



# Research Bulletin

Issue 1 July 2002

Organisations and people working better together

ICAS has always been committed to remaining at the leading edge of the Behavioural Risk Management (BRM) field. In accordance with these goals, ICAS has established a Research Division charged with monitoring emerging research findings relevant to BRM and ensuring that ICAS remains at the forefront of new trends and developments in the field. This Bulletin has been compiled with a view to keeping ICAS clients informed about current issues and emerging trends in the field of BRM, and providing an overview of those areas currently being examined by our Research Division.

Bulletin compiled by Dr. Lee Senior, Head of ICAS Research Division

## HIV/AIDS IN THE WORKPLACE



ICAS is currently investigating the impact of HIV/AIDS on the business world and the manner in which BRM and Employee Support services may best assist the organisation in co-ordinating an effective response to HIV/AIDS in the workplace.

The recent increase in the gold price that has seen gold bullion breach \$300 an ounce may be partly attributed to the impact of HIV/AIDS on the gold industry. The world's largest gold producer, AngloGold, says HIV and AIDS are raising production costs by up to \$6 an ounce and that costs may rise to \$9 if it does not intervene to manage the epidemic ('Gold industry counts cost of Aids', BBC News, 25/04/2002). AngloGold has a comprehensive programme to tackle AIDS that will assist in bringing this figure down to \$2 from \$3 an ounce. AngloGold estimates that about 25 to 30 percent of its 44,000-strong workforce in South Africa are HIV positive. Gold Fields, South Africa's second biggest gold producer, sets its HIV-positive prevalence rate at 26.4 percent. The group's calculations are that, without intervention, this rate could increase to some 40% and the cost per ounce of gold produced could rise by \$10 an ounce ('Mining firm reveals cost of HIV', BBC News, 16/04/2002).

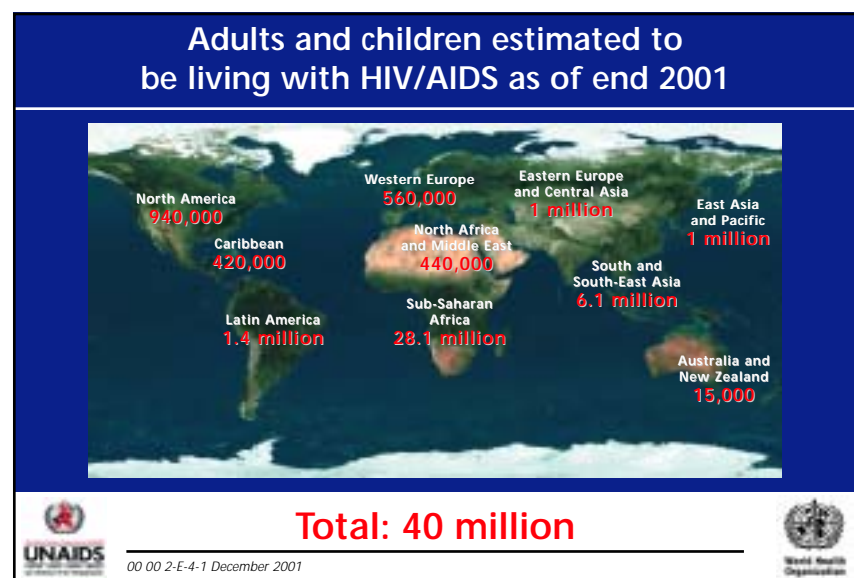
"HIV/AIDS is a major threat to the world of work: it is affecting the most productive segment of the labour force and reducing earnings, and it is imposing huge costs on enterprises in all sectors through declining productivity, increasing labour costs and loss of skills and experience. In addition, HIV/AIDS is affecting fundamental rights at work, particularly with respect to discrimination and stigmatisation aimed at workers and people living with and affected by HIV/AIDS" (International Labour Organisation, 2001).

Nearly two decades after HIV/AIDS emerged as a new virus, it has now reached almost every country in the world and is a serious threat to

the health of humans globally. Since the epidemic began, more than 60 million people have been infected with the virus. The vast majority of current HIV infections live in the developing world, with Sub-Saharan Africa being the worst hit region. HIV/AIDS is now the leading cause of death in sub-Saharan Africa. Worldwide, it is the fourth biggest killer. At the end of 2001, an estimated 40 million people globally were living with HIV.

As reported in an update on the AIDS epidemic published by Joint United Nations Programme on HIV/AIDS (UNAIDS) and the World Health Organisation (WHO) (December, 2001), the epicentre of the catastrophe remains Sub-Saharan Africa, where more than 28 million people are thought to be living with the disease, and 2.3 million died there in 2001. In 16 African nations, at least 10% of those between 15 and 49 are infected, while in seven Southern African countries the rate of infection in that age group reached 20%. About one-in-

nine South Africans (or 4.7 million people) are living with HIV/AIDS and there are approximately 1,600 new infections daily. In Botswana, Namibia, South Africa, Zambia and Zimbabwe, the life expectancy at birth in 2000-05 is expected to be between 20 and 29 years lower than it would have been in the absence of AIDS, and their populations are expected to be up to 20 per cent smaller than they would have been by 2015 (International Labour Organisation ILO, 2000). However, doctors are also increasingly concerned about spiralling disease rates in other parts of the world, such as Eastern Europe - and say much more needs to be done to halt the spread in South and South East Asia. In some countries, the virus is spreading exceptionally quickly. In China, the total number living with the infection may have swelled past one million by late 2001. In the Russian Federation, intravenous drug use is the driving force behind an HIV explosion over just the past few years. In 1996, there were just a few thousand HIV cases reported



- in 2001, the total is expected to be approximately 130,000.

A larger epidemic also threatens to develop in the high-income countries, where over 75,000 people acquired HIV in 2001, bringing to 1.5 million the total number of people living with HIV/AIDS. The use of new drugs to prolong the life of AIDS patients has fostered a sense of complacency in the west and insufficient progress is being made on the prevention front. New evidence of rising HIV infection rates in North America, parts of Europe and Australia is emerging. Unsafe sex, reflected in outbreaks of sexually transmitted infections, and widespread injecting drug use are propelling these epidemics, which, at the same time, are shifting more towards deprived communities (UNAIDS & WHO, AIDS Epidemic Update, December 2001).

In Western Europe, there are 560,000 people living with HIV/AIDS, with 30,000 new cases being reported in 2001. There were 6 800 deaths from AIDS recorded in 2001. The number of people living with diagnosed HIV in the UK is set to rise by 47% between 2000 and 2005, latest figures suggest. The Public Health Laboratory Service has so far recorded 3,342 new cases of HIV in

2001 - up 17% on the previous year. If the trend continues the number of people living with HIV will rise from around 23,000 in 2000 to almost 34,000 by the year 2005 (BBC News, January 2002).

The AIDS epidemic has a profound impact on growth, income and poverty. It is estimated that the annual per capita growth in half the countries of Sub-Saharan Africa is falling by 0.5-1.2% as a direct result of AIDS. By 2010, per capita GDP in some of the hardest hit countries may drop by 8% and per capita consumption may fall even farther. Calculations show that heavily affected countries could lose more than 20% of GDP by 2020 (UNAIDS, 2001). A study by Stellenbosch University's Bureau For Economic Research (BER) examining the macroeconomic impact of HIV-Aids in South Africa estimates that while South Africa is likely to retain an economic growth rate of around 3% per annum, the overall effect of the disease will be to shave roughly 0.5% off gross domestic product every year until 2015.

Three-quarters of those infected with HIV/AIDS are working people aged 15-49 - often our most productive people,

people in the prime of their lives. In 2001, the ILO estimated that some 23 million workers globally were living with HIV/AIDS. The majority of persons infected with HIV are working at the time they are diagnosed (Massagli, Weissman, Seage & Epstein, 1994). Increasing numbers of businesses can expect to be faced with the reality of infected employees (O'Brien & Koerkenmeier, 2001). The size of the labour force in high-prevalence countries will be between 10% and 30% smaller by 2020 than it would have been without AIDS (ILO, 2002). A survey conducted by Deloitte & Touche Human Capital Corporation (2002) of employers in South Africa showed that about 14% of employee deaths in 2000 were ascribed to HIV/AIDS. According to the most recent statistics disseminated by LoveLife (a South African government subsidised HIV/AIDS research initiative), over the next decade the number of employees lost to AIDS in some companies in Africa could be the equivalent to 40% to 50% of the current work force (Impending Catastrophe Revisited, 2001, pg. 12). Even in countries where the virus has a low prevalence level, the projected adverse effects of HIV/AIDS will give rise to major difficulties for employers.

## Costs of HIV/AIDS to Business

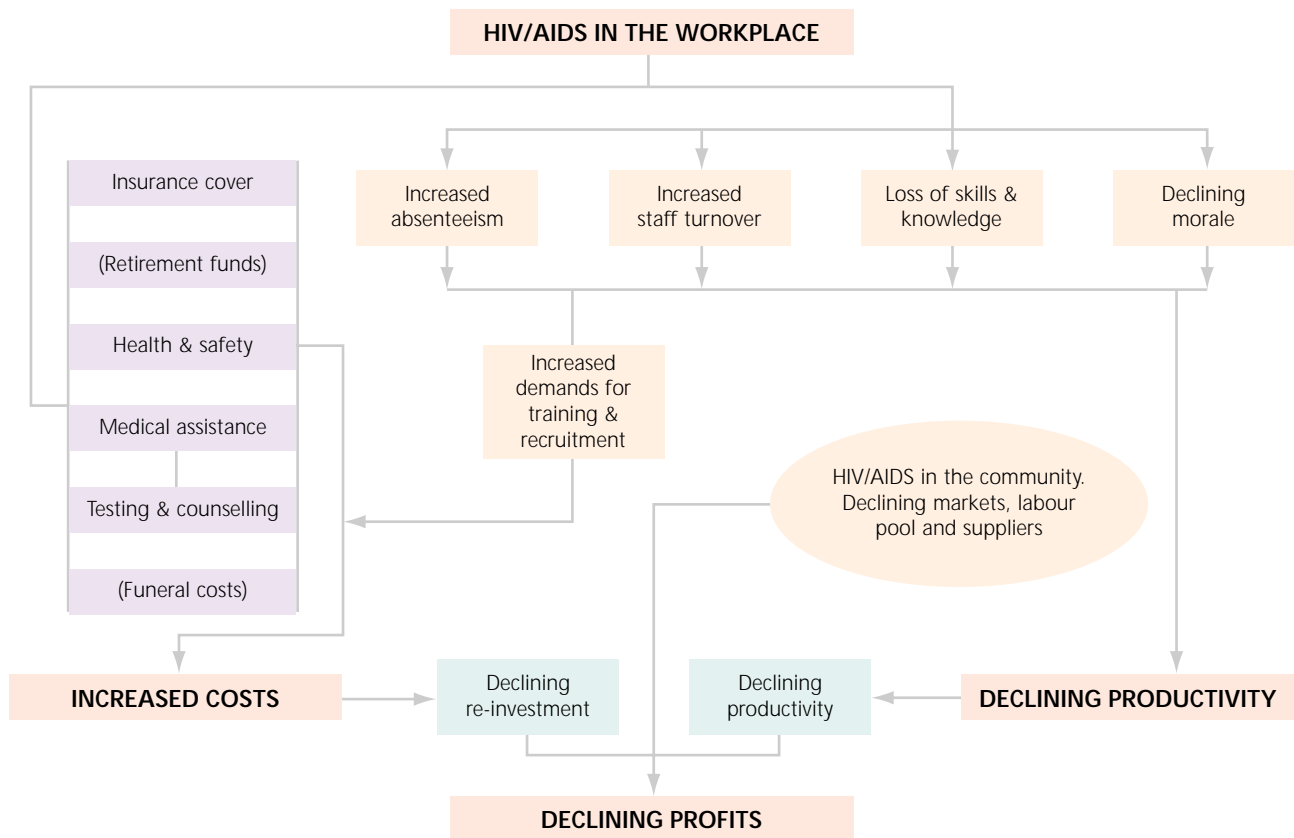
**The cost of HIV/AIDS will be felt beyond the direct impact of the disease. Businesses are recognising the impact that the virus is having in terms of the human, financial and social costs to its operations and host communities.**

At the individual company level, the impact of the disease is declining productivity (increased absenteeism and organisational disruption) and increased costs (higher demand for recruitment and training, rising insurance cover, health management and funeral costs). Premiums on life and health insurance are already rising as the risks of large and early pay-outs increase. Premiums on some group life insurance policies in certain countries have already doubled, even though they are still at a relatively early stage of the pandemic, with the vast majority of young adult deaths still to come (ILO, 2000). Where medical services are provided, these direct costs are rising rapidly. Ensuring occupational health and safety standards are adequate is an additional cost. Funeral costs are

increasing massively, especially in companies that provide funeral costs, because they are compounded by the absenteeism of employees. A survey conducted by Deloitte & Touche Human Capital Corporation (2002) of employers in South Africa found that 15.8% of compassionate leave granted in 2000 was related to HIV/AIDS, an increase from 8% in 1998.

One obvious way in which HIV/AIDS has an impact on business is through the loss of workers. The epidemic will claim some of the best business leaders, managers and a great number of workers at all levels of the production system. Not only will the size of the labour force be smaller than it would have been without HIV/AIDS, the productivity and capacity of many

of those still in the labour force but sick from AIDS-related illnesses will be reduced. The age and sex composition of the workforce is also expected to change as more orphaned children and widows seek employment; another trend might be the retention of workers beyond retirement age in order to keep experienced staff. The concern is not only with the size of the labour force, but also its quality. Many of those infected with HIV are experienced and skilled workers in both blue-collar and white-collar jobs. By 2010, it is estimated that approximately 15% of highly skilled employees in Africa will have contracted HIV (LoveLife, 2001, p 13). Sub-Saharan Africa starts with the lowest proportion of skilled workers of any geographical region and with a disproportionate share of the world's



Adapted from: UNAIDS Report on the Business Response to HIV/AIDS (2000)

poorest countries and is thus least able to support the loss of skilled workers to the disease (Testimony by Anglo American to Select Committee on International Development, UK Parliament, 2001).

Transmission of skills and knowledge becomes more difficult with high levels of staff turnover and morale can be severely affected by the loss of colleagues, discrimination against people living with HIV/AIDS and the disruption of work activities. Coping with increases in turnover involves not only replacing missing workers but reorganising production, restructuring tasks and skills needs, monitoring human resources, and training or retraining new or existing personnel. Related costs may include the need to invest in new or different machinery or equipment, and the possibility that more highly skilled workers will seek higher wages. Labour-intensive firms may appear to be at higher risk of lost production, but the actual impact will depend on the ease with which employees can be substituted. Industries that are highly skills intensive will find it more difficult and costly to replace staff (LoveLife, 2001, p.13).

A study conducted by the Harvard Center For International Health on two South African companies concluded that HIV/AIDS infections will cost companies between 2% and 6% salaries per year. Expressed in another manner, each new HIV/AIDS case in an organisation is likely to cost companies between 1 and 6 times the employee's annual salary. Moore and Kramer (2000) estimate that indirect costs of HIV/AIDS could add a further 10% to the remuneration budget of a typical manufacturing company by 2005 and 15% by 2010.

There is likely to be a loss of turnover and profits due to the impact of HIV/AIDS on clients. By claiming a large part of the population with disposable income and impoverishing families and communities, it will affect the market base of business. Affected households will divert expenditure to HIV/AIDS-related needs such as health and funeral expenses (Love Life, 2001). Businesses do not work in isolation and so the impact of HIV/AIDS on all productive sectors, on the business supply chains, the effective labour supply and intellectual capital directly impacts on individual companies (UNAIDS, 2000).

Many employers hesitate to develop company policies or provide employee training until after a case has arisen (O'Brien & Koerkenmeier, 2001). Such reactive efforts may, however, be largely ineffective or counterproductive and there is a convincing business case for early action against HIV/AIDS. Low prevalence rates, if left unchecked, rapidly transform into high rates of infection. The World Bank has shown that once the HIV prevalence rate exceeds 4% to 5%, it escalates rapidly (World Bank, 2000). Delays in responding have the effect of increasing the initial intervention and ongoing costs. Failure to develop a proactive, holistic response may result in costly law suits and employer/employee conflict. A company which implements a programme which successfully prevents new HIV infections will reap the reward 8 to 10 years later, when fewer HIV and AIDS related costs are incurred (Moore & Kramer, 2001). Early investments in education, prevention campaigns and health care provision, while initially costly, have long term cost-benefits, i.e. 3.5-7.5 times more beneficial than the cost of the intervention (Loewenson, 1999). According to Kramer (cited in Joseph, 2001), projections suggest that

a company with 1,000 employees that spends R100,000 upfront and a further R25,000 a year on AIDS education could save about R10 million in indirect costs over a period of ten years. This equates to a return on investment of more than 50% per year. From a risk management and strategic planning perspective, developing a sound HIV/AIDS policy and providing workplace

HIV education are necessary proactive steps for the well-managed workplace. Any costs associated with education are far outweighed by the benefits to the employer in financial, productivity and human terms (NAF, 2001).

As a result of the increased capacity of the medical community to fight the progression of HIV-related diseases,

infected people are on average living longer than was previously the case. People with HIV are more likely to remain in the workplace longer (Simoni, Mason & Marks, 1997). The chances of avoiding the issues surrounding AIDS in the workplace has decreased as the life span of infected people is extended (O'Brien & Koerkenmeier, 2001).

## Intervention

**With a view to protecting their investment in human capital, an increasing number of employers have been developing HIV/AIDS prevention and support programmes. Such programmes are aimed at protecting the infected workforce and taking into account the rights and problems of those living with HIV/AIDS. An effective HIV/AIDS programme includes the following:**

### Workplace Policy

An effective response to HIV/AIDS in the workplace must include the development of a company policy on AIDS. An HIV/AIDS policy defines the company's position and practices as they relate to an employee with HIV infection and is the foundation for the company's entire HIV/AIDS programme. Employers should consult with employees and their representatives to develop and implement an appropriate policy for their workplace, designed to prevent the spread of the infection and protect all employees from discrimination related to HIV/AIDS. According to the new ILO international code of conduct on AIDS and the workplace, the core elements of this policy include information about HIV/AIDS and how it is transmitted; educational measures to enhance understanding of personal risk and promote enabling strategies; practical prevention measures which encourage and support behavioural change; measures for the care and support of affected employees, whether it is they or a family member who is living with HIV/AIDS; and the principle of zero tolerance for any form of stigmatisation or discrimination at the workplace.

### Education and Training

Employers should initiate and support programmes at their workplaces to inform, educate and train employees about HIV/AIDS prevention, care and support and the company's policy on HIV/AIDS. Workplace information and

education programmes are essential to combat the spread of the epidemic and to foster greater tolerance for employees with HIV/AIDS. Information programmes should be based on correct and up-to-date information about how HIV is and is not transmitted, dispel the myths surrounding HIV/AIDS, how HIV can be prevented, medical aspects of the disease, the impact of AIDS on individuals, and the possibilities for care, support and treatment. Programmes should be targeted and tailored to the age, gender, sexual orientation, sectoral characteristics and behavioural risk factors of the workforce and its cultural context (ILO, 2001). Effective education can contribute to the capacity of employees to protect themselves against HIV infection. It can significantly reduce HIV-related anxiety and stigmatisation, minimise disruption in the workplace, and bring about attitudinal and behavioural change.

### Care and Support

Solidarity, care and support are critical elements that should guide a workplace in responding to HIV/AIDS. Mechanisms should be created to encourage openness, acceptance and support for those workers who disclose their HIV status, and ensure that they are not discriminated against nor stigmatised. To mitigate the impact of the HIV/AIDS epidemic in the workplace, the ILO code (2001) recommends that workplaces should endeavour to provide specialised and

confidential counselling services and other forms of social support to workers infected and affected by HIV/AIDS. Employees who receive the appropriate medical, social and psychological support that they need when living with HIV/AIDS will be productive for a longer period.

Living with a progressive, life-threatening disease like HIV/AIDS is in itself an extreme stressor. In the case of persons infected with HIV/AIDS, however, the distress associated with coping with a potentially fatal virus is combined with the stigma of being an AIDS carrier, the reality or fear of social denigration or loss of employment and, in many cases, with having to deal with strained relationships with significant others (O'Brien & Koerkenmeier, 2001). Psychological sequelae of HIV infection include depression, anxiety, anger, guilt, hypochondriasis and compulsive monitoring of the body for any physical changes (Kalichman & Sikkema, 1994) and a heightened risk of suicide (Mancoske, Wadsworth, Dugas & Hasney, 1995). A lack of support for those living with HIV/AIDS may serve to exacerbate the progression of HIV-related diseases (O'Brien & Koerkenmeier, 2001).

## The Contribution of Behavioural Risk Management Consultation and Employee Support Services

By providing employees with the essential support services throughout the various stages of HIV/AIDS, prevention and wellness strategies and training, policy and procedural expertise, and performance management, a Behavioural Risk Management (BRM) consultancy may assist in reducing the negative impact of HIV/AIDS on productivity and organisational functioning in an ethical and economically sensible manner. The BRM consultancy can assist the company in developing a company policy on AIDS, which sets out the company's legal obligations and provides a framework for how management and employees will be expected to deal with AIDS-related issues in the future. BRM professionals may play an important role in encouraging companies to take a proactive stance in educating their employees about HIV/AIDS and in implementing awareness campaigns, educative workshops and staff training.

The following table outlines the various stages of HIV/AIDS symptomatology. Each stage has implications for the nature and extent of interventions by the BRM consultancy.

<b>STAGE OPTIMAL</b>	The individual is healthy and HIV free.
<b>STAGE 1</b> <i>HIV infection</i>	Initial Infection with HIV
<b>STAGE 2</b> <i>Window period</i>	HIV infection with no signs or symptoms of disease and no detectable anti-bodies. An HIV anti-body test will be negative although the virus is present. This stage usually lasts 2-12 weeks, but may last several months.
<b>STAGE 3</b> <i>Seroconversion</i>	The development of anti-bodies. It may be accompanied by a few days of flu-like illness. Some people experience no illness at this stage.
<b>STAGE 4</b> <i>Asymptomatic HIV infection</i>	Anti-body tests are positive, but there are no apparent signs or symptoms of illness. This period may last from a few months to many years.
<b>STAGE 5</b> <i>HIV/AIDS related illness</i>	Signs and symptoms of diseases increase because HIV is damaging the immune system (e.g. diarrhoea, swollen glands and night sweats), but symptoms are not life threatening. This period may continue for some months or years. Infections gradually become more persistent and serious.
<b>STAGE 6</b> <i>AIDS</i>	Life threatening infections and cancers occur because the immune system is severely weakened. The patient could die when an untreatable life-threatening condition develops.

### Stage Optimal

When employees are healthy and HIV free, this is the ideal, both for employees and for organisational productivity levels. BRM specialists seek to maintain the HIV negative status of the employee at this stage through prevention strategies such as information dissemination, awareness campaigns, educative workshops and staff training. The aim of intervention in this stage is to:

- prevent those who have not contracted HIV from becoming infected
- conscientise those who may be at risk, or who have HIV, to maintain their wellness (both physical and psychological) at an optimal level

- create the optimal organisational environment in which HIV/AIDS can be effectively managed
- create an awareness of all of the services and resources available to the employee when dealing with HIV-related issues
- demonstrate an organisational commitment to managing employee wellness
- inform employees of the legal implications of having HIV in the workplace.

### Stages 1, 2, 3 and 4

BRM and Employee Support services, typically in the form of an Employee Assistance Programme (EAP), offered

during these stages can be divided into two areas: individual and domestic support; and performance management.

#### Individual and Domestic Support

It is during these stages that an employee will begin to be absent and that the impact of HIV/AIDS will be experienced in the domestic setting. At this stage EAP services can assist with the following:

- Help an employee decide if they would like an HIV test
- Provide a pre- and post-test counselling service that will allow the employee to manage the results of the test in the most productive manner

- Help the employee with the many difficult issues that accompany the test result; (like disclosure and implications for lifestyle etc.)
- Assist the employee to manage the array of emotional responses within her/his domestic context
- Assist with referrals and resources to the relevant practitioners and support organisations

### Performance Management and Related Issues

An employee who receives the appropriate medical, social and psychological support that they need when living with HIV/AIDS, will be productive for a longer period. Part of the social support that is essential to the employee living with HIV/AIDS, is the personnel support they receive

within the organisation. Having clear policy guidelines on issues such as:

- Absenteeism;
- Sick leave;
- Transfer to lighter duties;
- Ill-health;
- Early retirement;
- Employee Counselling;
- Management consultancy; is essential.

BRM specialists can assist the organisation to pre-emptively prepare for the following issues when dealing with these stages of intervention:

- Criteria for determining when an employee is too sick to work (this includes capacitating an employer to be able to investigate the extent of the incapacity or injury)

- Investigate alternatives to dismissal (adapting work profile or accommodating the illness)
- Fair and supportive dismissal as a last resort (issues such as incapacity, absenteeism, continuing working being against the employees best interests, and the presence of caregivers need to be taken into account)
- Employees who refuse to work with colleagues with HIV/AIDS
- Employee benefits.

### Stages 5 and 6

During these stages of HIV/AIDS, the employee requires extensive support. This support may be made available through the EAP's counselling services.

The following table outlines the different levels at which the BRM consultancy and EAP may intervene:

ACTIVITY	EXAMPLES OF ACTIVITY	BUSINESS BENEFIT	SOCIAL IMPACT
Prevention Strategies	<ul style="list-style-type: none"> <li>• Employee education on HIV/AIDS</li> <li>• Train-the-trainer sessions</li> <li>• Awareness workshops</li> <li>• Information updating sessions for trainers</li> </ul>	<ul style="list-style-type: none"> <li>• Heightened awareness</li> <li>• Possible reduction in healthcare costs</li> <li>• Probable decrease in replacement and training costs</li> <li>• Employee appreciation</li> </ul>	<ul style="list-style-type: none"> <li>• Employees and their families may be protected from further HIV infections</li> </ul>
Care and Support Strategies	<ul style="list-style-type: none"> <li>• Managerial Consultancy and seminars for managers on understanding and managing the risk of HIV/AIDS to the organisation</li> <li>• Counselling for those infected and affected</li> <li>• Access to professional and confidential counselling, 24 hours a day through the Employee Assistance Programme</li> </ul>	<ul style="list-style-type: none"> <li>• Protection of the organisation's commercial interests</li> <li>• Management of the bottom-line</li> <li>• Efficient performance management of the workforce</li> <li>• Reduction in HIV discriminatory practices within organisations and associated compliance with Labour Legislation</li> </ul>	<ul style="list-style-type: none"> <li>• Heightened awareness of the importance of accepting and respecting people living with HIV/AIDS (both at work and in the community)</li> <li>• Employees and their families having greater support, care and assistance in reducing the spread of HIV</li> </ul>
Corporate Social Investment	<ul style="list-style-type: none"> <li>• Assistance in identifying relevant and appropriate community HIV/AIDS initiatives for event sponsorship</li> </ul>	<ul style="list-style-type: none"> <li>• Enhancement of the organisation's reputation as a caring and responsible employer</li> <li>• Greater brand recognition among customers and the general public</li> </ul>	<ul style="list-style-type: none"> <li>• Increased public awareness of HIV/AIDS related issues</li> </ul>

## BUSINESS ETHICS AND QUALITY IN EAP

Recently, Employee Assistance professionals and the bodies that regulate EAP have begun to voice concerns regarding the erosion of business ethics in the field. They believe that the current climate of intense competition for increased market share is unlikely to foster an atmosphere that nurtures high standards in business practices (Sharar & White, 2001; White, Sharar & Funk, 2001). Areas of ethical vulnerability include:

### Ethical Breaches in Pricing Practices

Increasing price competition and battles for dominance in the field have led to some EAP providers undercutting competitors by knowingly putting forth bids for contracts that are insufficient to fund the Employee Assistance Programme as proposed to the client organisation. There are instances of EAP providers submitting bids that are so low that, "under-service and under-promotion is practically guaranteed". There is an ethical obligation for EAP providers to ensure that capitation rates are sufficient to fulfill contractual obligations to clients and guarantee the provision of quality employee assistance services.



### Deception in Marketing

Another problem highlighted concerns the fact that some EAP providers, like other competitive business organisations, use deceptive means to win contracts. Such providers have been criticised for their misrepresentation, in marketing material, of service features and capabilities. One example cited is the



misrepresentation of organisational capacity, including gross exaggeration of the scope, availability and quality of the provider's affiliate network. In view of the use of deceptive marketing practices, it has become increasingly difficult for potential clients to discriminate between EAP providers and products on the basis of the services and capacity that they purport to offer.

Given the variation in quality among providers, and concerns about the erosion of ethics and transparency in an increasingly competitive industry, it has become particularly important for EAP consumers to know what to look for in a service provider, how to compare one provider with another and how to select the service that will be most effective for their organisation. The following are several considerations in selecting an EAP provider:

- Ensure that the EAP provider is experienced
- Peruse the provider's current client list and check that the provider has a track record of providing services to companies of a similar size and scope, as well as a good retention rate
- Research the client company references to ensure that the EAP provides timely, high-level, quality intervention
- Ensure that the provider has adequate resources and controls all of the services offered within the EAP. Visit the call centre
- Individual counsellors should be professionally qualified and registered, and the counselling team should include a broad range of expertise
- Ensure that services are geographically accessible and check on availability (24 hours/7 days a week)
- Ask about the provider's average utilisation rate and ensure that the provider conducts a formal implementation programme and encourages use wherever appropriate
- Ask about account management, ascertaining who will manage the service/company interface
- Ensure that the EAP provider will provide feedback to the company without compromising confidentiality
- Make sure that there is a regular review process to control for quality

*Detailed guidelines are available from ICAS.*

## THE EXPANDING ROLE OF THE EAP IN THE DOWNSIZING PROCESS

**"A distressing 80% of downsizers admit that the morale of the remaining employees has been mugged. These sullen, dispirited, hunkered-down folks, lest we forget, are the very people who are supposed to revitalise our enterprise and delight our customers."** (Ronald Henkoff, Fortune Magazine, January 10, 1994, p.58)



Downsizing has evolved into a major organisational cost-management tool over the last decade, reaching epidemic proportions in recent months. Undoubtedly a stressful process, downsizing has been cited as one of the toughest challenges facing corporate leadership today. The negative effects of the downsizing-driven redundancy programme have been well-documented, and include the impact not only on those being made redundant, but on the managers facilitating the process, 'surviving' employees, and on the culture and climate of the organisation itself. If these are not managed properly, their ongoing negative impact has the potential to damage and even destroy an organisation.

Worldwide, EAPs are playing an increasingly critical role in downsizing efforts, easing the transition for employees and managers and helping downsized companies get back on track. In the past, EAPs tended to focus primarily on providing support services and redundancy counselling for laid-off employees. More recently, however, the

scope of the EAP's involvement has expanded beyond providing counselling to individuals and EAP services are proving to be an important determinant of success at all stages and levels of the downsizing or restructuring process. This brief article outlines the various ways in which EAPs are intervening to mediate organisational downsizing.

### Planning Stage

The EAP may make a valuable contribution in the planning stages of an employer's downsizing or restructuring, helping management to strategise about how the redundancy programme will be handled. The EAP may assume a consultative role in discussions concerning the projected timeframe for the downsizing and the timing and management of the announcement of impending layoffs as well as assisting organisations to anticipate the emotional and practical needs of laid-off and surviving employees (Nail, 1995). The EAP may assist the organisation in formulating a communication plan.

The way in which redundancy announcements are made impacts not only on those laid off, but on remaining employees, and those interested in the livelihood of an organisation – shareholders and unions. EAPs encourage proactive information sharing, helping management to understand that in the absence of information, employees have a tendency to fill in the gaps with their own assumptions.

The responsibility for ensuring that the redundancy programme is effectively implemented rests largely on the shoulders of senior managers, who must acquire the skill to negotiate organisational change effectively and the drive to lead their staff through the transition successfully. As such, the education, preparation and support of managers are of great strategic importance. The EAP, by virtue of its larger organisational perspective, can be an effective conduit for providing education and coaching to managers. The EAP may provide preparatory training aimed at helping managers to implement and direct the process in a professional and humane way. This includes giving them an understanding of the emotional impact of redundancy, and helping them



to anticipate and deal with the reactions of employees. Notifying selected employees of their impending redundancy is one of the most difficult tasks for any manager. Managers need to develop the personal and technical skills to master their own emotions and to deal with the anger, questions, disappointments, amotivation, defiance and difficulties of their staff.

## Implementation Stage

EAPs are well-positioned to provide support and assistance to employees affected by the redundancy programme. EAP professionals are often deployed on-site when layoffs occur, and may assist in the containment and support of employees dealing with the initial shock of the redundancy announcement. The EAP presence ensures that managers have access to last minute consultations regarding the management of

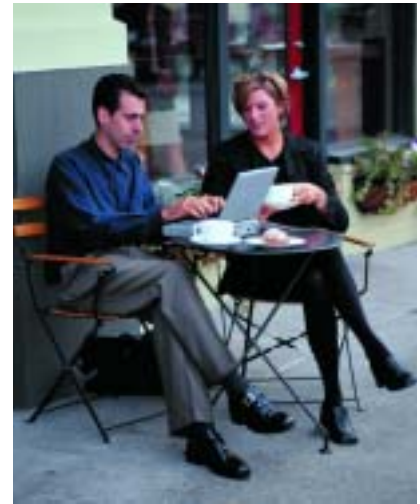


employee responses, and that counsellors are available in the event that an employee wants to speak to a professional immediately following the announcement (Nail, 1995). Redundancy is one of the most stressful and unnerving experiences an individual can live through. EAP counsellors help employees move through the understandable grief reactions accompanying the loss of a job. The process evolves from facilitating ventilation of feelings to re-channelling terminated employees' energy towards affirmative solutions. The realisation that their redundancy

was due to larger economic forces often expedites the resolution of an individual's grief process. In addition to providing emotional support, the EAP may give affected employees access to the information and practical skills necessary in negotiating occupational change, including preparing for the future, evaluating choices and making informed decisions, maximising employment opportunities and securing alternative employment. Selected EAPs may assist with the financial implications of the redundancy, counselling employees in the effective financial management of the package and benefits.

At the time that the redundancies occur, attention is focused on those who are losing their jobs. Commonly neglected are the survivors of the downsizing process, who may be even more adversely affected. Survivors may experience emotions synonymous with grief, including shock, anger, denial, guilt and fear, specifically insecurity regarding further layoffs. Their morale, motivation, trust in management and organisational commitment may be affected, which impacts negatively on productivity in a context where they are generally required to adapt to new or added job functions. Early response to the needs and concerns of surviving employees is essential. Several downsizing organisations have called on the EAP to perform a critical incident stress debriefing (CISD), which may be helpful in downsizing situations in helping survivors realise they are neither alone nor abnormal in their reactions (Van den Bergh, 1992). Management should encourage survivors to make use of the EAP support services available to them. Employees need time to grieve their losses and adapt to an ever increasing pace of change.

The period when the downsizing is occurring tends to be very busy and emotionally taxing for managers and many organisations are ensuring that EAP support and guidance is available to managers, some by formalising such support in the form of a Manager's Assistance Programme (MAP). Managers have been found to suffer what is sometimes described as 'terminator guilt', morale problems they may face after implementing a downsizing



process. They may struggle with their own feelings of loss, anger, and a sense of betrayal by the organisation, as well as concern for their occupational futures. They may experience a great deal of stress in managing the varied responses of their staff, as well as their own emotional reactions. The EAP or MAP may serve an integral function not only in providing support, but in assisting managers to successfully lead their downsized teams into the future.

The organisation itself may be regarded as a client that may benefit from intervention and support. EAPs have experience in responding to the organisational psychopathologies that often accompany dramatic organisational change. Downsizing-driven redundancy programmes tend to have a profound effect on the social contract between employer and employee and on organisational culture. Whereas the traditional arrangement between employer and employee centred around providing predictability and job security in return for loyalty and compliance, employees today are realising the need for greater personal accountability and responsibility. There is a risk of employees becoming more mercenary as their loyalty shifts from the organisation to self-interest. The challenge for the downsized organisation is to rebuild a sense of community and an atmosphere of trust within the organisation – the EAP is a natural partner in this process (Worster, 2000). The EAP can assist the organisation in creating a new vision, identifying and instilling organisational values and initiatives that would ensure the future success of the organisation.

## AN EVALUATION OF TELEPHONE COUNSELLING

Employee Assistance professionals have long recognised the benefits of utilising the telephone as an effective means of delivering counselling services. A primary reason for using telephone counselling is convenience. There is a significant time saving in eliminating the need to travel to a counsellor's office, an important consideration for the busy client who can ill afford to take time off work, and for the organisation invested in keeping employees productive while curtailing absences from work. The telephone allows for instant access to counselling, advice or support from the convenience of the caller's own home or office, at the time that the issue is important to the caller, 24 hours a day, 7 days a week.



The telephone offers callers a strategic combination of auditory intimacy and visual privacy, making it particularly useful for the ambivalent client, who is able to achieve closeness at a safe distance (Grumet, 1979). For many clients, the anonymity of telephone counselling encourages greater self-revelation and openness of thoughts and feelings. The client is able to retain a greater sense of control over the process of therapy itself (Lester, 1995). For some clients, there may still be a stigma associated with consulting a counsellor – telephone counselling allows them to remain anonymous and may feel less shameful. One of the difficulties for the counsellor conducting a telephonic counselling session is the absence of visual cues. However, it has been suggested that the deprivation of visual input intensifies the need to listen and keeps the counsellor focused and acutely attuned to subtle auditory cues. While there have been concerns that telecommunication-mediated counselling impacts negatively on the relationship between client and counsellor, recent research has

established that the therapeutic bond is unaffected by the counselling delivery system (Reese, 2000).

There is a paucity of research examining the efficacy of telephone counselling in EAPs or mental health programmes compared with face-to-face counselling. A summary of several relevant studies, reports and evaluations that have examined the effectiveness of telephonic counselling:

- Reese (2000) examined perceptions of the effectiveness and appeal of telephone counselling among 186 clients who had received counselling from a telephone counselling service for mental health concerns. Reese compared telephone counselling outcome results with those of a survey of face-to-face counselling participants (Consumer Reports, 1995). Client satisfaction with the help received was in fact higher amongst telephone respondents than their face-to-face counterparts. The more telephone counselling sessions received, the greater the improvement reported. Telephone respondents rated the counselling relationship similarly to

face-to-face counselling studies measuring the same attributes. A possible limitation to telephone counselling identified in the study is the counselling of clients with more serious problems.

- Schneider (2000) compared outcomes following five sessions of counselling delivered in different modalities, including face-to-face and telephone counselling. Clinical outcomes and client satisfaction were comparable whether counselling was via telephone or face-to-face.
- Masi and Freeman (2000) report on a study examining why EAP clients chose telephone consultation and how satisfied they were with the choice. Three in four people who used telephonic consultation services rated their experiences positively and 89% said they would use this delivery option again.
- Swinson, Fergus, Cox and Wickwire (1995) found that the positive effects of telephone delivered counselling with agoraphobics were as effective as those obtained in face-to-face counselling and were present at the end of a six-month follow-up.



## FINANCIAL COUNSELLING AND EMPLOYEE PRODUCTIVITY

Poor personal financial behaviours may be defined as "money management practices that have consequent, detrimental and negative impacts on one's life at home and/or work" (Garman, Leech & Grable, 1996, p.158).



Examples cited by Joo and Grable (2000) and Joo and Orr (1999) include:

- Regularly spending too much money;
- Regularly overusing credit;
- Regularly reaching the maximum limit on a credit card;
- Writing "bad cheques";
- Allowing an insurance policy to lapse;
- Not contributing to a pension plan;
- Being sued for financial reasons.

Personal financial mismanagement is clearly a common problem amongst employees. In 1993, Brown reported 10% to be a conservative estimate of the number of employees in the workplace with financial difficulties. Garman et al. (1996) have concluded that at least 15% of employees are experiencing stressful financial problems. There is much evidence that finances are a significant source of stress for employees. A study of 79,070 employees published in the American Journal of Health Promotion (Jacobson, Aldana, Goetzel et al., 1996) cited finances as second only to work as the leading source of employee stress, and

financial stress as one of the greatest predictors of absenteeism. CompPsych polled employees at its various corporate clients on personal issues that cause them the most stress while at work. Leading reasons include personal finances at 36% ("In Current Tough Economic Times, Survey Shows Most Employees Under Personal Stress," Dallas Morning News, August 7, 2001).

The poor personal financial behaviours of employees is an area of growing employer interest since it is clearly related to employee productivity. The negative impacts of employees' personal financial problems on workplace productivity have been well-established in the literature (e.g., Brown, 1979, 1993; Garman, 1997; Garman & Leech, 1997; Joo, 1998; Joo & Garman, 1998; Luther, Garman, Leech et al., 1997; Williams, Haldeman & Cramer, 1996). This lower productivity, of course, is associated with substantive costs to employers. For example, one study calculated that the Department of the United States Navy loses over \$250 million annually in direct and indirect costs of reduced productivity (Luther, Leech, Garman, 1998; Luther et al., 1997). Extending the figures to the entire Department of Defense reveals an annual loss of almost \$1 billion annually (Kristof, 1998). Employees with money problems and poor financial behaviours reduce productivity at the workplace in many ways. They are prone to absenteeism, taking time off work to deal with their financial problems (e.g. employees take time away from productive labour to telephone creditors, seek sources of additional credit, converse with co-workers about stresses, talk with supervisors about financial problems and also indulge in gambling), tardiness, lower morale, job stress, accidents, and increased risk taking. They also account for more disability and worker compensation claims, increased use of available health

care resources by both the worker and relatives, and loss of customers who seek better service, leading to loss of revenue from lost sales. Poor financial behaviours impact on family life, frequently resulting in troubled relationships, and lead to losses of transportation, housing, ability to obtain credit for needed goods and services and significant emotional distress. Researchers have found that financial behaviours are related to other employee behaviours that Employee Assistance Programme (EAP) counsellors deal with on a regular basis, including drug and alcohol abuse and spousal disputes (Joo & Grable, 2000). In contrast, personal financial wellness has been shown to be positively related to job performance and negatively related to absenteeism (Joo, 1998). Financial well-being directly predicts employees' job performance ratings, pay satisfaction, absenteeism, and conflicts between work and money matters (Kim, 2000). Financially well employees report very high levels of organisational commitment and pay satisfaction.

The evidence so far suggests that employee "wealth" is as vital as employee health and emotional well-being (Garman, 2001). Research has shown that simply adding more money to employees' pay cheques will not necessarily improve an employee's well-being, satisfaction or financial behaviours (Joo & Grable, 1999). The optimal solution is workplace financial counselling and education (Joo & Grable, 2000). Financial health programmes have become one of the new wellness trends (Cash, 1996). Research has shown that there is a demand on the part of employees for workplace financial counselling and education. More than 80% of respondents surveyed by Joo and Grable (2000) stated that they would participate in workplace financial counselling and education if it was made available. Virginia Tech's National

Institute for Personal Finance Employee Education (NIPFEE) has conducted a number of research studies on the efficacy of workplace financial education and established that workplace financial counselling and education, as components of the EAP, are effective methods for improving financial wellness (Joo & Grable, 2000). One study conducted at one of several plants owned by a southeastern chemical production company found that employees who attended financial education workshops provided through their employer reported a number of positive outcomes (Garman, Kim, Kratzer, Brunson, & Joo, 1999; Kratzer, Brunson, Garman, Kim, & Joo, 1998). This cross-sectional study compared those who attended the workshops with those who did not. Compared to non-participants, workshop participants reported better financial wellness, higher satisfaction with personal savings and saving for retirement, better health, positive performance ratings from their employer, an improvement in their financial situation over time, increased confidence about having a financially

secure retirement, and a greater number initiated or enhanced their contributions to their retirement plan. A study of white-collar workers in the Midwest (Kim, 2000) found that when a 90-minute financial education seminar was combined with a 30-minute one-on-one financial advice session, the employees reported improvements in financial attitudes and behaviours as well as increases in health and job performance. Findings from a one-year pre- and post-study of credit counselling clients from 25 states were similar but even stronger (Bagwell, 2000). Employees who were active clients for one year in a credit counselling service reported increased financial wellness, improved performance ratings, less work time used for personal financial concerns, and better health. NIPFEE estimates that the potential return on investment for employers who provide workplace financial education is at least 3 to 1 (Garman, 1998). According to Joo and Garman (1998), an employer's potential first-year return on each dollar spent on financial education may be more than \$400 for each employee

who improves his or her financial wellness. After employees received financial education, the great majority indicated that they were satisfied with the seminar (Kim, Bagwell, & Garman, 1998; Kim, Bagwell, Garman, & Goodman, 1998). Another study found that workers who participated in workplace financial education desired future educational programmes including, in descending order of interest, retirement planning, investing, budgeting, and getting out of debt (Joo & Garman, 1998).



In the Second Research Bulletin, ICAS will be examining recent literature in the area of health promotion in the workplace, as well as reviewing recent trends in diversity management. ICAS is constantly updating a database of EAP/ workplace counselling outcome studies. Recent findings will be presented in the forthcoming Research Bulletin.

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