**Appendix 1: Stress Risk Assessment Template**

This assessment should be used to assess stress for up to five employees in a work area. In the event that more than five employees in a work area are identified as needing to complete the assessment you should contact the Health, Safety & Wellbeing team to arrange this by emailing health.safety@falkirk.gov.uk.

**Prioritising Organisational Stress**

This form should be used for individual stress risk assessments. It provides a guide to systematically work through the pressures and consider if these are a source of stress and, if so, plan any action to reduce the risks to performance and health.

**Definition of work-related stress**

The Health & Safety Executive define work related stress as - ‘The adverse reaction people have to excessive pressure or other types of demands placed upon them at work’.

**Completing the risk assessment**

This form should be used by managers with individual workers. In each situation it’s useful to let those taking part see the questionnaire in advance of the discussion. The risk assessment should identify areas that indicate excessive pressure, which can vary for each person at different points in their life. Where a question is ticked this means that action needs to be taken manage the source of stress. This question should be entered into the action plan at the end of the assessment so an appropriate action can be agreed.

**Section 1** should be completed by the employee either independently or jointly with their line manager. **Section 2** must always be completed jointly by the employee and line manager (as well as any representatives).

**Is anything else required?**

After completing the questions you should review the actions (controls) and ask/consider:

• Are the actions (in column 3) adequate to minimise work-related stress?

• Are more actions required?

As with any risk assessment we should try to minimise the risk. There will be some things that cannot be changed or risks that cannot be reduced as it is not reasonably practicable to do so. However, it is important to remember that stress is cumulative so if you are able to reduce some of the risks, this means that the overall level of risk is reduced. Discussing the risk assessment with staff and using their knowledge and professional judgement will support the identification and reduction of risk.

**Section 1 – Sources of stress**

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| **Demands** | **Tick if YES** | **What action might help in response to areas ticked** |
| 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 have unrealistic time pressures? |[ ]   |
| Do you feel you have to work very fast? |[ ]   |

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| **Control** | **Tick if No** | **What action might help in response to areas ticked** |
| Can you decide when to take a break? |[ ]   |
| Do you feel you have a say in your work speed? |[ ]   |
| Do you feel you have a choice in deciding how you do your work? |[ ]   |
| Do you feel you have a choice in deciding what you do at work? |[ ]   |
| Do you feel you have some say over the way you do your work? |[ ]   |
| Do you feel your work time is flexible? |[ ]   |

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| **Support (Manager)** | **Tick if no** | **What action might help in response to areas ticked** |
| Does your manager give you enough feedback on the work you do? |[ ]   |
| Do you feel you can rely on your manager to help you with a work problem? |[ ]   |
| Do you feel your manager supports you through emotionally demanding situations at work? |[ ]   |
| Do you feel your manager encourages you at work? |[ ]   |

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| **Support (Peers)** | **Tick if NO** | **What action might help in response to areas ticked** |
| Do you feel your colleagues would help you if work became difficult? |[ ]   |
| Do you get the help and support you need from your colleagues? |[ ]   |
| Do you get the respect at work you deserve from your colleagues? |[ ]   |
| Are your colleagues willing to listen to your work-related problems? |[ ]   |

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| **Relationships** | **Tick if YES** | **What action might help in response to areas ticked** |
| 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’ at work? |[ ]   |

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| **Role** | **Tick if NO** | **What action might help in response to areas ticked** |
| 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/department/organisation? |[ ]   |
| Do you understand how your work fits into the overall aim of the organisation? |[ ]   |

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| **Change** | **Tick if NO** | **What action might help in response to areas ticked** |
| Do you have enough opportunity to question managers about change? |[ ]   |
| 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? |[ ]   |

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| **Consider Each Question** | **Tick if YES** | **What action might help in response to areas ticked** |
| Is there anything else that is a source of stress for you at work? |[ ]   |

The questions covered in this template are mostly concerned with factors in work. When using this template with individuals it is useful to consider the impact of factors outside of work, e.g. personal circumstances, that could impact on an individual’s ability to meet the demands placed on them.

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| **Is there anything else to consider?** |
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**Section 2 – Action Plan**

**This section should be completed jointly by the employee and manager.**

Action planning is a key step in risk management. Summarise the areas of concern and actions in this table. You should copy each question (or other area identified in the above table) to the action plan and agree a specific action that will help minimise that source of the stress.

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| **Area of Concern** | **Agreed Action** | **Target Date** |
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| **Assessment Date**  |  |
| **Employee Name** |  |
| **Employee Signature** |  |
| **Line Manager Name** |  |
| **Line Manager Signature** |  |
| **Date for review** |  |