



# Partner Policy: Accessing the WPO Service

## Introduction

WPO's mission is to offer an unparalleled service to customers in whatever context they are seeking assistance. Across all global locations, WPO and Partner clinicians play a key role in promoting this mission and the values of WPO, by delivering excellent customer service within the context of robust clinical best practice standards.

When accessing the service, participants can expect to receive the same quality of service irrespective of whether they are served by WPO directly or by a Partner organisation and the method they chose to make that initial contact.

This Policy covers individuals initiating contact with the service on their own behalf; requests from Third Parties for the EAP to reach out to specific individuals are covered either by the Management Referral or Welfare Checks policies as appropriate. Guidelines specific to accessing the service via the Real Messaging Service (RMS) or IConnectYou (iCY) are detailed in that Partner Policy.

## Policy

WPO aims to make accessing its clinical service as easy and flexible as possible. Participants may contact the service initially via the telephone, video, email, sending a request via internet services, instant messaging or SMS Text (via iCY).

Regardless of how they make contact, participants can expect to be provided with excellent customer service to ensure their experience with the EAP is characterised by engagement, professionalism, respect, regard and the highest of clinical and operational standards. All participants will be offered respect and understanding.

Clinicians will always provide culturally sensitive participant-centred care, recognising and respecting the participant's beliefs, values, experiences and care-seeking behaviours.

Participants can expect the same level of service irrespective of the WPO Service Centre or Partner they access.

First Serve applies to all those accessing the service. The only exception to this may be those who are chronic or abusive users of the service.

Clinicians will uphold the principles of the 'Power of a Good Conversation' in all their contact with participants; such that the latter feel heard, cared for and helped. The aim of every communication with a participant, regardless of the medium through which it is delivered, is to engage with them, provide them with the support they require in that moment and ensure a collaborative way forward is agreed.

Clinicians will always use positive, clear language when communicating with participants through any medium, verbal or written, and will focus on what the EAP can do for the participant rather than what is not possible.

WPO is a multidisciplinary organisation, and everyone has a role in the satisfaction of the customer; legal, financial, child and elder care, daily living, wellness and counselling are all addressed within a team dynamic. Everyone works together to assist participants, no matter how small the request, and this results in satisfied customers. Customer service implies prompt, courteous, responsive service regardless of the participant's presentation. Quality service is expected throughout a participant's entire EAP experience.

Partners who do not provide clinical services will take the information required to transfer the participant's request to WPO and set the expectation that the participant will be provided with a name of a local counsellor for an assessment within 2 business days. Where there is concern that the participant may be at risk of harm, they will be warm transferred to WPO immediately.

Except for participants with disabilities, who are unable to engage in a clinical conversation via telephone/video, referrals to EAP on-going services can only be completed telephonically or via video. Participants cannot be referred to EAP Sessions (delivered in-person, via video or telephonically), cCBT, the Aware program or to external resources via instant messaging, email, or SMS Text (via iCY).

On those rare occasions when a participant is reluctant to fully engage in a telephonic or video clinical conversation, they can be referred to an Assessment Only session to establish their needs, provided there are no significant presenting safety issues found following an appropriate risk assessment. This assessment session will constitute the first session of the participant's benefit and will be held with a practitioner who can proceed to deliver a short-term solution-focused intervention where it is appropriate. The assessment will be delivered in-person or via video wherever possible. Telephonic access will only be offered in exceptional circumstances when in-person/video contact is not possible. It will be explained to the participant that the sessions will not continue unless an appropriate short-term goal can be agreed during the assessment.

## Clinical Practice

- It is each clinician's responsibility to be available to assist our participants. Phone/video calls to the service are answered live, in person. If no clinician is available to take a call the participant will not be instructed to call back, instead their contact information will be gathered and a return call scheduled at the convenience of the participant, unless the participant specifically states they wish to be the one to make the call.
- As a global organization, clinicians will only disclose their physical location when asked directly. We are one company and the service provided to the participant may flow from one WPO service centre or Partner to the next. Regardless of location, participants will be served in a consistent manner; no geographic distinctions are drawn.
- Internally, WPO is a predominately English-speaking organization although some service centres do provide full clinical services in languages other than English (e.g., French, Dutch or Mandarin). Partner organisations are predominately engaged to provide services in local languages other than English. When a participant accesses a Partner service telephonically and their call is received by a clinician who does not speak their language, the clinician will first attempt to find an internal clinician who does speak the participant's language and, if no one is available, an interpreter will be brought onto the call where this is available to the Partner organisation. Where the Partner does not have access to an interpreter, they may transfer the participant to be served by WPO directly. Interpreters are not available when a participant accesses the service via video; in these circumstances the clinician will try to get the participant's phone number and location and then call them back with an interpreter already on the line or, where an interpreter is not available, transfer the participant to WPO.

- Often the most important component of the EAP service occurs during the initial contact with a participant, regardless of the medium (e.g., telephone, video, instant messaging, email or SMS Text (via iCY)) through which the contract takes place. Clinicians need to engage with the participant, to listen and probe throughout the conversation such that the participant's needs are fully understood, and expectations set of how they can be properly supported:
  - 'I am a counsellor and, if you have time, we can talk now'
  - 'Please let me know what led you to contact the service today'
  - 'Let me know what you need from us and I will do my best to assist you'.
- Clinicians will provide their forename when introducing themselves to a participant. It is at each clinician's individual discretion whether they also provide their surname, always being mindful that a participant may be able to identify them on the Internet if they do so. Clinicians should never provide the surname of another clinician to a participant.
- Clinicians will not automatically set expectations with a participant of how long a clinical conversation is likely to take. On occasion, however, a participant will call when constrained for time and will specifically enquire early in the conversation as to how long the conversation is likely to take. In these circumstances, the clinician will, if necessary, firstly clarify what the participant's expectation of the call is, explain that the length of the call will depend on how the conversation develops and then set an appropriate time estimate. The participant can then decide whether they wish to continue on that understanding or arrange a call-back at a time more convenient for them. Alternatively, they can choose to call back themselves when they have sufficient time available.
- On occasion a participant will contact the service requesting support for a third party who, according to the participant, is reluctant to reach out to the EAP themselves. In these circumstances the clinician will explain the confidentiality policy to the participant and advise them that if they can contact the EAP again with the third party available to come on the call/video with them, the necessary support can be provided.



- WPO exists to support the practical, emotional and physical needs of our participants and our participants rely on the expertise and knowledge of our clinicians. Information or advice outside a clinician's individual scope of knowledge or clinical practice is never provided. It is not, however acceptable to respond to a participant's query with, for example, statements such as:
  - 'I cannot help you'
  - 'We don't do that'
  - 'I don't know'
  - 'That is outside my jurisdiction'
  
- Clinicians are expected to resolve a participant's query in-the-moment of the conversation where the information is available to them by completing a comprehensive review of the case. However, in situations that exceed the scope of the clinician's knowledge or cause discomfort, the clinician will immediately reach out to their Clinical Management for advice and support. Where appropriate, the participant's expectation can be set that they will receive a call from another member of staff better qualified to address their issue:
  - 'The person who is best to talk to you is currently with someone else. If I could take your details, I will ensure we will call you back as soon as they are available.'
  
- Clinicians must refrain from commenting on issues of employee rights, employment law, employee grievance processes and so forth and must never collude with participants reporting grievances with their employers, HR, colleagues or managers.
  
- Safety is the prime consideration for any participant. Clinicians cannot communicate with a clinical participant while they are driving (even if they are on hands free) and must immediately ask the participant to either pull over so the conversation can continue or to call back once they have stopped driving. Clinicians can offer to stay on the line with the participant silently, for a short period of time, while the participant finds a space to pull over.

- While it is important that a participant's demographic information is taken and recorded on the Case Management System, this process should be managed in such a way that the engagement with the participant is not compromised. Taking this information early in the conversation and ensuring the participant has consented that we can reach back out to them (and through which medium) should the contact be disconnected, is generally appropriate. However, if the participant presents in such a way that it is clear they are distressed or perhaps ambivalent about engaging with a clinician, taking the demographic information should be delayed until the participant has engaged, and presented in such a way that the flow of the call is not compromised.
  
- Clinicians should always gather the participant's demographic information from the participant directly. As such the EAP cannot, for instance, use a phone number which may be displayed on the clinician's phone screen when accepting the call to set the participant up on the Case Management System or to reach back out to that participant should they be disconnected before the standard demographic information has been collected. The only exception to this may be when a participant discloses risk before the standard demographic information has been taken. In these circumstances, any identifying information available to the clinician, including the number displayed on the clinician's phone screen when accepting the call, may be used to reach out to the participant. If the participant does not accept the call a voicemail message may be left asking them to call back. The following words may be used:
  - 'Hello (participant name), it's (clinician name) here. We were just talking a few minutes ago and were disconnected. Could you please call me back at your earliest convenience?'

A message will not be left if there is any reason to believe the participant may be the victim of an abusive relationship.

- Occasionally, a name may be displayed on a phone screen when a telephone call is received. The EAP does not assume that this is the name of the participant who is calling, as the latter may be using a phone set up for somebody else's use. Consequently, the name displayed on the screen should never be used to address the participant during the conversation (unless of course they have already voluntarily provided it as their name) nor should it ever be used to set up a record in the Case Management system (again unless the participant has already given it as their name).

- The EAP does not share operational details or problems with participants. Clinicians should never express statements such as:
  - ‘I can’t find that company on the system.’
  - ‘The phones have been down.’
  - ‘We’re very short-staffed.’
  - ‘My computer is not co-operating today’.
  - Our system is slow today’.
  
- As a general principle, unless the participant has specifically stated otherwise, or special circumstances apply (e.g., contractual commitments), the EAP will respond to the participant using the same medium that they have used to make their initial contact. Where a participant contacts us via instant messaging, email or SMS Text (via iCY) and requests a telephone/video call (perhaps at a specific time) in response, this is taken as consent to call the participant and the call will be made.
  
- Where the participant has not given explicit consent to be contacted via a telephone/video call, the aim of any email, instant messaging or SMS Text (via iCY) contact is, once engagement has been established, to agree a time when the participant can be contacted via telephone/video to engage in the clinical conversation (or, if they prefer, they call us), required to provide them with appropriate support and agree the way forward. The ‘Partner RMS and IConnectYou Policy’ provides guidance on managing participants who are unwilling to communicate other than through instant messaging, email or SMS Text (via iCY).
  
- Clinicians will never use clinical or EAP specific jargon when communicating with a participant. Clinical policy/procedure will be explained to participants in language that they can be expected to understand and in such a way that the support available, and being offered, is not compromised. Clinicians must be mindful that many participants have never contacted a counselling service before and are likely to be unaware of best clinical practice and the reasoning behind the ethical principles on which clinical policy is based. Clinicians must refrain from stating, for example:
  - ‘We cannot do this as it is not in line with our company’s clinical policy’.

**CHANGE HISTORY:**

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**Stakeholders:** Global Infrastructure, Clinical Operations, Quality, Learning & Development, Sales & Account Management.

<b>Change Date:</b>	<b>Approved by:</b>	<b>Subject Matter Expert(S) [SME] Utilized:</b>	<b>Description/Details of Change [Why &amp; What]:</b>
September 2020	Alan King	Alison Brown/ Maulika Sharma/ Maria Guimaraes	Document Initially Created
June 2021	Alan King	Alison Brown/ Maria Guimaraes	Clarification that SMS Text is only provided via iCY and further guidance provided for Assessment Only Sessions