Denbighshire County Council Logo

Stress Risk Assessment & Action Plan

# Version control

This document is subject to regular review due to legislative and policy changes. The latest versions of all our publications can be found on our website. Before contacting us about the content of this document, we recommend that you refer to the most recent version on the website and any relevant guidance.

| Version | Date approved | Approved by | Notes / changes |
| --- | --- | --- | --- |
| v1.0 | 12/11/2021 | AM/LH | New document |

# PART A - Stress Risk Assessment & Action Plan

## Notes to staff:

You are invited to use this form to help you to identify and deal with work-related stress: if you choose to use this form, it will help to share it with your manager as if they don’t know there’s a problem they can’t help.

You don’t have to answer every question - only answer those questions that you find helpful.

It may also be useful to use this in conjunction with or before you complete a Wellness Action Plan, which can help focus on your stressors but also the triggers and coping mechanisms, together with the support you may require from your manager.

If you don’t feel able to talk directly to your manager about a work-related concern, ask a colleague or Trade Union representative to raise the issue on your behalf.

## Notes to manager:

You should offer your staff the opportunity to complete a stress risk assessment:

* At any time - stress can happen to us all at any time, and we should be talking about it openly;
* When a member of staff has been off sick with work-related stress (During their sickness absence or as part of the return to work interview).
* Where you believe that an individual or team are likely to be suffering from work-related stress;
* Monthly, annually as part of the 1 to 1 discussions or at any time you or your staff member feel the need;

When completed, develop an action plan(s) using Part B of this form with your staff to address any areas of concern and review this on a regular basis. Only ratings of 3 and above need to be considered in the action plan. Don't forget that the Wellness Action Plan is also a tool in which the staff member can use if there is more than just stress which is affecting them. These are all tools which can support the employee in managing their mental health and stress in the workplace.

Date completed:

Employee Name:

Manager Name:

0 indicates not stressful, 1 is very little, 5 is very high. Ratings of 3 and above should be considered in the action plan.

| **1** | **DEMANDS OF THE JOB** | **Yes/No** | **Rating 1 to 5** | **Comments** |
| --- | --- | --- | --- | --- |
| 1A | Do you feel able to use your skills and knowledge in your work? |  |  |  |
| 1B | Do you regularly have to work more than your contracted hours? |  |  |  |
| 1C | Do you feel there are enough resources (time, people & equipment) to enable you to do your job? |  |  |  |
| 1D | Are you happy with any responsibilities you have, including responsibility for other people? |  |  |  |
| 1E | Is your work and home life balanced? |  |  |  |
| 1F | Do you have to work to strict deadlines and are they achievable? |  |  |  |

| **2** | **SUPPORT FROM MANAGER / HEAD TEACHER & COLLEAGUES** | **Yes/No** | **Rating 1 to 5** | **Comments** |
| --- | --- | --- | --- | --- |
| 2A | At work, do you feel listened to when expressing your views on issues that directly concern you? |  |  |  |
| 2B | Are you happy with your Review sessions/121s and the feedback from your Manager/ Head Teacher? |  |  |  |
| 2C | Do you feel supported in work? |  |  |  |
| 2D | Do you believe you would be treated with compassion and support if you reported (or were absent from work) with a stress related disorder? |  |  |  |
| 2E | Is there someone you can openly discuss personal matters and problems with if you want to? |  |  |  |

| **3** | **CLARITY OF ROLE** | **Yes/No** | **Rating 1 to 5** | **Comments** |
| --- | --- | --- | --- | --- |
| 3A | Do you understand all of your job and what you are expected to do? |  |  |  |
| 3B | Are you happy with the level of training you receive for your job? |  |  |  |
| 3C | Do you understand the importance of your work and how it contributes overall? |  |  |  |
| 3D | Do you understand what all the other people in your department/ team are supposed to do? |  |  |  |

| **4** | **CONTROL OVER HOW YOU WORK** | **Yes/No** | **Rating 1 to 5** | **Comments** |
| --- | --- | --- | --- | --- |
| 4A | Do you feel you have enough variety in the things you have to do at work? |  |  |  |
| 4B | Do you have some control over how you do your work tasks? |  |  |  |
| 4C | Can you take time off in lieu/flexi if extra hours worked? |  |  |  |
| 4D | Do you feel the work tasks you are given are properly scheduled and prioritised? |  |  |  |
| 4E | Do you work hours that interfere with your work-life balance? |  |  |  |

| **5** | **ORGANISATIONAL CHANGE** | **Yes/No** | **Rating 1 to 5** | **Comments** |
| --- | --- | --- | --- | --- |
| 5A | In your department/team, do you get to hear what is happening and do you feel able to ask questions about it? |  |  |  |

| **6** | **WORK RELATIONSHIPS** | **Yes/No** | **Rating 1 to 5** | **Comments** |
| --- | --- | --- | --- | --- |
| 6A | Do you feel you have satisfactory working relationships with your manager / colleagues? |  |  |  |
| 6B | Do you feel able to contribute positively to your department/ team? |  |  |  |

# PART B – ACTION PLAN

## Note to Managers:

This action plan should be completed with the employee following the completion of PART A for ratings 3 and above.

| Concern number / description | Rating (3+) | What will happen? | Who will be responsible for making this happen? | When will this happen? | Review date | New Rating |
| --- | --- | --- | --- | --- | --- | --- |
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