

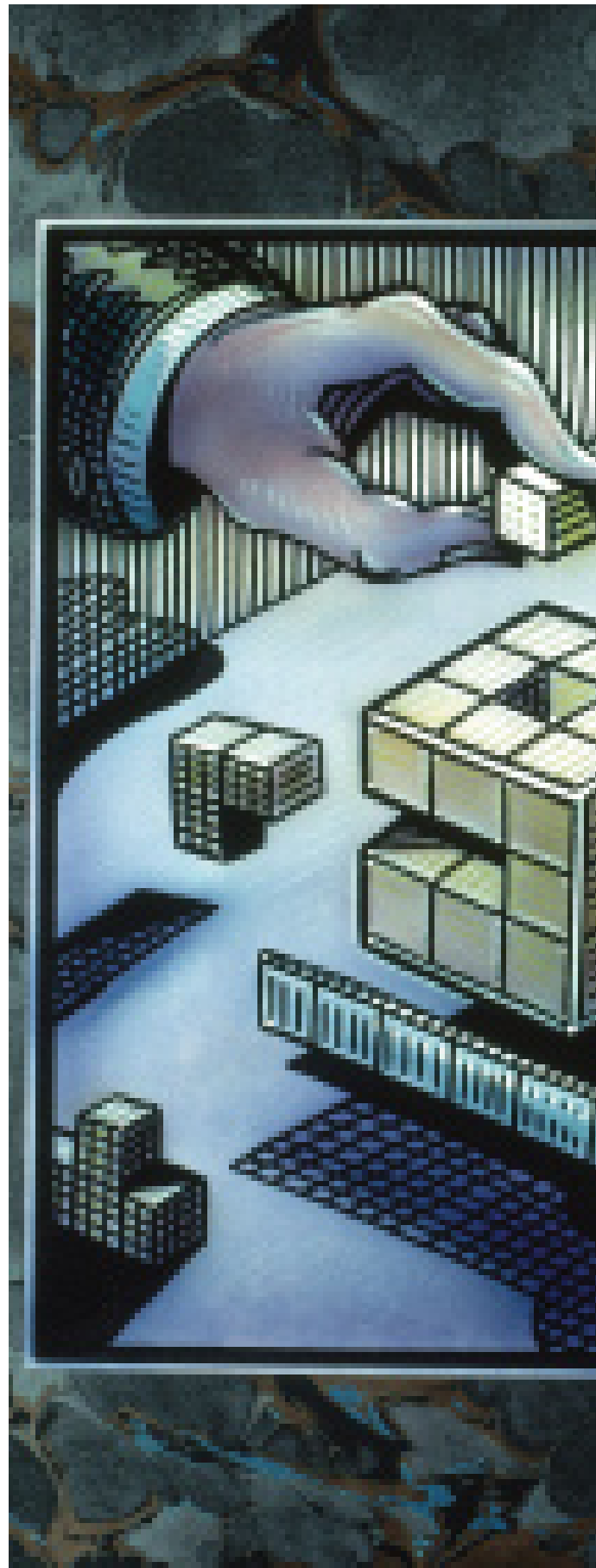
# The development of employee assistance programmes in the UK: a personal view

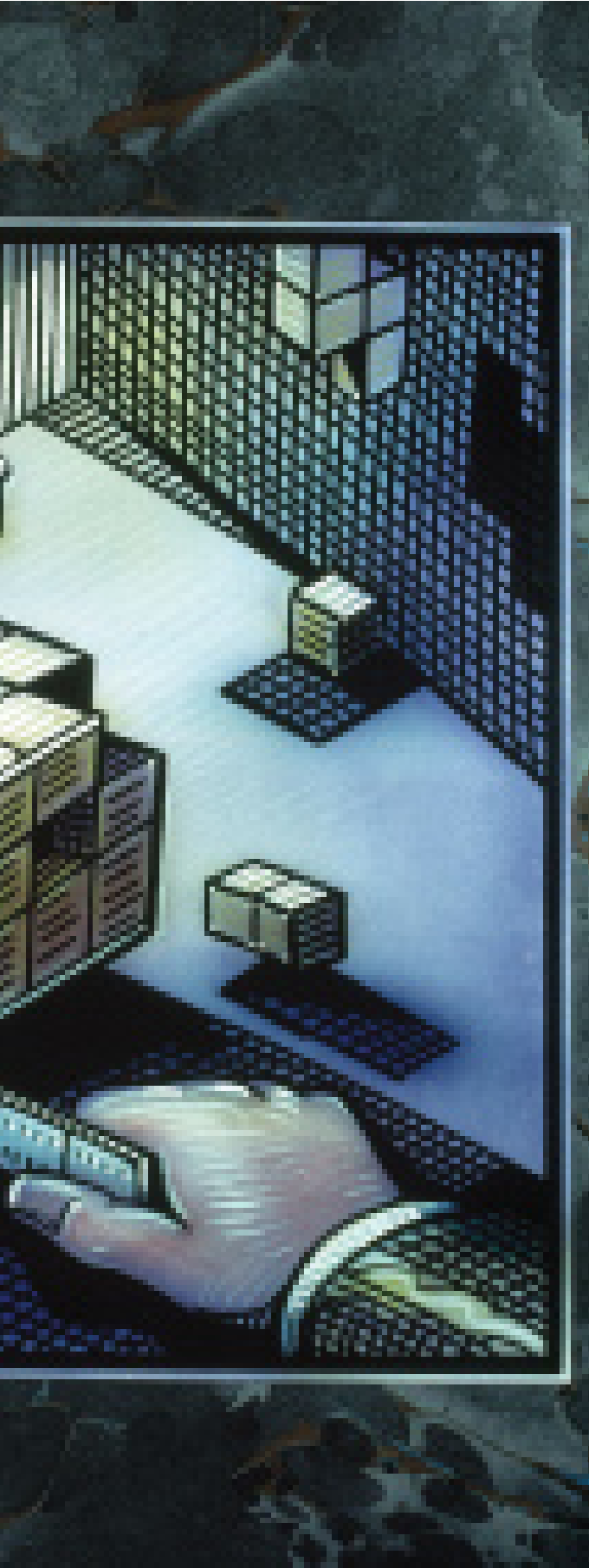
**Colin Grange** charts the recent evolution of UK employee assistance services

**A**lthough it is impossible to put an exact date on the beginning of Employee Assistance Programmes (EAPs) in the UK, it is reasonable to say that EAP provision, as we understand it today, really began in the 1980s. You have to look long and hard to find many fully fledged EAPs being provided to employees before around 1985, with the 1990s being when EAPs really took off in the UK.

EAPs have their origin in services provided in the United States from the 1950s. However, EAPs in the UK had, from the beginning, two major differences from US provision. First, a great many EAP services provided to US organisations were developed and delivered internally to the employing organisation. In contrast, although the UK has a strong history of welfare provision and many organisations offer workplace counselling via internal counsellors, there has never been a strong tradition of internal EAP provision in the UK. In fact, almost all such provision has been offered by external EAP providers. This position remains to this day. For example, the Employee Assistance Professionals Association (EAPA) in the UK has 17 registered external providers of EAPs and not one registered internal provider.

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Second, in the US a strong tradition within EAP services has been alcohol and drug rehabilitation programmes. Many EAPs in the US began with their sole focus on helping organisations tackle the problems caused to their employees by alcohol and drug addictions. These single focus EAP services have never really existed in the UK, with UK EAPs offering broad brush services that aim to help employees with a wide range of personal and work problems they may be facing.

Although EAP services did differ in some significant ways from US EAP services, one important focus was kept and this was that EAP services were all about maintaining and improving workplace effectiveness and performance. The primary reason for an employing organisation to purchase an EAP service is to improve the performance of their employees because personal and work problems can impair an individual's ability to carry out their work effectively and efficiently.

An important differentiator between an EAP service and a workplace counselling service is the support that an EAP gives line managers in supporting and performance managing their direct reports. An important element of this is that an EAP should offer managerial referral processes. Most contacts to an EAP service will be self-referrals with employees contacting the service either spontaneously or on the suggestion of a colleague, family member or their manager. However, an EAP offers the resource for managers to be more proactive than this if they have identified an issue, with a direct report. Informal and formal referral procedures are offered by EAPs to enable managers to refer employees more effectively to the service.

### **First generation of EAP provision (1985-1995)**

The first generation of EAP provision existed between approximately 1985 and 1995. During this period EAP services were generally provided by independent, relatively small organisations that really only provided employee assistance services and these companies grew as the market for EAPs grew. A prototypical EAP company in this generation had a single main owner who was a psychologist by background. At this time EAP services were only minimally integrated with other support services available in the client organisation. These first generation EAP providers began the industry in the UK by persuading organisations of the cost benefits of EAP services even though the evidence for the value of such services was very much based on US research and therefore not easily applicable to the UK market. The development of the UK EAP industry was helped by US-owned companies

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being aware and knowing the value of EAP services and looking for this provision in the UK. In these early days of UK EAP provision, purchasers were either looking for EAPs to assist with their health and safety legislation (eg the multinational oil companies) or were organisations going through major changes (eg financial organisations and IT-based employers). In both these cases an EAP was seen as an effective way of supporting employees.

The services delivered by EAP providers during this first generation were essentially remedial in focus. Employees, and in most cases immediate family, contacted the EAP service via a 24-hour, seven days a week telephone helpline for support for a range of personal and work-related problems. Telephone counselling and support was therefore always available to assist with any serious calls, ie callers at risk. To some extent, being available 24/7, employees had equal access to the service even if they were shift workers. A central principle of EAP services is that everyone, whatever their position in the organisation, has equal access to the service. This principle has always been a central tenet of EAP provision and remains so to this day.

In addition to telephone counselling, EAPs also provide limited-session face-to-face counselling near to where the employee lives or works. To provide this service EAPs need to have a network of affiliate/associate counsellors who can work for the EAP provider on a fee-for-service basis. To cover the needs of their clients EAP providers had to recruit and enter into a contractual relationship with a significant number of counsellors, at least 300-400, geographically dispersed all over the UK.

During the first generation of EAP development counsellors began to experience the unique aspects of EAP counselling. There is not room here to discuss all the specific aspects of EAP counselling but one crucial concept is the dual client relationship. To an affiliate counsellor, their client is the person seeking help from them. However, the EAP provider has a dual client relationship with the employing organisation being their client just as much as or

even more so than the individual client user of the service.

Although EAPs during the first generation were largely clinically focused, being owned and managed by clinicians, other information services were provided as part of the EAP service such as debt and legal information services. Interestingly, the majority of calls to an EAP are for information rather than counselling but in the first generation of EAP provision the managerial focus was on clinical services and less emphasis was placed on the other services; for example, legal information was usually not provided by fully qualified lawyers.

As well as services for the individual employees, EAPs need to provide services for the client organisation. During the first generation stage of EAP development, account management services tended to be largely reactive, involving feedback reports to the employing organisation. EAPs have clear boundaries of confidentiality, with disclosure of information rarely occurring without the employee's informed consent, except in at risk situations such as potentially suicidal employees. However, EAPs do provide statistical feedback and general themes to the client organisation so long as individual confidentiality is not compromised.

### **Second generation EAP provision (1995-2000)**

As the EAP market grew, larger organisations, particularly the private medical insurers, began to take an interest in providing EAP services. A major motivation for this was the fact that private medical insurance was becoming more and more costly for organisations to purchase and there was a demand for more organisationally targeted interventions. Also, it was generally agreed that employers could make significant savings if they focused on their employee's health and healthcare. Between around 1995 and 2000 EAPs started to be seen as an essential component of an employing organisation's integrated healthcare management. Given their core business, when large private medical insurers

entered the EAP market by either developing their own EAP services or partnering with existing EAP providers, health information services became a major component of EAP services and the trend continues to this day.

During this second generation, EAP provision still remained very clinically focused and remedial in nature, even more so to some extent with some providers delivering their services by insisting that all employees had an assessment with a psychologist before being sent for short-term EAP counselling. However, the integration of EAPs with private medical insurance did not really occur during this time and it is still a challenge for EAP providers today. Nonetheless, during this period information services provided by EAPs did broaden out into health information and, possibly influenced by so many insurance companies entering the market, legal services improved in quality with many EAP providers using fully qualified lawyers to provide their legal information and advice service.

The account management process did not really change during this period with monthly or quarterly feedback reports being the central activity. However, the account management process did develop in complexity as companies started to provide several services to a client organisation such as private medical insurance, EAP services and occupational health services and all these services needed to be coordinated to provide a coherent account management process.

### Third generation EAP provision (2000-2004)

Around the turn of the century, EAPs changed due to the influence of work-life services. In the US, as well as EAP services, many organisations purchased work-life services. There had never really been a work-life market in the UK so some providers strategically integrated EAP services with work-life services. This resulted in a greater breadth and depth of services available to employees. For example, in the area of childcare, integrated EAP and work-life services could provide guidance on what kind of childcare was appropriate for a caller, provide extensive written materials on this issue and carry out matched referrals where the provider would find out vacancies with different suppliers including the specific costs to the employee. Traditional EAP providers responded to this market change by developing their own work-life services, which was relatively easy as UK EAPs always had a strong information component.

A major impact from the work-life industry was the development of a more proactive and preventive approach to employee support. To summarise

the issue relatively simplistically, EAP services had always focused on problems that needed a professional's help. These problems could be clinical in nature, eg depression needing the help of a counsellor, or information based requiring the help of an information specialist. Work-life services focus on normal life experiences such as finding appropriate care for ageing parents and therefore attempt to prevent more serious problems developing due to personal or work stressors an individual may be facing. Often the focus on work-life services is saving the employee time by carrying out time-consuming research rather than tackling problems that the employee could not manage effectively by themselves.

The proactive and preventative nature of work-life services carried over into the account management function with integrated EAP/work-life services offering regular promotions to the client organisation on key issues for the particular organisation's workforce. In addition, general promotions would be arranged at key times, for example a promotion on planning childcare and activities for children during the long summer vacation.

### Fourth generation EAP provision (2004 to present day)

The final generation of EAP provision is the current stage of EAP development. The main change here is the use of online services as a part of the integrated EAP/work-life services thereby offering another mode of access from the traditional telephone helpline. This development goes beyond online counselling, which is merely an extension to telephone and face-to-face counselling, but uses web-based technology to provide a range of information and therapeutic services.

The current generation of EAP provision may also see coaching as an important intervention alongside more traditional clinical interventions being available to employees and family members. In addition, the trend for greater integration between a range of healthcare and performance management interventions will continue to grow. One thing is for certain: EAP services will continue to grow and evolve to become even more effective at providing support services for both individual employees and the organisation as a whole. ■

