided from outside the organisation (for example, managed by and delivered by an external contractor). [See Section 2]

1.2 A brief history of EAPs

It is believed that in 1917 RM Macy and Co in the USA, followed by Northern State Power, established the very first support programme for employees (Kemp, 1994). In the early 1940s, as employer concerns about alcoholism amongst white-collar workers increased, programmes to treat mental, emotional and financial problems caused by alcohol and drug use evolved. These were called 'Occupational Alcohol Programs'.

During the Second World War, with women occupying an increasing proportion of the workforce in the US, programmes evolved to offer a range of more general occupational support.

Research in the 1960s confirmed the effectiveness of the programmes (Kemp, 1994). However, their narrow focus restricted their broad adoption predominantly to workplaces where senior management were committed to the role of alcohol support. A broader focused EAP was therefore developed to manage the wider behavioural issues affecting performance at work, beyond alcohol. This had, and continues to have, an effect on the support for all alcohol-related problems in the workplace.



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In 1970 the US government formed the National Institute on Alcohol Abuse and Alcoholism (NIAAA). Its role was to support the treatment of alcohol abuse and the Institute offered state grants to develop programmes. This funding facilitated the employment of two 'field workers' in each state, and these workers became known as the 'Thundering 100'.

This particular support provision is regarded as the origin of the EAP service template that we see today. In 1971 the role of the EAP was presented to NIAAA which led to the formation of the ALMACCA (Association of Labor and Management Consultants and Administration on Alcoholism). It is through this group that the EAP concept was expanded worldwide. In 1981 the NIAAA funding was revoked yet EAPs prevailed by shifting focus towards the issues surrounding work and management, as this was regarded as a more significant commercial issue. In 1990 ALMACCA changed its name to the Employee Assistance Professionals Association. In many ways this was similar to the previous formation of field workers, but the focus was now on a wider range of issues than just alcohol, and reflected current work demands and organisational needs.

At the same time, EAPs were developing around the world, accelerated by the need of global organisations to establish programmes in countries where they had operations. EAPs spread to the UK in the late 1970s and the first EAP companies were formed in response to the demand for counselling and psychological services. EAPs were also established in Australia and South Africa, and to a lesser degree in mainland Europe. The focus on alcohol support services diminished in favour of other employee support needs.

In the UK, as organisations sought to address wider work-life balance issues, EAPs added other services such as legal information, health information, and child and elder health and support location services.

EAPs really began to expand following a series of high profile occupational stress-related cases, the most important being *Sutherland v Hatton* in 2002 where workplace counselling was cited within Lady Justice Hale's judgement: '*An employer who offers a confidential advice service, with referral to appropriate counselling or treatment services, is unlikely to be found in breach of duty.*' (*Sutherland v Hutton*, 2002)

EAP providers promoted their services to organisations as a means to offer this 'duty of care' towards their employees. The role of the EAP also expanded rapidly in the UK following the work by the Health and Safety Executive on 'Stress Management Standards' in 2005. EAPs became increasingly associated with (behaviour) risk management.

The UK EAPA was established in 1998 to represent the interests of the industry and to expand knowledge and understanding of EAPs in the UK.

1.3 Return on investment

It is difficult to accurately measure a true return on investment (ROI) for an EAP due to the number of variables affecting outcome. There have been many studies conducted on the ROI of programmes and all show this to be neutral at worst and hugely positive at best (McLeod, 2001). It is unlikely that significantly high ROI values are reliable due to confounding variables and the almost certain double counting of effects and outcome.

1.4 Programme access

EAPs generally provide fast access to their services, particularly counselling, which is reported to be quicker than through conventional National Health Service (NHS) resources. Access can be within a few days and is usually guaranteed through a service delivery agreement.

According to the mental health charity Mind, one in five people are waiting more than a year to access therapy via the NHS, and 68% who seek it are not offered any therapy (Mind, 2010). In a study by *Health Insurance Magazine* in August 2011, 41% of 85 Primary Care Trusts (PCTs) have a waiting time of more than three months for counselling, compared to 29% of 90 PCTs in 2009. Patients are waiting over three months for cognitive behavioural therapy (CBT) in a quarter (27%) of PCTs. Patients are waiting up to 54 weeks for counselling in Central and Eastern Cheshire and up to 67 weeks for CBT in the Wirral.

If an employee is absent from work and awaiting therapy, it makes economic sense if an EAP can provide more immediate access to counselling and thus enable a faster return to work.



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EAP outcome is measured by many providers using a variety of instruments. These show high levels of clinical and reliable change in clients. Such change might be seen as better work performance and attendance, relationships and creativity. In 2012 Mellor-Clark et al looked at outcome data for more than 17,000 EAP counselling cases and compared them to data from NHS Trust counselling data. The data showed that EAP clients had similar levels of clinical distress as NHS PCT patients. *'The (mean) average waiting time between referral and first assessment was 8.8 days. Compared with average waiting times from NHS primary care benchmarks published in 2006 and 2011, such access is six weeks quicker.'* (Mellor-Clark et al, 2012).

EAPs show good outcomes, too. The average recovery or improvement rate across EAP services was 70.5%. This compares with NHS primary care sample averages of 71% (CORE IMS, 2011a) and 72% (Mullin et al, 2006), and higher education sample averages of 78% (CORE IMS, 2011b).

1.5 Presenteeism

The Centre for Mental Health defines presenteeism as *'reduced productivity when employees come to work and are not fully engaged or perform at lower levels as a result of ill health'* (www.centreformentalhealth.org.uk). The Centre recently calculated the average cost of presenteeism to be £605 per employee per annum (Sainsbury Centre for Mental Health, 2009).

The Integrated Benefits Institute found that most of the cost burden for employers in treating employees with depression was accounted for by diminished employee productivity (63%) (IBI, 2009). If EAP services help employees to manage personal or work-related problems that contribute to presenteeism (and absence) then it follows that improved functioning and a faster rehabilitation to work would generate a positive economic and social cost-benefit.

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2. Models of EAP provision

The variety of EAP models available in the UK has increased in recent years to suit a range of budgets. These models vary in how they are funded and what services are offered. This section outlines the ways in which EAP services can be designed, constructed and delivered to meet organisational needs.

Typically an EAP might include any of these services:

- intake assessment
- e-counselling
- planned telephone counselling
- clinical or counselling psychologist assessment
- face-to-face brief intervention counselling
- managerial consultancy
- debt advice
- Citizens Advice information
- legal information and signposting
- child/eldercare information
- domestic violence information
- health information
- managerial/occupational health referral
- information portal
- on-site briefing sessions
- promotional materials
- account management
- management information
- trauma support
- training and consultancy.

The annual fee for an EAP is typically calculated on a fixed *per capita* basis and includes an estimate of anticipated service use. The fee covers all the services provided within the contract together with an agreed number of face-to-face counselling sessions, per employee, per year.

Another funding structure is a 'fee-for service' model where the organisation may be charged a retainer fee for all telephone services but will be charged for any face-to-face counselling sessions delivered.

An alternative funding structure is a complete 'pay-as-you-go' model, where fees are charged only for services used, on a call-by-call basis. Here there may be a *per capita* retainer fee charged by the supplier.

Although there may be a maximum number of sessions per case it is not uncommon for an organisation to maintain an authorisation process for the face-to-face service. This may be known as a 'gatekeeper' service.

Most EAP models will include, as standard, a telephone 'helpline' number that provides a 24-hour contact point with the service provider. The telephone number may be generic or bespoke. The initial contact person may be an employee assistance advisor, a nurse, counsellor or other intake specialist. From this contact point, services will be made available to employees as per the service level agreement and individual's need. It is a requirement of EAPA and the agreement with the UK tax authorities, Her Majesty's Revenue and Customs (HMRC), that an intake assessment is undertaken at first contact.

Although not suitable for everyone, telephone and internet EAP services can remove some of the barriers associated with seeking support. They offer a more anonymous method of contacting the EAP and may appeal to certain people within an organisation who are more familiar with online communication and activity.

In order to ensure quality and consistency in service delivery, it is recommended that all EAP providers meet the minimum requirements as defined by EAPA for an externally registered provider (for further details see www.eapa.org.uk).

The following models explain the different EAP options that are generally available in the UK.



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2.1 Full service model

The most comprehensive EAP model will usually include a 24-hour/365-day helpline offering a range of clinical and practical support services. Therapeutic support will be short term (usually between three and eight sessions) and time limited. This part of the service will be provided by qualified and experienced counsellors and psychologists trained in a broad range of therapeutic approaches. Trauma and crisis management may also be provided [see Section 9]. All EAP cases will be fully assessed and have full clinical case management by trained and experienced EAP clinicians.

Internet-based online counselling is also available from some EAPs, including time-delayed email, live chat and instant messaging services.

Practical support will usually be via telephone or online and may include legal guidance, money management or debt counselling, child and dependent care advice, medical help, as well as support for managers. Other services, such as online health risk assessment tools and a range of training courses, such as resilience training, may also be available.

All callers will initially be assessed for the most suitable form of support and then transferred to the most appropriate professional.

A full EAP will also include full account management [see Section 10], including the provision of regular EAP utilisation reports, as well as analysis of these reports. A full range of promotional material such as leaflets, wallet cards, posters, manager guides and online material for use on internal or intranet sites may also be provided. An annual calendar of EAP promotional activity should also be established to ensure the EAP remains visible and relevant to the whole employee population.

Proactive account management and active promotion of the full EAP service will often result in this 'full service' model having the highest level of use.

Increasingly, full EAP models offer the opportunity to integrate with other benefits such as absence management and private medical insurance.

2.2 Embedded model

Embedded EAPs refer to EAP services that are included 'free of charge' with other healthcare or insurance products, such as cash plans or group income protection schemes. The operating costs are generally embedded in the fees paid for by other products, such as group income protection offered by the provider as a package deal. Embedded EAPs are affinity schemes that are often limited versions of the full EAP model outlined above. These may provide telephone-only services or offer a limited amount of face-to-face counselling sessions per employee with the option to pay an additional fee to extend the number of sessions available, as required.

These are often sold as an added-value service or a retention tool for other healthcare products. The embedded model is a relatively recent service delivery innovation. Data suggests these embedded services tend to generate a lower uptake by employees compared with the full service EAP, due to lower levels of promotion and subsequent reduced awareness amongst employees.

2.3 Telephone and online model

This model removes all face-to-face services and provides emotional and practical support via 24-hour helplines or online services only. Counselling takes the form of structured short-term telephone or online sessions.

This model may form part of an embedded service or a stand-alone service. Online services may include self-assessment tools and factsheets, as well as a range of health and wellbeing presentations via an exclusive website portal created by the EAP provider. Online counselling may be via a secure portal where email exchange or live chat take place, or may be via regular email or Skype™. Email counselling may be via a live chat, or time-delayed response. The provider and purchaser should ensure they are both happy with standards of security and confidentiality in the provision of these services. Further guidelines on e-counselling are available via the British Association for Counselling and Psychotherapy (BACP).

2.4 In-house counselling

Most EAP services operate outside and independent of the client organisation.



Proactive account management and active promotion of the full EAP service will often result in this 'full service' model having the highest level of use

Another variation is the provision of counselling from within the organisation by employed counsellors or contracted through a third party. The counsellors would be based on site and provide counselling to staff and managers. They may operate a drop-in service, an appointment-based service, or both. Generally, in-house services only offer counselling.

In-house counselling has the advantage of being very close to the organisation with greater understanding of its operations, culture and policies. It can act to mediate work-related problems toward a positive resolution. Its disadvantage is that employees may feel less comfortable about confidentiality with concerns that visiting counselling rooms may be visible to their colleagues or managers.

Models available

- External
- Embedded
- In-house

Service models

- Full service model
- Pay as you go (PAYG)
- Telephone only services
- Fee per service



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3. Counselling support services

3.1 About counselling

BACP defines 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.' (BACP, 2006)

Counsellors who work for EAPs either as self-employed affiliates or on an employed basis are more accurately described as 'workplace counsellors' because they are expected to work within a short-term or time-limited framework and be aware of the organisational context in which they are operating. If further therapeutic support is required, counsellors refer employees onwards to additional interventions, 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 the psychological health of people at work. Furthermore, workplace counsellors 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 other relevant parties.

Traditionally, EAPs tend to focus on self-referrals (where the employee chooses to refer themselves for counselling) and these are strictly confidential, subject to criteria such as harm to self/others. Even the fact that an employee has made contact with the service provider is protected. Employees can therefore explore their issues in a safe place without fear of someone within their organisation finding out what they are saying, and thereby take responsibility for dealing with their issues. In some circumstances the client who self-refers can decide to inform their line manager to ask for time off from work to attend counselling. Alternatively they may wish to keep counselling confidential and attend in their own time.

EAPs can set up an arrangement where managers directly refer employees for support. The advantage of this is that employees who are in most need, such as those absent from work, particularly those with a stress-related condition, can be proactively referred in. These may be seen as similar to the way occupational health (OH) operates, where a manager is concerned about an employee's sickness absence and wants to receive some advice about what can be done to support them back to work with some kind of treatment. There are slight variations on the manager-referral format for EAPs, but essentially each allows a manager, supervisor or other authorised individual such as in human resources (HR) to refer an employee for appropriate support or counselling. The EAP may arrange for a summary feedback report to be sent back to the referrer after an initial assessment to determine the most appropriate support.

Confidentiality needs to be considered here so that the employee can give their informed 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 of this approach 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 unless the counsellor can work with such reluctance and form an appropriate therapeutic



Employees can explore their issues in a safe place without fear of someone within their organisation finding out what they are saying

alliance. 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.

If clients present with issues at work, a workplace counsellor should have some knowledge about what support arrangements are available within the organisation. For instance, the employee may benefit from discussing their difficulties with someone appropriate in the organisation, particularly where the company has an opportunity to take relevant remedial action to mitigate, respond to or resolve the problem. As circumstances allow, and with client consent, the counsellor/service provider can act as a bridge between the client and the organisation (such as via HR, welfare or OH) 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 their concerns should be kept confidential.

Some organisations may believe that EAPs should only allow counselling if the issue stems from the workplace. Whilst this is a decision for the purchaser (and in their contract with the EAP provider), it is apparent that there is a dynamic interaction between work and home so that domestic or personal issues can have a significant impact on work and where there are relationship difficulties, bereavements and addictions, for example, these can have a knock-on effect on work, including a deterioration in concentration, an increase in accidents and higher absence. Similarly, work-related stress, bullying and harassment, work-related trauma, organisational change and work performance can have an adverse effect on home life. Therefore, it is perhaps artificial to try and create a separation between work and home and EAP support needs to address both.

3.2 A counselling session

A consultation or session with a counsellor takes place in a confidential setting either at the approved premises of the counsellor/service provider or at the organisation's premises where this is suitably private. The exact duration and frequency is often dependent on the resources available and the type of counselling model being used, although traditional counselling practice suggests it will be for 50 minutes. Given the technological changes and the way in which counselling within EAPs has been changing with the advent of telephone, online, computerised therapy and video sessions, it is important for workplace counsellors to reflect on their practice to plan sessions accordingly so that the client still receives an appropriate bounded and confidential treatment even if this is not for 50 minutes.

3.3 Standards, good practice and ethics

Irrespective of the format of counselling service provision, workplace counsellors should practise in an ethical and professional manner consistent with BACP's *Ethical Framework for Good Practice in Counselling and Psychotherapy* (2012).

A typical set of standards that EAPs apply when recruiting workplace 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, BACP Workplace, BPS, BAPCP, COSCA or UKCP
- indemnity insurance
- suitable premises to provide a private, comfortable and safe counselling environment
- access to specialist psychological supervision for complex or high-risk clients



Domestic or personal issues such as relationship difficulties, bereavements and addictions can have a knock-on effect on work, including a deterioration in concentration, an increase in accidents and higher absence

- continual professional development
- where working with young people under 18 years of age, workplace counsellors should have knowledge of child protection issues and criminal records checks may be required for those undertaking direct work with children and young people
- criminal record checks may be required for certain contracts due to the environment of the work (for example, the prison service) or because of the vulnerability of service users. The appropriate legislation on vulnerable persons should be consulted.

Desirable

- Certified Employee Assistance Professional (CEAP) qualification or equivalent
- 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.

The Ethical Framework explains that confidentiality is not necessarily absolute and disclosures can be made in certain circumstances:

'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.' (BACP, 2012)

The EAP needs to set standards that safeguard clients, counsellors and organisations during the therapeutic process. Stakeholders within the organisation should be briefed on what is and what is not confidential. Other than the client and counsellor, other stakeholders within the organisation include the line manager, supervisor, OH, welfare, HR, health and safety, security and any union involved.

Dealing with confidentiality issues can be complex within an organisational context. Clients should be informed of the parameters for disclosure (ie breaking confidentiality) before they access the service, as well as the potential consequences for them if a disclosure is needed.

Circumstances where a disclosure may be justified or appropriate include:

- real or potential risk of harm to self or others
- evidence that a crime has been or is likely to be committed
- a legal requirement (for example, protection of children, prevention of terrorism, if requested by a court)
- a significant threat to the health and safety of those within an organisation.

EAP providers should therefore ensure they have clear protocols on when a disclosure is required in addition to the following further considerations:

- 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 (for example, to attend at a location that is confidential, safe and sufficiently private), 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.



The EAP needs to set standards that safeguard clients, counsellors and organisations during the therapeutic process

Issues surrounding confidentiality are complex. Further information is contained in *'Therapists in Court: Providing Evidence and Supporting Witnesses'* by Tim Bond and Amanpreet Sandhu (2005).

3.4 Key points to consider when providing a counselling resource

- 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 explain to staff what counselling is and how it might help them.
- Form a steering committee – those responsible for managing and implementing the service including having those who have used the service.
- Establish boundaries of confidentiality and how this impacts on stakeholders and steering committee.
- Assess how the provision will be promoted (public relations and marketing strategy) whilst measuring service awareness and service usage.



Consider specific employee and organisational needs, particularly after any recent changes. Assess how best to explain to staff what counselling is and how it might help them

Note: This section has been influenced by Guidelines for counselling in the workplace, from the Association for Counselling at Work, now known as BACP Workplace, the workplace division of BACP. Extracts reproduced with kind permission.

4. Legal support services

4.1 The scope of legal guidance

Legal guidance may be provided as an integral part of an EAP service where it is delivered as part of and within a mental health model, with the aim of supporting the emotional wellbeing of the individual accessing the service. The legal guidance provided is restricted to information and guidance that seeks to put a framework around the issue for the employee so they are able to cope and feel able to take the next step in resolving their issue.

The information and guidance provided is limited to high-level, general guidance such that the employee is able to identify the most suitable next step to take outside of the EAP to seek a satisfactory conclusion to their legal issue.

4.2 Parameters for taxable benefit exclusion

The legal information and guidance element of an EAP aims to support employees by addressing the legal component of their emotional and performance issues. This component of the service must follow the taxable benefit guidelines that this section outlines. All calls to the EAP service must be assessed and/or screened for emotional issues before any kind of legal support service is provided to a caller. Therefore:

- There must be only one helpline number for the EAP service; a separate employee self-select legal helpline number would make the service a taxable benefit.
- The EAP helpline should not have a recorded voice message that invites the caller to select service options 1, 2 or 3 etc which would link the caller directly to legal advice and information.
- Legal workers should not answer the initial call to the EAP service unless they have received specific training on how to conduct an initial EAP assessment. They should not provide legal information and guidance that goes beyond the specific legal issue that directly relates to the employee's performance and emotional condition.
- The legal information and guidance provided must be at a high level and provided in the context of giving clear simple information about where to start with next steps and who to approach to seek advice outside the framework of an EAP, where appropriate. This high-level information and guidance does not need to be restricted to those areas of the law which are most obviously linked to emotional issues, for example information on wills, contact with children after divorce and criminal offences linked to psychological problems, such as alcohol addiction.
- Legal information and guidance (of the types described above) is provided as an integral component of an EAP service. It must not be customised to the circumstances of the particular employee and must only offer limited information around an individual's rights, obligations and options in the context of any given area of law.
- Given that certain elements of the legal service would include access to legal information only, this could be provided by trained EAP counsellors and would not need to be referred to lawyers, although the information booklets and help-sheets may well have been prepared by lawyers. It is hard to envisage circumstances where an employee would need to be transferred to a practising lawyer for delivery of the type of information that qualifies within the terms of the tax exemption but, where this is deemed to be necessary, the consultation would be expected to last less than 15 minutes.
- Equally, legal workers should not offer a second opinion on an existing legal issue/case and should not read/review any legal letter/documents nor provide more than one consultation on a particular legal issue.



The legal information and guidance element of an EAP aims to support employees by addressing the legal component of their emotional and performance issues

4.3 Scenarios highlighting permissible service availability

The following three examples reflect the acceptable use of legal services within an EAP that keeps the overall service within the parameters of the welfare counselling exemption:

- An employee rings the employee assistance service emotionally distressed about a problem with their neighbour focusing on a boundary dispute. During the course of talking through how the employee is feeling about the boundary dispute, it becomes clear that one of the things that is concerning the employee is a lack of knowledge about where to start in taking the boundary dispute any further. The counsellor transfers the employee to a legal worker who, having reviewed the issue, advises the employee in general terms how to go about dealing with the issues and, where applicable, how an employee could go about seeking legal representation.
- An employee calls the employee assistance service in a state of extreme distress because he has just been caught speeding by a speed camera and this would mean three more points on his driving license. As he already has nine points on his license from previous offences, he is very anxious because he fears losing his driving license and this would probably mean he would have to leave his current employment. The caller speaks to a counsellor about his feelings and once they have managed their anxiety and feel able to cope, they are transferred to a legal worker to explore if there were any ways he can keep his driving license and to identify what next steps he can take to find specialist legal support (consistent with signposting) in handling driving offence cases.
- An employee calls the counselling line distressed and suicidal at the breakdown of her marital relationship. She discusses her distress and emotional state with the counsellor and explores ways to better manage her emotional state and suicidal thoughts. At the conclusion of the session the counsellor transfers the employee to a legal worker who discusses her legal position and agrees to send the employee copies of some leaflets about legal rights over the property and children. The advisor also gives some general advice about how the employee might go about appointing a suitable solicitor, should they choose to do so.

Scenarios highlighting where services are not tax exempt

Examples of legal services which are not acceptable as part of an EAP if the overall service wishes to keep within the welfare counselling exemption, include:

- An employee calls the employee assistance service because they want someone to read the warranty agreement on their car because they feel a major repair which they have just been billed for should be covered by their extended warranty.
- An employee makes a subsequent call to the service to seek legal advice following the initial legal discussion on a related matter.
- An employee asks for a review of legal documents such as a will, rental agreement, employment contract.
- An employee requests a face-to-face meeting with the legal worker.

4.4 The scope of personal legal subjects included in an EAP service

- Family law – divorce, separation, children, domestic violence and mediation.
- Consumer law – purchase and hiring of goods and services, credit, and holiday problems.
- Bereavement law – advice on making wills and what to do when someone dies.
- Motoring law – contesting fines and penalties, legal obligations as a vehicle owner, buying and selling cars, parking tickets, speeding, and other offences and penalties.
- Property law – buying, selling and renting property, rights and obligations as a neighbour/tenant.
- Employment law – basic statutory rights as an employee, the disciplinary procedure, redundancy and dismissal, illness, misconduct, and health and safety.



Legal areas covered by an EAP service include family law, consumer law, bereavement, motoring, property, employment, personal injury and tax information

- Personal injury – sustained at work or in a traffic accident, caused by errors in hospital treatment or sustained by a victim in the course of a crime.
- Tax information – inheritance tax, issues relating to self-employment, VAT and NI.

4.5 The process for obtaining legal information and guidance

All calls to the EAP must be assessed and/or screened for emotional issues before any kind of legal support service is provided to a caller. Having made the initial assessment and confirmed that the employee does in fact require legal information and guidance the counsellor will transfer the client to a legal worker (internal/external) who specialises in the required area of law. The legal worker will listen to the employee's specific legal issue and give the appropriate practical advice and guidance with what to do next. This will include:

- an explanation of the employee's legal rights and obligations
- practical advice and guidance on the appropriate course of action
- providing access to information booklets and help sheets on the subject in question
- research on specific legal topics that are complex and require detailed investigation
- assistance with finding and instructing a solicitor who is local to the employee, if appropriate.

Once the call has been completed, the advisor will refer the caller back to the counsellor, if appropriate, to continue with any further counselling support.

4.6 Overview of the legal advisory team

The legal workers are generally a combination of para-legals, legal executives and non-practising solicitors (former solicitors and barristers) with law degrees. They will all have at least five years' post-qualification experience either in practice or as general advisors with differing areas of specialism and expertise.

They are recruited for their knowledge of the law and legal systems and, equally importantly, their ability to take often complex legal issues and explain them in a manner that is easy to understand. Communication skills are critical when providing this service.

It is not only the explanation of sometimes complex legal issues that is required, but also the ability to assess a caller and their own ability to understand and explain their personal circumstances. This will often require a quick assessment of the situation and the skills to answer not only the initial question but to seek other relevant information that they may not have considered when calling.

Training is an ongoing matter and it is a requirement that all legal workers should be up to date with relevant legal issues. Whilst such workers are not bound by the regulations of the UK Law Society (as they are non-practising), we expect each advisor to develop a training programme with their specific Chartered Institute of Personnel and Development (CIPD) training requirements through external courses and coaching.



Legal workers are recruited for their knowledge of the law and legal systems and, equally importantly, their ability to take often complex legal issues and explain them in a manner that is easy to understand

4.7 Top 10 points to consider when providing legal information and guidance

1. The information and guidance provided to all clients will be focused specifically on their rights, entitlements and responsibilities under the law.
2. The information and guidance is independent, ie in the client's best interests and not influenced in any way by the interests or views of anyone else.
3. Legal workers are required to listen to all the facts before offering guidance, ensuring that the questions asked will provide a clear and concise assessment of the relevant legal issue.
4. The majority of clients will put across their own version of events or facts as they see them; this can be a very emotional time so legal workers need to be supportive and separate fact from conjecture.

5. Legal workers are required to speak to the client in plain English so they always know where they stand; however, it is inevitable that the legal process will involve some technical terminology at some point.

6. It may be helpful to refer the client to their own company policies and procedures and also to seek clarification from their HR department if they are unsure of the facts regarding an employment issue.

7. Clients may seek a solution that will suit their personal situation or circumstances. In this event legal workers will need to ensure the information and guidance remains consistent with the clients' rights, entitlements and responsibilities under the law.

8. Legal workers may occasionally be asked to provide a convenient and reliable method of sourcing a law firm in the UK for clients who have potentially complex issues that cannot be resolved by telephone advice alone. This referral process is regulated by The Law Society in the UK and is authorised by the UK Ministry of Justice to enable legal workers to place referrals to law firms pursuant to the Compensation Act 2006; they will need to use reasonable endeavours to maintain such registration.

9. Clients will often derive significant benefit from the additional support provided by government websites such as Community Legal Services, Citizens Advice, and the Advice, Conciliation and Arbitration Service (Acas). These sites provide clear and concise information across a wide range of legal topics and offer additional support with issues such as legal aid, how to access downloadable documents and templates, and how to resolve issues by mediation.

10. Clients should be encouraged to make their own decisions and act on their own behalf. The role of the legal worker is to enable clients to manage their own problems by focusing on their individual needs.



Clients should be encouraged to make their own decisions and act on their own behalf. The role of the legal worker is to enable clients to manage their own problems by focusing on their individual needs

Note: this chapter has been written so the reader gains an understanding of the overall legal service typically involved in an EAP. References to the tax situation have been written in general terms with information publically available at the time of publication and the reader should not rely on it, instead taking their own advice from tax experts.

5. Life management and practical issues

5.1 What are life management issues?

EAPs provide support for personal, social and family issues that may contribute to or coexist with work and personal-related issues. Set alongside and as part of the overall mental health management, life management services provide confidential information, resources and onward referrals for a range of issues, including dependent care, legal and financial issues. Such services will be provided by specialists including debt specialists, former Citizens Advice staff, health workers, nurses or midwives. They will have experience in delivering support to employees alongside counselling services within an EAP context.

Data and information are available via many sources including publically available information, subscription-based information, databases and written documentation. In relation to work-related issues the aim, where appropriate, is to encourage communication with the employer to create positive and mutually beneficial resolution.

5.2 Examples of consumer information

Consumer information is available on matters such as:

- quality of goods and services
- getting trades people to complete/start contracted services
- returning goods
- getting ordered goods/services delivered
- holiday problems
- new and used car problems
- financial issues under the Consumer Credit Act.

5.3 Examples of financial information

Financial information is available on matters such as:

- taxation
- benefits
- mortgages
- insurance
- income tax
- wills and probate
- capital gains tax
- various tax credits and support opportunities.

5.4 Examples of debt support

Debt support services may include:

- one-to-one, confidential support from debt advisors
- budgeting and money management guidance
- group training and information sessions
- a range of information factsheets
- online debt management programmes and models
- access to specialists with expertise in housing, tax and benefits
- specialist support for employees with county court judgements and default notices.

5.5 Examples of family support services

Information is available on areas such as:

- childcare location
- emergency childcare
- domestic violence
- selection of child carers
- childcare benefits
- child maintenance
- location of elder care services
- eldercare benefits.



Life management services are provided by specialists including debt advisors, former Citizens Advice staff, health workers, nurses and midwives. They offer confidential information, resources and onward referrals for a range of issues

5.6 Service standards

Life management services typically fall within the industry standards set by the EAPA Standards and Ethics. Providers commonly use Citizens Advice and similar databases to ensure information is up to date.

5.7 Checklist of points to consider when providing life management services

- Ensure your provider has adequately qualified staff.
- Ensure your provider has adequately trained staff and development programmes in place to up skill and keep staff updated with changes in legislation and resources available.
- Ensure all calls are linked to other resources within the EAP, eg counselling.
- Assess the quality of information packs and resources available for your employees.
- Test the service prior to purchasing.
- Can the service be tailored toward your organisation's specific needs?
- Check to see if any regional variations are covered, for example, Scottish law.
- Confirm there are no additional costs attached to the provision of the services.
- Confirm the service level for queries and calls to the service.



Ensure your provider has adequately trained staff and development programmes in place to up skill and keep staff updated with changes in legislation and resources available

6. Mediation and conflict management

6.1 Conflict and the opportunity for mediation

There are numerous definitions of conflict – with disputes ranging from interpersonal situations to international crises – but many of the key components remain constant. Conflict involves a struggle between at least two parties who perceive incompatible goals. It can be constructive or destructive, depending on how we handle it, as well as the setting of the disagreement. Conflict becomes more difficult when other factors are apparent. Within organisations, for example, it might be caused by imbalances of power and control. Conflict within the workplace will often have a detrimental effect on the individual(s) involved, as well as their teams and colleagues. The cost of conflict to the organisation can be high in terms of lost working hours, sickness absence, reduced productivity and possible employment tribunal.

When looking at the components of a conflict situation it is important to consider power imbalance in addition to bullying and harassment. The Equality Act 2010 (Home Office, 2012) defines harassment as *'unwanted conduct related to a relevant protected characteristic, which has the purpose or effect of violating an individual's dignity or creating intimidating, hostile, degrading, humiliating or offensive environment for that individual'*.

Bullying is less specifically defined in law. The Acas (2010) view is that *'bullying may be characterised as offensive, intimidation, malicious or insulting behaviour, an abuse or misuse of power through means intended to undermine, humiliate, denigrate or injure the recipient'*.

Bullying and harassment may be by an individual against another individual or involve groups of people. It can range from physical violence to less obvious behaviours and verbal attack or comment. From an employer's perspective, such destructive and stress-inducing behaviours are covered under the Equality Act.

Mediation is an increasingly useful tool for organisations, managers and individuals looking to manage conflict within the workplace. It is a consensual, informal and non-legal process with no rigid rules of procedure or evidence and is voluntary. Mediation can be highly successful in many different types of conflict, including where individuals perceive they are being harassed or bullied.

Employers are encouraged to pursue the early resolution of workplace disputes themselves, thus avoiding recourse to employment tribunals.

6.2 Definition of mediation

Mediation can be defined as a process where parties are encouraged to make clear and deliberate choices whilst acknowledging the perspective of another. It explores the difficulties and focuses on the outcome of a mutually acceptable agreement.

6.3 The value of mediation

In 2004/05, 86,181 cases were brought to employment tribunals, with 26,472 (18%) being successful. However, from the 82% that were not, only 755 (0.8%) costs awards were made in favour of employers, the average award to employees being £1,000. Therefore, it makes economic sense from everyone's perspective for mediation to be an early part of grievance and dispute resolution policies.

Embedding mediation in policies that enable access to the service prior to parties becoming embittered and entrenched, creates an environment for dispute resolution without commencing internal formal proceedings and expensive external litigation. Mediation can be used at any stage of internal disciplinary or grievance proceedings without affecting the right to, or outcome of, litigation.

6.4 Mediation advantages for employers and employees

- Mediation is independent and impartial.
- It can work with most types of workplace dispute.
- It looks to provide a win/win solution, maintaining workplace relationships with all parties and within teams.
- Mediation is a voluntary process with the parties deciding what is incorporated into the agreement.



Mediation can be highly successful in many different types of conflict, including where individuals perceive they are being harassed or bullied. It is a consensual, informal and non-legal process with no rigid rules of procedure or evidence, and is voluntary

- It can be used at any stage of grievance or disciplinary proceedings with parties retaining the right to taking the case to an employment tribunal.
- It encourages discourse, and ownership of a solution that is agreed rather than imposed.

6.5 Mediation steps

Mediation can often be seen as a stepped process. Different models break the process down into different stages but most models include these three stages:

Stage one. The mediator talks separately and confidentially to the parties in dispute. This is often in face-to-face meetings, but geographical or time constraints may mean that initial contact is by telephone followed by shorter face-to-face sessions on the designated day. These pre-mediation sessions are an important part of the process because they enable the mediator to assess the conflict situation and the parties' suitability to mediation in relation to the ethical codes and likelihood of success.

Stage two. The mediator considers whether the situation is suitable for mediation. This will also be undertaken at the initial enquiry stage when details are submitted by the employer or conscripting body. The mediator looks to prepare the meeting or best way of proceeding for both parties.

Stage three. The mediator sees both parties together. This includes setting the scene for the meeting, boundary setting (ie confidentiality, not speaking over another party etc), and hearing the main concerns from both parties. This stage also includes:

- exploration of the issues and looking for common ground and areas of agreement or compromise working towards the future rather than focusing on the past
- building a mutually acceptable agreement that is workable and sustainable
- finalising the agreement, the review timescales and closing.

It is often useful for mediation to take place away from the day-to-day demands of the workplace and on neutral territory. This enables the parties to move away from the daily working environment and its inherent pressures to concentrate on the task in hand. In setting up the mediation time, consideration for issues such as childcare and location, working patterns and individual needs of the parties involved will assist engagement in the process.

6.6 Skills of a mediator

Although many of the mediation skills are encompassed within counselling training, this does not mean that counsellors within an organisation will be able to transfer these skills to provide mediation without further training in conflict resolution and mediation. Mediation requires a set of general and specific skills to enable parties to feel the process has been structured and that they feel supported and the problem resolved.

Skills of a good mediator include:

- ability to build rapport and listen effectively
- good spoken and written language with sensitivity to language, gender, ethnic and cultural differences and needs
- analytical problem solving, identification and separation of issues for resolution
- negotiation to enable parties to convert positions to needs and interests
- ability to gain participants' trust in the mediation and its process
- management of complex factual information, and understanding and managing power imbalance
- ability to convey patience, presence and persistence
- excellent interpersonal, analytical and written skills.



It is often useful for mediation to take place away from the day-to-day demands of the workplace and on neutral territory. This enables the parties to move away from the daily working environment and its inherent pressures

6.7 Standards and ethics

There are many different avenues to mediation training, specialising in different areas of law, workplace or employment issues. It is vital to find a mediator who is qualified, insured and registered with a professional body and who adheres to an ethical code of conduct. Many EAPs will have mediators as part of their organisational team who are registered with an appropriate body and all appropriate checks undertaken. At present in the UK, the Civil Mediation Council (CMC, www.civilmediation.org) is the main body concerned with standards of workplace mediation and ethical practice.

The CMC requires its member mediators to have a registered mediation qualification and indemnity insurance. In addition, members must adhere to a set of standards and ethical codes of practice, for example, the CMC's own or one that meets or exceeds the present European Code of Good Practice for Mediation. EAP providers, as well as individual practitioners, will have knowledge of up-to-date standards and ethics, which may change as a result of legislation.

Ethical responsibilities include:

- **Confidentiality.** Participants and commissioners will be informed as to the extent of confidentiality and ensure that it is maintained.
- **Impartiality.** Mediators should be unbiased and not influenced by a conflict of interest. Independent mediation from outside an organisation will assist this neutrality.
- **Informed consent.** Mediators will ensure the parties involved in the process do so on a voluntary basis and that they have a full understanding of the mediation process and the mediator's role. Mediators can terminate the mediation if participants are unable or unwilling to participate effectively, as can participants.



It is vital to find a mediator who is qualified, insured and registered with a professional body, and who adheres to an ethical code of conduct

6.8 Top 10 tips for successful mediation

1. Ensure mediation is embedded into organisational policies and procedures. This enables staff and managers to access it at the earliest opportunity, avoiding entrenched positions.
2. Ensure mediation is publicised within the organisation and supported by management.
3. Ensure mediators have access to organisational policies and procedures to inform them of the organisational context in which mediation takes place.
4. Enable mediation to be conducted at a time and place suitable to all parties, taking into account travel, location and childcare responsibilities, for example.
5. Mediators should be experienced and trained to a recognised standard enabling membership of a professional association such as the CMC.
6. Mediation should be a voluntary process for all parties, with clear boundaries of confidentiality.
7. Educate staff and managers about the benefits of mediation from individual, team and organisational perspectives.
8. Independent mediators outside the workplace may be perceived as more impartial, confidential and less of a management tool.
9. Good pre-mediation enables cases that are not suitable for mediation to be screened out of the process.
10. Ensure participants have access to handouts or reference material outlining what mediation involves and the process for before, during and after the mediation.

7. Stress in the workplace

7.1 Duty of care

The Health and Safety at Work Act (1974) (Health and Safety Executive, 2012) gives employers clear statutory duties of care. This legislation requires that workers' health and safety is protected 'as far as reasonably practicable' and is reinforced by additional regulations that require an approach of identifying and reducing risks. These duties extend beyond simple physical issues of risk and include psychosocial issues. Enforcing authorities have been relatively slow to act in relation to stress issues but since the development of Health and Safety Executive (HSE) guidance, a number of enforcement notices and prosecutions have arisen and been pursued to conclusion.

Employers may also be subject to a civil claim if they cause harm to their workers. Whilst cause and effect may sometimes be difficult to establish conclusively, in recent years courts have developed experience in dealing with litigants' stress-related illness. Compensation claims are possible and in some cases have run to very substantial sums.

Aside from duties under law, most employers would understand a simple moral duty of care for their fellow workers. HSE recently published information reinforcing the 'Good Health equals Good Business' message, for example. This campaign promoted how happy, healthy people are likely to be more productive and give a better return on investment (see www.hse.gov.uk).

7.2 Five-step risk assessment

HSE recommends a five-step risk assessment process, supported by management standards, to identify stress hazards:

1. Identify hazards
2. Decide who might be harmed and how
3. Evaluate the risk and take action to avoid or reduce
4. Record the action plan
5. Monitor and review to ensure it remains effective

7.3 HSE stress standards

To help employers tackle stress, HSE has published six management standards that define workplace conditions and help employees avoid stress-related illness. For all these areas the employer is expected to ensure that systems are in place to enable issues to be identified and responded to.

- **Demands:** This standard covers issues such as working environment, work load and work patterns. It seeks to ensure employees can cope with the demands of their job.
- **Control:** Covering the extent to which individuals can influence their work and are involved.
- **Support:** Includes the resources available to encourage and support employees.
- **Relationship:** Relates to promoting positive working arrangements and dealing with conflict/unacceptable behaviour.
- **Role:** Ensuring individuals understand their roles and are not placed in conflicting situations.
- **Change:** Deals with how well change is managed and communicated.

This approach is not a statutory requirement but its development and publication effectively constitutes HSE's view of what an employer should reasonably do to avoid stress-related issues arising in the workplace. Support tools based on this model are available direct from HSE and from commercial providers of stress control approaches, such as EAPs.

Structured questionnaire-based tools are often used to score or collate information about stress or other health issues. Many organisations use surveys to gauge employee morale and gain feedback on issues that are important to employees. These surveys can collect important data relevant to the areas highlighted within HSE management standards. This can help to monitor stress and evaluate whether the organisation's support programme is having a significant effect on the causes of stress.



Happy, healthy people
are likely to be more
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better return on
investment

7.4 Stress management seminars

If the organisation has identified that stress is impacting upon its people, EAP providers have a variety of solutions to help all parties. For instance, stress management seminars can be set up to help employees to:

- recognise that stress is affecting them
- increase their coping resources
- show how they can support their colleagues
- explain the services of an EAP to reduce the occurrence of stress.

Increasingly these seminars are positioned as 'building resilience' sessions or incorporated as part of the organisation's overall approach to wellbeing. This often helps increase attendance. HSE has developed a set of management competencies (Health and Safety Executive, 2007) to help managers understand their crucial role in reducing stress in the workplace.

Other solutions to tackle stress in the workplace, such as counselling, coaching or debt management, are discussed elsewhere in this document.

7.5 Tips for tackling stress

- Ensure senior management clearly support the importance of managing stress in the workplace.
- Think carefully about how to brand the work; for example, positioning 'stress' alongside wellbeing or 'building resilience'.
- Understand that identifying stress risks within the organisation is vital to minimise their occurrence, but that it is important to ensure the organisation will act on the outcomes of this work.
- Ensure there is a clear link between the different parties involved in dealing with stress, including EAP providers, OH, trade unions, and health and safety teams.



Identifying stress risks within the organisation is vital to minimise its occurrence, but ensure the organisation will act on the outcomes of this work

8. Coaching and mentoring

8.1 The differences between coaching, mentoring and counselling

Coaching, counselling and mentoring are three routes toward personal change and development that an EAP can facilitate for an employee. These practices are all different but they share key competencies and capabilities. Because of this overlap there is a tendency to think with a broad brush and miss the subtle nuances that distinguish coaching from both mentoring and counselling, and to misunderstand what each has to offer and where their paths coincide. While some of the core skills are similar or even the same, it is important to be able to distinguish their different purpose and role if the best outcome is to be achieved for all parties.

With increasing demands within the workplace, there is a parallel need for both personal and team support. We can all recognise the influence of technology that now drives business practice and often results in '*fewer people ... doing more work in shorter time frames*' (Hawkins and Smith, 2006). Technology is not the only skill required in an employee's toolbox, however, and the ability to work in teams, motivate peers or subordinates, manage people and projects, lead and facilitate others, and focus on realistic targets and new areas of development are just some of the capabilities required. Yet we do not work in isolation and balancing organisational, family and relationship needs, as well as individual personal development, can create substantial pressure for an employee. In these circumstances, coaching, counselling and mentoring can offer three avenues of support.

Whilst there is ongoing debate about the definitions of counselling, coaching and mentoring, there are two key features of these activities that should be noted. Firstly, the most obvious common thread is that they all offer the individual support, acceptance, and an opportunity for reflection and action – that is, an invitation to gain insight that can be translated into positive development and change. Secondly, the organisational context of each activity should be appreciated.

Coaching

Parsloe offers a starting point in his 1995 first edition of *The Manager as Coach and Mentor* when he defines coaching as '*a process that enables learning and development to occur and thus performance to improve*' (1999). Whitmore (1996) narrows this down to '*unlocking a person's potential to maximise their own performance*', while Clutterbuck (2003) develops this still further: '*primarily a short-term intervention aimed at performance improvement or developing a particular competence*'. The Oxford Dictionary provides a succinct and practical task-driven definition: '*tutor, train, give hints to, prime with facts*', which synthesises these definitions.

We can begin to formulate a picture of coaching that is time limited, with a specific focus and momentum that is grounded in unleashing potential and developing specific competencies. This undertaking requires a certain skill set on the part of the coach practitioner, as Parsloe indicates: '*To be a successful coach requires a knowledge and understanding of process as well as the variety of styles, skills and techniques that are appropriate to the context in which the coaching takes place*'.

Mentoring

Both similar and in contrast to coaching, Clutterbuck and Megginson (1997) define mentoring as '*off-line help by one person to another in making significant transitions in knowledge, work or thinking*'. Perhaps Hawkins and Smith's (2006) explanation of the root origins of the word 'mentor' in Greek mythology sheds more light: '*Before setting out on his epic journey, Ulysses entrusts the education of his son Telemachus to his old and faithful friend Mentor... in heeding Mentor's advice to the letter, Telemachus ably supports his parents in their crisis and matures as a person in his own right*'.

This paints a picture of offering wisdom, support, and nurture – a point of reflection and encouragement. The relationship appears to be much longer than that of coaching, where time reflects a journey of life transitions and development is measured not so much in the immediate acquisition of specific competencies but in the completion of various life stages and transitions.



Balancing organisational, family and relationship needs, as well as individual personal development, can create substantial pressure for an employee. Coaching, counselling and mentoring offer three avenues of support

Workplace counselling

How do both these models of helping fit alongside workplace, particularly EAP-based, counselling? Carroll (1996), in discussing the roots of workplace counselling, talks of *'the employer's responsibility for the welfare of their employees'* as the link between illness and productivity becomes apparent – *'a healthy workforce produces'*.

While it could be argued that the NHS in the UK provides psychological support, this can easily be seen as less than ideal due to waiting lists, cutbacks, the lack of specific focus on work-related issues, as well as the potential for litigation if employers have failed to provide a sufficient 'duty of care' to their employees. Carroll argues that *'employers are turning to counselling as one way of helping manage the mammoth changes taking place in organisations'*. 'Change' can often be interpreted as disruption, threatening one's sense of order and generating anxiety and distress. Employees *'do not leave their problems aside as they turn to face their working day'* (ibid) and the link between personal, family and work issues can be very costly to an organisation.

Workplace counselling, provided internally through staff support or externally through EAPs, is a hybrid form of counselling that is therapeutic in the sense of traditional counselling yet sufficiently workplace focused to fit alongside the needs of the organisation. This particular form of counselling is often time limited, with a specific therapeutic focus and with an eye to the impact of both home and work.

Think of a continuum between -1 (an employee not coping), 0 (an employee is coping), and +1 (an employee is performing above expectations). One way of looking at workplace counselling is that it moves the employee from -1 to 0, ie from not coping to coping. They may be off sick with a common mental health condition, or be underperforming at work; both counselling and coaching have the objective of increasing the employee's health and wellbeing in order to cope more effectively. On the other hand, coaching or mentoring moves the employee from 0 to +1. They could be at work but not really excelling or be feeling that they are stagnating. The objective here is to understand what great performance and motivation looks like and work towards this.

8.2 The similarities between coaching, mentoring and counselling

All three disciplines engage with the process of enabling individuals to achieve their desired potential. This involves exploring the client's needs and motivations (where they are now or what is not working well for them), followed by gaining an understanding of their hopes and aspirations (where or how they would like things to be), and skills and thought processes that have either hindered in the past, or can be harnessed to enable them to achieve a real and lasting change.

There are also a number of shared generic practitioner skills, tools and techniques:

- *Questioning* – promoting self-knowledge and insight, leading to the development of solutions and action.
- *Support and encouragement* – established through an effective working alliance, and acceptance of or unconditional positive regard toward the client employee.
- *Creating a positive and non-judgemental environment* – within which the individual can be open and honest, and where goal setting and realistic outcomes can be explored.
- *Observation* – through assessment or evaluation of the individual's realistic aspirations and progress.
- *Creativity* – deploying a range of tools or techniques that will assist in the journey of self-awareness and action.
- *Reality-based approach* – to challenge the barriers and hindrances of the past and develop realistic personal competencies to move forward.
- *Evaluation of the process* – through objective measures to ensure a) the relationship is positive and b) agreed personal goals are accomplished.
- *Practitioner competence* – and the use of appropriate referral when/where necessary, working within their area of personal competence.
- *Managing the systemic relationship* – ensuring both the client and organisation receive the appropriate level of service.



Workplace counselling is therapeutic in the sense of traditional counselling yet sufficiently workplace focused to fit alongside the needs of the organisation

Focusing on coaching and mentoring, there is probably a considerable overlap of skills and purpose between the two approaches. There is the primary intention to help release or untap previously hidden or unused potential. This may involve new skills development or some fine tuning to enhance performance or iron out some specific performance concerns. Coaching and mentoring examine interpersonal skills on a very personal level and can give time to looking at the employee's wider, more aspirational needs, perhaps offering specific networking contacts, for example.

Despite the overlap of these core competencies, differences exist as indicated within the brief definitions above, in terms of purpose, engagement and delivery. Beginning with mentoring, we can appreciate that taken within its more traditional roots, this transformational process is not a 'quick fix' but rather a more seasoned and long-term approach involving the matching of a professional who can offer support through wisdom and knowledge gained through experience, with a client employee ready to engage in a generally long-term, developmental journey. Mentoring can be established privately by an employee making their own arrangements, or by more formal arrangements through their EAP or employer where a clear or agreed agenda has been established.

In contrast to this, coaching is much more specific and target driven. Rather than the generalist skills on offer from a mentor, a coach provides more direct or specific experience to support and challenge the client employee. The focus rests more on the acquisition of identified skills or competencies and is often relatively short term and a tightly contracted role. Coaching draws upon the premise that the client/employee is 'self-aware' and not in need of a therapeutic intervention. The work undertaken with the coach is not intended to resolve deep underlying psychological problems but to focus on the more practical issues of setting goals and specific targets, and working within specific timescales. On occasion, underlying issues may emerge and referral for these may be required if the employee becomes 'stuck' or distressed.

Another difference between coaching, mentoring and workplace counselling is the variance within each discipline. This is especially the case with coaching, where several forms exist. These include executive and business coaching, performance coaching, skills coaching and personal coaching.



Coaching and mentoring examine interpersonal skills on a very personal level and can give time to looking at the employee's wider, more aspirational needs, perhaps offering specific networking contacts, for example

8.3 Types of coaching

- **Business coaching** (*mentoring*) – generally deployed when a business or organisation needs to equip key personnel with specific skills/competences that are associated with new roles and career opportunities. This has traditionally been within the domain of senior managers or company directors but is increasingly becoming more available as a professional development tool. Often linked to organisational change, business coaching (*mentoring*) is deployed to help staff through a transformational change. Delivered on a personal level, it can also be used to motivate, reduce staff turnover and generate productivity. Employees speak positively about this organisational investment in their professional development and the organisation in turn gains a more motivated and skilled employee.
- **Executive coaching** (*mentoring*) – similar to business coaching, the key difference lies in the executive coach themselves, bringing a proven track record of experience in executive roles and working at board or CEO level, with potential 'captains of industry'.
- **Performance coaching** – does not always relate to the rectification of a performance issue but can be engaged for positive performance development. Either way, it involves an outcome of increased effectiveness and productivity.
- **Skills coaching** – is similar to a one-to-one training approach, with a focus on acquiring core skills. This style of coaching helps address the increasing need to update and refresh skills, and can be targeted towards an individual or a team and delivered in a more bespoke fashion than classroom training. This tailored approach incorporates key objectives but with individual focus; it is not seen as 'on the job training' but more of a professional development opportunity.

- **Personal coaching** – has become a growth area in recent years and can be delivered either face to face or via email or telephone. This is a more supportive and general role, offering a motivating environment to explore the larger issues of 'What do I want out of life?' and 'How should I achieve this?' Personal coaching is based on the perspective of the individual, not the organisation.

8.4 The place of workplace counselling

Workplace counselling is one aspect or variance of a range of counselling genres. In contrast to private practice or even some agency counselling, workplace counselling is generally short term, but more therapeutic in nature than either mentoring or coaching. The work may centre around the emotional, psychological or relational issues that can impact on an employee's work performance, or ability to change or simply thrive at work. Generally, despite the variance of different therapeutic models of counselling, workplace counselling is forward thinking and is concerned with moving on, and breaking old, dysfunctional patterns and ways of behaving and thinking. Workplace counselling does focus on the impact of work on the employee but also encompasses their lifestyle, life issues and overall emotional health and wellbeing. Due to the contractual arrangements in place at the outset, workplace counselling tends to be time limited and based on an assessment of employee needs.

Practitioners should be well trained to diploma or degree level (ideally accredited), with specific training in workplace counselling, and members of a professional body, with a code of ethical practice to abide by. All practitioners must receive regular and ongoing professional supervision to ensure best practice. The contract establishes the remit or boundaries of practice and referral to an external source may be advised. Generally, practitioners will focus on the deeper psychological issues that impact on an employee's emotional wellbeing, their capacity for maintaining effective relationships, and their ability to fulfil employment expectations.

The provision of coaching and mentoring

Technology has had a significant impact on the delivery of coaching, mentoring and workplace counselling. Certainly, the presence of email, Skype™ and texting have all enhanced telephone and face-to-face interaction. The point and method of delivery largely depends on the contract in place and the preference of those involved. Combinations of delivery can also be a feature of all these modalities.

Perhaps what is essential here is to clarify the contract: understanding the delivery point of these agents for change establishes the boundaries and parameters for working. A key to success is the ability to form effective working relationships using any modality of preference. Face-to-face contact carries with it the usual boundaries of time and space – there is an agreed time, duration and location of the meeting. Email contact can be in real time with an agreed time suitable to both parties where a 'conversation' occurs or by an agreed response timeframe, where there is more considered time given for input. Telephone is clearly 'in the moment' but again, generally with agreed time boundaries set at the outset. This also applies to Skype™. Clearly, technology enables participants to transcend location limitations and can facilitate international relationships.

Coaching, mentoring and workplace counselling can easily adapt from face-to-face contact to telephone/Skype™ or email. Depending on the contract, initial contact with the service being provided can either be through self-referral or a business referral. A business case needs to be in place outlining what is required and for whom, what is expected and what outcomes are anticipated. These key reference points may vary according to the service being provided. As previously stated, coaching and mentoring are not generally awarded or made available to all employees whereas workplace counselling may be an employee benefit they can access for themselves or through referral. For the latter, once referred into the counselling service, there is generally a pre-existing menu of services (that may include a form of coaching) from face-to-face, telephone or email contact for a prescribed number of sessions. Referral on may also be a part of the suite of services available to the client employee.



Workplace counselling does focus on the impact of work on the employee but also encompasses their lifestyle, life issues and overall emotional health and wellbeing

Coaching and mentoring may be offered to specific employees with specific targets in mind. The actual delivery arrangements may be tailored to suit the individuals involved in accordance with the existing organisational contract.

Standards and ethics

When considering selection of a coach, mentor or workplace counsellor, it is very important to ensure the most appropriate qualifications are held. These qualification attributes involve core academic qualifications and professional accreditation by the appropriate professional licensing bodies. For instance, in the area of counselling the British Psychological Society, British Confederation of Psychotherapists, and British Association for Counselling and Psychotherapy are important professional bodies. It is also important to ensure that professional indemnity insurance exists.



Coaching and mentoring may be offered to specific employees with specific targets in mind

9. Trauma and crisis management

9.1 What is trauma support?

Trauma support is the general term used to describe a variety of interventions used by EAP providers in the event of critical incidents or traumatic events in the workplace or other locations.

It is offered to organisations to help them contain distress, identify those needing specialist treatment, and enable managers to support their employees or others affected by the event. EAP-provided trauma support aims to help the organisation and its employees return to effective working as quickly as possible. In addition, professional support demonstrates duty of care and a clear audit trail should there be any future liability or claims for personal injury.

Support can be given in a variety of ways. For example, managerial consultancy, hard and soft copy information, 24/7 telephone availability (usually free phone), referrals for individual structured face-to-face, online and telephone counselling sessions, on-site support for groups, individuals and consultancy for managers and business continuity teams. Later, specialist post-trauma treatment, such as eye movement desensitisation and reprocessing (EMDR) and cognitive behavioural therapy (CBT), might be made available.

The more specific goal of trauma support is to help individuals to integrate or process their experience and feelings. It aims to mitigate the risk of developing post-traumatic stress disorder (PTSD), to speed the recovery process, and to identify those who might need further professional intervention or treatment.

Incidents that may be appropriate for trauma support will vary from mass fatalities (terrorist attack, major transport accidents) to natural disasters (earthquakes, floods) to workplace situations (industrial accidents, sudden illness or death, road traffic collisions) and may be sector specific (safety sensitive industries) or personal (bereavement, abuse). Organisations exposed to cumulative trauma, for example the armed forces and emergency services, may have internal resources in place to deal with the day-to-day effects but could use their EAP to provide additional help in particular situations.

Employees who are not so readily identified as being at risk should be considered when assessing the need for support. The ripple effect of trauma is well documented, and it is often important to offer support to individuals or groups not directly involved with the incident but who may be nonetheless affected.

9.2 The role of crisis management

Crisis management falls into two main areas: the planning and preparation for a crisis in an organisation; and the actual handling of, or response to, the event.

EAPs are in a prime position to support organisations with the development of the human aspects of a business continuity plan, working with disaster recovery teams, health and safety departments and human resources, to ensure employees are supported in an emergency. A 'crisis' can vary from company to company, but preparedness is key. The aim is to minimise the impact on employees, ensure clear communication pathways and raise awareness of the psychological effects of a trauma on employees. These should be the essential components of a good business continuity plan.

Effective leadership is crucial in the positive handling of unexpected events. Those tasked with managing teams after a critical incident will be supported by the EAP throughout the incident. Organisations using their EAP for support will benefit from the extensive experience of the provider as well as the additional help needed at the time of the crisis.

9.3 Trauma support provision

The provision of trauma support can be offered in a variety of ways, depending on the scale of the incident and the particular needs of the organisation. EAPs will be called on to deliver a range of interventions, demonstrating flexibility and resourcefulness with the types of approaches and methods for support delivered throughout the recovery period. Typically, a trauma consultant will ensure that guidance is tailored for specific roles and situations in order to offer protection to the organisation and individuals and minimise the threat of current and subsequent risk.



EAP-provided trauma support aims to help the organisation and its employees return to effective working as quickly as possible

Telephone 24/7 support for employees, managerial consultancy and ongoing support throughout the recovery period for HR teams is usually made available. In addition, the EAP's 24/7 helpline may be used to support groups not included in the EAP contract, such as contractors, customers and members of the public. The telephone service can be used to convey information and to provide assessment of need, as well as offer an immediate supportive response.

Off-site individual counselling support as contractually agreed and clinically appropriate can be provided via the EAP's network of practitioners. Trauma work is a specialism and suitably trained and experienced professionals should be available to take referrals.

On-site group work can be a very effective way of encouraging teams to support each other as well as providing an opportunity to normalise reactions, provide guidance on how to monitor symptoms and promote self-care. It is essential that group dynamics are managed carefully so that the group members are not re-traumatised by reflecting on their traumatic experience too quickly or by hearing about difficult material from others similarly involved. Careful assessment and robust contracting prior to the group commencing is advised. A combination of group and individual sessions is often facilitated, allowing people to benefit from both approaches.

On-site individual support can be arranged on a drop-in basis or by appointment. The benefit of individual sessions is that the current material or the individual's personal history might be too distressing for others in a group. Confidential one-to-one sessions will facilitate links being made, clarity gained and the processing of feelings and reactions which enable the recovery to commence.

Clear guidelines should be in place for use of online and telephone support, which can be particularly helpful for the provision of post-incident updates with what is often rapidly changing information.

9.4 Practical guidance

The EAP provider adds invaluable support in times of crisis by signposting to existing support and reminding employees of the networks in place to help – from occupational health (OH), human resources (HR), colleagues and family to existing social systems. This, together with psychological support, should be a natural component of the EAP provider's tool kit. Each person, group and organisation will want and need their own particular support/treatment. The acknowledgement of the need for a range of interventions at differing times is also part of the educative process that the specialist EAP can deliver.

In the immediate aftermath it may be helpful for EAP practitioners to attend the scene or company premises to support HR, managers and OH; and then to visit the site at a later stage when psychological issues are beginning to emerge. After an event that involves mass injuries the priority will be physical safety and wellbeing and basic psychological first aid. This intervention is very different from a situation where a sudden death at work indicates the need for strong support for a specific work team. Managers and those involved in the practical recovery arrangements are most likely to want emotional help once the demands on them have lessened.

EAPs can play a pivotal role in preparing organisations for dealing with critical incidents, whatever their nature. Companies who are familiar with different models of intervention will be more confident in using their EAP for appropriate support as described, as well as offering:

- psychological first aid
- defusing
- trauma support
- watchful waiting
- signposting and onward referral.

9.5 Standards and ethics

Specialist EAP providers and individual practitioners will monitor and be up to date with current research and findings, because best practice guidance may change. They will be familiar with the ethics and standards of the National Institute for Health and Clinical Excellence (NICE) *Guidelines for Post Traumatic Stress Disorder (2005)* and other relevant material on, for example, anxiety, generalised anxiety disorder and depression.



In the immediate aftermath of a crisis, it may be helpful for EAP practitioners to attend the scene or company premises to support human resources, managers and occupational health; and then to visit the site at a later stage when psychological issues are beginning to emerge

NICE current thinking is that single session interventions should not be routine, where symptoms are mild and have been present for less than four weeks after the trauma. 'Watchful waiting' should be considered. However, a follow-up contact is recommended within one month.

Some providers are limited to offering a single intervention due to contractual agreements and resource limitations. Careful management of this work is essential to ensure that vulnerable clients are not left unsupported.

Organisations who request immediate (same or following day) response can be helped. The style of the intervention must be carefully considered and might concentrate on general practicality issues and the provision of information and signposting.

Many individuals will benefit from the recommended treatment for trauma, which may be focused CBT within the first month, and CBT and EMDR on an individual basis. Others, due to their particular presentation, might need a therapist who can offer a range of techniques over a longer period.

Clients who have experienced trauma are particularly vulnerable. The recovery stages can be similar to bereavement. Any pathologising of normal reactions is generally to be avoided as should an overly intrusive intervention that might re-traumatise or add further distress for the individual.

9.6 Reporting and recommendations

At the close of the EAP's work or direct involvement with the recovery, the clinical and corporate issues will be combined to provide the organisation with a work-summary report. This might cover an overview of the interventions undertaken and recommendations for moving forward. This report adds to the learning for all and can be used to improve or modify the business continuity plan, adding benefits for the whole organisation.

9.7 Top 10 tips for trauma response

1. Ensure that help is offered to the organisation/managers, as well as those directly impacted by the incident.
2. Adequately contract and remember that psychological or emotional support needs to be confidential and provided by professionally trained and experienced practitioners.
3. Encourage the offer of support frequently and in various ways to ensure that vulnerable individuals clearly understand what help is available.
4. Ensure that the offer, type and delivery of help is clearly thought through and defined before being made.
5. Encourage managers to access support for their role (managing others) as well as personally (supporting themselves).
6. Have adequate information material so that groups or individuals impacted but not being offered support are provided with signposting and referral details of where to get help as and when they choose to access it.
7. Offer access to support in a range of ways and provide incident specific recommendations regarding groups and individual sessions.
8. Ensure the support is backed up by information or reference material covering practical help regarding symptom management for people to take home and to share with those close to them.
9. Allow people to access the support in their own time.
10. Help managers by encouraging them to accept support and to communicate getting help in a positive and facilitating manner.



Encourage the offer of support frequently and in various ways to ensure that vulnerable individuals clearly understand what help is available

10. EAP account management

This section outlines the role of the account manager in the implementation and ongoing management of the EAP. It focuses on the key activities of the account manager and how they will typically interact with key stakeholders in the organisation.

10.1 Overview

The role of the account manager is to act as the central point of contact for all issues and enquiries relating to the delivery of EAP and related services to the customer. The extent of the account manager's interaction with the customer will, to a large degree, be determined by the size, scope and extent of the contract. For smaller, more straightforward contracts, communication may be predominantly by email and telephone, with occasional on-site review meetings. For larger, more complex customers, there will typically be far more frequent face-to-face contact, sometimes involving not just the account manager but also senior clinical representatives. In many cases the amount of account management time to be included as part of the core service will be specified in the contract. They are typically supported by an administrative or client services team that takes full or partial ownership for many of the more routine day-to-day activities involved in servicing the contract.

10.2 EAP provider responsibilities

Key responsibilities include:

- Providing support at the sales/tender stage, contributing to the tender response and attending sales presentations, particularly for larger contracts.
- Project management of the implementation of the programme following contract award, discussing and agreeing programme parameters, operational processes, launch strategy, reporting requirements, invoicing etc.
- Working strategically with key stakeholders to implement an effective ongoing programme of communication and awareness activity to ensure the programme is well understood and used appropriately by the eligible population.
- Acting in a consultative capacity to advise the organisation on how it can make effective and appropriate use of the EAP to address a variety of issues or situations.
- Providing regular statistical reporting and analysis to highlight issues being addressed by the programme that may impact on work performance and productivity and, in particular, any areas of risk for concern or further investigation.
- Effectively resolving any issues with the operational delivery of the service and answering any questions about the application or appropriate use of the service.
- Advising and making recommendations regarding appropriate use of any related products or services, such as training, coaching, mediation or dispute resolution services, to complement or enhance the support provided through the core EAP.
- Discussing and agreeing the terms of the renewal of the programme.

10.3 Implementing the EAP

The first key responsibility of the account manager, following the award of the contract, is to identify and make contact with the key stakeholders who will be involved in the initial implementation and/or ongoing management of the programme. These will vary according to the size and complexity of the contract. For smaller organisations it may just be one individual, typically someone with a human resources (HR) or occupational health (OH) remit. For larger organisations there may be many stakeholders, including representatives from HR, OH, health and safety, trade unions or staff associations, and procurement. Typically there will be one or two people who are designated as the EAP coordinator(s), responsible for being the main point of contact for the management of the programme on the customer side.

Depending on the size of the contract there may be one or more implementation meetings, at which all the various aspects of the implementation, launch and ongoing delivery of the service will be discussed and agreed. The principle areas are:



In larger organisations there may be many stakeholders involved in the implementation and/or ongoing management of the EAP programme, including human resources, occupational health, health and safety, trade unions or staff associations, and procurement

Organisation background

- overall business objectives and goals for the EAP
- organisational structure including key locations
- key policies in place
- culture
- current issues
- any areas of particular risk sensitivity (safety critical environments etc)
- existing health and wellbeing provision

Operational parameters

- 'go live' date
- who is eligible to use the programme
- access number (standard number or dedicated line)
- services to be delivered and any restrictions, such as provision of employment law advice
- processes and procedures, eg manager referrals, requesting additional face-to-face counselling sessions, interface with OH, responses to critical incidents
- key contacts
- billing information

Launch strategy

- key messages
- target audiences (employees, managers, HR professionals etc)
- promotional materials to be used (standard or bespoke materials)
- communications channels (electronic, paper based, onsite briefings, webinars etc)
- timelines and key milestones

Reporting requirements

- key utilisation reporting elements
- key performance indicators (KPI) reporting requirements
- delivery mechanism (online, email, paper based etc)
- recipients
- frequency
- consultancy on report outcomes/trends

Ongoing communications and review strategy

- key events or company milestones for the coming year
- other health and wellbeing events and initiatives being planned
- forthcoming national awareness campaigns (smoking cessation, stress etc)
- target audiences to be addressed (managers, staff, specific departments etc)
- rolling programme of awareness activity and communication
- frequency of review meetings

10.4 Post-implementation responsibilities

Once the programme has been launched successfully, the account manager will maintain regular contact to review the operation and uptake of the programme, provide analysis of the management information reporting, and advise on additional promotional activity. They will also provide consultancy on the application of programme services to address specific issues or respond to certain situations or events, and make recommendations on the appropriate introduction of related services such as training, coaching or mediation to enhance the support available through the core programme. Again, depending on the size and complexity of the programme, contact will typically be via *ad hoc* telephone or email enquiries, as well as regular scheduled 'telecons' and/or face-to-face meetings, often involving a range of stakeholders.

Reporting

The account manager will provide analysis and interpretation of the utilisation statistics for the programme. This might include historical trend analysis, comparisons with benchmark figures, highlighting any particular areas of concern or potential risk, and



Regular contact with the account manager means the operation and uptake of the programme is reviewed and tailored to address specific issues

recommending appropriate responses. It may also include service performance statistics, such as call answering time, answer rate, and time to assessment or counselling.

Consultancy

The account manager acts as the product expert, consulting with the organisation on its challenges and priority issues, and advising on how the full range of core and additional services can best be promoted and deployed to address these challenges. They will keep up to date with current issues and initiatives within the organisation, as well as developments and best practice recommendations within the industry.

The account manager role involves being a trusted adviser looking to create value by supporting the overall EAP strategy within the organisation and where it fits within any wider service solutions.

It is important that the account manager builds rapport with key stakeholders within the organisation and is empathetic towards the needs and requirements of the solution delivery. They will ensure that they match the benefits of the solution to the need of the strategic opportunity.

10.5 EAP programme renewal

As the end of the contract approaches, the account manager will initiate discussions on the terms of the renewal. Typically these will depend on a range of factors including any changes to the eligible population, utilisation of the service over the term of the contract, and any proposed expansion of the programme either to cover additional populations and/or inclusion of extra services. If the customer decides, or is obliged, to go through a formal re-tender exercise, the account manager will typically be heavily involved in compiling the response and attending any presentations.



The account manager role involves being a trusted adviser looking to create value by supporting the overall EAP strategy within the organisation and where it fits within any wider service solutions

11. New developments in EAP provision

11.1 Meeting the needs of the client

Better standards of EAP sales and distribution mean that customers' needs are more quickly identified and services can now be swiftly aligned to satisfy the customer. The improved EAP sales processes mean that solutions are more often tailored to each customer rather than just providing a standard product for every enquiry. The investment in technology by EAP providers has delivered great flexibility to clients across the industry.

EAPA members are increasing the number of services for clients whilst maintaining their core services. The recent downturn in the economy has led to contracts being adapted to clients' budgets, with examples of fixed-priced contracts, single-service products and menu-based options all designed to minimise cost increases and maintain high standards of delivery.

In times of economic austerity, calls to EAP services have increased and providers are ready to respond whilst holding down prices for corporate customers. Large employers are noticeably sharing risk, often with contracts changing to pay-as-you-go rather than the *per capita* pricing favoured in the 1990s. Pay-as-you-go contracts have proven successful for employers with lower than average use or who choose to share the risk of many unexpected counselling costs. The nature of many clients' budgets mean they are unable to accept such variability in the unknown total cost of a service and it tends to be larger employers who can accept this variability. A pay-as-you-go contract can be an equitable solution for both provider and customer.

From 2008, EAPA members saw a fast rise in framework agreements driven by public sector cost controls. These framework agreements help like-minded authorities and public bodies to share a collective EAP service and cost. In return, the provider achieves a longer contract with more consistent business volume.

11.2 Flexibility of service provision

EAPA members are now experts at tailoring their services to meet market needs and inventing new products that draw on the economies of scale of operating a 24-hour helpline and counselling service. In the past, a standard off-the-shelf service was offered to all customers with little variation. The basic product included telephone and face-to-face counselling, and advice and information for lifestyle, home and work. This was backed up with literature and promotion material to the employees and account management for the company client contact.

Today, service provision is the most flexible ever provided by the EAP community. Clients are guided through a wide range of options (listed below) with much greater depth of advice and expertise to choose the right mix of products to make up their particular EAP service.

Internet access

EAP information and signposting for a wide range of services are delivered online. This includes confidential access for employees, health and wellbeing factsheets and online assessment tools, consumer advice and how to deal with complaints, legal information with the beginnings of dispute resolution, family advice such as exam anxiety and tackling difficult conversations, and money management. Some offer online 'chat room' guidance talking to a live person to guide an employee through a particular website. With such a rich resource open 24 hours a day, providers have started to offer these services as a stand-alone option for clients who have counselling services, such as on-site counsellors.

EAP with face-to-face counselling

Short-term focused therapy is the bedrock of a full EAP service. EAPA members observe high quality standards, recruiting experienced and qualified counselling affiliates to work with clients' employees in safe, confidential and secure surroundings. Employees can access counsellors with extensive experience and specialist advice in areas such as relationships, marriage, bereavement, drugs, posttraumatic stress disorder and specialist debt counselling. Long-term therapy can also be arranged by using the



Today, service provision is the most flexible ever provided by the EAP community. Clients are guided through a wide range of options with much greater depth of advice and expertise to choose the right mix of products to make up their particular EAP service

network of suppliers linked to EAPA providers. One example is the arrangement of long-term therapy with private healthcare providers to support an individual over many weeks in a specialist therapeutic treatment programme.

Counselling on the phone and internet

Using the same structure and controls to manage each therapeutic case, counselling by phone has increased in popularity with service users. The convenience of using the phone, societal acceptance of counselling and the relative low cost of phone charges means counselling is easily accessed. Using the internet can have great advantages once security and confidentiality are clarified. EAPA members have invested heavily in secure technology, enabling a mix of services such as chat rooms, online one-to-one counselling and secure email versions, to suit customers' specific needs. This has great benefit for people who may be working overseas and have expensive phone charges, or in open offices where conversations may be overheard by colleagues. More recently, one EAPA provider has introduced an iPhone™ application or 'app', which is soon to be followed with apps for other platforms. The app accesses the secure online site for information, factsheets and advice.

Phone information and advice

The 24-hour telephone service can guide employees through life's daily challenges. The service signposts how to access up-to-date and accurate information and enables employees to find a solution using a 'can-do' approach.

Promotional information

It is important to engage with employees to educate them about the range of services open to them and to promote usage. Promotion using online media is now being used by some customers to reduce cost and dovetail with their standards of economic communication to employees. PowerPoint™ presentations and YouTube™ videos can replace the stand-up presentations and work together with podcasts, monthly topic-focused newsletters, and poster campaigns.

Embedded services

Many large employers have insurance products that offer a telephone-based EAP as an added-value service. To avoid duplication of benefits, EAP providers now offer products that complement embedded services.

11.3 EAPs working with occupational health

The Faculty of Occupational Medicine (ILO/WHO, 1950) states:

'Occupational medicine is the branch of clinical medicine most active in the field of occupational health. its principal role is the provision of health advice to organisations and individuals to ensure that the highest standards of health and safety at work can be achieved and maintained. Occupational health should aim at the promotion and maintenance of the highest degree of physical, mental and social well being of workers in all occupations; the prevention among workers of departures from health caused by their working conditions; the protection of workers in their employment from risks resulting from factors adverse to health; placing and maintenance of a worker in an occupational environment adapted to his physiological and psychological equipment and, to summarise, the adaption of work to people and of each person to their job.'

Within the definitions and aims above, it is evident that both physical and psychological health are important. An EAP can provide support to employees at work, reduce risk for employers, and promote positive psychological health.

An EAP can also play an active part in the management of absence, both direct and indirect causes. EAPs can help to manage mental ill-health issues causing absence, as well as mental ill-health associated with other conditions such as musculo-skeletal problems.



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It is important that EAP and occupational health (OH) services identify boundaries of consent and that procedures and processes are in place to safeguard these. This is the case whether services are from a single provider or two providers.

Information may be shared between services as part of the case management process. Typically this is done as part of the referral process between services where some medical history and the work context may be shared. This should only be as much as is required to assess and manage the case. It should be clear who is controlling data and how it is being processed. Confidentiality must be a central tenet of both services.

As part of the process the EAP may need to undertake a specialist psychological assessment using a psychologist or counsellor. Both services should ensure the employee does not need to unnecessarily re-tell their history at each stage of the process. Typically the EAP will feed back details of assessment, recommendations made, and the end of therapy date. The content of therapy sessions should remain confidential and the client must fully understand this.

Measures must be in place to ensure employees make informed consent to the sharing of information between services, where this exists. Written informed consent is best; verbal consent must be recorded in case of future dispute.

In each case, the EAP must make a full assessment of an individual's mental health and any potential impact in relation to their work. Following assessment the client may be referred for brief therapy via the EAP, longer-term therapy through an employer's medical insurance programme where this is available, or to specialist psychiatric support typically via their general practitioner.

Brief intervention counselling therapy via the EAP can be arranged quickly and should be solution-focused to assist the client to manage their personal situation.

Summary

- OH and EAPs can work together in managing absence.
- Boundaries must be clear and understood.
- Information may only be shared with informed consent.
- Services should share information on a need-to-know basis.
- Processes should ensure the client avoids having to re-tell their story.

11.4 EAPs and wellbeing

The term *wellbeing* is commonly used to refer to programmes, policies and cultural approaches to employees' physical, psychological and social health within and outside the workplace. Many employers have moved towards accepting responsibility for the wellbeing of employees that extends well beyond the workplace – healthy and happy employees being better able to work, more engaged and more productive. In many ways, this reflects back to the altruism of employers at the turn of the 20th century.

Wellbeing is the subjective state of being healthy, happy, contented, comfortable and satisfied with one's quality of life. It includes physical, material, social, emotional 'happiness', development and activity dimensions.

An EAP provides psychological and practical support to employees and is well placed to be part of a wellbeing programme. Used in conjunction with a health and wellbeing strategy an EAP is an ideal companion. Providing 24-hour support on the phone and via the internet adds value and support at a time that suits the employee best. The reason an EAP is ideally suited is that health and wellbeing strategies involve behavioural changes, such as 'eat less and move more'. The motivation behind changes can be difficult to stimulate and once started even harder to maintain. An EAP will help an employee to start or maintain a new behaviour with the appropriate counselling or coaching. Employees who are experiencing change at a higher rate than previously, often have more questions, and an EAP with its 24-hour support can answer these quickly.

Good health and wellbeing strategies encompass physical and mental health goals. EAPs offer short-term focused therapy by highly qualified and experienced counsellors, which will support the strategy and deliver results. When a particular case is referred to the EAP by a line manager or OH professional it is proven that early



Wellbeing is the subjective state of being healthy, happy, contented, comfortable and satisfied with one's quality of life. It includes physical, material, social, emotional 'happiness', development and activity dimensions

intervention results in a faster return to work and fewer days absence by that employee. Some EAPs have additional wellbeing services, such as health and wellbeing portals, health questionnaires and web-based health and fitness coaching.

It is important that EAP providers do not lose sight of the core aims of an EAP in supporting employers and employees with mental health issues, particularly those that affect performance and attendance at work. The EAP should balance its activity such that it maintains the core service otherwise it may no longer be an EAP.

11.5 Future developments

A few years ago, cognitive behavioural therapy began to be offered to customers using online technology. In 2010 new user-friendly versions increased take-up demonstrating an improvement of service to the customer using cost-effective technology. Interaction is key to customer engagement and new EAP web services bring efficiencies and drive down costs making previously high value services available to a wider market. New services are pushing boundaries, with counselling being delivered via secure chat rooms, Skype™, email and web conferencing. EAPA standards will continue to adapt along with wider application of different technologies and increased customer confidence.

There is likely to be further integration between EAPs and insurance products such as group income protection and private medical insurance. By converging these products, claims costs for insurers may be reduced, in turn reducing the premiums paid by employers. Upstream management of psychological claims is highly advantageous to general income protection providers and will ultimately reduce claims cost through early intervention. The question is, will this be an EAP or not?

Management of psychological and psychiatric private medical insurance claims will continue to challenge private medical insurance providers. Being a large part of absence cost means that this area is also a significant spend in private medical insurance claims. Private medical insurers, particularly those with in-house or partnered EAP capability, are developing pathways into psychological claims. These pathways may use EAP skills to initially assess psychological claimants and direct them to the most cost-effective treatment. This may gain in importance as more general practitioners make referrals to an un-named specialist. Such management may reduce private medical insurance claims costs and further converge these products. When combined with occupational health absence management there is even greater convergence.

Further market development looks likely in relation to rehabilitation of employees. This may use the expertise of EAP personnel in assessing fitness for duty and facilitating the return to work of people with psychological conditions.

Products such as travel and motor insurance are adding cover for psychological trauma. This would provide support directly to the claimant following a trauma, using a defined session model.

As EAPs grow globally, and the use of e-technology in health communications increases, the location of providers may become immaterial. It is feasible that EAP services could be provided in the UK from China, the USA or any other country. The providers themselves may become completely virtual. And with further technology development in smart phones and apps, access to EAP services is likely to become much more fluid and perhaps less dependent on speech. The talking therapies have indeed entered a new era.



Further market development looks likely in relation to rehabilitation of employees. This may use the expertise of EAP personnel in assessing fitness for duty and facilitating the return to work of people with psychological conditions

Appendix 1: Case studies from organisations using EAPs

This section demonstrates why selected organisations chose to invest in an EAP and the positive benefits that were achieved. It also includes anonymised examples of mediation and trauma management services.

1. Organisation: Royal Botanic Gardens, Kew

Why did you decide to invest in an EAP?

Lives are so complex these days in so many ways – relationships, finances, technology and information overload, changes in society and family life, not to mention the increased pace of change at work. It's not surprising that complex personal and emotional issues arise at work or have an impact in the workplace. So it makes sense that any employer, and especially those who aim to be ethical employers, provides support through an EAP. And it makes sense for the employer to have access to the expertise that comes with a good EAP.

What influenced your choice of EAP?

What I look for first is the quality of the offering, in particular the quality of support to individuals at their first point of contact. People are often troubled and may have had to pluck up courage just to pick up the phone, so it is important they have a good experience at that first point and are not just passed on. Credibility of the provider and access to add-ons such as trauma counselling are also important. Value-for-money is a factor but in the context of the level of service required. Finally, the person who commissions the service and often deals with the most difficult cases, the relationship with the provider, and my trust that the employees and managers I refer will have a good experience, are very important factors.

How does the EAP meet your organisational needs?

To me, having an EAP is a given and the measure is the frequency with which I and my team refer employees and managers to it, and the levels of calls and counselling that result. Having that safety net for employees and the organisation, as well as caring for employees, is important.

How has the EAP helped you in your role?

There are some challenging cases where I have worked closely with the clinical team at my provider to achieve a good outcome for the employee. I feel that I had excellent support and guidance to get through these extremely difficult situations.

Can you give an example of your provider's creative resourcefulness?

Having an offering from my provider during National Stress Awareness Week was perfect for us as we could quickly, cheaply and simply pick up the offering and make it available to our employees. We had excellent figures for the take-up of the information provided through that service.

How would you hope to develop your EAP in the future?

We'd like to promote the EAP more widely to employees and managers via a range of channels. We'll do this by working closely with our provider on topical subjects, case studies and other best practice ways of maximising the take-up and employee benefit.

2. Organisation: Ridgway Children's Services

Based in Blackburn in Lancashire, Ridgway Children's Services is an independent provider of residential care for young people with emotional, behavioural, social and educational difficulties, who are in the care of local authorities across the UK. The organisation has 90-100 staff.



Having an offering from my provider during National Stress Awareness Week was perfect for us as we could quickly, cheaply and simply pick up the offering and make it available to our employees. We had excellent figures for the take-up of the information provided through that service

Why did you decide to invest in an EAP?

We decided to invest in an EAP for the benefit of staff. First and foremost we are a people business and we feel that it is important to invest in the people delivering the service. I feel that if we support our staff they are able to give better service to the people we are delivering to.

What influenced your choice of EAP?

I felt that the provider offers a range of services that met our organisational needs. They were open, honest and clear about the services they offered and I was able to specifically tailor it to the needs of the organisation and our staff.

How has the EAP been able to meet your organisational needs?

The EAP has been able to assist us to meet the specific needs of staff and individual situations, including trauma response. Staff realise there is a safety net and that they have options for support both internally and externally. Staff feel grateful that as an employer with an EAP provision we take into account their support needs. This in turn means staff know they are valued by Ridgway and they often go the extra mile for us too. The EAP has also developed a positive working partnership with our OH provider which is beneficial for the organisation and staff.

Can you give some examples of positive outcome benefits?

Staff are sometimes dealing with difficult situations and it is important to Ridgway that they are supported by managers, the organisation and our EAP. When staff have experienced a particularly difficult situation, the EAP provision has enabled them to have access to immediate professional assistance from a counsellor specialising in trauma support. This has enabled the staff members to debrief, remain supported by ourselves and the EAP, and return to work when ready to do so whilst continuing to receive professional support.

How would you describe your provider's creative resourcefulness?

The EAP has provided us with options for staff to access support both on site and off. It has quickly responded with suggestions to assist Ridgway and our staff when individual situations have arisen, in addition to the normal services and provision. It has responded and adapted services to meet our organisational requirements. This has included the ability to provide onsite support with counsellors having enhanced Criminal Records Bureau clearance and to see clients at a variety of locations that met individual staff needs.

How do you hope to develop your EAP in the future?

The tailored service enables us to continue to receive support that is both proactive and reactive. The EAP enables the provision to be needs led, especially in relation to organisational and individual events that occur.

We are all affected by life crisis issues, we all have to deal with them. A good employer recognises that everyone within the organisation benefits if staff are supported in dealing with difficulties and events at work and at home. The EAP helps us do this.

3. Organisation (with private medical insurance) name protected

Why did you decide to invest in an EAP?

We have had our EAP for about 10 years but we don't know the full background as we adopted an EAP before any current members of the human resource team joined. We maintain an EAP as it helps safeguard our employees' wellbeing, which in itself has business benefits but also helps fulfill our duty of care towards our employees.

What influenced your choice of EAP?

The background to the choice of provider is unknown – it may be because we already had private medical insurance cover through our EAP provider, but we have stayed with them because they have always provided an excellent EAP service.



Staff feel grateful that as an employer with an EAP provision we take into account their support needs. This in turn means staff know they are valued by Ridgway and they often go the extra mile for us too

How has your provider met organisational needs?

It has safeguarded our employees' wellbeing.

What positive outcome benefits have you seen?

Managers do not need to act as counsellors when they are not qualified to do so – they can refer individuals to the EAP. We don't get a great deal of feedback from individuals who call the service, as it is completely confidential and we don't know who they are. However, we know of some who have had face-to-face counselling sessions and have found them extremely beneficial, especially as they are so quick to arrange – it can take a long time to receive NHS counselling. Additionally, it has been useful to signpost those who may be in need of practical help, such as legal and financial advice.

Can you give examples of your provider's creative resourcefulness?

The online services and marketing material (eg EAP online and leaflets). Perhaps the service is not promoted as much as it could be but we are launching a wellbeing programme later in the year, so this should change.

How would you hope to develop your EAP in the future?

Better promotion and use of EAP online as part of our wellbeing programme. Generally, we want to involve our EAP in the development and rollout of the wellbeing programme as our occupational health, EAP and private medical insurance provider.

4. Organisation: Johnson & Johnson (J&J) UK

Why did you decide to invest in an EAP?

We created our own service in 1978 to cover the US, Puerto Rico, Canada and Brazil in support of the J&J credo to commit to a safe working environment for employees and to support employees' responsibilities to their families. The goal was to have the healthiest employees in the world and to acknowledge that the health of the individual is inseparable from the health of the company. A decision was made in 2004 to globalise the programme.

What influenced your choice of EAP?

Currently there are 25 EAP vendors/providers. Choices are made via a Request For Proposal process that reviews deliverables, reputation within the industry, cost, and capacity to provide culturally sensitive services to a diverse population.

How does having an EAP meet organisational needs?

It positively impacts on employee wellbeing, reduces absence and presenteeism, supports managers, facilitates a healthy, engaged workforce through consultations to individuals and management, and supports the psychological health of the workforce and their families during times of critical incidents or organisational restructuring.

What are some of the positive outcome benefits?

EAP users and managers report 98% satisfaction with the service. It promotes the tenets of the credo and the trust mark of J&J among internal and external stakeholders.

Can you illustrate creative ingenuity by the EAP provider?

'Take Your Mother To Work Day' in Brazil. Transport for 200 mothers was provided to the J&J facility where their adult children work, so that work stations could be observed. There was a lecture by a physician specialising in women's health issues, lunch was provided, there was music, plus 'makeovers' by local beauticians. Feedback from employees and their mothers was extremely positive and demonstrated J&J respect for work/family health.

How you hope to develop your EAP in the future?

We will continue to integrate the EAP into many aspects of the company (eg Office of Diversity; Global Security; Talent Development).



Our EAP positively impacts on employee wellbeing, reduces absence and presenteeism, supports managers, facilitates a healthy, engaged workforce, and supports the psychological health of the workforce and their families

5. Mediation case study

Brief details

Parties A and B are managers within a large company. Manager A is the line manager to B and together they manage a team of IT consultants. The difficulties between the managers had been long running and were having a detrimental impact on the team with team members feeling they were often asked to 'take sides' or support one or other of the two managers. Sickness absence within the team had increased over the last 12 months. Manager B had been absent for three weeks following the issuing of formal grievance procedures which had yet to be heard.

Process

Pre-mediation meetings were held with both parties. This enabled the mediator to answer any questions and to listen to both parties' accounts of the situation and its impact on them. Party A felt that the grievance procedures issued against them were unnecessary and had inflamed the working difficulties. They felt undermined in front of the rest of the team and avoided contact with party B whenever possible so that 'I can't be blamed for them taking what I say the wrong way again'. Party B felt that A's management style was overbearing and that being excluded from some key meetings had left them feeling deskilled and devalued. B felt that they were often ignored or blanked, they felt bullied and that the grievance proceedings had been a last resort. The mediator used the pre-mediation meetings to build trust in the process and rapport with both parties to enable them to use the later joint session to speak openly.

Mediation

Both parties were able to condense and explain their perspectives of the situation. Both were respectful but emotional in relation to their feelings about the situation and the effect on themselves and the team. Each was able to gain an understanding of the effect of their behaviour on the other person. Manager A felt that avoiding contact with B was the only way to avoid further conflict, not realising that B perceived this as exclusion. B was able to understand that A was not excluding but avoiding, and explained that A's management style meant that they felt judged and 'not good enough' in their role. The emotions expressed enabled the mediator to reflect the unhappiness that they both felt in relation to the situation and its impact on themselves and the team. Both parties realised the unfairness of this in relation to their colleagues and began to look for a way forward.

Outcomes

Both parties agreed that the difficulties had grown out of misunderstanding and as a result of difficulties not being addressed at the outset, causing a build-up of resentment, frustration and relationship breakdown. Party B agreed to withdraw the formal grievance proceedings and both agreed to meet each month to discuss their own working relationship and the management of the team. Both parties agreed that there needed to be a visible improvement in their working relationship to enable the team to stop feeling the need to side with either party. The parties agreed that any work difficulties would be addressed between them alone at the outset and that they would not be discussed with the rest of the team. It was agreed that a team-building day would be useful and that they would organise this together to demonstrate to staff the change in their working relationship.

The mediator agreed a follow-up meeting with both parties in three months. At this review, both parties reported that although meetings were sometimes challenging, they felt that they both had a better understanding of each other and an enhanced ability to communicate, dealing with difficulties at an earlier stage. Sickness absence in the team had improved and the team-building day had enabled team members to reflect upon the difficult year and look to move forward positively.



Assisted by the mediator, each party was able to gain an understanding of the effect of their behaviour on the other person and the team

6. Trauma management case study

The incident

The head office for company X is sited next door to an organisation that experienced a gas explosion. Several people at the neighbouring site were seriously injured by falling rubble and the building was evacuated.

Activation of the EAP

The human resource (HR) director for company X called their EAP account manager to notify them that the helpline might experience increased usage because although it appeared that employees were not directly affected, some were shocked and upset as well as being frightened about their own safety.

The EAP account manager suggested that the HR director had a further telephone conversation with one of the EAP provider's trauma specialists. This conversation enabled the HR director (who was based at head office and thus removed from the actual incident) an opportunity to consider the immediate, short-term and ongoing impact of the incident.

Assessment of need

During the conversation, more details had emerged from the site and it transpired the impact was far greater than initially thought:

- first aiders had gone to the site to help the neighbouring organisation with their injured personnel
- many employees had witnessed the injured people being taken to ambulances
- employees knew some of the personnel affected and were concerned about their wellbeing.

The EAP response

The EAP gave immediate on-site support to guide the managers and to plan their response and the necessary support required for recovery. The on-site trauma consultant:

- helped plan a clear communication strategy regarding the incident, including how to access support
- carried out risk assessments on staff and managers
- helped plan how the ongoing support would be made available
- made recommendations to the HR director.

The trauma consultant met with staff and assessed immediate needs. Guidance on immediate safety and self-care was given, such as loss of appetite and the need to eat, sleep and how this might be affected, lack of concentration and the risk of further accidents, and how to access support.

Information to take home and share with family members was given to all staff. This covered likely responses, and triggers that might reactivate negative, dysfunctional or traumatic feelings.

Over the following days individuals were seen and assessed for symptoms as well as given the opportunity to talk about any other issues (work or personal) impacting on their lives. All employees were told how to access ongoing help and support should they needed it. Those who needed additional help were referred to their EAP for one-to-one counselling sessions.

Follow up

This was carried out one month after the incident. The trauma consultant met with staff to ensure that all those affected were recovering, and that those experiencing delayed or worsening symptoms were provided with the appropriate support.

Closure and reporting

Once the EAP provider was confident that their work was complete, that individuals and groups were either receiving the necessary treatment or were recovering, a report was provided on the interventions and recommendations. This provided the managers with a reminder of the learning points and recommendations for the future.



The EAP gave immediate on-site support to guide the managers, and to plan their response and the necessary support required for recovery

Appendix 2: EAPA UK members

For more information on the services offered by UK EAPA registered external provider members, and for relevant updates, please go to www.eapa.org.uk or contact any of the companies below.

Atos Healthcare

4 Triton Square
Regent's Place
London NW1 3HG
T: 0845 371 3301
E: ohbusinessdevelopment@atoshealthcare.com
W: www.atoshealthcare.com

AXA PPP Healthcare

Old Sheriff Court Building
70 Hutcheson Street
Glasgow G1 1SH
T: 0141 553 5000
W: www.axapphealthcare.co.uk

BUPA Employee Assistance

Battle Bridge House
300 Gray's Inn Road
London WC1X 8DU
T: 0207 833 5199
F: 0207 656 3768
E: eapassociates@bupa.com
W: www.bupa.com

Care First

1230 Lansdowne Court
Gloucester Business Park
Gloucester GL3 4AB
T: 0145 262 3200
E: info@care-first.co.uk
W: www.care-first.co.uk

Ceridian UK

100 Longwater Avenue
GreenPark
Reading RG2 6GP
T: 0800 733 337
E: info@ceridian.com
W: www.ceridian.co.uk

CiC

23 Kensington Square
London W8 5NH
T: 0207 937 6224
E: info@counsellingcompanies.co.uk
W: www.cic-eap.co.uk

ComPsych

St James Park
50 Broadway
London SW1 H0G
T: 0203 825 8994
W: www.compsych.com

FirstAssist Group Ltd

Wheatfield Way
Hinckley LE10 1YG
T: 0145 525 1155
E: marcia.chambers@firstassist.co.uk
W: www.first-assist.com

Oakdale Group

49 Valley Drive
Harrogate HG2 0JH
T: 0142 353 6536
E: info@oakdalegroup.co.uk
W: www.oakdalegroup.co.uk

PPC Worldwide

4200 Nash Court
Oxford Business Park
Oxford OX4 2RU
T: +44 (0)1865 397000
E: info@ppcworldwide.com
W: www.ppcworldwide.com

Right Corecare

3500 Solent Business Park
Fareham PO15 7AL
T: 0148 955 3000
E: corecare@right.com
W: www.rightcorecare.co.uk

The Validium Group Limited

Validium House
52-54 Aylesbury End
Beaconsfield HP9 1LW
T: 01494 685200
E: EAPAAenquiry@validium.com
W: www.validium.com

Workplace Options

10 Chiswick Park
566 Chiswick High Road
London W4 5YB
T: 0800 027 4939
E: employeesolution@workplaceoptions.com
W: www.workplaceoptions.co.uk

References

- Acas (2010) <http://www.acas.org.uk/CHttpHandler.ashx?id=306&tp=0>
- BACP (2006) <http://www.bacp.co.uk/information/education/whatiscounselling.php>
- BACP (2012) http://www.bacp.co.uk/admin/structure/files/pdf/9479_ethical%20framework%20word%20june%202012.pdf
[For non-BACP members, please see www.bacp.co.uk]
- Bond, T. & Sandhu, A. (2005) *Therapists in court: providing evidence and supporting witnesses*. Sage Publications.
- Carroll, M. (1996) *Workplace counselling*. London: Sage Publications.
- Clutterbuck, D. (2003) *The making of a mentor*. London: Gower.
- Clutterbuck, D. & Megginson, D. (1997) *Mentoring in action: a practical guide for managers*. London: Kogan Page.
- Clutterbuck, D. & Megginson, D. (1999) *Mentoring executives and directors*. Oxford: Butterworth-Heinemann.
- CORE IMS (2011a). *Benchmarks for primary care counselling services*. Rugby: CORE IMS Ltd.
- CORE IMS (2011b). *Benchmarks for higher education counselling services*. Rugby: CORE IMS Ltd.
- Crawley, J. & Graham, K. (2005) *Mediation for managers*. Nicholas Brealey Publishing.
- Domenici, K. & Littlejohn, SW. (2001) *Mediation: empowerment in conflict management*. Cresskill, NJ. Waveland Press.
- EAPA (2010 p6) www.eapassn.org/files/public/EAPASTANDARDS10.pdf
- Hawkins, P. & Smith, N. (2006) *Coaching, mentoring and organisational consultancy – supervision and development*. Open University Press.
- Health & Safety Executive (2007) <http://www.hse.gov.uk/research/rrpdf/rr553.pdf>
- Health & Safety Executive (2012) <http://www.hse.gov.uk/legislation/hswa.htm>
- Davies, M. (2011) Postcode determines whether patients wait days or months for therapy. *Health Insurance Magazine* 02 August 2011 www.hi-mag.com/health-insurance/product-area/occupational-health/article376595.ece
- Home Office (2012) <http://homeoffice.gov.uk/equalities/equality-act/>
- Integrated Benefits Institute. (2009) *The real costs of depression in the workforce*. ILO/WHO (1950) http://www.ilo.org/safework_bookshelf/english?content&nd=857170174
- Kemp, DR. (1994) *Mental health in the workplace*. Greenwood Publishing
- McLeod, J. (2001) *Counselling in the workplace: the facts. A systematic study of the research evidence*. Rugby. BACP.
- Mellor-Clark, J., Twigg, E., Farrell, E. & Kinder A. (2012) *Benchmarking key service quality indicators in UK Employment Assistance Programme Counselling: a CORE system data profile*. In press.
- Mind. (2010) *We need to talk: getting the right therapy at the right time*.
- Mullin, T., Barkham, M., Mothersole, G., Bewick, BM. & Kinder, A. (2006). *Recovery and improvement benchmarks in routine primary care mental health settings*. *Counselling & Psychotherapy Research*. 6(1): 68-80.
- NICE (2005) *Post-traumatic stress disorder (PTSD). The management of PTSD in adults and children in primary and secondary care*. NICE. <http://www.nice.org.uk/nicemedia/live/10966/29771/29771.pdf>
- Parsloe, E. (1999) *The manager as coach and mentor*. London: CIPD.
- Sainsbury Centre for Mental Health. (2009) *Mental health at work: developing the business case*.
- 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.
- Whitmore, J. (1996) *Coaching for performance – the new edition of the practical guide*. London: Nicholas Brealey.