Managing stress and sickness absence

Progress of the Sector Implementation Plan – Phase 2

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The Health and Safety Executive (HSE) is working with organisations to reduce the causes of work-related stress, and has developed the Management Standards to assist it. This is part of its work to meet the targets set in 'Securing Health Together'(2000) and the delivery of Public Service Agreement (PSA) targets (for 2004-2007) to reduce work-related ill-health and work-related sickness absence.

This report reflects research that evaluates the HSE's SIP2 initiative, which aimed to help organisations manage stress and absence. It explores the effectiveness of the intervention in influencing procedures for managing work-related stress and sickness absence in organisations in the HSE's target sectors. It also examines organisations' existing policies and procedures in sickness absence management and stress management practices and assesses progress that organisations have made in implementing the Management Standards. Finally, it analyses the extent to which any changes made to the management of stress and sickness absence in the organisation worked, the barriers encountered and the solutions to these problems.

The research is based on a telephone survey of 500 HR and occupational health professionals and in-depth case studies with nine organisations.

HSE Books

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EXECUTIVE SUMMARY

The Health and Safety Executive (HSE) is working with organisations to reduce the causes of work-related stress, and has developed the Management Standards to assist them. This is part of its work to meet the targets set in 'Securing Health Together'(2000) and the delivery of Public Service Agreement (PSA) targets (for 2004-2007) to reduce work-related ill-health and work-related sickness absence.

The Institute for Employment Studies (IES) was commissioned to conduct research to examine the progress of Phase 2 of the HSE's implementation plan (called the Sector Implementation Plan Phase 2, or SIP2) for the Management Standards. A separate piece of research has been conducted looking at Phase 1.

The specific aims of this research were to:

■ Explore the effectiveness of the intervention in influencing procedures for managing work-related stress and sickness absence in organisations in the target sectors.

■ Explore existing policies and procedures in sickness absence management and stress management practices and assess progress on implementing Management Standards for managing the causes of work-related stress and robust sickness absence management practices.

■ Explore the extent to which any changes made to the management of stress and sickness absence in the organisation worked, and barriers and solutions to any problems encountered.

RESEARCH APPROACH

This research consisted of three main elements:

1. An analysis of feedback forms collected from over around 1,300 delegates at workshops held as part of the SIP2 initiative during 2006 and 2007.

2. A telephone survey of 500 workshop participants conducted during 2008.

3. Case study work with nine organisations (with additional in-depth interviews conducted with a tenth). These were designed to cover a range of sectors, geographical locations, size of businesses and degrees of progress made in implementing the Management Standards process.

The case study work consisted of:

■ between six and seven interviews with managers

■ four focus group discussions (two with line managers and two with staff)

■ a review of policy documents (provided by seven out of the nine case study organisations).

ORGANISATIONAL STARTING POINTS

This research initially examined the policies and procedures in place within organisations that attended the events run within the framework of the SIP2 initiative, before their involvement began. All the organisations recognised the need to deal with stress and absence

and were in the process of addressing these issues. An array of well-being related policies existed in each of the case study organisations before the SIP2 intervention, normally covering flexible working, sickness absence, stress and often bullying, harassment, diversity and dignity at work. Additionally, some organisations were at the start of the Management Standards process or not implementing it at all, while others were familiar with it and had implemented at least one full cycle.

Managing stress

The majority of organisations taking part in SIP2 were aware of work-related stress, took it seriously, and were trying to deal with it. Around three-quarters of the organisations involved in SIP2 were implementing the HSE Management Standards by the time of the 2008 survey. Managers and staff who were aware of the Management Standards agreed that these highlighted important risk areas but also pointed out other factors that they felt should be considered, such as non-work related elements and a range of factors connected to an employee's role and the job content.

Managing absence

Absence was viewed as a key priority in almost all of the organisations in this research, with employers keen to reduce their current absence rates. The problems caused by sickness absence, however, were broader than this. Line managers experienced practical difficulties covering short-term absence, HR managers found short-term absence difficult to attribute to specific causes, and senior management had an eye to the financial implications of longer-term absences for the organisation. There was also widespread awareness of the difficulties in getting people back to work after a period of long-term absence.

All of the case study organisations collected data on sickness absence and its causes, although there was variation in the sophistication of systems used and the level of analysis that was undertaken. Most cases of absence were attributed to genuine sickness, although where flexible working was available, non-health related absences were felt to be less common.

Health and welfare promotion

Organisations intervened directly to manage staff health in two main ways: firstly through occupational health provision (by in-house services); and secondly through health initiatives either promoting the benefits of a healthy lifestyle, or alerting staff to aspects of their own fitness. There was some form of occupational health provision in all of the case study organisations and in many cases it was outsourced. Some organisations had access to an occupational health physician or a GP with an occupational medicine specialisation. Many organisations had an employee assistance programme and/or access to a counselling service. In addition, staff and managers from the larger case study organisations described a range of health initiatives that had been introduced on either a one-off or long-running basis.

Dealing with specific stressors

The case study organisations experienced a range of difficulties and problems that could be mapped on to the six stressor areas of the Management Standards. The most common issue, however, was workload, although this impacted on other areas of the Management Standards (eg sheer volume of work reduced the amount of control individuals felt that they had over their work).

Work to reduce the impact of work-related stress focused on a number of areas:

■ training and career development, which was a key aspect of support within most organisations, mainly through formal training programmes

■ line manager enabling

■ the use of anti-bullying, anti-harassment, diversity and dignity at work policies

■ ensuring role clarity

■ minimising the impact of (often extensive) organisational change, although this was found to be particularly challenging.

IMPLEMENTING THE MANAGEMENT STANDARDS

A range of drivers prompted organisations to engage with the SIP2 initiative and in many cases, involvement was driven by one key individual. Organisations were generally looking for reassurance that their existing approaches were appropriate. A minority of organisations sought an opportunity to learn more about implementing the Management Standards, whereas the majority had independently made a decision about whether to engage in the Management Standards implementation process. SIP2 was frequently seen as a means of validating and benchmarking existing practice and developments, and for many organisations, part of a process of continuous learning and improvement.

Although all of the case study organisations were committed to improving management of stress and reducing stress-related absence, only half declared a commitment to completing one cycle or more of the Management Standards process. Many had already implemented some form of intervention to address stress-related absence prior to their attendance at SIP2 events, and were reluctant to commit resources to a process that replicated elements of existing or previous initiatives.

Generally, organisations where the Management Standards were being implemented had not progressed beyond surveying staff and/or forming a steering group. There was, therefore, limited awareness or knowledge of the Management Standards process amongst staff who did not have a managerial role.

POLICY DEVELOPMENT

Seven of the nine full case studies provided absence and stress policies for analysis. Overall, the ethos and drivers communicated in the policies mainly relate to the organisation's commitment to protect employees from harm, explicitly or implicitly reflecting the organisation's legal duty of care. Further, there was evidence that all of the organisations had been influenced by the HSE approach in that some mention of the risk assessment process featured in at least some of the documents of every organisation. Organisations also seem to have been influenced by the HSE's understanding of stress in the sense that the HSE definition was quoted widely and the Management Standards had been adopted in some form by most organisations. The physical environmental and personal factors were added by several organisations as additional potential stressors. The degree to which the risk assessment process appears to have been used as a preventative or reactive tool varies, however, as not all organisations are taking an organisation-wide approach.

FACTORS AFFECTING PROGRESS

The main barriers to taking forward absence and stress management identified by the surveys were a lack of money, a lack of information and training, and a lack of commitment to implement changes.

These issues were also reflected in the case study data, although other factors also emerged. Line manager commitment to managing absence and implementing change was seen as key. It was therefore a priority to ensure that line managers adopt a consistent approach to application of the policy. Other key enablers were seen as the existence of a good policy to underpin absence management, good data collection and the effective management of long-term sickness.

The management of the causes of work-related stress also raised a number of specific issues for organisations. These included defining and recognising stress, addressing the stigma of stress and talking openly about stress. Ensuring ongoing senior management support for stress management was also perceived to be difficult in many organisations, particularly when many other issues were competing for senior management time, particularly when they were asked to take a preventative approach. Nevertheless, where organisations were putting a preventative approach into place, this was perceived to be working well. External support from reputable organisations was also seen as effective.

IMPACT OF INVOLVEMENT IN SIP2

Organisational progress was difficult to measure in terms of concrete outcomes. Organisations generally did not keep precise records that would enable comparisons to be made before and after particular interventions had been put into place. Further, it was difficult to isolate the impact of particular interventions and, in addition, organisational change made it difficult for organisations to make meaningful comparisons. However, overall, organisations did feel that they were making progress.

The SIP2 intervention provided a relatively light level of support, centred on workshops and masterclasses for a broad range of organisations. It is therefore difficult to pinpoint with any confidence the exact nature of the benefit of this intervention to organisations. However, it is clear that delegates enjoyed the workshops and masterclasses and felt that they had gained something from attending them. They appreciated the networking and benchmarking opportunities and felt reassured that there were other organisations with similar problems. Some organisations went further and felt that attending the SIP2 events had sharpened their general approach and as a result it had influenced the information and training given to line managers on stress and absence. Others had introduced steering groups on stress. More common, however, was the experience that organisations now had a greater focus on stress and absence management having attended SIP2 events.

CONCLUSIONS

In terms of the existing policies and procedures that organisations had in place to manage absence and stress, this research found that there was a range of practice and that organisations were at different points, certainly in terms of stress management. However, all case study organisations were committed to improving their management of these issues.

A range of barriers and solutions to successful stress and absence management were identified. The barriers included lack of time and money, lack of line manager competence, lack of senior management buy-in and lack of openness around stress. The enablers included

policy underpinning, senior management buy-in, good application by line managers, good data collection, and a generally supportive environment.

In terms of the effectiveness of the SIP2 intervention, it was difficult to measure the concrete impact, due to factors such as the limited nature of the intervention. However, some tangible benefits had resulted, such as changes to policies and procedures, and more concrete implementation of the Management Standards process. Further benefits included increased focus on stress and absence and improved confidence in dealing with these issues.

1   INTRODUCTION

1.1   OVERVIEW

The Health and Safety Executive (HSE) is responsible for health and safety regulation. Its mission is to ensure that risks to people's health and safety from work activities are properly controlled. Working to reduce the causes of work-related stress is a key area for the HSE, due to the high proportion of sickness absence which is attributable to stress-related conditions. As part of its programme of work in this area, the HSE has developed tools and frameworks to assist employers in conceptualising and directly tackling work-related stress. This research was designed to evaluate a particular aspect of this work, the Management Standards Sector Implementation Plan Phase 2 (or SIP2).

SIP2 ran from Summer 2006 to Spring 2008 and consisted of HSE policy engagement activities to gain chief executive and senior management commitment, followed by a series of workshops and masterclasses on absence and stress management, backed up by a telephone helpline and subsequent non-enforcement inspections. The intervention was designed to reach around 1,500 organisations, focusing on helping them to manage absence more effectively and to implement the HSE's Management Standards.

This report provides an overview of the impact of SIP2 and analyses the experiences of organisations in managing sickness absence and stress. It draws on two surveys: feedback forms from HSE workshop delegates; and a telephone survey conducted by the Institute for Employment Studies (IES) of 500 HR managers and occupational health professionals. It also draws on data collected from nine full case study organisations and some data collected from a tenth organisation. The HSE commissioned IES to carry out this work, which took place between October 2007 and December 2008.

1.2   STRUCTURE OF THE REPORT

The remainder of this report is organised into the following chapters:

■ Chapter 2 provides detail on the SIP2 initiative and its context, including other HSE activities designed to tackle workplace stress and absence.

■ Chapter 3 sets out details of the work undertaken as part of this research, including the methods used, and the details of participating organisations.

■ Chapters 4, 5, 6, 7, 8, 9, 10 and 11 present the results of this research. In turn, they cover:

    □ the starting points of organisations that attended SIP2 events, including their perceptions of the main causes of absence and stress in their organisations, and what they do to promote health and welfare among their staff

    □ organisations' reflections on the Management Standards and the six stressor areas

    □ how organisations were progressing with implementing the Management Standards approach

    □ experiences of the SIP2 intervention, including the main drivers for attending SIP2 events

    □ the results of a review of stress policies in the case study organisations

    □ progress that organisations have made against the Management Standards

□ factors affecting progress, including examination of what is working well in terms of absence and stress management, and the main difficulties and barriers

□ views on the impact of involvement with SIP2 process, including how much it has influenced actual practice.

■ Chapter 12 considers what these results mean for the future of HSE work on stress and absence, and any broader conclusions that can be drawn from the data.

2 THE SIP2 INTERVENTION AND ITS CONTEXT

This chapter examines the nature of the SIP2 intervention and considers other relevant HSE initiatives in the area of stress and absence management. Information on the background to the Management Standards is contained in Appendix 2.

2.1 SIP1

2.1.1 Short overview of SIP1 and other relevant HSE research

The Health and Safety Executive (HSE) is responsible for health and safety regulation. Its mission is to ensure that risks to people's health and safety from work activities are properly controlled. Working to reduce the causes of work-related stress is a key area for the HSE, due to the high proportion of sickness absence which is attributable to stress-related conditions. As part of its programme of work in this area, the HSE has developed tools and frameworks to assist employers in conceptualising and directly tackling work-related stress. In particular, HSE has, over the past three years, put into place two main initiatives. The first of these was the Management Standards, Sector Implementation Plan Phase 1 (or SIP1). SIP1 ran from Autumn 2005 to March 2007 and was designed to implement the HSE's Management Standards in 100 volunteer organisations in the public and finance sectors. It involved HSE and Acas staff offering support to organisations who, in turn, signed up to fully implement the HSE Management Standards approach[1].

The second of these two initiatives is the HSE's SIP2 project. The overall aim of SIP2 was to encourage a larger number of organisations in the same target sectors as SIP1 to take up the Management Standards approach for work-related stress and make improvements in sickness absence management. The stated aim of the HSE was to support organisations in achieving a reduction in the number of:

■ working days lost to sickness absence

■ people who report, for the first time, that they have experienced work-related stress.

2.2 DESCRIPTION OF THE SIP2 PILOT

The HSE intended SIP2 to build on the work of SIP1, but to be a much broader intervention, reaching over 1,500 organisations in total. In detail, the intervention consisted of a number of different elements. The first of these consisted of HSE policy engagement activities to gain chief executive and senior management commitment. The other strands of the intervention consisted of workshops and masterclasses (commonly referred to as the Healthy Workplace Solutions intervention), a telephone helpline and follow-up inspections.

Workshops

A total of 64 workshops were held between June 2006 and March 2007 for human resource managers and staff with responsibility for policies and procedures for managing sickness

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[1] *IES' evaluation of this initiative is contained in Tyers C, Broughton A, Denvir A, Wilson S, O'Regan S (2009), Organisational Responses to the HSE Management Standards for Work-related Stress, Health and Safety Executive (HSE)*

absence, and staff welfare including work-related stress. Approximately 1,485 delegates attended, which was around 80 per cent of those invited to attend. A few SIP1 organisations sent delegates to these workshops. Most organisations sent more than one delegate to the workshops, and HSE estimates that the workshops reached just over 900 organisations. Each workshop was designed for HR managers and other senior staff within the five target sectors with responsibility for the management of work-related stress and sickness absence management. These sectors were:

- Health

- Education

- Local Authorities (including Social Services)

- Financial services

- Central Government.

The workshops were designed to inform those responsible for implementing changes in sickness absence and stress management of the need to improve current processes to reduce sickness absence and work-related stress and to provide information on the steps that can be taken to manage work-related stress and improve sickness absence management practice.

Telephone helpline and masterclasses

A dedicated telephone helpline was set up to provide support to organisations. HSE also ran a series of 'masterclasses', focused on specific issues related to managing work-related stress, based on feedback from workshop attendees. Delegates received a list of proposed syndicate topics to select from. Each masterclass was designed to accommodate up to 100 participants and a £40 fee was charged per delegate attending. A total of eight masterclasses were held between July 2007 and February 2008.

It should be noted that participation in the workshops and masterclasses was voluntary and there was no obligation for organisations to take action in the areas of stress and absence management following attendance at the workshops and masterclasses.

Inspection visits

HSE field operations inspection visits took place between April 2007 and March 2008. The aim was to visit around 520 organisations in the public sector, including some that were invited but did not attend the workshops. Local authorities have responsibility for inspecting the financial services sector and so it was planned that Local Authority inspectors would visit around 75 organisations in the financial sector, including some that were invited but did not attend the workshops. Independent schools invited to the workshops were excluded from this part of the intervention. Inspectors were briefed to check on progress and, where required, a visit would be arranged to support the organisations in making further progress. The support given by inspectors was intended to vary from between a half-day and three days of inspector time.

These inspection visits were intended to be non-enforcement visits: inspectors were instructed to ensure that an organisation has completed, or is completing, a suitable and sufficient risk assessment for work-related stress (using the Management Standards approach, or an equivalent) and to assess its progress. The visits targeted both organisations that sent delegates to the workshops and those that did not. Unlike SIP1, delegates were

given no enforcement holiday as part of their participation, and enforcement would take place if serious breaches were identified in risk management.

2.2.1 Other HSE activities

It is important not to view the work of SIP1 and SIP2 in isolation. The HSE has a range of other work which is concerned (either directly or indirectly) with helping organisations better manage the effects of work-related stress. Appendix 3 provides further details on some of these.

2.3 SUMMARY

The SIP2 initiative is one of a range of interventions put into place by the HSE, aimed at helping organisations to manage sickness absence and stress, and should be seen in this context. As we have seen above, the SIP2 initiative was designed to build on the work of the SIP1 intervention, but was intended to reach a wider number of organisations and to offer help and guidance in the management of both absence and stress at work.

This evaluation of the SIP2 initiative is designed to inform the HSE of the effectiveness of this initiative and highlight the progress that organisations have made in implementing the Management Standards. More widely, the evaluation will inform other policy makers in the area of absence and stress management and organisations themselves about what is being undertaken to manage stress and absence. Further, the evaluation will highlight what has worked well, the barriers that organisations have come up against, and where relevant, how these barriers have been overcome. It is hoped that this will build up a picture of stress and absence management within organisations across the country and thus contribute to the development of policy and guidance in these areas. It is hoped that this in turn will contribute to the overall improvement of absence and stress management in organisations in the UK.

3 RESEARCH DETAILS

3.1 AIMS AND OBJECTIVES

The aims of the evaluation of the SIP2 initiative were to:

■ Explore the effectiveness of the elements in the intervention on policies and in generating change in procedures for managing work-related stress and sickness absence in organisations in the target sectors.

■ Explore existing policies and procedures in sickness absence management and stress management practices and assess progress on implementing the Management Standards and robust sickness absence management practices.

■ Explore the extent to which any changes made to the management of stress and sickness absence in the organisation worked, and barriers and solutions to any problems encountered.

3.2 RESEARCH METHODOLOGY

In Autumn 2007, the HSE commissioned IES to evaluate the SIP2 intervention, using a telephone survey of workshop participants, with case study follow up and policy analysis.

3.2.1 The telephone survey

A telephone survey of 500 participants in SIP2 workshops was conducted during November 2007 by Ipsos Mori. The sample was taken from a dataset of around 700 individuals who had attended workshops between June 2006 and March 2007, using data provided by the HSE. The survey took two weeks to complete, with the average interview lasting 20 minutes.

Further information about the respondents to the telephone survey is provided in Table 3.1.

Table 3.1: Characteristics of survey participants

Characteristics of respondents		%
Gender	Male	44
	Female	56
Whether has responsibility for absence management	Has responsibility	48
Whether has authority to recognise and implement changes to absence management	Has authority	81
Employer type (industrial sector)	Public administration	36
	Health and social work	31
	Education	23
	Financial intermediation	5
	Other	4
Base (N)		*500*

Source: Ipsos Mori, 2008

Employers were asked a range of questions, covering the following issues:

■ Procedures and initiatives in place to manage absence and stress.

■ Perceptions of the barriers to managing stress and absence and to changing the way that these issues are managed.

■ Views of the workshops and masterclasses – whether they were useful and why, and what they liked and did not like about them.

■ Views on whether, after having attended the workshops and masterclasses, they felt better equipped to make a case for procedural changes to senior management and/or to implement changes to the way in which sickness absence and stress are managed.

■ The extent of any new procedures or practices relating to sickness absence and stress management which had been put into place since attending the workshops and masterclasses.

In addition, data is available from a survey undertaken at the time of the workshops. Due to difficulties in matching the two samples, comparisons between the two surveys cannot be made on an individual basis, but do allow the views of workshop participants as a whole to be compared with the views of the survey respondents some time later.

3.2.2 Case studies

Sampling and selection

The research aimed to include ten organisations as case studies in the research and to achieve a balanced sample in terms of:

■ sectoral coverage

■ geographical location

■ size of organisation

■ progress in terms of the procedures in place to manage absence and the implementation of the Management Standards.

IES chose ten organisations to contact and a further 30 reserve organisations from a list provided by the HSE. However, there were a number of difficulties experienced in securing the participation of organisations in the research.

In many cases, organisations had recently experienced, or were about to experience, an HSE inspection visit as part of the SIP2 intervention. Many therefore felt that they could not commit time and resources to the research. Further, our main contact within organisations was the person who had attended the HSE workshop and while they were personally keen to commit to participating in the research, they had to obtain permission from more senior members of staff, which was sometimes problematic.

Initial recruitment began in January 2008, but by May it became clear that it would be necessary to 'boost' the number of potential participants in order to find the required number of case studies. In response, all 500 respondents to the telephone survey (minus the ones already contacted) were written to and invited to participate. This resulted in a better response. There were, however, some remaining difficulties in securing final commitment to the research, even from organisations that had responded positively to the initial approach.

This resulted in the need for a longer period of fieldwork, with the result that the final stages of fieldwork were carried out in October 2008 (the original plan was to complete the research in May 2008). The final sample also included only nine case studies, although a tenth did participate in a more limited way (by providing some data and taking part in one staff interview).

Elements of the case study research

The case study element of this research was essentially qualitative in nature and consisted of the following elements:

- interviews with managers

- focus group discussions

- a review of policy documents.

Our aim was to explore the following:

- Current practices in sickness absence and stress management.

- The effectiveness of the support and information provided by different elements of the SIP2 intervention in initiating changes in policies and practices.

- The extent to which any changes made to the management of stress and sickness absence in the organisation worked, and any problems encountered.

- Current barriers and solutions to improving sickness absence and stress management procedures.

- Perceptions of benefits and, where possible, estimates of costs of implementing changes.

Interviews with managers

In each case study organisation, between six and seven interviews of between 60 and 90 minutes were conducted with relevant managers. These were:

- A board-level senior member of staff.

- A senior member of the HR staff.

- A senior member of staff responsible for finance.

- A member of staff responsible for implementation of sickness absence management practices.

- A member of staff responsible for attendance data collection/IT systems.

- A member of staff responsible for the implementation of work-related health issues.

- Where relevant, the Management Standards work-related stress project manager/project champion.

The issues covered by these interviews included the following:

- Details about the organisation and the specific role of the interviewee.

- What the organisation sees as the main issues in absence management and how it deals with absence management.

- What the organisation sees as the main issues in terms of stress and what it has in place to manage stress.

- What the main issues are in terms of the six Management Standards areas and what the organisation is doing in each of these areas.

- How the organisation is implementing the Management Standards.

- The organisation's involvement in, and the impact of, the SIP2 initiative.

- The benefits and costs of absence and stress management.

Examples of discussion guides are contained in Appendix 5.

Focus groups

In each case study organisation, the aim was to conduct a total of four focus groups, each of between 60 and 90 minutes: two with staff; and two with line managers. This was achieved in the majority of the organisations in our study. The aim was to ensure groups of between six and eight participants in each organisation. In practice, the numbers varied slightly. Participation in the focus groups was arranged by a contact in each case study organisation, on a voluntary basis. Care was taken to ensure a wide range of positions and experiences among focus group participants. Once agreement had been gained from an organisation to participate in this research as a case study, it was generally relatively easy to secure the interviews and focus groups needed to conduct the research, as these were arranged by a contact within each organisation.

The issues discussed by the focus groups included the following:

- Absence management procedures in the organisation.

- Issues around the six stressor areas identified by the Management Standards.

- The main causes of stress and the procedures in place to manage stress.

- Views on the organisation's attendance at SIP2 events.

- The main initiatives that the organisation is undertaking to manage absence and stress, and the main barriers preventing the successful management of absence and stress.

All interviews and focus group discussions were recorded, after having sought permission from the individuals concerned, and transcribed for analysis. A summary of the main characteristics of each case study organisation and their participation in the research is contained in Table 3.2 below. IES had hoped to recruit a case study organisation in Wales, to reflect the work the HSE had carried out in Wales on this initiative, but this was, in the end, not possible.

Policy document review

A review of the case study organisations' attendance management policies was conducted and, where they existed, their stress management policies. Seven of the nine full case study organisations provided policies for analysis.

Table 3.2: Details of case study organisations and sources of data from each

Organisation	Sector	Geographical location	Approx. no. of employees	Progress in managing absence and implementing the Management Standards	No. of interviews conducted	No. of discussion groups conducted	No. of staff involved	Policies provided
1	Local authority	North West	415	Generally good systems in place to manage absence. Stress management was progressing well. Regular surveys were being run, a steering group was functioning and an action plan was being drawn up	6	4	29	Stress and absence
2	Emergency services	South	1,200	Although this organisation is not following the Management Standards process, embedded procedures to manage stress are in place, due to the nature of the work. The organisation has a stress champion, two stress project managers, a steering group and is in the process of conducting a stress audit	6	4	28	No
3	Health	Midlands	1,300	The organisation has been trying to manage absence and has recruitment difficulties and therefore high vacancy levels. It is engaging with the stress agenda and has piloted initiatives, hoping to roll them out across the organisation in the future	6	4	30	Stress and absence
4	Local authority	South West	300	Absence management is a high priority for this organisation as absence levels are relatively high. There is an emphasis on stress management and stress management workshops have been run for staff members. The organisation has not followed the Management Standards process, however, nor has it collected stress-specific survey data	9	3	23	Stress and absence

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Organisation	Sector	Geographical location	Approx. no. of employees	Progress in managing absence and implementing the Management Standards	No. of interviews conducted	No. of discussion groups conducted	No. of staff involved	Policies provided
5	Finance	South Scotland	c. 11,000	Absence is not perceived to be a major problem in this organisation. Overall, it has traditionally taken a reactive rather than pro-active approach to absence and particularly stress. Involvement in SIP2 was seen to help facilitate change that was already in train. There is a stress steering group, which is looking at trends and hotspots, following survey data.	7	3	36	Stress and absence
6	Local authority	South East	400	Absence and stress management in this organisation is driven by a desire to reduce high absence levels. Its stress policy has recently been re-written to take account of the Management Standards. There is as yet no steering group for managing stress. However, a stress survey has been carried out and the organisation is looking at the results.	6	4	30	Stress and absence
7	Health	North East	7,500	This organisation is hoping to modernise its absence management procedures, following recent organisational restructuring. It has a stress steering group, a stress project manager, it conducts stress surveys and holds staff discussion groups on stress. It has been undertaking work on stress management in the context of a national NHS initiative to improve the quality of working lives.	7	4	22	Stress and absence
8	Education	North Midlands/ North East	1,350	This organisation already has in place a strategic approach to managing staff wellbeing and therefore involvement in SIP2 was more to cement rather than change existing policies and procedures.	6	4	22	Stress and absence

Organisation	Sector	Geographical location	Approx. no. of employees	Progress in managing absence and implementing the Management Standards	No. of interviews conducted	No. of discussion groups conducted	No. of staff involved	Policies provided
9	Local authority	Eastern Scotland		Absence and stress management is a relatively recent priority for this organisation, due to low absence levels until recently. Policies are in place, but more uniformity of approach is needed. Awareness of the Management Standards approach to managing stress, but implementation is at an early stage.	2	3	15	No
10*	Central government organisation	South Scotland	500	Measures on stress have been put into place over the past few years, but there is no longer a steering group in place. Some stress questions were asked in an employee survey. Would like to implement the Management Standards more fully.	1	0	1	No

* Not a full case study: one interview only carried out.

Source: IES, 2008

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4   ORGANISATIONAL DETAILS

This chapter provides an overview of the various activities taking place within organisations before their participation in SIP2 and also documents the views of key individuals on the process of working to make improvements in these areas.

4.1   ORGANISATIONAL STARTING POINTS

Before moving on in later chapters to discuss how organisations have responded to the SIP2 initiative, it is important to gauge their starting points with regard to sickness absence and stress management. This is particularly true as a varied set of organisations attended the SIP2 events. Workshops conducted as part of SIP2 between June 2006 and March 2007 involved participants being asked to complete feedback forms. A total of 1,333 participants responded, from a range of sectors (Figure 4.1).

Figure 4.1: Details of respondents to workshop surveys
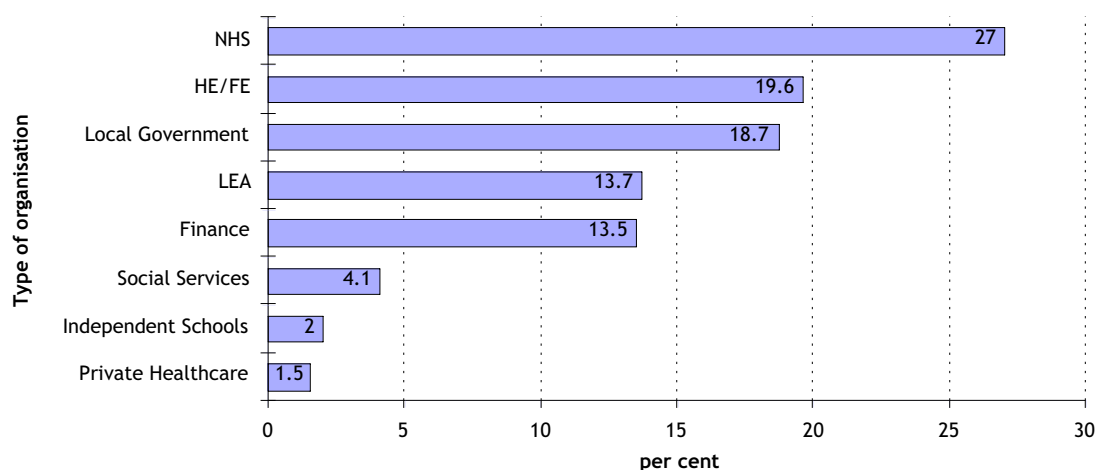
Base = all respondents (N=1,333).

Source: HSE survey of SIP2 workshop participants, based on feedback forms

4.1.1 At the time of the workshops

The feedback forms from the HSE workshops also contain information about the procedures that delegates' organisations had in place to manage absence and stress at the time of their participation (Table 4.1). The results show that absence management procedures were more common than stress management mechanisms. More specifically:

■ 51 per cent of organisations hold formal return to work interviews

■ 38 per cent use absence records to track trends and identify hotspots

■ 34 per cent develop return to work plans with staff

■ 20 per cent gathered data on staff well-being

■ 18 per cent were already implementing the Management Standards.

Table 4.1: Main procedures in place to absence and stress management

Procedure		%
Absence management	Using sickness absence IT systems to capture information on health	21
	Automatic triggers for action in sickness IT system	26
	Using absence records to track trends and identify hotspots	38
	Using absence records in the performance appraisal process	21
	Formal return to work interviews with all staff within the first week back at work	51
	Developed return to work plans in consultation with all staff off sick	34
Stress management	Implementation of the Management Standards	18
	Steering group in place	17
	Staff discussion groups	13
	Data gathered on employee well-being	20
Base (N)		*1,333*

Source: HSE survey of SIP2 workshop participants, based on feedback forms

4.1.2 Following the workshops

As part of this research, a further telephone survey was conducted with workshop participants. This telephone survey took place in November 2007, between nine and 18 months after the workshops. The survey asked both follow up questions and additional questions. The latter revealed that almost all participating organisations had some occupational health support for staff, and provided counselling or employee assistance in some form (97 and 95 per cent of organisations respectively).

Although the same participants did not take part in both surveys, overall, it does appear that organisations have made some progress over this time period (Table 4.2). Greater proportions of respondents indicated that they had all the procedures and tools in place than was the case at the time of the workshops.

With regard to absence management, for example, by the time of the second survey:

■ 87 per cent used absence data to track trends and hotspots

■ 91 per cent held formal return to work interviews with employees returning from sick leave

■ 70 per cent developed return to work action plans with staff

■ 48 per cent had systems which contained automatic triggers for management action on absence

■ 58 per cent used the IT system to capture information on health conditions and events at work

■ 47 per cent used absence records in the performance appraisal process.

Three new questions revealed that 75 per cent of companies provide training for managers on absence management, 91 per cent contact staff whilst they are absent, and 72 per cent use absence records to trigger contact with employees who are off sick.

Further, with relation to stress management:

■ 75 per cent were now implementing the Management Standards

■ 57 per cent had a steering group in place

■ 64 per cent collect data on well-being

■ 52 per cent had staff discussion groups set up.

Table 4.2: Support for employee welfare and absence management procedures

Procedure		%
Absence management	Uses absence data to track trends and hotspots	87
	Has a policy of contacting staff off on sickness absence	91
	Uses absence records to trigger contact with employees off sick	72
	Holds formal return to work interviews within one week of returning to work	90
	Return to work action plans developed for all staff off sick	70
	Has automatic triggers for management action on the sickness absence IT system	48
	Uses sickness absence IT systems to capture information on health conditions and events at work	58
	Uses absence records in the performance appraisal process	47
	Has a training programme for line managers in the management of sickness absence	74
Stress management	Implementing the Management Standards for managing work-related stress	75
	Has a steering group in place to implement the Management Standards	57
	Collects data on well-being, ways of working and working conditions	64
	Has staff discussion groups on issues of well-being and ways of working	52
Base (N)		*500*

Source: IES/Ipsos-MORI survey of SIP2 participants, 2008

4.2 EXAMPLES OF EXISTING ACTIONS TAKEN ON ABSENCE AND STRESS

From the case study data, we found that the majority of case study organisations had already implemented a range of practical and policy interventions with the aim of improving the management of sickness absence prior to their involvement with SIP2, and viewed these issues as priority areas. However, there was some variation in the approaches various organisations had taken and also the extent to which various interventions were influenced by data gathering activities or staff consultation.

4.2.1 Managing stress

Without exception, the organisations participating as case studies had become increasingly aware of effects of stress and its impact on sickness absence. There was broad agreement that stress was harmful and could, ultimately lead to ill-health, although a range of opinions were offered about the main causes of stress and the role organisations should take in minimising exposure to associated risks. Organisations also differed in terms of the type of support they were able to offer those affected by stress-related conditions.

4.2.2 Understanding of stress

Overall, among the case study organisations, stress as a concept was well understood and most of those involved in discussions and interviews were clear that 'being stressed' was harmful (as opposed to stimulating or motivating). However, many case study participants veered away from the HSE's conceptualisation by emphasising the role of individual and non-work factors.

Senior management understanding

There was good understanding of stress at senior level in most case study organisations and many individuals defined stress in terms very close to those used by the HSE. Senior staff in HR roles were particularly well informed and appreciated the difference between having a manageable amount of pressure which can enhance motivation and the point beyond which this pressure starts to have a negative impact on functioning.

> *'Stress is where [pressure] can be continued or unwanted and the person can't seem to cope with it or can't feel that they can cope with the pressure and it is unwanted basically. External or whatever, it is out of their control. Control is a lot to do with it.'*
> (HR member for work-related stress, local authority)

There were, however, still some pockets of scepticism evident. Occasionally, managers in key roles felt that the incidence and impact of stress had been overstated. For example, an HR director in an NHS organisation described stress as 'a fashionable thing to have' and felt there were occasions when it was used as an excuse.

> *'So, if I could go back 20 years ... I think people would have just gone through it. Now, people tend to see stress or the illness of stress as a sort of alternative to going through perhaps an appropriate management intervention. So I think that does happen and I think that's encouraged to an extent by some of the trade unions.'*
> (HR Director, health sector organisation)

One local authority had only relatively recently begun to manage stress actively, following a rise in what used to be comparatively low absence rates. There is now a large scale commitment from the board downwards in this organisation to manage stress and absence better, and in particular to provide early interventions to prevent absence from work where possible:

> *'One of the biggest things [is] we're all talking about being pro-active and hitting it before it happens as opposed to reacting to cases, which is often a lot cheaper and easier than trying to do it at a later stage.'*
> (Participant in manager focus group, local authority)

Line managers' understanding of stress

Line management staff of all types in the case studies tended to be well informed about stress and its potential effects. Most had received training which had covered the basics of the Management Standards and a high proportion were aware of (though not able to name) the six risk areas. Not all had direct experience of dealing with staff with stress-related conditions, so in many cases their knowledge of stress and other mental health issues was based on what they had been told, rather than their own direct experience.

Staff understanding of stress

Many employees in non-management roles in case study organisations appeared to be well informed about stress, although their view of its causes tended to be on a level that was personal to their own experiences or those of their colleagues. In some organisations there was concern that work-related stress was not recognised to the extent that it should be by senior management and that there were significant variations across departments in terms of how managers perceived stress.

> 'It [work-related stress] is still perhaps seen, not so much from the council, but say in the wider world, as a weakness. It's seen as if it's making you ill, then you're not capable of doing the job. So there's always the fear of raising it in case the council agrees you can't do the job and off you go.'
>
> (Staff focus group participant, local authority)

In the finance sector case study, there was doubt as to whether management concern would be reflected in any changes on the ground. Although senior management was 'making the right noises', some staff did not believe that anything would change at grass roots level.

> 'In terms of managers they can be sympathetic, but they don't really understand... they've got a department to run at the end of the day.'
>
> (Staff focus group, finance sector organisation)

Employees and managers alike acknowledged that some old-fashioned views towards stress persisted in some quarters; for example, a regional manager in the financial sector felt that there was still a view that people suffering from stress should 'pull themselves together'.

4.2.3 Causes of stress

A range of opinions from the case study organisations were expressed regarding the causes of stress, and perspectives differed considerably between staff with different levels of seniority, expertise and personal experience within the same organisation. Managers and staff who were aware of the Management Standards agreed that these highlighted important risk areas but also pointed out other factors that they felt should be considered when addressing the topic.

Non-work factors

Across organisations, staff at all levels cited non-work factors as a potential cause of stress. There was recognition that personal factors, such as family illness, bereavement and relationship breakdowns, were an unavoidable source of stress that could potentially have an impact on an individual's job performance and/or their state of health. Managers as well as employees agreed that many individuals find it particularly difficult to cope when they are experiencing work and home stressors at the same time.

'My view on this is that it's often very, very difficult to separate work-related issues and home issues. I've met very, very few people that have been off purely with work related stress, there's the odd one where there's been a big relationship breakdown at work or something quite serious has happened, but for the vast majority of people it's all interlinked.'

(HR Manager, local authority)

In these circumstances it could be difficult for line managers to determine the relative contribution of work and home issues and respond appropriately. However, employers were generally in agreement that an organisation should do all it reasonably could to support staff experiencing stress as a result of non-work factors.

The interaction of personal and work factors was cited as a stressor by focus group participants in one local authority. The view was that early intervention and persistent monitoring of individuals was necessary in order to avoid stress becoming debilitating.

'It's an accumulation of factors, possibly personal problems and work problems, and when the two hit each other that's when you've got the problem. Most people can handle the personal one but if there's more than one that's when it puts them over the edge a little bit. It's a case of trying to keep an eye on it.'

(Staff and manager focus group participant, local authority)

Individual factors

Several managers, particularly those without a health and safety background, struggled with the concept of identifying stressors on an organisation-wide basis. They felt that the circumstances that lead to a feeling of 'being stressed' or 'under excessive pressure' were particular to an individual and that some people were naturally better able than others to cope in challenging circumstances. In this sense, stress was felt to be different from other health and safety hazards since working conditions that may be healthy for one individual may leave another feeling stressed. Some managers felt that the subjective nature of stress made it a very difficult issue to manage.

'I wouldn't know where to start explaining stress, because it is so different for every individual and what you would find stressful, I wouldn't and vice versa. So for me it's a very personal thing. That's what makes it so difficult. Then it's hard to show empathy to somebody who's stressed about something that I don't even think would be an issue.'

(HR Manager, finance sector organisation)

Inherently stressful jobs

In some work environments, particular types of role were perceived as inherently stressful. In local authorities, public-facing jobs were seen as particularly challenging, particularly for those dealing with vulnerable adults or children.

'We work with quite a demanding set of health issues and do provide services to a number of very vulnerable communities and individuals and I think the sheer nature of some of those service users – chaotic people etc. – do place additional demands on our service providers.'

(Senior Manager, health sector organisation)

Similarly, managers in the case study organisation in the education sector identified teaching as a particularly challenging role due to a combination of 'frontline' duty and administrative workload. There was also a pervasive belief that middle management levels of an

organisation tended to be under more pressure than more junior or senior workers. Some employees also expressed a view that 'white-collar' workers were more likely to experience the effects of stress than the manual workers although, in the main, these impressions were based on personal observation/opinion rather than on internal data or direct personal experience of different roles.

In the emergency services organisation, working patterns were recognised as a potential stressor alongside more obvious stressors associated with the nature of the situations operational staff regularly faced.

> '*I generally believe a number of our staff are stressed, I think for various other issues and one of the biggest issues we have around here is, you know, the cost of living and that stresses a lot of our staff out because certainly the operational staff, they're on, in comparison, quite low wages. Fine, I mean that's the market you know we have to accept that, but they're then working to make up that shortfall part-timing, which means that some of them are working long hours and things like that.*'
>
> (Manager, emergency services organisation)

In the financial sector organisation, there was recognition that the current economic downturn was already making an impact on staff well-being. As the only private sector employer participating as a case study, it is perhaps not surprising that concerns about the current economic climate were mainly confined to this organisation.

4.2.4 Effects of stress

The effects of stress were noted to have an impact at several levels in the case studies: not only on the individual, but on their colleagues and potentially on the operation of whole offices or departments. There was widespread recognition also that stress affected different individuals in different ways and that signs of stress could be difficult to spot.

The individual

There was broad agreement among case study participants that the effects of long-term stress could be detrimental to health. Some managers felt more confident than others at recognising signs of stress in their staff. There was a recognition that symptoms can be varied, sometimes manifesting in physical as well as behavioural symptoms. Managers also realised that stress could affect aspects of job performance such as concentration or work quality.

> '*So anybody having any problems you can see it is quite visible in either the work or the way they behave or weight loss, or they are not performing, it's quite evident.*'
>
> (Senior HR Adviser, local authority)

The circular nature of stress and poor productivity was noted: if an employee was performing poorly because of stress, pressure would be put on them to perform more effectively, leading to more stress being experienced, and so forth. There was recognition that putting pressure on someone who was stressed already could ultimately lead to development of a stress-related health condition.

> '*If they don't get the thing sorted it becomes worse and illness is the outcome of that, I guess, at the end of the day.*'
>
> (Regional Manager, finance sector organisation)

There was generally good understanding of the effects of stress among line managers as many had received basic training in this area or had direct experience of managing a stressed

member of staff within their own team. One area of difficulty was broaching the subject with an individual who may be resistant to the suggestion that he or she is not coping.

> *'We do have the other issue ... where you've got an individual who you see as potentially doing symptoms of something like that that could lead to time off, but their manager has a problem in knowing at what point to push them to Occupational Health to get them done because they feel they may not be able to deal with the conflict that comes from saying "I think you need to get some support".'*
>
> (Senior Manager, emergency services organisation)

Teams and the organisation as whole

While most employees in the case study organisations were sympathetic towards colleagues who were absent due to stress, some found it hard to tolerate when it resulted in the rest of the team shouldering extra work and working longer hours.

> *'Say somebody goes off with stress. Somebody can be sympathetic. At the end of the day, you've gone off ill ... [but other members of staff have] ... taken on your workload so they might not have much sympathy for you, because I'm working from 7am in the morning to 9pm at night. So don't talk to me about stress.'*
>
> (Staff focus group, finance sector organisation)

In one local authority, there was some scepticism about whether stress was genuine or not. Manager focus group participants suggested that staff sometimes used the procedure dictated by the stress policy as a way of manipulating their own workload or that there were some cases of exaggeration due to difficult workplace relations with a manager.

> *'She didn't get something she wanted so she played the stress card. Now you have to go through a long drawn out process, action plans, meetings, agreeing action plans and the employee can almost hold you to ransom.'*
>
> (Line manager focus group participant, local authority)

In many cases, the first indication that managers had that a member of their team was stressed was when they telephoned in sick, leaving them to find cover or re-distribute workload at short notice. Where staff operated within tightly staffed, small teams (such as in a small branch of the financial services case study), when individuals took more absence this had an major impact. In some organisations the pressure on remaining staff could produce a 'domino effect', with one person going off with stress as a result of the absence of another.

> *'It's that vicious circle and you get into the spiral – one person goes off, puts more pressure on someone else which ends up with them being off sick. We have certainly got teams out there where we have got no staff in because it is kind of started, the spiral, and it is very difficult to get back out of it. '*
>
> (HR Stress Project Manager, health sector organisation)

Stress-related absences were more usually associated with long-term than short-term periods of absence. In terms of planning cover, stress-related absences could be problematic as (in contrast to recovering from routine surgery or a broken bone) the employee concerned would often not know when they were going to be well enough to come back to work.

The financial implications of cases of stress were also discussed. A director of finance within one health sector organisation viewed costs from absence due to stress as 'significant' but also recognised the hidden costs of stress in terms of lost productivity when employees who remained at work performed poorly. There was also recognition of the potential impact of stress on staff retention and recruitment.

4.2.5 Obtaining data on stress

The case study organisations used two main approaches to gather information on stress. First, through analysis of absence statistics, which provided an indication of the impact of stress, and second through staff surveys, which provided some insight into work-related causes.

Absence data

All of the case study organisations collected data on absence, and in most cases, this was categorised in a way that allowed them to attribute individual instances of absence to causes such as stress, depression and anxiety. In almost all cases, stress as a cause of absence was viewed as increasing and in several organisations, stress was beginning to appear as a main cause of absence for the first time. There was a widely expressed view that this was in part attributable to a growing willingness among staff to admit to their doctor and employer that they were suffering from stress.

> *'I think it's just started to be stress for a number for the first time in working life but it's interesting that people are recognising that they are stressed and that they are not ashamed to say, and they say that they are suffering from symptoms of stress at any level.'*
>
> (Line manager focus group participant, local authority)

Some organisations were extremely concerned about their stress absence records and were aware they were underperforming in this area. In one health sector organisation, traditionally, staff health and welfare issues had centred around back problems and other physical ailments, and while the organisation is still seeing incidents of those types of complaints, the number of people suffering from stress, particularly those working in the community, has increased.

> *'I think we worked out something like every day at least ten people are off with stress and anxiety so it is quite a huge issue and certainly the results of our survey reiterate it. We are one of the highest PCTs for having staff that are suffering with work-related stress.'*
>
> (HR Stress Project Manager, health sector organisation)

Some managers, as well as staff members in focus groups mentioned the stigma attached to stress and thought that many staff members who were absent from work due to work-related stress were not actually reporting the cause as 'stress'. It was felt therefore that stress might be under- rather than over-reported.

Survey data

Case study organisations had a range of measures in place to obtain information about employees' experiences of stress within their organisation. In some cases, surveys based on the HSE's Indicator Tool had been used, while in others questions had been added to annual staff surveys to address particular stressors such as workload or workplace relationships. The latter tended to be useful for identifying particular areas of concern or 'hotspots' in particular departments rather than for obtaining actual numbers of staff adversely affected by these stressors. Also, because most organisations had been actively monitoring workplace stress for a relatively short time, they had little longitudinal data from which to identify trends.

The occupational health team from the education sector organisation had adopted a more idiosyncratic approach and targeted its information-gathering at sections of the organisation

where stress was known to be a problem. Some members of the team were keen to use HSE's approach to surveying stress but had met with opposition from senior management.

> *'There is a questionnaire on the HSE website and I haven't managed to persuade anybody that it's okay to use this yet. I would very much like to because, obviously, I would look on it as a gold standard in terms of stress questionnaires, but I think we might get there. It's just tip-toeing around it and it's got to be at the right time otherwise I might lose my job.'*
>
> (Physiotherapist, Well-being team, education sector organisation)

There was also resistance to collecting data on stress from senior management in one of the local authorities participating as a case study. No staff surveys were carried out specifically for stress, in part because there was concern that survey data would provide a distorted picture of the organisation due to politically sensitive decisions that had recently taken place.

> *'[The SIP2 Project Champion] has been very reluctant to introduce the toolkit questionnaire survey for staff and he has got a very good reason for not doing that. We have a core of individuals within the organisation, who are casualties of the organisation ... we have also had to make redundancies, we have also had to introduce job evaluations ... I think there was a lot of peripheral stuff that was going on that would have interfered.'*
>
> (Senior HR Adviser, local authority)

4.3   MANAGING ABSENCE

Reducing absence and its impacts on organisations was seen as a key priority in almost all of the case study organisations. The majority of HR managers felt pressure from senior managers to reduce current levels.

4.3.1 Relative impact of short-term and long-term absence

Long-term absence was normally classified as a period of non-attendance lasting more than three (or occasionally, four) weeks. Across the case study organisations, longer periods of absence typically constituted about one-third of the total days lost.

For line managers, periods of short-term absence could be difficult to manage in practical terms. This was particularly problematic in the education sector organisation, where for teaching positions classroom cover had to be arranged at short notice if teaching staff called in sick. Among HR managers, short-term absence was generally considered a bigger challenge than long-term absence, not only because it constituted about two-thirds of the overall absence figures, but also because the causes of short-term absence were harder to identify. In contrast, the main focus for senior management appeared to be upon long-term absence, principally because of the financial implications: each single occurrence was viewed as potentially very costly to the organisation, especially for the higher-salaried posts. There was also widespread awareness of the difficulties in getting people back to work after a period of long-term absence.

Some HR managers felt that their organisation stood a better chance of driving down short-term absence as they suspected that a significant minority of these absences were non-genuine. By contrast, the necessity of producing sickness certification for long periods of absence led most managers to believe most long absences were legitimate. Also, many instances of long-term absence were regarded as unpreventable, particularly those linked with critical illness or surgery and it was felt that in these cases, efforts should be concentrated on facilitating early return to work.

4.3.2 Issues surrounding non-health related absence

There were varying perceptions of the extent to which non-health related absences were viewed as a problem in the case study organisations. Most instances of absence were felt to be attributable to domestic emergencies, particularly among workers with caring responsibilities. In environments where flexible working was possible, non-health related absences were viewed as less of a problem. Line managers felt that it was unlikely that much absence was taken for non-health related reasons such as family commitments because, in general, staff would be helped to meet these commitments through flexible working practices. It was also felt that making sufficient provision for compassionate leave and other types of special leave helped minimise this problem.

> *'We don't lose a great deal of time from [non-health related absence]. People have flexi-time they can use to work around days off they might require. It does work fairly well for staff. I'm not aware of it being an issue. There are policies that try to recognise people are different and we need to recognise that in our approach.'*
> (HR member for stress, local authority)

> *'Hopefully staff kind of feel that they can go to their manager and they are being supported and they don't feel that they have to take it as part of their annual leave or have to 'pull a sick' ... staff are aware of the policies and they know what they are entitled to and they will ask for it.'*
> (HR Business Support Manager, health sector organisation)

It was, however, felt to be important for managers to keep an eye out for suspicious patterns of short-term absence such as 'Monday and Friday' syndrome or days off that coincided with sporting events. Many managers believed that these cases were fairly easy to spot and could often be dealt with effectively using their existing policies and procedures.

> *'It's like a well-oiled machine really, every month we send out to every service area a list of their employees who've had three absences in the previous 12 months on a rolling basis and they automatically have the welfare interview. It tends to be always the same people.'*
> (HR Manager, local authority)

4.3.3 Presenteeism

The issue of 'sickness presence' was raised in several of the case study organisations: in the form of people attending work when they were unwell. Some employees reported not taking time off when they needed to because of staff shortages, and because employers did not always provide cover for absent staff.

> *'There's four of us that are permanent at the moment from 11, so we're seven short. We've got temps but temps can't do a lot that we do and there's a lot of knowledge that we know about mental health that they don't know, so we're very conscious of the fact that we don't take sick leave if we can help it because there's nobody to cover, and also if you are off sick and the same if you're on leave there's only somebody to answer your 'phone not to do the rest of your work, so you've got all your work to face when you come back.'*
> (Staff focus group participant, health sector organisation)

Managers also acknowledged that some people will come into work when they are ill in order to take the pressure off their team and that this was not always the most productive solution.

4.3.4 Obtaining and using absence data

All of the case study organisations collected data on sickness absence and its causes, although there was variation in the sophistication of systems used and the level of analysis that was undertaken.

Data collection

It was common practice in most organisations for line managers in the case study organisations to collect absence data regarding their own staff; usually this would involve filling in a form when their staff reported in sick, detailing the reasons for the absence. In the financial sector organisation, the data system was fully automated: data was captured by telephone, largely eliminating the need for paper or forms (although supporting documents such as medical certificates were held in paper format by HR).

Organisations varied in terms of their effectiveness in recording reasons for absence. For example, in one health sector organisation, about 40 per cent of absence was for reasons 'not known'. A senior HR Manager attributed this lack of data to the predominance of short-term periods of absence (less than three days) where there was no doctor's note from which to determine this information. This manager recognised a need to address this and line managers had been asked to record reasons for absence in as much detail as possible.

'We are trying to work towards that – filling the gaps and ensuring that when managers are informed of sickness that they do give us the actual reason.'
(HR Business Support Manager, health sector organisation)

It appeared that few organisations routinely recorded whether causes of absence were work-related or not, although in some cases, managers and staff were able to identify particular professions or environments which were associated with high levels of work-related injury.

'Generally, in Forensics there are a lot of people who suffer injuries within the workplace. So there's quite a fair bit of short-term sickness and that is clearly related to the workplace.'
(Staff focus group participant, health sector organisation)

Data processing

Typically, data managers feed the information they have received from line managers into an organisation-wide management system, assigning the reason for absence to a category. In many cases these generate monthly absence reports automatically. These reports would then be cascaded to senior and/or line managers, (depending on organisational size and structure) who would be able to interpret these figures. In some organisations, data managers were often required to produce ad hoc reports on particular issues or sections of the organisation, at the request of senior management.

'You can identify patches of areas where absence is higher than others ... you can look at ward level, you can look at absences by band and staff group, by absence reason. So it is just providing the information to managers so that they can make informed choices ... [and once you have identified your patches] then that is up to the managers to manage.'
(HR Business Support Manager, health sector organisation)

Use of absence data

Absence data was principally used by organisations to identify absence hotspots or problems with particular members of staff. Aggregate data would normally be discussed in forums that involved senior members of staff, depending on (i) organisational structure and (ii) management responsibility for health and welfare. In some organisations, sickness absence figures were routinely discussed at board level.

> *'Our absence report goes to [the Management Team] on a monthly basis and there is a slot, a 20 minute slot ... to discuss specifically absence management and each head of the management team has a record of the absence management figures, types of illnesses, specific departments and the costs.'*
>
> (Senior HR adviser, local authority)

In most cases, organisations used their data for benchmarking purposes to enable them to make comparisons with other organisations within their sector. In general, public sector organisations did not aspire to compete with the private sector in this respect and there was only one exception to this, which was the education sector organisation, where the current level of absence was reported as less than half the CBI national average.

Where organisations had well-being committees (or similar), some description of absence data would form a core component of their agenda. For example, in the education sector organisation, the committee would discuss new cases of long-term absence and review long-standing cases. The committee would also discuss various types of support that could assist the individual in their recovery and return to work, such as in-house provision of counselling or physiotherapy.

Not all organisations were making optimal use of their absence data and one senior manager in a health sector organisation acknowledged that this was a problem that needed addressing.

> *'I don't think generally what we are good at is analysing in detail the absence data around short-term absence to see the patterns and to see the trends ... We have information on data, on trends, but I'm not sure how well we use that information and how well the managers use that information.'*
>
> (Associate HR Director, health sector organisation)

Trigger points

In some of the case study organisations, systems were used to generate alerts when trigger points were crossed. Trigger points would vary but generally took effect under the following circumstances:

■ More than three periods of absence within a period of 12 months *or* an absence of more than four weeks.

■ Three absences in six months *or* five absences in 12 months *or* four weeks of continued absence.

Various policies and procedures were in place as regards the action that was taken in these circumstances, but in most case study organisations a formal discussion between the employee and their line manager would take place, only very occasionally resulting in sanctions. Line managers tended to have a good understanding of the rationale behind these actions and were generally supportive of the various procedures they were required to implement, especially if they felt able to exercise some discretion.

However, a range of views were expressed by staff about their organisation's absence management systems. It was common for absence procedure to be described as 'draconian' or 'heavy-handed' by staff attending focus groups and some felt not 'believed' when they had returned to work following genuine sickness. There was also a perception that, by virtue of the 'three strikes' element of many of these policies that short-term absences were being tackled more aggressively than sustained absence and several line managers could empathise with this position.

There was also a feeling among both staff and line managers that sickness certification procedure tended to 'protect' workers who had been absent for long periods of time, and that it was unfair to treat short periods of absence as though they were less authentic.

> *'I've always had a bit of a problem with the way we have to control sickness absence but it means you can't hit long-term, it seems to be easy to be off long-term if you get a doctor to sign [you] off and you can go for a long-term, but short-term, even for half a day it's picked up and you've got to account for yourself, so three short-term absences, you might be off one and a half days a year genuinely and you have to be called into the system, whereas if you're off long-term, perhaps "swinging the lead", you're not.'*
>
> (Line manager focus group participant, local authority)

In some of the case study organisations, employees argued that the organisation's policy encouraged them to take a cautious approach to coming back to work. For example, an employee might choose to take a whole week off if they were feeling ill, rather than taking a day and risking coming back too early, going absent again and therefore getting two absences against their name. Focus group participants recounted instances of staff taking holiday when they were sick, in order to avoid being called in under the three absences rule. Nevertheless, there was an appreciation within most employee focus groups of the reasons why various measures to manage absence had been put in place, and many recognised the importance of deterring non-health related absence.

Calculation of cost of absence and/or stress

Most of the case study organisations were not able to say how much absence cost them. Even in the financial sector organisation, the calculations of cost were based on salary rates and no other costs (such as payment to temping agencies) were added to this calculation. Managers involved in making calculations of this type stressed the complexity of making a realistic estimate.

> *'What we used to do, we used to cost [absence] based on an average of each individual band. What we now do, we can actually attach salary. What we need to do and what we are looking to do with finance as much as we can is provide a cost on gross salary. You have got to factor in others costs – things like tax – and that is the model that finance have used in the past so we want to continue that.'*
>
> (HR Business Support Manager, health sector organisation)

The cost of agency cover also provided an indicator of the overall cost of absence. A finance manager in a local authority appeared to have gained insight in his organisation's levels of absence (stress, in particular) from line managers' requests for extra cover and support.

> *'We know that there are issues in some areas simply because the information that is coming to us about, "Can we get temporary staff? Can we extend this agency person working for us?". So, you know, there are issues.'*
>
> (Finance Manager, local authority)

Absence trends

There did not seem to be any particularly strong trends in overall levels of absence that were consistent across the case study organisations or within sectors. Some managers reported that absence was currently higher than it had been in the past while others, particularly those in organisations with absence interventions that had been in place for some time, reported a fall in absence figures.

For example, in the education sector organisation, there has been a general downward trend in absence over the last five-six years. Sickness levels had dropped from 10,000 working days lost (for 1,000 staff) in 2001 to 4,266 working days lost (for 1,300 staff) in 2007. There was general agreement that this drop in absence was attributable to (i) recent changes to the organisation's sickness absence policy and (ii) improved staff welfare related benefits.

Methods of calculation and whether these had changed over time were identified as a barrier to tracking absence levels from year to year. An HR manager in one NHS trust felt that absence levels had been 'consistent and relatively stable', and attributed a rise in absence figures to a change in how they were calculated.

4.4 GENERAL WELFARE AND HEALTH PROMOTION

In addition to core absence and stress management activities, the case study organisations were doing a range of other things in the arena of staff health and well-being.

4.4.1 Policies promoting staff well-being

An array of well-being related policies were in place within each of the case study organisations before they attended SIP2 events. It should be noted that an in-depth overview of sickness absence and stress management policies are provided in Chapter 8. In this chapter only additional policies are discussed.

Additional policies normally covered flexible working, bullying and/or harassment and these served to help prevent some of the causes of stress, particularly among staff with public-facing roles.

In general, flexible working policies were viewed positively, and attempts to accommodate individual requests for flexibility and work-life balance were particularly appreciated by employees with caring responsibilities at home. Line managers, as well as more junior staff, were very positive about the impact of flexible working on their lives and work-life balance.

> *'In terms of investment in staff and support for staff I think it is a really good organisation. As I work in London, the flexi that we have and the support that staff get and work-life balance forces that we put into place I think are brilliant. They do draw people and I know people that work because of the work-life balances especially at the admin grades, because of the support that people get.'*
> (Line manager focus group participant, local authority)

One local authority described their 'time banking' system. This permitted workers to build up 'credits' from surplus hours worked which could subsequently be 'banked' and 'donated' to staff experiencing severe pressure, enabling them to take time off without using their leave allowance. Another local authority had an extensive range of flexible working policies, including part-time working, temporary reduction in working hours, school time working, annualised hours and a home working policy. Staff saw these policies as supportive of their well-being and viewed the organisation as a good employer in terms of offering work-life balance opportunities.

'You can have two days off in a four week period which is quite good for those who work a lot of extra hours and then they get two days off, so I think work-life balance of the Council is good. I would say we've got good terms and conditions.'

(Staff focus group participant, local authority)

4.4.2 Communication of policies

Managers in the case study organisations acknowledged, however, that effective management of absence and stress within an organisation required more than just policies, and that on the ground implementation of the policies was key. One health sector organisation had dealt with this issue by recruiting an individual specifically to address this, and had seen improvement in long-term absence as a result.

The intranet was normally used as a medium for making policies available to staff and new policies or major policy changes tended to be announced via staff newsletters. There was recognition within organisations with community-based operations that not all employees would have Internet access, so printed copies of policies were made available to non-office based staff. In some organisations, employees routinely received information about various policies upon their induction. Employees without line management responsibilities were generally aware that policies existed and knew where to find them, but usually lacked knowledge of the precise contents of policies, using them on a need to know basis.

'I think staff only become aware of the policy when they raise a query and they are told there is a policy on that.'

(Absence Manager, health sector organisation)

4.4.3 Management commitment to managing stress and absence

There was widespread commitment to managing stress and absence at board level across all of the case study organisations. Senior management generally recognised the importance of these issues and were aware of the possible effects of paying insufficient attention to stress and absence. In some organisations, health and well-being issues were standing items in senior management meetings. The relationship between well-being and performance of the organisation as a whole was widely acknowledged.

'Yes, in terms of the staff generally I think there is [senior management commitment] because the impact of people being off is recognised and does have detrimental fact on the operation of the organisation, so there is a great incentive for people to be active in trying to manage it.'

(Finance Manager, local authority)

In many cases, responding to these issues effectively was seen as strategically important to recruiting and retaining staff. This was the case in one health sector organisation, which wanted to maintain its reputation as 'an employer of choice'.

'The strategy of the bank is to be the place where people want to work and also where customers want to bank, so it's absolutely part of the strategy because ... [it] is all about how [the staff] are being treated, what the conditions are, how that impacts on their lifestyle.'

(Regional Manager, finance sector organisation)

Staff generally recognised this, although not all staff fully echoed the views of their more senior managers. In some cases, staff felt that senior-level commitment to managing absence was prompted by a desire to reduce the costs of sickness absence rather than a genuine

interest in their well-being. Some employees felt that claims made by management about its commitment to staff well-being were inconsistent with the way resources were allocated. For example, in one health sector organisation it was felt that finances were being released for new buildings but not for recruiting staff. There was a view that prioritising the latter would alleviate various work pressures and have a positive impact on employee health and that management was out of touch with the situation on the ground.

> *'There's a huge sense of injustice in people – we're really tired. My biggest grievance is that … the higher up the ladder you get, the more time you have, the more money you get. Huge costs, but they won't pay for another [member of] staff. That really makes me double my blood pressure.'*
>
> (Staff focus group participant, health sector organisation)

4.4.4 Responsibility for welfare

Responsibilities for staff welfare were usually spread across several departments (usually HR, Health and Safety and Occupational Health), reflecting the cross-cutting nature of this area. HR usually took the main responsibility for absence management, liaising with other departments where specialist expertise on occupational health and or health and safety issues was required. HR departments typically worked with health and safety departments on stress management.

> *'We do so much work … I would probably put 20 per cent of HR work is looking at absence management and related stress issues. So we are charged with gate-keeping, but the reporting, the data collection, the welfare, the occupational health, the whole gambit we actually do all of the work and the team leaders, we keep them informed of progress, so we let them know about the absence stats, we let them know the costs of that. We work very closely with them in terms of welfare, health and well-being management issues. So it's quite a big feature of our work really. So I am quite proud of the fact that we do a lot of work in that area.'*
>
> (Senior HR Adviser, local authority)

In one health sector organisation, the HR department had sought to shift more responsibility for managing well-being issues, particularly stress, over to managers. There was a feeling that line managers needed to adopt a more hands-on role in the welfare of their own staff instead of expecting HR to do everything in this area for them.

> *'[The challenge is] to change the managers' understanding of what their role actually is and [make] them understand that their team of staff is their responsibility, not the responsibility of HR. So that's been some really difficult conversations and some real challenging work, but I think we're slowly starting to turn a corner with that.'*
>
> (Senior HR Manager, health sector organisation)

Several of the case study organisations had formed a committee or cross-departmental team specifically for the purpose of addressing staff welfare issues. These would typically have a membership that drew on relevant expertise across the organisation, at varying levels of seniority. For example, in one local authority the health, safety and welfare committee included a board member, other managers from a cross-section of teams, union safety representatives and members of the personnel department. There was a strong belief within the education sector organisation that a broad-based approach to these issues was essential.

'We don't work in vertical silos. We work horizontally so HR, OH, Catering and Gym Membership and other internal people – then a range of externals – all working in a blended team, not being precious about the boundaries. It works for us so that we are able to have a fairly wide ranging approach to these things rather than the single issue approach.'

(Project Champion, education sector organisation)

4.4.5 Occupational health provision

There was some form of occupational health provision in all of the case study organisations and in many cases it was outsourced. Some organisations had access to an occupational health physician or a GP with an occupational medicine specialisation. Many organisations had an EAP and/or access to a counselling service.

In one local authority, the number of referrals exceeded the capacity of their OH adviser and they have recently invested in further support to deal with demand.

'Probably we'll make at least two referrals a week. The occupational health adviser comes in probably every six weeks, but we started looking at using a specialist occupational health resource for particularly for contentious difficult health related illnesses in the work place, especially with litigation and DVA and that sort of thing. So we are using this at an extra cost.'

(Senior HR Adviser, local authority)

In some of the very large case study organisations, it was difficult to obtain a sense of how provision was organised and to what extent it met with staff requirements. For example, one health sector organisation had recently merged with two other trusts in the area. Between them, the three former organisations had five providers of OH services based roughly on geographical areas. A senior HR manager within the organisation described five providers as all having 'different levels of service and service level agreements, all offering different things at different costs'. As a result, the quality of OH services varied across the organisation according to its geographic and service areas, with problems having been noted in both the length of time referrals took and in the quality of the actual service received.

Subsidised BUPA care had been brought in by the education sector organisation, and this was also being considered by one of the local authorities. In addition to this, the former organisation had access to a budget which allowed it to pay for therapeutic interventions such as CBT for stress-related conditions or surgery for physical conditions, where NHS waiting lists were delaying treatment for employees who had been absent for exceptionally long periods.

4.4.6 Health promotion

Staff and managers from the larger case study organisations described a range of health initiatives that had been introduced on either a one-off or long-running basis. These included:

- 'five a day' campaign for healthy eating (local authority)

- cholesterol checks

- information on alcohol consumption.

- membership at reduced rates of the local leisure centre/gym

- no smoking initiatives such as 'buddying'

- a Ride a Bike Scheme, which enabled staff to save money on the cost of a bicycle

- 'stress management' workshops for staff (focusing on dealing with personal stress levels, using techniques such as relaxation/visualisation)

- group musical activities aimed at reducing stress levels.

Payslips, emails and staff newsletters and poster campaigns had been used to some cases to publicise these events. The factors influencing organisations to choose one initiative over another were unclear but some were linked in with national initiatives such as National No Smoking Day or charity events.

No formal assessments had been undertaken to establish the impact or cost-effectiveness of these initiatives. Despite this, staff and managers were unanimously positive about health promotion activities regardless of their nature.

> *'I think we are also positive about health and health promotion and preventative stuff as well. We do the regular MOTs don't we? You go and have your blood pressure checked. We did the leisure trust week and go for free swims in the lunch hour. We have done positive things like health and well-being initiatives. I think it is taken seriously.'*
>
> (Line Manager focus group participant, local authority)

Nevertheless, in one local authority, although there were no formal assessments of a range of health promotion schemes, their success was believed to be limited due to poor communication efforts and lack of implementation across the organisation. In this organisation, it was felt that initiatives were not necessarily organisation-wide but rather left to individual divisions to organise.

> *'There are (communication attempts) but as I say, it's a bit sort of patchy across the [organisation]. I don't think there's a huge corporate push on these kinds of things, it's tended to be left to individual services to pick up the reins and kind of do it themselves.'*
>
> (Staff focus group participant, local authority)

4.5 SUMMARY

All employers in both telephone surveys and the case study research recognised the business and moral cases for tackling stress and absence and in most cases these were viewed as key strategic areas at board level. Across the case study organisations, pressure to drive down levels of absence was keenly felt by senior managers, particularly those in an HR role. Many senior managers were becoming increasingly aware that stress was a key health issue in their organisation and featured heavily in their absence statistics.

In response to these concerns, all of the case study organisations had management systems in place to address the causes of stress and sickness absence. Responsibility for health and welfare issues tended to be distributed in an organisation-specific way, but tended to reflect a belief that HR, health and safety, and OH professionals were needed for effective monitoring and preventative measures to be put in place, as well as appropriate reactive systems.

5   REFLECTIONS ON THE MANAGEMENT STANDARDS AND THE SIX STRESSOR AREAS

This chapter discusses the perceptions of the Management Standards process held by senior managers, line managers and staff from the case study organisations. It also gives the views of the case study organisations on the Management Standards framework and the six stressor areas.

5.1   PERCEPTIONS OF THE MANAGEMENT STANDARDS PROCESS

An important part of the Management Standards process is to involve staff at all levels within an organisation in discussing and thinking specifically about the causes of work-related stress, and what the organisation needs to do to manage this more effectively. It is therefore important to consider how engaged different staff groups were with the process.

Overall, the case study organisations were happy with the Management Standards, felt that they fitted their organisation, made sense and could be applied. Similarly, apart from some changes made to the indicator tool, organisations had generally adopted the Management Standards without making too many adjustments.

> *'I have to say we find the Management Standards work for us. Everything fits quite well into there. It seems to address most of the things.'*
>
> (Stress Project Manager, health sector organisation)

5.1.1 Senior managers

Senior management appears to have been generally supportive of their HR function and/or health and safety staff with regard to their work on the implementation of the Management Standards. The health and safety manager in one central government organisation thought that senior management were positive about the Management Standards process, but recognised that stress management competes with many other issues in terms of senior management priorities and staff time.

> *'You can't make everything a priority. You've got to be realistic. If everything's a priority it will be set back. Then when you do that, say, "Right I'll do it – a, b, c work – but I can't do the rest". They tend to say, "Why didn't you do this, that and the next thing?". It's very common.'*
>
> (Health and Safety Officer, central government organisation)

There could, however, be some difficulties in fully understanding the process. In one health sector organisation, for example, the view from the day-to-day stress project manager was that whilst the Management Standards themselves were very helpful, the guidance on the process of implementing them could be difficult to follow.

> *'Some of the guidance [on the Management Standards] from the HSE is quite conflicting ... actually using it in practice it has been quite difficult and it isn't that user friendly ... it just doesn't on the ground make sense to people ... Getting all the data is great – it's actually solving those issues and drawing up the action plan. That is the hard bit ... , that is the difficult bit. [However,] the Management Standards are great; they give us something very helpful to work around.'*
>
> (HR Project Manager, health sector organisation)

In one local authority emergency services organisation, the work that this organisation had carried out around stress was not driven by HSE initiatives, and it mainly used HSE material to validate the processes and developments that were already in place and planned. It felt that this approach was working well. Traumatic events were seen as an inevitable consequence of the sort of work the organisation was engaged in and this had led to early and relatively sophisticated responses.

In organisations where staff felt under pressure due to heavy workload or organisational change, it was common to find scepticism about any management initiatives. One example is provided by a health sector organisation in which the HR function had encountered difficulties in 'selling' the issue of stress management to employees. This was not helped by the fact that they had found it hard to feed back any quick results from engaging with the process. When dealing with staff who are already disillusioned with the organisation, perhaps due to heavy or badly managed workloads, managers found securing engagement with the process even more difficult.

> *'I would say certainly with the stuff with Health and Safety Executive, when you go out and talk to them it doesn't mean anything to them and they don't necessarily buy into that so we found that quite hard to sell them some of those things. Obviously you get those perceptions: "Well it is just another kind of management tool that is not going to make any difference today on a day to day basis. Why should we bother with engaging with this process?".'*
>
> (HR Project Manager, health sector organisation)

5.1.2 Line managers

Knowledge of the Management Standards process tended to be more patchy amongst line managers and many of the line manager focus group participants in the case study organisations were unaware of the Management Standards. A health sector organisation provides a useful example of how line managers connect with the issue of work-related stress. Within this organisation, workload was a key issue for some groups of staff. Line managers were aware in a general sense of the problems caused by work-related stress for their teams, and were conscious that the scale of the problem was increasing. However, they often felt powerless to tackle the underlying causes, which were: excessive workload; lack of control over working hours; and working patterns. Difficulties associated with organisational change added to the problem. Whilst these managers saw the organisation's policies and procedures for managing stress as generally helpful, they also expressed a belief that the implementation of policies can be a difficult role for line managers to fulfil.

5.1.3 Staff

Staff awareness of the Management Standards process varied between the case study organisations. In some there was widespread awareness, while in others, only those individuals who had a specific role in implementing the process knew about it. So, for example, employee representatives, or individuals involved in health and safety or stress working groups tended to know more about organisational attempts to implement the Management Standards.

In one health sector organisation, the views from the staff focus groups on the process were mixed. Some staff had good experiences of work undertaken by their line managers, but others felt that there had been a lack of action around important issues like workload. There was also cynicism about whether senior management was really interested in reducing stress, or whether the focus was merely on the bottom line.

'At the top all they think about is money, that is all it is and we are all numbers, that is why there is no connection to the staff.'

(Staff focus group participants, health sector organisation)

In a local authority organisation, there was awareness of the work the organisation was doing in relation to the Management Standards, but there were also concerns about variations between departments in the way that implementation was taking place. These differences were attributed to the different approaches of individual team managers. In another organisation from the health sector, managers had found it hard to effectively communicate what they saw as a relatively complex process to staff.

'I think the key thing with something like that, if you are going to get staff engaged in it, they have to understand it and I think sometimes, staff don't easily understand the Management Standards. They are not always explained very clearly, and obviously if they don't understand it, they are not going to engage in it. So we have made it a bit user-friendly in places.'

(Absence Manager, health sector organisation)

The following section looks at the views and experiences of the case study organisations on the six stressor areas of demands, control, support, relationship, role and change. The case studies revealed a number of issues which organisations had faced which map onto the different stressor areas. Progress on these issues is reported in Chapter 9.

5.2   DEMANDS

Demands was an area where the case study organisations could often experience problems. This was often about workload, but could be exacerbated by a number of other factors, such as increased amounts of paperwork, changes to job content, and for some staff, their physical environment.

5.2.1 Workload

Workload, either across an organisation or for particular groups of staff, was identified as a problem by most of the case study organisations.

In one health sector organisation, some staff groups identified unfilled vacancies as the main problem. For them, when these unfilled vacancies were combined with sickness absence, particularly amongst small teams, this put a great deal of strain on the staff who were still at work.

'At the moment people feel that if they do go off sick when they're so stressed and they need time out, it'll be their colleagues who are picking up the pieces in that small team, because we know there's no more staff. We can't get bank nurses, we can't get agency nurses, so you're leaving your immediate colleagues who have become friends over the years as well in a very difficult predicament.'

(Line Manager focus group participant, health sector organisation)

Within this organisation, staff working in the community identified an increase in their administrative work as a major cause of stress. Administrative tasks were also felt to detract from their ability to perform what they saw as their core job functions.

'I think they pile more and more sort of paperwork on you and don't realise, you know, actually what it's like to go out there and deliver the service, because it's not a fact of going and doing a dressing and coming out within this area. There's all the

other social issues and whatever issues that you have to sort out and I don't think they've got an idea of what's going on actually at grass roots and all you get is, "Fill this audit in by tomorrow", or whenever and you're thinking, oh all this pressure coming! They haven't got a clue what it's like day to day out there.'

(Line Manager focus group participant, health sector organisation)

A number of focus group participants across different types of organisations felt that workload was increasing, often following cutbacks and job cuts. In one local authority, many departments were felt to be under-resourced due to job cuts. As a result, these departments were finding it difficult to cope with the demands placed on them, particularly when their roles were customer facing. Staff in this organisation reported that there were a range of unfilled vacancies which were unlikely to be filled due to budget cuts. In one local authority, delays in recruitment were seen as exacerbating the situation. Here, there was a long recruitment process which was often not started until the previous employee had left, leaving gaps of months before their replacement started.

'I think we certainly have resourcing issues in some areas in terms of filling vacancies but also filling vacancies with the right people, and then you have got their training issues, keeping people up to speed. So there are those sorts of issues which add the pressure onto others, so their capacity is diminished.'

(HR Adviser, policy, local authority)

Many of the case study organisations reported that they experienced peaks and troughs in workload, as a result of seasonal factors. In one local authority, some departments were involved with long-term projects and were able to manage their own workloads, whereas others were responsive to demand from the public or other departments. In addition to this, some teams were seasonally-driven and had quiet periods during summer. The deployment of any spare resources to other departments facing workload issues over this summer period did not happen. There was also an acknowledgement during focus groups that teams could lack awareness of the demands placed on staff within other departments.

Peaks and troughs were also experienced in the finance sector organisation, although focus group participants said that the workload was generally heavy and issues such as new regulations and auditing affected staff.

'I think in our area it's an exceptionally busy area and the systems are constantly changing so they're constantly having to keep up to date with breakability, compliance, industry bodies are coming in and they're always checking us, we've got auditing constantly. The volumes of work are forever increasing.'

(Line Manager focus group participant, finance sector organisation)

5.2.2 Meeting targets

Another issue which staff discussed during focus groups, particular those undertaken within the finance sector case study, was the need to meet targets. Staff felt under pressure to achieve the targets set and the perception was that the pressure never abated.

'In the branch, life is hell at times ... Pressure for sales ... Once you meet your sales target one week that's it you have to start all over again and it's never enough ... Now they've brought in the bonus scheme I think everybody is fighting for the same thing so they can get a bonus.'

(Staff focus group participant, finance sector organisation)

5.2.3 Challenging work content

Work content was identified by some of the case study organisations as a source of stress, particularly if it was coupled with a high workload. Within the health sector, for example, working with vulnerable populations, can, when coupled with a heavy workload, be a cause of stress for staff.

> *'I think in some of the areas I'm working, it's workload but that's also attached to having very high levels of accountability for the safety around work – child welfare, child protection issues – so there is a need and responsibility to ensure that procedures and policies and good practice are followed, to ensure the safety of what is a very vulnerable population … and if you add that to the workload issues, I think the two together become very high sources of stress for some staff.'*
>
> (Line Manager focus group participant, health sector organisation)

The stresses caused by work content were emphasised by staff at a local authority who had a customer-facing role. They felt that, although their organisation provided training on how to deal with aggression from the public, this could still be extremely stressful. Some staff felt that they did not really have an outlet for the stress that this could cause.

> *'I think some of the work we do involves the unpredictability of customer reaction shall we say, you know, we have procedures you know you do this, you do that, it might not be written down but you follow a certain line of enquiry. But it's the unpredictability that probably triggers off more stress because you're always looking for a satisfactory outcome, but sometimes obviously a customer won't see your point of view no matter how polite you are at addressing it, shall we say, and I think the aggressive situation is always the hardest, but you have to remain cool and professional and I think that probably builds up the stress inside you more than anything else, because you've no outlet for that.'*
>
> (Staff focus group participant, local authority)

5.2.4 Physical environment

Physical working environment was identified as a stress factor by staff in some organisations. Problems were connected with issues such as staff having to work in basement offices with no windows, high noise levels in open plan offices, old buildings, lack of adequate lighting, lack of heating and lack of air conditioning.

5.3 CONTROL

Control was often linked to workload – if staff felt overloaded in terms of the amount of work that they were expected to accomplish, then they often felt that they had little control over their work. Experiences of employees, however, often depended on the type of job they carried out. For example, staff in customer-facing roles found it relatively difficult to exert much control over the pace of their work and the way they work.

> *'Ours can depend who comes through the door to a large extent. If you get five people in the afternoon all needing temporary accommodation, that is job on, that is emergency, we deal with that, we drop everything else. We can't control that to a large extent.'*
>
> (Line Manager focus group, local authority)

The level of control that staff and managers felt that they had over their work varied considerably between and within organisations. In one local authority, for example, some managers felt that they had a significant degree of control over their own staff's work. Others, however, felt that they had less control than they had been given whilst working for other employers. In the finance case study, there was also a mix of views. Staff lower down the hierarchy generally felt that they had less control than more senior colleagues. The amount of control given to staff within this organisation was linked by them to issues such as the overarching organisational strategy, changes to the ownership of the company, and changes to the regulatory framework. For staff the trend was that they were gradually losing a degree of control over their work.

> *'In comparison with previous employers I have less control and delegated authority to manage my service.'*
>
> (Line Manager focus group participant, local authority)

> *'In a branch our staff probably have little control but it is just that type of industry and you have one person go off with pressure increases and customers coming at you constantly.'*
>
> (Stress Project Manager, finance sector organisation)

In one local authority, some staff felt that their increasing workload meant that they were having to cover for absent colleagues, which in turn was leaving them behind with their own tasks and making them feel that they were losing control over their own workload. It was also reported that the fact that staff were being asked to 'work smarter' by changing the way they worked (eg working from home rather than in the office) was also causing some stress as some staff did not particularly want to work from home.

5.4 SUPPORT

Support mechanisms for staff tended to focus on procedures such as training programmes and career development, although the role of managers was seen as very important in promoting a supportive culture.

5.4.1 The importance of line managers

In some of the case study organisations, line managers were felt to be an important source of support to their staff, by mentoring new recruits, for example, and helping people return to work following a sickness absence. Staff in focus groups generally felt that they were well supported by their line managers and could go to them with any problems or issues that they had.

> *'In my area if I have a problem I feel I could talk to my manager, and I would hope my staff would feel they could talk to me. The support is there. You can only say that when it's tested.'*
>
> (Finance Manager, local authority)

5.4.2 Training programmes

Most of the case study organisations had a formal training programme for staff in place, although the extent to which staff felt that they could take advantage of this varied according to issues such as workload. In one health sector organisation, which had status as a teaching organisation, staff praised the level of training and development that was on offer.

'Not just the training but being able to progress in whatever you are doing whether it is moving up into management or moving sideways into another field. There is definitely the opportunity there and [this organisation] does not lack in that. They are a teaching trust and they are always pushing you to do something other than – not stay static in whatever you are or whatever you are doing, so it is good in that sense.'

(Staff focus group participant, health sector organisation)

Similarly, one local authority was seen to offer a wide range of training opportunities to its staff. Employees generally felt that this organisation was known for its investment in training and for its efforts to develop its staff.

'I think we're good in terms of training, we've got a reputation for it. If you advertise a job at [the organisation] with training: loads and loads of applications.'

'Because we are good.'

'I have always said we are not the best payers in the world but we are the best at training people and [not just] throwing people in the deep end.'

'I think it is quite wonderful in what they offer, speaking personally. I'm a little bit older and the opportunities are still there.'

(Line Manager focus group participants, local authority)

In some organisations, however, training could be restricted when workload pressure was high or when there were budgetary constraints. Clinical pressure was cited by one health sector organisation as something that was hampering training provision.

'You know, if you look at clinical pressures and services, what tends to go first is training, which is an important part of someone's development as an employee, and supervision tends to go because there isn't time if you're dealing with crisis after crisis. But I think, generally, I think it's OK.'

(Senior Manager, health sector organisation)

5.4.3 Building a supportive culture

The support on offer from senior colleagues was often felt to have a strong influence on whether the case study organisations were felt to have a supportive culture, which was added to by the way that colleagues supported each other. In one education sector organisation, for example, mentoring new staff took place on a systematic basis, which was widely acknowledged as a very important part of the induction process. Further, staff in this organisation talked generally about the support that they received in a more general sense, such as being allowed to work flexibly, and the help that staff received when returning to work after a period of absence. The same types of support were also discussed in relation to a local authority.

'There's lots of people who have had really really high levels of support, you know, if you want to work they'll find a way for you, they'll be as flexible as they possibly can and I think in the return to work as well, you know, if you can come into work even if it's just for an hour, or two hours, if you need a mentor, you know, they're very very supportive.'

(Staff focus group participant, education sector organisation)

'I have always been very keen to support [my staff] in what [they] want to do. We're very keen to help people better themselves and get on with their careers. Supporting people in their professional training and things like that. I am particularly keen to try and bring some of the staff on in mentoring and coaching, some would benefit from that, some aren't interested, you know. I have got people who just want to turn up, do their 9-5 and go home. But I have got others who have ambitions to get on, so I will try and support them in those ambitions that they have got and talk to them about what we can do to help them. It's something that I am very keen on.'

(Finance Manager, local authority)

5.5   RELATIONSHIP

The basis for ensuring good relationships between staff was a range of anti-harassment, anti-bullying, diversity and dignity at work policies, which the majority of organisations had in place. Some of the case study organisations were also exploring actions such as mediation between employees to try to resolve issues before they escalated.

5.5.1 Policies and training

Having policies in place was acknowledged as important, although some interviewees noted that implementing them and doing a lot of work on the ground was the key to ensuring that staff treated each other with respect and that conflict or potential conflict situations were handled correctly. This was the view from one local authority.

'We have done an enormous amount of work on sort of inter-personal relationships and breakdowns. We have done some pretty good work in terms of: respect agendas, developing behaviours that are acceptable and [getting staff to] understand some behaviours that are not, understanding how to deal with unacceptable behaviours and the team will turn up those amongst themselves as well as contracting work as happening, a lot of team-building as well. So, yes! That is pretty high up on the agenda actually because it does interfere with the business life if you don't actually nip it in the bud.'

(Senior HR Adviser, local authority)

Diversity training was seen as an important tool in ensuring that staff behaved appropriately towards each other. The diversity training that had been put into place in one local authority was praised by managers and participants in focus groups.

5.5.2 Conflict with customers

For staff who had public-facing roles, harassment and bullying tended to come from customers or members of the public. The case study organisations had policies and procedures in place to deal with this, but it was nevertheless felt that this was difficult to deal with. In one education sector organisation, there was a problem with members of the public entering the college.

'We're peripherally on the edge of some quite disadvantaged postcodes round here and we do get people coming into the Institute who aren't college students. We've got no way of identifying them and they come in with the express intention of causing problems.'

(Staff focus group participant, education sector organisation)

5.6   ROLE

Staff within the case study organisations tended to be relatively clear on what their roles were, although sometimes problems arose following organisational change and the restructuring that followed from this. In one local authority in particular, a significant level of change had been experienced in its recent history, which had led to many changes in the structure of departments and teams. This was experienced as stressful both in terms of the disruption it caused and in the adjustment to new roles that were not always clearly understood. The lack of consultation with employees during this process was felt to be particularly difficult:

> *'Your managers sat down and looked at the structure and looked at people's duties, but didn't come along and speak to ourselves and say, like, "Well, how much of this do you do and are you happy to go into this team?". There wasn't any of that. We were all just told, "This is where you're going and you will be doing this", so for some people it was quite a large learning curve as well.'*
>
> (Staff focus group participant, local authority)

Further, the view from one health sector organisation was that change and staff shortages could lead to a blurring of roles, making it more difficult for individuals to be clear about what their roles are.

> *'Where you have got staff shortages everybody tends to start doing everything and that can go on for months and months and then people, you know, there's a blurring of remits of roles and people are confused about who does what.'*
>
> (Absence Manager, health sector organisation)

Similarly, employees in a local authority organisation noted that although they might be clear about their own role, they were often required to cover for absent colleagues and there were times when staff would be required to carry out work in which they were neither trained nor experienced.

> *'The problem is basically because the team is less than it used to be and we're all covering for each other and so, yes, they're doing jobs which they weren't employed to do to cover for other people in the team when no-one's available or on leave, but they seem to be getting on with it mostly okay – I know there are a few sort of "humphs" going on.'*
>
> (Line Manager focus group, local authority)

One issue to emerge from this local authority was how frequently job descriptions should be reviewed and updated, given the fact that there is a relatively high level of organisational change taking place. Managers within another local authority, however, discussed how recent changes, a restructure, had actually been a positive experience for them in terms of clarifying staff roles. Within this organisation, staff now felt that they knew what their roles were and how they fitted into the broader organisation.

> *'Yes, so I think it actually has got better in terms of talking to people about the roles and how it fits in within the picture, whilst before it was, they didn't know what it meant, that was what you're doing and not everybody did see how it fits in.'*
>
> (Line Manager focus group participant, local authority)

Within the finance sector case study, there did not appear to be a problem with roles, but staff reviews did not always occur as frequently as they were meant to. Despite this, most line managers were directly accessible to their staff. The main issue for some staff was that they were required to learn on the job without sufficient access to training. Whilst there were

a variety of training materials available to staff, in the form of a 'learning campus', there was insufficient spare time during the working day for staff to feel they were able to fully utilise them. This form of training was referred to by staff as 'sink or swim' training.

> *'You should be [informed about your role]. Because you should have a quarterly chat with your line manager. Doesn't always happen, but in theory, you have your quarterly (or is it six-monthly?) appraisal ... You are supposed to get these things but sometimes it goes on the back burner and never happens.'*
>
> <div align="right">(Staff member, finance sector organisation)</div>

> *'They put it online and give you the ability to go and find it yourself but you have to be able to find it.'*
>
> <div align="right">(Staff member, finance sector organisation)</div>

Only one of our case study organisations, a local authority, felt that role was a problematic area of the Management Standards for them. However, this organisation had been working on this and had done much in the area of updating job descriptions, improving the appraisal system and creating clearer lines of communication between staff and line managers.

5.7 CHANGE

It was generally recognised that change can be difficult and stressful for staff. The best way to try to lessen the impact of change was seen to be effective communication with staff, where possible, allowing them to input into how changes take place. This is particularly true when changes directly affect them.

5.7.1 Dealing with ongoing change

Many of the case study organisations, particularly in the health sector, felt that they were having to deal with significant and ongoing levels of organisational change, which was largely felt to be out of the control of the individual organisation. In one health sector organisation, it was felt that the sheer volume of recent changes, combined with the knowledge that more were imminent, had proved difficult for staff. This was exacerbated by the fact that most of the changes were actually outside the direct control of the organisation. Under these circumstances, the perception of senior managers was that employees were finding the process stressful, that they were tired of change, and wanted an end to it.

> *'The organisation, like most others, has been through a series of re-designs and restructuring, there has been very little time to stop and bed anything new in. So no sooner have you been through a fairly torturous process, you almost have to start again and so staff are cynical, they are weary, they are tired and you know, everybody is kind of thinking "when it is going to get better?" People don't seem to be able to see something on the horizon because even this set of changes is again a transitional set of changes.'*
>
> <div align="right">(Senior Manager, health sector organisation)</div>

5.7.2 Communicating about change

Effective communication between senior managers and staff about change had proved challenging for a number of the case study organisations. In one local authority, staff felt that the organisation was not good at communicating changes to staff promptly enough. By the time staff found out about changes, even when these had a direct implication for their job, this information often came too late in the process to benefit them. Members of the HR

function also agreed that the organisation needed to better manage this aspect of the Management Standards and be more inclusive of staff views when they make changes.

An occupational health adviser in an education sector organisation, however, expressed how releasing information before the details had been finalised was not something that managers felt comfortable with.

> *'I have to defend that a little bit, to say that while people think you're holding back, I don't think people know all the answers yet.'*
>
> (OH Adviser, education sector organisation)

5.8 SUMMARY

The case study organisations experienced a range of difficulties and problems that can be mapped onto the six stressor areas of the Management Standards, as follows:

- Demands: the main issue was a heavy workload, sometimes sustained, sometimes varying due to seasonal and other factors. It was often difficult for staff to do anything to reduce workload, particularly if this was due to staff shortages, cutbacks or increased administrative work. High workload coupled with difficult or challenging work content was found to be particularly stressful.

- Control: staff in many of the case study organisations reported that they felt they had little control over their work due to the sheer volume of what they were expected to do. Customer- and public-facing staff felt that they had little control over the pace of their work and how they carried out their work. Although a range of views about control were reported, staff in some organisations felt that the degree of control they had over their work was falling.

- Support: training and career development were seen as key. Most organisations had formal training programmes in place, and this was appreciated by staff, even though on occasion staff in some organisations felt that they did not have time to participate in training, or felt that training was under pressure due to financial constraints. The role of the line manager was seen as particularly important in ensuring that an organisation's culture was actively promoted, and where this worked well, it was appreciated by staff.

- Relationship: the majority of organisations had policies in place that formed a solid basis to ensuring that relationships between staff worked well. Diversity training was also in place in some organisations, and this was recognised and appreciated by staff. Bullying was not seen to be a significant issue in any of the organisations in this study.

- Role: this aspect was felt to be relatively well implemented in most organisations, with staff maintaining that they were clear about their role and position in the organisation. Nevertheless, roles could sometimes be blurred by factors such as organisational change or staff shortages.

- Organisational change: this featured as a challenge and a difficulty for all the case study organisations, and particularly those in the health sector, which were experiencing constant waves of change. Effective communication about change was seen as a key tool in managing change, although this was perceived to be a challenge for many organisations.

6   IMPLEMENTING THE MANAGEMENT STANDARDS PROCESS

This chapter examines the various activities undertaken by the case study organisations which related to the various aspects of the Management Standards process.

6.1   COMMITMENT TO THE MANAGEMENT STANDARDS PROCESS

All of the case study organisations were committed to improving management of stress and reducing stress-related absence, although only half declared a commitment to completing one cycle or more of the Management Standards process. Nevertheless, many had already implemented some form of intervention to address stress-related absence prior to attending SIP2 events. They were satisfied with this and did not want to commit resources to a tighter interpretation of the Management Standards process, which would replicate elements of existing or previous initiatives. Organisations had therefore been pro-active in adopting their own approach to the Management Standards process, using elements which suited their own requirements, and rejecting those, such as focus groups, which did not.

Generally, the case study organisations where the Management Standards were being implemented had made limited progress in the actual implementation of the Management Standards, and had not progressed beyond surveying staff and/or forming a steering group. Therefore, there was generally limited awareness or knowledge of the Management Standards process amongst staff who did not have a managerial role.

It was common for project champions/steering group members to express concern about the organisation's capacity to see the whole process through, bearing in mind other, competing priorities and resource limitations.

> *'I think the main difficulty is to keep the momentum going ... it can quite easily drop off the radar. Like any project...it has to be kept in context, so it is an important aspect, it needs to be balanced. We need to keep it going forward in relation to everything else that is going on. Yes, there is a lot of projects going on, a lot of things happening and one thing that has to be taken forward.'*
>
> (Health and Safety Adviser, local authority)

Nevertheless, organisations that were implementing the Management Standards process were still able to reflect that they had made significant progress in monitoring the six risk areas. There were also a number of examples of progress made against the different elements of the process.

6.2   SENIOR MANAGERS CHAMPIONING THE MANAGEMENT STANDARDS PROCESS

Where the Management Standards process had been initiated, the case study organisations had generally appointed an influential member of the organisation to the role of project champion, typically the organisation's Director of HR. These individuals had usually been involved in related initiatives or projects and were therefore able to draw on relevant experience and existing networks. For example, in one health sector organisation, the Head of HR who wrote the stress policy was designated 'informal champion' of the stress management process.

There were some exceptions to this scenario. In another health sector organisation, more than one 'champion' was selected by each of its directorates and these varied in seniority from

operational directors, to divisional and service managers. It was felt that more progress would be made this way, as the programme would then be less reliant on the ability of one member of staff to juggle this role with other tasks.

'We didn't specify a level of seniority because we had a view that it was more important to get a real champion who was going to champion this cause rather than send a divisional manager or a senior manager who realistically may not do this or might not have the time.'

(Associate HR Director, health sector organisation)

Similarly, within one local authority, an organisational development group had been created to oversee all aspects of organisational change, including the review of sickness absence and stress management policies. Within this group, there were several members of senior management, including an executive director of the board, the director of HR and members of corporate health and safety. The group was concerned with providing a more unified strategy for the organisation and had several key areas of interest that impacted upon the Management Standards.

'The organisational development group ... is about leadership, vision, commitment, people management, customers and communities, customer focus, community involvement, engagement and partnership and joint-working (which is a big theme right across the [organisation] at the moment).'

(HR member for stress, local authority)

However, whilst the group was in place and had clear aims to improve the organisation's performance in a range of areas, there was less clarity about what definite actions had taken place in terms of actions to improve these issues.

'I only know from speaking to people on the group that there have been questions about how concrete the work it undertakes is.'

(HR member for stress, local authority)

6.3   ASSIGNING A DAY-TO-DAY PROJECT MANAGER FOR STRESS

There was a recognition in the majority of the case study organisations implementing the Management Standards that there was value to be gained from assigning another, more junior manager to a project-management role. This person would take on a more hands-on role than the named 'champion'. Individuals who assumed this role had a range of job titles, although most worked within a division of HR. For example, in one local authority, a new post had been created for a Health, Safety and Well-being Manager, with the remit of health, safety, stress and absence. The role had formerly just been labelled 'Health and Safety Manager' so there had clearly been a slight shift in focus to incorporate stress and absence management into the role in line with the Management Standards approach:

'Finally we have appointed a Health, Safety and Well-being Manager, starting a week on Monday, so they have an expanded remit and it is really flagging up that it is not just investigating accidents and auditing things, they act proactively.'

(HR Director, local authority)

There were exceptions, however; for example, in two local authorities a health and safety officer had day to day responsibility for the stress programme. In other cases it made sense for staff who were leading other, related initiatives to take this role to avoid duplication. For instance, in one health sector organisation, the Improving Working Lives (IWL) co-ordinator took day to day management of the stress at work programme.

In another health sector organisation, there was a reluctance to designate a member of staff as a day to day stress champion, as there was a belief this detracted from the principle that *'everyone should take some responsibility for managing stress'*.

> *'We don't at the moment have what I call "stress champions" within the organisation but on my part it was a deliberate move not to do that because I think as soon as you set people up as champions of something – and again, no disrespect to general managers, but then they abdicate their responsibility and they think, well we've got somebody there who can do that, when actually I see it as the responsibility of every manager and every person in the organisation. So even though I've got [one colleague] as the lead and I've got [another colleague] who supports her as well as the child care and flexible working policies, stress should be seen as a responsibility of everybody who works here, which is why I've kept away from that particular idea [of stress champions].'*
>
> <div align="right">(Head of HR, health sector organisation)</div>

This decision reflected the fact that this organisation did not wish to follow the Management Process 'to the letter', adapting several aspects of the process to suit their own objectives, although it was committed to the spirit of the Management Standards process.

6.4   ASSEMBLING A STEERING GROUP

Several of the case study organisations had committees which had been set up to take forward general well-being issues, but not specifically stress. Understandably there was a reluctance to set up new committees with remits that overlapped with those already in existence. In one health sector organisation it was felt that the IWL Steering Group, which met every two months, served a comparable function. This was also the case in one local authority where a stress steering group was not considered necessary as a Health and Safety Committee met every three months and 'often had stress as an item on the agenda'. A similar rationale was provided by a central government organisation.

> *'We do have a committee that looks at healthy working lives and obviously stress is part of that, and one of the members of that is myself, employee relations, our employee assistance, the welfare officer and some union reps. It's not specific to stress but it includes it.'*
>
> <div align="right">(Health and Safety Officer, central government organisation)</div>

Interestingly, only two of the case study organisations who were following HSE's risk assessment approach to implementing the Management Standards had an active steering group. One local authority had decided against forming a steering group, although the project manager stated an intention to form one to facilitate the smooth running of the re-surveying process.

> *'No steering group. We didn't set one up before doing the survey. I basically got on and sorted it out, so there was not a steering group set up before that. We had a small group meeting but it was only on Management Representatives.'*
>
> <div align="right">(Health and Safety Advisor and Project Manager, local authority)</div>

One health sector organisation had abandoned its steering group due to lack of attendance. The managers in the organisation felt that the group had achieved little.

> *'Part of the reason for disbanding it was that we got issues around the retention of staff and we were looking to set up a bigger group that was looking across those areas because everything is interconnected... a bigger retention group that would address all those sorts of things.'*
>
> <div align="right">(Stress Project Manager, HR, health sector organisation)</div>

In a successful example of running steering groups, one local authority had put a group in place after attendance at the SIP2 workshops and masterclasses, and had managed to secure trade union participation as well as senior managers, service managers, health and safety representatives and HR representatives. Most of the activity of the steering group so far has been to organise and carry out the survey and ensure response rates.

The finance sector case study organisation did have a steering group for stress in place, which was said to be meeting every two weeks at the time of the case study and was deemed to be 'going quite well'.

> *'One of the key things was to establish the steering group ... For me to come back from that [HSE event] and say we need a steering group, it's hard to generate interest in that. If you can demonstrate what the real HR outcome of those had to be, we involve the right people, so this is where it's grown, changed direction, the project team members have changed.'*
> (Group Manager, health and safety and well-being, finance sector organisation)

The Group Manager, health and safety, and well-being in this organisation felt that the steering group had been instrumental in bringing about change:

> *'We're at a stage now where we're winding down ... There's been a lot of things we've implemented. A lot was about what can we do for nothing? What we can improve by making simple policy judgments? One would be if somebody from the past would call in sick and it would be with stress, depression. Speak to their manager. Their manager within a day or so would have to 'phone HR advisory centre to get through to the process team, record the information. Then 28 days later there would be a flag come up to say go back to the manager, the manager contact the employee. One of the things we're about to introduce which has taken a lot of work in the background is Day One is a flag. If you're going off with stress for one day it's likely that the issue is not going to be resolved. We can offer employee assistance straight away. It would be a formal referral. We will explain to the employee they're under no obligation to take that up and it's private and confidential. At least we've been upfront and tried to solve the issue.'*
> (Group Manager, health and safety and well-being, finance sector organisation)

However, it would seem that this group was limited to a particular section of this organisation, as almost all staff members and a regional manager interviewed were not aware of this steering group.

6.5   RUNNING A STAFF SURVEY USING THE INDICATOR TOOL

In some of the case study organisations committed to carrying out stress risk assessments, there was interest in determining how the organisation fared in regard to the six Management Standards. In some organisations, there was also an appetite to conduct a survey based on the Indicator Tool, rather than their own tool, in order to find this out, whereas some other organisations preferred to use their own surveys. Both approaches appeared to work well for the organisations. In one local authority, there was strong management support for this: initially the SIP2 champions intended to restrict use of the Indicator Tool to selected areas of the organisation to pick out 'hot spots'. However, the management team preferred to survey the whole workforce, such was the support for the SIP2 initiative.

Another local authority had adapted the Indicator Tool to suit the workforce composition within its organisation, and had introduced 'push button' sessions to ensure that manual workers were reached by the survey. The organisation had provided a venue where workers

could meet and have the questions read out to them, before pushing answer buttons anonymously. As a result, awareness of the survey, and its purpose, was high amongst organisational employees. When previous surveys had been conducted, staff had received a breakdown of results. At the time of the review, the most recent survey had just been run and results were being analysed. This time around, this local authority had decided to run the survey at service division level, rather than going down to individual teams as it did two years previously. It was felt that this was a better way to do things, as the service divisions could then take ownership of their individual results for the whole of that service.

Some of the case study organisations preferred to gather data using their own alternatives to the HSE indicator tool. For example, one central government organisation included items on stress in its own regular staff well-being surveys. A survey specifically addressing stress had been carried out in 2000 which resulted in the organisation updating its stress policy and providing more training and information on stress to staff. This organisation was amongst those not implementing the Management Standards process, although its health and safety officer indicated that they would like to see the organisation do so in future.

> *'I'd certainly like to [implement the Management Standards] more fully because there's plenty of guidance. Where we can we'll try and minimise stress. That's the aim. As I said, I'll try and get risk assessment done, but we've never done it for the whole organisation.'*
>
> (Health and Safety Officer, central government organisation)

One health sector organisation carried out staff surveys regularly. The HSE indictor tool had been used to follow-up issues identified by the NHS staff survey.

> *'The NHS staff survey picks up some of the key themes around stress management and we have used the indicator tool where specific areas have identified that they have got issues ... so we have gone out and used the questionnaire, had that data back and then taken that back out to the teams and said, "This is where you said you're scoring, this is how you kind of compare in terms of what the Management Standards are. What key areas do we need to address?" Then we start to work through and actually deal with them.'*
>
> (Stress Project Manager, health sector organisation)

In this particular health sector organisation, a dedicated stress audit had also been piloted in a particular area of the organisation where stress was felt to be an issue. The plan was to roll it out across the whole organisation.

Two organisations, one in the education sector, another a local authority, actively opposed asking staff about stress on an organisation-wide level. In the first organisation there was a strong feeling, even among individuals on the welfare committee, that offering staff the opportunity to fill in a questionnaire which had a specific focus on stress would encourage over-reporting of the scale of the problem.

> *'We are committed not to do stress surveys on the grounds if you ask about stress after people have been stressed, they will say, "Yes". It's a complicated issue to ask by way of questionnaires. You need to do it by way of discussion.'*
>
> (Project Champion, education sector organisation)

In the second organisation there appeared to be a belief that administering a questionnaire would do more harm than good, especially if the process of staff consultation resulted in creating expectations of change that could not be met.

'I know that there is one of the thoughts certainly from the HSE that one can run a questionnaire but we deliberately didn't go down that road ... I don't know what your views are on questionnaires but, there can be a lot of pitfalls. Very difficult to analyse when you have got so many different questions and you raise people's expectations and if you are not going to do something about it... so we steer away from it here and decided to go down the road of training...a proper policy and getting in [a stress management workshop facilitator] who is absolutely excellent.'

(Health and Safety Adviser, local authority)

In this organisation, there was also a belief that staff were already overloaded with surveys.

'I think once [the stress management workshop facilitator] comes in, he is going to do some refresher workshops and he is also going to undertake an organisation-wide evaluation as well, and we thought that would be a better measure than just asking everyone to fill out a survey because, I think to a degree they feel overloaded with surveys and often in the past, if they have been given a survey they haven't actually seen some real material, positive outcomes of that. I think it was a measured approach, rather just saying we'll do if for the sake of doing it.'

(Senior HR Adviser, local authority)

In the emergency services organisation, there were plans to use the Management Standards as the basis for an internal staff online survey to assess the extent of any problems, although it was unclear which other elements of the risk assessment process they intended to implement. In this organisation, targeted stress surveys had been run regularly every two years, although not badged as HSE initiatives.

'In the past we used a work-life balance stress type survey which we did with [an external company]. We did a couple of audits with them and I think we had about just over 30 per cent uptake on it, something like that. The results weren't too bad really, people were coming back saying that they were managing things within the workplace, there was only a relatively few hotspots around the [organisation] and that tended to be people perhaps that were a bit more remote from here.'

(Stress Champion, emergency services organisation)

In one local authority, in addition to surveys and routine data collection, the health and safety team had responsibility to monitor any absence from work due to stress and were instructed to act proactively wherever possible, supportive of the Management Standards approach. However, for the most part, in terms of monitoring stress and absence, individual services within the organisation were expected to take the lead, with support from the health and safety and HR functions.

'The health and safety team have also got a key role and they monitor any absence from work due to stress and we promote "Work Positive" as a tool to identify stress and act proactively. All the services are appropriately supported by HR and by the Health and Safety Team.'

(HR Director, local authority)

6.6   USING STAFF FORUMS TO DISCUSS STRESS-RELATED ISSUES

Various forms of staff consultation had taken place within some of the case study organisations, although not necessarily in a format that was consistent with the Management Standards process. For example, one health sector organisation had run a series of clinics which staff could attend to raise concerns about HR issues, including stress-related issues. However, this was not intended to form part of the Management Standards implementation

process and was not linked to any other data-gathering exercise. An organisation from the education sector had also held consultation sessions with staff in the form of a series of road shows around the college. These served to publicise the various forms of health and well-being support available at the institute and also offered staff the opportunity to raise work-related issues of concern (ie potential stressors). OH staff viewed the road shows as an opportunity to gain a 'snap-shot' of stress related issues in specific groups of staff although, again, this was not intended to form part of a formal risk assessment process.

None of the case study organisations which were committed to following the Management Standards process had reached the stage of organising focus groups to discuss issues raised in staff surveys. Whilst some intended to roll this process out when time or resources permitted, others had made an active decision (usually management driven) to omit this stage, usually because it was felt that this approach better suited the organisation. For example, in one local authority, where the indicator tool was used across the whole organisation, there had been no staff forums to discuss stress-related issues. Instead the survey results were discussed among senior managers, who then communicated the results to their teams.

A manager in one local authority acknowledged that it was difficult to move forward on the basis of survey results alone. Nevertheless, there were no plans to hold focus groups to discuss the results, despite previous difficulties with interpreting survey results.

> *'Doing the survey, asking the staff questions is the easy bit. The hard bit now is understanding the answers that we have got and what we do with that, and if I am honest two years ago that is where we floundered slightly: understanding what people were telling us.'*
>
> (Line Manager focus group participant, local authority)

6.7   ACTION PLANS FOR TACKLING AREAS OF CONCERN

Some of the case study organisations had formulated action plans, but due to a lack of progress with running focus groups, these had not been formulated on the basis of a formal staff consultation process.

At the time of participating in the case study, one local authority was at the stage of analysing the data from the third of a series of surveys, after which it was planning to formulate a set of action plans. It intended to formulate these plans at service area level, so that service areas would have ownership of their own action plans. It is unclear whether any actions had arisen from previous surveys as employees within this organisation were not able to recall any changes they had seen following a previous, similar survey. In this organisation, it was acknowledged that the action planning was the hardest part of the process: it was difficult to understand exactly what the staff surveys were telling the organisation, and then to implement the appropriate actions.

> *'Doing the survey, asking the staff questions is the easy bit. The hard bit now is understanding the answers that we have got and what we do with that and, if I am honest, two years ago that is where we floundered slightly, understanding what people were telling us.'*
>
> (Line Manager focus group participant, local authority)

In another local authority, some problem areas had been addressed directly by HR. As a result of poor survey results being obtained in the area of 'control', the HR team reduced the number of objectives in staff appraisals. Why this decision had been taken to address the

specific issue was unclear, but there did not appear to have been any staff consultation, and certainly no focus groups had been conducted.

> *'I think there were three things we needed to do as a result of the survey results: we needed to sort the number of objectives that people were being given, we needed to make sure that people used the appraisal process properly, and the third thing is that we need to get management development programme in place.'*
>
> (HR Manager, local authority)

One health sector organisation had formed an action plan following analysis of results from their survey (which drew on the Indicator Tool) and had implemented part of it, including measures aimed at speeding up slow IT systems and addressing some work environment issues. The head of HR was planning to revisit this plan, to see if any other proposed changes could be followed through.

The emergency services organisation had developed action plans to tackle stress, tailored to each part of the organisation, although based on the same principles.

> *'We did the same action plan broken down into directorate actions so actually each of the directorates knew what actions were relevant … it was the same set of objectives but are just repositioned so they were clear about what they actually individually owned as well as a senior management team.'*
>
> (Stress Champion, emergency services organisation)

6.8   SECTORAL DIFFERENCES

As noted above, all the case study organisations in this study were committed to improving their management of absence and stress, although the way in which they engaged with the Management Standards varied. It is difficult to assess with any accuracy whether these differences were attributable in some part to the sector in which organisations operated, or whether they were solely attributable to the organisations themselves.

In terms of appointing a day-to-day project manager for managing stress and implementing the Management Standards, most organisations that did this appointed an individual from within the HR team. However, two local authorities appointed health and safety officers and project managers for stress.

Setting up a steering group appeared to be a challenge for many organisations, for reasons that appeared to be organisational, rather than sector-related. For example, one of the health sector organisations had disbanded its steering group due to lack of attendance. Steering groups appeared to be functioning well in one local authority organisation and the finance sector organisation, although the organisational reach of the group was limited in this latter case.

In terms of carrying out surveys, resistance to distributing surveys that were focused solely on stress were found in two organisations – in the education sector and in a local authority. However, it seems more likely that this resistance was linked to the culture of the organisations rather than to any specific sectoral factors.

Holding focus groups to discuss specific stress-related issues and formulating action plans was a challenge for most of the case study organisations. The emergency services organisation was arguably the one with the most embedded procedures in place regarding the tackling of stress, due to the recognised nature of the work that front-line staff were carrying out. In this organisation, the importance of debriefing, usually on an informal basis, was recognised as an important stress prevention measure.

6.9 SUMMARY

All of the case study organisations were committed to improving the management of stress and reducing stress-related absence, although the ways in which they implemented this were not necessarily directly linked to the Management Standards process. Around half of the case study organisations declared a commitment to completing one cycle or more of the Management Standards process. However, many had already implemented some form of intervention to address stress-related absence prior to attending SIP2 events.

Generally, the case study organisations in which the Management Standards were being implemented had made limited progress, and had not progressed beyond surveying staff and/or forming a steering group. Therefore, there was generally limited awareness or knowledge of the Management Standards process amongst staff who did not have a managerial role. It should be emphasised, however, that organisations were active in stress management, often implementing actions that they felt suited them, rather than closely following the Management Standards process.

7   EXPERIENCES OF THE SIP2 INTERVENTION

This chapter examines organisations' experiences of the SIP2 intervention, starting with the reasons why participants wanted to attend the SIP2 workshops and masterclasses, before going on to discuss in more detail experiences of, and views on, aspects of the workshops, the masterclasses, the telephone helpline and the inspection visits.

7.1   REASONS FOR ATTENDING SIP2 EVENTS

A range of drivers prompted organisations to engage with SIP2, but in general these were synonymous with their reasons for engaging with sickness absence and stress as topics in general. In many cases, involvement was driven by one key individual, usually the member of staff who headed up the organisation's Health and Well-being group (or similar).

It appeared that organisations did not, on the whole, seek or expect 'quick fixes' to specific problems, rather they were looking for reassurance that their existing approaches were on the right lines. A minority of organisations viewed SIP2 involvement as an opportunity to learn more about implementing the Management Standards, although the majority had independently made a decision about whether to engage in the Management Standards implementation process.

7.1.1 Way of obtaining assistance with problems already identified

Several of the case study organisations viewed attending the SIP2 events as an opportunity to keep their knowledge current and build on the work they had done under other existing initiatives. In one health sector organisation, managers wanted to maintain the momentum that had been created through previous and existing interventions such as IWL and Healthy People Healthy Business in being 'a model employer'. In general, attending a workshop served to underscore an existing commitment to addressing absence and stress management, and it was common for project champions to discuss SIP2 in terms of an 'add-on' to current activities rather than a central driving force.

> 'We'd done our bits and pieces in terms of flexi policy and this became available in 2006, and I thought well I'd better keep in touch with stress issues. Also the HSE guidance was coming out as well with the six headings and I was keen to get in touch on that ... Given we'd done stuff in 2000, really to keep the momentum going on it as much as I could.'
>
>   (Health and Safety Officer, central government organisation)

7.1.2 Financial/business benefits

The business benefits of tackling stress were also cited as a driver by some case study organisations.

> 'The knock on effects in terms of stress impacts on the attractiveness of the organisation in terms of people coming into it – turnover, good people leaving the organisation – so all of the hidden things that actually are getting involved in this initiative and actually improving the working environment and the work-life balance for individuals has a clear, almost a clearly identified business benefit.'
>
>   (Finance Manager, health sector organisation)

One local authority champion cited the local financial climate as a consideration. They felt that there would be an increasing need to tackle stress, envisaging more demands on staff within tight resources: its council tax rates had recently been capped prompting closure of 'non-essential services' such as leisure services.

One senior manager's view was that the board is always happy to support interventions that were going to help with recruitment and retention of staff, a key concern for the organisation. In this case, there was a view that attending SIP2 events could be justified on these grounds alone, especially given the relatively low costs involved in attending workshops, masterclasses etc.

> '*I think the board takes very, very seriously any attempt to improve our recruitment and retention and understands and not just about getting people through doors, but how do you keep them there and what is the package that needs to be put into place to make sure the staff feel equipped? And the Board as far as I am aware has never withheld a scheme on financial grounds or any other actually. As long as there is a robust case for it.*'
>
> (Senior Manager, health sector organisation)

7.1.3 Help with managing stress

The main draw of SIP2 for some of the case study organisations was its substantial focus on stress: senior staff in the majority of organisations felt that this area was an area of increasing concern to them and welcomed any intervention which might help them address this issue more effectively. For the emergency services organisation, the decision to attend SIP2 events was a direct result of internal auditing processes that had identified stress as a potential risk to the organisation. They represented one of a small number of organisations that were considering implementing the Management Standards and sought further guidance.

> '*I was aware of it when I came here that stress was something that we did need to start looking at in a bit more detail and that so it was one of the – one of my – objectives really, yes, to review the policy on stress. So, I started looking around and that's where I found that [SIP2 event] and that's where my HR colleague and I went off to the session which was aimed very much at local authorities.*'
>
> (Health and Safety Adviser and SIP2 Project Manager, local authority)

Where case study organisations had already attempted to implement the Management Standards, there was sometimes a belief that engaging with HSE through attending SIP2 events would serve to provide momentum and re-focus key staff on the process.

While enforcement concerns were rarely mentioned in an explicit way as a driver, one project champion (of the education sector organisation) said that the organisation recognised that HSE may be taking an enforcement line on stress in the future and wanted to be as prepared for that as possible.

7.1.4 Networking and benchmarking

Some of the case study organisations felt that attending SIP2 events would help them benchmark their organisation's performance in managing staff well-being against the rest of the sector. They also felt it would provide an opportunity to learn from similar organisations whose management of health and well-being issues was particularly effective.

'I think, probably, to see how we fare amongst other people, and also I think it was a good way to provide some sort of focus for [the organisation] as well really, to have something to hinge it on to makes you feel that you're working towards a common goal.'

(Stress Champion, emergency services organisation)

The health, safety and well-being group manager of the financial organisation had previously learned about the SIP2 initiative at an industry event, before being directly contacted about the project by HSE's stress programme team. This organisation explicitly sought to emulate a rival company's performance in the areas covered by SIP2 and felt that involvement in the programme would assist it in achieving this.

7.1.5 Level of senior management/board commitment

Typically, there was interest in health and welfare at the most senior level of the case study organisations and this interest extended to seeing attendance at SIP2 events as a useful opportunity: it was therefore not necessary in those circumstances to seek management buy-in to the basic principles underpinning SIP2.

In one local authority, the Chief Executive was the driver for becoming involved with HWS and suggested someone attend.

Further, attending SIP2 events was perceived as requiring relatively little financial outlay and staff time so those attending seminars and workshops had not experienced any difficulty in securing management commitment. Several project champions reported they had full institutional support for the SIP2 work programme.

There were no major reservations stated about attending SIP2 events. There were, however, as already described, reservations about conducting organisation-wide surveys on stress (not strictly speaking part of SIP2).

7.2   WORKSHOPS

The aspect of SIP2 which has involved the most participants to date has been running workshops on stress and absence management. It is therefore important to look specifically at participant views on these workshops. This section examines participant:

■ reasons for attending the workshops

■ views on the content of the workshops

■ perceptions of organisational impacts of the workshops.

7.2.1 Reasons for attending the workshops

Telephone survey data

The telephone survey asked employers who had attended a workshop (437 out of the sample of 500) what their reasons were for doing so (Table 7.1). The most common reasons given were that they wanted to keep up to date with best practice/broaden their knowledge of the issues (47 per cent), and/or improve their overall approach to stress and sickness absence management (33 per cent). This suggests that many workshop participants may already have been dealing with stress and absence management issues within their organisations in some way. They were therefore using their involvement in the SIP2 initiative to improve what they

were already doing, or planning/considering doing. Other reasons for attending the workshops were less common, but included wanting to introduce stress management processes (12 per cent), wanting to see how their organisation compared with others (13 per cent) and out of general interest (14 per cent).

Table 7.1: Reasons for attending the workshop

Reason for attending the workshop	%
Wanted to keep up to date with best practice and/or broaden knowledge	47
Wanted to improve overall approach to stress and absence management	33
General interest	14
To see how my organisation compares with others on this issue	13
Wanted to introduce stress management processes	12
Was required to attend by senior management	11
Because of my position of responsibility in the company	11
Wanted help to tackle some specific issues	9
Base (N)	*437*

Note: This was a multiple response question.

Source: IES/Ipsos-MORI survey of SIP2 participants, 2008

Case study data

The reasons why organisations participating in the case studies had sent individuals to the workshops often depended on the situation of their particular organisation in terms of managing stress and absence. In organisations where procedures and policies were already in place, delegates talked about wanting to obtain further help and clarity from the HSE. They also discussed their general interest in the subject matter and viewed the workshops as a benchmarking opportunity to see what other organisations were doing. Workshops were also seen as offering networking opportunities to meet other people in the same type of situation and to compare experiences.

> *'I … sort of sat in on the workshop and it's been quite useful things that came out of that, albeit most of those things we were already doing as an organisation, but it was quite a good way to see how other people were dealing with it.'*
> (Stress Champion, emergency service organisation)

Some delegates saw the workshops as an opportunity to gain advice and guidance on areas that they were already committed to working on. For example, in one local authority, the workshop delegate said that the organisation was very keen to find out as much as possible about the Management Standards as they wanted to use this framework within their organisation. In another local authority, managers felt that the HSE was the exemplar of best practice for stress and absence management.

> *'We look upon the HSE advice and guidance as best practice and we would always follow best practice.'*
> (HR Director, local authority)

In one local authority, the workshop delegate had felt that she was working very much on her own, and for her it was reassuring to meet people in the same types of situations, grappling with the same issues.

> *'I think it is getting comfort from the fact that you are not as bad as you think. Yes, you think, yes, other people have done that or, well they were really good but they haven't done anything about that. To me it was good to know because I have sat down and I have just written these policies from scratch looking at the guidance and things and with the knowledge I have of how they work in the procedures. So it was good to know that I was doing things similar to other people or in some stages we were more advanced than other people.'*
>
> (HR member for stress, local authority)

In the education sector organisation, corporate image was seen to be very important by senior management and therefore being well networked with many organisations, including HSE, was seen as key.

Other organisations were specifically looking for help to improve their practice in relation to stress and absence management. In one local authority, responding to the identification of stress as a specific issue within the organisation, it was felt that involvement in the initiative would help to increase awareness of work-related stress, and this would help in reducing levels of sickness absence. In another local authority, where high absence levels were also seen as problematic, the workshops were seen as a useful way to check that it was doing the right things and an opportunity to learn from others.

> *'I mean there have been some very high profile cases, where employers haven't done the right thing and paid the penalty. And I felt to back up our policy when I saw what was being run by the HSE, I thought it looked a good programme and I like to support things that the HSE run.'*
>
> (Health and Safety Adviser, local authority)

For most of the case study organisations, involvement with SIP2 was relatively minimal, consisting of attendance at a workshop, and so no organisation reported difficulties in gaining senior management commitment to attending. In most organisations there was already a management commitment to health and well-being issues more generally, and so it was not usually necessary to seek additional buy-in to the basic principles of SIP2.

One health sector organisation cited the business case as a clear reason for getting involved in this initiative, both in terms of immediate benefits and the broader picture.

> *'The simplest business benefits are around supporting reduction in staff absence, supporting – managing, particularly managing the use of temporary staff and across the organisation – so that's the most – I guess the most starred element. Then we have, as I said, the knock-on implications around the sort of unseen elements of managing stress and absence at work in terms of the effect it has on colleagues in the workplace. The knock-on effects in terms of stress impacts on the attractiveness of the organisation in terms of people coming into it – turnover, good people leaving the organisation – so all of the hidden things that actually are getting involved in this initiative and actually improving the working environment and the work- life balance for individuals has a clear, almost a clearly identified business benefit, but I think a much broader business benefit which will inevitably be much harder to quantify.'*
>
> (Director of Finance, health sector organisation)

7.2.2 Responses to the workshops

Telephone survey data

Having attended workshops, participant responses were largely positive. In the telephone survey the vast majority of employers (94 per cent) felt that attending one had met their needs a great deal or a fair amount (Figure 7.1). Around one-third of survey participants felt that the workshops could be improved in some way, and there were a range of different improvements suggested. The most common of these related to the need for more in-depth or broader information, and case studies or practical examples were suggested as ways to provide this. Another set of suggestions related to the way that the workshops were organised, either the mix of participants, the venue, or other aspects of the administration of the day.

Figure 7.1: Extent to which workshop participants felt that the workshops met their needs
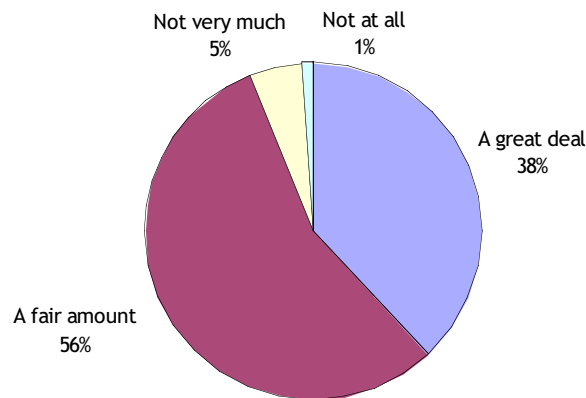
Note: Base is all participating employers (N=437).

Source: IES/Ipsos-MORI survey of SIP2 participants, 2008

Respondents were also asked whether there was any way in which the workshops could be improved. Only a few respondents said they could think of any improvements: 24 people wanted more in-depth information, 23 wanted more case studies and practical examples, 15 wanted the workshop to cover more topics, 14 thought that the workshops should have been arranged into groups based on similar levels of knowledge and experience, 13 wanted a different mix of participants, eight wanted more opportunity to share best practice, seven wanted a closer venue, six individuals thought that there should be a better ratio of delegates to HSE staff, six felt that the workshop had the characteristics of a sales pitch, six felt that they had been poorly organised, six also wanted more regular workshops, five individuals thought that more time could have been spent on explaining the basics, and five would have liked more time to have been available. Overall, over 64 per cent said that they could not think of any improvements that could be made to the workshops.

Case study data

Delegates interviewed during the case study work were also generally positive about the workshops. More specifically the sessions were seen as useful, as was the guidance offered. Some had also gained ideas about how to take things forward within their organisation in the future.

In terms of practicalities, one delegate from a local authority liked the fact that the workshops split participants up into small discussion groups, which they felt was useful as it got people to open up and talk.

> *'You are in little groups and you got to discussing in your group, personally I'm comfortable in discussing in little groups – it is when they say, "Right you feed back for the rest of the group", and I don't like to do that. At least I could participate and get the views of other people.'*
>
> (HR member for stress, local authority)

Suggestions for future improvements from one delegate, from the health sector, was that networking opportunities would be enhanced by focusing individual workshops on organisations with similar characteristics.

> *'I seem to remember everybody came from very different environments and there wasn't much sharing of current practices or anything like that.'*
>
> (Stress Project Manager, health sector organisation)

One education sector organisation delegate said that whilst they had enjoyed the day very much, their organisation was perhaps further along with the process of managing well-being issues than many other organisations attending that particular workshop. They therefore felt that, in their case, HSE was 'preaching to the converted'.

7.2.3 Perceived impact of the workshops

Telephone survey data

Views on whether the workshops had resulted in any impact on organisational ability to manage stress and absence were also positive, as evidenced by results from the survey (Table 7.2). Overall, responses regarding the impact of workshops on organisational approaches to stress were slightly more positive than with regard to absence management, but the vast majority felt that there had been either a great deal or a fair amount of impact on their organisation in relation to both issues.

Table 7.2: Extent to which participants believe that attending SIP2 workshop has made/will make an impact on the way that their organisation manages absence and stress

Views on the impact of the workshops	Absence %	Stress %
A great deal	16	20
A fair amount	57	62
Not very much	22	13
Not at all	3	4
Don't know	2	1
Base (N)	*437*	*437*

Source: IES/Ipsos-MORI survey of SIP2 participants, 2008

More specifically, the telephone survey participants were asked about their views on whether the workshops had helped them in three key areas (Table 7.3):

■ Enabling them to present a convincing case to senior management for managing sickness absence – 64 per cent agreed that the workshops had achieved this.

■ Enabling them to take forward the Management Standards approach to work-related stress in their organisations – 83 per cent agreed that they had been able to do so.

■ Enabling them to convince other managers that changes in absence and stress management are necessary – 72 per cent agreed that this had happened.

Overall, therefore, the views were very positive about the types of impact that the workshops had made on participating organisations.

Table 7.3: Perceived impact of the workshops

	Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree	No changes necessary	Don't know	Base (N)
Enabled the presentation of convincing case to senior management for managing sickness absence %	26	38	14	10	3	7	1	437
Have knowledge needed to take forward the Management Standards approach to work-related stress in my organisation %	42	41	4	7	3	4	-	437
Allowed me to convince other managers in my organisation that changes in the way we manage stress and sickness absence are necessary %	28	44	9	10	4	5	1	437

Source: IES/Ipsos-MORI survey of SIP2 participants, 2008

Case study data

Amongst the case studies, the main gains cited were increased awareness of stress and absence management, and more of a focus on these issues. However, changes to awareness and a greater organisational focus on the issues were felt to have then led to other changes in a number of cases.

Some organisations now had more confidence in the approaches they were already adopting, after discussing their experiences with other organisations during the workshops.

'Well, I always think the most you gain is listening to what's happening elsewhere. And, you know, because we can all think, "Oh! I don't think we are doing enough here", when things don't seem to go quite right but once you get networking and you listen to other people. "Oh we are doing that, no we're not, that's a good idea, perhaps we could do that", we are a lot further in front then they are, so I think you know, how it works on the ground is the most important thing.'

(Health and Safety Adviser, local authority)

One delegate from the health sector felt that they now had more insight into the Management Standards.

> *'I do think things have changed. Stress management has been high on the agenda and certainly we are doing a lot more than other organisations are doing across the NHS. Quite a lot of people have come to us to say, "What are you doing? What work have you got in place?" I'm just trying to think in terms of the actual session, it probably gave us more insight into what Management Standards were, specific information. I suppose in terms of how to do things differently. It is that kind of keeping the focus on what is going on and that individual support for organisations.'*
>
> (Stress Project Manager, health sector organisation)

In one local authority, there was an indication that the ideas conferred by the workshop had been taken forward to the organisational development group and champions group in managing sickness absence and stress and incorporated into this organisation's ongoing review of stress and absence management. Specifically, the workshop had indicated to this organisation that the current processes it had in place to manage stress were overly complex.

> *'I mean, I will say when we saw the presentation from HSE on stress management and you look at the way in which they're asking you to manage it and we look at how difficult we make it for ourselves and the [organisation] demands, it just doesn't make sense does it?'*
>
> (Staff focus group participant, local authority)

In this organisation, there was also a sense that a proactive approach to managing stress had not been fully incorporated into management practices.

> *'I think with stress we could have a more proactive approach. I think we tend to be really reactive when it comes to stress and we don't learn by mistakes that we make and I think we could do that and learn a lot.'*
>
> (Staff focus group participant, local authority)

It was often difficult for interviewees to pinpoint tangible changes that had occurred as a direct result of the workshops. However, some organisations found that more actions had been taken in the areas of stress and absence management after having attended the workshop, although not necessarily *solely* because of the workshop. One local authority HR adviser said that a number of initiatives, such as setting up stress management workshops, had now been undertaken, but it was difficult to say whether this was due to a colleague attending the workshop, coincidence, or the result of an increased focus on stress.

However, in another local authority, the workshop delegate came away with the decision to revise the organisation's stress policies and run the stress survey to detect issues around the six areas in the Management Standards (the survey was carried out in July 2007). Another local authority said that it had set up a steering group for managing stress as a direct result of having attended a workshop. It was felt that this would help the organisation to advance in this area, as it would help to share the load amongst a broader range of staff and no longer leave stress management to one person to manage alongside their normal workload.

> *'I sort of identified, yes we have done this, this and this and the safety rep said what we didn't have was a steering group. I felt that is possibly why we hadn't got as far as we could last time because it was left to me as a lone ranger trying to encourage people along with another workload to do things. After I came back from that first workshop I reported back to the management team on the different changes that were needed and identified that we could do with a steering group.'*
>
> (HR member for stress, local authority)

Overall, therefore, the general impact of the workshops was positive and delegates generally felt that the workshops were effective in communicating the tools that they felt they needed to manage sickness absence and stress in their organisations. Certainly, a majority of the telephone survey respondents strongly agreed or tended to agree that the workshops had enabled them to present a convincing case to senior management for the management of sickness absence. Similarly, a majority of the telephone survey respondents strongly agreed or tended to agree that the workshops had given them the knowledge that they needed to take forward the Management Standards approach to work-related stress in their organisation. Translating this into actual, concrete action back in the workplace was more difficult, although, as noted above, after attending the workshops some delegates in our case study organisations felt that confidence in tackling stress and absence had increased, as had the organisation's ability to focus on stress and absence management.

7.3 MASTERCLASSES

There were fewer participants at masterclasses, reflecting the fact that fewer masterclass sessions than workshops had been run at the time of the research. Around one-fifth of respondents to the telephone survey had attended a masterclass (95 individuals), and six of the case studies had sent at least one delegate to a masterclass. This section focuses on the reasons these individuals had for attending the classes, their perceptions of the sessions and any changes made within their organisations as a result.

7.3.1 Reasons for attending the masterclasses

The impetus for attending the masterclasses was similar to the reasons for attending the workshops in that delegates were generally already engaged with the issues of absence and stress management and wanted to find out more about how to deal with them successfully. Delegates also wanted to meet with other people dealing with the same problems, so that they could learn from this.

From the case study data, as with the workshops, delegates particularly liked the networking and benchmarking aspects of the masterclasses, and the fact that they enabled them to focus on specific issues that they would not normally easily have time to consider.

> *'And they had a follow up session in* [place name] *and there were a lot of people there, several hundred. And that was really good because we were broken up into focus groups and it was facilitated by an HSE Inspector, each group, and one other and they went round the table to see what each organisation was doing, local authorities, there were National Health trusts people, private sector there were all sorts of people. And then in the afternoon there were different presentations for about 45 minutes, you know from different people, and it was a good day.'*
>
> (Health and Safety Adviser, local authority)

Other delegates wanted reassurance from HSE and from other organisations that they were on the right track. One delegate, from a local authority, expressed strong appreciation that the masterclass had given them confidence to go back to their organisation and to work on these issues. Some delegates felt that they wanted to take up any advice and guidance that HSE was offering, believing that this was very worthwhile.

> *'I think it was a case of any help you can get, in getting better. Going to the masterclass helped me. I think sometimes there is an element of thinking, I should go because it shows that the organisation is bothered as well. A day out of work, which is a commitment to the organisation but I do think if the HSE are offering help, then you would be silly not to take it.'*
>
> (HR member for stress, local authority)

7.3.2 Responses to the masterclasses

Telephone survey data

The majority of masterclass delegates participating in the telephone survey (86 per cent, which was 78 individuals) felt that the session had been either very or fairly useful (Figure 7.2). The few individuals that did not find masterclasses useful either felt that they were not practical enough (four individuals), and/or that it did not cover anything new for them (four individuals).

Figure 7.2: Useful characteristics of the masterclasses
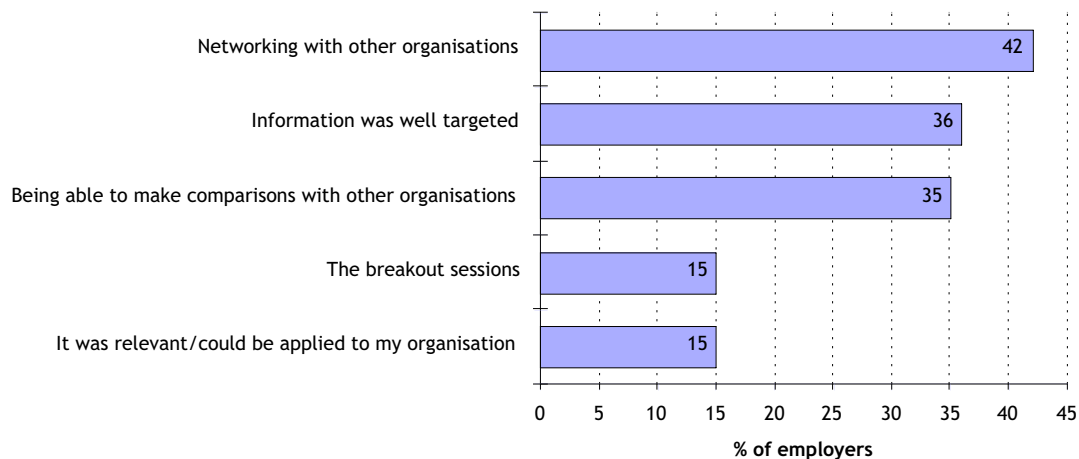
Note: Base is all organisations with experience of attending masterclasses (N=78).

Source: IES/Ipsos-MORI survey of SIP2 participants, 2008

Case study data

Amongst the case studies, the views on the masterclasses were overwhelmingly positive. One delegate from a local authority, however, felt that the breakdown of groups could have been better arranged in terms of ensuring that delegates were with people from similar types of organisations.

> *'The breakout groups there, I can't remember which one it was at now particularly, but I know one of them they mixed up local authorities, education, health sector and that and I think, it would have been better if those breakout groups had of been local authorities together, health sector together, education together because I think, you know, there is achievement between us, whereas, you know, the needs of a mental health trust are probably a bit different to the needs of a local authority.'*
>
> (Health and Safety Adviser and project manager, local authority)

7.3.3 Perceived impact of the masterclasses

Telephone survey data

Around a quarter (24 per cent) of those attending masterclasses stated that, as a result, they had made specific changes to the way that stress is managed within their organisation. A further 60 per cent said that they were planning to make changes as a result of the masterclass. Examples of changes already made included implementing a new policy or strategy, examining monitoring systems and overall systems to manage stress and absence, introducing more training and setting up focus groups or discussion groups.

Respondents were also asked about the extent to which they thought having attended the masterclass would have a positive impact on the way that their organisation manages stress (Figure 7.3). The majority felt that it had made an impact of some kind.

Figure 7.3: Whether masterclasses are perceived to have a positive impact on the way that participating organisations manage stress
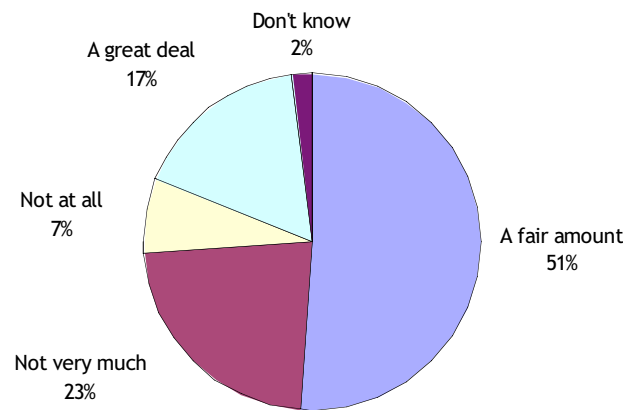
Note: Base is all organisations with experience of attending masterclasses (N=95).

Source: IES/Ipsos-MORI survey of SIP2 participants, 2008

Masterclass participants were also asked (as was the case for workshop participants), whether the sessions had helped them with regard to three aspects of organisational action (Table 7.4):

1. Enabling them to present a convincing case to senior management for managing sickness absence – 47 per cent agreed that the workshops had achieved this.

2. Enabling them to take forward the Management Standards approach to work-related stress in their organisations – 73 per cent agreed that they had been able to do so.

3. Enabling them to convince other managers that changes in absence and stress management are necessary – 64 per cent agreed that this had happened.

As was the case for the workshops, therefore, masterclass participants viewed their experience on the day positively. However, a lower proportion (although this was based on a much smaller number of participants), felt that the masterclasses had been able to help them move forward on absence (either by putting a convincing case to management or convincing other managers of the need to move forward).

Table 7.4: Perceived impact of the masterclasses

	Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree	No changes necessary	Don't know
Enabled the presentation of convincing case to senior management for managing sickness absence %	28	19	15	14	7	16	1
Have knowledge needed to take forward the Management Standards approach to work-related stress in my organisation %	41	32	5	9	2	11	-
Allowed me to convince other managers in my organisation that changes in the way we manage stress and sickness absence are necessary %	32	32	8	13	4	8	3

Source: IES/Ipsos-MORI survey of SIP2 participants, 2008

Case study data

Amongst the case studies, the general view was that masterclass participants had increased their understanding of, and confidence to deal with, the issues surrounding absence and stress management as a result.

As with the workshops, it is difficult to pinpoint many tangible changes that have taken place in organisations following the masterclasses. However, one delegate from the health sector expressed the view that after the masterclass, the organisation had continued to do what it had already been doing in the areas of absence and stress management, but in a more focused way, for example by running health promotion initiatives on stress. This organisation had also set up a Stress at Work group alongside existing staff welfare initiatives, in order to place more emphasis on tackling this specific area.

Some changes, such as policy updates and more training had been put into place following attendance at workshops and masterclasses, although it was sometimes difficult to say with complete confidence that these were directly attributable to attending the masterclasses.

7.3.4 Overall impact

Overall, therefore, when assessing the impact of the masterclasses in terms of helping organisations to implement changes to stress and absence management, as with the workshops, the general communication of the issues tended to be viewed as positive. A significant number of delegates, according to the telephone survey, said that they felt that the masterclass had enabled them to present a convincing case to senior management for managing sickness absence, a majority of delegates said that the masterclass had given them the knowledge they needed to take forward the Management Standards approach to work-related stress in their organisation, and likewise, a majority said that the masterclass had allowed them to convince other managers in their organisation that changes in the way they manage stress and sickness absence are necessary. Nevertheless, as with the workshops, it appeared to be difficult for delegates to translate the knowledge and skills into concrete action in their organisations. Some actual examples of concrete changes to stress and absence management following attendance at a masterclass have been cited above, although, as already noted, it could be difficult to establish whether these changes were solely attributable to attendance at a masterclass.

7.4   TELEPHONE HELPLINE

The telephone survey asked respondents whether they were aware of the telephone helpline, and the majority (68 per cent) were. However, of these, fewer than one in ten had actually gone on to use the service. The main reasons given by these few (only 32) users for calling the helpline were to:

■   address a specific problem or issue (12 individuals)

■   ask for general guidance (nine individuals)

■   clarify something relating to the workshop (five individuals).

None of the case study organisations in this research had used the helpline, although some said that they were aware of it, but would be unlikely to use it. The general feeling was that if they experienced a problem in the area of absence or stress management, they would talk to relevant people in their organisation or would look on the HSE website or elsewhere on the Internet for guidance.

7.5   INSPECTION VISITS

Two of the case study organisations had received an inspection visit as part of the SIP2 initiative, both of which were local authorities.

In the first organisation, the inspection lasted for half a day and involved the inspector talking with the organisation's steering group for work-related stress (ie not a wider range of staff than this). The inspector scored the organisation against performance indicators for work-related stress. The project manager with day-to-day responsibility for stress management had found the visit useful and supportive, and had not felt inconvenienced by it.

This organisation felt in general that it was doing quite well in terms of stress management, but the HR member for stress had nevertheless found the visit helpful in allowing relevant members of staff to talk through issues and to try to identify further actions.

> *'[It] is quite helpful to me to know that the procedures I have in place are what fit and what is expected ... I wasn't sure what to expect. He had been in just to have a catch up and mentioned he was doing [the inspection] so I had been able to give him like a little summary of where we were up to with stress. Then he had been in again looking at [another part of the organisation] and then back again, so he is quite used to the organisation and people know him so it is easy when it is somebody you have worked with before ... it was quite painless, it wasn't that bad ... he did say, "There is no right score to begin, we just want to make sure that you are getting on with things and treating it seriously." We have been doing it since 2003 but any help that we can get for doing things better is welcome.'*
>
> (HR member for stress, local authority)

The second organisation was not as advanced as the first in terms of stress management – it was in the early stages of implementing the Management Standards and stress had been identified as a problem within the organisation. Here, the HSE inspector made a series of recommendations on how the organisation should manage stress. The organisation felt that this was very useful in terms of helping it to move forward on this issue. When questioned about how its policies on stress and absence were derived, it was implied that the HSE visit had directly informed the organisation.

'The Health and Safety Executive spoke to a few of the people in the health and safety service and I think they gave the Health and Safety Executive information that covered what the [organisation] as a whole was trying to do in terms of stress ... if we can demonstrate the need for new initiatives then the support's there and the initiatives can come up with the goods, you know. I think, as I say, what's more difficult is changing the culture, you know, the managers' kind of practices and I think that's what the Health and Safety Executive was focusing on really and I think they're right.'

(Stress champion, local authority)

In addition, one health sector organisation, whilst not receiving a full inspection visit had met with an HSE inspector as preparation for an inspection that was due to take place during the following month. The individual who had met with the inspector felt that this preparatory meeting was useful. During the visit the inspection tool had been explained and the organisation had provided a file of preliminary evidence for the inspector to review with them.

Due to the fact that only two organisations in the case study sample had experienced a follow-up inspection, it is difficult to assess with any accuracy from this research how effective the inspections have been overall in getting the stress and absence management process moved along in organisations. Nevertheless, the evidence from the two organisations that had received inspections suggests that the inspections were effective. These organisations were at different stages in terms of stress management and both had felt that they had gained something from the inspections – the more advanced organisation had gleaned some guidance on how to move forward and the less advanced organisation had received a range of recommendations from the inspector on how it should manage stress, which it felt to be useful.

7.6   SUMMARY

■ In many cases, the SIP2 champions were well informed about health and well-being issues. Many case study employers were already taking action in relation to stress and absence, such as updating policies and improving manager training, and some were already beginning to see improvements prior to attending SIP2 events.

■ Few organisations specified concrete outputs that they hoped to see from attending SIP2 events but most felt that their involvement was a positive step and viewed working more closely with HSE in a positive light. SIP2 was frequently seen as a means of validating and benchmarking existing practice and developments and, for many organisations, part of a process of continuous learning and improvement.

■ Delegates at the workshops and masterclasses generally valued the experience of being able to attend an event to find out more about stress and absence management. The workshops were particularly valued as they offered the opportunity for delegates to benchmark the performance of their organisation against others, as well as the opportunity to network with staff from similar organisations. As a result of attending the workshops, delegates felt that they had learnt a lot and that this had made them more focused and more confident in tackling the issues.

■ Isolating the impact of the workshops and masterclasses was more difficult for organisations. Case study data suggests that changes included setting up steering groups, making changes to stress policies and procedures, and introducing more training and information for line managers, although it was often difficult to attribute these actions

solely to the workshops or the masterclasses. Many delegates appreciated taking time out from their day-to-day jobs to focus specifically on stress and absence management.

■ Whilst there was a general awareness of the telephone helpline service, few organisations appeared to have used it. Case study organisations felt more comfortable using internal, organisational, contacts to help solve issues, or felt that they would rather look for guidance on the Internet.

■ Two case study organisations had experienced an inspection visit, and another was preparing for a visit at the time of the IES study visit. These three organisations, so far, viewed their experiences of working with inspectors in a positive light.

8   POLICY DEVELOPMENT

This chapter is based on a review of the contents of both the absence/attendance policy documents and the stress policy documents collected from seven of ten of the participant organisations. A discussion of the formats and contents of the documents is made followed by analysis of the policy documentation against HSE recommended approach in the case of stress management and expected good practice in the case of absence/attendance management.

Further information on how the policies were developed and the impact of the HSE interventions on their development will be introduced from the case studies where appropriate.

8.1   ABSENCE AND ATTENDANCE POLICIES

This section starts with a overview of the format and basic coverage of documents followed by an outline of good practice in formulating absence policies, to put the contents of the documents in context. The policies are then described with reference to:

■ expectation of attendance and absence levels

■ senior commitment and understanding of costs

■ roles and procedures for managing absence.

Finally, consideration is given to the impact of the organisations' attendance at SIP2 events on the development of their absence policy.

8.1.1 Format and basic coverage of policy

Some organisations had a single and lengthy policy document dealing with absence/attendance which included sections on relevant procedures. Others had a short policy document and a suite of specific and separate procedures (eg different procedures for the reporting of absence, managing repeated short-term absences, and in reference to long-term absences). Including all the various procedures and appendices (however they were formatted) resulted in a substantial amount of reading in most organisations. One organisation managed to cover the area within seven and a half pages, most were twice this length or more, with the longest being 33 pages. These are notably shorter than absence policies reviewed in previous work by IES[2] and there were indications that at least one organisation, in the health sector, had taken recent steps to reduce the length of the policy.

Most organisations had very detailed prescriptive procedures for reporting and certifying absence. The other area which involved detailed procedures was that of conducting informal and formal review meetings with individual employees when their absence reached a certain level. The space required to describe these procedures therefore tended to dominate the policies and could overwhelm other elements of the policy.

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[2]   *Hayday S, Broughton A, Tyers C (2007), Managing Sickness Absence in the Police Service: A Review of Current Practices, Research Report RR582, Health and Safety Executive, September 2007.*

Sickness versus other types of absence

Absence due to sickness was covered by the policies, with only one organisation, a local authority, having an absence policy which also covered 'absence not relating to the health of the employee', and gave examples such as domestic emergencies, death of relatives, elective surgery etc. In this organisation, the absence reporting procedure was the same whatever the reason. However, there were additional procedures for the management of repeated short-term or long-term absence.

Attendance versus absence

Absence featured more prominently than attendance in the title of the policies, and in the associated documents. Four of the organisations had absence but not attendance in the title of their policy and procedure. By contrast, one organisation, in the health sector, mentioned attendance but not absence in the title. Two organisations used more cumbersome titles which included both absence and attendance. The remaining organisation, from the finance sector, did not supply a policy as such but had both an Attendance Improvement Procedure and a procedure on absence reporting. One policy, from a local authority, had a section titled 'recognition of attendance' which stated that *'The Council accepts that a large number of employees make a consistent effort to have an exemplary attendance record. It will therefore ensure that systems are in place to formally recognise these employees'*. However, this was a rather unusual feature and no further reference was made to such recognition systems.

8.1.2 Best practice in absence policy

Hayday et al. (2007)[3], using a variety of sources, state that *'it is apparent that effective absence practice needs to be based on a clear absence policy which states the organisation's expectations regarding absence and gives the procedures which will be applied'* and go on to say that according to these sources an effective absence policy should have the following key elements:

■ Statements concerning the attendance levels expected which explain that:

  □ the organisation pays employees to attend and that attendance is accepted as the norm

  □ any absence is costly in terms of reduced efficiency, temporary coverage and impact on customer service

  □ it is recognised that some limited absence is unavoidable and that appropriate support is available to those who are legitimately absent with the aim of aiding return to work as soon as possible.

■ Clear management commitment to the organisation's absence policies and procedures demonstrated by:

  □ explicit senior management commitment to the absence policy

  □ a good understanding of the real costs of absence to the organisation.

■ Clarity of roles and procedures for managing absence:

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[3] *Ibid.*

- □ notification and certification requirements from employees

- □ role of the line manager and the procedures to be followed by them

- □ role of occupational health and the support they can provide

- □ processes for managing short-term absence

- □ processes for managing long-term absence

- □ use of absence data for selection purposes.

8.1.3 Expectations of attendance and absence levels

The first thing to consider is whether the policy clearly communicates to staff that the organisation pays employees to attend and that attendance is the norm. One of the policies, belonging to a local authority, explicitly stated that '*employees are paid on the basis of satisfactory attendance and performance*'. Another, in the education sector, framed the expectation within organisational support: '*the Institute intends to ensure that all employees are suitably deployed and supported so that they are able, to the best of their ability, to give constant and regular attendance at work and meet the required standards of performance and attendance*'. Most other policies spoke about the need for regular attendance in some way.

Some organisations used a very light touch when specifying their expectations regarding attendance, however. One policy, from a health sector organisation, aimed '*to enable the attendance of all employees throughout the working week*'. Another health sector policy opened with the statement that '*the health and welfare of its staff is of paramount importance*' and goes on to talk about health promotion saying that the organisation will '*promote well-being and support staff to achieve good levels of attendance*'.

A key feature of most of the policies is that they opened with one or more balanced statements or a set of objectives. Some policies spoke of the responsibilities of employees and the responsibilities of the organisation. Some recognised that full attendance is not possible at all times due to ill-health but that absence was a problem. Others spoke of the support the organisation may extend to an employee and the sanctions that were also available.

> '*It is recognised that from time to time it may not be possible for employees to attend work regularly due to ill-health. The company will endeavour to assist with employees with genuine difficulties ... Unauthorised absence, abuse of the sick pay scheme and failure to comply with the absence reporting procedure, will be subject to action in accordance with the Disciplinary Procedure.*'
>
> (Finance sector organisation)

> '*The Council is concerned for the well-being of its employees and seeks to protect their health and safety by creating a safe working environment. In return the Council expect all employees to take reasonable care of their own health, seek medical help whenever appropriate and to attend work when fit to do so.*'
>
> (Local authority)

A variety of problems caused by absence were communicated quite explicitly in the policies. Most commonly these discussed how absence caused operational difficulties, impacting on quality of service levels and/or resulting in other staff having to pick up the work. One organisation discussed the impacts of absence on safety and security.

8.1.4 Acknowledging the costs of absence

The costs of absence (eg providing temporary cover) were not specifically mentioned by any organisation. A more typical statement was:

> *'Good levels of attendance are a critical success factor ... Failure to take this seriously affects the Council's overall level of efficiency and imposes additional workload on other colleagues.'*
>
> (Local authority).

One policy, from a local authority, mentioned *'the need to be publicly accountable for its resource allocation and customer service, as well as the impact that high levels of sickness absence has on other employees'*. Towards the end of another policy, in the health sector, there was a note that *'possible financial implications may result from not following procedures in that employment tribunals expect procedures to be followed and also that failure to comply with procedures could result in the Trust incurring costs from claims that include constructive dismissal or wrongful dismissal brought by former employees'*.

8.1.5 Strategic importance of absence

There were no strong statements of senior commitment to reducing absence within the introduction of the policies. One policy, in the health sector, opens with *'The Trust takes seriously its role as a caring and sympathetic employer when managing cases of short-term, long-term and chronic ill health ... '* Another, from a local authority, contained a statement that the organisation *'has an obligation to consider the effects of persistent absence on the organisation'*.

Two of the policies, both belonging to organisations in the health sector, indicated that the Director/Head of Human Resources was responsible for its implementation, for example listed as a lead officer, and/or *'is responsible for ensuring that this policy is applied in a consistent and equitable way'*. However, in some policies, responsibilities were laid out for senior managers or the management team:

> *'All Senior Managers have: Responsibility for and commitment to controlling absence ensuring that this is manifested at all levels of organisation. Responsibility for ensuring procedures are observed and consistently applied by appropriate managers.'*
>
> (Health sector organisation)

> *'Management Team – to give clear commitment to managing absence and to supporting the implementation of various policies and procedures aimed at reducing absence, promoting a healthy and safe workplace and helping employees return to work.'*
>
> (Local authority)

Only one policy, in the health sector, actually specified an aim of reducing absence. This organisation's policy statement included a note that the Trust aims to reduce absence levels to three per cent by 2010 in line with their Human Resources Workforce Strategy. However, another, also in the health sector, noted that targets for reduction in absence levels are set annually.

The need for consistency and fairness in the policy and procedures was another fairly common feature of the introduction to the policy documents. There appeared to be two aspects of this feature. One was to avoid inconsistent treatment of staff who have been

absent and therefore opening the organisation up to unfair dismissal or wrongful dismissal claims, should an absence review result in a dismissal. The other aspect was a recognition that the absence of some employees can put pressure on other staff, which may undermine the organisation's ability to meet its duty of care.

8.1.6 Roles and procedures for managing absence

A number of different procedures were in place which were designed specifically to manage absence. These involved a range of parties at different stages of the process.

Absence reporting procedures

All organisational policies in this review had detailed procedures for reporting and certifying absence. These were all similar and clearly stated. Most preferred that notification was direct to the employee's line manager by the employee themselves and not via a friend or relative, or via text or email. Some stated this as an absolute requirement. Prompt notification was also preferred, with most expecting that the line manager would be notified before the shift or within an hour of the normal start time at the latest. Several policies stated that failure to follow correct notification procedure could result in disciplinary action (in the finance sector organisation, two health sector organisations and two local authorities).

Two policies required staff to report on the fourth day of an absence that they were still absent (in two local authorities), while others spoke of maintaining regular contact with the employee/line manager. Certification requirements were also clearly given in the documents, with the general procedure to self-certify for the first seven calendar days. There was little mention of how the absence would be covered in either the policy or in the manager guidelines.

Return to work interviews

A requirement for a return to work interview (usually conducted by the line manager informally) was contained within every organisation. Some organisations emphasised that such interviews were required after every absence. A reasonable amount of detail was provided on the potential content of return to work interviews and included the following:

■ To welcome staff back/express concern for the employee's health.

■ To check fitness to resume normal duties/explore whether any help is needed.

■ To cover issues contributing to absence, and to check if absence is due to work-related injury or illness.

■ Referrals to OH.

■ Stress management support.

■ Underlying medical conditions and disability.

■ To highlight if a pattern of absence is becoming a matter of concern.

Guidance for managers on when to act

The line manager role featured significantly in all the policies, with some organisations also having separate additional guidelines for managers (two local authorities). The degree to which line manager discretion was encouraged varied. One local authority provided eight

different template letters for managers to communicate with employees during the review of short-term absence process and states that:

> *'The trigger level for an employee to fall within the scope of this procedure is three short-term absences (ie absence lasting less than 28 calendar days) in any 12-month rolling period. This is a mandatory trigger and managers do not have the discretion to vary this or discount absence for whatever reason.'*

In contrast, another document, from the finance sector organisation, noted that:

> *'Each case will be different; the following procedure is for guidance but in many cases it will be both necessary and appropriate to exercise discretion.'*

Another organisation's management guidelines contain a section on assessing absence patterns where:

> *' ... it is stressed that managerial discretion should be exercised when deciding how to proceed with individual cases'* and goes on to say *'hard and fast rules are not practicable due to the diversity and complexity of individual situations.'*

But later this document does give trigger points where *'review must always be taken when the following absence patterns are identified'*.

Still another, in the education sector, saw the trigger points as minimum points of intervention and noted that *'no trigger is required for a line manager to take informal or formal action to manage an individual's sickness absence'*. That is, the line manager may take informal or formal action to manage an individual's sickness absence at any time but managers must hold formal meetings with individuals who have been off sick for three episodes in any rolling 12-month period or for a period of three weeks.

All the organisations used trigger points to prompt a review of absence. Only one explicitly referred to Bradford scores[4] (a health sector organisation) although all the systems heavily weighted number of episodes relative to overall length of episodes. There was more than a single type of trigger, although three episodes of absence in a six-month rolling period was a reasonably common trigger. Often, line managers were referred to occupational health for support in managing long-term absence.

Dealing with repeated instances or longer-term absence

Most organisations covered the management of repeated short-term absence and long-term absences with separate sections of their policy or in separate documents. Often, definitions were given of what constituted long- and short-term absence and guidelines were usually given on problematic patterns of short-term absence. However, the policy of the education sector organisation was unclear in this matter. On one hand the policy stated that it applied to absences of any length but unlike the policies did not discuss the different length and patterns of absence. It did not detail how managers should address poor attendance or long-term absence. It would appear that management of sickness absence problems was done through this organisation's Effective Employment Procedure.

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[4] *Bradford Score – Common trigger mechanism when dealing with absence, first mentioned in IDS Studies in the 1980s. S x S x D = score where: S is the number of occasions of absence in the last 52 weeks and D is the total number of days' absence in the last 52 weeks.*

The procedures for the management of short-term sickness absence (after the initial trigger point) generally involved an informal initial meeting between the line manager and the employee, followed by increasingly formal review meetings.

By contrast, the procedures for managing long-term absence focused more on the return to work phase. Phased return to work was a common adjustment mentioned in the policies. Where financing of such an adjustment was mentioned, it suggested that such phased returns would not be financially supported by the organisation, or only for a very limited period.

Use of occupational health support

It would appear that all seven of the organisations had some sort of occupational health provision, as reference was made to the role of occupational health in either the absence/attendance policy or related documents. Occupational health provision featured significantly in most of the policies, most commonly having a role in:

■ Assessing fitness to work during various stages from pre-employment through periods of long-term absence to ill-health retirement/dismissal.

■ Helping to manage cases of return to work and temporary adjustments.

■ Assisting with cases of permanent adjustments and potential disability cases.

■ Investigating underlying causes of frequent short-term absence (less commonly).

Occasionally, a wider role for OH was described. One organisation spoke of OH professionals *"working with staff and managers to improve the health and well-being of staff"* and included the following activities along with the more common ones already mentioned.

> *'Improving the work organisation and the working environment.'*

> *'Promoting active participation of staff in health activities.'*

> *'Encouraging personal development.'*

(Local authority)

Use of absence data

There was little information on the storage of absence data, or how it might be used or analysed to provide additional information for the organisation. This finding is similar to the conclusions of IES research evaluating the SIP1 initiative, which found that no organisations were strategically using absence data.[5] Certainly there was no reference to the use of absence data for selection purposes. One policy, from a health sector organisation, noted that there is the possibility that breach of confidentiality will be dealt with under disciplinary procedures if an employee's privacy is not respected by a manager.

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[5]   Tyers C, Broughton A, Denvir A, Wilson S, O'Regan S (2009), *Organisational Responses to the HSE Management Standards for Work-related Stress, Health and Safety Executive (HSE)*

8.1.7 Influence of the Management Standards on policy development

Policy documents and related procedures covering topics such as absence reporting and the management of poor attendance were complex and sophisticated. This is to be expected as, in contrast to the stress management policies, most of these policies would have a long history. Some of the procedures are extremely detailed and reflect long established employment rights, and these current policies may have been refined from earlier versions through difficult experiences (eg employment tribunal cases). Although one of the seven policies was still in draft form, this reflects the fact that this organisation (from the health sector) was the product of a recent merger. Its current policy therefore built on the existing policies and procedures of three different, merged, organisations. Five of the seven available policy documents were dated. The most recent was dated as June 2008 with the earliest dated as March 2007, but these dates merely reflect revised editions, as regular updating of such policies is the norm.

It might be expected that, had policies been influenced by the organisation's attendance at SIP2 events, they might include reference to work-related stress. They may also be concerned with reducing the incidence of workplace injuries and illness as a means of reducing absence, that is taking a preventative approach or even involving risk assessment.

8.1.8 References to stress within absence policies

All but one case study organisation (this was in the education sector) referenced stress within their absence/attendance policies. Three absence policies indicated that special attention needed to be given to cases of sickness absence which involved stress (the finance case study and two local authorities).

In one example, if an episode of sickness absence was identified as being stress-related, it served as a trigger point for early intervention. In another organisation (from the finance sector), managers are given special instructions for stress-related illnesses. This states that they should familiarise themselves with the stress policy and carry out a risk assessment with the employee to identify causes of stress and the actions that should be taken to alleviate it. Although in this policy there is also an option of referring the employee to the EAP, the emphasis is on identifying the stressors (root causes) and agreeing an action plan to reduce them. In parallel, guidelines for employees on the same subject ask them to bring it to their manager's attention when their absence may be stress related. This is in order that they can discuss ways to address, together, what may be causing the stress.

Another organisation, a local authority, noted under its short-term sickness absence procedure that:

> *'If at any stage in the procedure an employee identifies that they may be suffering from work-related stress then the procedure should be followed in conjunction with the Procedure for Managing Work-Related Stress.'*

Other policies made more general links to stress. One way in which this was done was simply to refer readers to a parallel policy on managing stress. Stress also sometimes features in return to work procedures, for example in one local authority policy. Alternatively, a statement linking sickness absence and stress was used in the introduction of the policy, for example:

> *'Monitoring sickness absence is important in order to help pinpoint work-related issues such as health and safety risks, stress and bullying. Tackling such organisational issues can have a significant [sic] on reducing absence.'*
>
> (Health sector organisation)

Stress featured extensively in the absence policy of an organisation from the health sector. One of the ten objectives of this policy is *'to ensure the management of stress, which is recognised as a key area in the management of absence'*. It goes on to say (under key features of the policy):

> *' ... that it is incumbent on all managers to ensure a safe working environment. This includes awareness that high levels of stress can lead to short- or long-term problems.'*

The theme is continued throughout this policy and manager guidelines. One of the seven manager responsibilities listed in the policy is *'in dealing with employee stress issues, make use of training initiatives to overcome these issues, which may include assertiveness, stress management or time management'*. One of the employee responsibilities listed is *'must report any feelings of stress to their manager as soon as possible'*. This policy goes on to state that the organisation has a methodology for dealing with employee stress including the harassment and grievance policy, support from occupational health and the counselling service. Management of organisational stress is suggested as further reading at the end of the policy.

Within the finance sector case study, manager guidelines include special instructions for illness which is stress related. This states that they should familiarise themselves with the stress policy and carry out a risk assessment with the employee to identify what is causing the stress and what actions can be taken to alleviate the stress.

Less directly within the manager guidelines, managers are advised that during stage 2 of the sickness review, consideration must also be given to duties within the guidelines of the European Working Time Directive if they are being exceeded. They also advise that managers should give consideration to any personal problems or worries and discuss ways in which they may be resolved and the possibility of training needs, including stress management.

8.1.9 Prevention and risk assessment

The HSE philosophy centres on preventative measures, risk assessment and the elimination of risks rather than focusing on what steps to take when a case of ill-health has been identified. At first glance the approach of the policies reviewed for this research appears to be almost entirely reactive in nature, in that a large part of the procedures are taken up with notification and certification of absence and organisational responses to particular trigger points in individuals' sickness absence records.

However, all the organisations had processes intended to prevent longer-term absences from becoming entrenched or repeated short-term absences from going unchecked. In addition, return to work discussions feature quite prominently in the documents and many include, formally or informally, a risk assessment to consider contributing to absence, to check if absence is due to work-related injury or illness.

Some policies also mentioned prevention of sickness absence more generally. For example, in two organisations, one in the health sector and within a local authority, individuals are asked to maintain reasonable health standards and take reasonable precautions against illness and accidents, and managers allocated responsibility for promoting well-being. The general ethos of prevention of sickness absence is certainly communicated and the fact that it is linked to flexible working/special leave policy and stress at work policy further suggests some degree of prevention. More detail is not, however, provided on prevention except in the sense of return to work and rehabilitation.

'Employees have a responsibility to keep as healthy as possible through maintaining a healthy lifestyle and assisting with the promotion of a healthy working environment.'

'Managers are responsible for promoting well-being and attendance at work as well as managing sickness absence in their area.'

(Health sector organisation)

In some cases, ambitious and worthy aims communicated in the early part of a policy document were not matched with further detail in the rest of the document or related documents. For example, five strategic intentions are listed at the start of one policy (from the education sector) which are proactive and positive and include an intention to *'eliminate organisational factors that may lead to sickness absence, eg inappropriate patterns of work, lack of training and support, or factors relating to the working environment'*. However, this intention does not clearly relate to the elements of the policy and procedure and there is no further mention of how these organisational factors might be identified or addressed. Indeed, the details of the procedure focus more on reaction to individual cases of sickness absence.

8.2   STRESS MANAGEMENT POLICIES

As discussed, stress was often specifically referenced in more generic absence management policies. However, all case study organisations also had a separate document setting out their approach to stress management within the organisation.

8.2.1 Format

The documents dealing with stress are generally much shorter than those dealing with absence and similar in length to those reviewed in a previous study.[6] The shortest policy was one and a half pages (from the finance sector organisation), more commonly they were four pages and the longest was seven pages. However, all but one had further guidelines, more detailed procedures or appendices. For example, one organisation, a local authority, had a four-page policy in managing work-related stress, but also had a six-page procedure for managing work-related stress, a ten-page risk assessment procedure for work-related stress and four potential forms specific to work-related stress (ie rehabilitation plan, individual action plan, risk assessment, individual review record).

Some of the policy documents appeared to be reasonably well established (though obviously not as long established as the absence/attendance policies). Data from the case studies indicates that at least four of these seven organisations had stress policies in place prior to attending SIP2 events. One of the policies dated from as early as 2003 and another from early in 2005 (both from local authorities). Other policies may have been older, but it is difficult to determine from considering the most recent document in isolation because they are commonly dated with the most recent review date. In some cases, the organisation already had a strategic approach to managing welfare, stress and absence before attending SIP2 events, and involvement served to cement rather than change the existing commitment. This was the case in the education sector organisation. In another organisation, the historical focus was more on staff safety, rather than well-being in general. In that organisation, a local authority, policies have been re-written since early 2007 as the Health and Well-being of Staff Policy under the Safety Management Programme Section 20 (SMP 20).

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[6]   *Ibid.*

8.2.2 Ethos and drivers

The ethos and drivers communicated by policy documents were compared by looking at the wording of the documents, especially the introductory part of the policy. Most policy documents generally reflected the ethos of the example stress policy provided by the HSE, referencing the need to protect the health, safety and welfare of employees. Reflecting the general emphasis on protection and duty, five of the seven policies made explicit references to the organisation's duties under legislation, that is the Health and Safety at Work Act 1974 and the Health and Safety at Work Regulations 1999. It was also quite common for the policies to note that the employer's duty of care extends to mental health as well as physical health. Other legislation, such as the requirement to make reasonable adjustments under the Disability Discrimination Act featured far less prominently, but was mentioned by some, for example in the policy of one local authority.

None of the policy documents went beyond protection to more proactive promotion of health, safety and well-being, as noted in previous research.[7] However, other aspects featured more prominently in these seven policies, such as making links between stress and sickness absence, with several mentioning sickness absence as a cause of stress, a consequence of stress or as something that could be reduced by proper management of stress. One policy document, from a health sector organisation, quoted figures on working days lost to stress in the UK from HSE estimates, while another, from the other health sector organisation, referred to guidance from the NHS Executive, which encouraged managers to invest in the health of their staff by closely monitoring sickness absence and the incidence of occupational stress. Some mentioned the link with larger strategies such as the Revitalising Health and Safety Strategy (for example, from one local authority). No policies explicitly included a financial argument to tackle stress.

The tone of the policies was generally supportive and all recognised the organisational aspect of stress to some degree. Although many mentioned that there were individual differences in the experience of stress, this was carefully worded so as not to excuse the organisation or to blame the individual. For example, one organisation states in the introduction that:

> *'It is when the pressures become too much or continue for too long that stress begins to manifest itself. There is no definable limit as to when stress will occur as it is when an individual feels that the demands placed on him/her exceed his/her capabilities to meet them.'*
>
> (Education sector organisation)

This policy later goes on to state that priority will be given to assessing the causes of stress resulting from work and introducing measures to reduce or prevent it. While individual differences were mentioned and employees' responsibilities for their own health were included within many of the policies, generally they referred to stress as an organisational issue to be addressed. One local authority emphasised the organisational role more than most with a statement that:

> *'In its role as an employee, the council recognises that many of its employees have to deal with difficult situations on a regular basis. In addition, with changing methods of work and sometimes limited resources, it is possible that our employees may be subject to excessive pressures, which could lead to work-related stress.'*

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[7] *Ibid.*

It was reasonably common to have a statement designed to encourage openness about stress and addressing the stigma associated with it.

> ' ... no-one is immune from stress and it should not be perceived as a weakness.'
>
> (Local authority)

> ' ... a key factor in prevention is the development of a supportive organisational climate where stress is not perceived as a sign of incompetence or weakness.'
>
> (Local authority)

> 'The Trust is committed to providing a culture in which stress is not seen as a weakness or a reflection of capability and encourages staff to speak freely about stress and seek help where necessary without fear of stigma or negative repercussions.'
>
> (Health sector organisation)

8.2.3 Senior commitment and support

Most of the policies contained a general statement that the organisation took the health of their employees seriously. The policies of some of the organisations contained strong statements on leading the organisation in such a way as to avoid stress, with particular reference to the culture of the organisation.

> 'There will be a demonstrable commitment to the issue of stress and mental health at work from senior management and unions. This will require a dismantling of cultural norms within the organisation which inherently promote stress.'
>
> (Local authority)

> 'The chief executive must also ensure that the culture of the organisation is such that employees feel comfortable informing us that they may be suffering from work-related stress.'
>
> (Local authority)

Three of the policies indicated a high level of support and commitment to the policy by way of listing responsibilities for directors, the chief executive, the board of management and/or the management team (from two health sector organisations and one local authority). Some of these were responsibilities that were described in a fairly general manner while others were quite specific, as these two examples below show:

> 'Directors have overall responsibility for ensuring managers implement this policy when it is identified that a member of staff is suffering from work-related stress.'
>
> (Health sector organisation)

> 'The teaching programme Director ... is designated as the accountable lead for promoting good health at work and ensuring that suitable systems and processes are in place to manage the risk of occupational stress in the Trust. This will include: the provision of training for managers in the recognition of the signs and causes of stress and the actions available to address it; the publication to all employees of the systems and processes for supporting staff and reducing the incidence of work-related stress; the provision of support and assistance to staff, through Occupational Health, directors, managers and other designated staff; the monitoring of the Trust for indicators of occupational stress so that suitable actions can be taken.'
>
> (Health sector organisation)

8.2.4 Understanding of stress

All but one organisation repeated the HSE definition of stress, that is *'the adverse reaction people have to excessive pressure or other types of demand placed on them'*. Where this definition was not used by the finance sector organisation there was no attempt to define stress within a very concise document (just one and a half pages). However, like most of the policies, it still differentiated between stress and pressure and noted individual differences in the experience of stress.

> *'Pressures can build or circumstances can change and as a result the impact on an individual's health can become more significant ... Each person manages differently – you probably already know that what a friend or colleague finds "stressful" in his or her life differs from your own experience.'*
>
> (Finance sector organisation)

Differentiating between pressure and stress and noting the positive role of pressure were common features of the policies and the following statement communicates a typical understanding:

> *'Every job brings its own pressures and demands – these are an unavoidable part of working life. Some pressure can be a good thing, keeping staff motivated and providing a sense of achievement and job satisfaction. However, people's ability to deal with pressure is not limitless.'*
>
> (Local authority)

8.2.5 Use of the Management Standards

All seven of the organisations referred to the stressors/Management Standards used by the HSE either in the policy itself or in related documents. However, in some cases the six Management Standards did not appear in the form currently presented by the HSE. One organisation (in the health sector) described seven standards proposed by the HSE in 2000 that may have an impact on occupational stress, including one on 'Management Culture' and one on 'Training, Support and Individual Factors'. Although the policy was reviewed in 2008, this historical note remains. Others spoke of but did not describe seven factors (for example, the policy of one local authority). Several policies contained long lists of 'causes of stress', sometimes broken down into different categories. For example, one policy (in a health sector organisation) had an appendix of the potential causes of stress, which describes five different areas:

- environmental

- job design

- work relationships

- work organisation

- personal.

Although most of the policies focused on work-related stress, most of the policies specifically made some reference to the fact that staff may well also experience stress outside work. Some noted the crossover of work and home life or the possibility that stress manifested at work may or may not be work-related (eg difficulties with carer responsibilities, underlying health issues) or that it may manifest itself at certain times (eg

during separation or bereavement). Often, 'personal factors' was included as a seventh factor on individual risk assessment forms.

The physical environment (noise, vibration, lighting, ventilation, work station) sometimes featured as a cause of stress, in addition to the six HSE stressors.

8.2.6 Risk assessment

Risk assessment is a core element of the HSE approach to managing stress. Examination of the policies and related documents suggest that risk assessment has been taken up as an approach to some degree by all of the organisations. However, there was great variation in the degree to which risk assessment appeared to be used. Two organisations provided comprehensive guidance on how to conduct a stress risk assessment (one in the health sector and one local authority) and had associated forms. Another, from a health sector organisation, broadly reproduced the HSE guidance on addressing stress, that is, the Five Steps approach. Others, however, simply mention that they will meet their statutory requirements to *'undertake risk assessments regarding stress and to introduce prevention and control measures based on those risk assessments'* (education sector organisation). As no other documents are available from this organisation, it is unclear from reviewing the documents how risk assessment as an approach has actually been taken up by the organisation and is being used.

In some cases, stress risk assessment has been interpreted entirely or primarily at an individual level (in the finance sector organisation and in one health sector organisation). For example, the policy of the finance sector organisation contains no reference to the Management Standards or to risk assessment but the organisation uses a risk assessment form to conduct a review with staff who have been absent due to stress or anxiety. This review is based around the six Management Standards. There is no sense that the risk of stress is assessed until after someone has been absent from work. However, other organisations conduct risk assessments within 'service areas' and advocate a much more preventative approach:

> *'Do not try to train staff to be stress resistant. There is little evidence it works, but even so, stress management is not the answer – stress prevention is.'*
>
> (Local authority)

8.3 SUMMARY

This chapter described the results from an in-depth study of the absence/attendance policies and procedures and the stress policies provided by seven of the ten case study organisations. In summary, the main conclusions from this are:

■ The ethos and drivers communicated in the policies mainly relate to the organisation's commitment to protect employees from harm, explicitly or implicitly reflecting the organisation's legal duty of care. There were some links made between the management of stress and the management of sickness absence across the policies.

■ Two of the policies contained strong statements on leading the organisation in such a way as to influence the cultural response to stress. Others would have benefitted from a stronger message of senior commitment and support.

■ There was evidence that all of the organisations have been influenced by the HSE approach, in that some mention of the risk assessment process featured in at least some of the documents of every organisation.

■ The degree to which the risk assessment process appears to have been used as a preventative or reactive tool varies, with some using it to identify stress within a service area/department, and others using it on an individual level when someone identifies themselves as being stressed.

■ Organisations also seem to have been influenced by the HSE's understanding of stress in the sense that the HSE definition was quoted widely and the Management Standards had been adopted in some form by most organisations. The physical environmental and personal factors are also understood by several organisations as additional potential stressors.

9   PROGRESS AGAINST THE SIX STRESSOR AREAS

It was often difficult for the case study organisations to assess exactly what progress they had made against each of the Management Standards. Nevertheless, some of the case study organisations were able to give an overall view of how they were doing and where they were against the states to be achieved. These views are discussed in this section.

9.1   DEMANDS

Work environment was one of the factors discussed relating to demands. Some of the case study organisations felt that they had made improvements to their working environment, in terms of refurbishing buildings or moving staff into newer buildings. However, workload was the main stressor related to demands. This was also an area in which organisations could find it difficult to make progress.

In one education sector organisation, it was reported that many peaks in workload were seasonal and coincided with Ofsted inspections, student admissions and other features of the academic calendar. 'Unreasonable' deadlines were cited as a major cause of stress at these times. However, where possible, management would take these busy periods into account, particularly when planning for movable events such as internal staff observations, or in the way that work planning took place for vulnerable groups of staff such as new teachers. In many situations, adjustments could be made to temporarily relieve workload as line managers generally felt able to respond to individual concerns due to the presence of supportive organisational policies and practices..

> ' … very stressful, which comes back to the stress management policy, you know, some tips and guid[ance] on how to manage that a bit better than probably what I'm doing at the moment would be really useful but [I'm] still waiting for that training to be set up.'
>
> (Line Manager focus group participant, health sector organisation)

An organisation from the health sector also experienced peaks and troughs in workload but, whilst this was recognised as a problem, dealing with it was proving difficult. Here, it was felt that the stress management policy could be improved by including advice on how to manage short-term increases in workload:

In another local authority, there was a general feeling within the HR function that the organisation had improved in terms of managing the workload of staff and recognising hotspots in terms of workload. This was largely felt to be due to a greater understanding of workload issues, gained in part through better data collection. Further, some focus group participants in this organisation felt that their managers were becoming more open to listening to problems related to workload, and would do something about it when necessary.

> 'I think they've learnt over the last couple of years in some ways … my colleague was off on long-term sick again, and someone asked me, "How are you coping?" and I said, "Do you really want to know?", because sometimes you feel it's just superficial, and he said, "Yes", and I told them all I can't keep going for five or six weeks like I was expected to last time, and they did get a temp in this time.'
>
> (Staff focus group participant, local authority)

A different local authority recognised that even though it had made attempts to address workload issues, it was still difficult to put this into practice. Managers, for example, would often stay late to finish work off, and this did not go unnoticed amongst staff.

'Yes, we have a 37 hour working week and we try and say it is important you take your breaks at lunchtime, I say to my staff " You're still here – go home!", stuff like that, it is kind of a cultural thing we try to address, but then my team say to me "But you're still here so why should I go off?" So it is not addressed in any formal effective way, we don't issue an edict that says everybody has to be out of the building by 5 o'clock on a Friday and then go around shooing them out. We could do but that would be more stressful in a way because they'd be like, "Oh, I haven't finished this".'

(HR Manager, local authority)

9.2   CONTROL

There were mixed views on whether control over aspects of employees' work was improving or not within the case study organisations. In the case of some staff roles, organisations do not feel that it is possible for them to offer more control to their workforce. This was particularly true where staff worked in customer- or public-facing roles.

In one local authority, managers felt that the control aspect was better managed than it used to be, and many staff agreed with this, although some reported that they had lost some autonomy due to increased demands and pressures. Staff in an organisation from the health sector organisation felt that, largely, whilst they knew that the organisation did encourage them to take regular breaks, it was difficult for staff who were not office-based to do that.

'I think, you know, when you go on a course – you go on a course for a week and the lunch breaks are planned into the course and you think to yourself "gosh" – you can have a hour for lunch and you have an hour for lunch and you think to yourself "when I get back to work I'm going to do that" because you know if you're working all day it sort of sets you up for the afternoon – you get back to work – where's the time? The time's not there and it doesn't matter how you try and work it in – you can't – for me personally I just can't do it.'

(Line Manager focus group participant, health sector organisation)

Flexible working arrangements were seen by some organisations as an important way of helping employees to have more control over their work, in terms of their work patterns and working hours. In one health organisation, management was working to increase working time flexibility for staff, with a view to reducing stress and decreasing sickness absence.

'We've got pretty high levels of flexible working, certainly among administrative support departments across the organisation ... We're currently looking at a time and attendance system across the organisation which will really help us to move around – things like self-rostering – and in terms of managing absence at work we see that as quite a major step forward ... the evidence where organisations have introduced time and attendance systems and self-rostering is that sickness absence does come down.'

(Director of Finance, health sector organisation)

Flexible working was also something that the finance sector organisation was keen to develop, in order to give staff control over how they worked.

'I genuinely don't think we work in an environment that's like a sweat shop ... I think people have tea breaks in the morning and afternoon, they have lunch breaks and we have an organisation that sees flexibility as important, so flexible contracts are something we're trying to encourage a lot, key time work, so I think, again it depends on you and your perspective of life. If someone has got an issue, if they do speak to

their manager about it, there'll be solutions that will be put in place to try and help
that situation rather than, "Get back to your work I haven't any time for you".'

<div align="right">(Regional Manager, Retail, finance sector organisation)</div>

In one education sector organisation, there was the perception from staff that there was a degree of flexibility in how work was performed, despite the constraints of the job. In this organisation, staff also maintained that there was senior management commitment to ensuring that staff took appropriate breaks, which was appreciated by staff.

'Certainly the teaching timetable is negotiated or we put a timetable out there, then if
somebody says, "Well actually I could do with it not quite so early because I've got
to drop the kids off at school and I prefer to work a bit later", we move things
around. It's not, "There's your timetable no matter what", and that works both ways
– if we need a bit of flexibility we'll get it.'

<div align="right">(Staff focus group participant, education sector organisation)</div>

'To get an email from the personnel director saying you'd be better taking a thirty
minute lunch break, does remind people and I think its quite a powerful thing to do.
I've never seen that in an organisation I've been [in] before, somebody saying,
"Take a break", so I think [the support] is there.'

<div align="right">(Staff focus group participant, education sector organisation)</div>

The public-facing nature of some jobs in the finance sector organisation also meant that some staff found it difficult to have much control over the hours they worked and how they worked. The organisation recognised this and tried, where possible, to give employees as much control as was feasible, such as the freedom to decorate their workstations, although even then that could be difficult, due to the implementation of a corporate look.

'In a branch you have to be there when it opens, you have to be on the counter, so
control would be difficult. In call centres you have to look at the things the staff can
have control over, which might be decoration. Little things we can do to give those
employees some control in their environment. It becomes more difficult in a branch
because you have to have a corporate look. I imagine staff perception of control is
zero. How we give them control is pretty difficult.'

<div align="right">(Stress Project Manager, finance sector organisation)</div>

'Things can go spectacularly wrong as well. It can be very stressful. Also dealing
with the public– it's the way they react. You can get some very volatile characters.
They can be difficult to deal with.'

<div align="right">(Staff focus group participant, finance sector organisation)</div>

9.3   SUPPORT

The case study organisations where greater progress had been made in relation to support were generally those with existing support systems in place, such as training systems and career development paths.

In one education sector organisation, employees felt that they were generally well supported by colleagues and superiors. Mentoring new staff took place on a systematic basis, which was widely acknowledged as a very important part of the induction process.

'I know, there's lots of people who have had really high levels of support, you know,
if you want to work they'll find a way for you, they'll be as flexible as they possibly
can and I think in the return to work as well, you know, if you can come into work

even if it's just for an hour, or two hours, if you need a mentor, you know, they're very supportive.'

<div align="right">(Staff focus group participant, education sector organisation)</div>

In a local authority organisation where levels of support, certainly in the area of staff training, were perceived to be high, a recent staff survey (carried out in 2007) highlighted the fact that staff perceptions of support had increased considerably.

'[Support] was another thing that came out really well on the employee survey that we did last year, and again we were a bit surprised that the response compared with two years previously was much, much more positive about staff feeling that they got more support from their line manager, that their line manager was accessible, that they gave help, they gave guidance, that training was available. It was much, much more positive, we aren't quite sure why, perhaps the message is getting across, but yes, much, much more positive from the staff in that area.'

<div align="right">(HR Manager, local authority)</div>

Focus group participants in another organisation, from the health sector, also felt that the organisation was strong on support, although they made the point that the level of training on offer depends on time and resources, both of which can be scarce. Here, employees felt that there was starting to be some improvement in support for doing their job but that training had been lacking for some time, due to budgetary constraints.

'Again, I think it's very good but I think there's a big gap that's happened recently, which is that the [organisation] was in deficit for a considerable period of time. I think it's coming out of it, but training was frozen and it was just like, well OK, this means nobody ever goes on a training course ever in their life, apart from in-house ones, which is clearly not acceptable. You can't finish your professional training and then not do anything. That has certainly been an issue in my mind for the past three years or so.'

'I agree with that as well. I think when I came into post they were aware that I didn't have all the tools for the job and that I needed certain training, but our budget was frozen when I first came into the post and I had to try and get money, and it hasn't happened yet.'

<div align="right">(Line Manager focus group participants, health sector organisation)</div>

Training was also available in the finance sector organisation, although some employees generally felt that, due to pressures of work, they were often unable to take advantage of opportunities to learn.

'It's impossible to sit at your PC and learn something when your phones are ringing and just, you've got deadlines. You have to do these things but it's impossible because your phones don't stop ringing and your work doesn't disappear. It's not always easy to get the time to do it, so you skim through it. You're quickly doing something where you should be taking a lot more time to do it.'

<div align="right">(Staff focus group participant, finance sector organisation)</div>

In another local authority organisation, the perception was that support was patchy and depended very much on individual line managers – some staff were happy with the way that their line managers supported them in their role, were approachable and paid attention to their development needs, while others thought managers were not competent enough in managing staff and this often caused some of the stress issues within teams.

'We have a good corporate training programme, people are quite happy to come to HR and talk about whatever it is that's concerning them, line managers are quite open to suggestion. The senior management team are quite keen on staff going and seeing how other organisations do things and going on seminars and workshops and things to get ideas, so I think people are quite well supported. I guess there'll be patches, you always get people who don't believe in training – we weed them out, sort them out eventually.'

(HR Manager, local authority)

9.4 RELATIONSHIPS

The case study organisations generally had anti-bullying, anti-harassment, diversity and dignity at work policies in place. In some organisations, these policies were reviewed as part of a general ongoing process of updating organisational policies. There were no reports of widespread problems with bullying; problems that were reported were generally seen to be pockets of incidents, sometimes based around character clashes between individuals. The perception from the focus groups was that these incidents were generally dealt with effectively by the organisation. Staff surveys also tended to highlight only pockets of bullying or harassment, rather than a more widespread problem.

Some case study organisations felt that they had been successful in changing the culture around harassment and bullying and were now at the point of operating a zero tolerance policy.

'I certainly wouldn't tolerate hearing about bullying or harassment or disrespect. People are encouraged to challenge other people, I don't think we have a problem in the main – when I came here bullying was endemic, that is not the case now. So I think that has changed enormously and there is an understanding that none of that is tolerated– that's not to say it doesn't raise its head every now and again in different places (as was evidenced to me today in one particular area [the] perception of a group of people is with the manager is bordering on harassment – that will be tackled). But certainly I would say there's nothing systemic or endemic in the organisation.'

(Chief Executive, local authority)

There was also the perception in the finance sector organisation that the culture had changed and that people felt that they could now challenge unacceptable behaviour more easily. In this organisation, 'culture days' were organised, in which employees were encouraged to talk more openly about issues. This was appreciated by staff.

'We have culture days and that has made a change because we're encouraged to be more open about our communication and have no fear of bringing something to the table and not being told, "You shouldn't have said that in front of such and such". As long as it's constructive and not just having a moan. We are certainly encouraged to be open and it might not always happen, but you're meant to be able to go to a colleague and say, "I don't think you showed the right behaviour, the way you spoke to me wasn't right". Might not do it, but you're meant to. You're allowed to do it.'

'At the end of the day people don't have to be afraid to speak to their managers. When I was young it was totally different – it's totally different now. If you're not happy you are within your rights to say it's not on. Managers are very much aware of their positions now as well, how they treat people.'

(Staff focus group participant, finance sector organisation)

In one health sector organisation, the grievance policy placed a great deal of emphasis on promoting informal and local resolution and line manager responsibility in order to resolve issues before they escalate. The previous experience of this organisation was that, although it tried to promote informal resolutions, line managers often tended to jump in to formal grievance procedures. It found that explicitly promoting a more informal and local approach through the grievance policy had already been seen to significantly reduce the number of grievance cases coming through. Some HR staff had already received mediation training and a roll out of this process was being considered which would allow all directorates access to internal mediation services. Staff within this organisation felt that the organisation was doing well in terms of how it managed conflict and relationships between people:

> *'I think they're good on that. There's a very clear sense that you need to treat each other with respect and behave in a professional way. I would say that is embedded in the organisation and has stayed embedded in the organisation, notwithstanding all the organisational change.'*
>
> (Line Manager focus group participant, health sector organisation)

In the case study organisations where staff had public- or customer-facing roles, harassment could be experienced from members of the public or from customers. In these cases, staff usually receive training about how to handle difficult situations. In one education sector organisation, however, there were frustrations that the focus of investigations could be staff behaviour when the actual problem was in fact related to the conduct of students. Staff could fear intervening in situations involving students firstly because they could feel intimidated, but also because they feared being accused of bullying or harassment or facing an investigation of their behaviour.

> *'And I think nowadays they're all very aware of their rights and what we perceive as justifiably challenging them to get accused of bullying, to get accused of racism, to get accused of anything really for us, I mean that's looked at very seriously on a senior management level and then suddenly every aspect of us and what we do and how we do it is under investigation.'*
>
> (Staff focus group participant, education sector organisation)

9.5   ROLE

In many of the case study organisations, the view was that staff were clear about their role. In one local authority organisation, this was evidenced by the results of internal surveys where the indications were that staff were clear about their role and how they fit into the organisation.

> *'They feel that they know exactly what their role is, it's explained to them properly when they start and how they fit into the sort of overall picture of things.'*
>
> (HR Manager, local authority)

Nevertheless, roles had sometimes been blurred by recent organisational change. This was the case in one local authority organisation, where ongoing organisational change had been identified as a possible explanation for a lack of clarity in staff roles. The organisation had implemented specific action plans to address this. One example was that since the most recent staff survey, the HR function has been ensuring that staff have no more than six personal objectives on their appraisal form. The survey results also revealed that many staff had out-of-date job descriptions, and the HR department has now asked line managers to ensure that job descriptions reflect actual jobs. As a result, line managers have been updating job descriptions and sending them to HR:

'Job descriptions should be something that's discussed every time there's an appraisal discussion so that it does keep up to date, because otherwise it tends to be a historical record of what the job was at the time it was written. Of course, that was seven years ago, it's not going to give anybody any guidance, but it's only a written record of that job at any point in time. But if it comes out every time there's an appraisal discussion it triggers that dialogue about what are the important things that you want me to achieve.'

(HR Manager, local authority)

Within the education sector, a college had identified difficulties for staff in understanding the role of the organisation. Changes to the sector had meant that the organisation was now required to act as an enabler for students who faced social barriers. The organisation now admits a significant number of students who have been excluded from other educational establishments and who, therefore, may be inclined to antisocial behaviour. Balancing this role with a zero tolerance attitude to unacceptable behaviour was proving challenging.

'The whole purpose of the [organisation] and education is to change these people and make them better adults... we can't do that if at the first problem we tell them to get out. There is a moral duty there to bring these people on, so you are wrestling with these problems on a daily basis on how to deal with them.'

(Health & Safety Manager, education sector organisation)

Within the finance sector case study, there had been confusions about the roles of staff in jobs with a customer-facing element, for example in branches. These staff have traditionally been tellers, helping customers with financial transactions. However, in more recent years, the same staff have been required to sell financial products and services to customers, whilst also dealing with their transactions. Staff are uneasy about this and feel that this role is not one for which they've received training, nor had originally signed up for. However, the organisation has recognised that this is a problem and is trying to deal with it by advertising these posts differently and trying to ensure that the correct training is in place for these members of staff.

'In the past we've recruited CSOs [customer service officers] or Tellers as they used to be called. So basically, people to work in a branch, in a job that used to be transactional (so just processing) but now there is a pressure to sell and probably in the past we haven't advertised that part of the job. We may have disguised that a little bit. Our strategy now is to attract the right people for, "Yes this is a sales job. Do you want to sell?", but then demonstrate a clear career ladder from there. So yes it's another thing we have done probably poorly in the past is where we've promoted people on technical knowledge, perhaps not the right leadership skills. So again over the last couple of years we've had significant training programmes to try and give people the right skills.'

(Stress Project Manager, finance sector organisation)

9.6 CHANGE

When change occurs, it can be difficult to analyse how much progress has been made with regard to absence and stress management, as the contexts and structures change between waves of data collection (eg staff surveys). In one local authority organisation, for example, comparisons between the past two years of surveys were difficult to make due to the scale of organisational change.

The management of organisational change had been a challenge for most of the case study organisations in this research. Communication was felt to be the most important element in

the successful management of change, and many organisations had been working hard on this aspect. However, focus group discussions revealed that there were mixed views on how change was communicated to staff and whether staff really had any chance to influence the process. Many staff said that they would appreciate more openness, more discussions and more consultation on changes and how they were going to influence jobs and ways of working.

One local authority had dealt with change by 'mainstreaming' it. Change was seen to be a natural part of working life, and the organisation had set up its policies to be able to cope with change and to support it.

> *'Every single employment policy supports change. HR policies are changed, management tools so, disciplinary, capability, recruitment selection, new organisation, job evaluation, the whole suite of policies support change. And change is always high on the agenda now because it has got to be. I think people are fairly clued up and educated in terms of, you know, understanding when something is brought in or taken away.'*
>
> (Senior HR Adviser, local authority)

In the health sector, managing change effectively had been very difficult, due to the sheer volume of ongoing changes. Within one health sector ensuring the effective running of communication systems was seen to be an important part of the process. Staff had a mixed response to the most recent set of changes, however, and how these had been handled. The organisation had introduced a Management of Change policy and was thinking about the lessons learned from their most recent experiences.

> *'I always say to a manager, no matter what change you bring in you will always get complaints, always, because there are some individuals who don't want to know about change. It's about how you try and manage it, so you try and keep those things to a minimum. I think we've made mistakes but we've learnt from them and we are getting better.'*
>
> (Head of HR, health sector organisation)

The other health sector case study had developed a redeployment policy to try to help staff with changes. The staff in this organisation made the point that too much information about change could be counter-productive and they had found this to be frustrating.

> *'We had to attend away days last year, which I thought was a waste of money … the big thinking was that communication [was important], so now we do but we're now getting overloaded with "Right, this is what's going to happen, this is what's going to happen" and you're now attending meetings, really thinking, I could be doing something else!'*

> *'All you would need is like a piece of paper every month just outlining what's happening, what's going on and where we are with it.'*

> *'But not update unless it's been confirmed rather than, you know, to build it up for something for it then not to happen, do you know what I mean? Like to be told, "Oh this is going to happen" but in actual fact it never does happen, so it's, yes, to be kept in the picture but not like the little niggly bits, just the main things that are definitely going to be happening.'*
>
> (Staff focus group participant, local authority)

9.7 SUMMARY

This chapter examined the progress that the case study organisations felt they had been making against the individual Management Standards. Overall, it was difficult to give an exact assessment of progress. However, there was evidence that organisations were trying to address a range of the problems detailed and mapped onto the Management Standards in Chapter 5.

- Demands: organisations were usually generally aware of workload issues and working time, and on occasion had made efforts to improve the situation, for example by making temporary staff available to ease workload at pinch points.

- Control: there were mixed views on whether the control aspect was improving or not. Some staff felt that their organisation was aware of the need to take breaks and was encouraging staff to do so, even though this may be difficult due to workload issues. Flexible working policies were seen as a key instrument in enabling employees to gain control over their work and this was appreciated by staff.

- Support: training and career development was seen to be improving in some organisations, although this was often hampered by budgetary constraints and pressure of work. Overall organisational support was felt to depend heavily on individual line managers.

- Relationship: although organisations did not generally have a widespread problem with bullying and harassment, pockets of incidents were sometimes reported, based around character clashes between individuals. However, some organisations felt that they had improved the culture around harassment and bullying in recent years. A key instrument in this has been the promotion of informal and local resolution procedures.

- Role: this aspect was generally unproblematic, although one organisation had done a significant amount of work to clarify role, centred on appraisals and ensuring that job descriptions were up to date.

- Change: this is arguably the most problematic area of the Management Standards. While organisations were working on how to manage this more effectively, it still remained a challenge. This was particularly the case in the health sector, due to the sheer volume of change.

10 FACTORS AFFECTING PROGRESS

The surveys highlight some of the issues that organisations are facing in moving forward on stress and absence management. Data from case study organisations also identified a range of different actions, initiatives and procedures that they felt were working well in terms of helping to manage stress effectively. However, there were also a number of difficulties that they faced. This section explores how organisations are attempting to take forward their plans for stress and absence management, and what the barriers and facilitators are in making progress towards these plans. We also highlight some of the main differences in barriers and enablers between sectors.

10.1 OVERVIEW OF THE MAIN ISSUES

The results of the two surveys reveal how organisations view the issues facing them in relation to moving forward on absence and stress management. The first of these surveys took place during workshops, when delegates were asked to complete a number of questions, as part of the feedback process. The second is the telephone survey conducted as part of this research. In relation to both absence and stress management, the results from the two surveys differed. Whilst this may reflect how delegate views changed over time, it should also be noted that the two surveys used different methods. The first was a paper-based survey, whilst the follow-up survey was conducted using telephone interviews. This in itself could account for some of the differences.

10.1.1 Absence management

The main barriers to effective absence management, according to the survey conducted at the time of the workshops, were identified by delegates as being chiefly about a lack of money (52 per cent of delegates) and a lack of information and/or training (40 per cent of delegates). By the time of the follow-up telephone survey of respondents, the main issues were: gaining commitment to changing procedures for managing absence (33 per cent); a lack of financial resources to implement changes to sickness absence procedures (32 per cent); lack of training or information to enable changes to be made (32 per cent); and difficulties in gaining trade union buy-in to absence management procedures (21 per cent). See Table 10.1 for further details.

Table 10.1: Main barriers to absence management as seen by workshop participants

Barrier	Workshop feedback %	Follow-up telephone survey %
Difficulty in gaining commitment to changing procedures for managing sickness absence	30	33
Lack of financial resources to implement changes to sickness absence management procedures	52	32
Difficulties in gaining trade union buy-in	25	21
Lack of sufficient information and/or training to enable changes to be made	40	32
Base (N)	*1,333*	*500*

Source: IES/Ipsos-MORI survey of SIP2 participants, 2008

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10.1.2 Stress management

With regard to stress management, the most common barrier identified in both surveys was a lack of time, followed by a lack of financial resources. At the point of the follow-up telephone survey, a lower proportion of respondents believed that difficulties in gaining commitment from board level or senior managers was now a major barrier. Telephone survey respondents were also given an option not provided in the workshop feedback form, and around one-third felt that, by the time of the follow-up survey, having insufficient information or training to enable them to make changes was their main problem. See Table 10.2 for further details.

Table 10.2: Main barriers to stress management as seen by workshop participants

Barrier	Workshop feedback %	Follow-up telephone survey %
Difficulties in gaining board-level commitment	33	19
Difficulties in gaining senior manager commitment	26	19
Lack of time	80	59
Lack of financial resource	65	36
Difficulties in gaining trade union buy-in	13	6
Difficulties in gaining staff buy-in	43	29
Insufficient information/training to enable changes to be made	N/A	32
Base (N)	*1,333*	*500*

Source: IES/Ipsos-MORI survey of SIP2 participants, 2008

10.2 TAKING FORWARD CHANGES TO ABSENCE MANAGEMENT

There were a number of issues identified during the case studies which had affected the way in which organisations had been able to move forward on managing absence. These are presented below.

10.2.1 Securing line management and staff support for change

Line managers are key to the successful implementation of absence management policies and procedures. However, line manager resistance could also be a significant barrier to effective absence management. One health sector organisation had experienced some challenges in convincing line managers to engage with the process of absence management. Although individual managers might be aware of the problems that absence causes them when it happens, they often do not link this to the need to manage absence actively. Ensuring that line managers adopted a consistent approach could also be difficult, and staff in this organisation had experience of polices and procedures not being consistently applied across the whole organisation.

> '*Unfortunately, I think the majority of managers just see it as a paper exercise, and again something that I try and push at the training, you know, is to generate a greater awareness of why attendance management is important. I think a lot of managers ... obviously feel the effects of absence because they have got fewer staff and that can have a knock-on effect on other people's health, but I don't think they link that with then the need to actually do something about it.*'
>
> (Absence Manager, health sector organisation)

'I think there needs to be a consistent approach and it needs to be a supportive approach and I think in mine [organisation] and in others, because obviously it's been discussed, it hasn't been – it's felt very threatening, it almost wants to make you go off ill again through stress-related.'

(Staff focus group participant, health sector organisation)

In a local authority organisation, the problem was more about getting line managers to actively deal with difficult situations involving staff absence. In this organisation, there was a trigger point of three absences over a 12 month period, after which an employee would be called to an interview with their line manager. This policy needed to be applied uniformly, but line managers said that it was unpopular, could sometimes be unfair and they were therefore uneasy about applying it, although they recognised that there needs to be some sort of cut-off point and a mechanism for stopping employees 'playing the system'. Most case study organisations at least mentioned the difficulties for managers of dealing with non-genuine absence. Whilst not widespread within organisations, where problems did exist it could be difficult for other staff who felt that certain individuals were being allowed to 'get away with it'.

In another local authority, some line managers resented a stress management policy and procedures that they saw as too complex and resource-intensive. There was seen to be a big cost associated with stress in terms of the time and work involved in dealing with stress cases, and some managers did not feel this was always a valuable use of their time; they felt the lengthy procedure took them beyond an acceptable remit in their role as line manager.

'The amount of time that cost me took me away from my day job over a period of months at different times – and not just me but there was HR involved, there was people from the Union, it was just such a mess.'

'The minute somebody ticks 'work-related stress' on their sickness absence form my heart sinks because I realise it's going to be tying me up in X number of meetings, I've got X number of forms to complete, action plans to develop, you know, and there must be an easier way of doing that I think to myself.'

(Line Manager focus group participants, local authority)

Some of the case study organisations also highlighted staff resistance as an issue in taking forward change. In one local authority organisation, for example, some staff, particularly those who had been with the organisation for some time, could be resistant to change.

10.2.2 Effective policies and procedures

The starting point for many of the case study organisations was their absence management policies. Organisations highlighted the fact that good absence management needed to be underpinned by an effective policy that is well communicated, well implemented and applied uniformly and fairly. Some organisations also discussed how important it was that the policy was clear in identifying the roles and responsibilities of the different parties, such as line managers, staff, the HR function and occupational health.

'Having a policy. Having a policy in the first place, making sure that staff are aware of it, making sure that managers implement it, because quite often they don't, which is where we come in and we nag them and we make them do it.'

(HR Manager, local authority)

10.2.3 Lack of financial resources

Difficulties in gaining the financial resources to ensure good back-up and cover were frequently cited as a barrier to the effective management of sickness absence by case study organisations. In one local authority organisation there was no pool of temporary staff to call on when managing a long-term absence within a team, and this led to increased pressures for the remainder of the team and the line manager.

> *'[There is a] ... difficulty in gaining resources for long-term sick staff because you just do not know when they are going to return. Commitment to putting in resources does not happen on occasions until the situation is virtually unmanageable.'*
> (Line Manager focus group participant, local authority)

Many focus group participants in the case study organisations had voiced the opinion that they felt guilty if they had to take sick leave, because they knew that this would put extra pressure on their colleagues. In one local authority organisation, many focus group participants described feelings of guilt towards teammates who had to cover in their absence or anxiety around having a review once they had reached absence markers on their records.

10.2.4 Data collection

Good data collection was identified above by case study organisations as a key enabler to the effective management of absence. In order to have good data, the reporting of absence needs to be effective, thorough and clear. Conversely, where data collection is incomplete, insufficient, or unreliable, this can be a significant barrier to effective absence management. This can encompass initial reporting of absence, reporting of ongoing contact with absent employees and submission of return to work forms. In one local authority organisation, although the data was all there, the format was not perceived to be particularly user-friendly and the view was, therefore, that there were general problems with the data system.

> *'The thing we have a problem with more than anything is the reporting system that we have, but it does record the information that we have put on there and we can pull that information off. It is just not in a nice format for us to relay out to the managers. We have to do a lot of putting it into spreadsheets for them.'*
> (HR data analyst, local authority)

10.2.5 Effective management of long-term sickness

The effective management of long-term sickness was highlighted as key by some of the case study organisations, involving regular contact with employees who were off sick, and holding return to work interviews for staff returning to work after an absence. It was held to be important both to support staff who were off on long-term sickness absence and to support them during their return to work. In one health sector organisation, a dedicated individual had been employed to support one area of the organisation in the management of sickness absence. This had had the effect of reducing long-term absence and therefore bringing the overall average down substantially.

> *'We've had quite a reduction in long-term sickness absence and that's because we've put quite a lot of effort into managing the long term sickness absence. What we also did is we employed someone on a fixed-term contract particularly to support the directorate in sickness management – so it was actually to make sure that all of the policies were being followed appropriately, to make sure that we were doing all the back to work interviews on a timely basis, and we have seen a reduction in long term*

sickness absence as a result of that. We have seen sickness levels come down within the directorate, and that's supporting the team in terms of managing some of the changes that we're going through which are part of organisational change around efficiency and around gaining productivity across the organisation.'

<div align="right">(Director of Finance, health sector organisation)</div>

10.3 IMPROVING STRESS MANAGEMENT

Making changes to the way that stress is treated within organisations can be challenging. Whilst some of the more generic issues, such as a lack of resources, mirror the issues facing organisations in changing the way they manage absence, stress brings with it its own set of organisational challenges.

10.3.1 Raising awareness about stress

Although it would seem that many of the case study organisations have made good progress in terms of raising awareness of stress among staff and managers and helping people to talk about it more openly, a certain stigma can still surround the issue, which means that it can be difficult to get employees to admit that they are suffering from the effects of stress.

'Do you think [stress] has negative connotations?'

'For some individuals it does. Obviously, opinions are maybe changing now compared with ten years ago and a GP may think it is stress and have no specific resistance to it.'

<div align="right">(Health and Safety Officer, central government organisation)</div>

One local authority organisation was trying to deal with this by making sure that a person who has some detachment, such as an HR staff member, engages with the employees, rather than their line manager.

'I think talking about it with a member of staff concerned, because as I said before more often than not at the point that it's recognised it's reached a … level that it becomes quite difficult to talk about it and I think perhaps it does need a detached person, maybe from HR or somebody like that, to actually be involved as well to talk to the person. I think the individual finds it difficult to talk about it particularly with perhaps the line manager who they might think has contributed to this situation.'

<div align="right">(Finance Manager, local authority)</div>

Given the fact that stress can be a difficult subject for people to talk about, many organisations felt that stress awareness-raising was a key aspect of effective stress management. If people can be encouraged to talk about stress, and, in the case of line managers, be responsive to the needs of their staff in this area, this can make the management of stress much easier.

'Getting people to talk about stress, and I think getting people to take responsibility for managing stress and teams that have said that they feel stressed, is getting them to talk about what it is that is making them feel stressed and then what we are going to do about it, and so the emphasis is on not just the [organisation] but them as well.'

<div align="right">(Absence Manager, health sector organisation)</div>

A number of the case study organisations had used stress questionnaires as a way of raising awareness whilst also identifying any problem areas. Regular, dedicated stress management

training for all staff was highlighted by one health sector organisation as the best thing that it does to help individuals manage stress and to helpline managers to recognise and manage stress. This will also help to ensure that line managers are available for advice and support as needed by employees.

> *'The one that stands out for me though, that's probably been the best and the most effective, was, we've rolled out, since October 2006 now, stress management training for all of our staff. Every month. It's been relatively well attended. They've been good because we've identified what stress is. We've talked through what some of the main areas are and we've educated our staff and our managers in how they should manage stress, not only for themselves, but for their colleagues and the people they work with and the people they manage. I'm quite pleased with that. Our stress management programme here, in terms of rolling out the training, is a good one. That's probably been the best one. The feedback from that has been relatively good as well. They've got a lot from it, various hints and tips as to how to manage their own stress as well as that of others,[which] has been good.'*
>
> (Head of HR, health sector organisation)

Where a preventative approach is taken and is backed by senior management, this appears to work well. One local authority organisation placed great emphasis on working with employees who are feeling stressed to reduce the likelihood of them taking time off sick. The views of line manager focus group participants, many of whom had been involved in managing cases of stress in their teams, were positive about this initiative.

> *'Well it's happened with one member of my staff, they highlighted stress and I think it's eighteen months now, but they haven't been off ill with it, but because we did that sort of action plan and meet every month. Yes, they might have had some shortened days or something like that but they have never actually had to go off with stress and that's happened on many occasions I trust. In a way it does work and actually for them it probably would have been worse if they had gone off because I think sometimes stress [is worse] if you're left at home, stewing on your own.'*
>
> *'What we have recognised is that the trigger for, let's say it is just stress, whether it's work, home or both, is identifying quickly. That is what we try to do as soon as somebody tells us that. We try and see them within 24 hours, that is just how the process works.'*
>
> (Line Manager focus group participants, local authority)

10.3.2 Engaging management and staff

Understanding and relating to the concept of stress can be difficult for managers. There can be suspicion, for example, that in some cases there is not a genuine problem. This can be exacerbated when different individuals are seen to deal very differently with the same situations and pressures. Line managers can also be reluctant to engage with the issue of stress management, as they can feel nervous about tackling the issue, making it difficult to identify and manage stress cases effectively.

These were the views from some of the case studies:

> *'Does stress really exist and, you know, is this person just "pulling a fast one" something like that … I think we will combat that and I think that we've got the balance between understanding why people are saying they're stressed and yet at the same time having that critical eye in the sense that yes, we understand that but we do have a procedure, you know, and we're following that, but don't think that you can*

just manipulate [the situation] ... I think the most difficult thing was getting over that initial thing about, you know, well what is this thing called stress? Is it, "I'm just feeling a bit pressurised", or, you know, "Somebody's raised their voice at me"?'

(Senior Manager, local authority)

'I would say people's perception of stress [is a barrier] and that it's just a term you use to justify why somebody can't do x, y or z. Certainly a lot of managers won't engage with us as part of that process because they don't necessarily acknowledge that stress exists and I think that is quite hard to challenge and a barrier to get over. Especially when you come with different perspectives and different perceptions.'

(Stress Project Manager, health sector organisation)

Further, some managers in the case study organisations felt they lacked knowledge of what to do to if an individual appeared to be at risk of developing a stress-related problem, and also how best to deal with employees who were absent from work with a stress-related condition. Some managers also lacked the confidence to contact staff at home who were absent with a stress-related condition for fear of being accused of harassment.

'This is the bit about the relationship between the line manager and the member of staff. Because there's no tool on earth I can use, or [my colleague] can use, that'll ring my phone to say [Person X] or [Person Y] is about to go over the edge and become stressed. This is the critical bit about the culture, about the relationships between line managers and their staff who are working with them.'

(Director of Nursing, health sector organisation)

Similarly, in one health organisation, talking about stress was still something of a taboo, as individuals did not want to admit when they were experiencing problems, and line managers were unsure of how to recognise and deal with cases when they did occur.

'Even though people are becoming more open about admitting stress, it's still a bit of a taboo subject. It's one of those things if someone has a bad back they'll take time off work, get a GP's note. It's still taboo for people with stress, a lot don't like admitting stress, if they hide it then it can be a problem for a manager identifying it. Someone on the surface might appear calm, collected, whereas under the surface they could be treading water and not coping and handling things. There's a responsibility on both ends for the issue to be brought forward. We need to break this culture everywhere. Stress is a problem as is any form of illness.'

(Head of HR, health sector organisation)

Another case study organisation, an emergency services provider, had experienced difficulties due to disparities in the skills of line managers. A lack of awareness or capability amongst some managers had made it difficult within their teams to implement the stress management strategy.

'I think the difficulty for me was I think I expected our managers to be a bit more aware of issues with other people than perhaps some of them were, and I have to say some of the come across as quite dinosaur in their approach to things. Some of them don't still today see it as part of their role to be looking for things in other people.'

(Stress Champion, emergency services organisation)

It can also be difficult to gain senior management engagement in the process of managing stress. In one local authority organisation the HR manager felt that there was still work to be done to overcome the resistance on the part of some senior managers. Similarly, one health sector organisation struggled to counter the perception that dealing with stress is not relevant to core business. Individuals often felt that board-level commitment for stress initiatives was

vital if they were to be effective, otherwise actions would not be put into place, resources not released and staff not freed up, with the result that stress management projects could lose momentum.

> 'It is always difficult. There is a small pocket of perception at a senior level that stress is some kind of make-believe thing and that people should just get on with it sort of thing and that's been a constraint, especially as that person heads the future steering group on stress.'
>
> (HR Manager local authority)

> 'This isn't about being nice, it is not that fluffy stuff – it is actually about delivering results to the business, and if you don't address some of these things then you are not going to be able to get some of those results. People do see it as pink fluffy HR stuff.'
>
> (Stress Project Manager, health sector organisation)

> 'I think, as with any initiative, it's always good if you do have clear board-level support and not just lip service to it and I think if there was something very clear, a clear statement of intent around stress management, that would be really key, as it would with any initiative, because you can then carry that message forward and tell staff, "Look this has got the backing of [the board]". I mean, it probably has but I see it from the employees' point of view – if they can't see something in writing or something visible, how do they really know there is that commitment?'
>
> (Absence Manager, health sector organisation)

10.3.3 Maintaining momentum

Given the difficulties surrounding gaining the engagement of managers and staff, it is important to keep the momentum of stress initiatives going. However, this did seem to be a problem in some of the case study organisations. One local authority organisation said that this was one of the main difficulties that it had had in terms of stress management.

> 'I think the main difficulty is to keep the momentum going, it is yes I can see it, it can quite easy drop of the radar. Like any project. Like anything and what you have to be careful of is that you don't, oh it's H**** again, we are on stress. It has to be kept in context, so it is an important aspect, it needs to be balanced. We need to keep it going forward in relation to everything else that is going on. Yes, there is a lot of projects going on, a lot of things happening and that, so it is just one thing that has to be taken forward.'
>
> (Health and Safety Adviser and Project Manager, local authority)

10.3.4 Dealing with a lack of time and resources

Having insufficient resources to move things forward was a common issue, particularly where the case study organisations were operating under particular financial constraints. Providing cover for staff in their current jobs to allow them to focus on stress management initiatives, for example, could mean that staff simply didn't have time to dedicate to the issue. The competing demands on staff time, particularly senior management and board-level staff, can mean that stress management loses out to issues which are seen as 'more pressing'.

> 'I would say that we are probably struggling with resources because we have been trying to do things like the stress risk assessments, and it is something else on top of the job that you do already, which means it is very difficult to facilitate some of those things. I would love to go out and do it right across the organisation but we just

don't have the resources and capacity to be able to do that. Again, I feel that we should be able to pilot it in certain areas and be able to demonstrate: well actually we are achieving this by doing these stress risk assessments, this is the difference that it has made and this is the specific area therefore we would like to invest in doing some more of this work. It is very difficult if you are juggling a number of balls.'

<div align="right">(Stress Project Manager, health sector organisation)</div>

'It's really very difficult and I think a lot of it is to do with people being just so busy, and especially if you target team leaders because team leaders have got huge, huge, huge remits and they are always incredibly busy, and of course you are always targeting them because they are the people that have got to put these policies into practise. I think there is a little bit of an issue around that. That is just my personal opinion, that there's almost too much for them to have to do.'

<div align="right">(HR Adviser, Policy, local authority)</div>

The same point also applies to line managers who have such a broad remit that focusing on stress management or fully implementing organisational policies can be difficult. Line managers, due to issues such as general workload, discomfort in approaching the issue of stress with staff, or a lack of training and experience in this area, can often find it difficult to effectively manage or recognise the signs of work-related stress. One health sector organisation placed a great deal of emphasis on training for line managers and had put into place significant training and support programmes to help them. In this organisation, it was felt that this approach was beginning to pay off and that line managers were gaining more confidence to deal with stress.

'Some of them think we're just we're on our own, you know, and there's nobody to help, you know, and we're promoting the fact that they can pick the phone up and gain the support and the coaching. We say "We won't do the work for you, but we'll help you do that work", because if we keep continually coming in and doing the work for them they're never going to sort of take it on board what we're trying to get across in the cultural change.'

<div align="right">(Patient Safety Officer, health sector organisation)</div>

10.3.5 Seeking external advice and guidance

Some of the case study organisations said that they found input from external organisations to be helpful, both in terms of bringing a fresh view and expertise to the issue, and helping to sell the issue of stress management within the organisation. One organisation in the health sector had been working with Acas and NHS Employers on stress management training and believed that this external involvement was a good way of improving its approach.

'I think somebody like ACAS coming in with their expertise, they're seen as external to us, I think it might be more attractive for people to go to.'

'We are doing very well and there are a lot of things we're doing here that ACAS were very impressed [with]. They can be part of the solution to make it even better in terms of coming in and training and working with people. Then we can identify stress much more acutely than we can at the moment.'

<div align="right">(Head of HR, health sector organisation)</div>

Dedicated support systems supplied by external organisations were also cited as effective ways in which to manage stress, although this was focused primarily on dealing with, rather than preventing, stress.

'We have the ACAS 24 hr support helpline that they can use, we have BUPA who also have a helpline, there's also myself – I have the trust and the respect, I'd like to say, [of] everybody in the [organisation] and they know they can come and talk to me about anything.'

(Personnel /Payroll Manager, education sector organisation)

10.4 SECTORAL FACTORS

The majority of the barriers and enablers set out above were general issues that applied to all of the case study organisations in this research. However, there were some differences in the organisations' experiences that may be attributed to the sectors in which they operate. It should be noted, however, that it might be difficult to generalise more widely from their experiences, particularly in the case of the education sector organisation, the finance sector organisation, the central government organisation and the emergency services organisation, as there was only one organisation in each of these categories.

10.4.1 Barriers

A lack of financial resources was cited by many organisations in this research as a barrier to the implementation of effective sickness absence and stress management. While this barrier appeared to be common across many organisations, it was particularly common in local government, where many of the organisations felt that they did not have the resources available, for example, to ensure that all vacancies were filled and that staff were not overloaded with work.

'What can they really do to, you know, somebody can sit there and say, "There, there I understand and you're stressed, talk about it, blah, blah, blah". That's fine but the real problem is still the fact that there aren't the staff, there's nobody in, there's nobody picking up the calls and the pressures are still there, however good that counselling service is and I'm sure it is very, very good, it's the action at the bottom line that needs to be remedied really.'

(Staff focus group participant, local authority)

Organisational culture, which often relates to particular sectors, can be both a barrier and an enabler to stress and absence management. The culture in the finance sector case study organisation possibly differed most from the other organisations in this study. Many of the managers in this organisation spoke of the 'bottom line' and needing to make the business case as the ultimate decider for many actions, including those relating to absence and stress management, which was perceived to be a particular challenge when trying to take the preventative approach to stress management.

'Longer-term, to reduce [sickness absence] we need a better well-being proposition that's more holistic and looks after staff from when they join the organisation to when they leave, and this is where we need to demonstrate the business case, the investment by the business into those people. From an HR view we've definitely got the buy-in of the executive committee as well. It will be targeting the hardcore business people to take on various initiatives. Its up to us to prove the case.'

(Stress Project Manager, finance sector organisation)

The omnipresence of targets in this sector was seen as particularly problematic. More information on this issue is contained in Chapter 5, Section 2.2.

Another key stress factor that is prominent in the retail banking sector generally and which was apparent in the finance sector case study was a shifting of role for customer-facing staff.

Employees who had been originally recruited as tellers have in recent years been required to sell financial products and services to customers, whilst also dealing with their transactions. This was identified as a stress factor by employees, and acknowledged as such by managers. More details on this issue are to be found in Chapter 9, Section 5.

Organisational change was seen by all the organisations in this case study as an area of the Management Standards that is difficult to progress, as noted in previous chapters. Arguably, organisations in the health sector find it particularly challenging, due to the sheer volume of change. Further details can be found in Chapter 9, Section 6. High levels of organisational change, while in themselves contributing to stress levels, can also mean that it can be difficult to maintain the momentum of stress and absence management initiatives.

10.4.2 Enablers

One of the key factors that enables good management of stress is the creation of a culture that is open to talking about stress and that does not attach a stigma to stress.

Experiences vary across the case study organisations, although the emergency services organisation, which had developed its own stress management procedures, had created a relatively open climate. Given the nature of the work in this organisation, traumatic incidents were expected and mechanisms for debriefing and anonymous counselling were well embedded. Equally, the organisation's management training, which was mandatory for progression, emphasised the 'normalisation' of a post-traumatic incident. All front-line staff appear to be aware of the importance of normalisation post-incident and this is part of their basic training. The shift structure within which front-line staff train, work and socialise also provides an important structure for peer debriefing. It is generally considered that most debriefing occurs informally in this way.

> *'We want a healthy, resilient workforce. They are dealing with horrible things so even if they're struggling with issues from their home life we want to have it so that it's an environment that can support and deal with those things, and managerially I think we want our managers to support their staff.'*
>
> (Stress Champion, emergency services organisation)

Organisation size appeared to play a role in some small local government organisations in creating a supportive atmosphere for staff. In one local authority, for example, staff said that the organisation was small enough for many of the staff to know each other quite well. In this organisation, the general employment terms and conditions were perceived to be good and so staff turnover was low. Participants in the focus groups in this organisation liked its small organisation feel.

> *'It's a bit like an extended family in some respects.'*
>
> (Line Manager focus group participant, local authority)

10.5 SUMMARY

Data from the surveys shows that the main barriers to taking forward absence and stress management were: a lack of money, a lack of information and training, and a lack of commitment to implement changes. The main issues from the case studies are set out below.

In terms of absence management:

■ Line management commitment was seen as key. It was therefore a priority to ensure that line managers adopt a consistent approach to the application of the policy.

■ Other key enablers were seen as the existence of a good policy to underpin absence management, good data collection and the effective management of long-term sickness.

In terms of stress management:

■ Many of the issues relating to absence, such as a lack of time and money, were also relevant to stress management, although many organisations found that the management of stress brought its own challenges.

■ A certain stigma can still be attached to stress, making it difficult for individuals to talk about it and for line managers to recognise it and deal with it effectively. Awareness-raising about stress was therefore highlighted as key in the successful management of stress.

■ As with absence management, engagement of line managers in the process of stress management and universal application of policy are key to the successful management of stress. Line managers can be reluctant to tackle issues that they feel they do not fully understand or that might be sensitive, and it is therefore important to ensure that line managers have the training and support to feel fully confident in managing stress.

■ Ensuring ongoing senior management support for stress management was also perceived to be difficult in many organisations, particularly when many other issues were competing for senior management time. This could be particularly true in the case of preventative work. Nevertheless, where organisations were putting a preventative approach into place, this was perceived to be working well in terms of preventing absence due to stress. External support from reputable organisations was also seen as effective.

■ Finally, some sectoral differences were apparent, largely due to the culture of organisations in specific sectors, and factors such as the size of the organisation. A lack of financial resources was an apparent barrier in some local government organisations, while organisational change particularly affected stress management in health sector organisations. Supportive cultures were apparent in the emergency services and small local government organisations.

11 IMPACT OF ATTENDANCE AT SIP2 EVENTS

This chapter examines the impact of organisations' attendance at SIP2 events by looking at where organisations had altered their practices as a result of attending workshops and masterclasses.

11.1 SURVEY DATA

The survey of workshop participants included a number of questions designed to determine whether the measures they had in place to facilitate absence and stress management came before or after their participation in the SIP2 workshops (Table 11.1 and 11.2). In each case, a significant proportion of organisations had introduced measures following the workshops. These organisations might well have implemented new procedures as a direct result of their workshop attendance, or at least that the material covered in the workshops helped them obtain guidance on how to proceed.

In relation to stress management the results showed that, following workshops, the following actions had been taken:

■ The introduction of a steering group on stress (45 per cent).

■ The introduction of the Management Standards approach for managing work-related stress after attending the workshop (36 per cent).

■ The introduction of staff discussion groups on well-being and ways of working (24 per cent).

■ Data collection on well-being, ways of working and working conditions (20 per cent).

Organisations had also introduced a range of measures related to absence management following the workshops. As might be expected, however, due to the greater tradition of absence management within the case study organisations (see Chapter 7 for details of the dates of absence policies, for example, which generally pre-date those on stress), the potential impact on absence management was less widespread. The most common measures introduced as a result of the workshops were:

■ The introduction of a training programme for line managers on sickness absence management (17 per cent).

■ The introduction of automatic triggers on sickness absence IT systems (16 per cent).

■ The use of sickness absence IT systems to capture information on health conditions and events/circumstances at work that contribute to absence (15 per cent).

■ The use of absence records to track absence trends and identify hotspots (14 per cent).

■ The development of return to work action plans developed in consultation with all staff off sick (12 per cent).

Table 11.1: Percentage of organisations that had introduced different stress and absence management mechanisms before their attendance at the SIP2 workshop

	Introduced before attending the workshop	Base* (N)
Introduced the Management Standards for managing work-related stress %	61	329
Introduced steering group to manage work-related stress %	54	253
Collecting data on well-being, ways of working and working conditions %	79	276
Introduced staff discussion groups on issues of well-being and ways of working %	75	221
Introduced automatic triggers for management action on the sickness absence IT system %	82	209
Use of sickness absence IT systems to capture information on health conditions and events/circumstances at work that contribute to absence spells %	83	253
Use of absence records to track absence trends and identify hotspots %	84	333
Use of absence records in the performance appraisal process %	93	205
Training programme for line managers in the management of sickness absence %	81	323
Policy of contacting staff who are on sickness absence %	91	399
Formal return to work interviews with all staff within the first week back at work %	91	396
Return to work action plans developed in consultation with all staff off sick %	87	298

* The bases in the table vary, because not all participants had these measures in place. Only where respondents had a particular provision in place were they then asked whether this was introduced before or after they attended the workshop.

Source: IES/Ipsos MORI survey of SIP2 participants, 2008

Table 11.2: Percentage of organisations that had introduced different stress and absence management mechanisms after their attendance at the SIP2 workshop

	Introduced after attending the workshop	Base* (N)
Introduced the Management Standards for managing work-related stress %	36	329
Introduced steering group to manage work-related stress %	45	253
Collecting data on well-being, ways of working and working conditions %	20	276
Introduced staff discussion groups on issues of well-being and ways of working %	24	221
Introduced automatic triggers for management action on the sickness absence IT system %	16	209
Use of sickness absence IT systems to capture information on health conditions and events/circumstances at work that contribute to absence spells %	15	253
Use of absence records to track absence trends and identify hotspots %	14	333
Use of absence records in the performance appraisal process %	6	205
Training programme for line managers in the management of sickness absence %	17	323
Policy of contacting staff who are on sickness absence %	8	399
Formal return to work interviews with all staff within the first week back at work %	8	396
Return to work action plans developed in consultation with all staff off sick %	12	298

* The bases in the table vary, because not all participants had these measures in place. Only where respondents had a particular provision in place were they then asked whether this was introduced before or after they attended the workshop.

Source: IES/Ipsos MORI survey of SIP2 participants, 2008

11.2 VIEWS FROM THE CASE STUDIES

The case study organisations found it difficult to assess and measure with any precision the extent to which their attendance at SIP2 events had helped to influence practice. Where this was the case, organisations' engagement in SIP2 was generally limited to staff attending a workshop. However, there were examples of changes having been made in a range of areas as a result of attending SIP2 events.

11.2.1 Training

Some organisations felt that attending SIP2 events had had an impact on the training and information offered to managers on stress and absence. For example, in the case of one education sector organisation, there was agreement amongst HR staff and managers that information gained through SIP2 on the Management Standards had made a direct impact on training and information provided to line managers.

> *'If you sit into the training you can pick out that we have actually gone through the Management Standards down to the very line that we actually give each manager a copy of the HSE publication about the Management Standards – they have all got their own copy of that, along with the course notes and any issues we have got. So yes, we base the whole thing on the Management Standards.'*
>
> (Health and Safety Manager, education sector organisation)

Stress training, where it was carried out, was reported to have an impact on general awareness, on the part of both staff and managers, of how to recognise stress in themselves and their staff, and how to take steps to deal with it.

11.2.2 Awareness-raising and increased confidence in dealing with the issues

In many cases, attending SIP2 events had led to greater awareness of, and confidence in, how to manage stress and absence. In one health sector organisation, this was the case for both the HR and Health and Safety Manager and, for them, this awareness had helped them in tackling stress and absence management, but had not yet led to measurable results.

Another organisation, in the health sector, noted that attending SIP2 events had helped it to focus more closely on stress. In this organisation, those who had attended the Healthy Workplace Solutions events felt that the main benefit of the initiative had been to highlight the need to dedicate more time and effort to dealing with stress management, and to think through the specific issues they had.

> *'[The HWPS initiative] just makes us think as an organisation. It just brings good practice … it's difficult, as you say, to disentangle [its impact] from other things that we've [done] … I think it's good to focus on it.'*
>
> (HR Director, health sector organisation)

11.2.3 Revised policies and procedures

In some cases, organisations had altered policies and training programmes for line managers as a result of focusing on stress and absence management. In one local authority organisation attending the workshops had led to revisions to the current policies on absence and stress management. This organisation also changed the way in which the *role* aspect of the Management Standards was managed, through making improvements to the appraisals process, updating job descriptions and putting into place training for line managers.

One local authority organisation, which had sent delegates to workshops and masterclasses and which had also had an inspection from a HSE stress inspector, said that the putting into place of a steering group for managing stress was a direct consequence of having attended the workshops and masterclasses. In this organisation, there was also a view from the HR department that its stress and absence management policies are now more embedded – policies are reviewed regularly, staff surveys are carried out every two years, with action plans flowing from that.

'We review all our policies on a very regular basis, so we made some fairly significant changes to the long-term absence policy, all of them actually, about six months ago. So it's just part and parcel, I think, of what any good organisation would do, which would be to review all the sort of most important policies on a fairly regular basis for all sorts of reasons, you know, good practice, case law, new initiatives, all sorts of reasons. You know, for example two things we wrote in, we wrote something in about cosmetic surgery and we wrote something in about fertility treatment.'

(HR Manager, local authority)

11.2.4 Costs and benefits

Organisations had not collected any data concerning costs and benefits of attending SIP2 events or concerning stress and absence more widely. However, one organisation noted that the fact that it had set up a steering group for stress had made a significant difference to the way that stress is managed in the organisation.

'I think the steering group has made an awful lot of difference, which was obviously a definite benefit of going to the workshops.'

(HR member for stress, local authority)

More widely, this organisation also noted that there have been some costs involved in terms of staff time devoted to stress management, and also in terms of the organisation that was used to put into place a push-button survey for manual workers on stress. However, these costs were seen as relatively small. Another local authority organisation noted that using an online survey kept the costs of this to a minimum. One organisation in the health sector noted that the costs it had incurred were mainly related to staff time spent making changes, as well as those involved in running training courses for staff. As such, the costs were fairly minimal and did not involve buying in external help or equipment.

The main benefits that organisations noted was preventing cases of sickness absence, as well as allowing individuals back to work as quickly as possible. One organisation, in the health sector, did not formally calculate the benefits of good absence and stress management, but noted that reductions in absence and improvements in recruitment and retention, which are outcomes of good absence and stress management, have saved the organisation a great deal of money.

In some cases absence rates had gone down, although in others absence recording had improved with the result that records indicated an increase in absence rates. This was viewed positively, as it now meant that an organisation was dealing with the true picture, rather than a situation in which absence was under-reported.

Another benefit was seen as improving the general morale of the workforce, or 'reducing unhappiness' among staff.

'Reducing the unhappiness amongst staff – because even when people are not off work, there's stressful situations that makes them unhappy and the morale of the team is affected so certainly that's where there is a need there to make sure there is input there is maximum, you know, that's the benefits that I see very much so that you know, the happiness and the morale of the staff.'

(Health and Safety Adviser and Project Manager, local authority)

11.2.5 Key enablers

Based on the data from the telephone survey and from the case study organisations highlighted in this chapter and in Chapter 7, it is possible to highlight some key enablers that

organisations could deploy to help them to implement the learning from the SIP2 interventions in the areas of absence and stress management.

Firstly, it would seem that while understanding of the relevant issues is high among the HR and occupational health professionals who attended the workshops and masterclasses, and although a significant number of delegates maintained that the workshops and masterclasses would enable them to convince senior management and other colleagues of the need to change absence and stress management procedures, in reality, it seems to have proved to be more difficult to effect changes. Given that there are constant and changing demands on senior management time, HR and occupational health professionals need to keep the issues of stress and absence 'live' for senior management in order to ensure that the focus on these issues does not dissipate.

Secondly, from the experiences of the case study organisations, it would seem that establishing a steering group is an effective tool in enabling progress in the management of stress. A steering group, as long as it is made up of the right types of employees (members should be senior enough to be able to implement actions, but not too senior that they have trouble committing time to attending the group), can help to take the pressure off individuals and help to co-ordinate actions across different parts of organisations.

Thirdly, some type of ongoing dedicated support from HSE would be likely to be very useful for organisations. As has been seen from the evaluation of the SIP1 interventions, organisations struggle to get to grips with the complex issues surrounding stress management, even when they have dedicated and relatively intense support from the HSE. For cost reasons, it is not realistic to offer organisations that level of support on an ongoing basis, but it might be useful for organisations to be able to access different kinds of tailored support to help them to progress in the management of stress and absence.

11.3 PLANS FOR THE FUTURE

The telephone survey of SIP2 workshop delegates asked what plans were in place for the future in terms of stress and absence management. Overall, a majority of organisations planned to introduce new procedures and initiatives related to stress and absence in the future. The responses from the survey on a range of issues related to sickness absence management and the management of stress are set out below.

11.3.1 Management of sickness absence

Delegates at SIP2 workshops were asked during the telephone survey whether they had particular aspects of absence management in place. Where they were not already in place, respondents were asked to state how likely it was that the organisation would introduce them in the future. The results are presented in Table 11.3.

Table 11.3: Plans for the introduction of new tools for managing sickness absence

	Very likely	Fairly likely	Fairly unlikely	Not at all likely	Don't know	Base (N)
Automatic triggers for management action on the sickness absence IT system %	19	23	29	21	9	192
Use of sickness absence IT systems to capture information on health conditions and events/circumstances at work %	23	20	29	22	6	153
Use of absence records to track absence trends and identify hotspots, such as roles, locations and causes %	34	33	23	9	2	82
Use of absence records in the performance appraisal process %	6	12	39	35	9	199
Training programme for line managers in the management of sickness absence %	30	35	18	12	5	98
A policy of contacting staff who are on sickness absence %	(16)	(19)	(19)	(25)	(22)	32
Formal return to work interviews with all staff within the first week back at work %	(21)	(24)	(35)	(12)	(9)	34
Return to work action plan developed in consultation with all staff off sick %	13	27	24	26	10	108

Note: Where figures are marked in brackets this indicates that only a small number of participants answered that question, and therefore that the results should be treated with caution.

Source: IES/Ipsos MORI survey of SIP2 participants, 2008

In summary, the main results were:

■ 42 per cent of organisations without automatic triggers within their IT system to prompt management action on sickness absence planned to introduce them

■ 43 per cent of organisations without existing IT systems to capture information on health conditions and events/circumstances at work felt it was very or fairly likely that these would be introduced

■ only 18 per cent of organisations where absence records were not used in the appraisal process felt that they were very or fairly likely to do so in the future

■ 77 per cent of organisations felt it was very or fairly likely that absence records would in future be used to track problem areas or hotspots

■ 65 per cent of organisations where there was no existing line manager training programme on absence felt that it was very or fairly likely that this would be initiated in time

■ 40 per cent of organisations where a return to work action plan is not commonly constructed with staff who are off sick were very or fairly likely to introduce this.

There were relatively few companies that had not already introduced the remaining tools.

11.3.2 Stress management

As was the case for absence management, delegates at SIP2 workshops were asked during the telephone survey, in relation to stress management procedures or tools that they did not already have in place, whether they felt it was likely that their organisation would be introducing them in the future. The results are presented in Table 11.4.

Table 11.4: Plans for the introduction of new tools for managing stress

	Very likely	Fairly likely	Fairly unlikely	Not at all likely	Don't know	Base (N)
Standards for managing work-related stress %	41	34	17	3	6	107
A steering group to implement the Management Standards %	27	21	28	14	11	199
Collecting data on well-being, ways of working & working conditions %	16	18	35	16	15	137
Staff discussion groups on issues of well-being and ways of working %	18	28	33	14	8	199

Source: IES/Ipsos MORI survey of SIP2 participants, 2008

The main outcomes were that:

■ 75 per cent of organisations within which the Management Standards were not already being implemented felt it was very or fairly likely that they would introduce them in the future

■ 48 per cent of organisations without an existing stress management steering group felt it was likely that one would be implemented

■ only 34 per cent of organisations where monitoring data on wellbeing and ways of working did not already take place thought that this might happen in the future

■ 46 per cent felt that, although there were no staff discussion groups in place at the moment, it was fairly or very likely that these would be set up.

11.3.3 Views from the case studies

Within the case studies, all the organisations that had been engaged in implementing the Management Standards so far were intending to continue with the process. In some organisations there were plans to roll out the process across the organisation following a smaller scale pilot. A finance sector organisation was hoping to do this during 2009. Within another organisation (from central government), the health and safety officer was planning to roll out both the Management Standards and the stress risk assessment process across the whole organisation, with a specific aim of reducing absence levels as far as possible.

> *'I'll try and get risk assessment done, but we've never done it for the whole organisation. We haven't gone round each individual doing a stress risk assessment, but I think it is asked in their performance development review, or could be raised certainly, if stress is an issue and that could be raised with their line manager and HR. So they have the opportunity to raise it there in a formal way. But in general terms we want to keep sickness as low as possible.'*
>
> (Health and Safety Officer, central government)

Some of the case study organisations were planning to make use of more and better surveys in the future. One organisation, from the local authority sector, wanted to re-survey its workforce in January 2009 and link stress management to strategic planning. Another organisation, again a local authority, intended to try to increase response rates to its regular staff survey, believing that this was one of the key ways in which to know what actions to formulate and which areas to target. It is also looking to continue to run staff surveys every two years.

> '*We are looking at other ways to get us as near to a 100 per cent response rate as we can because then at least we will know it is a true reflection of the feeling of the staff.*'
>
> <div align="right">(HR member for stress, local authority)</div>

Future actions also depended on which stage organisations had reached in the process. For example, one organisation in the health sector, following a staff survey, was planning to discuss the results and to formulate and implement action plans which addressed the issues raised by the survey. This organisation feels that they are now comfortable with the data reporting part of the process, and is now concentrating on looking at trends and intends to try to put into place actions to turn around negative trends and difficult areas.

Training also played a significant role in the future intentions of organisations. Some were intending to roll out more training on stress for managers.

11.4 SUMMARY

Overall, organisations tended to feel that they were making progress in terms of stress and absence management, but the pace of progress varied according to the organisational starting point and the particular stress factors and general problems that organisations faced.

However, it was difficult to measure progress in terms of concrete outcomes. Organisations generally did not keep precise records that would enable comparisons to be made before and after particular interventions had been put into place. Further, it was difficult to isolate the impact of particular interventions and in addition, organisational change made it difficult for organisations to make meaningful comparisons, as like was not being compared with like. This lack of reliable data was in itself seen as a barrier to making more progress.

Key impacts included:

- Improved training and information for line managers on the management of stress and absence.

- The introduction of stress training for individuals and managers.

- Revision of policies and procedures on stress and absence management.

Costs and benefits of attending SIP2 events were also difficult to measure, although some organisations indicated that costs included staff time and minor costs associated with surveys. Benefits included prevention and shortening of sickness absence, and improvements in recruitment and retention, although these were difficult to quantify. Improving morale more generally was cited as a benefit of having attended SIP2 events.

12 CONCLUSIONS

This final chapter examines the general themes that cut across all the previous chapters and explores the main issues relating to absence and stress management in the context of the Management Standards approach and the SIP2 initiative.

12.1 POLICIES AND PROCEDURES IN PLACE

This research explores existing policies and procedures in sickness absence management and stress management practices.

Absence and stress are complex areas which are often difficult for organisations to manage. In most cases, organisations are caught up with the day to day realities of absence and stress management and are concentrating on existing policies and procedures, rather than stepping back, adopting a strategic approach and changing procedures in a more wholesale fashion. Policies and procedures were not always embedded across the whole of organisations, and stress and absence managers were often implementing projects which targeted specific sections of organisations, rather than the organisation as a whole.

However, all of the case study organisations in this research were committed to improving their management of stress and reducing the incidence of stress-related absence. Organisations had a range of measures and processes in place to address stress-related absence, although these were not necessarily directly related to the Management Standards process.

General perceptions of the Management Standards were positive and organisations did not feel that they needed to change them in any significant way to fit their organisation. However, the organisations varied in terms of the progress they were making in implementing the Management Standards. A couple had either not begun, or were in the very early stages, and only half said that they had completed one cycle or more of the process. Mostly, organisations had not progressed beyond surveying staff or forming a steering group. There appeared to be some reluctance to conduct organisation-wide stress risk assessment in some cases, which may reflect a desire to 'contain' problems and target stress interventions where it is felt they are needed, which may also be less resource-intensive. Further, in some organisations, managers often received informal feedback on stress issues from the HR function and occupational health, which may on occasion have been preferable, particularly in organisations which already felt overwhelmed by bureaucracy.

One issue to note is that the Management Standards are aimed at the preventative approach to tackling work-related stress, whereas the focus of most of the organisations, in terms of time, resources and energy, was on tackling actual cases of stress once this had happened. Therefore, organisations were looking for practical help to manage concrete cases of stress, for which the Management Standards offered little help.

Looking at the progress that was being made by organisations in the six areas covered by the Management Standards, it is clear that organisations know where the problems lie, although in many cases they find it difficult to address them. Some improvements to workload levels and control issues have, however, been made, along with improvements in policy underpinning and in areas such as job descriptions. Change management was the most difficult area of the Management Standards to address and all organisations found this an ongoing challenge, although they were aware that good communication was vital.

12.2 BARRIERS AND SOLUTIONS TO SUCCESSFUL STRESS AND ABSENCE MANAGEMENT

A second question that this research was asked to address was the extent to which any changes made to the management of stress and sickness absence in the organisation worked, and barriers and solutions to any problems encountered.

It is possible to highlight the actions that are perceived to be useful and effective in terms of managing stress. As a starting point, it would seem that an organisation's approach to stress and absence management will be most effective if underpinned by a policy and good procedures. However, the consistent application of policies can be one of the most difficult things to achieve. As policies are implemented by line managers, these individuals hold a key role, but it can be difficult to ensure that all managers are comfortable with recognising and dealing with stress. Training for all line managers, backed up by ongoing support from the HR function or the occupational health department can therefore significantly help in building confidence. Training for staff can also help individuals to recognise stress in themselves and their colleagues.

Ensuring senior management buy-in is crucial to the long-term success of stress and absence management projects. This can be difficult, however, due to a range of issues such as the competing demands on management time, the perception that stress management and certainly the preventative approach is a 'soft' issue compared with 'harder' issues such as the financial bottom line, and the difficulties associated with defining and talking openly about stress. In particular, support for the strategic rather than the reactive approach to stress management was often, although not always, difficult to gain from senior management.

Nevertheless, taking a preventative approach to stress and absence management is extremely effective, if this can be achieved – if an organisation can help and work constructively with an employee who feels that they are suffering from stress, this can often prevent them from going off on sick leave through stress. However, this approach does require strategic thinking, commitment from senior management and dedicated resources in terms of staff time.

Given the difficulties associated with recognising stress and in openly acknowledging stress, it is important to be able to foster an organisational culture that encourages openness and does not attach a stigma to stress. This can prove difficult, but organisations that are managing to change their culture in this regard indicate that this helps both staff and managers to recognise and deal with stress effectively.

One of the difficulties associated with the management of stress is how to approach the management of non-work-related stress. This aspect is not dealt with in the Management Standards, which focus solely on work-related stress. However, it is clear from this study that stress related to an employee's private life can contribute significantly to overall stress levels and it is often the case that when stress related to private life and stress related to work intertwine, individuals feel that they can no longer cope.

A number of other, specific, factors were seen as important with regard to absence management. Good data collection is essential, as this enables organisations to identify hotspots and trends, and to ascertain whether they are reducing absence levels over time. It is especially important to ensure that line managers deal effectively with non-health related absence, firstly to try to reduce this and secondly to boost morale among the workforce as a whole.

Trigger points for management action relating to short-term absence were a point of contention in many organisations. While there was a recognition that some sort of trigger

point was needed in order to manage absence and deal with non-health-related absence, there was often a perception among staff that these systems were 'draconian' or unfair. Scope for manager discretion, albeit within the context of a uniform application of policy, was seen to help in this regard.

12.3 THE EFFECTIVENESS OF SIP2

Finally, this research explored the extent to which the elements of SIP2 had generated change in the procedures within organisations designed to manage work-related stress and sickness absence.

Overall, the case study organisations in this research were serious about managing stress and wanting to manage it well. One of the key motivations for attending SIP2 events and for taking part in the IES research was to gain more knowledge about how to refine their approach. This had generally been gained through the workshops and masterclasses which participants saw as useful and informative.

However, it was difficult to measure the concrete impact of SIP2 on organisations, for a range of reasons. Firstly, the intervention was relatively limited in comparison to, for example, the SIP1 intervention. Although the full intervention consisted of senior management engagement activities, workshops, masterclasses, a telephone helpline and a supportive inspection, in reality, organisations' engagement was often limited to attendance at one workshop, or one workshop and one masterclass. In addition, some of the telephone survey participants and particularly the case study organisations often could not quite remember the details of the workshop or masterclass, as it was relatively short and had in many cases taken place some months ago. Nevertheless, the overall view from survey participants and the case studies was that the workshops and masterclasses were useful, in a range of ways. This included the networking and benchmarking aspect and the chance to gain support for things that they had been trying to implement. Further, one of the values of the SIP2 intervention may lie in the fact that organisations had the freedom to tailor the Management Standards approach in a way that suited them, or alternatively to manage stress their own way, in contrast the SIP1 initiative which required a prescribed set of actions on the part of participating organisations.

Although it was difficult to find concrete outcomes that directly resulted from the SIP2 intervention, some organisations said that they had implemented certain initiatives due to attendance at the workshops and masterclasses. These included setting up a steering group to manage stress and making changes to policies and line manager information and training. Other, less tangible, evidence of impact included sharpening an organisation's general approach to stress and absence management, increasing its awareness of and confidence in dealing with these issues, and allowing it to focus more clearly on stress and absence.

12.4 RECOMMENDATIONS

■ In terms of whether the approach of offering information, advice and guidance on absence and stress management to organisations through a series of workshops and masterclasses could be regarded as successful or not, this research has shown that these interventions were recognised as useful and helpful for participants. It is probably unrealistic to expect a significant change in organisations' policies and procedures after attending these short interventions. Nevertheless, as has been shown, some organisations changed policies and procedures after having attended, and in other organisations, managers felt more confident in being able to manage stress and absence, and appreciated being able to focus on these issues. It would seem that there is value in continuing with this type of initiative, given that the process of managing absence and stress is long and

complex, and organisations are progressing by making gradual and incremental changes over the long term.

■ Managing stress is a complex and difficult process for organisations and they are unlikely to make good and lasting progress on their own. Therefore, a great deal of support, possibly over the medium to long term, is necessary if the HSE wants organisations to implement the Management Standards process fully and successfully.

■ Awareness of the telephone helpline was moderate to good, but use of the helpline was poor – a minority of telephone survey participants and none of the case study participants had used the helpline. Case study interviewees said that they would rather turn to other resources for help, such as websites. There may be value in considering discontinuation of future helplines and placing the resources into web-based guidance instead.

■ Line managers are key in the application of policies and procedures in absence and stress management. However, they can often feel unconfident or overwhelmed, particularly in relation to stress management. Training and ongoing support is therefore vital to ensure confidence and uniform application of policy.

■ There may be value in including in the Management Standards some acknowledgement of non-work-related stress and the role that this can play in the overall management of work-related stress.

APPENDIX 1: DETAILS OF CASE STUDY ORGANISATIONS

Basic details are provided below which describe the organisations participating in the research as case studies. Organisations were guaranteed anonymity, and the level of detail provided here is designed to protect that. However, the information should allow the progress made by the organisation and the views of staff within each to be placed in a useful context.

CASE STUDY 1: LOCAL AUTHORITY

Case study 1 is a small district council, employing 415 people. The council has ten service areas in total, each headed by a service area manager. As the council is relatively small, it is perceived by staff to be a tightly-knit organisation. The council operates from a range of local sites, and the area which it covers is varied and predominantly rural. It also encompasses some relatively poor areas in terms of income levels.

The council outsourced a number of its services to a private company in 2005, of which HR was one. The others are IT, Revenues and Benefits, and Property Services. Although the HR function is outsourced, it still provides strategic health and safety advice to the council and has a joint work programme with the council's Health and Safety Officer. The council recognises two trade unions and there appears to be a good working relationship between the council and the unions. Absence management is a key priority for the council and a focus on stress management flows from that.

The case study consists of six interviews with senior managers, including the HR director and a service area head and managers involved in stress and absence management. In addition, four focus groups were conducted, two with staff members across a variety of departments and two with line managers, also from a variety of departments.

CASE STUDY 2: EMERGENCY SERVICES

Case study 2 is a medium sized emergency service with around 750 staff in total, comprising 600 uniformed staff and around 150 civilian staff. It operates from 20 locations. The uniformed side of the organisation is structured around small teams, or shifts, who train and work together.

The organisation has a small HR function with an associated health and safety group. The Stress Champion is located jointly within the health and safety department and the HR department. The occupational health service is contracted out to an external organisation and this contract has recently changed to a new provider. Post-traumatic stress disorder is recognised in this organisation as a hazard, given the nature of its work, and the organisation therefore has embedded procedures in place to deal with incidents of stress following a traumatic incident.

The case study consists of six interviews with senior management, including the Chief Executive Officer, the HR Director and the Finance and Risk Director, in addition to a range of operational staff, including those with responsibility for stress. In addition, four focus groups were carried out: one with uniformed managers, one with a civilian manager, one with uniformed staff and one with civilian staff.

CASE STUDY 3: HEALTH

Case study 3 is a medium sized primary care trust (PCT), split into two primary functions: commissioning services, which buys NHS services, and includes primary care services and secondary care services, for the local population of around 300,000 and beyond; and providing services across the local area. These include district nursing services, health visiting, school nursing, sexual health therapies, and dental services, and prison health care services. The organisation has around 50 different sites across the centre of the city in which it is situated. Overall, it employs around 1,250 staff in a wide range of roles.

The HR function of this organisation reports directly to the Director of Provider Services, but provides HR services to the whole PCT. The department consists of a Head of HR function, senior HR managers, core HR members, senior HR advisers, HR administrators and a number of administration staff. In total, there are around 16 members of the HR function. The main responsibility for staff welfare resides with the HR function.

The case study consisted of six interviews with a range of senior and other managers: the Director of Provider Services, the Head of HR, the Assistant Director of Finance, the Absence Manager, the HR Project Manager responsible for stress, and the Data Manager. In addition, four focus groups were conducted, two with line managers and two with staff.

CASE STUDY 4: LOCAL AUTHORITY

Case study 4 is a small local authority with approximately 300 employees. This organisation provides community services as well as legal and financial services. The local authority has a relatively broad remit and staff are therefore employed in a wide range of jobs, from refuse collectors, cleaners, customer contact officers, through to senior licensing officers, senior solicitors and general managers. Operations/waste and cleansing have the largest team, with 60 employees.

The local authority is split into three main departments which are made up of smaller teams: policy and performance; planning policy; development and resources; and community services. Each team within the three departments has a team leader or senior officer and reports to the board. Financial services, legal services and democratic services come under the Chief Executive.

This case study consists of six face-to-face interviews of senior and operational staff, including a senior HR adviser, a senior finance manager and HR advisers. One telephone interview was conducted with an ICT manager and email interviews were conducted with two other managers. In addition, three focus groups were conducted: two with staff members across a variety of departments; and one with line managers from different departments.

CASE STUDY 5: FINANCE SECTOR

Case study 5 is a financial services organisation, providing investment and retail banking. The organisation is part of a larger global financial services company, employing 10,500 to 11,000 employees in the UK and an additional 50,000 employees worldwide, with support services for both. The head office of this organisation is in the UK, spread over three cities and retail branches are located throughout the UK.

Staff are employed in various divisions, including retail and investment, and in support functions for these. The profile of staff is that they are generally long serving, although there is a significant amount of movement for some staff around the different divisions of the bank.

The head of HR is responsible for stress and absence policies and the group manager for health and safety and well-being has input into these general policy areas from a health and safety perspective. Their work is supported through a business partner HR model.

CASE STUDY 6: LOCAL AUTHORITY

Case study 6 is a borough council that employs around 400 staff. Its main operations include the provision of council services, including services to the community, such as leisure and housing services, as well as environmental health services. The council's remit also covers planning and development, including community and corporate planning, economic development and regeneration; and change and business support, including customer access and business transformation, financial and property services.

The split between administrative and front-facing staff is around half and half in the council, although the size of teams varies considerably. This council has undergone a significant amount of organisational change in recent years, which has reduced its heads of service from 22 to nine, as a result of resource constraints and a refocusing of the business. The HR function reports directly to the head of the council's Change and Business Support area.

This case study consists of six interviews with senior and operational staff, including the chief executive of the council, the Director of Change and Business Support, an HR manager and a health and safety adviser. In addition, four focus groups were conducted: two with managers (one with line managers and one with heads of services) and two with staff across a wide range of departments and teams.

CASE STUDY 7: HEALTH

Case study 7 is an NHS Trust providing a range of mental health, disability and substance misuse services to about 1.4m people, as well as a number of regional and national specialist services. It employs more than 7,000 staff, working from over 150 sites and providing care to people in their own homes. It has an annual budget of more than £280 million. The area covered by this Trust is relatively large, covering locations within an area of 80 miles, and encompassing relatively remote rural areas.

The organisation was thinking about how to change and modernise the way it managed absence, following the relatively recent merger of the three Trusts to create one organisation.

This case study consists of six face-to-face and one telephone interview of senior and operational staff, including the HR Director, the Finance Director and HR function members involved in stress management. In addition, four focus groups were carried out, two with line managers and two with staff from a range of functions and areas in the Trust.

CASE STUDY 8: EDUCATION

Case study 8 is a further and higher education college serving around 23,000 students. The college has grown significantly in recent years, and the number of staff it employs has risen from around 1,000 in 2001 to a current figure of around 1,350. The college has a main campus and 12 branch sites in the surrounding area. There are a wide variety of job roles within the college, including IT professionals, drivers and caterers, as well as teaching and learning support roles. The Chief Executive of this college is engaged in the issue of staff health and well-being and is keen to ensure that the organisation manages absence and stress effectively. Therefore, the college has a relatively well-developed strategic approach to managing welfare, stress and absence.

Human resource management, staff health and safety, health and well-being and equality and diversity are overseen by the college's Registrar.

This case study consists of six interviews (four face-to-face and two by telephone) of senior and operational managers, including the Registrar and the Health and Safety Manager. In addition, four focus groups were conducted; two of line managers in a range of roles; and two of staff in a range of departments and roles.

CASE STUDY 9: LOCAL AUTHORITY

Case study 9 is a council that was established in its present form following local government re-organisation in 1996. The council encompasses both rural and urban communities over a large geographical area and has 6,500 employees, almost three-quarters of which are female. Forty per cent of the staff work part-time; these part-timers are mostly female, but there is a significant minority of male part-time workers. Male workers tend to make up the majority of employees working in manual and craft-based jobs whilst women are the main employees in home help and other care work.

The organisation is split into five services. These are Housing and Community Care, the Environment Service, Education and Children's Services, Corporate Services and the Chief Executive Service. Each of these five services has a director, and are broken down further into areas of operations, with heads of service in charge of each of these. The largest number of any one profession employed by the organisation are teachers, with high numbers also employed in Social Care.

The organisation has a centralised 'Corporate Services' department, in which both Human Resources and Health and Safety sit. There are further human resource and health and safety officers staff within each of the services, who also offer advice and support.

CENTRAL GOVERNMENT DATA

One interview was carried out with a health and safety manager in a central government organisation. This organisation employs around 500 employees across six sites. The organisation is in the process of looking at absence and stress management and conducts regular staff surveys. It undertook a dedicated stress survey in 2000 and has implemented training for line managers on how to recognise and manage stress.

APPENDIX 2: BACKGROUND TO THE MANAGEMENT STANDARDS

Workplace stress is a significant problem for organisations. Recent estimates from the HSE suggest that stress, anxiety and depression account for one-third of all working days lost due to work-related injury or ill-health, and over one-third of all new cases of ill-health. The Management Standards represent the central plank in the HSE strategy to meet its targets on stress reduction. This appendix provides further detail about the Management Standards, the SIP1 intervention and other relevant HSE activities to act as a backdrop to this report, which focuses on describing the experiences of employers and professionals involved in taking forward SIP2.

The HSE developed the Management Standards based on the best available scientific evidence for the impact of work characteristics on well-being. The Management Standards, published in November 2004, reflect the use of a 'guidance' rather than a regulatory approach and aim to illustrate best practice for UK employers. This section provides the background to, and details of, the Management Standards.

WHY DEVELOP MANAGEMENT STANDARDS?

At any point in time, it is estimated that one-sixth of the working age population of Great Britain experience symptoms associated with mental ill-health (ONS statistics, 2001 presented in Lelliot et al., 2008). These include sleep problems, fatigue, irritability and worry which can affect a person's ability to function adequately and/or cause them to take time off work. Work-related mental ill-health (defined as anxiety, depression and stress) is estimated to account for 10.5 million working days lost yearly, and an average of 30.1 working days were lost per individual case of work-related mental ill-health (HSE, 2007). Occupational stress has been identified as the most common mental health problem for the UK working population (Economic and Social Research Council, 2006). The costs to individuals and their employers of mental ill-health are therefore significant, and estimates suggest that absenteeism may cost as much as £8.4 billion, and presenteeism (which is essentially loss of productivity which occurs when employees attend work but function at less than full capacity because of ill-health) as much as £15.1 billion to UK employers (The Sainsbury Centre for Mental Health, 2007).

The HSE has targets for the overall reduction in the burden of occupational health in the UK. Given the prevalence and incidence of self-reported work-related stress and days lost attributed to this, developing measures to prevent work-related stress are a part of meeting these targets. The HSE has taken the lead in tackling work-related stress and has set targets for the overall reduction in the burden of occupational health in the UK. The HSE recognised that there were a range of difficulties in making recommendations concerned with managing the causes of work-related stress, including: disagreement about terminology; a lack of solid evidence on the effectiveness of interventions; and the fact that line managers had little motivation to take action (Cousins et al., 2004[8]). A Stress Priority Programme was designed

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[8] *Cousins R, Mackay C, Clarke S, Kelly S, Kelly PJ, McCaig RH (2004), 'Management Standards and work-related stress in the UK: Practical development', Work and Stress, April to June 2004, Vol. 18, No. 2, pp113-136*

to develop agreed standards of good management practice for a range of stressors and provide employers with a clear idea of what was expected of them, as well as tools to monitor their performance in managing work-related stress. The Management Standards were developed from a taxonomy of work-related stressors based on a range of research findings (see, for example, Cox, 1993[9] for a review of research) and through consultation with experts from a range of disciplines. To help employers achieve the Management Standards a risk indicator tool and process for addressing the risks was developed (Cousins et al., 2004).

THE MANAGEMENT STANDARDS

The evidence from HSE-commissioned research identified six areas (demands, control, support, relationships, role and change) that can have a negative impact on employee well-being across organisations of different sizes and sectors. These areas are the Management Standards, and each has a series of 'states to be achieved'; essentially, a desirable set of conditions for organisations to work towards in terms of achieving good practice. Full details of the Management Standards and the states to be achieved which relate to each are presented in Table A2.1.

THE PROCESS FOR ACHIEVING THE MANAGEMENT STANDARDS

Guidance on the process for achieving the Management Standards is designed to:

■ help simplify risk assessment for stress

■ encourage employers, employees and their representatives to work in partnership to address work-related stress throughout the organisation

■ provide the yardstick by which organisations can gauge their performance in tackling the key causes of stress.

The process involves an assessment approach that is a continuous cycle of improvement and can be summarised into five steps:

1. Prepare the organisation and understand the stress risk factors: secure senior management commitment, secure commitment from employees and their representatives. Appoint a steering group to drive forward a project to improve the management of work-related stress, and a project champion who represents the project at board level and a 'day to day' project champion who takes the role of project manager (which is to secure resources, develop a project plan, develop communications/employee engagement strategy, and develop a policy if appropriate).

2. Identify the risk factors by collecting and analysing data to identify problem areas using the Management Standards as a guide (collect 'time 1' data).

3. Evaluate the risks: hold staff discussion groups to unpack the problem areas and identify solutions.

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[9] *Cox T (1993), Stress Research and Stress Management: Putting Theory to Work, HSE Contract Research Report No. 61/1993, HSE Books*

4. Devise an action plan and implement the solutions.

5. Monitor and review: collect and analyse data to assess the effect of these solutions on working conditions and self-reports of work-related stress, and identify outstanding problem areas (collect 'time 2' data).

The HSE has developed an **indicator tool** that is designed to help organisations focus on where improvements need to be made and monitor change (see www.hse.gov.uk/stress/standards/step2/index.html). This can be used to collect time 1 and time 2 data (see Steps 2 and 5 above). It can be distributed to employees as part of a staff survey or as a stand alone tool to supplement other data collection and analysis (eg sickness absence records). It is made up of 35 items that ask about 'working conditions' that are known to have the potential for work-related stress (see Table A2.2 for details of the levels at which this has been validated). The working conditions correspond to the six stressors of the Management Standards and employees answer the questions according to how they feel these aspects of their work are for them.

Table A2.1: The Management Standards

Area	Issues covered	The Standard	States to be achieved
Demands	Workload, work patterns and the work environment	Employees indicate that they are able to cope with the demands of their jobs, and systems are in place locally to respond to any individual concerns	▪ Organisation provides employees with adequate and achievable demands in relation to agreed hours of work ▪ People's skills and ability are matched to the job demands ▪ Jobs are designed to be within the capabilities of employees ▪ Employees' concerns about their work environment are addressed
Control	How much say the person has in the way they do their work	Employees indicate that they are able to have a say about the way they do their work, and systems are in place locally to respond to any individual concerns	▪ Where possible, employees have control over their pace of work ▪ Employees are encouraged to use their skills and initiative to do their work ▪ Where possible, employees are encouraged to develop new skills to help them undertake new work
Support	Encouragement, sponsorship and resources provided by the organisation, line management and colleagues	Employees indicate that they receive adequate information and support from their colleagues and superiors, and systems are in place locally to respond to any individual concerns	▪ The organisation has policies and procedures to adequately support employees ▪ Systems are in place to enable and encourage managers to support their staff ▪ Systems are in place to enable and encourage employees to support their colleagues ▪ Employees know what support is available and how and when to access it ▪ Employees know how to access the required resources to do their job ▪ Employees receive regular and constructive feedback
Relationships	Promoting positive working to avoid conflict and dealing with unacceptable behaviour	Employees indicate that they are not subjected to unacceptable behaviours (eg bullying at work), and systems are in place locally to respond to any individual concerns	▪ The organisation promotes positive behaviours at work to avoid conflict and ensure fairness ▪ Employees share information relevant to their work ▪ The organisation has agreed policies and procedures to prevent or resolve unacceptable behaviour ▪ Systems are in place to enable and encourage managers to deal with unacceptable behaviour ▪ Systems are in place to enable and encourage employees to report unacceptable behaviour

Area	Issues covered	The Standard	States to be achieved
Role	People understand their role within the organisation and whether the organisation ensures that they do not have conflicting roles	Employees indicate that they understand their role and responsibilities, and systems are in place locally to respond to any individual concerns	■ The organisation ensures, as far as possible, that the different requirements it places upon employees are compatible ■ The organisation provides information to enable employees to understand their role and responsibilities ■ The organisation ensures that, as far as possible, the requirements it places upon employees are clear ■ Systems are in place to enable employees to raise concerns about any uncertainties or conflicts they have in their roles and responsibilities
Change	How organisational change (large or small) is managed and communicated in the organisation	Employees indicate that the organisation engages them frequently when undergoing an organisational change and systems are in place locally to respond to any individual concerns	■ The organisation provides employees with timely information to enable them to understand the reasons for proposed changes ■ The organisation ensures adequate employee consultation on changes and provides opportunities for employees to influence proposals ■ Employees are aware of the probable impact of any changes to their jobs. If necessary, employees are given training to support any changes in their jobs ■ Employees are aware of the timetable for changes ■ Employees have access to relevant support during changes

Source: IES, presentation of HSE information, 2008

Table A2.2: Levels at which the HSE indicator tool has been validated

Total number of workers	Recommended minimum sample size[1] to provide data accurate to at least 5%±[2]
500 or fewer	All Workers
501-1,000	500
1,001-2,000	650
2,001-3,000	700
Over 3,000	800

[1] Assumes a response rate of 50%. [2] Relates to ±percentage of the score.

Source: HSE, 2008

THE DEVELOPMENT AND HISTORY OF THE MANAGEMENT STANDARDS

This section has been drafted from a document provided by the HSE outlining the activities leading up to and including the Sector Implementation Plan Phases 1 and 2.

THE 'MANAGING STRESS AT WORK' CONSULTATION

In 1999, the Health and Safety Commission (HSC) consultation 'Managing Stress at Work' encouraged a debate about the best way to ensure that risks from work-related stress were properly controlled. Various options were put forward including:

■ formal Regulations (ie enforceable legislation)

■ an Approved Code of Practice (a quasi-regulatory tool requiring more formal compliance than adhering to guidance), and

■ targeted but informal guidance.

Responses were requested to discuss which of these constituted the action that the HSE should take on stress. A total of 845 responses were received. There was no clear consensus. Comparison of employer and employee opinions indicated that equal proportions of both were in favour of an ACoP. Of those calling for something else, employees preferred stronger action (ie regulation), while employers preferred weaker action (ie guidance). The consultation indicated that a partnership approach would be favourably received.

DEVELOPING AND PILOTING THE MANAGEMENT STANDARDS

In 2000, the HSC agreed to the development of a plan, involving key partners, to tackle work-related stress. This plan included work to develop clear, agreed standards of good management practice for a range of stressors. Draft Management Standards were developed and a series of four workshops were held to consult with experts (academics, trade union health and safety representatives, human resources staff, stress consultants, lawyers, occupational health specialists) to guide the development and revision of the draft Management Standards. The six initial draft Management Standards were revised on the basis of consensus of opinion.

During 2003, the Management Standards were piloted. This exercise aimed to examine the:

■ process of identifying hazards using a draft version of the indicator tool (the indicator tool was formally refined using a separate, dedicated large pool of participants but it was also used in this pilot to gain feedback on ease of use)

■ process of introducing control measures for work-related stress

■ feasibility of implementing the draft Management Standards.

Twenty-eight organisations initially agreed to pilot the Management Standards process. Two organisations withdrew very early on, as they were not able to meet the time limits within their existing structures for staff surveys. Four other organisations withdrew during the course of the year, largely due to business pressures and large-scale change. The remaining 22 organisations were: four government departments; five councils; one other local government organisation; two energy production and supply businesses; one rail engineering firm; one financial institution; one insurance company; two multinational manufacturing businesses; one university; one college; one National Health Service trust; one police force; and one charity. The total number of employees from the 22 organisations participating in the pilot exercise was approximately 11,000; organisation size ranged from 26 to 6,000 employees.

Each organisation could select a part of their organisation to take part in the pilot. Some selected different parts of the organisation so as to give a 'diagonal slice' across the organisation, whereas others chose to use a self-contained unit. Two of the smaller organisations included everyone in the organisation.

The pilot organisations were given a resource guide (The Management Standards Piloteers Pack) that described the Pilot Process, giving details of each stage in the process. This outlined the stages as:

■ Stage 1: Preparation (gaining management commitment; raising employee awareness; selecting the pilot group within the organisation; defining the current state of the organisation against the Management Standards using the indicator tool; feed back results to staff and others).

■ Stage 2: Defining problem areas in more detail (staff consultation; focus groups with employees to confirm the nature of the problem(s) and agree action required).

■ Stage 3: Taking action (Interventions and Review: the pack included an interventions guide – Real Solutions, Real People: A Manager's Guide to Tackling Work-related Stress; HSE, 2003 – with additional information on the risk assessment approach, a series of 'dos and don'ts', 18 case studies outlining effective interventions that can be generalised to other situations, and guidance on creating an action plan for stress management).

Each pilot organisation was assigned a 'buddy' from the HSE Stress Management Team for support and feedback, if needed, and the Health and Safety Laboratory (HSL) undertook a review of the experiences of the pilot organisations.

Feedback from participants confirmed that:

■ Senior management commitment was critical to the success of any stress management initiative. Almost all the organisations had to present a formal 'business case' that outlined particular business and social benefits, such as improved absence rates and

improved productivity, to senior management. The HSE had provided a draft business case to help with this.

■ Some organisations reported that they would have to make changes to existing staff surveys, and their timings. There were concerns about 'questionnaire fatigue' (because this was additional to what the organisations were currently doing) and that some of the questions being asked were better than others. There were requests for revisions to items in the indicator tool that, for example, were seen as being part of the job, or were ambiguous. There were also some queries about the scoring methodology used in the Excel tool; specifically, there were queries about the transformation of the original 4-point scale to a dichotomous format for translating the responses. For some items this did not work well. This was addressed in the revised Indicator Tool.

■ Most participating organisations were not currently consulting with their employees using focused discussion groups on a regular basis. HSL reported that they suggested that the process would work well within current practices. HSL reported that the consensus was that the information and guidance provided by the HSE was comprehensive.

FURTHER DEVELOPMENT OF THE INDICATOR TOOL

Feedback from the pilot organisations and examination of the full scope of each Management Standard strongly suggested that the Indicator Tool needed further development. To review the tool, a pool of 100 questions that broadly represented all aspects of the six Management Standards was constructed with the intention of developing an Indicator Tool that was comprehensive in coverage and statistically reliable and valid. The 100-item 'pool' questionnaire was piloted in the Children and Family Services (CFS) Division (which includes the education sector) of a county council.

The questionnaire was distributed in 611 batches through heads of local units of CFS. In total, 16,016 questionnaires were sent, but the exact numbers of staff receiving these is unknown as there were inaccuracies in the staff database. However, 3,147 completed questionnaires were returned. Based on questionnaires sent out this represents a response rate of 19.5 per cent, although given that total staff numbers were estimated at nearer 15,000 the response rate was probably a little higher. An exploratory factor analysis was used to extract factors best representing the six Standards.

Using these results, a revised Indicator Tool was developed which consisted of 35 items and seven subscales. There is one factor for each of *demands* (eight items), *control* (six items), *relationship*s (four items), *role* (five items) and *change* (three items), with the factor analysis indicating that *support* is made up of two distinct factors according to source.

The HSE commissioned modules in two National Omnibus Surveys (nationwide surveys conducted for the UK's Office of National Statistics). These provided a means of further validating the Indicator Tool in a very large nationally representative population and will also be used for ascertaining baseline levels for measuring the anticipated population shift towards reducing work-related stress.

STRESS PROGRAMME INTERVENTION LOGIC MODEL

A stress programme Intervention Logic Model was developed to determine the number of organisations that would be required to implement the Management Standards (or equivalent process) correctly in order to meet the contribution (set by the HSE) to the PSA targets for reduction in the incidence of work-related illness and days lost.

The Sector Implementation Plan (Phase 1 – SIP1; Phase 2 – SIP2, renamed as Healthy Workplace Solutions and WIP (Wider Implementation Plan)) was developed to help achieve the targets identified in the Intervention Logic Model. These targets were that:

■ 100 per cent of key sector organisations are aware of the Management Standards

■ 80 per cent of these introduce the Management Standards approach or an equivalent process

■ 65 per cent implement the process correctly.

APPENDIX 3: PUTTING THE MANAGEMENT STANDARDS INTO THE CONTEXT OF OTHER HSE WORK

The HSE has a dedicated Stress Programme, which is being taken forward through the development and implementation of the Management Standards (ie through the Sector Implementation Plan Phases 1 and 2). However, the HSE is also involved in a range of other work which, directly or indirectly, could help to tackle the work-related causes of stress. This appendix provides an overview of some of this completed or ongoing work.

DEVELOPING MANAGEMENT COMPETENCIES FOR PREVENTING STRESS

A separate research strand, which started after SIP1, funded by the HSE, aims to supplement the guidance provided as part of the Management Standards with an understanding of the role of the manager, including both HR practitioners and line managers, in the effective management of the causes of work-related stress. The first phase of this research set out to identify specific management behaviours, including those that are associated with each of the six Management Standards, that are effective in the management of stress at work. It also built a 'stress management competency framework' and explored the possibility of integrating this framework into existing management competency frameworks (Yarker et al., 2007[10]).

The research identified 19 management competencies, some of which mapped onto more than one management standard. There were some important parallels between the competency framework developed through this research and other frameworks which specify what managers are expected to do. However, some national frameworks include only a proportion of the specific competencies designed to demonstrate effective management of work-related stress. However, research participants clearly identified the competencies with existing good management approaches. The main message for managers was that the management of the causes of work-related stress does not have to be a separate activity: stress management is a part of normal management activities.

A second wave of the research, recently published (Yarker et al., 2008[11]), and funded by Investors in People, CIPD and the HSE, has further refined these initial findings. A qualitative approach involving managers from the five HSE priority areas, and other stakeholders and experts, was employed. Statistical and qualitative evidence was also used to develop four competencies and 12 sub-competencies. The final indicator tool has 66 items. These were mapped onto existing leadership/management frameworks and onto the HSE Management Standards. The main implications of this research for employers is that a specific framework on stress can be used to embed the competencies for management to prevent and reduce stress at work into broader people management requirements, and this is best done within a performance management or development context. A further wave of the research, to develop a sound psychometric measure for wider use, is under discussion.

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[10] *Yarker J, Lewis R, Donaldson-Feilder E, Flaxman P (2007), Management of competencies for preventing and reducing stress at work, HSE Research Report 553, HSE Books.*

[11] *Yarker J, Lewis R, Donaldson-Feilder E (2008), Management competencies for preventing and reducing stress at work: Identifying and developing the management behaviours necessary to implement the HSE Management Standards: Phase Two, HSE Research Report 633, HSE Books.*

STRESS AND MENTAL HEALTH PROJECT

The HSE commissioned research which involved key stakeholders in the mental health field to determine how managers understand and deal with common mental health problems at work (Andrew Irving Associates, 2007[12]). It also involved research with organisations and employees. This is being used by the stress policy team to develop guidance and a new HSE hosted website that will act as a central hub for the dissemination of advice and guidance on managing mental health issues at work for organisations, assistance providers, trainers and line managers.

The results of this qualitative research indicate the following:

■ 'Stress' is a problematic term, open to differing interpretations and with negative associations which is over-used and ill-defined.

■ Broadly, the underlying causes of work-related stress were felt to fall in line with categories outlined within the Management Standards.

■ Larger organisations tended to have better stress management procedures in place, and knowledge within organisations about stress was greatest amongst HR, health and safety and occupational health professionals, with less awareness amongst board level and line managers or staff.

■ Identifying warning signs for stress is difficult, so awareness raising about the issue is important, as is a proactive rather than reactive approach to stress management.

■ The HSE was felt to be a potentially credible source of advice and guidance on stress, although not necessarily identified as such at the moment. Managers value specific and practical advice most.

THE GOOD JOBS PROJECT

As part of its support for the Health, Work and Well-being Executive, the HSE is undertaking a study about 'good jobs' and their perceived contribution to business performance and employee well-being. This study comprises workshop sessions and a representative quantitative survey of managers within private and public sector organisations, enquiring about the extent to which they provide good jobs for their employees, perceive such work as important to successful business performance, and are interested in developing this type of work further. The findings of this research will feed into the evidence base to progress the current work of the Health Work and Well-being Executive.

OCCUPATIONAL HEALTH PILOTS

There is, therefore, a range of policy research which examines stress as a specific issue. In addition, it is also worth noting a range of other activities which include stress within the broader remit of general occupational health. A number of pilot initiatives have been supported by the HSE in this area.

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[12] *Andrew Irving Associates (2007), Understanding Sources of Advice and Demand for Advice on Stress and Mental Health Conditions, report for the Central Office of Information, prepared for the HSE.*

Workplace Health Connect (WHC)

The national pilot for the Workplace Health Connect Service (WHC) ran for two years from February 2006. It offered a free, no-obligation service, providing small and medium sized enterprises (SMEs) with advice on workplace health and safety. WHC aimed to build the capacity for SMEs to tackle future challenges internally or with the help of recommended specialists through the transfer of occupational health and safety, and return to work knowledge and skills direct to companies. It offered both face-to-face advice and workplace visits (in five designated geographical 'pathfinder' areas) and a telephone advice line (offered nationally) from advisers qualified with at least a NEBOSH Diploma, and with two years experience. The service, in addition to addressing general occupational health issues as they arose on a company by company basis, had three priority areas: musculoskeletal disorders, sickness absence management, and stress, and the aim was to cover these issues with all participating companies. The results of the evaluation for this work will be available in early 2009, but a range of research reports chart the progress of the service over the two years of operation (see Tyers and Lucy, 2008 as an example[13]).

Workboost Wales (WBW)

Workboost Wales is a service being offered to SMEs in Wales for a one year piloting period from March 2008 with the support of both the HSE and the Welsh Assembly Government. It builds strongly on the work of WHC and is being delivered by the provider responsible for the Welsh pathfinder area for WHC. The service differs from the WHC model mainly in the respect that it aims to signpost participating companies to services offering support with general health and lifestyle issues as well as occupational health. Also, all the marketing, telephone support and face-to-face advice is being provided by one team. An evaluation of this pilot is ongoing and results will be available from the HSE in 2009. Further details can be found on www.workboostwales.org.uk.

Healthy Workplaces Milton Keynes (HWMK)

HWMK is also based on the WHC model but delivered by local authority and HSE staff rather than external providers (see www.healthyworkplacesmk.co.uk/healthyworkplaces for further details). Other key differences between Healthy Workplaces Milton Keynes and WHC are:

■ Advisers are trained to a lower level – NEBOSH Certificate, Health and Safety Advisory Officer training, (and like WHC – training in managing sickness absence and return to work, communications skills etc.).

■ The HWMK service, including marketing, is delivered by one team (as with Workboost Wales). Currently all the marketing, advice line and visits are undertaken by the advisers, but in June 2008 a telemarketer was recruited to the team.

■ HWMK is not limited to two visits (each of three to four hours), which was the case for WHC. There is no limit to the number of visits and so far the typical arrangement is two to three shorter visits for each employer.

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[13] *Tyers C and Lucy D (2008), Workplace Health Connect, January 2008 Progress Report, available from HSE Books on www.hse.gov.uk/workplacehealth/jan08.pdf*

- HWMK do not insist on the second (or third) visits being used to cover Occupational Health/managing sickness absence. The advisers are simply asked to keep trying to move clients on to the health at work agenda.

- HWMK does not have a list of commercial providers onto which it signposts employers (as was the case for WHC). For Health and Safety training for example, the advisers direct clients to the IOSH, ROSPA, and BSC websites, and identify the accredited training providers in Milton Keynes.

Kirklees Better Health at Work (BHAW)

BHAW is an occupational health service project delivered through the Local Strategic Partnership between Kirklees Council, three Kirklees primary care trusts (later amalgamated as a unitary Kirklees Primary Care Trust), Jobcentre Plus, and the Health and Safety Executive (HSE). An evaluation of the pilot is now complete and results will be available later in 2008.

The BHAW delivered:

- A telephone advice line and website providing occupational health and safety support and guidance to businesses and employees across Kirklees. The advice line also offered clients signposting to other support services, such as Acas, Jobcentre Plus and the Citizens Advice Bureau. In addition, leading up to the introduction of England's Smoke-free legislation, the advice line delivered the Kirklees smoke-free legislation advisory service to businesses and residents.

- Occupational health advice to workers. Occupational health advisers recruited workers to the service in GPs' surgeries and at public events. GPs also referred workers to the service and individuals could self-refer. Consultations were designed to explore clients' occupational health histories, including previous and current workplace exposure to risks and previous/current work-related health conditions. Where appropriate, clients were given advice and guidance about health and safety legislation and preventative occupational health actions and strategies. A range of leaflets providing more detailed information (eg HSE guides to coping with work-related stress) were available, and the advisers also referred clients to other local services such as the Advisory, Conciliation and Arbitration Service (Acas), the Citizens Advice Bureau (CAB), and Jobcentre Plus.

- Occupational health and safety support and advice visits to SMEs and their employees. Safety advisers assessed each organisation and produced an action plan. Follow-up visits were conducted to review progress and provide further support.

APPENDIX 4: THE TELEPHONE SURVEY QUESTIONNAIRE

ASK PERSON WHO ANSWERS PHONE:

Q1 **Can I check that this is (ORGANISATION NAME)?**

Yes – proceed
No – CLOSE.

Q2a) **Can I speak to** (CONTACT NAME)**?**

ASK IF CONTACT PERSON HAS MOVED JOBS
Q2b) **Can I speak to their replacement or the senior person responsible for staff absence management at THIS site?**

Respondent answers phone / Transferred to respondent	1	CONTINUE
Respondent not available now	2	MAKE APPOINTMENT
Respondent no longer works there	3	ASK Q2b
Refusal (SEND IES OUTCOME CODES)	4	
Bad/dead number	4	
Company moved	5	CLOSE
Other	6	

ASK NAMED RESPONDENT
Good morning/afternoon. My name is (…) from Ipsos MORI, the independent research organisation. We are carrying out research for the Health and Safety Executive. We understand that you attended a workshop run by the HSE on managing work-related stress and sickness absence and agreed to take part in research evaluating the HSE's initiative.

The HSE is keen to find out a bit more about what your organisation is doing to manage sickness absence and stress and what you have done since attending the workshop. This interview should take no more than 20 minutes.

INTERVIEWER NOTE: **Workshop took place between June 2006 and March 2007**

ADD IF NECESSARY:

■ It is very important that your views and experiences are incorporated into this study so that the HSE can do the best job it can in providing a service that meets your needs.

■ All information collected will be treated as totally confidential. Your identity and that of your employer will not be disclosed in any way.

■ If you have any queries please call Jane Darragh at Ipsos MORI Social Research Institute on 0207 347 3000, or the Market Research Society free phone number 0500 396999.

SECTION A: PROFILE

ASK ALL

Q3: Firstly, could you tell me your position or job title?

DO NOT READ OUT. CODE ONLY.

(1) Assistant Manager

(2) Company Director

(3) Director

(4) General/Duty Manager

(5) Health and Safety Officer/Manager

(6) Human Resources/Personnel Manager

(7) Managing Director

(8) Operations Manager

(9) Operations Director

(10) Owner/Proprietor

(11) Partner

(12) Supervisor

(13) Other (specify)

(14) Don't know

(15) Refused

Q4 Can I confirm that you personally attended the HSE workshop on managing work-related stress and sickness absence held between June 2006 and March 2007?

(1) Yes

(2) No

(3) Can't remember

SECTION B: ROLE

I am now going to ask you about your role in relation to the management of staff well-being.

ASK ALL

Q5.1 Do you have responsibility for sickness absence management?

(1) Yes

(2) No

ASK IF NO AT Q5.1

Q5.2 Are you a member of a team responsible for issues relating to sickness management?

(1) Yes

(2) No

ASK IF YES AT Q5.1 OR Q5.2

Q5.3 Do you have the authority to recommend and implement changes to your organisation's management of sickness absence?

(1) Yes

(2) No

ASK ALL

Q6.1 Moving on to staff welfare, do you have responsibility for staff welfare?

(1) Yes

(2) No

ASK IF NO AT Q6.1

Q6.2 Are you a member of a team responsible for issues relating to staff welfare?

(1) Yes

(2) No

ASK IF YES AT Q6.1 OR Q6.2

Q6.3 Do you have the authority to recommend and implement changes to your organisation's management of staff welfare?

(1) Yes

(2) No

ASK ALL

Q7.1 Do you have responsibility for health and safety?

(1) Yes

(2) No

ASK IF NO AT Q7.1

Q7.2 Are you a member of a team responsible for issues relating to health and safety?

(1) Yes

(2) No

ASK IF YES AT Q7.1 OR Q7.2

Q7.3 Do you have the authority to recommend and implement changes to your organisation's management of health and safety?

(1) Yes

(2) No

SECTION C: MANAGING WELL-BEING AT WORK

ASK ALL

Q8a Does your organisation provide a counselling service or employee assistance programme?

Q9a Does your organisation provide occupational health support and interventions for staff in work and on sickness absence

(1) Yes

(2) No

ASK IF YES FOR EACH

Q8b/Q9b Does it provide this:

(1) Across the whole organisation OR

(2) In some teams and divisions only

(3) Don't know (DO NOT READ OUT)

SECTION D: MANAGING SICKNESS ABSENCE AND RETURN TO WORK

ASK ALL

Q10a Does your organisation use a real time electronic recording system for sickness absence, so that records are not made retrospectively?

(1) Yes

(2) No

ASK IF YES

Q10b Does it do this:

(1) Across the whole organisation OR

(2) In some teams and divisions only

(3) Don't know (DO NOT READ OUT)

REPEAT Q10A & B FOR THE FOLLOWING:

Q11 Does your organisation record health condition and events or circumstances at work that contribute to absence spells?

Q12 Does your organisation require absence to be reported on the first day of absence and include absence from the first day in your record?

Q13 Does your organisation use absence records to track absence trends and identify problematic areas, such as elevated levels of absence in particular sections?

Q14 Does your organisation use absence records to automatically trigger management contact with staff off sick?

SECTION E: BARRIERS TO IMPLEMENTING CHANGE

I'm going to read out some barriers to implementing procedures or changes to sickness absence and well-being. For each, please tell me whether they apply to your organisation. ROTATE Q15.1-Q15.10

Q15.1 Difficulties gaining commitment to changing procedures for managing sickness absence

Q15.2 Lack of financial resources to implement changes to sickness absence management procedures

Q15.3 Difficulties in gaining trade union buy-in to changes in sickness absence management procedures

Q15.4 Difficulties in gaining board level commitment to implementing the Management Standards

Q15.5 Difficulties in gaining commitment to implementing the Management Standards from your senior manager

Q15.6 Lack of staff time to implement the Management Standards

Q15.7 Lack of financial resources to implement the Management Standards

Q15.8 Difficulties in gaining trade union buy-in to implementing the Management Standards

Q15.9 Difficulties in gaining staff buy-in to the Management Standards process

Q15.10 Lack of sufficient information or training to enable changes to be made

(1) Yes

(2) No

(3) Don't know

Q16 Are there any other significant barriers to implementing change in your organisation?

(1) Yes

(2) No

ASK IF YES. OTHERS GO TO Q18

Q17 What are these barriers?

WRITE DOWN ANSWERS

SECTION F: IMPLEMENTING NEW PROCESSES

ASK ALL

Q18a) Please tell me whether the following processes currently exist in your organisation

[READ OUT] ROTATE. ASK FOLLOW-UP QUESTIONS BEFORE MOVING ON TO NEXT READ OUT

Q18.1 Standards for managing work-related stress

Q18.2 A steering group to implement the Management Standards

Q18.3 Collecting data on well-being, ways of working and working conditions

Q18.4 Staff discussion groups on issues of well-being and ways of working

Q18.5 Automatic triggers for management action on the sickness absence IT system

Q18.6 Use of sickness absence IT systems to capture information on health conditions and events/circumstances at work that contribute to absence spells

Q18.7 Use of absence records to track absence trends and identify hotspots, such as roles, locations and causes

Q18.8 Use of absence records in the performance appraisal process

Q18.9 Training programme for line managers in the management of sickness absence

Q18.10 A policy of contacting staff who are on sickness absence

Q18.11 Formal return to work interviews with all staff within the first week back at work

Q18.12 Return to work action plans developed in consultation with all staff off sick

a) SINGLE CODE:

(1) Yes, currently exist

(2) No

(3) Don't know

ASK IF EXIST AND RESPONDENT ATTENDED WORKSHOP (YES AT Q4)

b) When was this process introduced? Was it before or after you attended the workshop?

(1) before

(2) after

(3) don't know

c) Has this process had an impact on absence levels?

SINGLE CODE:

(1) Yes

(2) No

(3) Don't know

ASK IF NOT EXIST

d) How likely is it to be introduced in the future, say, next 6 months? REVERSE SCALE

(1) Very likely

(2) Fairly likely

(3) Fairly unlikely

(4) Not at all likely

(5) Don't know (DO NOT READ OUT)

SECTION G: EVALUATION OF THE WORKSHOPS

[ASK IF RESPONDENTS PERSONALLY ATTENDED THE WORKSHOP (CODE 1 AT Q4). OTHERS GO TO Q38]

I would now like to ask you some questions about the HSE workshop you attended. To what extent do you agree or disagree with the following statements

[READ OUT] ROTATE STATEMENTS. REVERSE SCALE

Q19 The information I was given at the workshop has enabled me to present a convincing case to senior management for managing sickness absence

(1) Strongly agree

(2) Tend to agree

(3) Neither agree nor disagree

(4) Tend to disagree

(5) Strongly disagree

(6) Not applicable – no changes necessary

Q20 As a result of the workshop, I have the knowledge I need to take forward the Management Standards approach to work-related stress in my organisation

(1) Strongly agree

(2) Tend to agree

(3) Neither agree nor disagree

(4) Tend to disagree

(5) Strongly disagree

(6) Not applicable – progress is already satisfactory

Q21 The information I was given at the workshop has allowed me to convince other managers in my organisation that changes in the way we manage stress and sickness absence are necessary

(1) Strongly agree

(2) Tend to agree

(3) Neither agree nor disagree

(4) Tend to disagree

(5) Strongly disagree

(6) Not applicable – no changes necessary

SECTION H: CHANGES TO ABSENCE AND STRESS MANAGEMENT

ASK ALL ATTENDEES (YES AT Q4). OTHERS GO TO Q38

Q22 To what extent do you think attending the workshop has or will have a positive impact on the way that your organisation manages?

a) absence?

b) stress?

REVERSE SCALE

(1) A great deal

(2) A fair amount

(3) Not very much

(4) None at all

(5) Don't know

Q24 What were your reasons for attending the workshop? DO NOT READ OUT. MULTICODE OK

(1) Was required to by senior management

(2) Wanted help to tackle some specific issues

(3) Wanted to improve overall approach to absence and stress management

(4) General interest

(5) Other (WRITE IN)

Q25 To what extent did the workshop meet your needs? REVERSE SCALE

(1) A great deal

(2) A fair amount

(3) Not very much

(4) Not at all

(5) Don't know

Q26 Is there any way that the workshop could be improved?

(1) Yes (WRITE DOWN ANSWER)

(2) Nothing

(3) Don't know

Q27 Have you experienced any barriers in implementing the learning from the workshop?

(1) Yes

(2) No

IF (1) GO TO Q28. IF (2) GO TO Q29

Q28 What barriers have you faced?

WRITE DOWN ANSWER

SECTION J: EVALUATING THE HSE MASTERCLASS

ASK ALL

As a support to those organisations that have attended the workshops, the HSE is running a series of masterclasses, which are focused on specific issues related to managing work-related stress and based on feedback from workshop attendees. Delegates can choose the topic from a list of proposed topics.

Q29 Have you ever attended an HSE masterclass?

(1) Yes

(2) No

IF (1) GO TO Q32. IF (2) GO TO Q30

Q30 Would you like to attend one in the future?

(1) Yes

(2) No

(3) Maybe

(4) Don't know

IF (1) or (3) or (4) GO TO Q52. IF (2) GO TO Q31

Q31 Why would you not want to attend a masterclass? DO NOT READ OUT. MULTICODE OK

(1) No need

(2) No time

(3) Not interested

(4) Not relevant

(5) The workshop fulfilled my needs adequately

(6) Other (write in)

(7) Don't know

GO TO Q52

ASK ALL MASTERCLASS ATTENDEES (YES AT Q29)

Q32 How useful did you find the masterclass? READ OUT. REVERSE SCALE

(1) Very useful

(2) Fairly useful

(3) Not very useful

(4) Not at all useful

(5) Don't know (DO NOT READ OUT)

IF (1) AND (2) GO TO Q34 IF (3) GO TO Q33

Q33 Why did you not find the masterclass useful? DO NOT READ OUT. MULTOCODE OK

CODE RESPONSES

(1) Not targeted enough

(2) Not detailed enough

(3) Too much detail

(4) Too short

(5) Pace was too slow

(6) Pace was too fast

(7) Lacked practical application/could not see how to apply it to my organisation

(5) Other (specify)

(6) don't know

Q34 What in particular did you find useful?

(1) NOTE REASONS

(2) Can't remember

To what extent do you agree or disagree with the following statements. ROTATE STATEMENTS

Q35 The information I was given at the masterclass has enabled me to present a convincing case to senior management for managing sickness absence

Q36 As a result of the masterclass, I have the knowledge I need to take forward the Management Standards approach to work-related stress in my organisation

Q37 The information I was given at the masterclass has allowed me to convince other managers in my organisation that changes in the way we manage stress and sickness absence are necessary

REVERSE SCALE

(1) Strongly agree

(2) Tend to agree

(3) Neither agree nor disagree

(4) Tend to disagree

(5) Strongly disagree

(6) Not applicable – no changes necessary (DO NOT READ OUT)

SECTION K: CHANGES TO ABSENCE MANAGEMENT

ASK ALL MASTERCLASS ATTENDEES (YES AT Q29). OTHERS GO TO Q52

Q38 Have you made any specific changes to the way in which absence is managed at your organisation since you attended the masterclass?

(1) Yes

(2) No

IF (1) GO TO Q39. IF (2) GO TO Q40

Q39 What changes have you made?

WRITE DOWN ANSWER

ASK ATTENDEES WHO HAVE NOT MADE CHANGES (CODE 2 AT Q38)

Q40 Are you planning to make any specific changes to the way in which absence is managed at your organisation, after having attended the masterclass?

(1) Yes

(2) No

IF (1) GO TO Q41. IF (2) GO TO Q42

Q41 What are these changes?

WRITE DOWN ANSWER

ASK ALL MASTERCLASS ATTENDEES (YES AT Q29)

Q42 To what extent do you think attending the masterclass has or will have a positive impact on the way that your organisation manages absence?

REVERSE SCALE

(1) A great deal

(2) A fair amount

(3) Not very much

(4) None at all

(5) Don't know

SECTION L: CHANGES TO STRESS MANAGEMENT

ASK ALL MASTERCLASS ATTENDEES (YES AT Q29)

Q43 Have you made any specific changes to the way in which stress is managed at your organisation since you attended the masterclass?

(1) Yes

(2) No

IF (1) GO TO Q44. IF (2) GO TO Q45

Q44 What changes have you made?

WRITE DOWN RESPONSE

GO TO Q46

ASK ALL ATTENDEES WHO HAVE NOT MADE CHANGES (NO AT Q43)

Q45 Are you planning to make any specific changes to the way in which stress is managed at your organisation, after having attended the masterclass?

(1) Yes

(2) No

Q47 To what extent do you think attending the masterclass has or will have a positive impact on the way that your organisation manages stress?

REVERSE SCALE

(1) A great deal

(2) A fair amount

(3) Not very much

(4) None at all

(5) Don't know

Q48 What were your reasons for attending the masterclass? DO NOT READ OUT

(1) Was required to by senior management

(2) Wanted help to tackle some specific issues

(3) Wanted to improve overall approach to absence and stress management

(4) Wanted to build on what was learnt in the workshop

(5) General interest

(6) Other (WRITE IN)

Q49 To what extent did the masterclass meet your needs?

(1) A great deal

(2) A fair amount

(3) Not very much

(4) Not at all

(5) Don't know (DO NOT READ OUT)

Q50 How, if at all, could the masterclass be improved? WRITE IN

(1) None – no improvement required

(2) Don't know

Q51 Have you experienced any barriers in implementing the learning from the masterclass?

(1) Yes

(2) No

ASK IF YES

Q51b What problems have you encountered? WRITE IN

SECTION M: EVALUATING THE TELEPHONE HELPLINE

ASK ALL

Q52 Are you aware that there is a telephone helpline available from the HSE under the Healthy Workplace Solutions initiative?

(1) Yes

(2) No

IF (1) GO TO Q53. IF (2) GO TO Q67

Q53 Have you EVER used the telephone helpline?

(1) Yes

(2) No

IF (1) GO TO Q54. IF (2) GO TO Q57

Q54 What have you used the telephone helpline for? DO NOT READ OUT

(1) To address a specific issue or problem

(2) To ask for general guidance

(3) To clarify something related to the workshop

(4) Other

Q55 How useful did you find it? REVERSE SCALE

(1) Very useful

(2) Fairly useful

(3) Not very useful

(4) Not at all useful

(5) Don't know

Q56 How, if at all, could the helpline be improved?

(1) Yes (ASK RESPONDENT TO SPECIFY AND WRITE DOWN REASONS)

(2) No improvement required

(3) Don't know

ASK ALL

Q57 We would like to be able to add the information you have provided today to the information you provided when you originally filled out questionnaires at the workshop. This will help us greatly when we analyse the results. Your details will remain confidential and will not be used for any other purpose other than for this research project. Any personally identifiable information will not be passed to anyone else other than the contractors who will be carrying out the research. Is this okay?

INTERVIEWER: IT IS IMPORTANT THAT AS MANY RESPONDENTS AS POSSIBLE GIVE INFORMED CONSENT AT THIS QUESTION.

(1) Yes

(2) No

CONFIRM NAME OF RESPONDENT AND TELEPHONE NUMBER, AS WELL AS COMPANY NAME AND ADDRESS

[THANK AND CLOSE]

APPENDIX 5: SAMPLE DISCUSSION GUIDES

DAY-TO-DAY PROJECT MANAGER GUIDE

A ORGANISATIONAL BACKGROUND

FIRST OF ALL I'D JUST LIKE TO FIND OUT A BIT MORE BACKGROUND ON YOU AND THIS ORGANISATION

1. Can you just tell me a little bit about the company (ie number of employees, basic structure, main operations etc.)?

2. What is your job role?

3. What is your specific role in relation to implementing the Management Standards within this organisation? *Explore any key differences between regular and stress roles.* How does this fit in with other priorities/issues you are dealing with?

4. What are the main health and welfare issues that you see as relevant to your organisation? How are staff health and welfare issues dealt with, and by whom (ie which units, what level of staff)?

5. What do you understand by the term 'stress' – do you think that it is something that can be caused by work? Do you think that some pressure is necessary to ensure that people are engaged and motivated?

6. Do you think this is an issue in this organisation? What have been the effects of undue pressures at work (eg extended time taken off, high absence rates, impact on workload of workers not off sick, low productivity, low morale, increased employee turnover, low employee commitment)? How did you measure this?

7. What, if any, previous measures were in place to manage pressures at work and/or stress? Do you have any policies to encourage work-life balance, such as flexible working, job sharing or flexible hours systems?

8. How interested in the issue of work-related stress do you think senior managers and the board are? How committed to this are they compared with other staff welfare issues? How much support have they given and have you had any difficulties in gaining commitment and resources?

B THE DETAILED MANAGEMENT STANDARDS

I'D NOW LIKE TO ASK SOME MORE DETAILED QUESTIONS ABOUT HOW STAFF ROLES AND RELATIONSHIPS ARE MANAGED. YOU MAY NOT HAVE SOME OF THE ANSWERS TO THESE QUESTIONS TO HAND, SO WE'LL JUST SEE HOW FAR WE CAN GO WITH THEM.

9. How do you feel about the workload, work patterns and work environment in relation to staff here? Has anything changed recently in the way these issues are managed?

10. How much control do you think staff are given over the way they do their work – are they encouraged to use their initiative, can they control the pace of their work or their work patterns/breaks? Has anything changed recently in the way these issues are managed? If so, how/ why?

11. Is organisational change something that affects or has affected staff here? If so, what kinds of things are carried out in relation to staff? Anything that should have been done or that was particularly good? What could have helped managers implement change or helped them support staff through change?

12. How well do you think that staff are informed about their role here? How are any conflicting work priorities managed? Are there any particular areas or examples where managers have had to manage conflicts in what is expected of them in your job or roles in the team (eg personal conflicts or conflicts caused by workload)? If so, how was it managed? What support were managers given to do so? Has anything changed recently in the way these issues are managed? If so, how/ why?

13. Do you think that people are encouraged to behave in an acceptable way towards each other and that conflicts between staff are either avoided or there is support there for people if it does happen? What support is there for managers when conflicts do arise or you have to deal with unacceptable behaviour? Has anything changed recently in the way these issues are managed? If so, how/ why? What measures are in place to manage diversity and tackle bullying/harassment?

14. How well do you think that staff are supported within this organisation – for example, do they receive support and encouragement, including mentoring, from managers and colleagues? Do they have practical support to allow them to do their jobs? Has anything changed recently in the support available and the way this is provided and managed?

15. How are skills developed? *Probe for formal training, coaching, mentoring.*

16. Is there a performance appraisals system? Can you describe this? Is any action taken as a result? Is there a careers progression system?

C INVOLVEMENT IN HEALTHY WORKPLACE SOLUTIONS

I'D NOW LIKE TO MOVE ON TO TALK ABOUT HOW AND WHY YOU GOT INVOLVED WITH THE HSE HEALTHY WORKPLACE SOLUTIONS INITIATIVE.

17. How did your organisation come to be involved in the HSE's Healthy Workplace Solutions initiative? *Probe for:*
    - *Why the organisation got involved (eg financial, image, union pressure)*
    - *Factors that the board discussed and impacted on their decision to commit resource*

Check whether they were involved in SIP1

18. Did you attend any of the following HSE interventions and events? If you did not, did anyone from your organisation attend them? Who?

■ Workshops (held between June 2006 and March 2007) – *probe for: who attended the workshop? What were the reasons for attending the workshop? What did you particularly like/dislike about it? What did the organisation gain from attending the workshop? Anything that could have been done better? Has your organisation changed anything since attending?*

■ Masterclasses (between autumn 2007 and February 2008) – *probe for: who attended the masterclass? What were the reasons for attending the masterclass? What did you particularly like/dislike about it? What did the organisation gain from attending the masterclass? Anything that could have been done better? If not attended, would the organisation have interest in attending? Has your organisation changed anything since attending?*

- Use of the dedicated telephone helpline. Has anybody from the organisation used the HSE helpline? *Probe for: what it was used for, if it has been used, whether it was useful and whether the organisation would consider using it in the future. Have you changed anything since?*

- Have you had a call/visit from an HSE inspector (or Environmental Health and Safety Officer – local authority) to discuss issues of stress? *(for independent schools and in the case of the finance sector, inspections will be carried out by local authorities)* If so, can you tell me a bit more about it (what was covered, what advice was given, how helpful was it) *(under the initiative, inspectors may give between half a day and five days of time to an organisation at this stage, on a non-enforcement basis)?*

D IMPLEMENTING THE MANAGEMENT STANDARDS

19. Please tell me about how you and this organisation have been working to implement the Management Standards. How have you progressed in setting up:

   □ A steering group involving other staff that has delegated authority to take work forward? *Probe for how much authority this group has and for what, also who (if anyone) has to sanction the actions they recommend?*

   □ Collecting information to identify issues – *and how, eg staff surveys, looking at attendance and absence data, have they used the indicator tool – how difficult/easy was this step, what issues did it uncover etc.*

   □ Discussion groups/forums for staff to discuss the issues? *If so, what form, who's involved, how recruited? How is it decided what will be discussed, how are they facilitated and by whom?*

   □ Fully developed action plans for taking forward changes? *What are plans about, how have they been implemented so far? How were they developed etc.*

   □ Anything else?

20. Have you made any adjustments to the way the Management Standards have been implemented to make them better fit your organisation/staff? If so, what changes have you made and why?

21. How has your role as day to day Project Champion/Manager worked out in practice? What kinds of skills have you had to draw on in taking forward the project? (*Prompts: influencing; project management; data analysis; understanding of stress and its causes; joint working*) Were these skills that you already had, or have you had to develop these during the project?

22. How much time have you spent on this? Do you feel that this has been enough? What other resources were committed to this? Were these enough?

23. What general barriers or issues have you faced and what have you done to overcome them? *Here, both in their role as day to day Stress Champion and in taking forward the Management Standards more generally. Could include things like allotting time, gaining commitment, keeping momentum going.*

24. Have any structures been set up at board level to monitor activities and progress? How much visible support have you/senior management/the board been able to give to the Management Standards? What kinds of things have you done? What reaction have you had from other senior management/board members about how things have been working?

What reporting processes do you have to keep senior management informed about your progress?

25. What reaction have you had from senior management/board members about how things have been working? How committed do you feel the board were to these interventions – is it the interventions or the Management Standards process? What reservations did they have, if any?

26. How important do you feel tackling workplace stress is at a senior management level? What support have you received from senior management in implementing the Management Standards?

27. How much do you feel employees have engaged with the process? What difficulties/barriers have you met in getting them involved? What has been the board's reaction to the way staff have responded?

28. Has implementing the Management Standards resulted in your organisation changing its policies and practices on absence management and work-related stress? *For example, have there been any changes to data collection and analysis, any changes to help and support given to employees who are suffering from/at risk of suffering from stress? Any changes to the absence management policy?* Has there been any impact on staff costs?

29. Have you sought support from any other organisation with regard to work-related stress? Have you sought support from any other organisation to help you implement the Management Standards? If so please give details. Has this had any impact on costs?

E BENEFITS/COSTS OF INVOLVEMENT

30. Have you devised an action plan to implement changes to stress and absence management? What does this contain? Have you implemented the actions? If not, why not?

31. What would you highlight from all the work you've done as the most effective/useful actions or solutions? Why did they work so well?

32. What has been most difficult so far and why?

33. What costs have been involved in implementing changes to the way that sickness absence and stress are managed in your organisation? *Probe for costs of staff time, external expertise, equipment bought, costs of initiatives introduced as a result of running the Management Standards process etc.*

34. What data do you have about how things have changed since you started implementing the Management Standards? How do you measure what you've achieved/what the benefits have been?

35. What do you see as the business benefits to your organisation of getting involved in the HSE's initiative to tackle absence and work-related stress and what were the costs?

36. What do you see as the business benefits of implementing the Management Standards and what are the costs?

For both of the above questions, probe for understanding of and relative importance of different factors (eg employee commitment, performance and productivity; recruitment and retention issues; attendance levels; customer relations/satisfaction; organisational image/reputation; avoidance of litigation.)

37. How close do you think you are to the HSE's states to be achieved in relation to the Management Standards? How would you describe your progress towards these states to be achieved? How much of the progress do you attribute to the support that you have had from HSE and/or other organisations? *Give prompt card to interviewee.*

38. What are your planned next steps? *Probe for what they are going to change and why.* Are you going to continue with the Management Standards process? *Explore how embedded the processes are.* What costs are associated with any future work in this area?

F CONCLUSION

39. Is there anything you'd like to add to what we've talked about, or any important issues that I've overlooked?

If appropriate check that we have all the right documents and strategies/policies for review or find out where we can get them.

Thanks for their time and involvement.

HR DIRECTOR OR HEALTH AND SAFETY DIRECTOR: INTERVIEW GUIDE, SIP2

A ORGANISATIONAL BACKGROUND

FIRST OF ALL I'D JUST LIKE TO FIND OUT A BIT MORE BACKGROUND ON THE HR FUNCTION WITHIN THIS ORGANISATION

1. How is the HR department/OHS department organised? What is your job role within that?

2. What are the main health and welfare issues that you see as relevant to your organisation? What are the priority issues in this area for the organisation? What initiatives/activities are underway to deal with them? *Probe on initiatives on absence management, health promotion, flexible working, rehabilitation activities, employee assistance schemes etc.* If not mentioned, ask: What occupational health support, if any, do you have available? *Probe for level of resources available, in-house or out-sourced.*

B ABSENCE AND STRESS MANAGEMENT

I'D NOW LIKE TO ASK A FEW QUESTIONS ABOUT HOW HEALTH , WELFARE AND SICKNESS ABSENCE ARE SEEN AND MANAGED GENERALLY WITHIN THIS ORGANISATION.

3. What type of work and well-being issues are the senior management/board interested in? Why is that – are these issues related to business performance/retention/recruitment of staff? How much is absence management a priority within this? Is it linked to business planning or development/strategy in any way? If so, by what mechanisms? Do staff welfare issues form part of strategy documents?

4. How would you characterise sickness absence levels in your organisation – high or low? Has this changed over the past five years? How is this measured?

5. What do you see as the main causes of absence? (*Probe for more than just sickness, eg work pressure, accidents at work, types of conditions*). Does this vary by staff group? Reasons?

6. Do you regard non-health related absence as a problem? How would you define this? Does it vary by staff group? Do you have any policies in place to support staff, such as flexible working policies?

7. What kinds of measures do you have in place to manage absence? *Probe for data collection, keeping in contact with staff off sick, holding back to work interviews, developing back to work plans, linking individual absence levels to appraisals and promotion, linking absence management to line manager appraisals.*

8. How do you communicate with your staff on health and welfare issues? How do you communicate your policies on absence to your staff? Do you think that staff understand your policies on absence? What measures have been taken to communicate with staff about this issue?

9. How much involvement do you have in absence management within this organisation? What role have the HR department/OHS department had in terms of absence management?

I'D NOW LIKE TO ASK A FEW QUESTIONS ABOUT HOW STRESS IS SEEN AND MANAGED GENERALLY WITHIN THIS ORGANISATION.

10. How would you define stress – do you think that it is something that is caused by work? Do you think that some pressure at work is a good thing? How do you think the issue of work-related stress is regarded by people generally in this organisation? Do you think that it is recognised?

11. What have been the effects of work-related stress in this organisation in the past (ie prior to getting involved with the HSE's Healthy Workplace Solutions initiative), eg extended time taken off, high absence rates, impact on workload of workers not off-sick, reduced productivity, low staff morale, reduced employee commitment to the organisation?. How did you measure this?

12. How does stress management fit into the bigger picture of welfare at work and absence management?

13. What policies and procedures to manage work-related stress do you have in place? Do these sit within the context of absence management and health and well-being policies? Have you changed your stress policy/introduced a new one after participating in the HSE's Healthy Workplace Solutions initiative?

14. How much involvement do you have in stress management within this organisation? What role have the HR department/OHS department had in terms of the work that the organisation has been doing with the Management Standards? *Explore any key differences between regular and stress roles.*

15. How do you communicate with your staff on stress issues? How do you communicate your policies on stress to your staff? Do your staff understand your policies on stress?

C THE DETAILED MANAGEMENT STANDARDS

Interviewer note: Try to cover as much of this section as time allows.

I'D NOW LIKE TO ASK SOME MORE DETAILED QUESTIONS ABOUT HOW STAFF ROLES AND RELATIONSHIPS ARE MANAGED. AS I'M SURE YOU KNOW, THERE ARE SIX MAIN AREAS COVERED BY THE STANDARDS, SO I'D LIKE TO LOOK AT EACH OF THESE IN TURN.

16. How do you feel this organisation manages the demands placed on their employees at work? **By 'demands' we mean workload, work patterns and work environment.** For example, how does your organisation match individual skills and abilities to jobs, ensure jobs fit with capabilities of employees, find out about and deal with concerns employees have about workload/environment (eg directly or through local reps or managers)?

17. How much control do you think staff are given over the way they do their work? For example, how much of a say do staff have over work patterns, working hours and breaks? Does this differ by job type/team/functional area/manager etc? How are people encouraged to use their initiative? How much control do employees have over the pace of their work and are they consulted about work patterns/breaks etc.?

18. How would you say that staff skills are developed within this organisation? For example, do you have systems in place (appraisals and feedback, career planning and promotion opportunities, training provision), is there consultation with staff about skills development? To what extent can individuals choose their career paths?

19. What policies are in place to ensure that, in the event of organisational change, this is managed/communicated effectively to employees? For example, is there provision for staff briefing, are consultation methods in place (eg directly, through managers, through the union etc)? To what extent are staff views taken into account; to what extent are staff involved in coming up with options for change and ways of taking these forward. What support is available to employees undergoing change?

20. Do you think that conflicts can sometimes occur between staff, either personal or related to conflicting workload, in your organisation? In what kinds of situations might this occur? Do you have any mechanisms in place to deal with this? How is line management supported in dealing with conflict? What have you found to be effective in resolving conflict? Also, what has been less effective? Do you have mechanisms in place to deal with bullying and harassment and to manage diversity?

21. What kinds of support are available to staff to help them to do their jobs? This could include things like ensuring: that staff have encouragement from managers and colleagues (including putting mentors into place); that there is practical support available to help staff to do their jobs; that the appropriate resources are provided by the organisation; and that there are policies and procedures on diversity in place and other ways in which people are encouraged to treat all colleagues with respect (ie promoting an absence of bullying/harassment). Are there any specific policies in place in these areas? What support do managers get in helping them to manage their staff? Is co-worker support encouraged? How can people find out about support? What feedback mechanisms exist?

D IMPLEMENTING THE MANAGEMENT STANDARDS

22. Has your organisation been working to implement the Management Standards to tackle work-related stress? How has it been doing this? *Check whether they have*:

   □ A 'project champion' – ie a member of the senior management team that represents the project at board level.

   □ Someone with time set aside to run the process day to day (ie a project manager?) *Probe for who, what level, how much time they've been given, what endorsement they've been given from senior management/the board.* How has it been working together with someone in this role?

   □ A steering group involving other staff that has delegated authority to take work forward? *Probe for how much authority this group has and for what, also who (if anyone) has to sanction the actions they recommend and whether the board has any involvement.*

   □ Does the organisation use data to identify problems – how does it do this – staff surveys? Does it use the HSE indicator tool? What happened? How does it use the data?

   □ Forums for staff to discuss the issues and solutions. How were these organised, who was involved, how were staff recruited for this? Did staff engage with this process?

   □ Fully developed action plans for taking forward changes? How were these arrived at? Who was involved in developing the plans and implementing them?

   □ Anything else?

23. What things have proved most difficult/met with most resistance? *Check how role of project champion has worked out in practice, how groups were set up/attended, policy*

development etc. and probe for any organisational barriers. How well do you think any barriers have been overcome?

24. Have there been any adjustments to the way the Management Standards have been implemented to make them better fit your organisation/staff? If so, what changes have been made and why?

E INVOLVEMENT IN HEALTHY WORKPLACE SOLUTIONS

I'D NOW LIKE TO MOVE ON TO TALK ABOUT HOW AND WHY YOU GOT INVOLVED WITH THE HSE HEALTHY WORKPLACE SOLUTIONS INITIATIVE.

25. How did your organisation come to be involved in the HSE's Healthy Workplace Solutions initiative? *Probe for:*
    - *Why the organisation got involved (eg financial, image, union pressure).*
    - *Factors that the board discussed and impacted on their decision to commit resources.*

Check whether they were involved in SIP1.

26. Did you personally participate in any of the specific interventions? If so, can you tell me which ones:

■ Workshops (held between June 2006 and March 2007) – *probe for: What were the reasons for attending the workshop? What did you particularly like/dislike about it? What did the organisation gain from attending the workshop? Anything that could have been done better? Has anything been changed since attendance?*

■ Masterclasses (between Autumn 2007 and February 2008) – *probe for: What were the reasons for attending the masterclass? What did you particularly like/dislike about it? What did the organisation gain from attending the masterclass? Anything that could have been done better? If not attended, would the organisation have interest in attending? Has anything been changed since attendance?*

If they did not personally attend the workshops or masterclasses, ask whether anybody from the organisation attended and whether anything was gained from them.

■ Use of the dedicated telephone helpline. Has anybody from the organisation used the HSE helpline? *Probe for: what it was used for, if it has been used, whether it was useful and whether the organisation would consider using it in the future. Has anything been changed since?*

Have you had an HSE inspection on work-related stress? (*For independent schools and in the case of the finance sector, inspections will be carried out by local authorities.*) If so, can you tell me a bit more about it (what was covered, what advice was given, how helpful was it)? *(Under the initiative, inspectors may give between half a day and five days of time to an organisation at this stage, on a non-enforcement basis.)*

27. Have you sought support from any other organisation with regard to work-related stress or to help you implement the Management Standards? If so please give details.

28. How much of what you currently do to manage absence is in place because of your participation in the HSE Healthy Workplace Solutions project and the guidance you've been given through that?

29. How committed do you feel the board were to these interventions? What reservations did they have, if any? How committed to you think the board is to implementing the Management Standards?

30. Have you encountered any difficulties in implementing any of the learning from any of the above interventions? *Probe for issues such as time, resources, engagement from staff, buy-in from senior management.* If you have encountered difficulties, how have you gone about resolving them?

F BENEFITS/COSTS OF INVOLVEMENT IN HEALTHY WORKPLACE SOLUTIONS

31. Have you devised an action plan to implement changes to stress and absence management. What kinds of things does it contain? Have you implemented them? If not, why not?

32. Overall, what do you think has changed in terms of sickness absence and stress management since your organisation has been involved in the Healthy Workplace Solutions initiative? Have you had any personal involvement in any of these changes? Have other changes been introduced as a result of taking part in the initiative, eg training for managers, appointment of specialist staff(eg OH), employee forums for other issues? What data do you have about how things have changed since you started your involvement with the Healthy Workplace Solutions initiative? How do you use this data to measure the benefits of involvement, if there are any benefits?

33. What would you highlight from all the work that's been done as the most effective/useful actions or solutions? Why did they work so well?

34. What has been most difficult so far and why? *Issues related to board commitment, staff commitment, lack of time, lack of resource, keeping the momentum going?*

35. Has your experience of taking part in the initiative highlighted any skills gaps that would have helped you or other people involved to implement any changes that have been needed?

36. What are your planned next steps? *Probe for what they are going to change and why.* Are you going to continue with the Management Standards process? *Explore how embedded the processes are.* What costs are associated with any future work in this area?

37. Where do you think you are now against the states to be achieved through implementing the Management Standards? *Ask for each standard. Give prompt sheet to interviewee.*

G CONCLUSION

38. Is there anything you'd like to add to what we've talked about, or any important issues that I've overlooked?

If appropriate check that we have all the right documents and strategies/policies for review or find out where we can get them. Thanks for their time and involvement.

Managing stress and sickness absence

Progress of the Sector Implementation Plan – Phase 2

The Health and Safety Executive (HSE) is responsible for health and safety regulation in Great Britain. Their mission is to ensure that risks to people's health and safety from work activities are properly controlled. Working to reduce the causes of work-related stress is a key area for the HSE, due to the high proportion of sickness absence which is attributable to stress-related conditions. As part of their programme of work in this area, the HSE has developed tools and frameworks to assist employers in conceptualising and directly tackling work-related stress. This research was designed to evaluate a particular aspect of this work, the Management Standards for work-related stress, Sector Implementation Plan Phase 1 (or SIP1).

SIP1 ran from May 2005 to March 2007 and was designed to implement the HSE's Management Standards for work-related stress in 100 volunteer organisations in the public and finance sectors. It involved HSE and Acas staff offering support to organisations who, in turn, signed up to fully implement the HSE Management Standards approach.

This report provides an overview of the progress of SIP1 and draws together a range of qualitative data, including the experiences of organisations participating in SIP1, from the perspective of managers and staff working in those organisations, and the experiences of HSE and Acas staff supporting participating organisations. The HSE commissioned the Institute for Employment Studies to carry out this work, which took place between September 2007 and June 2008.

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