

bacp

British Association for  
Counselling & Psychotherapy

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Sector Overview 001

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# Counselling in the Workplace

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## Counselling in the Workplace

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# Context

This document is one of a series of resources prepared by BACP to enable members to gain an understanding of therapeutic work in particular contexts and sectors of the counselling professions [www.bacp.co.uk/ethics/EFfCP.php](http://www.bacp.co.uk/ethics/EFfCP.php) in respect of workplace counselling.

## Using the Sector resources

BACP members have a contractual commitment to work in accordance with the current *Ethical Framework for Good Practice in Counselling and Psychotherapy*, to be replaced by the *Ethical Framework for the Counselling Professions* that will become effective on 1 July 2016. The Sector Resources are not contractually binding on members, but are intended to support practitioners by providing general information on principles and policy applicable at the time of publication, in the context of the core ethical principles, values and personal moral qualities of the BACP.

Specific issues in practice will vary depending on clients, particular models of working, the context of the work and the kind of therapeutic intervention provided. As specific issues arising from work with clients are often complex, BACP always recommends discussion of practice dilemmas with a supervisor and/or consulting a suitably qualified and experienced legal or other relevant practitioner.

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# Introduction

This resource is written for those responsible for, or thinking about, investing in a counselling provision for an organisation, whether this involves setting up a service within the organisation or ‘purchasing’ a package from an employee assistance programme, occupational health provider or as part of an insurance service.

The resource aims to summarise the key factors likely to have an impact on a purchasing decision and offer up-to-date professional good practice guidance. Organisations with existing provision, as well as workplace counselling practitioners, may find this publication is a useful reflective tool.

Questions about counselling provision can be emailed to BACP Workplace at [workplace@bacp.co.uk](mailto:workplace@bacp.co.uk) or contact the Customer Service team at BACP via any of the following options:

Telephone: 01455 883300

Fax: 01455 550243

Email: [enquiries@bacp.co.uk](mailto:enquiries@bacp.co.uk), [bacp@bacp.co.uk](mailto:bacp@bacp.co.uk), [ethics@bacp.co.uk](mailto:ethics@bacp.co.uk)

Text: 01455 560606 followed by your name

Minicom: 01455 550307

Mail: Customer Service Enquiry, BACP, BACP House, 15 St John’s Business Park, Lutterworth, Leicestershire, LE17 4HB

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# 1 What is counselling?

BACP defines 'counselling' in the following way:

*Counselling and psychotherapy are umbrella terms that cover a range of talking therapies. They are delivered by trained practitioners who work with people over a short or long term to help them bring about effective change or enhance their wellbeing. (2014a)*

Counselling is not about giving advice or directing a client to take a particular course of action. It should not be seen as conditional. That is, attendance should not adversely affect career progression or status at work, counsellors do not judge or exploit their clients in any way.

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# 2 What is workplace counselling?

Workplace counsellors would usually be expected to work within a short-term or time-limited framework. Employees accessing workplace counselling normally have a limited number of sessions available to them, often between two and six sessions, but sometimes more are offered. If further support is required, counsellors may refer employees onwards to additional interventions, which may not necessarily be funded by the organisation. Workplace counsellors need to have an understanding of organisational cultures and workplace factors that might have an impact on the psychological health of people at work.

Furthermore, workplace counsellors will need to be mindful of the different stakeholders involved, and be aware of a possible tension between the needs of the client, the organisation, the counselling provision and other parties. Although counselling is a major component of an employee support service provision, such a service may also have an understanding of, and expertise in, a number of related activities such as coaching, mediation for conflict situations, trauma-management services and practical information/support (e.g. debt management, legal information or benefits information).

Service providers might also conduct routine stress audits to help purchasing organisations meet their 'duty of care' obligations. They also need to be proactive in enabling employees to increase their coping resources through stress management and mental health awareness or wellbeing training.

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## 3 Why do organisations benefit from workplace counselling?

### 3.1 *How counselling contributes to organisational development*

Counsellors will find that clients present to them with work-related issues. Whilst anonymity and confidentiality will be maintained, there may be opportunities to present to the organisation aggregated examples of dysfunctional or disruptive activity, such as bullying and harassment, stress hot-spots, disruptive work-patterns, breakdowns in relationships, people managing issues etc. Most likely, such information may be made via usage statistics. Where manager referrals are made, the workplace counsellor could include any work issues within the report sent back to the organisation.

### 3.2 *Counselling for work and personal/home issues*

Organisations might assume that a counselling service is used for work-related issues only. Whilst this is a decision the purchaser needs to make, it is worth considering that domestic, or personal issues can have a significant impact on work. For example, an employee may be experiencing relationship difficulties, have suffered a bereavement or have addiction issues which have a knock-on effect on work; including deterioration in concentration, increased accidents and higher rates of absence. Similarly, work-related stress, bullying and harassment, work-related trauma, organisational change and work performance can have an adverse effect on home life.

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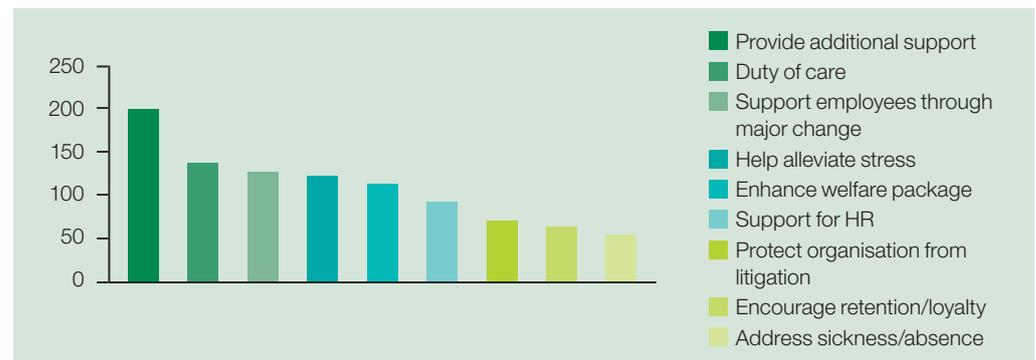
Further reference

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## 3.3 Why do organisations offer counselling to employees?

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

**Figure 3: Reasons for purchasing counselling provision**



From this survey of over 200 organisations, representing a total of 6,000 employees, Friery (2006) found that *providing additional support* was the most popular reason for providing counselling to employees. The next reason was *duty of care* or the organisation's responsibility under a host of employment laws to provide a safe and healthy working environment. Jenkins (2006) cites workplace counselling as a 'shield against litigation' and a 'weapon fighting for duty of care'; however, it should be added that having a counselling service doesn't absolve the organisation from taking responsibility for a safe and healthy working environment.

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

Organisations are keen to attract and retain the best talent. The presence of a fully resourced counselling service can be seen as an important source of support for employees and, as part of the overall *welfare package*, help to retain talent in the organisation. Whilst counselling in the workplace is not currently subject to personal taxation in the UK as an employee benefit ('*Welfare counselling provided to an employer's employees generally is exempt from tax on employment income*', HMRC Leaflet EIM21845), it is important to note that this is only when the service is available to all employees. It cannot be tax free if offered as part of a flexible benefits package (see [www.hmrc.gov.uk/manuals/eimanual/eim21845.htm](http://www.hmrc.gov.uk/manuals/eimanual/eim21845.htm)) and the EAPA has published further information related to taxable benefits available within their publication called EAPA Guidelines (see [www.eapa.org.uk/eap-resources](http://www.eapa.org.uk/eap-resources)).

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

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

### 3.4 Cost benefit analysis

Some service providers (internal and external) seek to measure the cost benefit of implementing their counselling through the collection of company performance data. These might include evidence that counselling helped speed up the return to work of absent employees, employees who take less time off work, costs saved by potential grievances, reduced staff turnover and costs saved by organisations bringing in measures to address organisational problems identified by the counselling service amongst others. Organisations also find that a counselling service can be a critical element of their Health and Wellbeing strategy, helping to promote, foster and deliver a healthy working environment. This has been a foundation of the UK Government's Wellbeing Strategy.

*A counselling service run within an organisation will also bear witness to anecdotal benefits and word-of-mouth promotion – having a visible presence can help to demystify counselling and present a public face for the service. It is important that services are able to respond to counselling requests fast, and the speed of referral can help to deal with issues before they become greater problems and trigger absence. (HMSO, 2008)*

A recent study found that EAPs were as effective as NHS services but faster in the provision of counselling support. (Mellor-Clark et al, 2012).

For more information on service benchmarking, please go to the BACP Workplace report, *Measuring Up? Measuring effectiveness and impact in workplace counselling and EAP settings: Current practice, attitudes and needs, profiles the findings of our survey of the sector*, (McInnes, 2012). This can be found at: [www.bacp.co.uk/admin/structure/files/pdf/11213\\_2012\\_nov\\_measuring%20effectiveness%20and%20impact%20in%20workplace%20counselling%20and%20eap%20settings.pdf](http://www.bacp.co.uk/admin/structure/files/pdf/11213_2012_nov_measuring%20effectiveness%20and%20impact%20in%20workplace%20counselling%20and%20eap%20settings.pdf)

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### 3.5 *What organisations say about their reasons for having a counselling service*

#### **EDF Energy**

Since the Employee Support Programme has been in place there has been a significant reduction in the percentage of employees off work by the time they access support through the Employee Support Programme (from 28% in 2003, to 14.7% in 2012). (BITCa, 2014)

#### **Astra Zeneca**

An employee survey of the CALM programme, revealed the net benefits:

- a survey of 643 UK employees conducted to examine their attitudes towards the counselling & life management programme found that 92% supported the provision of workplace counselling and considered it important that employers provide such services;
- 95% agreed it could help people in distress;
- employees did not associate any stigma with workplace counselling;
- 83% of employees were aware of the support available and users viewed management support positively. (BITC, 2014b)

Estimated cost savings due to improved productivity after counselling equated to £600,000. (ACW, 2008)

#### **Hampshire County Council**

The service evaluation consistently shows that over 96 per cent of ESL clients report significant improvement in their wellbeing as a result of receiving counselling. (ACW, 2008)

#### **Royal Mail Group**

In just 18 months... stress-related absence at Royal Mail, Parcelforce Worldwide and Post Office Ltd was cut by a third. This tremendous achievement resulted from a series of business-wide initiatives designed to make our organisation a more rewarding and attractive place to work, combined with a new approach to workplace counselling. The company and our employees are stronger as a result. (ACW, 2008)

#### **Tamar Science Park**

The presence of such a service which is supported by management has had a positive impact on the whole organisation. Easy access and a quick response to referrals has demonstrated the efficacy of taking action sooner rather than later. Early return to work from sickness absence has been a principle element of investment return. Whilst intangibles, such as perceived motivation and general happiness levels amongst the small team was not an issue, management has recognised early signs of improvement. (ACW, 2008)

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# 4 What form do counselling services take and how do different formats work?

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

**Internal** – where counsellors are employed directly by the organisation. The advantage here can be that they understand the culture of the host organisation as they are immersed in the culture, and will be connected with other related staff support services, such as OH, HR, Unions etc. The potential disadvantage is that some clients may prefer a completely separate organisation as there could be concerns about confidentiality.

**External** – where an external organisation (e.g. Employee Assistance Programme) is contracted to provide services back. The advantage here is that the organisation can specify what they wish to purchase and the telephone helpline or referral service is usually 24/7, and may offer evening appointments with additional services such as legal information. The potential disadvantage is that it could be perceived as remote and does not fully understand the culture of the organisation they are delivering to.

**Hybrid** – a mix of internal and external services, such as where an external provider carries out telephone support but refers to internal counsellors to provide face to face counselling. The advantage here is that this combined service can build up a better understanding of the organisational culture, whilst bringing flexibility and innovation in terms of new services. The potential disadvantage is that the two sides of the service need to fully cooperate to ensure they can integrate properly and this can take time.

**Ad hoc** – some organisations may choose to use the services of a suitably qualified local freelance or self-employed workplace counsellor on an 'ad hoc' basis. This provides a resource for smaller organisations or where the frequency of referrals might be limited. The counsellor will learn to understand the needs of the organisation and the organisation has a single-person point of contact for referrals.

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# 5 Standards and accountability

## 5.1 Standards of and for counsellors

Irrespective of the format of counselling service provision, counsellors should have undergone training and practise in an ethical and professional manner. In the case of BACP members, they would need to adhere to the commitments, principles and values set out in the *Ethical Framework for the Counselling Professions* (2015) [www.bacp.co.uk/ethics/EFfCP.php](http://www.bacp.co.uk/ethics/EFfCP.php)

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

- advising line managers on approaching troubled employees
- employee counselling – face to face, by phone or online
- training and health education – proactive intervention
- advising the organisation on policy matters in relation to welfare and emotional/psychological health
- managerial responsibilities – in relation to counselling service provision and operation
- facilitating organisational change
- critical incident support and other trauma management
- advising on equal opportunities and other related employment policies and procedures
- publicising the service to staff and managers
- monitoring effectiveness and service evaluation
- administration of notes and reports to managers from business referrals
- procedures for referring on
- mediating between client and organisation
- managing conflict situations between people at work, using mediation and facilitation skills.

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It is intended that BACP will develop a competence framework and curriculum in respect of counsellors employed in workplace settings in 2016. The authors meanwhile would suggest that it is good practice to employ counsellors who have the following qualities:

### Essential or recommended qualities

- 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
- adequate supervision, which is independent of line management with an experienced, well qualified supervisor (for more information about supervision see the Ethical Framework for the Counselling Professions (Good Practice Points 50-61, pages 11-12)
- membership of BACP, BPS, COSCA or UKCP
- indemnity insurance
- suitable premises to provide a private, comfortable and safe counselling environment
- supervision including access to specialist psychological supervision for complex or high-risk clients
- continual Professional Development
- where counsellors work with young people under 18 years of age, counsellors should have knowledge of child protection issues, and criminal records checks may be required for counsellors undertaking direct work with children and young people
- criminal record checks may be required for certain contracts due to the environment of the work (eg Prison Service) or because of the vulnerability of service users. Members of BACP can access BACP *Good Practice in Action Legal Resources for Counsellors and Psychotherapists* 030 *Legal issues and resources for safeguarding vulnerable adults in England Northern Ireland and Wales* and *Good Practice in Action* 031 *Legal resources for safeguarding children and young people in England, Northern Ireland and Wales* [www.bacp.co.uk/ethics/newGPG.php](http://www.bacp.co.uk/ethics/newGPG.php)

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### Desirable Qualities

- certified Employee Assistance Professional (CEAP) qualification
- training in cognitive-behavioural therapy and solution-focused therapy
- knowledge of systems theory and organisational culture
- some knowledge of service management
- training in trauma support, group diffusing or critical incident management.

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

## 5.2 Standards for a counselling service provision

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

### BACP Service Accreditation Scheme

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

The Service Accreditation Scheme is open to counselling/psychotherapy services who are BACP organisational members and thus subject to the Association's *Ethical Framework for Good Practice in Counselling and Psychotherapy* and details of who can meet the criteria as detailed in the booklet entitled 'Service Accreditation Scheme'.

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

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### EAPA Guidelines

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

UK EAPA exists to:

- provide leadership in promoting and developing EAPs in the UK
- set national standards of practice and professional guidelines for EAPs
- provide support and stimulation for the professional development of its members.

EAPA provides information and advice on issues relating to EAP commissioning, delivery and evaluation (EAPA, 2012). Purchasers wishing to find EAPs that have met these standards can contact the EAPA via [www.eapa.org.uk](http://www.eapa.org.uk) and look up 'EAP Providers', especially those who are Registered Providers.

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# 6 Resourcing an internal counselling service

This section is a summary from Greenwood A (2006);

The appropriate level of resourcing for services will depend on a range of factors, including the size of the organisation, the anticipated uptake by staff, and the functions that the service is expected to provide.

The NHS Executive guidance (NHSE, 2000) suggests a ratio of one full-time counsellor per 2,000 staff, where counsellors have no role other than counselling, and where they work from a single site. More staff may be needed if the service fulfils additional functions or operates from different sites. An alternative model for assessing the level of counselling resources required can be based on anticipated staff uptake and the optimum caseload capacity of counsellors. While usage cannot be predicted in advance, studies of workplace counselling provision suggest that an assumption that up to 5-10 per cent of staff may use the service in any one year is reasonable.

The resource requirements for this level of usage are outlined below.

**Assessing resources** *In an organisation employing 2,000 staff, an uptake of 10 per cent would mean 200 new clients per year. Assuming that each has an average of four to five sessions, this would indicate a requirement for some 800 to 1,000 sessions. Obviously, this can fluctuate based on needs and resources.*

Two further key points should be addressed when considering resource requirements:

- provision needs to be made for resourcing the continuing professional development needs of staff, and the external supervision of counsellors. Frequency of external supervision should be in line with the requirements of their professional body (such as BACP). It is likely to cost between £35 to £60 per hour, depending on the supervisor's qualifications and experience
- it is also strongly recommended that the point of contact with the service be staffed during advertised operating hours. Some existing services require staff to leave messages on an answerphone, and there is considerable anecdotal evidence to suggest that this significantly discourages uptake.

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# 7 Setting up a counselling provision – checklist of points to consider

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

### Setting up a service:

- ensure there is a clear and unequivocal commitment and support from senior management
- establish what the reasons are for setting up the service, and desired outcomes – consider specific employee and organisational needs, particularly after any recent changes
- assess how best to involve those connected with employee relations, especially unions
- plan how best to communicate to staff the reasons for having a provision with senior-level endorsement
- form a steering committee – those responsible for managing and implementing the service
- establish boundaries of confidentiality and how this will impact on stakeholders and the steering committee
- assess how the provision will be promoted (PR and marketing strategy) whilst measuring service awareness and service usage.

### Integration between service provider and purchasing organisation:

- create formal guidelines, parameters and service protocols – what is offered how, when, to whom and by whom?
- clarify how these fit with and complement other key policies, such as drug and alcohol, grievance and disciplinary, bullying and harassment, accident management policies (for trauma) etc
- consider the requirements of confidentiality and ethical practice – limitations on who may be informed and why, including human resources, occupational health, welfare and/or management. Ensure that the purchasing organisation has a copy of the *BACP Ethical Framework for the Counselling Professions* and consider with them how practitioners commitments to this framework will be managed alongside other workplace services
- prepare for and plan a crisis prevention plan for trauma, including clear lines of responsibility
- consider the referrals process – self- or manager-referral with pros and cons of each format.

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### Service provider issues to address:

- ensure counsellors not only understand organisations but have some additional experience of working as a counsellor in workplace settings (which may require additional bespoke training)
- consider appropriate data collection and record keeping protocols, including compliance with current data protection legislation
- choose appropriate delivery mechanisms for counselling – face to face, phone, online, intranet etc
- clarify an appropriate level of professional indemnity insurance required for counselling and related activities for practitioners
- devise appropriate quality standards and consider what these seek to ensure
- draw up a complaints procedure and ensure all who access the service are aware of this
- clarify the facilities for the counselling sessions that will protect confidentiality.

### 'In-house' requirements or external standards:

- specify who is eligible to use the service – part-time, temporary staff, partners, family members, couples
- specify an appointment system – how it works, including contact time (sessions) and frequency
- establish referral-on procedures – roles and responsibilities of counsellor, service provider and employer
- establish supervision arrangements that are appropriate to the workplace and in accordance with BACP requirements.

### Evaluation of the service:

- ensure appropriate service monitoring and auditing procedures are in place
- monitor service performance against outcomes established for the service
- establish a clear and ongoing process of service evaluation, reflection and improvement
- evaluate the service to determine whether the mix of employees using the service is representative of the population it serves.

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# 8 Confidentiality and referrals

## 8.1 Issues surrounding confidentiality

The *Ethical Framework for the Counselling Professions* commits members to show respect to clients by ‘protecting client confidentiality and privacy’. The Good Practice section goes on to state:

*We will protect the confidentiality and privacy of clients by:*

*a. actively protecting information about clients from unauthorised access or disclosure*

*b. informing clients about any reasonably foreseeable limitations of privacy or confidentiality in advance of our work together. (Good Practice, Point 25)*

Confidentiality is not absolute, but standards need to be set which safeguard clients, counsellors and organisations during the therapeutic process. It is beyond our scope here to clarify the precise limits and extent of confidentiality involving each stakeholder. Suffice to say that each stakeholder should be fully briefed on what is and what is not confidential. Members of BACP may find the legal resource *Good Practice in Action 014 Breaching Confidentiality* helpful. [www.bacp.co.uk/ethics/newGPG.php](http://www.bacp.co.uk/ethics/newGPG.php)

As the relationships between the counsellor, organisation and the employee (client) are complex it is important that employees accessing a workplace counselling service know of any limitations to confidentiality. Stakeholders involved with the service may have very differing objectives and confidentiality policies. These stakeholders could include the:

- counsellor
- client
- organisation
- line manager
- supervisor
- occupational health, welfare, human resources, health and safety departments
- labour relations representatives, including unions
- general Practitioners, mental health, social work and medical services.

Clients should normally be informed of the parameters for disclosure before they access the service. Where appropriate, they should understand the consequences of disclosure. (See the *Ethical Framework for the Counselling Professions* Good Practice, Point 31).

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

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

Further information can be found on these within the *Ethical Framework for the Counselling Professions*, and the *Good Practice Resources* which can be accessed by BACP members at [www.bacp.co.uk/ethics/newGPG.php](http://www.bacp.co.uk/ethics/newGPG.php)

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

Issues surrounding confidentiality are complex and a more thorough discussion is beyond the scope of this resource. Readers who wish to explore this topic further would be advised to refer to the *Ethical Framework for the Counselling Professions* and *Good Practice Resource 014 Breaching Confidentiality* which can both be found at: [www.bacp.co.uk/ethics/newGPG.php](http://www.bacp.co.uk/ethics/newGPG.php) Also readers may find *Therapists in Court: Providing Evidence and Supporting Witnesses* by Tim Bond & Amanpreet Sandhu (2005) helpful.

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# 9 Self-referrals versus referrals from managers

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

Some purchasers may wish to concentrate their efforts on those employees who have work issues, such as those absent from work, those experiencing 'stress' symptoms, or difficult work relationships. *Manager-referrals* are often associated with occupational health and may occur where a manager is concerned about an employee's sickness absence (e.g. especially when due to some mental health issue such as anxiety or depression). There are slight variations on the 'manager-referral' format, but essentially each allows a manager, supervisor or other authorised individual to refer an employee to appropriate support or counselling, with the client's informed consent. The person making the referral on behalf of the employee may receive a summary feedback report after an initial assessment to determine the most appropriate support. Confidentiality has to be taken into account here as the employee needs to give their consent 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. Services should be mindful of the Data Protection Act and what constitutes 'informed' consent see <https://ico.org.uk/for-organisations/guide-to-data-protection/> for more information.

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### 9.1 *Ease of service access – referrals*

While manager-referrals can be very useful it's important to consider some limitations. Some employees may feel some sense of obligation or coercion rather than entering into counselling more freely. Furthermore, if there's a need to seek approval for a referral, some employees may feel uncomfortable doing so, which can significantly reduce the number of employees who might benefit from the support. In this way, the most popular referral process is a mix of self-referral and manager-referral; on the one hand providing a degree of anonymity for the employee and, on the other, enabling managers to be part of the support process for their staff.

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

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# 10 Monitoring and evaluating workplace counselling service

The *evaluation* process, usually conducted by the service provider, seeks to understand why employees access the service, and the impact of providing the service to staff and potentially to the organisation. Usage statistics may identify data split by gender, location, division, department, presenting issue, frequency of usage etc. This helps to explain why and how the service is being used (or not). *Auditing* refers to an independent assessment of how the service is run. An audit might also be used in advance of purchasing a counselling provision, to assess the various organisational requirements and to assess specific employee and management needs.

## 10.1 Why measure and monitor a counselling service?

Purchasers are increasingly demanding higher levels of transparency and accountability from service providers, requiring that services have in place robust systems for evidencing their quality and effectiveness.

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

## 10.2 Key areas for service audit and evaluation

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

1. *Routine audit of service usage*
2. *Routine audit of key aspects of service quality, such as waiting times, equity of access to the service, risk assessment, efficient delivery of therapy and overall effectiveness*
3. *The contribution of the service to work performance and attendance (ie cost benefit analysis). (Royal College of Nursing 2006)*

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### *10.3 Effectiveness, wider service quality and benchmarking*

Simple outcomes and effectiveness data are helpful in assessing quality. To address areas of service quality, services should consider having complementary data that can help to illuminate clients' various journeys accessing and completing therapy and reflect on aspects of service quality.

Service providers choose to develop outcomes and effectiveness data in three broad ways: 1) client satisfaction forms, 2) standardised measures, and 3) service or setting specific measures. This can allow for the questionnaire to be tailored to the more specific needs, and delivery components, of the organisation and service managers.

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

An Annual Report should be prepared, evaluating the work, highlighting areas of progress and success, issues of concern for attention, and a set of usage data.

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# 11 Other workplace support interventions

## 11.1 *The difference between counselling and coaching*

Coaching may be characterised by interventions which are more likely to be developmental in nature, build on existing strengths, are less likely to be accompanied by high levels of distress, and are driven by the client's desire to develop their potential, and/or understanding of themselves, their beliefs, behaviours and actions.

Counselling may be characterised by interventions that are more likely to be reparative in nature, psychologically based, accompanied by higher levels of distress and are driven by the client's need for alleviation of that distress, and/or understanding of themselves, their beliefs, behaviours and actions.

A number of existing therapeutic approaches, e.g. Solution-focused, CBT, Egan, and other newer approaches, can more or less explicitly be seen as encompassing both therapeutic and developmental components within a single framework.

The closing stages of therapy may incorporate elements similar to coaching, with an emphasis on embedding skills in the context of the client's broader life, the future, goals and next steps.

Intentionality – the exercise of conscious and purposeful practice, including appropriate management of work along the therapeutic/developmental continuum, is the foundation of effective and ethical working.

See <http://bacpcoaching.co.uk/position-statement> for more information.

## 11.2 *Mediation and other support interventions*

Whilst these resources focus on counselling provision, purchasers should examine the wider needs of their workforce and consider introducing a range of supplementary resources or a 'toolkit' to include other support interventions, such as mediation services, stress awareness, crisis management planning/training and other training that contributes to a more conducive working environment, and impact on the wider experience of life at work. Consideration needs to be given to the impact such dual roles may have on the counselling provided. Mediation is not counselling, though workplace counsellors may have the expertise to engage as a mediator.

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This resource has been authored by Rick Hughes, Andrew Kinder and Jill Collins, on behalf of and in collaboration with BACP Workplace Executive Committee members: Tina Abbot, Anne Scoging, Nicola Banning, Julie Hughes, Barry McInnes and Nick Wood.

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**Andrew Kinder** is a Chartered Counselling Occupational Psychologist, is Past Chair of BACP's Workplace Division and currently Chair of EAPA. He has published many articles and was recently awarded with a Fellowship from BACP for his contribution to workplace counselling. He works for a large occupational health and EAP provider.

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**Alison Paice** – Psychotherapist & Clinical Director, Contemporary Talking Therapies Ltd, has over 15 years' experience in workplace health and wellbeing. His particular skill mix lends a holistic approach to workplace counselling, combining occupational health and psychology.

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ACAS Advisory, Conciliation and Arbitration Service [www.acas.org.uk](http://www.acas.org.uk)

BACP British Association for Counselling and Psychotherapy [www.bacp.co.uk](http://www.bacp.co.uk)

BAPCA British Association for the Person-Centred Approach [www.bapca.org.uk](http://www.bapca.org.uk)

BPS British Psychological Society [www.bps.org.uk](http://www.bps.org.uk)

CBI Confederation of British Industry [www.cbi.org.uk](http://www.cbi.org.uk)

CIPD Chartered Institute of Personnel and Development [www.cipd.co.uk](http://www.cipd.co.uk)

COHPA Commercial Occupational Health Providers Association [www.cohpa.co.uk](http://www.cohpa.co.uk)

COSCA Counselling and Psychotherapy in Scotland [www.cosca.org.uk](http://www.cosca.org.uk)

EMCC European Mentoring & Coaching Council [www.emccouncil.org](http://www.emccouncil.org)

HSE Health and Safety Executive [www.hse.gov.uk](http://www.hse.gov.uk)

ICO Information Commissioner's Office [www.ico.gov.uk](http://www.ico.gov.uk)

ISMA International Stress Management Association [www.isma.org.uk](http://www.isma.org.uk)

MHF Mental Health Foundation [www.mhf.org.uk](http://www.mhf.org.uk)

MIND National Association for Mental Health [www.mind.org.uk](http://www.mind.org.uk)

Samaritans [www.samaritans.org](http://www.samaritans.org)

SAMH Scottish Association for Mental Health [www.samh.org.uk](http://www.samh.org.uk)

TUC Trades Union Congress [www.tuc.org.uk](http://www.tuc.org.uk)

UKCP United Kingdom Council for Psychotherapy [www.ukcp.org.uk](http://www.ukcp.org.uk)

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