**Changing Futures Programme Sussex:**

Stress Risk Assessment Template & Guidance

**Version 1** – December 2024

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| Within work, the risk of stress can be managed via a proactive Stress Risk Assessment. This can be used to help identify jobs or groups of people that are at higher levels of risk and target resources to combat the risk before it has a detrimental effect on an individual.**Individual Risk Assessments should be offered when:**- A member of staff has been off work with a stress-related illness, during the Return-To Work Meeting if that staff member indicates that the absence was due to work-related issues.- It is foreseeable that high levels of pressure or demands will be made on an individual or a group of employees, or when historically people undertaking this type of work in the past have suffered from stress at workThe Stress Risk Assessment can also be undertaken along with a Wellness Action Plan, for ease the difference is described below:**- Wellness Action Plan:** Any staff member can complete with their manager. It is about what keeps us mentally and physically healthy and highlights any support that might be needed. Please find [here](https://www.changingfuturessussex.org/_files/ugd/159251_83ae1c81821e456f8632c619b09528ab.pdf) the link to the Changing Futures Sussex: Wellness Action Plan Guidance**- Stress Risk Assessment:** This can be completed if stressors are identified in the Wellness Action Plan that would benefit from further discussion. The document below is a template for conducting a Stress Risk Assessment. |
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| **Job Role Covered by Assessment** |  | **Likelihood (L)** |  | **Impact (I)** |
| **Almost Impossible**  | **1** | Insignificant (no adverse health effect) |
| **Task** | Assessment of potential stressors in job role | **Unlikely** | **2** | Minor effect (minor health effect) |
| **Date** | Today’s date | **Review Frequency** | E.g.: 1-2-1’s, Monthly | **Possible** | **3** | Moderate (moderate health effect) |
| **Manager Name** | Name & job Title | **Employee Name** | Name & job Title | **Likely**  | **4** | Major (long term health effect) |
| **Directorate / Dept / Section / Team** |  | **Almost Certain**  | **5** | Catastrophic (permanent / chronic health effect) |
| Risk rating (Likelihood X Impact) | Low =1-3 | Moderate = 4-7 | Significant = 8-14 | High = 15-25 |

This Risk Assessment should be completed by a manager in conjunction with the employee at the earliest opportunity. If preferred you may arrange for the risk assessment to be completed by an independent manager i.e. from another team or the manager’s manager. If this is arranged, the employee’s manager needs to receive a copy of the completed stress risk assessment) |

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| 1. Demands (Includes issues like workload, work patterns, and the work environment) |
| **Description of Rick** | **Comments and Current Control Measures** |
| Are you given achievable deadlines, e.g. in relation to agreed hours of work / workload? |  |
| Does your role involve shift work/ rotas, out of hours, on call duties? |  |
| Are conflicting demands placed upon you from different groups /others? |  |
| Is your workplace safe and healthy? E.g. unacceptable noise / lighting / temperature levels, poor layout of workstation, exposure to chemicals/dust /fumes, weather? |  |
| Is your work too physically demanding? |  |
| Do you have to travel as part of your role and are you given sufficient time to plan and undertake journeys? |  |
| Are there any systems in place to respond to your concerns about work demands? |  |
| Are there any other concerns about work demands that have not been covered by the questions above? |  |
| **Risk Rating** (Likelihood X Impact) | **Likelihood** |  | **Impact** |  | **Risk Rating** |  |

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| 2. Control (How much say the person has in the way they do their work) |
| **Description of Rick** | **Comments and Current Control Measures** |
| Do you have enough control over your time management /organisation of work? |  |
| Are you encouraged to use your skills and initiatives to do your work? |  |
| Are you encouraged to develop new skills to help you undertake new and challenging pieces of work? |  |
| Are there any systems in place to respond to your concerns about control of work? |  |
| Are there any other concerns about control in work that have not been covered by the questions above? |  |
| Are you consulted over your work patterns? |  |
| Can you work flexible hours?  |  |
| Do you have control over when you can take a break? |  |
| **Risk Rating** (Likelihood X Impact) | **Likelihood** |  | **Impact** |  | **Risk Rating** |  |

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| 3. Support (Includes the encouragement, sponsorship and resources provided by the organisation, line management and colleagues) |
| **Description of Risk** | **Comments and Current Control Measures** |
| Does the organisation have policies and procedures to support you as an employee? |  |
| Are you supported through emotionally demanding work? |  |
| Are systems in place to enable and encourage managers to support you? |  |
| Are you encouraged to discuss issues with your manager which may have upset or annoyed you at work? |  |
| Are colleagues willing to listen to work-related problems? |  |
| If you are a lone or mobile worker do you have adequate support from your manager or colleagues? |  |
| Do you know what support is available (in terms of dealing with workplace stressors) and how/ when to access it? |  |
| Do you know how to access the required resources to do your job? |  |
| Do you receive the training you need to undertake your role? |  |
| Do you receive regular and constructive feedback? |  |
| Are there any systems in place to respond to your concerns about adequate support at work? |  |
| Are there any other concerns about support at work that have not been covered by the questions above? |  |
| **Risk Rating** (Likelihood X Impact) | **Likelihood** |  | **Impact** |  | **Risk Rating** |  |

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| 4. Relationships (Includes promoting positive working to avoid conflict and dealing with unacceptable behaviour) |
| **Description of Risk** | **Comments and Current Control Measures** |
| Is there any friction or anger between your colleagues? |  |
| Does your team/ school promote positive behaviours at work to avoid conflict and ensure fairness? |  |
| Do your colleagues share information relevant to their work? |  |
| Are you aware of the policies and procedures to prevent or resolve unacceptable behaviour? |  |
| Are systems in place to enable and encourage you to report unacceptable behaviour? |  |
| Are systems in place to deal with difficult relationships with customers, clients, or other non-colleagues? |  |
| If you are a manager/ supervisors – do you have support to deal with relationship issues within your team?  |  |
| Are there systems in place to respond to your concerns about work relationship issues? |  |
| Are there any other concerns about relationships at work that have not been covered by the questions above? |  |
| **Risk Rating** (Likelihood X Impact) | **Likelihood** |  | **Impact** |  | **Risk Rating** |  |

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| **5. Role** (Whether people understand their role within the organisation and whether the organisation ensures that the person does not have conflicting roles) |
| **Description of Risk** | **Comments and Current Control Measures** |
| Are systems in place to enable you to raise concerns about any uncertainties or conflicts you have in your role? |  |
| Do you understand how your work fits in with the overall team/school aims? |  |
| Does the team/school ensure that, as far as possible, the requirements it places upon you are clear? |  |
| Does the team ensure that where different requirements are placed on you that these are compatible? |  |
| Has your role changed so much that it no longer reflects your original contract / Job Description? |  |
| Do you feel that your current role is working to a level higher than your actual grade? |  |
| Are there any other concerns about your role at work that have not been covered by the questions above? |  |
| Do you have regular 1:1 / supervision meetings in line with council policy? |  |
| Is your role (s) clearly defined and understood and recorded/defined through the PDP process? |  |
| **Risk Rating** (Likelihood X Impact) | **Likelihood** |  | **Impact** |  | **Risk Rating** |  |

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| **6. Change** (How organisational change (large or small) is managed and communicated in the organisation) |
| **Description of Risk** | **Comments and Current Control Measures** |
| Does your team/ school provide you with timely information to enable you to understand the reasons for proposed changes? |  |
| When changes are made are you clear how they will work out in practice? |  |
| Are you always consulted about any proposed changes? |  |
| Are you given sufficient opportunities to question managers about changes at work? |  |
| Do you feel that your concerns / suggestions are considered/ valued? |  |
| Are you aware of the probable impact of any changes to your jobs?  |  |
| If necessary, are you given training to support any changes in your job? |  |
| Are you aware of a timetable/ timeframe for changes? |  |
| Do you have access to relevant support during changes? |  |
| Are systems in place locally to respond to any concerns you may have about change? |  |
| Are there any other concerns about change at work that have not been covered by the questions above? |  |
| **Risk Rating** (Likelihood X Impact) | **Likelihood** |  | **Impact** |  | **Risk Rating** |  |

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| **7. Other** |
| **Description of Risk** | **Comments and Current Control Measures** |
| Are there any other work related stressors that have not been considered in the sections above? |  |
| **Risk Rating** (Likelihood X Impact) | **Likelihood** |  | **Impact** |  | **Risk Rating** |  |

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| **Action Plan** (Agreed between the Employee & Line Manager) |
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| \*Delete sections below that do not apply\* | **Actions required** | **By Who**  | **When** | **Date Completed** | **Revised Risk Rating** |
| **L** | **I** | **R** |
| **Demands** |  |  |  |  |  |  |  |
| **Control** |  |  |  |  |  |  |  |
| **Support** |  |  |  |  |  |  |  |
| **Relationships** |  |  |  |  |  |  |  |
| **Role** |  |  |  |  |  |  |  |
| **Change** |  |  |  |  |  |  |  |
| **Review Date** |  |

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