**Assessment of Stress at Work - Guidance Notes **

**(Please read the guidance notes carefully prior to completing the attached form. Where possible, please type your answers into the form, expanding Columns & Box 7 as required. If you are completing the form by in writing, please expand Columns/Box 7 as required, prior to printing the form.)**

Although some people may be more vulnerable to developing work related stress problems than others, any individual could be working under conditions that could cause undue pressure and so be at risk from work-related stress.

There are key work related factors with potential to cause stress related illness, these risk factors will be covered in this assessment and are:

a. Demands

b. Control

c. Support

d. Relationships

e. Role

f. Change

The Stress Risk Assessment will ordinarily be carried out by the Line Manager and the subject of the assessment and can form part of the normal line management process and/or a wellbeing support meeting/process. Where appropriate or necessary the work related stress risk assessment process may also involve the relevant HR Business Partner and the employee’s trade union representative.

The completed form is designed to support both the employee and manager to evaluate and discuss the identified issues and agree an action plan to address these, reduce the work related stress and set the timescales for implementing any control measures. The Stress Risk Assessment and the implementation of control measures should be reviewed with the employee on an ongoing basis e.g. at a Wellbeing Support meeting.

**Completion of the work related stress risk assessment form**

In the first instance the employee should answer the questions in **Column 2**. Where the employee identifies there is an issue they should tick the relevant box in **Column 3** and leave those questions blank, where no issues exist. For each tick in **Column 3** the employee must write an actual example/explanation in **Box 7** at the end of each section. Where an employee has identified a risk they should also give a suggestion in **Column 4**, for how the situation might be improved and the stress reduced.

The form will then be submitted to the line manager and/or HR Business Partner to support the Work Related Stress Risk Assessment process. They will then arrange a wellbeing support meeting with the employee to discuss the issues identified and agree actions/control measures to reduce the stress. **Columns 5 and 6** will be completed by the manager during the wellbeing support meeting and a date to review the support plan will also be set at that meeting.

**STRESS RISK ASSESSMENT FORM**

**Subject of risk assessment (Individual/Role/Team/Location/Job Type. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .**

**Reason/Trigger for Risk Assessment . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .**

**Assessor’s Name/Title (NB, the Stress Risk Assessment will ordinarily be carried out by the Line Manager & where appropriate the HR Business Partner)**

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| --- | --- | --- | --- | --- | --- |
| **Column 1 – Potential causes of stress** | **Column 2 – Consider each question** | **Column 3 – Tick as instructed in Column 1** | **Column 4 – What actions by you or your employer might help in response to areas ticked in Column 3** | **Column 5 – Control measures/actions to be taken to reduce stress & include timescales (to be completed by manager)** | **Column 6 – Outcome (completed at review meeting)** |
| **DEMANDS**  If the answer to these questions is YES, tick Column 3. | Do different people at work demand things from you that are hard to combine? |  |  |  |  |
|  | Do you have unachievable deadlines? |  |  |  |  |
|  | Do you have to work very intensively most of the time? |  |  |  |  |
|  | Do you have to neglect some tasks because you have too much to do? |  |  |  |  |
|  | Are you unable to take sufficient breaks? |  |  |  |  |
|  | Do you feel pressured to work long hours? |  |  |  |  |
|  | Do you feel you have to work very fast most of the time? |  |  |  |  |
|  | Do you have unrealistic time pressures? |  |  |  |  |
| **Box 7.** If you ticked any of the above sections in Column 3, please provide an explanation /example and the impact this has on you. | | | | | |
| **CONTROL**  If the answer to these questions is NO, tick Column 3. | Do you feel that you have a choice in deciding how you do your work? |  |  |  |  |
|  | Can you decide when to take a break at work? |  |  |  |  |
|  | Do you feel you have a say in your work speed? |  |  |  |  |
|  | Do you feel you have a choice in deciding what you do at work? |  |  |  |  |
|  | Do you feel that your work time is flexible? |  |  |  |  |
| **Box 7.** If you ticked any of the above sections in Column 3, please provide an explanation/example and the impact this has on you. | | | | | |
| **SUPPORT**  **(Manager)**  If the answer to these questions is NO, tick Column 3. | Do you feel your Manager encourages you through emotionally demanding situations at work? |  |  |  |  |
|  | Do you feel you can rely on your Manager to help you with a work problem? |  |  |  |  |
|  | Do you feel that your manager gives you enough feedback on the work that you do? |  |  |  |  |
| **Box 7.** If you ticked any of the above sections in Column 3, please provide an explanation/example and the impact this has on you. | | | | | |
| **SUPPORT**  **(Peers)**  If the answer to these | Do you get the help and support you need from your colleagues? |  |  |  |  |
| questions is NO, tick Column 3. | Do you feel your colleagues would help you if work became difficult? |  |  |  |  |
|  | Do you get the respect at work you deserve from your colleagues? |  |  |  |  |
|  | Are your colleagues willing to listen to your work-related problems? |  |  |  |  |
| **Box 7.** If you ticked any of the above sections in Column 3, please provide an explanation /example and the impact this has on you. | | | | | |
| **RELATIONSHIPS**  If the answer to these  questions is YES, tick  Column 3. | Are relationships strained or is there friction or anger between colleagues? |  |  |  |  |
|  | Are you subject to unkind words or behaviour at work? If so, do you feel bullied? |  |  |  |  |
| **Box 7.** If you ticked any of the above sections in Column 3, please provide an explanation /example and the impact this has on you. | | | | | |
| **ROLE**  If the answer to these  questions is NO, tick Column 3. | Are you clear about what is expected of you at work? |  |  |  |  |
|  | Do you know how to go about getting your job done? |  |  |  |  |
|  | Are you clear about what your duties and responsibilities are? |  |  |  |  |
|  | Are you clear about the goals and objectives for your team or department? |  |  |  |  |
|  | Do you understand how your work fits into the overall aim of the organisation? |  |  |  |  |
| **Box 7.** If you ticked any of the above sections in Column 3, please provide an explanation /example and the impact this has on you. | | | | | |
| **CHANGE**  If the answer to these questions is NO, tick | Do you have enough opportunity to question Managers about change? |  |  |  |  |
| Column 3. | Do you feel consulted about change at work? |  |  |  |  |
|  | When changes are made at work. Are you clear about how they will work out in practice? |  |  |  |  |
| **Box 7.** If you ticked any of the above sections in Column 3, please provide an explanation/example and the impact this has on you. | | | | | |
| **OTHER ISSUES**  If the answer to this question is YES, tick Column 3 | Is there anything else that is a source of stress for you at work? |  |  |  |  |
| **Box 7.** If you ticked any of the above sections in Column 3, please provide an explanation /example and the impact this has on you. | | | | | |

**FACTORS OUTSIDE WORK**

This list of questions mainly focussed on factors at work. However, there may be factors outside work, for example your family life or personal circumstances, which may contribute to or add the pressures at work. These may make it harder to cope with demands at work that you would normally be able to cope with.

It is useful, if you can, to discuss any concerns you have outside work with your Manager or other trusted colleague in the workplace as your organisation may be able to support you through these difficult times as well as address the sources of pressure at work.

**ACTION PLAN**

Agree an action plan using the template below:

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| --- | --- | --- |
| Stressor/area of concern | Agreed action | Review date |
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