

Workplace counselling: who is the consumer?

Kevin Friery identifies reasons for contracting and accessing counselling services

For the vast majority of counsellors, core training revolves around 'you and me in the room'. Quite often, the only person who is addressed outside this dyad is the clinical supervisor. Although the existence and relevance of others is acknowledged, they are rarely seen as partners in the counselling relationship. Addressing counselling in or around the workplace, however, invites us to examine the precise nature of the consumer and our professional relationship with whoever that may be. Increasingly, clients' access to counselling is through a work-related service, whether this is an Employee Assistance Programme (EAP), an in-house counselling service or a hybrid of the two. This paper sets out to identify some of the issues that are relevant to the question in the title and to suggest some ways in which counsellors working in this setting may need to make adjustments to their thinking. At the same time, it discusses issues of polarity – whether it is in fact possible to meet the needs of different consumers within the same service; this would be in contrast to other views that can place the employer and the employee at such different places in the spectrum that their needs cannot be met within a service that does not allow fine detail to be exchanged between the two.

Right Corecare is one of the largest employee assistance providers in the UK. In 2005, it provided counselling to over 6000 clients – mostly employees but sometimes family members – and worked with over 200 employers. In doing so, it trod a careful path of confidentiality, ensuring that the employers received sufficient Management Information (MI) to satisfy their need to understand what issues were addressed by the EAP, in what way their staff were affected by work-related pressures, and in what way they received value for money in their relationship with the EAP, while at the same time providing clients with very tight boundaries of privacy and confidentiality. By early spring 2006, all the counselling that had started – even in late December 2005 – had finished so we were able to look closely at a whole year's client work. This

gave us an excellent data source to examine, alongside other information about the client as consumer of workplace counselling.

In addition, we carried out a survey of employers, asking them what their key reasons were for purchasing an EAP for their staff in 2005. This enabled us to look at the employer as consumer, to identify the key issues that they see as determinants of a successful relationship. As an EAP provider we are quite clear that unless we meet the needs of employers, the service will remain unpurchased, the employees and their dependants will not have access and as a result no workplace counselling will be provided. Understanding and meeting the needs of purchasers and commissioners – in this case employers – is paramount in the creation and delivery of services. Whether this is done in a workplace setting or elsewhere, someone is footing the bill and that person wants to know whether value is being delivered and whether the service is meeting identified needs. This is increasingly seen in the NHS, where counselling has become more of a commodity and trusts and other purchasers are closely questioning what they are getting for their money, how much of it they need or can afford, and whether people are benefiting from the investment.

Turning to the employer, we identified nine frequently occurring reasons that were cited as key determinants in the decision to purchase a service. Figure 1 (p25) shows these, and it is quite clear what the key priorities are. The top five purchasing reasons are:

- to provide additional support for employees
- to meet the employer's duty of care
- to support employees through times of organisational change
- to help alleviate stress
- to enhance employees' welfare package.

The ninth most commonly quoted reason was to help address the problem of sickness absence. The employer, as consumer, has therefore identified some key components that need to be met in

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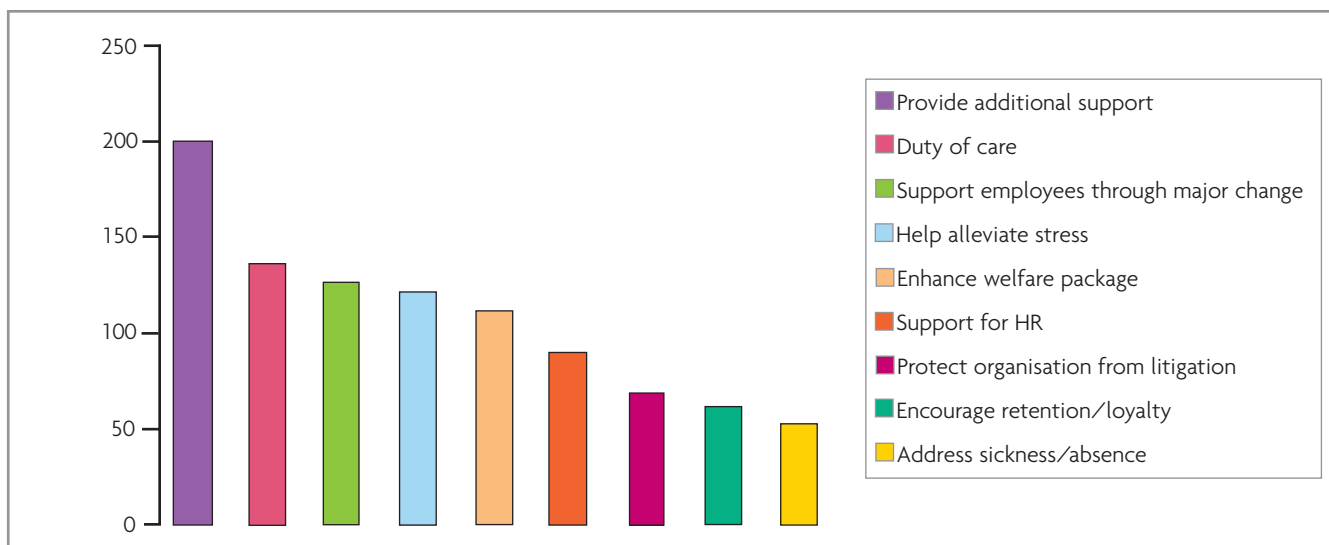


Figure 1: Reasons for purchase

order for them to deem the enterprise worthy of investment, and the workplace counselling service, whatever its format, needs to address these factors in the implementation of whatever programme is to be delivered. Further questionnaire responses gave a clear indication that employers felt that their needs were being met by their service, at a level far beyond 95 per cent success. This data, showing clearly why the employer is purchasing and how they evaluate a workplace counselling service, clearly enables us to make firm statements about the employer as consumer.

Having identified the employer as consumer, we now turned to the employee. With over 6,000 individual clients it was possible to identify some key factors in what employees looked for in a workplace counselling service. Without going into fine detail, the presenting problems and issues at assessment were examined to identify the key patterns prevalent. These fell into 10 categories, reflecting the headline figures we use in some of our management information reporting. In Figure 2 (p26), it can be seen that the top five reasons for accessing the service are relationships; health; work/career issues; family issues; and bereavement. One of the striking features of this data is the relative positions of health and work/career issues. Over 20 per cent of people using the counselling service (this research only looked at people engaging in face-to-face counselling as opposed to all the other EAP users) cited health issues as their reason for seeking help, and about 18 per cent cited work issues.

Breaking this latter figure down by looking more closely at the work issues that clients brought, we found that only a very small minority (1.5 per cent

of all users) presented workplace changes as their reason for seeking help. Of course, it is readily acknowledged that change pressure can manifest itself in other areas of life, so that relationships become intolerable because of additional pressure caused by changes at work, but the fact still remains that the area clients chose to work on was seldom workplace change. On the other hand, with over 20 per cent of all users citing health issues, this does not sit comfortably with employers seeing it as their ninth highest priority. It may indeed be the case that workplace counselling is more closely involved with sickness issues than employers have appreciated. The employee – the client – as consumer clearly has different priorities to the employer.

One feature of the work carried out in 2005 was a change in the severity of risk in the cases that counsellors encountered. At the beginning of the year, high-risk cases were appearing at a rate of about one per cent of all cases. This category is slightly fluid in order to allow all high-risk features to be included but includes clients with one or more of the following:

- suicidal intent
- current child sexual/emotional abuse
- domestic violence
- high risk of harm to self or others.

During the course of 2005, the percentage of such cases increased steadily until by the end of the year they were appearing at a rate of four per cent, a fourfold increase during the year. As an aside, the rate has continued to climb so that at the time of writing (October 2006) it is running at six per cent. This increase in severity, in risk, suggests two

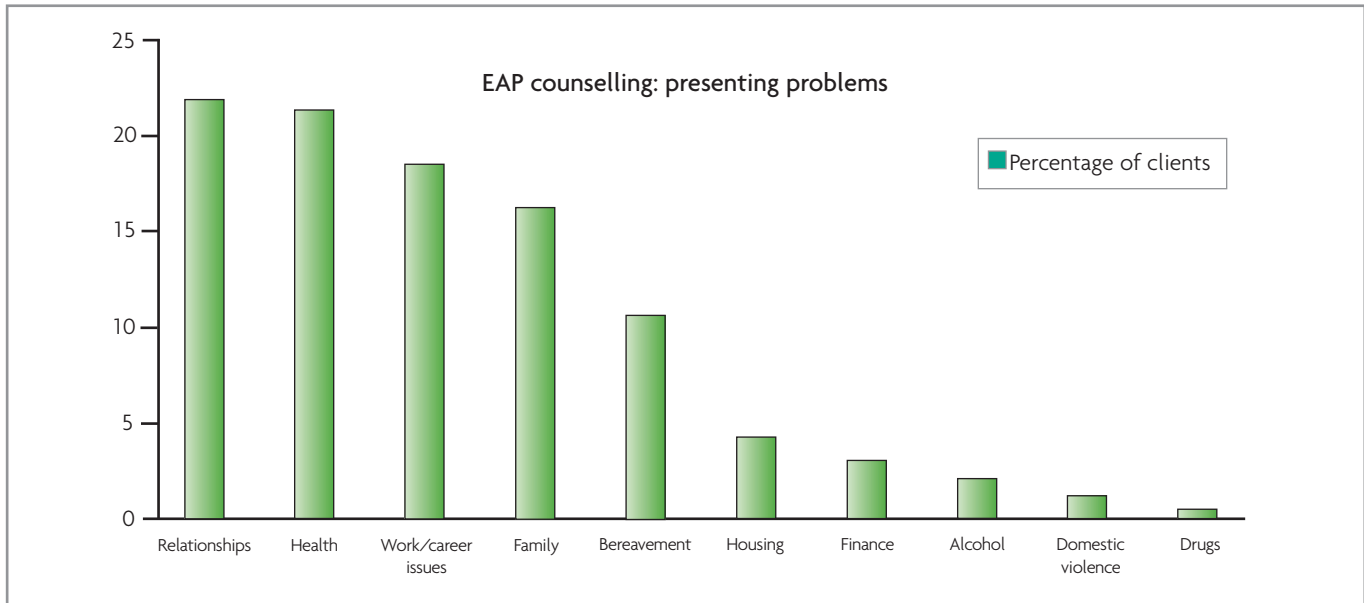


Figure 2: Reasons for accessing the service

things. First, it seems that increasingly clients are seeing their workplace counselling service as the place to bring such issues. Second, the fit with the employer's need to demonstrate and exercise a duty of care is quite close. Expanding on the first point, thinking of the employee as consumer, it is already well established that employees will only access the service in any numbers when they feel that confidentiality has been well proven. One of the features that bedevils workplace counselling is a fear that somehow some detail will find its way back into the management knowledge pool and that information will leak out. The fact that people are bringing such a high level of problem suggests they now trust the confidentiality of the service. On the other hand it can also be argued that workplace counselling has set its performance levels so high that it is increasingly becoming the only way clients can access a speedy and responsive counselling service. With client/patients in the NHS routinely waiting three to six months for an assessment for short-term counselling, the fact that workplace counselling is available normally within a fortnight (and often much more quickly) clearly makes it an attractive service to both sets of consumers. This is particularly true of high-risk cases, where a timely and effective intervention is required in order to deal with the risk, and to help have an immediate impact on dealing with an otherwise intolerable situation.

Feedback from clients as consumers is very positive. Rating the service as better than 95 per cent, they say their needs are being well met, and that although some would like open-ended

counselling they feel the benefit of the limited-session work they have done. In fact, although their needs are different, clients and employers report similar levels of satisfaction. This is remarkable when considering the apparent difference in the consumer needs of both groups. It suggests that meeting the needs of the employees enables a workplace counselling service to meet the needs of the employers. By supporting and helping clients, we enable employers to achieve their goals.

What then of the counsellor, who started off with the me/you dyad? In providing counselling to people whose means of entry is that their employer (or partner's employer) has paid for the service, does the counsellor need to pay heed to the employer's needs in the relationship? It can certainly be argued that there are aspects of the work that do lend themselves to this. If someone is absent from work, is the absence (which the employer would like to minimise) a legitimate matter of concern for the counsellor? If workplace relationships are the source of a client's discomfort, should the counsellor be involved in addressing these relationships, no matter how obliquely? Certainly, these are elements that the EAP would see as central to the service, but they call for counsellors to think a little more broadly about what it means to provide workplace counselling. The relationships in workplace counselling are extremely complex, and the fact that differing consumer needs can be so readily identified is an indication that all of us who work in this field need to be willing to address a broader consumer framework than 'you and me in the room'. ■