



BC ASSOCIATION of
SOCIAL WORKERS

PROMOTING INCLUSION OF SOCIAL WORK COUNSELLING IN WORKPLACE GROUP BENEFIT PLANS

WHAT BCASW MEMBERS CAN DO

Social workers are employed in many sectors, including government, health authorities, education and private organizations. Within these sectors they, along with thousands of others, receive benefits through their workplace health plans.

Workplace group benefits plans provide employees with access to a variety of services, including counselling. There is, however, great variability in how counselling is offered, including:

- how the service is accessed
- the number of visits covered
- the professions selected to provide this service

Generalists in social work are the primary providers of Employee Assistance Program (EAP) services, which suggests that employers recognize the profession's expertise in counselling. Unfortunately, this recognition does not often extend to coverage of social work counselling offered outside of EAPs, within group benefit plans.

Social workers, as well as members of the public, are often perplexed by the lack of coverage of social work counselling as a stand-alone benefit. The widely held perception that insurance companies are resistant to this coverage is largely ill founded. Insurance companies repeatedly state that in a competitive market, they are prepared to cost-out and provide any benefit that an employer wants and is willing to pay for.

Access to counselling provided by registered social workers is not simply an asset to employees and their families - it adds value to organizations within which they work, and so it is advantageous to everyone.

It is vital that employees let their employers know that they want social work counselling covered as a stand-alone benefit in their workplace group benefits plan!

FREQUENTLY ASKED QUESTIONS

1. Why do workplace group benefits plans not cover counselling provided by social workers?

The most common reasons are:

- a) Employers are not aware of the merits and cost-effectiveness of offering this benefit.
- b) Employees have not asked their union or, in non-unionized settings, their Human Resource (HR) personnel or employer to provide coverage. In fact, employees are frequently unaware of the nature and level of benefits covered in their group benefits plan until they need a particular service.

2. What factors determine what benefits will be covered in workplace group benefits plans?

- In unionized settings, group benefits are negotiated as part of contract agreements. Union members identify benefits that they would like to retain, add or enhance. During the bargaining process, decisions are made regarding which benefits will actually be part of the final contract agreement. For this reason, it is important for employees to attend union meetings to reinforce the value of benefits they highly value such as counselling provided by social workers.
- In non-unionized settings, employers or their HR personnel ask an insurance company to cost-out benefits that they believe will be beneficial to employees. Employers frequently select benefits based on a cafeteria-style menu of services.

3. If my group plan provides access to EAP services, isn't this sufficient access to social work counselling?

Clearly, EAPs provide an important service. In fact, social workers, trained as generalists, are the primary providers of these services. However, it is also important to add a stand-alone benefit which provides access to social workers with training in specialized services such as abuse, trauma, grief, eating disorders, etc.

4. Don't insurance companies dictate the content of group benefits plans?

No, insurance companies will cost-out any benefit an employer is prepared to pay for. Often organizations seek proposals from a number of insurance companies as they seek to get the best array of benefits at the best cost.

5. Doesn't increasing access to counselling drive up the cost of group benefit plans?

No. Evidence from the evaluation of Canadian EAPs shows that when access to counselling is increased, there is not a significant change in the overall usage of services. People, who do not need counselling will not use this service simply because it is available. Moreover, costs associated with making counselling accessible are outweighed by increased productivity and decreased usage of costly benefits such as drug plans, short- and long-term disability plans, etc.

6. Why is coverage important to an Employee?

There are a number of compelling reasons why coverage of counselling provided by social workers is important to employees:

- **Choice and Accessibility:** Adding coverage affords greater choice and enhanced accessibility in the selection of professionals that offer counselling.
- **Approach and Skills:** Social workers and psychologists (whose services are frequently covered under group plans) are trained differently. Social workers focus on the person within their environment, what is known as the 'social determinants of health', and help people get their lives back on track. They work with individuals as well as their families and help people connect to resources across different types of services. Psychologists, on the other hand, tend to focus on the individual and do psychological testing.

- **Possibility of Lower Fees:** Fees charged by registered social workers are generally lower than those charged by psychologists, although this can vary depending upon the geographic region and level of experience. This means that more visits are possible under the annual dollar amount of coverage.

7. Why is coverage important to an Employer?

From the perspective of an employer covering counselling provided by registered social workers is an investment in the health and productivity of their workforce, and is therefore cost effective. There is ample evidence that the costs associated with providing psychosocial counselling are greatly outweighed by the cost savings that organizations reap as a result of: increased productivity; decreased usage of costly drug plans; revenue saved as a result of reduced absenteeism, sick leave, stress, workplace conflict, etc.

8. What if this benefit is not currently covered under my group benefit plan and I want to receive counselling provided by a social worker?

Ask your HR representative or employer if the plan has any discretionary coverage under an existing benefit that covers non-social work counselling. Occasionally this is possible but, if not, ask that consideration be given to adding this social work coverage when the plan comes up for renewal. In a unionized setting, ask your union representative to lobby for this benefit when the contract agreement is renegotiated.

9. What can you do?

- If you work in an organization that provides a group benefits plan, become familiar with the nature and amount of coverage for each benefit.
- If psychosocial counselling provided by a registered social worker is not covered, ask your union representative or, in non-unionized settings, your HR department or employer to add coverage when contract negotiations occur or when the plan comes up for renewal.
- Encourage your colleagues at work to support your request. Attend union meetings to ensure that this benefit is on the table when the contract negotiations take place.
- If social work counselling is covered, seek equity in the amount of coverage provided for social work counselling as compared to related benefits in the group plan. Coverage for counselling services varies dramatically across organizations. Organizations should be encouraged to provide higher rather than lower amounts of coverage for social work counselling.

PROMOTE ACCESS TO COUNSELLING PROVIDED BY SOCIAL WORKERS!

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