Organisational responses to the HSE management standards for work-related stress

Progress of the Sector Implementation Plan – Phase 1

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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.

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. This work sits within the context of the targets set in 'Securing Health Together' in 2000 and the delivery of Public Service Agreement (PSA) targets (for 2004–2007) to reduce work-related ill-health and work-related sickness absence. As part of this work, the HSE has developed the Management Standards for Work-Related Stress (referred to throughout this document as the Management Standards), and a Management Standards approach designed to help organisations meet these standards, in order to identify and manage the work-related causes of stress. A Sector Implementation Plan was developed to help meet the HSE's targets regarding the implementation of the Management Standards (or equivalent process) and PSA targets (in terms of reducing days lost and work-related illness).

The Institute for Employment Studies was commissioned to conduct research to examine the progress of the HSE's Sector Implementation Plan Phase 1, or SIP1. SIP1 involved a range of organisations from five priority sectors (Health, Education, Local Government, Central Government and Finance) who, with the support of stress partners (HSE inspectors with additional training in the Management Standards approach) and Acas advisers, attempted to fully implement the HSE's Management Standards process. SIP1 started in May 2005 and ran for two years.

The specific aims of this research were to consider, for organisations participating in SIP1:

■ the implementation of steps in the process of the Management Standards approach

■ policy development, including stress policies, and the use of HSE guidance in their design

■ actions and solutions which specifically addressed issues of work-related stress

■ the effectiveness of the Management Standards approach in generating changes in practice

■ the views of stress partners and Acas advisers on their roles and organisational progress.

THE MANAGEMENT STANDARDS AND THE MANAGEMENT STANDARDS APPROACH

The Management Standards consist of six areas (demands, control, support, relationships, role and change) which HSE-commissioned research identified, if not appropriately managed, as having a negative impact on employee well-being. These areas are the Standards, and each has a series of 'states to be achieved' (STBA); essentially, a desirable set of conditions for organisations to work towards in terms of achieving the Standards.

The Management Standards approach is a way of achieving these STBA and is designed to: help simplify risk assessment for work-related stress; encourage employers, employees and their representatives to work in partnership to address work-related stress throughout the organisation; and provide the yardstick by which organisations can gauge their performance in tackling the key causes of work-related stress.

■ The process is about an assessment approach that is a continuous cycle of improvement and can be summarised into five steps which take the organisation through from preparing and understanding the issues, to identifying the risk factors/problem areas,

evaluating the risks, implementing action plans and monitoring and reviewing the situation.

■ Simply put, the Management Standards approach asks that organisations:

■ secure senior level commitment to the project, including the appointment of a project champion at board level and a steering group to drive the project forward

■ involve employees and their representatives in taking the work forward

■ review information which is already available which can be used to obtain an initial broad indication of whether stress is a problem for the organisation, and measure baseline levels of performance against the Management Standards using the HSE Indicator Tool (or other survey tool)

■ run focus groups with employees to discuss the problem areas in more detail and to develop potential actions for the organisation to take

■ develop an agreed action plan with the support of senior management, employees and their representatives for the implementation of solutions, and share this with all employees

■ measure progress over time, for example, by conducting a second survey and comparing results with the baseline position.

MANAGEMENT STANDARDS SECTOR IMPLEMENTATION PLAN – PHASE 1

The aims of the Management Standards Sector Implementation Plan, Phase 1 (or SIP1) were to:

■ partner volunteer organisations from the five target sectors to implement the Management Standards approach

■ gather data to enable the wider evaluation of the Management Standards approach

■ gather case study material which could be used to support the wider roll-out of the approach across the target sectors during phase 2 of the sector implementation plan (SIP2)

■ develop and 'skill up' inspectors to enable them to continue to contribute effectively to the delivery of the stress programme

■ improve performance in participating organisations.

RESEARCH APPROACH

Seven organisations were involved in the research, including at least one from each of the five target sectors for SIP1. The original aims of the research were to focus on organisations which had made the most progress against the Standards, but in practice those selected were at differing stages of implementation. There were some recruitment difficulties which meant that it was necessary to adopt a flexible approach to research within organisations, depending on their ability to commit resources to the project. Group discussions and interviews were used to collect data from between one and 30 individuals within each case study. Two finance sector organisations took part (out of the four finance sector organisations actively participating in SIP1), but only three interviews were conducted in total within this sector. Therefore the results are heavily weighted to public sector experiences. Fourteen stress

partners and ten Acas advisers were selected to participate in the research. These individuals had either worked with one of the case study organisations, other organisations participating in SIP1, or both. All 24 took part in in-depth interviews. A total of 113 individuals took part in the research.

The research was designed to describe and explore the experiences of staff across organisations that had implemented the SIP1 process for achieving the Management Standards for work-related stress. The methodology used in this research, therefore, was not designed to measure the impact of the initiative as a whole. Instead, it offers insights into the actual experiences of organisations from both an internal perspective, and from the perspective of professionals helping organisations implement the Management Standards approach. This report, therefore, draws out good practice and potential barriers to success in adopting the Management Standards process.

EXPERIENCES OF IMPLEMENTING THE MANAGEMENT STANDARDS PROCESS

The SIP1 approach was designed to help organisations implement a continuous process of improvement to reach the STBA (ie the Standards), as well as provide the HSE with insights into the way that organisations responded to the Standards process to inform future activities. The experiences of organisations were varied, although it became clear that rolling out the process across the kind of large, complex, multi-site operations that were typical of SIP1 participants had proved challenging, particularly within the original 18 month/two year implementation target. Organisational experiences of the different stages in the implementation process showed that they had often adapted or interpreted the aspects of the process differently to suit the particular needs of their organisation.

Securing senior level commitment

■ There was, in some cases, an initial reluctance amongst senior management to taking part in SIP1. For example, senior managers could fear allowing third parties access to the organisation and/or exposing themselves to negative publicity. Stress partners often played an important role in supporting the project champion or manager in gaining the buy-in of senior management.

■ The full and sustained commitment of senior managers was important in ensuring organisations made progress in implementing the Standards process. Stress partner support in the early stages of the project was found to be useful in describing and explaining both the purpose of SIP1 and the Management Standards.

■ There was generally, however, commitment to managing the causes of work-related stress at a senior level within organisations participating in SIP1, even where there was reluctance to adopt elements of the Standards approach.

Role of project champion and project manager

■ The role of project champion was not always taken on by a board level contact (as recommended in the Management Standards approach), often relying instead on a more junior member of staff (referred to as a project manager in this report). Individuals acting as either champion or manager tended to be health and safety, HR or occupational health professionals.

■ Project champions/managers were most successful when they themselves were in a relatively senior position, or were given the support of senior management in fulfilling the role.

Steering groups

■ The make up of steering groups differed by organisation. In some cases the SIP1 project was added to the agendas of pre-existing groups, convened to take forward a broader health and welfare agenda; in others, specific groups were convened which solely dealt with SIP1 or managing the causes of work-related stress.

■ Where groups involved a number of high level staff, or were particularly large, this could lead to scheduling difficulties, or problems keeping the group focussed on jointly agreed outcomes. A relatively small group, but with some senior level representation, seemed to work best.

■ When organisations had someone at board level on the steering group, this was felt to add significant weight to the group and help in making progress.

Communication about the Standards process

■ Communication generally started strongly with the use of organisation-wide strategies to let staff know about SIP1 (eg intranets, email, newsletters), but this could be difficult to maintain over time.

■ A range of strategies (eg electronic, written and face-to-face communication) were needed to reach large and diverse workforces, particularly where workers did not have a work email account.

Use of the HSE Indicator Tool

■ Using a survey tool to provide baseline and change measures was welcomed by organisations. Some changed or added questions in the indicator tool in order to link with or avoid conflict with existing staff surveys.

■ Organisations were not always able to achieve good response rates with the indicator tool, reflecting their general experience of conducting staff surveys. Survey fatigue among respondents was sometimes a problem.

■ The red flag system used to identify problem areas, and the question in the indicator tool on bullying were both unpopular. Senior management had concerns about the effects of negative publicity if they were flagged, through the analysis of the indicator tool, as having a problem, particularly with bullying.

Focus groups

■ Generally, focus groups were seen as an important stage in moving from survey results into appropriate organisational action. They allowed a greater understanding of the issues facing the organisation to be explored, but organisations found it more difficult to use the focus groups to develop actionable solutions to problems.

■ The way in which focus groups were convened differed across organisations; some used volunteers from across the organisation, for example, whilst others used the survey to

identify specific units where the problems were greatest, and used group work to investigate these specifically. Having good facilitators to guide the groups and keep them on task was an important component of successful group work.

■ Organisations found it difficult to investigate some problems (eg bullying) using focus groups as there might not always be individuals at the focus group with specific experience of the issue in question.

Action planning

■ Three out of the seven case study organisations had reached the action planning stage. Where action planning had not taken place this was largely due to delays in the process; only one organisation had stopped work on the Management Standards process completely.

■ Where action plans had been implemented these were heavily based on the Management Standards, and had been developed using the full Management Standards process. Action plans in place, for example, addressed problems across all six stressor areas, and were based on the results of the indicator tool and subsequent focus group discussions.

Roles played by Stress Partners and Acas advisers

■ The use of Acas advisers and stress partners was well received, and stress partners enjoyed the opportunity to work closely with organisations in an influencing role.

■ Fully understanding the nature of organisational difficulties in implementing the Standards could be challenging from an external viewpoint. Stress partners, in particular, needed to deploy different skills when dealing with organisations in this voluntary initiative than in other employer interactions. The main role of stress partners was supporting project champions and persuading/influencing senior management.

■ Acas advisers were mostly involved at the focus group stage of SIP1, but most would have liked to have a more extended role. There were positive working relationships between Acas and HSE throughout.

■ Both stress partners and Acas advisers felt it could have been beneficial to have offered support over a more extended timetable given the delays some organisations had experienced in implementing the Standards.

VIEWS ON THE STANDARDS

Organisations were positive about the actual Management Standards as a framework to shape their actions on the management of the causes of work-related stress, and the stressor areas, overall, had resonance with both managers and staff. One organisation described them as 'scaffolding' to support organisations in understanding the potential causes of work-related stress and in tackling them. There were examples of a range of initiatives which mapped well onto the different standard areas. These included:

■ flexible working, matching skills to jobs, and open dialogue about work demands

■ skill development/training systems in place and consultation about work patterns/breaks to help with control issues

■ providing timetables and consulting with staff regarding proposed organisational changes.

STRESS POLICIES

Six sets of organisational policies were reviewed for this research, and their content compared against HSE guidance. The main conclusions of this review were that:

■ All of the participating organisations have been significantly influenced by the HSE approach. Interpretation of the risk assessment process featured in at least some policy documents from every organisation and risk assessment featured prominently in most policies.

■ Organisations have been influenced by the HSE understanding of work-related stress and this is reflected in the fact that the HSE definition was quoted widely. The Management Standards stressor areas had been adopted in some form by most organisations in their policies.

■ A variety of companion policies (eg on bullying/harassment or equal opportunities) were available in most companies. Re-drafting of the stress policies which took place as part of SIP1 helped to tie these policies more closely together.

■ The ethos and drivers communicated in policies mainly relate to the organisation's commitment to protect employees from harm, explicitly or implicitly reflecting the organisation's legal duty of care. Financial and organisational performance featured less significantly as drivers of the policy. A greater recognition of senior level commitment would help to strengthen policies.

■ In two organisations, work environment was added as a separate stressor area despite the fact that it is already covered in the existing Management Standards (as a sub-heading under the standard on demands). These organisations felt that the work environment was a sufficiently important issue to require more visible recognition.

THE MANAGEMENT STANDARDS AND ORGANISATIONAL CHANGE

Organisations had little in the way of hard data which could isolate or quantify the impacts of their involvement in SIP1. However, the staff and managers involved in this research were able to identify a range of organisational changes which they felt had taken place due to the organisation's involvement in the SIP1 project. These included:

■ Increased awareness about, and communication regarding, stress issues within the organisation, with the Standards seen as a useful framework to encourage discussion and the identification of specific problems.

■ Enhanced visibility of initiatives to combat stress, with better understanding more broadly between management and staff of what can and can't be changed and why.

■ The embedding of stress issues within management training to better equip line managers to recognise and manage stress issues within their workforce.

■ Being more ready to act on stress at an organisational and individual level.

SIP1 ACHIEVEMENTS

■ SIP1 achieved its target of 100 participating organisations at the start of the initiative (although only 62 organisations were actively participating by its end, and many of these had not yet reached the action planning stage). Representatives from all five priority sectors were included.

- The training, support and guidance provided by stress partners and Acas advisers was well received.

- The risk assessment approach to stress management had been used as a framework for preventative action on work-related stress, and there was improved communication between and amongst managers and staff in participating organisations about work-related stress.

- Participating organisations were beginning to take actions to reduce the causes of work-related stress, due to their participation in SIP1. However, the process has proved difficult to implement within a set time frame, and many organisations have not been able to reach the action planning stage during the two-year life span of SIP1.

- The embedding of SIP1 activities in broader organisational change makes it difficult to isolate the impact of the initiative or provide hard data on outcomes, but there are a range of examples of 'softer' change.

- The SIP1 process was designed to identify challenges in implementing the process to inform future activities. There is now detailed information available to the HSE, as a result of SIP1 which can help with any wider implementation of the Management Standards approach.

RECOMMENDATIONS[1]

The importance of having senior management commitment was clear from the outset of SIP1 and is an important aspect of the Management Standards process. There is now more detailed evidence and examples of what actually constitutes real senior level commitment, how best to foster it and the difficulties that can be encountered in maintaining it over an extended period. This information could be used in the design of future guidance for employers.

Maintaining the momentum required to fully implement the Management Standards process has proved difficult for some employers. The process may therefore benefit from a consideration of how to generate 'quick wins' which can be communicated at staff/board level and which can take place at all stages of the process. The provision of real life examples of organisations tackling the causes of work-related stress using the Management Standards approach will be a useful addition to the existing tools and guidance available.

The role of third party professional support for organisations participating in SIP1 was often instrumental in the success of various elements of the process (eg securing senior management buy-in and the facilitation of focus groups). It will be important to gauge the relative success of other types of support (eg SIP2) to determine how important an element this is in the Management Standards process. In particular, the role of focus groups and professional (or professionally trained) facilitation of these groups should be considered.

Specifically, organisations generally identified three areas where they would welcome change with regard to the process and supporting tools. The work environment could benefit from more visible positioning in the Standards, the wording of the current question on bullying in the indicator tool could be given greater specificity, and the current scoring system could be amended so that it feels less punitive.

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[1] Interested readers are referred to Table 10.1 at the end of the report for a full outline of learning points in reference to each of the elements of the standards process.

1 INTRODUCTION

1.1 OVERVIEW

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).

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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.

1.2 STRUCTURE OF REPORT

The remainder of this report focuses on the Management Standards and the progress of organisations participating in SIP1. It is organised into the following chapters:

■ Chapter 2 provides detail on the Management Standards approach, SIP1 and other HSE activities designed to tackle workplace stress.

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

■ Chapters 4–9 present the results of this research. In turn, they cover:

□ the motivations and starting points of organisations participating in SIP1, including their perceptions of the main causes of stress in their organisations

□ how organisations progressed with implementing the Management Standards approach

□ examples of organisational initiatives as they map onto the Management Standards

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

□ the actions which organisations took as a result of their involvement in SIP1

□ views on the process, including how the support roles of the HSE and Acas worked in practice.

■ Chapter 10 considers what these results mean for the future of HSE work on stress, and any broader conclusions that can be drawn from the data.

2   THE HSE MANAGEMENT STANDARDS AND SIP1

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 chapter provides further detail about the Standards, the SIP1 intervention and other relevant HSE activities to act as a backdrop to the remainder of the report, which focuses on describing the experiences of employers and professionals involved in taking forward SIP1.

2.1   THE HSE MANAGEMENT STANDARDS FOR WORK-RELATED STRESS

HSE developed the Management Standards for work-related stress based on the best available scientific evidence for the impact of work characteristics on well-being. The 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 background to, and details of, the Standards.

2.1.1 Why develop standards for managing work-related stress?

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 of mental ill-health to individuals and their employers 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. 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. A Stress Priority Programme was designed 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 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).

2.1.2 The Management Standards

The evidence from HSE commissioned research identified six areas (demands, control, support, relationships, role and change) that, if not appropriately managed, can have a negative impact on employee well-being across organisations of different sizes and sectors. These areas are the 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 Standards and the states to be achieved which relate to each are presented in Table 2.1.

2.1.3 The process for achieving the Standards

Guidance on the process for achieving the 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 is about 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: facilitate staff discussion groups to unpack the problem areas and identify solutions.

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' which are not appropriately managed, and are known to have the potential to lead to cases of work-related stress (see Table 2.2 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 about these aspects of their work.

Table 2.1: 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 2.2: 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 (taken from the Indicator Tool User Manual which was first published in 2004, and which can be found at www.hse.gov.uk/stress/standards/pdfs/indicatortoolmanual.pdf)

2.2 OVERVIEW OF MANAGEMENT STANDARDS IMPLEMENTATION PROGRAMME

The Stress Programme aims to deliver a reduction of 20,320 fewer people first reporting awareness of work-related stress (from a baseline of 254,000) by the end of 2007/2008. The Stress Programme will also contribute indirectly to the target to deliver a nine per cent reduction in the number of working days lost through ill-health. The Management Standards themselves were subject to an extensive development process (See Appendix 2 for further details of this process), and form a major component of the programme's work. The programme's main vehicle for reducing the incidence of stress-related ill-health is promoting and supporting the adoption and implementation of the Management Standards within target sectors. This is known as the Management Standards Implementation Programme.

Five target sectors (accounting for 7.5 million workers) have been identified from survey data as having the highest incidence rate for reporting of work stress-related ill-health. For each sector, the HSE will develop a Sector Implementation Project (SIP). Target sectors are:

■ Health

■ Education

■ Local Authorities (including Social Services)

■ Finance

■ Central Government.

The Management Standards are supported by a process that allows organisations to assess, score and benchmark their current exposure to stress risks and then devise and implement the most appropriate action plan to reduce that risk. The Management Standards process advises organisations to re-assess their workers' exposure to stress after a 12-month period.

The programme delivery is divided into three phases, as follows:

- In **Phase 1** the Management Standards will be promoted and supported (by stress partners[1] – HSE inspectors with additional training in the Management Standards approach – and Acas as required) in selected organisations willing to become 'Management Standards Champions' across the five target sectors.

- **Phase 2** is the main delivery phase of the Management Standards Implementation Programme in the five target sectors. Support will be less 'hands on' and will engage additional support from third parties. Phase 2 commenced in 2005/2006 and overlapped with Phase 1. Phase 1 and 2 together account for 85 per cent of the Stress Programme's contribution to the PSA target. Phase 2 commenced with a series of 64 regional workshops focusing on the practical aspects of implementing the Management Standards process.

- **Phase 3** – the Wider Implementation Plan (WIP) – covers the population outside of the target sectors (the remaining 18.5 million workers). Due to uncertainties about what the WIP phase will achieve in terms of contributing to reducing the incidence of stress-related ill-health, it forms only a small part (15 per cent) of the contribution to the target. The WIP was scheduled to commence during 2005/2006.

For the purpose of the Management Standards Implementation Programme the key steps in the process have been adapted to offer additional support to organisations. The key steps are as follows:

- HSE and partners secure agreement to implement the Management Standards approach from board-level senior management in around 100 willing organisations in target sectors (Phase 1).

- HSE and partners develop and provide training, support and guidance for willing organisations (Phase 1).

- Managers and workers in willing organisations carry out stress assessments, discuss implications and identify the changes required to reduce job stressors (Phase 1).

- HSE and partners begin to encourage other organisations in the target sectors to adopt the Management Standards approach (build up to Phase 2).

- Managers and workers in willing organisations implement the changes required to reduce job stressors (Phase 1).

- These changes are sustained and lead to reduced exposure to job stressors (Phase 1).

- Benefits are realised and measured in terms of fewer new cases of stress-related ill-health (Phase 1).

- HSE monitors and records best practice by willing organisations (Phase 1).

- HSE utilises outcomes from Phase 1 to facilitate wider dissemination of Management Standards throughout key sectors (Phase 2).

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[1] *For the purpose of this document 'Stress Partner' shall include inspectors provided by Local Authorities.*

2.3 MANAGEMENT STANDARDS IMPLEMENTATION PLAN – PHASE 1 (SIP1 PROJECT)

The aims of Phase 1 of the management standards implementation plan were to:

- partner a number of volunteer organisations (drawn from five target sectors – Health, Education, Central Government, Local Authorities and Finance) to implement the Management Standards approach

- gather data to enable wider evaluation of the Management Standards approach

- gather case study material, which can be used to support wider roll-out of the approach across the target sectors during Phase 2 of the sector implementation plan (SIP2)

- develop and skill-up inspectors to enable them to continue to contribute effectively to delivery of the stress programme

- improve performance in participating organisations.

The anticipated outcomes of SIP1 were that:

- organisations across the five target sectors have properly implemented the Management Standards approach

- any problems or deficiencies in HSE's stress risk assessment approach, including the questionnaire and analysis tool, are identified and rectified

- a group of HSE inspectors are fully skilled in the Management Standards approach.

The outputs of SIP1 were set out to be:

- a quantitative and qualitative evaluation of the Management Standards approach

- a range of case studies demonstrating effective interventions

- data from agreed key performance indicators (eg sickness absence data) that will support the business case/wider implementation and evaluation.

The project was planned to run for 18 months from April 2005 to October 2006, but actually ran for two years.

2.3.1 Participating organisations

Each participating organisation, or partner, was given both a supporting resource pack, a dedicated stress partner and a set of responsibilities as part of their participation in SIP1. These responsibilities included the following:

- Providing board level commitment to the Management Standards process.

- Dedicating adequate resources to complete the project within the agreed timescales.

- Adopting the Management Standards approach, which meant:

  □ proactively engaging with staff

  □ developing locally relevant and sustainable interventions

  □ implementing action plans to agreed timescales

  □ reassessing risk at agreed intervals.

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■ Providing the HSE with agreed data.

■ Keeping the stress partner informed of progress.

The sectoral breakdown of these organisations is presented in Table 2.3.

Table 2.3: Sectors of participating SIP1 organisations (by end of SIP1)

Sector	Participating companies (N)
Central Government	6
Education	9
Finance	4
Health	19
Local Authorities	24
Total	62

Source: HSE records

2.3.2 Support offered to organisations taking part in SIP1

For each willing organisation participating in Phase 1, the HSE provided dedicated support to help them complete the Management Standards approach. Support consisted of a stress partner (HSP) who will also provide access to expert advice and guidance from Acas where this is necessary.

For each Sector Implementation Project (SIP), in addition to the HSP, the HSE provided support from a range of staff (further details on their responsibilities are provided as Appendix 3):

■ a full-time Band 3 Policy Group project leader

■ a full-time Band 4 Policy Group support officer

■ a field staff Sector Account Manager (SAM), although this happened only in the Health sector

■ a technical support officer with expertise in occupational psychology.

The HSE provided a dedicated Head of Management Standards Implementation Delivery who took an overview of SIP activity across target sectors, including monitoring how Acas resource is distributed and ensuring financial management of the Agreement conforms with HM Treasury guidelines. Acas provided the support required to participating organisations that request it via the HSP. Support was provided in the form of Acas Senior Adviser time. Organisations accessed Acas support through their HSP and the request was subject to approval by SAM (or project leader if no SAM).

For the period of this agreement, the outcomes of Acas support to HSE's stress partners in delivering the Management Standards Implementation Programme are:

■ The HSE's and Acas's shared agenda to support organisations and their employees delivers reduced levels of reported workplace stress.

■ There is raised awareness that there can be multiple causes of stress in the workplace and the means of addressing the issue(s) will be varied.

■ Where Acas has supported organisations it has led to effective mechanisms – fully involving employees in recognising causes of stress, identifying potential solutions in the form of time bound action plans, and embedding new approaches and ways of working.

Stress Partner

The main point of contact for participating organisations was an allocated Stress Partner who was a Band 3 Inspector/Local Authority Partner (with 20 per cent of their time allocated to each organisation per year).

Their responsibilities were:

■ Providing a first point of contact for up to two organisations and the Sector Account Manager.

■ Maintaining a network of contacts with local Acas offices.

■ Championing the Management Standards approach.

■ Reporting on progress to the Sector Account Manager.

■ Undertaking meetings with the HR/Senior Management Team through the introductory and planning stages of the Management Standards approach.

■ Giving formal presentations on the HSE's approach and philosophy to senior managers' employee representatives, and budget holders.

■ Providing advice on the HSE risk assessment methodology.

■ Assisting in developing solutions to barriers and difficulties encountered during the process.

■ Identifying the need for Acas support and submitting request to SAM.

■ Feeding-back and sharing best practice.

Fifty such partners were specially trained, attending a one day training course in April 2005, and given access to distance learning materials. All stress partners were provided with resource packs that contained plans of the project, details of the web based standards and process, draft letters, presentations to be given to senior management and to employee representatives etc. It was envisaged that each stress partner would be responsible for one or two organisations and be responsible for oversight of the Management Standards implementation process within those organisations. The stress partner was required to liaise with his/her organisation/s, be their personal point of contact with the HSE for the duration of the project and be available to answer any technical questions that the organisation had about the process. Any questions that the stress partner could not answer could be fed back to the HSE sector account manager to answer the query or refer it to the stress management project team, or the psychologists in the HSE, as necessary. The stress partner also needed to keep appraised of the progress of their organisation/s and feed information about this back to the sector account manager.

It was agreed that organisations participating in SIP1 would not be subject to formal enforcement action on work-related stress issues for the duration of SIP1. This agreement did not extend to other health and safety matters. This only held, however, given that they implemented the Management Standards properly. In the event of non co-operation, stress partners had the support of the sector account manager to assist in deciding an appropriate course of action.

Although the majority of stress partners were FOD inspectors, staff from the Health and Safety Laboratory (HSL) provided in-depth support to three participating organisations and offered reactive support to SIP1 and other organisations in relation to stress via a telephone helpline. Whilst much of the work of the telephone helpline was in supporting the use of the analysis tool, additional support was provided to a number of organisations which encountered barriers in implementing the Standards.

Acas Adviser

Where agreed (see earlier points in this section), an Acas adviser could be allocated to organisations. Their responsibilities were:

■ Providing input to facilitate communication within organisations about the process.

■ Providing input to facilitate engagement of the organisation and the sector with the process.

■ Facilitating employee engagement activity.

■ Facilitating delivery of interventions and preparation of action plans.

■ Observing, recording and reporting good practice and identifying barriers and difficulties.

■ Working closely with the Stress Partner/Sector Account Manager.

The total resources available to Acas were based upon a 'reasonable assessment' of additional support needed and were limited by time and resource. As a result, limits were also imposed on the amount of support available to any one organisation (approximately eight days per organisation) and the input was required to be solely for the purposes of SIP1. Access to Acas advisers was through stress partners. Organisations wishing to use their Acas adviser for purposes other than those strictly connected to this first phase of the Management Standards Implementation Programme were required to contract (and pay for) such services separately.

Towards the end of the SIP1 process, Acas support was made available to others in the target sectors who weren't a part of SIP1 if they asked for advice. This allowed any unspent budget set aside for Acas support to SIP1 partners to be allocated to employers. In return, those receiving support were asked for basic information about their experiences, in the form of a 'pen portrait', which was given to the HSE.

Partnership working protocol

There was also an established protocol which outlined how partnership working between stress partners and Acas senior advisers should operate. This stated that '*the Health and Safety Executive and Acas have entered into a partnership to deliver the first phase of the Management Standards Implementation Programme. Once both HSE and Acas staff have undergone the initial training process for this initiative, and volunteer organisations have been matched with Stress Partners, Acas Advisers will be introduced to their HSE colleagues so they can agree how they will work together at a local level*'.

The protocol was not designed to be prescriptive and local variations due to particular circumstances, or by agreement were acceptable. However, it was considered advisable to have a consistent understanding of how the process of working together should ideally operate. The success of the partnership venture was felt to be good working relationships and regular communication between HSE and Acas staff at a local level.

Guidelines on how the process should operate were specified as:

■ HSE partner and Acas senior adviser meet to discuss the participating organisation(s), share knowledge and agree an initial plan.

■ HSE partner, in liaison with Acas senior adviser, arranges meeting with key player/s in participating organisations.

■ Initial meeting(s) with the key players take place jointly and HSE partner and Acas senior adviser outline their respective roles and the assistance which can be offered to the organisation.

■ As appropriate, HSE/Acas assistance is given to the organisation to get buy-in to the project from the trade unions/employee representatives, via meetings/joint communications, setting up steering group, etc.

■ After the initial visit(s) the stress partner will lead the process but will facilitate access to support from the Acas adviser when the particular skills and expertise of Acas are required or requested. However, HSE and Acas will 'keep in touch' throughout the process.

■ With the exception of the initial meeting(s) with the organisation, the sector account manager or project leader should be contacted whenever the HSE partner needs Acas input. In this way, the use of Acas resources can be monitored and co-ordinated properly.

■ The areas where Acas may have a prominent role are:

  □ encouraging full employee involvement

  □ setting up focus groups

  □ facilitating the development of action plans

  □ developing and embedding new work practices and procedures.

■ Where organisations require training in how to run focus groups themselves this can be arranged via Acas.

■ Where the Action Plan details, for example, that extensive, resource intensive training is required for all first-line managers on issues such as bullying/harassment, discipline/grievance handling etc., payment for provision of this would have to be negotiated separately (either with the HSE or with the organisation itself) as it is outside the terms of the current partnership agreement between the HSE and Acas.

2.4   OTHER HSE ACTIVITIES

It is important not to view the work of SIP1 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 4 provides further details on some of these.

2.5   SUMMARY

Recognising the costs of stress-related absence to individuals, employers and society, the HSE has a Stress Priority Programme. As part of this programme, and following an extensive evidence review and development work with experts from a range of disciplines, the HSE made available its Management Standards for work-related stress. These focus on six stressor areas and advocate a risk assessment approach to reducing work-related stress, and the continuous monitoring of stress levels using an indicator tool.

Encouraging uptake of the Management Standards has focussed on two main activities to date: the Stress Management Implementation Phase 1 (or SIP1) and the Healthy Workplace Solutions (or SIP2) interventions. SIP1 involved encouraging the adoption of the Management Standards approach within 62 organisations across the five key sectors of Central Government, Education, Finance, Health and Local Government to help them achieve the Management Standards. There were initially 100 participants in the programme, but some organisations failed to continue their involvement. Participating organisations were offered the support of a stress partner and Acas adviser for 18 months. SIP2 is a workshop and masterclass based intervention followed up by support from a telephone help line and the inspectorate to provide support for staff in taking forward stress management initiatives within their organisation.

This report presents an overview of progress made by a range of organisations participating in SIP1. The initiative was designed so that the HSE could learn from the experiences of employers in implementing the full standards process. Discovering the factors which acted to facilitate or prevent progress has always been an integral aim of the initiative. The results will be used to help inform the development of the Standards approach as well as understand what changes need to be made to both the Standards for stress and the processes involved in their implementation. It should also provide useful information for organisations with an interest in sharing the practical experiences of others in taking forward the Management Standards approach.

3   RESEARCH DETAILS

This chapter sets out the aims of the research and details of the work that was conducted to provide the information set out in the remainder of the report. It describes the methods used to select participants in the research as well as the process of data collection.

3.1   AIMS AND OBJECTIVES

The aims of the research were to assess the implementation of the Management Standards for work-related stress and the support provided and used by organisations participating in SIP1. More specifically, this research was required to do the following:

■ Examine policies for staff welfare and sickness absence management, including the management of risk factors for work-related stress and the extent to which these follow HSE guidance.

■ Explore the implementation of steps in the Management Standards approach, including any adaptations to the Management Standards and the Management Standards process, the issues and barriers organisations have experienced when implementing the Management Standards approach, and the ways organisations have sought to overcome these.

■ Provide examples of actions and solutions to prevent work-related stress that organisations have developed and implemented from discussion groups or related activities, explore perceptions of benefits, and where possible, provide estimates of any costs of actions/solutions.

■ Explore the effectiveness of the approach of the Management Standards approach used in generating changes in practices for managing the risk factors for work-related stress.

■ Provide a critical understanding of the perspectives of HSE stress partners and Acas advisers on working with organisations to implement the Management Standards for work-related stress, and their views of what enabled organisations to engage with and complete/not complete different stages in the process.

3.2   RESEARCH METHODS

The research aims were to be achieved through the compilation of a set of organisational case studies and the analysis of how the Management Standards process worked in practice across these organisations, and also from the views of a sample of Acas and HSE staff working in support roles. This section highlights how the work was conducted.

3.2.1 Data collection within organisations

The data collection conducted within each organisation fell into four broad categories:

1. An analysis of policy documents and other related information.

2. In-depth interviews with management level staff.

3. Group discussions with line managers and staff.

4. Interviews with the stress partner and (where appropriate) Acas adviser that had worked with the organisation.

The research elements completed within each organisation and details of these organisations are provided in Table 3.1 at the end of this chapter (with further details on the case studies provided as 'pen pictures' in Appendix 5). At the outset, it was hoped that all organisations would be prepared to allow researchers to conduct six interviews and four group discussions as part of the research. This was not always possible and, given some difficulties in recruiting organisations to the research, the decision was taken to adopt a flexible approach to the scale of data collection within each organisation.

In most organisations, it was possible to conduct interviews with a range of staff, and in three out of the seven, group discussions were conducted with either line managers, staff or both. The number of staff involved in the case studies ranged from 1 to 30. There is therefore a high degree of variation in the coverage of different staff levels between one case study and another. Sectors that were more engaged with SIP1 were more prepared to (or able to) allow us access to staff via the medium of group work. However, it was not always practically possible for organisations to organise group discussions (eg in healthcare where it is difficult to release staff at specific times), but where possible the planned group discussions were substituted for staff interviews. Work within the finance sector, however, involved only three interviews across two organisations. It should therefore be noted that the majority of people interviewed as part of this project were from public sector organisations, and this could affect the conclusions.

All participating organisations but one provided details of their policy documents.

There are, therefore, limitations of this flexible data collection methodology in that the data available from each case study is not directly comparable. However, it is not the purpose of this research to provide a definitive assessment of progress made by organisations in comparative terms. Rather, it is to provide the HSE with feedback from a range of sectors and organisations on the practicalities of implementing the Management Standards, and the data collected does offer this insight.

A range of discussion guides (eight in total) were designed for collecting data from individuals operating within different roles within the organisation and for group discussions with line managers and staff. Appendix 6 provides an example presenting the questions designed for use in interviews with the project champion.

3.2.2 The selection of SIP1 organisations

The research sought to involve six organisations as case studies including one from each of the five target sectors. From the 62 organisations who were still actively participating at the end of SIP1, 11 potential case study organisations were pre-selected by HSE analysts as the target for this element of the research. This selection was based on information from stress partners, collected as part of their role in SIP1, about the progress made by those organisations with which they had worked. The 11 identified were, as far as could be determined, closest to implementing one full cycle of the Management Standards approach (ie had conducted a baseline survey, moved forward with action planning and conducted a second staff survey to monitor progress made).[1]

Management information available at that time indicated that some organisations had either skipped stages in the process or had only implemented the process in parts of their

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[1]   *Further details of the SIP1 process are presented in Chapter 2.*

organisation. A further list of four supplementary organisations was also provided which identified participants that stress partners had reported had implemented the process only as far as the action planning stage. This list was to be used if the initial sample did not yield sufficient numbers of organisations willing to participate in the research.

There were a number of difficulties in recruiting organisations. All organisations signing up to SIP1 were asked to commit to ongoing research so the Standards could be improved. Organisations had therefore been involved in earlier research on the Management Standards approach including some in-house research that captured pen portraits of progress. There was, therefore, some reluctance amongst a number of the organisations to participate in further research, particularly now that SIP1 was complete. Another issue was that to participate as a full case study required staff to be released to take part in the research from all levels in the organisation and some organisations did not have the commitment of their board to do this. Other problems were encountered if the person responsible for taking forward the Standards had left the organisation or if the organisation was going through a significant period of change. In both cases, this meant that organisations either could not, or would not, identify a staff member prepared or able to help set up the research. However, despite these difficulties, the participation of seven case study organisations were secured from across the five sectors (one from each, with two from finance and two from central government). Appendix 5 provides a description of the seven organisations that agreed to be involved in the research.

In practice, the research team were able to secure the participation of three organisations from the original list of 11, and two organisations from the supplementary list. In addition, two further organisations were included from a wider list of other participating organisations, making a total of seven participating organisations. The decision to include a seventh case study was taken as it was not possible to secure the participation of any one organisation from the finance sector in the full data collection for the research. Partial participation was therefore secured from two organisations in an attempt to compensate for this and, therefore, resources were available to involve a further organisation in the research. It should be noted, however, that due to difficulties securing the commitment of organisations from the finance sector fewer interviews took place within this sector than any other. The results are therefore weighted towards the experiences of public sector organisations.

3.2.3 Selecting Acas advisers and stress partners

An additional source of information on the progress made by organisations in implementing the Management Standards is available from the HSE and Acas staff involved in support roles during SIP1. This element of the research allowed these staff to reflect back on their experiences, inputs and ultimately the role they were asked to fulfil. An additional benefit was that these staff could also provide a unique, external view of the case study organisations, offer additional insights into the progress made by other organisations with which they had worked and discuss potential barriers to that progress.

The selection of Acas and HSE staff for interview took place in two waves. Firstly, all stress partners and Acas advisers (where relevant) attached to the participating seven case study organisations were approached. Secondly, a sample of ten other organisations was selected from the longer list of all other participating organisations. This selection was based on a combination of geographical location and management information on how far the organisation had progressed with SIP1. The aim was to attain a degree of coverage of both of these variables. Once selected, the HSE and Acas staff (where relevant) that had worked with each of these ten organisations were approached.

In practice, each of the professionals involved in the research could have worked with more than one organisation. Stress partners were limited to working with two organisations, but Acas advisers had all worked with multiple organisations (in the case of the individuals we spoke to as many as nine different companies).

In total, 14 stress partners and ten Acas advisers were interviewed. The lower number of Acas advisers included in the research is due to the fact that not all organisations used the services of an Acas adviser. In the case of both the HSE and Acas staff, one individual was often able to comment on more than one organisation. The stress partners interviewed had worked with around 20 different organisations and the Acas advisers around 50.

3.2.4 Data collection with Acas and HSE staff

Each of the participating HSE and Acas professionals was asked to take part in an in-depth interview. The majority of these were conducted face-to-face but in some cases the participant preferred to speak by telephone where it proved difficult to schedule an appropriate time for a face-to-face interview.

Discussion guides were designed which provided a structure and prompts for the interviewer, and were broadly similar for both the HSE and Acas staff interviews. The guide used with Acas advisers is presented as an example in Appendix 6.

3.3 SUMMARY

The research was qualitative in nature and consisted of two main components:

1. Case study work (including reviews of stress policies) with organisations participating in SIP1.

2. Interviews with professional staff involved in SIP1 in a supporting role (ie stress partners and Acas advisers).

There were some difficulties in securing the participation of case study organisations and in getting the same level of commitment from each one. As a result, the research techniques used within each case study vary from a single interview to interviews and group work involving up to 30 staff. A total of seven case study organisations shared their experiences of implementing the Standards, representing each of the five priority sectors and a range of different levels of progress in implementing the Standards. Fewer interviews were conducted in the finance sector than any other.

Interviews with HSE and Acas staff who had supported organisations in implementing the Standards provided the research with insights into participating employers from an external perspective. A total of 14 stress partners and ten Acas advisers participated in the research. The experiences of stress partners covered around 20 organisations and the Acas advisers had worked with around 50.

Table 3.1: Details of case study organisations and sources of data from each

Organisation	Sector	Approx. no. of employees	Stage reached in standard implementation	Any Acas involvement with organisation	No. of interviews conducted	No. of discussion groups conducted	No. of staff involved
1	Office of Central Government	1,500	Rolling out the results of action planning across the organisation	Y	8	3	24
2	Education	1,000	Completed focus groups, not translated this into action planning yet	Y	11	1	16
3	Banking	6,000	Involvement ended prematurely following staff survey (not HSE tool) and decision of steering group to pull out	N	2	0	2
4	Local Authority	30,000	Starting to conduct focus groups	Y	6	0	6
5	Insurance	13,000	Completed focus groups, not translated into action planning	N	1	0	1
6	Central Government Service	1,150	Completed second survey (across the organisation) and reviewed progress	Y	6	4	30
7	Health	14,000	Completed second survey (in certain departments) and reviewed progress	Y	10	0	10

Source: IES, 2008

4 ORGANISATIONAL EXPERIENCES OF STRESS AND MOTIVATIONS FOR GETTING INVOLVED IN SIP1

Organisations participated in SIP1 on a voluntary basis. It is therefore important to note why organisations elected to take part and what their expectations were regarding their participation. This chapter not only describes this, but also sets out the starting points of organisations participating in SIP1 in terms of how they understood stress and their existing approach to staff welfare issues.

4.1 WHAT ORGANISATIONS WERE ALREADY DOING TO MANAGE THE CAUSES OF WORK-RELATED STRESS

All seven case study organisations taking part in this research had some awareness about stress and wider staff welfare issues, and had either been carrying out work in these areas, or were beginning to think about how to tackle stress-related issues, before they began participation in SIP1. However, there were differences in terms of what had already been achieved in relation to the management of risks for work-related stress prior to the start of SIP1. The case study organisations differed in their starting points with regard to managing the causes or risk factors for work-related stress, and there were also a range of other differences with the potential to influence their experiences during SIP1. These are described in the remainder of this section.

4.1.1 What constitutes stress?

There was a view from across all the organisations that there are a range of ways in which their staff are affected by stress. However, it was interesting to note differences in how stress itself was perceived across the case studies.

Identifying the difference between work-related and non work-related stress was seen as an important issue in some organisations. In one (from the finance sector), for example, it was clear that the responsibility for recognising signs of stress lay with individuals and their managers. Individuals needed to come forward, but also line managers needed to be able to spot the early signs of stress. This was felt to be particularly important when the causes of stress were primarily not at work.

> *'Sometimes, obviously, it's not things at work, it's at home that they are getting stressed about, and obviously we can only help so far with that. I think a lot of it is really down to the person actually recognising it, or the line manager recognising the signs and symptoms and actually addressing it formally or informally at first … if a person feels stress they must tell somebody, we encourage them to come forward, because it is very difficult for us to address it if we don't know it is a problem.'*
>
> (Health and Safety Manager, Finance)

The issue of work-related and non work-related stress, and the merits of 'coming clean' and discussing non work-related stress was something that arose in a number of the interview and group discussions held with line managers and staff during this research into SIP1.

However, one discussion with line managers as part of this research identified that they saw both professional and personal life factors as important when tackling stress.

'Well, your working life isn't separate to your personal life, you know, they are the same life and they're just sort of different elements aren't they. Well they are ... I mean, I've only got one life. I'm not a different person when I go home, to the person I am in work.'

(Line Manager, Education)

However, while there was recognition that it was better to look at all the potential stressors in an employee's life, rather than just the work-related stressors, there was a feeling that, on occasion, managers were using the existence of life-related stresses as a reason not to tackle any work-related issues.

'I do a lot of back to work interviews and the question that starts the interview nowadays is "what's going on in your life?" If you've been off with stress, what is going on in your personal life – how are things at home? And it always seems that the conversation is geared to the problems [that] are there and not here and I see more and more of that.'

(Line Manager, Central Government)

The perceived boundary between 'pressure' and 'stress' was also an issue that a number of individuals raised. There was a view expressed by some that the term 'stress' was over used. For example, one senior manager stated that *'stress is an overworked term from our perspective'* (Senior HR Manager, Central Government). Within another organisation, the issue was more that the term 'stress' could be used inappropriately (Organisation 7, Health), with people saying they were 'stressed' when what they actually meant was that they had too much to do. Staff within this organisation felt that there was a clear distinction between stress and pressure, with the latter being an acceptable part of work.

4.1.2 Management systems, and responsibility for staff welfare

In most case study organisations, ultimate responsibility for staff welfare lay with senior management who set the tone regarding organisational views and policies on stress. The implementation of organisational policies was undertaken by the HR function or the health and safety function, depending on the particular topic. These functions tend to fund and control the services provided by Occupational Health and/or EAP providers where relevant, largely determining access to such services and their availability. Line managers tend to be asked to operationalise the policies and identify and resolve stress-related issues.

In a number of organisations, the management of the causes of work-related stress was seen as a crossover area between health and safety and HR, requiring the two departments to work closely together to implement the stages in the process and achieve the Management Standards (eg Organisation 2, Education). Most organisations spoke about both managing aspects of work to prevent work-related stress, and their role in helping staff to deal with the effects of stress (eg when 'stress' was given as a reason for absence from work).

'I think like most organisations, we tended to look at how do we help people who have suffered as a result of work-related stress, rather than looking at the causes of stress and how they might be avoided.'

(HR Business Manager, Health)

The use of external contracts to manage occupational health issues was common, including the provision of free counselling services following a referral. However, in larger organisations, there tended to be an in-house occupational health team working closely with

the HR department. One organisation provided both in-house and external counselling to staff, with the external counselling service managed by the in-house occupational health department (Organisation 7, Health). In another, the main role of the externally provided occupational health service was responding to referrals only when staff were absent long-term or demonstrating repeated short-term absences (Organisation 2, Education). In one organisation the occupational health team formed part of the HR team and therefore worked very closely with HR team members on the operational aspects of HR (Organisation 1, Central Government).

A major concern of one organisation was to devolve more responsibility for staff welfare issues to line managers, but it was experiencing difficulties in recruiting line managers with the right skills and was finding this a slow process (Organisation 6, Central Government).

> *'It is like turning the Titanic and it takes quite a bit of time.'*
>
> (HR Director, Central Government)

Another organisation discussed how, within a large and complex structure, it can be difficult to move forward quickly with organisation-wide initiatives such as the SIP1 process due to the complexity of their management structure and the size of the organisation (HR Director, Organisation 7, Health).

4.1.3 Engagement of senior management with stress and staff welfare

Senior management in all case study organisations either identified themselves as being, or were felt by other staff to be, keenly aware of, and interested in, staff welfare. This was reflected both in the interviews with senior managers themselves and with their colleagues. Line managers and staff taking part in the research generally recognised that senior management were aware of stress as an issue, but often felt that the actual implementation of stress-related initiatives could be improved. In some public sector organisations, there was a recognition by staff at all levels that on some of the perceived causes of workplace stress the hands of senior management were tied, particularly when it came to issues such as high workload. Stress was also seen by staff as one of many conflicting priorities that mangers were required to juggle within the organisation, and one that competed with other issues for funding and resources.

> *'I think the Board are very supportive and caring. However, the amount of money they are prepared to put into these sorts of initiatives is limited, and in the public sector generally and in the (type of service) in particular, is subject to extremely tight financial constraints at the moment so we are quite selective about how much money you put into these initiatives.'*
>
> (HR Director, Central Government)

In one case study (Organisation 2, Education), the Senior Manager was new in post and expressed a strong personal commitment to the welfare of the organisation's staff. This was recognised by staff within the organisation and there was a great deal of positive feeling about the change of leadership. Some of the perceived causes of work-related stress were felt to be outside the control of senior management as the sector was subject to a high degree of external influence through central government (eg increasing the financial accountability of the FE sector had led to larger class sizes and a higher degree of temporary contracts in the sector).

> *'I suppose I am very much a believer that people are crucial in an organisation and that I suppose there are two aspects. One is that the people are the most valuable*

resource that we have got. The second is that because we are a learning organisation we should be embracing investing in our staff and making sure that they have opportunities to learn and develop, and that we recognise them as people. I think it's quite high on the agenda as an organisation and I think we have made quite a lot of improvements.'

<div align="right">(Senior Manager, Education)</div>

It was, however, acknowledged by respondents from all sectors that there were competing demands on senior management time and therefore it was often difficult to keep stress initiatives in the sights of the senior management team over an extended period. Concerns about the ability of staff to cope in achieving the delivery of business often took second place to immediate concerns about actual business delivery. In some ways, the management of work-related stress was felt, often by HR Directors/Managers, to suffer in some ways from being an 'internal' issue, whilst the board were often more concerned with 'external' issues, as described in the quote below.

'So they are not going to give something like a new HR policy as high a priority as, you know, trying to address the issues raised about child protection.'

<div align="right">(Head of Health and Safety, Central Government)</div>

4.1.4 Specific activities in place prior to SIP1 targeting the causes of stress

A number of organisations already had some form of stress policy in place prior to their involvement with SIP1. Some had pre-existing, dedicated stress policies, others had policies which they refined as part of SIP1 (see Chapter 6 for further details), whilst others had nothing. One organisation had a range of policies in place which dealt with stress indirectly, in the wider context of supporting work-life balance (Organisation 5, Insurance).

One of the organisations had achieved relatively little prior to their involvement with SIP1, but was aware that something had to be done to manage the causes of stress more effectively (Organisation 6, Central Government Service). In another, the organisation had been working to combat the causes of work-related stress, in conjunction with the HSE, for some years (having participated in earlier piloting of the Management Standards and indicator tool as far back as 2003) and so was far more familiar with the issues dealt with by SIP1 before getting involved (Organisation 4, Local Authority). One organisation, in particular, had drawn up a stress policy immediately prior to their involvement in SIP1 and gaining help and guidance on how to implement this new policy was a major factor in their decision to take part (Organisation 7, Health).

For most of the organisations involved in the research, stress management takes place in the context of, and forms part of, general staff welfare initiatives. A number of organisations had well-being initiatives in place as part of an overall strategy to improve staff welfare. These included: flexible working options; support for employees with caring responsibilities; special leave for emergencies; employee counselling services and assistance programmes; courses on health and nutrition; reduced rate gym membership; and in one case, in-chair massage.

'How you can manage yourself better, things that you can do, you know, eating a banana every day for our potassium, go for walks, take up a hobby ... Within our own balanced programme there are things we are trying to do, so we have in-chair massage here at the [organisation], and we're trying to get pilates off the ground, and we have a walking club, a cycling club, a social club over the road where they can play cricket and tennis and, you know, there are lots of things we try and encourage people to do in order to relieve tension.'

(Head of Health and Safety, Local Authority)

4.2   CAUSES OF STRESS WITHIN ORGANISATIONS

Within each of the organisations, regardless of the extent to which stress management procedures were in place, staff and managers were generally able to discuss in some detail both the causes and effects of work-related stress within the organisation as they saw them. A range of factors were identified and are discussed below. Clear differences between sectors were apparent.

Whilst case study participants did not always use the same terms as those used in the HSE Management Standards, the main concerns that they had regarding work-related stress did match closely onto a number of stressor areas.

These are discussed in more detail below, but mainly related to:

■ demands

■ control

■ organisational change.

4.2.1 Demands

Most commonly, both across and within organisations, demands were discussed by interviewees at all levels in the organisation, but particularly by line managers and staff. In all sectors, demands were identified as the major cause of work-related stress in the organisations involved in this research.

Workload

The main issue raised regarding work demands was that of workload.

Often, management felt that it was difficult to directly control workload levels. In some public sector organisations, senior management and staff identified how levels of demand were only partially within the control of their own organisation, with external pressures (eg targets or resourcing) often the cause of high demand. The changing nature of the external demands was also felt to affect the degree to which these organisations could actively manage this issue.

Each organisation also dealt with demand issues differently, reflecting the varied nature of demands with which their staff are faced. For example, in some roles within the health sector, the organisation has little control over how many patients present on a given shift. Demand patterns can also vary within the education sector, as staff are required to cope with differing levels of demand throughout the year.

'I think there are times where people are stressed and I think one of the issues is it is very difficult to give people a balanced workload throughout the year. Come May/June there is the stress of getting students through their exams or portfolios and then it dips to nothing ... I do think there are times when people have a heavy workload.'

(Senior Manager, Education)

In one organisation (from the health sector), high workload, long hours and general fatigue amongst staff was perceived to be a major factor in causing work-related stress. A number of line managers and general staff members highlighted how staff shortages can have a huge impact on people's stress levels. For some clinical staff this was compounded by fears of making a mistake due to tiredness, and therefore causing harm to patients.

In one central government organisation, staff at all levels taking part in the research felt that high workload was causing stress. In response to these concerns, a workload measurement tool had been developed. However, this had been counter-productive, as the tool was seen as too rigid by staff and line managers. Also, despite the tool indicating that staff were working at over 100 per cent of their capacity, staff and line managers couldn't see any visible action from more senior management to reduce this load. However, there was an acknowledgement amongst lower level staff that the organisation was subject to financial constraints which affected the ability of management to do more.

'We have limited tools available to us in terms of "here's a pile of work that needs to be done", and that's going to be the source of the stress. You can limit it so far but ultimately that work's going to have to be done. So it is quite difficult when you've got finite budget, finite resources.'

(Line Manager, Central Government)

Within an organisation from the education sector, workload was perceived to be one of the two main stressors (the other being organisational change), but there was a perception that nothing could be done to improve things, and excessive workload was seen as, almost, part of the job.

'Too much work, the straightforward top and bottom of it. There is just a huge expectation of staff ... I think as a manager you're expected to take work home with you or work more hours than you're paid for. I think as a lecturer, you're expected to work more hours ... I think an awful lot of staff are expected to. I think they just think it's the norm.'

(Support staff, Education)

The finance sector was identified by the three research participants working in this sector (in both banking and insurance) as having a culture of long hours and 'stressful' work. They also felt that, within this environment, individuals can be reluctant to admit to feeling under pressure, which can make it difficult to address the issue of stress directly.

'[there is a] reluctance to take time off when sick and [a tendency] to come in when not well ... people are very sensitive about that and actually being able to admit they can't cope ... you are never going to get the real picture.'

(Health and Safety Officer, Finance)

It was common for managers and staff to feel that the jobs of some staff were inherently stressful. In one organisation (Organisation 2, Education), working to an academic timetable was felt to offer particular challenges as there were periods of particularly high workload (eg during examination preparation) and a period of less intense activity over the summer months which meant that staff felt the level of stress differed according to the time of year.

Basically, staff got more 'stressed' as the year went on, needing the summer months to recover. The organisation tried to help staff to cope with this, but recognised that it was difficult.

> *'By the time they get to Christmas, it's the longest term, the Autumn Term, you notice the colds, the 'flu. They're going off sick, they've got back problems, whatever. All of these physical ailments start to build up and I'd imagine, I don't know, that the sickness rate at that point in the year, around November/December, is really high. There's a huge amount of stress and I think it is because it's so weighty at the beginning of the year to do the work that they've got to do.'*
>
> (Support staff, Education)

It is therefore clear that, whilst workload is seen a major issue, it is not something that organisations always feel able to manage effectively. This is particularly the case where staff or other resource shortages are present. Monitoring workload but without proactive management can even be counterproductive. There does seem to be a broad acknowledgement of the importance of workload in causing work-related stress, across the different sectors and between staff at different levels within organisations. There appears to be, however, across organisations, differing levels of openness to the need to take action.

Achieving a work-life balance

A related topic was work-life balance, or the difficulties in achieving one. Participants from the health sector spoke of difficulties in managing home and work life, although this was in the context of a relatively supportive set of policies designed to help staff with work-life balance issues. One manager from this sector commented on how they had successfully dealt with difficulties encountered by one of their staff in this area (prior to their involvement in SIP1), although success with this one individual was seen as the exception rather than the norm within the organisation.

> *'One lady was really struggling. She was finding it difficult to get in for 9am. She was a single parent and needed to do the school run. Her manager didn't know that. She didn't understand what our flexible working arrangements might be. It came out as part of the project. She started work 15 minutes later to allow her to do the school run. She either reduced her hour's lunch break to 45 minutes or worked an extra 15 minutes at the end of the day. There was a big education piece for a team to help them understand why she would come in at 9.15 rather than 9am and it was an exception, not a rule.'*
>
> (Health and Safety Manager, Finance)

Some research participants went as far as to identify how senior management set a bad example in dealing with workload pressures, demonstrating a lack of work-life balance.

> *'If you look at the culture of senior management you are still getting mails from people when they are on leave, still get emails dated 1.30 in the morning. We all know that there isn't anybody at our level or above who can do their work, all the work that they should do in anywhere near the hours that you are supposed to do it in. So we are all cutting corners, we are all putting things to one side that we know are important and to have your line manager working when they are on leave plugged into the net, so they can keep working – not good.'*
>
> (Line Manager, Central Government)

Work environment

The physical environment at work was also seen as a contributor to stress levels in some organisations. A number of issues were raised and commonly these included: open-plan, untidy and noisy offices; run-down buildings; a lack of heating in the winter; a lack of air conditioning in the summer; and a lack of IT support.

> *'It seems to me we are being devalued, hugely, in terms of the fact that professionals now have to sit in these huge open sheds rather than in your own little space that you can make your own. And the (service client) knows that, how many times has one said to me "Is that your son? Is that your wife?" when they look at the picture on the wall. It makes these differences about relationships.'*
>
> (Staff member, Central Government)

As the above quote demonstrates, often apparently minor issues regarding work environment could have a relatively major impact on stress levels and on staff morale. There was also an acknowledgement amongst senior staff in some sectors (eg Education, where staff identified this as a particular problem) how important it was to get the work environment right.

> *'The union representative raised the issue that the telephones and computers in the staff room had all been put in one area, so every time the telephone rang they had to get up to answer it and that disrupted people who were on the computers. He was right and it's small things that irritate people often, so it is things like that that come back to communication. Do we know what's wrong and how are we going to change it? … sometimes we make decisions and you don't realise how irritating it is.'*
>
> (Senior Manager, Education)

Currently, the work environment is covered by the HSE Management Standards, but only as part of a broader set of issues related to demands. In two organisations the issue was seen as sufficiently important for them to specifically list 'work environment' in their stress policy alongside the six stressor areas identified in the HSE Management Standards (see Chapter 7 for further details on the stress policies in place amongst the case study organisations).

4.2.2 Control

Some issues around controlling work content and work patterns were raised, particularly in the public sector organisations that were subject to government targets. There was a feeling from the line managers and staff taking part in the research and also from senior management interviewees that staff had less control over the actual content of their jobs than had been the case previously. The jobs were seen as involving more administration now than they had before, and staff were now more subject to the pressures involved in working towards targets in their work. Where this was the case, mainly in public sector organisations, this was perceived to be a major cause of stress.

> *'One of the things that really affected the way staff feel is that part of the changes to the [organisation] over the past six or seven years has been to take away a lot of the discretion from professionals … for lots of professional staff that is quite a significant change that they don't like because they feel that their professional ability has been undermined. Whether it works or not in the medium- to long-term we shall see but that is the way we are going. I think that certainly has an influence on the morale in the organisation.'*
>
> (HR Director, Central Government)

The issue of how much control staff should, and could, have over their work was often a contentious issue for organisations. Control over workload varied significantly by staff role and function, and whether people worked as individuals or part of a team. In one organisation, this stressor area had been removed from the issues to be discussed by focus groups (see Chapter 5) as the organisation simply felt that they could do nothing about it, and raising it would be counterproductive. In others, staff and managers felt that there were roles which, by their nature, offered little opportunity to allow staff any degree of control. In one organisation, however, it was acknowledged that within departments where staff had the least control over what they do there were, generally, higher sickness absence and turnover rates, and that it was an issue that they needed to deal with in some way. In another organisation, staff themselves highlighted how a lack of control could be very stressful.

> *'It's undoubtedly the case that people who've experienced the most stress are the people who have the least control over their working environment, so people who are in pressurised admin positions where there's a lot of routine repetitive work and to some extent some of our operational staff who are now on a treadmill doing routine tasks counting numbers, inputting on computers, that's where the stresses are and that's where you get the sick leave.'*
>
> (Line Manager, Central Government)

4.2.3 Organisational change

In most organisations, particularly amongst more senior managers, but also amongst staff, organisational change was seen as a significant cause of work-related stress. Changes which had been experienced and which were felt to contribute included employment security, possible changes to job content and job role, and changes to the physical environment.

> *'They are really big things for individuals and I think things like change of technology and, you know, with 'phone systems now that can follow them, that can take messages wherever they are, has been a big change. We have had to put a lot of training and I think we assumed that people were more IT literate or confident than they perhaps were, and so that has been part of the resource we have put in.'*
>
> (Assistant Director of HR, Local Authority)

One organisation (Organisation 2, Education) had experienced a particularly significant period for all staff, although, in particular, for operational staff, of restructuring and organisational change prior to their involvement in SIP1. It was noted, however, during both group discussions and interviews with line managers and staff that the situation had stabilised recently. One particular issue raised by HR and operational staff within the organisation was the changes caused by the increasing 'professionalisation' of the sector, whereby professional staff were required to have more formal qualifications than previously in order to continue teaching. This was seen to have a particular impact on new recruits to the profession, but also on more experienced teaching staff who needed to update their skills. In addition, there was a push for better overall qualifications (such as in relation to literacy and numeracy) as well as specific teaching ones. This, in combination with an already high workload was felt to be a cause of work-related stress.

> *'As a college we are expecting staff to have more qualifications in literacy and numeracy. I think that sometimes puts some stress on people who perhaps do their job very proficiently and have no problems with their job, but they are expected to get some qualifications that perhaps they have not done for many years. I think that perhaps could cause some stress in some ways.'*
>
> (Operational Manager, Education)

The speed with which changes were often implemented was a big issue for organisations. In particular, a number of public sector organisations felt that the changes they were asked to manage by government could be introduced without sufficient warning. Short implementation times make it difficult for change to be communicated effectively and for staff to be adequately prepared.

> *'A lot of the changes do come from head office ... this time last year we had to bring in a new process and we were told overnight. It was over the Christmas period, a lot of people were on holiday so they came back having missed the quick briefings. They had to have individual briefings. It's bringing things in too quickly and not talking to people who are responsible for implementing the changes and getting their advice on how best to do it.'*
>
> (Operational Manager, Central Government)

> *'We are going through so many changes and that is a political issue in that we are operating in a very macho climate of the political parties trying to be more macho than the next one, and we are copping it basically, because the more laws they make, the more people are going to break them and the more work we are going to have to do. But on top of that they are also trying to make us more effective.'*
>
> (Staff member, Central Government)

The role of external changes was seen as very important in public sector organisations where the organisation had very little control over the impact of changes to government policy on staff and their jobs/working conditions. The finance sector was another in which the issue of change was particularly important. Here too external changes will have significant internal repercussions.

4.3 PERCEPTIONS OF THE IMPACT OF STRESS

Stress was perceived in a range of ways by the organisations in this research, with some participants identifying stress as the most common health and safety and/or staff welfare issue in their organisation.

4.3.1 Measuring the impact of stress

The degree to which organisations had the ability to measure the stress levels (and monitor symptoms such as anxiety, feelings of not coping etc.) and the impact of stress on their staff and on absence from work varied. In one organisation (Organisation 5, Finance sector), data on 'psychological absence' was collected, which included data related to anxiety, depression or stress. However, this data did not differentiate between work-related and non work-related absence, which made it difficult for the organisation to identify the role of work-related stress factors. Another organisation (Organisation 1, Office of Central Government) collected data on a monthly basis in order to identify a range of trends, including hours worked, but there was no specific focus on, or recording of, the role of work-related stress. Within one other organisation (Organisation 4, Local Authority), sickness absence was monitored, but the view was expressed by a number of senior staff involved in SIP1 that it was difficult to isolate the precise impact of stress on absence figures, particularly as stress manifests itself in different ways.

> *'It is very difficult to gauge whether that bad back, the anxiety, the panic attacks, all those other reasons are actually stress-related and that was the case then [before the new system] and it still is now. And I think it's one of those things that is going to be*

Another organisation (Organisation 2, Education) closely monitored absence data and also looked at labour turnover closely, comparing their performance against benchmarks for the sector. Staff surveys were also run within this organisation on a fairly regular basis to help identify other issues, but traditionally response rates to the surveys were low.

Overall, therefore, most organisations are making some attempt to measure stress through the use of absence data. However, organisations from all sectors are struggling to isolate stress-related absence from other absence and this affects their ability to monitor the impacts of any changes they make to policy and practice, as well as determine the scale of the problem they face.

4.3.2 Effects of stress

Despite a lack of concrete data, a range of visible effects of stress was identified by respondents in the case study organisations. These included higher absence rates, poor performance, difficulties in interacting with colleagues and clients/customers, and a propensity to work too hard to get on top of high workloads. In particular, the case study from the health sector was able to identify a wide range of potential effects of stress. The list of effects identified by participants from this organisation included:

■ Not being able to switch off from work, taking work home and having sleepless nights because a person is worrying about the day ahead.

■ Workload pulling people in different directions.

■ The pressures of the job affecting one's ability to carry out their daily work activities; these pressures often being caused by:

  □ time constraints (including insufficient breaks)

  □ staff shortages/lack of resources to deliver the service

  □ added pressures due to non work-related problems/issues (domestic/personal issues).

■ Staff leaving the organisation as their job starts 'getting to them' (unable to deal with the job).

Both finance sector organisations gave different assessments of the impact of stress, but ones which shared common ground. One discussed stress as being very much about behaviour and absence, whilst the other saw stress as having a broad range of observable effects (eg irritability, absence and erratic behaviour, including excess alcohol consumption, not sleeping or aggression).

'Behaviours around an impact on people's ability to perform at the right level and on the way people interact with customers and each other. Absenteeism impacts on the number of days we lose by people not being able to come to work.'

(Health and Safety Manager, Finance)

4.4 SUMMARY OF ORGANISATIONAL STARTING POINTS

Before moving on to examine why the case study organisations became involved in SIP1, it is worth summarising their position prior to starting work on the initiative. Interview data shows that:

■ Whilst organisations from all sectors distinguish between work-related and non work-related stress in terms of the preventative actions they can take, dealing with the outcomes of both types of stress is seen as important. There was some concern (eg in the health sector case study) that stress could be an overused or misleading term and one which should not be used interchangeably with 'pressure'.

■ All seven case study organisations were engaged in some activity prior to becoming involved with SIP1 that was designed to directly target the causes of work-related stress directly, or which could potentially do so indirectly through a broader targeting of staff welfare issues.

■ HR and Health and Safety managers were most commonly tasked with taking forward initiatives to tackle the **causes** of work-related stress, and occupational health services (most usually outsourced) were seen as the main method of addressing **symptoms**.

■ Whilst senior managers were generally aware of the need to tackle work-related stress, in most sectors there were seen to be difficulties in keeping this high on the agenda given other business pressures. Within public sector organisations, external pressures (eg resourcing) were seen by staff and management to hamper their senior managers' ability to tackle the causes of work-related stress effectively.

■ The main causes of stress across organisations, as identified through the case study work, are: demands (in the form of workload, problems achieving a work-life balance, and work environment); control (over work pace and content); and problems brought about by organisational change (particularly in the public sector organisations).

■ Whilst interviewees did not always use HSE terminology to describe the main stressors they and their staff experienced, in practice these mapped well onto HSE stressor areas. The issue of work environment, however, was something about which two of the seven case study organisations felt sufficiently strongly to specifically pull out in their policies, even though it is already covered under the HSE's stressor area of demand (see Chapter 6 for a full analysis of organisational stress policies).

■ Measuring and monitoring of the effects of work-related (and other) stress is patchy, although most organisations do look at absence data but struggle to isolate stress-related absence; in particular, that caused by work-related stress. Despite this, staff within organisations are able to identify a number of impacts of stress within their organisations, which are either defined according to individual symptoms, or impacts on performance, or both.

There was therefore a mismatch in organisational experiences of the causes and effects of work-related stress and what they were actually able to, or attempting to, measure. There is some evidence of activities in place that target stress amongst the case studies prior to their involvement in SIP1 but these seem to lack a specific focus or framework. Practically, in understanding the impact of SIP1, however, this 'baseline' of activity prior to participation does need to be taken account of.

4.5 REASONS FOR GETTING INVOLVED IN SIP1

The experiences of organisations in monitoring and dealing with the effects of stress described in the preceding sections act as a useful context for why they chose to participate in SIP1. All of the case study organisations could detail the effects of stress on staff to some degree, although some had more sophisticated monitoring systems than others, and some a more detailed understanding of how stress affects individuals. In this next section we explore, specifically, the reasons given by managers taking this decision, and what drove them to involve their organisation in SIP1. We also explore any reservations that management held about the process going into SIP1.

4.5.1 Internal drivers

Managers from the case study organisations (typically HR or health and safety managers) expressed a range of motivations for getting involved with Phase 1 of the HSE's implementation plan for managing the causes of work-related stress. Most organisations had become involved through contact with the HSE (typically, by way of their own health and safety specialists), although a small number of Acas advisers had also been actively involved in recruiting organisations either alone or alongside stress partners. Some HSE and Acas advisers had worked with their organisations in the past and had used this relationship as an opportunity to bring them on board for SIP1. Both case studies from the finance sector became aware of SIP1 through industry contacts.

> 'It was me speaking to X. I was working with him on something else and I can't remember what it was, but we've done quite a bit of work ... and I said to him, "You might be interested at some point in the HSE stress standards". And he said, "yes, we are interested." So I said, "well, I'll get the inspector to come and see what can be done." And from there that's just where they started ... That was purely by just asking them about it.'
>
> (Senior Adviser, Acas)

For some organisations, and individual staff within them, the offer of the support and assistance available through SIP1 was sufficient in itself to act as a motivator. One organisation (Organisation 6, Central Government Service) had already started work on stress management when they heard about SIP1 and had just drafted a stress management policy. For this organisation, SIP1 came at exactly the right moment, and it was viewed as a means of helping them to implement their policy and take forward stress management in general.

> 'It was a godsend really because we got to the stage where, as I said, we had written the stress policy. I wasn't sure how or why it would make any difference and certainly wasn't sure about how we would do some organisational-level risk assessment ... So it was very timely.'
>
> (HR Director, Central Government)

Another organisation (Organisation 5, Insurance), felt that getting involved in SIP1 would be a 'good vehicle' to take them from where they were to where they wanted to be. A further organisation's involvement was driven by their Health and Safety Manager who had been involved in studying for a qualification that involved a module on occupational health (Organisation 2, Education). SIP1 offered a way to explore an interest in this area and help a pre-existing stress management group within the organisation to move forward.

Other motivations discussed by individual organisations included:

■ A lack of absence recording expertise, and the hope that SIP1 would help to develop a better way of identifying stress amongst the workforce.

■ Being seen as an employer of choice and the 'moral argument' for reducing stress.

■ A response to regulatory pressures.

■ Reducing the financial costs of stress.

> *'We didn't particularly focus on it being a legislative duty, we looked at it more as a moral duty, and sold it as a business case. Thirty million pounds a year have been spent on sickness absence. If we can take one million off that, you know, by reducing stress- related absence, and then all the claims as well ... '*
>
> (Head of Health and Safety, Local Authority)

4.5.2 External influences

A fairly common motivator for organisations was fear of enforcement action if they did not take part. A feature of SIP1 was that no enforcement action would be taken on stress related matters if the organisations agreed to participate for the period of SIP1 activity. One organisation had been involved in prior piloting of the Standards in 2003, and had volunteered themselves again for the SIP1 initiative (Organisation 4, Local Authority). Their motivations were that taking pre-emptive steps with regard to stress would help them to avert possible enforcement action.

In other cases, respondents reported that the HSE had actually recommended that the organisation become part of SIP1 in order to avoid enforcement activities. One (Organisation 7, Health) had received a visit from the HSE and were 'found to be wanting' with regard to the way that stress-related risks were assessed. Their HSE inspector suggested becoming a part of SIP1 as a way of accessing help and support in how to improve. In another case, a trade union representative had raised concerns about the way stress was being managed within the organisation. As a result, the HSE was called in to investigate a single case of stress and the inspector recommended that the organisation should consider joining SIP1.

> *'In terms of looking at what might cause stress and how we might avoid that, I don't think we were doing very much at all. So the HSE inspector pointed out this is going to be one of their priorities over the coming years and invited us to become one of the willing 100, and our Director of Facilities who was responsible for health and safety management at that time, sort of took the view that this, perhaps, was a good thing for us to take whatever help and advice was around, and that it would be a good way of us looking at the agenda in a completely different way.'*
>
> (HR Business Manager, Health)

In two organisations, SIP1 came at a time of, or just following, significant organisational change. This did lead to doubts about whether the timing was right for the organisation to participate. However, in one of these, the HSE partner was able to successfully argue that this was precisely the time to take a baseline measurement of stress levels within the organisation, and management decided to go ahead with SIP1 as a result. In the second, the project champion was able to overcome management fears herself.

4.5.3 Discussion

There are, therefore, differences in how organisations came to take part in SIP1. A number were volunteers based on either a personal interest by the project champion, following recommendations from within their sector (finance in particular) or personal contacts with HSE and/or Acas advisers. However, for other organisations, the ability to build positive links with the HSE, and therefore improve their performance was a strong motivator. This does mean that SIP1 is likely to have included both proactive organisations keen to demonstrate good practice, and organisations driven by the need to improve existing poor performance. This could also have implications for how committed organisations were to the process, as external pressure from the HSE could act to bind organisations into SIP1. However, it is equally possible that, after getting involved in SIP1 due to external pressures, organisations may not fulfil their commitment to taking part in full, lacking any real internal impetus. This is explored in later chapters on organisational progress with SIP1.

4.6   SUMMARY

Reflecting the very different nature of the organisations involved in this research, a varying set of motivations were provided which explained why they had participated in SIP1. These depended on their engagement with the issue of stress, the type of organisation and the nature of its work, as well as their particular experiences of dealing with the effects of stress or their attempts to manage stress within the workplace.

All of the organisations involved as case studies were aware, to some degree, of stress as an organisational issue and could identify a range of factors which contributed to stress levels within their workplace/s. Most commonly, workload, work content, work environment, and in some cases, internal communication issues were identified. The main ways that organisations measured the effects of stress was through their absence data, and where this was monitored, organisations did express a desire to reduce levels of stress-related absence.

Some organisations had concerns about visibly tackling work-related stress. Worries centred around what might happen once what was seen as a difficult issue was tackled head-on and whether this, in itself, would raise levels of self-reported stress. Other reservations included voluntarily inviting the HSE into the organisation, and fears of being opened up to scrutiny.

The factors which encouraged organisations to get involved in SIP1 are therefore complex and best considered on an individual basis as they often involved a combination of internal and external factors.

Very simply, however, organisations tended to belong to one of three categories in terms of their motivations:

1. Organisations which were encouraged to take part in SIP1 by an HSE inspector who had expressed concerns about stress levels or a lack of systems in place to deal with stress. The agreement that organisations participating in SIP1 would not be subject to formal enforcement action on work-related stress issues for the duration of SIP was attractive to these organisations, as they appeared to be primarily motivated by the fear of enforcement action.

2. Organisations which had identified for themselves potential issues with their stress management systems, through high absence rates or the identification of high stress levels within the workforce. The agreement that organisations participating in SIP1 would not be subject to formal enforcement action on work-related stress issues for the duration of

SIP1, and the support from the HSE and Acas in doing so, seemed equally important to these organisations.

3. Organisations which were in the process of implementing or improving their stress management systems but were unsure what to do next. The offer of the support of HSE and/or Acas staff in moving forward was particularly attractive to this type of participant.

5   IMPLEMENTING THE MANAGEMENT STANDARDS PROCESS

The seven organisations involved in case study work within this research had experienced varying degrees of success in implementing the Management Standards process. Their experiences are outlined in the next two chapters.

The Management Standards approach requires organisations to gain senior management commitment to the project and identify the specific problems that the organisation needs to address. This includes using the HSE's indicator tool (or other data sources), and setting up and running steering groups and focus groups, as well as examining how the role of project champion/project manager for SIP1 worked in practice. This chapter therefore draws heavily on the experiences of individuals from the case study organisations, and in order to grant them anonymity, where doing so would clearly identify them, individuals have not been identified with specific organisations.

5.1   STAGES IN THE PROCESS

HSE guidance for organisations uses the five steps to risk assessment approach as a framework for describing the Management Standards process. These stages are:

1. Identify the hazards. The steps involved for organisations in achieving this are outlined as ensuring that the following are undertaken and recorded:

    □ understanding the Management Standards

    □ securing senior management commitment

    □ involving employees and representatives in taking the work forward

    □ informing employees of latest developments and plans for next steps.

2. Determine who might be harmed and how. Organisations were encouraged to do this by:

    □ conducting a survey (either their own or the HSE indicator tool)

    □ identifying any 'hot spots' in the organisation.

3. Evaluate the risk. This was envisaged as involving focus groups with staff to link problems to solutions and feeding the results back to employees.

4. Record your findings. This stage is about developing and agreeing action plans with senior management, employees and their representatives for the implementation of solutions. This should be shared with all employees, including the dates at which progress will be monitored and reviewed.

5. Monitor and review. This stage requires organisations to monitor progress against action plans and evaluate the effectiveness of the solutions that are being implemented. One way to do this is to conduct a second survey which allows change to be measured. For those implementing the HSE indicator tool, for example, a second survey using the same tool will allow progress to be monitored in a standardised way.

Organisations should then engage in a continuous process of improvement, moving through these stages again on an ongoing basis.

5.2 THE OFFER OF HSE AND ACAS SUPPORT

In order to help organisations work through these stages, during SIP1, project participants were offered the support of stress partners and Acas advisers. **Full details of the roles of HSE and Acas staff and their responsibilities in providing this report are provided in Chapter 2, Section 2.4.2**. This section provides an overview of how individuals taking on the roles felt about their work and might not, therefore, entirely reflect the way that the roles were designed at the outset.

In practice, stress partners tended to see their role as facilitators, their main task being to steer each organisation through the SIP1 process, providing guidance where needed and encouragement when barriers emerged. Their involvement at each stage of the programme varied although, collectively, the partners were able to make a positive contribution at all stages of SIP1 implementation. This input tended to occur through their presence at steering group meetings, where they were able to suggest ways of overcoming barriers and provide examples of solutions that had worked for other organisations. In most cases, partners were in regular contact with the project champion, and where a positive working relationship had been established, worked with them on a progressively more informal basis throughout SIP1.

In practice, Acas advisers tended to work alongside the stress partners, and their main role was normally to run focus groups or train managers in how to run focus groups. However, where Acas advisers had a sustained involvement with organisations, they were sometimes invited to join steering groups. The contribution of Acas partners generally ended at the focus group stage (after the first questionnaire) although a small number had some involvement in action planning on the basis of the focus group results.

All of the organisations in this research had the support of a stress partner and five out of the seven used an Acas adviser during their involvement in SIP1. This support was well received, with the HSE partners and Acas advisers working well together and offering different skills to the organisations with which they worked (see also Chapter 7 for further reflections on these roles). The Acas advisers and HSE partners tended to hold briefings, to attend steering group meetings and provide general support and advice to project champions and managers. The role of Acas advisers was more focussed on work with staff, including running focus groups and/or offering staff training in facilitation techniques. Overall, the HSE partner was probably the most visible of the two, although this varied between organisations. One participant described the difference between the two professional roles as the HSE acting in a directive role, while Acas acted in a supportive role, and felt that this combination worked very well.

The roles of these support staff in relation to each of the main areas of activity are presented, where relevant, throughout this chapter.

5.3 GAINING ORGANISATIONAL COMMITMENT AND SENIOR MANAGEMENT BUY-IN

The first stage in the Management Standards approach is gaining senior level commitment to the implementation of the process. The project champion (discussed in later sections), for example, was anticipated to operate in a board level position. In practice, commitment to SIP1 was often at this senior level, and project champions tended to operate in senior board level positions such as the organisation's HR Director. In some cases the commitment of this senior level individual was evidenced by them taking on a very 'hands on' role in the day to day management of SIP1, but in others they delegated most of their responsibilities to a more junior member of staff acting as project manager (see Section 5.5 for further details on the project champion and manager roles).

Within some organisations, however, securing senior management commitment to SIP1 was cited as an obstacle. In an organisation from the finance sector, senior management 'fear' of the HSE was seen as something which had to be overcome. There was a perception that *'HSE would be crawling over their sites'* (Health and Safety Manager), which required 'some education' of the senior managers.

In other organisations there were concerns that involvement in SIP1 would open the organisation up to scrutiny. Those driving the stress agenda within this organisation (in the main, health and safety professionals) reported that senior management, including at the highest levels, had concerns that getting involved in SIP1 would open up the organisation to criticism about staff management more generally and expose issues that would reflect badly on them. There was also concern about the resources required to support the implementation of the Management Standards process.

> [describing the thoughts of senior management:] *'OK, we're going to open a can of worms here and what are the unintended consequences? Because we've got to do the right thing, but at the same time, if we open up all this and we get hit by lots and lots of issues, how are we going to deal with it? Who is going to pay for it? How is it going to be funded?'*
>
> (Operational Manager, Local Authority)

> *'I think they are a bit wary about if you ask too many people, "Are you suffering from stress in the workplace?" then their answer will be yes.'*
>
> (Manager, Education)

In the case of this organisation, ultimately, the main argument that secured management buy-in was that this was an HSE-led initiative, and that receiving an intervention from the HSE in a supportive context would be preferable to dealing with them in an enforcement context further down the line.

> *'We thought if we're working with HSE they'd be able to help and advise on how to deal with this and it's better the devil you know working with them, as opposed to either doing your own thing, getting it badly wrong. It just seemed the right way. Working with somebody that is the authorising body.'*
>
> (Operational Manager, Local Authority)

The stress partners played an important role in the set up phase of the project, meeting with chief executives or the equivalent, in order to ensure buy-in at senior level. The stress partner would then meet the designated project champion in the organisation. It was generally agreed that these early meetings were positive. Some HSE partners gave initial presentations to set out the aims and objectives of the SIP1 programme, which were considered by some to be key to ensuring buy-in, although they could add to the lead time.

5.4 VIEWS ON THE SIX STANDARDS

The overall view from organisations about the Standards themselves was positive. This is likely to reflect the fact that organisations, unprompted, identified a number of stress-related issues affecting their organisation that mapped well onto most of the Standards (see Section 4.2 earlier in this report for further details). Whilst there were often differences in the terminology used by organisations compared to that used in the Standards (eg workload versus demands), organisations were clearly able to identify with issues such as demands, control, physical environment, and organisational change as potential stressors from their own experiences. A number therefore identified how the Standards provided a useful 'tool'

or 'framework' for conceptualising stress, although it was felt that implementing actions in some standard areas proved more difficult than in others. One organisation specifically raised the issue that they felt that the Management Standards were more suited to office based roles or where there is structured line management in place (Organisation 4, Local Authority).

> *'It's that group, the people who are semi-retired that just do a couple of hours in the morning, a couple of hours in the afternoon, that drive the ambulances, driver attendance type thing, delivering people from home to care home and back. So that, eg would be why they haven't got control over what they do and how they do it, because you've got a service to deliver. It says you will pick people up at this time. You can't say, "I'd like to work flexi-time and I only want to do afternoons." You haven't got that choice. Which an office worker would have. That's why we feel that information is slightly skewed towards that type of people.'*
>
> (Health and Safety Manager, Local Authority)

5.5   ROLE OF PROJECT CHAMPION AND PROJECT MANAGER

In all the case study organisations, a designated project champion and/or project manager existed to take responsibility for progressing the Management Standards process. Project champions were intended in the design of the process by HSE to be senior members of staff operating at board level within organisations. In practice, this was the case in most, but not all, organisations. There are some differences in the way that organisations interpreted the role of project champion with that envisaged by HSE at the outset. The HSE clearly states the importance of board level commitment to the Management Standards process in its resource pack for organisations. However, the pack does not specifically outline the need for a board level appointment to project champion, and this may be something that needs to be made more explicit in written materials in future.

Within some organisations, no senior level project champion actually existed. For this reason, throughout this report, where the project lead was at board level they are referred to as the Project Champion, but where they were less senior they are referred to as the Project Manager. This might not reflect the titles that the organisations involved gave to staff in relation to SIP1. Most commonly, individuals working in HR or health and safety took the lead within organisations, although in one organisation this was occupational health. The models in place differed between organisations (Table 5.1).

The form that senior management input took, even when they did act as the project champion, varied, with them either taking forward the process themselves by also acting as the day to day project manager, or through delegating this task to others. Some senior individuals were quite 'hands on', chairing the steering group and generally driving the process forward, but more commonly, the operation of SIP1 was delegated to a day to day project manager who was a more junior member of staff.

Table 5.1: SIP1 management arrangements within the case studies

Organisation	Project champion	Project manager
1. Office of Central Government	Head of Occupational Health and Safety team	Occupational Health Adviser
2. Education	See project manager	Environment Services Manager (Health and Safety Manager at the time of SIP1), with support from HR
3. Banking	Senior Health and Safety Manager	N/A
4. Local Authority	Head of Risk Management	Champion supported by co-worker from HR
5. Insurance	See project manager	Health and Safety Manager
6. Central Government Service	See project manager	Senior Personnel Officer
7. Health	HR Director	Member of HR team

Source: IES, 2008

A key objective for stress partners was to highlight the challenges that project champions faced in moving the programme forward, helping with their internal profile. The experiences of HSE partners suggests that whether a board level champion was in place and working actively within the organisation did affect senior level buy-in and the extent to which the Management Standards process was fully implemented. A number of stress partners recognised the importance of having a senior level champion in place and were able to describe the kinds of difficulties encountered by organisations participating in SIP1 when this didn't happen.

> ' … the key lessons learnt from them is true senior management commitment and choosing the right champion to take it forward, and that is the only lesson, without that you are going to fail.'
>
> (Stress Partner, speaking about difficulties encountered by
> a local authority in finding the right champion)

> ' … it's got to have top level commitment. It's got to have effective communication from the beginning to end. It's got to have a working steering group, people who are ready to roll up their sleeves, get involved, champion it, promote it and back it. And if you haven't got those then I certainly think I might as well walk away from an organisation and leave them with a notice. Feel free to flounder on your own.'
>
> (Stress Partner)

5.5.1 Project champion versus project manager

As already discussed, not all organisations had a member of board level staff who was active in 'championing' the process. There was often a very clear distinction between the person that the organisation called the project champion and the type of role that the HSE process recommended as project champion. Some still relatively senior members of staff, just below board level, took on the role. Three of the seven case studies, for example, had a project champion which, using the HSE process as a guide, could be more correctly called a project manager. Where organisational 'champions' were not at a sufficiently senior level, this could cause problems (as the quote below suggests).

'All in all, it wasn't the right person for the organisation. It probably reflects more on the fact that it was one of his priorities but nobody was pushing him to get things done, nobody asked where are you in terms of your action plan. It all just died.'
(Stress Partner, discussing progress within a Local Authority)

More junior individuals may have volunteered for the role of project manager due to a strong personal interest in the area or because taking on such a role and managing a project like SIP was felt to help them developmentally. In some cases these individuals had been the focus of HSE approaches to the organisation about SIP1, as the individual concerned was the contact for other types of interaction with the HSE.

Where a less senior individual was taking forward SIP1 it was important for the individual attempting to run the project on a day to day basis to have sufficient visibility within the organisation, and sufficient contacts to be able to encourage others to participate and help them move the process along.

'I'm actually supported in relationships across the college, think I've got some very good support. There's formal support through people like X (senior manager in another department) and my boss, and there's a lot of support on this particular issue. There's also the relationships with other people across the college that I know I can rely on because I've worked with them a long time.'
(Health and Safety Manager, Education)

In one case where this was true (in the finance sector), the project manager discussed how she had struggled to make progress due to her lack of seniority.

'Somebody other than me, who was involved in a senior role, who was involved in managing the process and they wanted results and they have got their own action plans and time scale, so it was a proper, project-managed, process.'
(Project Manager, Finance, discussing how a more senior level champion could have made more progress)

Project champions from a number of organisations felt it was important that a very senior member of staff was identified with the project, either by leading it directly, or offering visible support to more junior colleagues.

'I felt that I could bring something to the group that would be beneficial and also be a useful conduit to bring anything back from the group that HR could do to improve it and put it in place quickly.'
(Senior member of HR, Central Government)

5.5.2 The skills required

In most cases, the individuals selected to take forward the work considered that they had the right skills at the outset. However, they also often felt that being involved with SIP1 had helped them to further develop these skills. The skills that people suggested they had developed were generally related to data analysis and communication skills, the latter particularly in dealing with sensitive topics.

'Implementing some of the stress management with managers and with individuals has drawn on tact and diplomacy skills a great deal ... quite often when you're dealing with stress issues with a manager and an individual, the manager is part of the reason. And what can happen and did happen with me on one particular case, I

tried to assist them both to manage it, and to communicate ... but I became the perceived causation factor, because they both didn't want to deal with each other ... I've developed some methodologies to try and avert that, because it's not beneficial, it doesn't deal with the issue or move it forward.'

(HR Director and Project Champion)

A number of those involved as project champions or project managers for SIP1 had a prior interest in stress and/or relevant experience in the processes of implementing the Management Standards process. In one organisation, the project manager was selected due to their experience of managing staff surveys and staff discussions on a range of issues including reward, recognition and engagement as part of a previous initiative. In another organisation, the individual chosen to take forward the project had a previous history of working with the HSE and therefore had personal connections and expertise in this area. They were also chosen as they had experience of conducting surveys and analysing the results.

5.5.3 Taking the role forward

All project champions and project managers took on the role of taking forward the Management Standards process in addition to their existing job. In most cases, however, it was felt to complement what they were already trying to achieve, although it was seen as requiring a fairly major time commitment. Despite these demands, however, in a number of organisations, the resources available were limited to the time that either the project champion or project manager could find, around their other commitments, to give to the project, rather than the allocation of specific staff time to it.

'A lot of the questions that are asked in the HSE audit are very, very similar to the ones which are asked in our Staff Survey, which we have to do annually for the Health Care Commission anyway. So it was just another strand of picking up on staff opinion and how we use that to inform our HR agenda and the agenda for the wider organisation.'

(Project Champion, Health)

'There are always time pressures. I do projects on top of the work so there's always conflicting pulls. Yes, I do find it difficult but you find a way.'

(Project Manager, Central Government)

In one organisation, the project champion discussed how, due to a downsizing of the HR department that occurred during the life of SIP1, the level of support available to them in running the project was fairly low, despite the commitment of the HR Director to the project. The lack of resources and time pressures from other aspects of their job was a problem for a number of project champions. This had the effect of delaying the launch and progress of SIP1 in some organisations.

'I had driven it quite a lot and in January 2007 I got a new job which still incorporates Health and Safety but which now has a wider remit. So I'm on a learning curve and there's many things going on, so it's one of the things that has just dropped off.'

(Project Manager, Education)

It was a common experience that project managers were initially committed and enjoyed the support of senior management. However, the 'depth' of the role (as described by one stress project manager) often meant that momentum was difficult to maintain. For one project manager the experience was particularly frustrating because taking forward SIP1 had been

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linked to their appraisal objectives. What could have been a very positive experience for the individual in running a high profile project within their organisation, therefore, became a negative experience when senior management within the organisation withdrew their support for the project. The individual was then unable to attain what they had hoped or what their objectives required.

'I found it quite frustrating that I was geared and positive to get going and we didn't ever really get going ... I saw it as an important thing because it was interesting to me, it is a new topic, it would be something nice if we could actually achieve it and benchmark and to be proud of it and tell other [type of organisation] this is what we do, this is what you can learn from the lessons that we went through.'

(Project Manager, Finance)

5.5.4 Difficulties in managing the process

The experiences of each project champion or manager was very different, as reflected by the different stages reached by each organisation in the overall standards process. There were, however, a number of issues that individuals taking on this role faced in pushing through change. These included:

■ Organisational culture – if there was an organisational cynicism, resistance to new ways of working or a high degree of individualism (whereby, people tended to do their own thing and ignore directives), this could be difficult to challenge. A senior manager from one organisation (in the health sector) described how reactions to SIP1 were 'typical' of the response that they 'usually get' to a whole range of initiatives.

■ Management view of 'stress' – if there is a widespread or embedded view amongst managers that exhibiting signs of stress is 'a weakness' and/or they are unwilling to tackle the issue because it is too difficult, this also causes problems.

'Some managers are frightened to deal with it. They resent it and some feel it's the role of HR, nothing to do with them. Some managers resent the fact that they're accused of being the causation factor or participating in the causation factor and have not developed the mindset to open to that and do something about it. It is a painful place to be. Criticism is not always easy to take.'

(Project Manager, Central Government)

■ Organisational complexity – in the larger organisations, project champions/managers found it difficult to roll out the Management Standards process across the whole organisation. In one case, managers in different departments moved at different speeds, with the result that the project champion was required to offer support on different aspects of the process at the same time to different managers, making their role very difficult.

'How quickly do we need to re-audit those groups and will we have actually finished the first audit for everybody else? So it feels as though it could become a bit of a treadmill if we don't get a bit slicker at doing it. Because we are so large in the way we have rolled it out. If we were a small [type of organisation] you know with 2,000 or 3,000 staff we could have done just the audit all in one go, implemented sort of strategic action plans and some local initiatives and then re-audit for everybody at the same time, whereas at the moment, it just feels as though, every month, we are doing, processing, different areas.'

(Project Champion, multi-site organisation)

- Organisational commitment – where a very senior level member of staff did not take on an active role in SIP1, making the process more challenging.

Overall, the role of the project champion was extremely important in the implementation of the Management Standards approach and how well the process worked, as described in Example 1.

Example 1: The importance of having the right people to run the project

This organisation was very successful in getting SIP1 moving, gaining high level support for the project and taking things forward to the focus group stage. However, progress on SIP1 stopped just at the point where action planning should have occurred. There were a number of reasons for this, including a change in the priorities of the organisation, but a major issue was over-reliance on the project manager. The organisation was almost totally reliant on this one individual to take forward actions. When their main role became more demanding, SIP1 simply 'ran out of steam'. However, despite this, the individual concerned still has plans to continue to implement stages of the Management Standards process, but this has taken much longer than anticipated.

'What we've not done, formally, is take back the results of the focus groups to those who were involved, or use them to work out what we are actually going to do …. What we would have done next is look at putting together a more formal action plan related to the issues that had come out from the questionnaire and the focus groups and then put something in place, and then re-run the questionnaire to see if we had any different results than we'd had the time before, and I think that's still sort of what we still hope to do.'

(Project Manager)

The stress partner identified both positive and negative aspects of the implementation of SIP1 in this organisation being driven so much by one individual.

'I think it worked well because it was influenced by one person. It shows that the one person's influence and drive and motivation, when that wasn't in place, the whole system just got left, nobody picked it up, which is really a failure in their own system to start with that they don't follow, from our point of view, in health and safety, don't follow it through. I think in [organisation name], they were the real lynchpin to organising and getting people together.'

(Stress Partner)

5.6 STEERING GROUPS

The Management Standards process was designed by the HSE so that the steering group would include senior level staff and help the project champion to drive forward the steps necessary to achieve the Standards. In practice, the way that steering groups operated, and the extent to which the project champion/manager had direct access to senior management through them differed substantially by organisation. However, there were some examples (eg case study Example 2, below) which seemed to follow the HSE model more closely.

Example 2: Making steering groups a vehicle for change

The HR director within a health sector organisation was given the authority by the Chief Executive to lead in the area of work-related stress and part of this role included chairing the stress management steering group.

The group includes a range of professionals able to authorise work in their own areas. For example, Organisational Development are represented who are linking in the outcomes from work on stress into other initiatives on team coaching by looking at what makes teams more effective and where stress can be a problem. The group also includes members from Health and Safety, individuals from Occupational Health, representatives of different clinical areas with managerial roles and Trade Union reps. There is also a non-executive director on the group. The SIP1 project manager is also a member of this group.

The group feeds back to the board through the HR Director and the Non-Executive Director. The Board also receives a report on the staff survey and issues around well-being so that these can be actioned accordingly. The steering group itself is not a decision making body but it is able to take pieces of work forward through its members.

Each of the case study organisations had a steering group. Five established a specific group, whilst two attached SIP1 to the agenda of existing work groups or committees. All but two of the groups had direct decision making power (either because a very senior manager sat directly on the group or because such a manager had delegated responsibility to the group), the remainder had to channel their requests through senior management to the board. There was a distinction in the way that groups operated in terms of whether they were formed in a top-down way with a senior manager (the project champion) taking control of group membership, or whether they were drawn together using volunteers from across organisations. In a similar way to how organisations interpreted the role of project champion, there were examples of organisations that had not established sufficient seniority in their steering groups to make them really effective.

All of the stress partners interviewed considered that regular steering group meetings were fundamental to the success of the programme. Where possible, HSE partners attended all steering group meetings and their contribution was often key in terms of keeping the discussion focussed and ensuring that the basic principles of the Management Standards approach were adhered to. The meetings provided an opportunity for the partners to gain an in-depth understanding of the internal and external pressures on an organisation.

The composition of the groups varied, but typically involved representatives from HR and health and safety, and tended to draw in staff with existing project or job-based expertise in the area of staff welfare, or specifically stress. All but one (a finance organisation) included staff or trade union representatives. One organisation used their Occupational Health Adviser to chair the group, although this was generally a member of HR or health and safety staff. The steering groups were the main way in which information about SIP1 was communicated to the boards of the various organisations. In one organisation, a board member headed up the group and this was felt to add weight to what the group could accomplish. In another, the project champion described how important it was to get the group membership right.

> 'The director of HR ... is very influential in the organisation. That gave the whole meaning of the project and the subject of the project much more clout in the

organisation ... it raised its profile and he's done a hell of a lot of work across the organisation. He's gone out and done presentations to various groups and externally as well and to other organisations. He's championed it.'

(Project Manager)

'I didn't want the Willing 100 work to be used as a vehicle to drive other agendas. The reason I pulled the steering group together in the way I did so we could get the best breadth of knowledge and understanding and views and ideas about how we could tackle pressure management. It worked 95 per cent of the time. There were some heated debates.'

(Project Champion)

Pulling together steering groups and using these as a decision making vehicle did cause some problems within a number of organisations. In one, despite initially agreeing that the group would have monthly meetings, it took significantly longer than anticipated to set up the first meeting, and the interval between each subsequent meeting was always longer than a month due to the very busy diaries of senior staff in the group. This was felt to have had a negative impact on the speed of progress made on SIP1. It also caused difficulties with the stress partner who, it was felt, did not understand these difficulties. In reference to another organisation, the stress partner described how they felt the group was too large and unwieldy to function properly. Despite this, the stress partner did feel that, for this organisation, it would have been too difficult to organise a specific SIP1 steering group.

'It was quite a big group, I think that one was 22, and it was quite innovative really because they were looking not just at stress, but all health issues and trying to tie them in together, even though it didn't quite fit what I wanted to do.'

(Stress Partner)

In one organisation (from the finance sector), as SIP1 progressed, the steering group took the decision to end the organisation's involvement, demonstrating the power that steering groups can have. The project manager felt that a separate steering committee could have been an indicator of the seriousness attached to their involvement in the pilot and may have led to more commitment from senior managers.

'In [organisation name] it was the director of HR who was the champion, the chair of the steering group and ... the steering group as a whole was a workhorse.'

(HSE Project Champion discussing the importance of a steering group to a Health sector organisation)

5.7   COMMUNICATION ABOUT SIP1 TO STAFF

The intention of the Management Standards process was that there would be some initial communication about stress, and also continuing communication about progress at all stages of the process. The Management Standards approach also sets out how it is important to secure commitment from both senior management and employees/their representatives during the early stages of project development. The practice in case study organisations did not always fully follow this model.

At the outset of organisational involvement in SIP1, in most organisations communication to staff was generally good. Organisations used a range of techniques to inform staff across the organisation about the aims of the project and the fact that the organisation was getting involved. Most staff who were working within organisations at the time when SIP1 was

instigated were able to recall receiving some information about it. However, this did vary between organisations and between different departments. For example, in one organisation, awareness of SIP1 amongst staff in central support functions such as HR was high, whilst in operational roles this was much lower, except amongst individuals who had participated in SIP1 focus groups. Typically, communication with staff about SIP1 tended to deteriorate as the project progressed.

There were two main types of communication within organisations, with organisations adopting one or both of these. These were:

1. At senior management level to ensure buy-in.

2. Organisation wide, to encourage the participation of staff.

5.7.1 Discussions with senior staff

One of the key strands of communicating about SIP1 was the importance of speaking to senior management and gaining their commitment. In more than one organisation, there was a mixed reaction amongst the senior management team to the organisation tackling stress in a very visible way, even where there was board level commitment to the project. The concerns varied, but included: levels of resourcing required for SIP1; attitudes towards stress (ie it's not real, not caused by work, or it doesn't exist here); and unease about admitting to having a stress 'problem' and the fear that this would increase the organisation's vulnerability to litigation as a result.

> *'It is just the competing agendas that people recognise. I think one of the barriers ... that there are and will always be people in any organisation who don't really acknowledge that stress exists. And if there is stress it is certainly not caused by work, it is something that is happening outside of work, that people bring to work and that it impacts on the organisation, but I think there is a body of senior managers who felt quite under pressure with the change and the expectation on them to do the things, but that they recognised that not only did the rest of the organisation need help, but on a personal level perhaps [they] do as well. But I think the barriers are, that the world doesn't go away you know, we are not a 9-5 job where you can, you like, in another sector where you can perhaps hang up the 'phone at the end of the day, that you can go home and switch off.'*
>
> (Project Manager, Health)

The project managers, when there was not a board level champion, tended to offer briefings to the management team in an attempt to overcome these issues, and some offered regular updates to executive boards or senior leadership/management teams throughout the progress of SIP1. The role of the stress partner in briefing the senior team could be very important, and was seen as such by both stress partners themselves and by staff within organisations.

> *'The HSE, their involvement and their partnership did give us more credibility within the organisation from senior management ... because they attended [steering groups] and the minutes would go back to senior management, therefore we probably had more engagement because of that.'*
>
> (Operational Line Manager, Central Government)

> *'I think health and safety people leave all the responsibility to one person, whereas, of course, our mantra is that health and safety is everyone's issue and we always go for the senior management now when we go into places. It's the first people we meet*

with to get them involved, because as long as they take responsibility, it's driven through the normal sort of management process, it just keeps flowing ... health and safety takes a bit of a back seat.'

<div align="right">(Stress Partner)</div>

It was not always possible to overcome these objections. In particular, in both financial organisations, the concerns of senior management about being seen to acknowledge the existence of work-related stress were substantial. Despite this, in both, there had been either some dialogue or previous interventions focussed on stress prior to their involvement in SIP1. In one, however, the commitment of the senior management team was described as '*not as high as it should be*' and in the other '*it took a big push*' to secure senior level commitment to SIP1. Neither of these organisations took SIP1 as far as the action planning stage, and in one, their involvement ended even before focus groups had taken place. However, in one of these organisations there was a very significant period of change taking place at the same time as the SIP1 project was being run, and without this both the stress partner and the staff within the organisation felt that the organisation would have been in a much stronger position to take forward the Management Standards approach.

The role of Acas advisers generally involved direct contact with the project champion, although in a small number of cases contact was routed through the stress partner and there was no direct access to the champion. There was, therefore, limited opportunity for most Acas advisers to access other senior management. The one main exception to this was where senior managers took part in steering committees or played an otherwise active role in the project that involved contact with Acas. Access to individual staff members varied and was typically dependent upon the extent to which Acas advisers trained facilitators or carried out the focus group facilitation themselves.

5.7.2 Briefing staff

Another important aspect of the Management Standards approach is ensuring that staff are fully briefed. In the case of SIP1, this was both in publicising the project in a general sense, but also in encouraging staff to take part in surveys and volunteer for focus groups to discuss the problems raised in the surveys in more detail and develop solutions. All organisations but one had made some attempts to engage with staff on the project in some way. Techniques used to publicise the initiative included the use of intranet alerts and bulletins, emails to all staff, and the use of posters and memos.

Within organisations where the majority of staff were not desk-based (eg Education and Health), the difficulties in communicating about organisation-wide initiatives including, but not exclusively, SIP1 were highlighted. In particular, senior managers were clear that email communications may not work effectively with such staff. Despite this, in one organisation, the stress partner specifically highlighted how they felt that the project champion had done their very best to raise awareness of SIP1. In this case, both electronic and paper based communication was undertaken. In another organisation, unions and occupational health staff were heavily involved in face-to-face discussions with staff about SIP1, in particular, encouraging individuals to fill in the indicator survey form.

'I suppose the communications via email on this, trying to get round the whole [organisation type] have improved, as more machines have gone in places, you know. I think sometimes it is a huge cost when you've got so many staff and not everybody has their own machine and their job is actually not actually sitting on the computer all day. I think there had been an assumption that if you are in your office, your area on your computer and you see the emails coming through, but otherwise

you don't. We have still got to some people here who are being brought into the 21st century who are really not happy going on a computer. There are a lot of things that have been put in place to try and address some of these communication issues.'

<div align="right">(Project Champion and Health and Safety Manager)</div>

'I think from a communication point of view, they did try quite hard because they used their intranet system. They were obviously aware that a certain percentage of people didn't have access to it because they may be part-time, so they did contact people by post and leaflet and put information up on the boards. So they did try and make a big effort to get it communicated out.'

<div align="right">(Stress Partner)</div>

'They did it through their occupational health releases that they do on a regular basis, through putting out posters where they could, through unions trying to put out as much information as they could. Occupational Health and the union's representatives saying HSE's involved etc. etc., please fill it in, but it was very difficult as an organisation to get this global, right go for it, press the button and do it and that was one of the barriers that I found.'

<div align="right">(Stress Partner)</div>

In the one case where communication with staff did not occur, staff would only have known about the organisation's involvement in the pilot or their initiatives on stress if they chose to read the Health and Safety Committee minutes (and these are not available to all staff), although some health and safety staff were told informally. The organisation spent time considering ways in which they could use their existing staff survey to answer questions relating to the six standard areas. When the results came in, a decision was taken not to move forward with the project. This was because the results, as the organisation interpreted them, suggested that the organisation had problems only with organisational change, and there was some nervousness about taking this message forward to staff focus groups at a time when the organisation was actually going through a large structural change.

Where communication with staff did occur, this initially focussed on informing individuals that the organisation was participating in a new project targeting stress. Few champions or managers discussed sharing detailed information with staff at an early stage about the process or the Management Standards themselves. In one central government organisation in particular, a number of staff commented on how they felt that communication about the SIP1 project was problematic, finding the process 'hurried' or important information 'absent'. The stress partner for the organisation felt this because it was difficult to communicate across a very geographically spread organisation.

Communication with staff about SIP1 in most organisations, however, tended to fade away, becoming less frequent and detailed, as the project progressed. However, this is likely, in some cases, to reflect the lack of, or slow, progress made in implementing the initial stages of the process. In one organisation, it was clear that little or no communication about the project had reached staff about the action planning stage (even though this had taken place). This was despite follow up sessions being run for those taking part in the focus groups. In another, after the initial round of focus groups, no action had been taken, and there had been no follow-up with staff. The result was that initial awareness of SIP1, which was high, had now almost completely faded. An insight into this is provided by the discussion between union representatives and from an interview with a manager from this organisation from the education sector (below), even though all had been fully briefed at the start of the project.

'I've lost track of it' (Union representative 1). *'I remember attending that initial meeting and that was it'* (Union representative 2). *'There was supposed to be some focus groups but I don't know if anybody went'* (Union representative 1). *'I can't recall going to any'* (Union representative 2). *'There's nothing happening. There's nothing coming back ... it just seems to have disappeared'* (Union representative 1).

'I know that there were some interviews carried out I think but I wasn't one of them. Acas came, so I was aware of him coming in to talk about how these interviews would be conducted, but I must admit it is quite a while ago.'

(Operational Manager)

In one organisation, difficulties in maintaining communication with staff were discussed in terms of line manger deficiencies. Two further organisations also specifically identified wider communication issues and skill gaps as priorities that they were trying to move forward in a wider sense.

'Staff on the ground responded well to the process, but middle management weren't equipped at the time to take action – we hope to have dealt with this now. You really need operational support and to incorporate the Standards into performance management for it to work in the longer term.'

(HR Director and Project Champion)

In one organisation where communication about the pilot had been effective, this was felt to be due to embedding the project in existing initiatives which already had a high profile with staff (see case study Example 3, below).

Example 3: Letting people know about SIP1

This organisation used a very comprehensive communication strategy for SIP1 including:

■ organisational intranets

■ staff newsletters (both electronic and hard copy)

■ notice boards and posters.

In addition, team meetings were used within departments or units to pass on information. There were also other forums in the organisation for staff to discuss stress and other welfare issues, and these involved a mix of staff, managers and trade union representatives.

The project itself and how the organisation was dealing with stress more generally was one of a number of issues discussed within these forums.

As part of their strategy for the project, there was also considerable work done to change the attitudes of senior managers who were originally sceptical about what it hoped to achieve. As a result many, but not all, were won over.

As a result of these efforts, at the departmental level, the parts of the organisation that had been most involved in SIP1 (ie those areas in which the stress audit had been

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conducted using the stress indicator tool), awareness of the project, the Standards and the process of achieving change towards these standards was high, as was the profile of the project champion.

A convened 'Stress Group' has been designed to feed into another group with a broader focus on Improving Working Lives and which covers virtually every aspect of Employment.

'HR strategy management was under quality and diversity, there's communication, staff involvement. There was training and development, childcare and support and other types of care and then the Healthy Workplace section, so a very broad agenda and I think all those issues will be picked up in the Model Employer Group and sort of taken forward into different strands. That again will be quite useful because it will feed through into this sub-group of the Board that will have the kind of people, the kind of strategic level who will be able to influence action.'

(Project Manager)

5.7.3 Discussion

Communication within organisations about the project needed to take place with both senior management and staff, to ensure that they understood what the organisation was trying to achieve by taking part in SIP1. Concerns from senior staff discussed by project managers and champions from the case study organisations included: whether the organisation should be committing resources to taking forward the Management Standards process; acknowledging the existence of work-related stress within the organisation; and whether discussing the problem with staff would exacerbate the problem. The role of HSE staff in providing senior staff briefings was welcomed in overcoming these barriers in most cases, but where initial concerns were not fully dealt with, at least one organisation later stopped the process entirely.

Communication with staff at lower levels is also important, but does appear to be something that case study organisations found difficult. Reaching staff across large, geographically dispersed organisations, for example, could be problematic (although this same point would apply to any organisation-wide initiative). Also, getting information to staff who are not office based, or who have no work computer access was challenging. Organisations that did use an effective communication strategy were prepared to use a variety of means to talk to staff about the project. One in particular used union representatives and occupational health staff to take messages about SIP1 directly to staff through face-to-face discussions. Another embedded aspects of the SIP1 project in other, existing and high profile initiatives. Both of these constitute examples of good practice.

The communication that did take place, however, tended to focus on the early stages of the Management Standards process. Whilst most organisations took active steps to ensure that staff knew that the organisation was participating in the SIP1 initiative, and stressed the importance of staff completing indicator surveys, there was little evidence of detailed briefings on either the full Management Standards process or the Management Standards themselves for staff. Organisations may therefore usefully benefit in the future from a clear steer on the importance of this in terms of achieving the Management Standards.

5.8 USE OF INDICATOR TOOL

The SIP1 process requires organisations to use the HSE developed indicator tool to help them identify problems relating to the causes of work-related stress. To fully complete an initial round of the process, organisations need to use the indicator tool twice, the first time (T1) is to identify the baseline picture of the organisation, and the second (T2) is to compare the results for the organisation after one cycle of improvement has taken place.

All seven case study organisations had implemented the indicator tool at T1, although in different ways. In summary:

■ Four organisations had implemented the tool as a stand alone survey, without any alterations.

■ One had added the questions into an existing staff survey.

■ One had used the survey but added a range of questions to collect additional demographic and background information.

■ One had continued to use an existing staff survey, and had attempted to match questions from this survey into the six stressor areas instead of using the indicator tool.

■ In addition, the Management Standards process encourages organisations to look at other sources of information which may help to identify problem areas. Organisations tended to use either absence data, existing staff survey results, or both, to give the survey results some context.

Stress partners also took on a role in helping to make decisions about the indicator tool, particularly in terms of distribution and content, as well as in using the analysis tool and interpreting the results when they became available. HSE partners had to deal with a range of organisational reactions to both the tool and the results it produced. At a basic level some organisations had difficulty interpreting the output, and the partners were able to guide them through the results and help them understand why various areas had been indicated as being of concern. At a more complex level, other partners were drawn into more detailed discussions, especially where key individuals (or the organisation as a whole) disagreed with the results.

There were mixed feelings amongst stress partners about the analysis tool, one describing the instrument as 'flawed'. In some cases, it was felt that the results of the indicator tool, when not well received by senior managers, threatened the credibility of SIP1 as a whole. The partners also dealt with several complaints about the survey, retrospectively where the results of the survey and the results of the focus groups were at odds.

> *'The benchmark data had set [the organisation] looking at role and support as their two high risk problems. But when you actually looked at what the staff had said as their results, it wasn't, it was change and demands. So the Chief Exec looked at the results and said, "Well, it says role and support, but I don't believe that", and that's where we totally lost his confidence and then from that point it went downhill.'*
>
> (Stress Partner)

> *'There were concerns about the analysis, because our sample that produced the numbers that gives the number coding and the colour coding, was not necessarily representative .... So both had come back and said that, ultimately, it would be useful to have an analysis tool that was NHS based that was building up NHS data, so that*

when you get your analysis, both the numerical and the colour coding would accurately build a picture that reflected NHS-specific issues.'

<div align="right">(Stress Partner)</div>

5.8.1 Response rates

Response rates for the indicator tool were often, but not always, disappointing. In most cases the rates were described as consistent with responses to staff surveys. In one organisation the response rate for the indicator tool was only 40 per cent compared to an average of 60 to 70 per cent for their own staff surveys, but in this case the indicator tool was distributed very soon after the annual staff survey, with the result that respondents may have been suffering survey fatigue. Within another organisation there were considerable differences in the response rate between different departments, from as low as 13 per cent up to a response rate of over 60 per cent.

It is therefore important for organisations to carefully consider the timing of the T1 survey. If it is to be run as a separate exercise to an ongoing staff survey it should not clash with this, but run on a complimentary timetable with enough elapsed time between the two to avoid survey fatigue affecting response rate. Where the T1 survey is to run as part of an ongoing staff survey, if the existing exercise has a low response rate, it could be useful to highlight with staff how the T1 survey differs from what they have completed previously in order to encourage staff to respond. It was possible to run the T1 survey as part of an existing staff survey (by adding in additional questions), but where organisations attempted to match their existing internal survey questions onto the six stressor areas rather than use the HSE template this proved more resource intensive.

Organisations often had to think carefully about how to administer the survey to staff who were not desk based. While the survey can be administered in an electronic form, and was designed by the HSE to allow this, within some sectors there are likely to be staff who need to complete a printed version. Ensuring that all staff are able to complete the survey in a form which suits them is important in encouraging good response rates.

> *'When we rolled it out last year across the organisation ... we had to come up with an approach where we could reach out to people who are not just office based ... We had to go for a mixed approach, so we had a mixture of online surveys where people would be sent an email – they'd click on a link and fill out the survey electronically – and paper copies which were distributed to some people and then they had a pre-paid envelope, so once they'd completed the survey they could send it back.'*

<div align="right">(Project Champion)</div>

One organisation, which had specifically planned how they would reach their mobile workers and those without desks, had a greater response rate to the paper copies of the survey they sent out than they did to the online survey. They attributed this difference to a tendency for employees to 'sit on' or delete low-priority emails.

> *'Very simply, because when you have the hard copy, you have the envelope to resend it. You basically got to go through a checklist and tick which out of five answers and it's fairly straightforward. When you get sent the electronic copy, if you don't save it there and then or park it somewhere, you forget about it and that's what we think happened.'*

<div align="right">(Operational Manager)</div>

Across organisations, the main barriers to a better response rate were both practical and motivational. Rolling out the survey across a large and complex organisation, whilst attempting to work within a tightly defined timetable for implementing the Management Standards process (imposed due to their participation in the SIP1 project) proved difficult for some, particularly when considerations about existing staff surveys were necessary. Running a survey during holiday periods (eg in the education sector), in order to allow the organisation enough time to move forward with other stages of the process also affected response rates.

One organisation described how they felt compelled by their HSE contact to conduct a survey at a time which they felt was inappropriate for the organisation, although the HSE partner's view was that a period of organisational change was exactly the time to run the survey despite any internal difficulties.

> *'We thought if we did it before they merged we wouldn't have a good picture, but if we left it too late the HSE weren't too happy with us. Their support for the steering groups following that wouldn't have been there. So we held it at that time, probably the wrong time.'*
>
> (Project Champion)

In one organisation, staff were clearly confused about the differences between the indicator tool and other staff surveys, even though there had been attempts to differentiate between them in the way that the two were publicised. In another, the stress indicator tool was added into their existing staff survey. In this organisation, the response rate was low, at 18 per cent for the organisation as a whole. However, when they re-ran the staff survey a year later without the stress questions, the response rate actually fell even lower.

> *'You know as you've talked, I've almost got a feeling I may have taken, I have seen that stress survey and may have actually taken part in it, but I can't really remember, because we get so many.'*
>
> (Staff member)

It is difficult, therefore, for organisations to balance their existing data collection mechanisms with the need to conduct the T1 survey. Organisations are encouraged as part of the Management Standards process to fully utilise other data sources that are available to them, but also required to introduce a new data collection mechanism. More explicit guidance on how to manage this process could be useful for organisations in the future.

Example 4: Running the indicator tool and other surveys

Within one organisation, monitoring of performance in terms of staff turnover and absence is conducted by the senior management team. Benchmarking takes place with other organisations (both nationally and regionally) in the sector using a standard, sector-wide staff survey. In order to maintain data which allowed such comparisons, it was important for the organisation not to miss out on a staff survey in order to conduct the T1 survey. In this organisation, the T1 questions were added into the more generic questions used in the standing staff survey.

The new, combined, survey had a low response rate, but no lower than that for the previous (or a later) staff survey without the HSE questions. The organisation had been through a period of significant change, and already experienced fairly low response rates

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to their existing survey. Senior managers and the stress partner both felt that this affected the response rate to the survey.

'I think there were reservations about completing the staff survey.'

(Senior Manager, Education)

'They had worked really hard, but we analysed what time of year they gave it out and there was a lot of change going on, you know, people going on holiday didn't bother, people resentful because of the changes – they weren't going to fill it in and there was a trust issue going on about, you know, anonymity and things.'

*(*Stress Partner)

5.8.2 Reactions to the questions used

In one organisation, the project champion described the questions as 'aspirational', and 'not reflecting reality', although they did recognise that they were appropriate as a long-term aim towards which to work. In another organisation, some areas were identified as difficult to improve on, due to the nature of the work, particularly in relation to the amount of control that staff could have over their work. This raises the possibility that organisations may need more help in fully understanding job design issues and how they can be applied to a range of jobs and within a range of settings (eg changing individuals' perceptions of the degree of control available to them).

'Some of the things around people taking control of their jobs ... we know for the majority of people that's not a realistic proposal. People work as part of a team and they have to fit in with shift patterns and the break times and the required working hours to deliver the service so you cannot say to a client, "I do not want to do that today, but I'll do it tomorrow".'

(Project Manger)

The project champion from one organisation discussed how they felt that the questions involved in the indicator tool didn't fit with the structure of their organisation because of the nature of their line management and reporting procedures (ie it was difficult to distinguish between line managers and other workers within what they saw as the confines of the survey design). It was also their view that this would be a problem for the rest of their sector (Education). The senior manager from this organisation also expressed their concern about the overall 'general' nature of the questions as they saw it.

'I went to a big conference on the Standards. There were three or four other people from colleges and we all had the same sorts of issues with the questionnaires. It was almost all to do with the questions and the analysis of the questions. We felt that they didn't suit a big FE college because of the management structures we have ... Because college has got a lot of little bits of line management. When it came to the different questionnaires for, "Are you a manager or are you a lecturer or are you a support worker", the categories didn't sort of fit with our structure in college.'

(Project Champion)

Overall, however, despite these problems, there was no suggestion that the use of a survey based approach to establishing a baseline position and monitoring progress against the Standards was not appropriate. Most organisations were familiar with such methodologies and found it relatively easy to adapt to using survey data in this way.

5.8.3 Making adjustments to the indicator tool

In two of the seven case study organisations, some adjustments had been made to the survey to better fit the organisation's needs.

In one (a local authority), some departments requested additional questions at the end of their survey so that they could use the results for their own purposes, so a series of demographic questions (such as age, gender, race, disability) were added to the original 35 questions, as well as questions regarding job grade. However, due to different grading systems across business units the results could not be directly compared using the demographic information that the different business units had added and this did affect the organisation's ability to fully interpret the data. However, they received support with their analysis from HSL (a facility that was available to organisations as part of SIP1, see Chapter 2 for further details).

This highlights the need for organisations to be given information about how adapting the tool could affect their ability to use the results. If they do choose to adapt the tool, it might be useful if organisations could be given examples of how and why this would work, and also some further information about what to consider in determining how best to fit the indicator survey with their existing data collection mechanisms.

The second organisation, a large multinational company, was in the position that they had a well established existing staff survey, used across the organisation, covering a far larger number of staff than those employed by the business unit participating in SIP1. The decision was taken not to run the HSE questionnaire but to match questions from the existing, internally developed survey to each of the six Management Standards on the instruction of the project steering group. As part of this, an internal expert was involved in linking the different questions to the Standards (see Example 5).

Example 5: Using an existing staff survey (without the indicator tool) and mapping this onto the six stressor areas

This multi-national organisation already conducted a global staff survey and a decision was taken not to run the HSE survey but to match questions from the existing staff survey onto each of the six stressor areas outlined in the Management Standards.

'We went through lots of discussions ... trying to see what we were going to do and there was lots of talk about us doing the online questionnaire ... then all of a sudden the steering committee said, "No, we don't want you to do the questionnaire, can they incorporate the questions within our own because we have an annual survey ... ". The questions are set at Head Office so we couldn't really change them or include any so we had to see which questions they had already that best matched or fitted with different standards so that is what we did.'

(Health and Safety Manager)

In order to achieve this, six meetings (involving Health and Safety and HR mangers) took place looking at the HSE questionnaire and their own survey. Stress indices were created from their own survey and mapped onto the six stressor areas within the Management Standards. The IT department then analysed the survey results from the UK using these indices.

> *'We spent lots of time looking at these questions, which ones should we be saying matched the Standards. We got a guy, who is really good at statistics, and he produced all these flow charts and things for us and actually explained what they all meant, down to the business unit, then we asked by male and female gender and types that were interesting.'*
>
> (Health and Safety Manager)

In another organisation, following the implementation of the indicator tool, future plans include the possibility of introducing new, specifically designed questions, and running the survey through their in-house survey team. The HSE indicator survey was run separately by the project team running SIP1. The project champion believes that these are necessary steps to enhance internal credibility of the questions and findings. The results from the HSE survey did not tally with the results from their own staff surveys where issues were covered by both. The HSE tool gave a more negative view and the management team reacted badly to this, calling into question the reliability of the HSE questions. The main areas of concern were around bullying and harassment, so new questions would be used in place of the HSE designed questions on these issues.

> *'I don't think it was a fair representation of what was really going on and that was quite difficult for senior managers to take that seriously. So we're discussing the questions in the next meeting and having a debate about how we take that forward.'*
>
> (Project Champion)

Within a different organisation, a senior manager described their concerns about conducting a survey specifically related to stress. This was in the context of having conducted a second survey which had not shown significant change since the baseline, despite the organisation having implemented a range of initiatives. He expressed a preference in the future to include a number of items on stress within a broader survey, where they would not 'draw so much attention', to see if the results were any different.

> *'I think that is very much around badging something as a stress survey ... because once somebody gets a questionnaire like that I think something switches in their mind and I think they respond to it fairly negatively.'*
>
> (Senior Manager)

5.8.4 Analysis results

The results of the HSE indicator tool can be analysed using the HSE's Analysis Tool software which computes an average figure for each of the six Management Standards for the workforce in question. Whilst reliant on self-report measures, the opinions of employees are an important indicator of how an organisation is performing in this area. The Analysis Tool gives an average result for each of the six stressor areas for either the whole organisation, or by categorising employees into different sub-groups (eg to consider the scores for a specific department or job role). Organisations were given explicit guidance on how to use the online tool.

Despite the instructions provided and the availability of the online tool, it was not always easy for organisations to process the results of the survey. Where paper based copies of the survey had been distributed, it could be quite labour intensive to convert these into analysable data. In one organisation each copy had to be hand sorted by department and then data had to be manually entered onto electronic spreadsheets.

Within one organisation, there was another problem in the way in which inputted results could be analysed. In this organisation, the project manager did not receive the level of

support in analysing the questionnaire that she had hoped for. Her designated stress partner became unavailable (being off work) and a replacement contact wasn't provided. The project manager in question had started the process very early, and experienced difficulties because the HSE's online analysis tool wasn't, at that point, fully ready for her to use. She preferred to push on with her own analysis rather than wait for further help from the HSE.

'I was exceedingly frustrated with the analysis of the questionnaire which, in itself, prolonged things and made it far more difficult than it needed to be, and this was when the HSE contact wasn't there. I didn't actually know what was wrong at the time, so I ended up finding other numbers and I was ringing Bootle and all sorts of people trying to get somebody, and I thought we just gave them the information and they analysed it. We ended up doing it ourselves because they weren't really very supportive.'

(Project Manager)

There were, therefore, for this organisation, clear issues about the support they received in taking forward the survey. The example also provides a useful learning point about providing continuous support to organisations over an extended period (such as the two year SIP1 duration) and how it is important to ensure that, for example, when an individual stress partner is unable to fulfil their role for the whole period, other support is made available.

5.8.5 Scoring and interpretation

When organisations entered their indicator tool survey results into the HSE Analysis Tool, they were provided with an average result for each of the stressor areas, graphically displayed alongside a target figure. Organisations are asked to aim to be in the top 20 per cent of those tackling work-related stress as assessed by the HSE in 2004. If an organisation is currently not achieving the benchmark figure, then an interim figure is also given as a stepping stone towards improvement.

The Analysis Tool gives an indication of organisational performance for each question and on each of the Management Standards' stressor areas, against national survey respondents. Organisations are given a colour coding, either: green – indicating that they are in the 80th percentile; aqua – indicating that they are >=50th and <80th percentile; yellow – indicating that performance is >=20 and <50th percentile; or red – indicating that the organisation is in the lowest 20th percentile. In the case of a question relating to bullying (Question 21 which asks staff to respond to '*I am subject to bullying at work*'), however, if any respondents indicate in any way that they are bullied (ie by not stating the maximum five, meaning 'Never' in response to this question), then the organisation is given a red flag.

There was quite a lot of discussion amongst the case studies (amongst project champions/managers who were responsible for processing the results and amongst senior management who were presented with them) about both the questions in the indicator tool and the traffic light scoring system. Organisations could find it very off-putting to get a red marker, indicating that they had a problem in an area, in one case this was because the organisation didn't feel that there was sufficient information, aside from the red light indicator, to help them actually identify the underlying causes of the problem.

'When the results came out it wasn't possible to sort of burrow down enough to find out where that problem was. It was coming up with a colour that this is an issue, but without going back to the original questionnaires it wasn't really possible to find out, well we've got a problem, but exactly where that problem was.'

(Project Manager)

'The analysis that came out of the survey was a bit stark ... the Analysis Tool flagged up as a red area needing attention so of course when I went to the senior management team and they looked at that and said, "Well hang on a minute we're not that bad, we're not that bad".'

<div align="right">(Project Champion)</div>

One question in particular was identified as problematic. The question is worded *'I am subject to bullying at work'*. One manager described the problem as being due to the fact that the question was 'very wide'. In another organisation the project champion felt that the results of their own staff survey on bullying and the results of the HSE indicator tool were contradictory, causing senior management not only to question the reliability of the HSE tool, but also SIP1 itself.

'It (the survey) doesn't say whether it's peers, fellow employees or the managers, it's a fairly blunt question and because of that managers are very worried.'

<div align="right">(Project Champion)</div>

'If anyone said they were bullied then it came out as red in your final analysis because they'd given weightings to your answers to different questions and the weightings were some of the things we were querying really.'

<div align="right">(Project Champion)</div>

'I don't think the stress survey was as good as it could have been, shall we say, some of the questions there were a bit ambiguous and a bit leading in some ways. The pilot survey that the HSE did asked questions around bullying and harassment, but in some areas and it contradicted slightly with our staff survey. Not so much the results but the analysis because we ... I mean in our staff survey we are already asking questions, for example, around bullying and harassment and we had a very, very low response to that– just a couple of per cent across our organisation.'

<div align="right">(Project Champion)</div>

There could also be difficulties in interpreting and using the results. There was particular concern that there could be reputational damage if the negative results of surveys became public. In at least one organisation, senior management refused to accept that the organisation's performance was as bad as the results of the survey indicated, possibly because of the 'red flag' system which was felt to be too insensitive. In another, where red flag areas were identified, it was felt that the information provided was insufficient to really find out what the related problem was.

'It only took one or two negative responses to flip it into red.'

<div align="right">(Occupational Health Adviser)</div>

'They didn't necessarily like to put it out there because they thought if it gets out to the press it's going to cause a problem.'

<div align="right">(Stress Partner)</div>

> **Example 6: Using the indicator tool and other survey results**
>
> In this organisation, the process of implementing the indicator tool ran smoothly, with updates given to the participating units by the project manager about response rates, and reminders issued regarding the closing date. Once the survey was closed, the project manager then took the overall team results to the relevant management group for that team. They also provided a breakdown of different staff groups within that team.
>
> The project manager went along to talk to the different teams about variations in the results and also about the caution necessary when interpreting the raw data because of different interpretations that people may use when answering questions. They did feel that the use of the traffic light system could be quite alarming in areas where there were any red flags.
>
> It was at this point that the project manager introduced the topic of focus groups with operational managers, explaining how they would complement the survey.
>
> *'They can look very specifically what the differences are. Is it about the demands of the job, or is it about the management style, or is it about, the physical environment? It gives them a way of focusing, how they have put their action, but I think people tend to get a bit panicky when they see the results in the report if there are lots of reds in the traffic light scoring, no matter how much you say to them, "Please don't get too alarmed by this".'*
>
> (Project Manager)
>
> This organisation did not roll out the survey across the whole organisation at once, but selected a range of areas/units to complete the survey online. Overall, they have so far implemented the online survey to almost one-third of the organisation.

5.9   FOCUS GROUPS

Within the Management Standards process, the indicator tool results were designed only to provide an indication of performance against the Management Standards. Organisations were asked to share and discuss the outcomes of the survey with employees and explore the issues raised in more detail, in particular through the use of focus groups.

Following the analysis of the HSE indicator survey, a number of organisations discussed how they needed qualitative data to put the survey results in context. These organisations could therefore clearly see the need for follow-up activities. One project champion described the purpose of the focus groups as to 'get behind the question', helping organisations to better understand issues underlying the problem; in particular the extent to which internal/external factors underlie any of the issues identified in the survey stage. This ties in very well with the way in which the focus group stage in the Management Standards process was envisaged by the HSE.

There was a relatively even split between organisations who chose to use Acas advisers to train up internal staff, and those who preferred Acas staff to run the groups themselves, as was the original intention of the HSE in designing SIP1. The choice made by case study organisations was driven by a range of factors, including cost, the desire to include local

managers in the process, and the availability of internal personnel. In the two finance case studies, neither had used Acas in the SIP1 work. In one case this was because they felt that they already had sufficient resources internally to run the project, while in the second, it was felt that involving Acas would complicate the process.

> *'I found the whole Willing 100 process difficult as it was. Engaging another third party to come in felt like it would be adding another level to a process we were already struggling with. I didn't see it would make it easier or more simple.'*
>
> (Health and Safety Manager)

Most of the Acas stress partners interviewed for this project were satisfied with the way that they had been able to run focus groups. In some cases they felt that the presence of an independent third party was an important factor maintaining the buy-in and openness of staff. Acas interviewees reported establishing high levels of trust from all parties (ie stress partners, organisational management, trade unions and employees) during their work.

The most regular criticism was of poorly attended or cancelled focus group sessions.

> *'The only difficulty in some organisations was actually getting numbers to the focus groups …. I remember a couple of focus groups cancelled because of lack of numbers and certainly the organisation that I am working with now, I turned up to a focus group and nobody came.'*
>
> (Acas Adviser)

Where Acas partners were employed to train company facilitators, they felt that they were imparting valuable skills which would be of longer-term use within each organisation.

> *'I trained some in-house facilitators, so they could move the process forward. What I tried to do, rightly or wrongly, was not just equip them to deal with the focus groups for the stress, the Management Standards as they call them now, but to be a facilitator. So I tried to give them the full skills. I put together a data package around training facilitators, so when I left them, they could move forward.'*
>
> (Acas Adviser)

Observations regarding the operation of in-house facilitators were not, however, always positive. A particular theme was that of the potential partiality of internal personnel.

> *'They wanted to get involved too closely, they were arguing with the staff, they were questioning the staff; we had to stop them and get them to sit down. We didn't use them again as facilitators, we used them as scribes.'*
>
> (Acas Adviser)

Five out of the seven case study organisations had implemented focus groups. In four of these, Acas advisers had been used to support the organisation in preparing for, and/or running the focus groups. One organisation, although it hadn't run any focus groups at the time of the research, still had plans to do so and was in the planning and set up phase of this at the time of the research. This set up included staff and board level briefings, as well as determining how the discussions will be structured and what they will include. The final organisation had prematurely ended its involvement in SIP1 prior to the focus group stage being reached. This was, as the project manager put it, because the organisation became involved in SIP at 'an exceptional time for us', during which there was significant organisational change. The project manager clearly understood what the focus groups were

meant to achieve and was disappointed that their involvement was curtailed by a senior management decision to pull out of the process.

> *'I think there would have been some good results (if focus groups had been conducted) and we could actually say, "Well look, this is what we have done", and then we could tell others. People kind of look up to you and say, you have actually got somewhere with it.'*
>
> (Project Manager, Finance)

5.9.1 Group set-up and membership

In HSE guidance, organisations were asked to think carefully about how many participants to include, how long the groups should last, how participants should be chosen/selected/volunteered, the level of empowerment given to the group, and the objectives that groups were set. Organisations were asked to use both the results of the T1 indicator survey, along with any other supporting data that might be available as inputs to the groups. In addition, and dependent on the size of the organisation, SIP1 participants were asked to consider how many focus groups to run, and how to filter the results through to the project steering group. The outcomes of the groups were anticipated to be a greater understanding of the issues facing the organisation, but also suggestions for interventions which, via the steering group, could be fed into action planning.

Each of the five organisations running groups went about their set up slightly differently, but there were basically two approaches (organisations could use both):

1. Using the survey to identify problem departments/functions and focussing on these in the focus groups.

2. Attempting to cover the views of staff from across the whole organisation.

In the two case studies adopting approach 1, the choice of participants was based on the results of the audit survey received from each area (department/unit). In one, 'hot spots' were identified where the survey results showed that a particular problem existed in a specific unit, and staff were asked to volunteer from within these units to participate in the focus groups. In the other, particular groups of staff were selected on the basis of how their responses compared to the overall responses of their unit, particularly if they showed significant variations from the survey average for that particular unit. Staff were asked by their managers, who would have seen the results of the audit report, to attend the focus group. In this organisation, attendance was not on a voluntary basis.

It is likely that drawing on volunteers resulted in a different group make up than in cases where participation was required. The dangers of requesting volunteers is that this might attract participants with either a very positive or negative view of their organisation, or that (as the quote below demonstrates) very active people in the organisation come forward, but other views are missed out. However, it is important to establish the trust of those taking part, so whatever the group set-up, ensuring that people feel able to open up and discuss the issues that really matter to them needs to be a priority.

> *'I think at first [organisation name] said they would select people for focus groups and we said, "No, offer it out to people to volunteer for them", and they said, "Oh no, the same people volunteer for everything". So there was a lot of toing and froing to get people to take part in these groups.'*
>
> (Stress Partner discussing focus group selection in educational organisation)

Where approach 2 was adopted, in two organisations, staff were either asked to volunteer using invitations issued to the whole organisation, or in the other through specific invitations to particular staff who had been randomly sampled. In the view of the stress partner this latter approach caused some difficulties as staff were not always clear about why they had been asked.

In the two organisations where volunteers were requested from across the organisation the volunteer rate was seen as disappointing and in both cases this led to fewer focus groups being run than had been planned by the project champion/manager at the outset. These individuals felt that the response to SIP1 reflected the nature of the general organisation/staff relationship, rather than anything specific in terms of staff response to being asked to talk about the causes of work-related stress.

> *'They were quite limited. There was different success rates in the amount of people who turned up. Some had maybe a dozen turn up, others there were very few people and again, do you have people who have got some sort of gripe against the organisation?'*
>
> (Project Champion)

> *'When we were putting the focus groups on we struggled. I think that was from staff being cynical … I think some didn't think it was an issue for them, but I think some did and were cynical about what we were trying to do and whether we were going to shoot them down. Certainly we had some preparation meetings. I actually found the Acas guy really clever … in the preparation when we were talking to unions about how we did it and what have you, he was actually very cleverly challenging in my view.'*
>
> (Senior Manager, Education)

How to facilitate or lead the groups was also given a lot of thought in some organisations, particularly in terms of how best to encourage staff openness and whether a management presence might affect this. In one organisation it was felt, initially, to be important that a manager was present to take notes or 'control' the group in some way, although eventually the groups ran with a neutral Acas adviser when the stress partner was able to convince the project manager that would get the most out of the groups (see quote below).

> *'They felt their managers might not report back, so the first thing they were going to do was put a manager in each group who would take the notes. Well that's a controlling role isn't it? So when we explained exactly what the focus group was and how it works to gather information and how effective it can be, because sometimes the focus group gets more information out of them than you do in three months of investigative questionnaires …. So I think that's how it worked in the end.'*
>
> (Stress Partner)

In two organisations, the decision was taken to split groups involving managers from those involving staff. This was felt to allow staff to better discuss a range of issues, but specifically issues relating to support, and most crucially bullying/harassment problems. In one organisation in the education sector, the sessions were split so that different job functions/levels were brought together. In particular, it was felt important to allow support staff to have their own session as their issues could have easily been overridden by lecturing staff. However, this care with the selection of staff was felt to take a long time to get right.

> *'It's all to do with trust. They didn't want people discussing stress in their peer groups if managers are sat in, you know, because they say we'll have a mixture of*

people and they said no, because some of them thought there were issues of bullying going on.'

<div align="right">(Stress Partner)</div>

'They eventually got the focus group set up when they stopped arguing about who was going to be on it.'

<div align="right">(Stress Partner)</div>

It was common to find that timing the groups appropriately for staff could be difficult, particularly in terms of involving staff whose roles do not offer flexibility (eg lecturers who need to be in a classroom at a certain time) and/or where it is difficult to provide cover for the role (eg healthcare staff). Releasing staff to attend groups could therefore be difficult. In one organisation, the decision was taken to run groups over lunch time, but to provide lunch for the group as an 'incentive'.

One organisation had taken the decision, after considering the content of the indicator tool, to drop some survey items from focus group discussions. Within one department, there were anxieties about the items regarding control, and the board requested that these areas will not be discussed with staff (this organisation had not reached the focus stage at the point of the research but still planned to do so). These reservations were linked to the nature of work within that department: it was felt that the constraints on the roles undertaken by staff in this department meant that it would be counterproductive to discuss issues which the organisation was powerless to change.

'People having a choice in deciding what work they do. That was thrown out. Having some say over the way I work. That was thrown out.'

<div align="right">(Operational Manager, Local Authority)</div>

This point raises issues about how it can be culturally difficult for management to accept the need to discuss certain issues with staff, and take account of their concerns. In this case in particular, management within the organisation seem unwilling to take a new approach to job role and the amount of control that individuals are given over their work. When such organisational barriers occur, this can affect how engaged management are with issues raised by the Management Standards process, and can also affect their willingness to work flexibly to make the changes which going through the process indicates might be necessary.

Example 7: The utility of the focus groups

For this organisation, the use of focus groups was a very important part of the process. Using the focus groups to explore the survey data revealed that problem areas identified using the indicator tool could actually be misleading if not put in the context of the focus group data.

The group work also allowed them to reassure staff who worried about their individual scores or the scores for their department that these groups would allow the organisation to understand the survey information more effectively. Additionally, the focus groups were seen as crucial in engaging staff and not just in identifying problems. Using the groups to focus on solutions was also seen as an important part of their purpose, as was their role in sharing good practice:

'Sharing good practice, so that you might have one area where all staff in that area are saying, "yes, that's really good our manager talks to us", communication is good, we are consulted about change, and in another area, the problems and the issues and the pressures are just the same but that staff group seem much less happy about them and that is because they are not engaging staff in the same way. So it is about saying, "Why is it working well over here, what can we learn from this group from there?". So it is actually sharing good practice as well as just focussing on the problems if you like.'

(Project Manager)

5.9.2 Linking survey and focus group results

All five organisations running focus groups attempted to link the results of the indicator tool with the discussions and outcomes of these groups. However, there are a number of issues that these organisations felt made the process of linking the two problematic.

These included:

■ Different people taking part in the focus groups than had responded to the questionnaire, with the result that it wasn't possible to investigate some of the issues identified by the indicator tool. Most specifically where bullying/harassment had been flagged as an issue, but no focus group participants had experienced this type of difficulty.

■ Volunteers not representing the full range of staff employed by the organisation so that the views of certain staff groups were missed.

■ In one organisation, some of the more negative survey results were not allowed into the public domain, even to form the basis for staff discussions. These restrictions meant that, on certain factors, the groups couldn't drill down into the findings.

■ The need to keep the results of group discussion confidential meant that specific learning points could not always be identified with problem departments or managers – this was particularly true in relation to the stressor area of support. This was felt to be a particularly difficult issue for senior managers who wanted to trace through and identify specific target areas and action points for those areas.

'We got a report and I think the problem with the report was that it went straight to the SMT (senior management team) and I certainly spent quite a bit of time looking at the report. It became unspecific about communication, support, so you end up with a big problem. We have all got a bit more to do in making communications better. What would be interesting is whether it's communications with the Principal, our communications with senior managers, with immediate line managers and which areas to try to tackle. I think that was my concern and my concern about doing things now. I can understand people want to be anonymous, but if we could have more context, because without that context it possibly gave us a get out clause.'

(Senior Manager, Education)

5.9.3 Views on how the groups worked

Despite these difficulties, stress champion/manager responses to the overall approach of the focus groups were positive in all but one organisation. One manager described the groups as important in allowing staff to '*let off a bit of steam*' and thus offering a useful forum for staff to discuss problems.

Where focus groups were not seen as working well, the organisation decided to stop the process at that point, and did not take the results through to action planning. The problem with the group work as perceived by these organisations was that the facilitators used were not felt to have structured and controlled the groups very well, with the result that the groups tended not to cover the results of the survey, focussing instead on what the champion called 'local issues' and 'gripes'. This organisation used internal staff to facilitate the groups, and the project champion admitted that the organisation didn't *'educate the facilitators well enough to make sure they stayed on track'*. Describing the group work within their organisation the project champion said, *'We tried to keep them focussed on the questionnaires but here it quickly swerved away to very local issues that hadn't been picked up by the survey. There was an airing of gripes and it was difficult to pull it back round to the issues the questionnaires had thrown out'*. The problem for them, from their perspective, was that this made the development of strategic objectives difficult.

Where Acas was involved, their advisers' role in running the groups was seen as very useful, by both staff and managers. Certainly, having a good chair or group facilitator was felt to be important, whether that person was from Acas or from within the organisation.

> *'I think the groups themselves were great, they were well facilitated.'*
>
> (Line Manager and focus group participant)

> *'I think from the feedback I got from people they found them [the focus groups] a useful experience and a positive experience in terms of the college trying to address an issue.'*
>
> (Project Champion, Education)

5.9.4 Using focus groups to generate solutions

A major part of the Standards process is collecting information about the risks of workplace stress and how it affects staff. Using the indicator tool, focus groups and other data to identify the main risk factors within the organisation for work-related stress are therefore important stages in the process. However, within the Management Standards process, the focus groups have a dual role. They are designed not only to allow organisations to better understand the issues raised by the indicator tool or other staff surveys, but also to allow staff to generate their own ideas for solutions to any problems. The focus groups were also, therefore, important in giving more senior management the information they need to take forward solid action plans. Some examples of how this worked in practice are provided below.

Examples 8 and 9: Using focus groups to identify solutions and develop action plans

Example 8

In this organisation, most of the teams who participated in SIP1 had reached the action planning stage and their plans were designed to address the issues that have been raised by the survey and the focus groups.

'Participating in SIP1 allowed things to be surfaced. Where work areas were responsive, there has been progress against action plans and things are really being ticked off as getting done.'

(HR Director and Project Champion)

For example, one of the departments that participated in SIP1 had put together an action plan to deal with the issue of work demands and control by putting into place some additional staffing. Having been involved in the SIP1 survey, the staff within that department were able to directly see the link between having extra staff resources and being able to deal with many of the stress issues they were facing.

In this department, in particular, the main issues identified by focus groups were that insufficient staffing meant that workload was too high and the ability to effectively work-schedule was affected. The extra staff dealt with both these issues.

As a whole organisation, the main impact of participation in SIP1 has been increased levels of awareness among staff and line managers about stress.

In addition, a bullying issue identified by the survey was not present when the follow up survey was conducted. Management, however, weren't able to determine absolutely that this was as a direct result of their involvement in SIP1 activities or if something else was responsible. As part of their SIP1 work, however, the organisation was focussing on the relationship area of the Standards and this, they identified, was the area where they believed they had made the most progress and change.

'The relationship area has really been picked up at a senior level in the organisation as something that needs to be addressed, and that having particular professional groups who always seem to think that their conduct should be able to be as they wish because they're skilled practitioners in their field, I think the Board are now saying, "no, we actually have a code of behaviour that everybody needs to be made to be answerable for", and I think that that is flagged up at a very senior level in the organisation which I think might have taken a lot longer for people to take notice of. And I do think staff have found it reassuring that people seem to be taking this seriously and that whilst we are saying there are no magic wands to take the pressures away, we will do everything we can to make life better and listen to what you have to say, your contributions to solving those problems. I think that has made a difference in a number of areas and people are seeing it as a way of being able to express their views and make a change really.'

(HR Business Manager and Project Manager)

Example 9

Action plans were drawn up and implemented within this organisation on a range of issues, following their identification through survey and focus group work. Actions taken include:

- The stress risk assessment tool and stress policies were changed to make them less bureaucratic and cumbersome.

- Stress training was also offered to managers to help them identify the effects of work-related stress amongst their staff.

- Health checks put into place in more areas.

- The establishment of a health and well-being forum.

- Staff training on group facilitation to allow further group work to continue after SIP1 period.

Perhaps one of the most important issues facing this organisation was about work demands. Since SIP1, steps had been taken to address this by offering additional and flexible staff resources which can respond when areas have high workload. Staff appreciated this move, but still felt that more resources were required.

Another specific action was identified by the survey and involved staff having to deal with racial discrimination. The organisation is engaged in ongoing work to address this, but progress has been made and staff have noted this.

'Across the district there is issue around racism and how it was dealt with and from that over a period of 18 months we have, I think, made considerable strides in that area. So much so that two offices didn't raise it at all as an issue in the last survey. We have got a group of cross-grade staff who meet to look at issues of communication and diversity and what it means for us ourselves. It's only just starting, we have had three meetings so far.'

(Line Manager)

5.10 ACTION PLANNING

Three of the seven case study organisations had got as far as implementing action plans at the time of their involvement in this research and these are the focus of this section. Two of the remaining four were at various stages in terms of their progress with the Management Standards, and still hoped to implement some form of action planning in the future. Interestingly, one of these organisations had been involved in the piloting of the Standards in 2003, and was therefore able to discuss actions it had taken in response to participation in this pilot, even thought it hadn't yet taken forward any actions from SIP1. In the final two organisations, one had withdrawn commitment to SIP1 (following a management decision to terminate involvement at a time of great organisational change), but in the second some action planning had taken place, but this was 'specific to the individual focus groups', so had made no significant organisational impact. In this latter case, the groups involved only staff from selected departments, and each one was a different part of the organisation and in a different geographical location.

Stress partners played a role when the organisation that they were working with reached action planning stage. Several organisations that the stress partners had worked with had drafted action plans at the time of this research but not yet rolled them out. In cases where organisations had begun moving forward, HSE partners felt they were able to provide constructive and informed input to assist with this process. By this time, most were very familiar with their partner organisation(s) and were also able to draw on their own (and their colleagues') experiences of interventions that were most effective in particular settings and sectors.

The reasons why action planning had not yet taken place was largely due to delays in the implementation of the SIP1 process. One HSE partner commented on the difficulties that an organisation they were working with had experienced:

'From the information that came, they were meant to put the action plans together and it never got moved because different things were going on internally. I think also X's [Project Champion's] workload played a part. The last contact I had, they still haven't moved on anywhere with it.'

The subject of action plans in organisations where this stage had been reached tended to be specific to the organisation, to departments and to work areas. This reflects how the survey and focus group information had helped in understanding problems at this micro-level. In order to fully appreciate the changes made within the different organisations, their experiences have been presented as three case study examples.

Example 10: Embedding SIP1 actions in broader strategy

This organisation chose to implement actions identified through the SIP1 process by embedding actions within those taken to implement other initiatives. The HSE partner working with the organisation stressed the value of where/if possible combining actions with existing initiatives that already have commitment rather than generating new ones and felt that some actions could result in quicker wins than others, helping to gain credibility with staff. They felt it was important for the organisation to focus on a short list of achievable action points. Each action point was given to a specific member of the steering group, ensuring continued high level organisational commitment. This does, however, make it difficult to isolate the impact of SIP1 from that of other initiatives, both for this research, but also in the eyes of staff.

'We had the action plan, each member of the project board took the lead on one area of the plan. We tried to take the issues in the action plan back to our staff, to our departments, get people's views on the issues, bring them back to the project board and then look at how we're going to address them.'

(Occupational Health)

'It has been positive from that respect and that we now have a policy. We have formal training courses for managers on stress, we also have a kind of renewed focus with our occupational health team on stress.'

(Project Champion)

'To completely quantify it [progress] would be very hard. You can quantify aspects of it ... issues with accommodation, training.'

(Occupational Health Adviser)

A senior manager from this organisation described how: *'The work we've been doing is part of a journey we started long before the Standards were in place'*. The occupational health adviser identified how SIP1, in part because the action planning had been embedded into other areas of management, had a broader impact than just on stress:

'Lots of small things that can be changed, getting people on the various management training courses. There are management training courses which are mandatory .... The accommodation issue, a few minor changes have taken place like that.'

5.11 SUMMARY

Within some organisations there were difficulties in gaining senior management and/or HR buy-in, driven, in part, by concerns about the resources required to implement SIP1. HSE staff and internal champions often had the job of presenting a business case to convince senior management of the benefits of organisational participation.

Organisations were generally positive about the Standards as a framework, seeing them as useful for both conceptualising stress and taking specific action to reduce the causes of work-related stress. The Management Standards approach was felt to require a substantial resource commitment to complete. Larger organisations could struggle to roll out SIP1 quickly due to the sheer size and diversity of their workforce, and the complexity of their organisational structures.

Project champions were generally drawn from HR or health and safety functions, although in one case study, occupational health led the project. Project champions were required to demonstrate a combination of people skills and analytical skills in their role, and tended to be more successful if they were in a senior position (as per HSE guidelines for the role). However, many organisations delegated responsibility for taking forward the SIP1 project to more junior staff which could cause difficulties, particularly if they were solely responsible for the whole project.

Communication with staff at the launch of SIP1 was generally good, but this tended to deteriorate as time passed. Where senior management did not 'buy-in' to the project, progress often faltered. The support of steering groups was an important part of the process, although getting these groups to work well could be difficult. Having too senior or large a membership, for example, could lead to delays in arranging meetings which affected the ability of the project to progress.

Organisations were generally familiar with, and happy to use, a staff survey approach to understanding stress, often completing their own regular staff surveys. It was not always possible for organisations to secure good response rates, however, although the response to the indicator tool was generally no worse than that secured by other staff surveys. The scoring system used to analyse the results, however, was not popular, and the question about bullying (and the way it was scored) was felt to be too blunt. There was also some fear and resistance to negative results from the survey. Some organisations were worried about reputational risks if difficult messages became public, whilst in others senior management didn't accept the results as reflecting the real situation in their organisation.

Where focus groups had taken place, they were seen as a useful way of putting the survey results in context. Getting the make-up of focus groups right could be a challenge, and organisations tended to use different groups to collect the views of staff and line managers. Some organisations specifically used the groups to bring together individuals from departments that the indicator tool had identified as having problems, whilst others called for volunteers from across the organisation. Securing volunteers, however, was not always easy. It was not always possible to use the focus groups to discuss specific issues identified in the survey if individuals participating in the groups had no experience of the issues concerned (eg bullying). There were also practical difficulties within some sectors in accommodating staff from different roles working to different timetables. The experience of most organisations in running these groups, however, was positive.

Three of the seven case study organisations had reached the stage of implementing action plans as part of SIP1 at the time of this research. Where action planning had not taken place, this was largely due to delays in the process of implementing the Standards. The nature of

the action plans was driven by the individual results of the focus groups and indicator tool within each organisation, often at a departmental level. Where action plans were implemented, there were often very positive results, although in one organisation senior management felt that staff commitment had waned over time, and that they were therefore struggling to achieve real change.

Stress partners were used at all stages of the process, but mostly in supporting the project champion and in attending steering group meetings. The role was fairly directive in that HSE partners focussed on helping organisations make progress. Acas advisers, in contrast, were generally there to offer specific support in running focus groups and/or training internal staff to do so. However, some Acas advisers were also invited onto steering groups and therefore played a more involved part in SIP1.

6 EXAMPLES OF ORGANISATIONAL INITIATIVES AS THEY MAP ONTO THE STANDARDS

In most cases, staff involved in SIP1 were also able to discuss actions they were taking against the different standard areas. Organisations did not appear, however, to have a clear view about how their practice compared with the states to be achieved. It was also difficult for organisations to isolate what they were doing as a result of their participation in SIP1 from other ongoing activities.

This section presents activities that case study organisations were undertaking which fitted against the different stressor areas. It also highlights, where possible, those areas where participation in SIP1 has shaped these activities directly.

6.1 TAKING ACTION AGAINST THE STANDARD AREAS

The standards themselves were seen as a useful framework for taking action, and staff within case study organisations as well as HSE and Acas partners were supportive of the six areas.

> *'The standards are fine. The six workplace stressors are really good. It enables people to break down something many see as a big, big, problem. They don't know where to start. From a workplace perspective I can see there are six areas that are going to influence people's feelings at work. I can think about them rather than just seeing someone's unhappy and I don't know what to do about it. The standards are good, I like them.'*
>
> (Stress Partner)

> *'The standards give you specific tools and just identify what you already know but they give you, yes something to work towards, a structure with it.'*
>
> (Line Manager, Central Government)

6.2 DEMANDS

The area of demands focuses on the quantity of work that staff are asked to do, whether they are able to fulfil their job, offered appropriate training and development and given a suitable work environment (including start and finish times). Demand was often the most challenging area for organisations. This was because controlling levels of demand could be challenging, but also because many staff were felt to be operating with high workloads. This was the most commonly identified problem during interviews and group discussions with line managers and staff participating in the research.

6.2.1 Matching skills and abilities to job demands

One organisation (from the education sector) described how this year, as part of the staff review process, a new form has been included which asks about the skills and qualifications individuals need to do their job. Job descriptions are considered as part of the staff review process anyway, and the vast majority of roles have both a job description and a person specification attached to them. The person specification is used as a benchmark in recruitment, but also in identifying what qualifications individuals are likely to need to do each job. There is currently a 'push' on increasing the literacy and numeracy skills of staff within this sector, so both of these items have now been included on all job specifications.

In addition, the same organisation has identified a pressure point which exists for new teaching staff who are required, in their initial teaching year, to adjust to the teaching role as well as sit and study for professional exams. Adjustments are under discussion to ensure that less contact teaching time is allocated to these staff.

6.2.2 Work-life balance needs

In a number of organisations, flexible working arrangements were available to help staff cope with their jobs. In one (from the health sector), certain groups, such as parents with dependent children aged six or under are specifically offered flexible working; however, any employee, no matter what their circumstances are, can make an application for flexible working and the organisation will consider accommodating the request if possible.

In another organisation, there have been a number of examples where staff have had problems with their hours and/or their work commitments. In such cases, flexible contracts can be offered.

> *'We've done that with quite a few people. Some people are near to retiring and want half a contract. They can access some of their pension and come back on a half contract or go 0.7 or 0.6 or whatever is agreed with the line manager. A lot of people, even younger people, have come to us and said I want to reduce to a 0.7.'*
> (Senior Manager, Education)

Fractional contracts are not guaranteed, but they generally are given if it is possible to fill the gap left by the reduced hours.

> *'I've got mothers working for me, they're carers and they'll work two to three late nights but take a day off and spend more time at home with the children. We are quite flexible with working. We run that many classes …. One of the lads is the main carer for the kids. He takes them to school in the morning, he might not get in till 10.30 but he'll work till 3.30, take the kids home, the wife comes home, then he'll be back and get his teaching hours in.'*
> (Operational Manager, Education)

6.2.3 Addressing employee concerns

A number of organisations discussed how they were trying to encourage greater communication about work demands at an early stage so that solutions to specific problems can be found in advance of problems being realised. One senior manager described this as about establishing a 'no blame culture' within their organisation in the hope that the senior management team will find out about potential demand issues well ahead of time. Another organisation discussed how they had measures in place to check how staff were 'coping', by looking at how staff are being managed, whether workloads are unrealistic etc. Where problems are identified, and if appropriate, individuals are offered support with strategies to help them prioritise their work, and training in time management.

> *'It is trying to get that kind of culture, to get the help before it goes wrong rather than getting ourselves into a crisis.'*
> (Senior Manager, Education)

In one organisation, a number of managers interviewed identified that, since the involvement with SIP1, as an organisation, there has been much more openness about discussing issues

around demands; there is a much better dialogue between head of department and staff groups.

> *'To look at how, we know we need to work eight to six but how are we going to do that is much more an open and negotiated way of doing it rather than you've got to work shifts. They're looking at their own options to cover it, so I think we are working together much better with the staff than we have done in the past.'*
>
> (Operational Line Manager, Health)

The role of the line manager was highlighted as particularly important in understanding how work demands are affecting employees. In one organisation, there was a relatively informal system, for example, to deal with demands. Line managers and staff, sometimes on a regular basis, or sometimes in a more ad hoc manner, discuss demands. Therefore, the success of managing demands could vary significantly depending on the line manager's capability and disposition.

> *'We don't need to hear and go through all this business of this is going on, that is going on, but to make sure that you know we need to be more aware that there are stress-related, there are workload issues.'*
>
> (Line Manager, Central Government)

> *'They might find they have a lot of work on a particular week and under a bit of pressure. I try to do within the unit since it is relatively small, each member of staff has their own lead responsibility. However, there is support there and the work is allocated as and when required to other members of the team.'*
>
> (Operational Manager, Central Government)

Example 11: Measurement is not enough

Within this central government organisation, there are high demands, and a great deal of external pressures which mean that actual workloads cannot easily be reduced. Prior to SIP1 activities, the organisation had already implemented a workload measurement tool. This was the cause of much debate amongst staff. Participants felt that the only purpose this tool served was to show how hard all the staff were being asked to work. The problem was that the measurement tool highlighted that many people had workloads which were 120 or 140 per cent of their capacity, but there were no visible attempts to reduce these levels. In fact, staff expressed the view that, until the 140 per cent mark was reached, little support was available.

The view from the line manager focus groups was that the use of the measurement tool boosts perceptions of stress without offering any solutions. Another issue is that it does not allow for individual coping or performance levels, as some employees are better able to cope with high demands than others. Some line managers in the focus groups stated that they would prefer a talk with each employee about what was reasonable in terms of workload, rather than operating to a rigid definition which applied to all their staff.

The view of more senior managers was that the tool did not provide an accurate picture and served only to cause resentment.

Since SIP1, a number of managers described how they had improved skills and awareness about how to manage their workload and that of their staff. The project champion highlighted how, as part of SIP1, *'quite a few managers have come on board with the fact that prevention is better than cure'*.

6.2.4 Addressing concerns about physical environment

Staff often voiced concerns about physical environment. Poor buildings and facilities, and difficulties in managing maintenance contracts were a particular concern amongst the public sector employers, and were felt to have a negative impact on staff morale where issues were not resolved. In one organisation, they acknowledged the importance of dealing with any concerns and staff are encouraged to channel these directly to HR or to their line manager or to the specific department, either on an ad hoc basis or during regularly scheduled team meeting times.

> *'I think there are some things that can lead to stress if they are not handled properly you know. If your manager is not interested in what you do, if you are struggling to do your job because you have not got the skills to do it, you haven't got the equipment, you haven't got the space, you are not getting the support from anybody. But they do have regular team meetings, there is a specific slot timetabled on a Friday morning.'*
>
> (HR Director, Education)

In one organisation, the initial survey tool showed that there were concerns about the 'work environment' with regard to not having any physical space to hold meetings and the lift not working in the main building. Over a long period of time this had become a source of frustration for staff. These issues were progressed via focus groups and there was a process of communication with staff regarding the progress made, which included improving facilities and directly responding to what staff had raised.

> *'One of the things that came out from the focus groups was to have breakout areas where staff could move away from their desk to meet in an environment. Also, there were complaints about there weren't enough meeting rooms ... two of the offices we freed up as meeting rooms and one corner of the building we took out three desks and we bought in comfy furniture as a breakout area to experiment within the department.'*
>
> (Occupational Health Adviser, Central Government)

Within one organisation, the project champion had specific responsibility in their main job for managing issues concerned with the work environment. She explained how, through her experiences gained as part of SIP1, she had adopted a focus group approach to this area of her work. She now holds regular meetings with staff regarding work environment issues and uses these as a conduit between staff and senior management.

> *'One of the things that we've introduced is building user groups ... we now have a meeting in every building with a representative from all the users of that building and then I've also got the service providers, so there's me, there's also the catering and the cleaning, security. So we can actually sit down at the operational level and say "What are the problems with this building?". Therefore, it can be addressed at that bottom level instead of somebody moaning to their line manager about it and then it getting around ... the groups give an opportunity to try and address the too*

hot/too cold issues and if nothing else you know we have got buildings that are problematic, but at least if we can tell them face-to-face that we are in budget doing all that we can then it's better than them moaning to their manager who then tells me, and I go back and say I can't do it because there's no budget and this going back through that route. I think the feedback has been much more positive.'

(Health and Safety Manager, Education)

6.3   CONTROL

The area of control focuses on whether staff are given a say in planning their work, making decisions about how that work should be completed and how problems should be tackled. It also asks employers to consider whether they are making full use of their staff's skills and abilities and to determine what constitutes appropriate levels of supervision.

6.3.1 Controlling pace of work

It can be difficult for organisations to control the pace of work that staff experience. For example, the teaching profession is a mix of high levels of control (eg over individual lesson content and teaching style) with low levels of control over issues like timetabling (ie when people have to work) and workload as class sizes are increasing and imposed. Also, for those working with the public, in a government service, there is little ability to control how much work is required, on what, and when.

In one organisation (health sector) the audit tool results were not felt to be particularly helpful with regard to the area of control. There were a number of jobs which offered staff little control over their break and work times and if interpreted literally, the results of the data collection phase of SIP1 indicated that the organisation had a problem in this area. However, managers did not agree with this analysis of the situation. Due to the nature of the business there are procedures that staff in clinical areas have to follow and these are communicated to staff. Also, in terms of how staff generally go about their work, the organisation tries, as much as they reasonably can, to give individuals the scope to do their jobs in the way they feel is most effective.

'Because people say, "Well no, I cannot actually choose what I do at work or when I take a break", but I do not think the fact that people have to take breaks at particular times or know that they start work and finish work at a particular time causes them stress, I really do not and I do not think anybody has sort of dragged along by an environment to an extent where they do not feel that they have got any control over it. People do work together and choose where they have got options about doing things in a particular way or particular order then they are allowed to do that.'

(HR Business Manager, Health)

Another organisation also had the issue of control highlighted by the indicator tool. Staff didn't all feel that they had control over their workload, and one particular issue was what happens when staff go off sick. In an environment where individuals in operational roles already feel overworked, the additional burden of having to cover for other people was often problematic. There was no way that senior staff felt able to resolve this, but they were clear that improved communications were important in helping staff at least understand the situation from a broader organisational perspective.

'I think there are quite a few external things that we can't control and it ends up on their [staff] patch, but I think we try to minimise those or explain them. I think the

issue about control is, "Do you understand why you do need to do it?", which is the communication bit.'

<div align="right">(Senior Manger, Education)</div>

6.3.2 Encouraging skill development

A number of organisations had a programme of staff development in place. In one organisation, the issue of staff using their skill and initiative was already on the HR agenda through other initiatives that had taken place in the sector. There was therefore a system of monitoring in place to determine the extent to which teams and individuals were engaged in continuing development activities. A range of development activities were offered, ranging from mentoring, working alongside somebody else to sending staff off on a course for a week or two.

'We are focussed more on trying to do fairly in-house as far as possible, trying to limit the amount of time that people are away from the workplace, partly for cost considerations and partly because I think it's a more effective way of training people, the practical element and theoretical. It's more structured now with the knowledge and skills framework as part of the Agenda for Change Agreement so we define more clearly what is expected of people at different parts of their career and every member of staff should have a regular appraisal at least once a year but preferably twice a year to talk their work through, see how they're doing against the set objectives, are there any gaps, what are the development needs and looking forward to where do they see themselves in the next three to five years perhaps and what might they need to do to get to that point.'

<div align="right">(Associate Director of HR, Health)</div>

The use of appraisals and one-to-one meetings between management and staff were relatively common. In one organisation, though, despite this approach, and the use of career planning, as well as a high level of management training for new line managers, there were concerns amongst staff that training was too focussed on technical skills (eg on new IT systems) rather than more generic skills that would help managers to combat stress.

One organisation has established, following a merger, a staff redeployment pool where staff are encouraged to undertake projects to improve their skills.

'There are people who are working on projects so that they could add value to their job application, the competencies, so they could apply for better positions and perhaps that's one of the things if you are shorthanded … to propose a project for the Redeployment Pool.'

<div align="right">(Line Manager, Central Government)</div>

Example 12: Linking individual training needs with organisational objectives

In this organisation from the education sector, the staff review process identifies the training and development needs of all staff. The divisional manager collates these for their team and identifies the collective needs of that team. Managers are required to produce individual training and development needs and team training plans for all staff. These all go to the staff development co-ordinator who uses them to draft an organisation-wide training plan for the year. At this point there is some prioritisation and matching up with organisational objectives in order to best use the budget. Managers

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who sign off the plans have to state which of the strategic objectives of the college the training relates to '*so we know it is helping us to achieve results*' (HR Director). Thirty hours per staff member is allocated to staff development and training. This is compulsory, as part of the continuing professional development of professional staff. The activities can include attending internal events, seminars, or just looking at professional support materials (eg websites, magazines).

Staff are also offered a tailored support programme if they score poorly in their staff review. Specifically, teaching staff undergo observation if a need is identified in this area and are then offered specific support.

'We can identify development needs for the next 12 months. With new starters we have appraisals at two, five and ten months, so three interim appraisals before they become permanent. You normally find out what's going on in the first ten months, and you have a regular chat with them and regular reviews. It's all documented, you can identify if there are needs, requests or problems.'

(Senior Manager)

6.3.3 Consultation and control over work patterns/breaks

For those who work in operational roles it can be very difficult to control their work or for managers to give more control to staff (eg call centre staff within a financial services company). However, within at least one organisation, there was definitely a perception, amongst staff at all levels, that there had been more communication about shift patterns, break times, work hours etc. as a result of their participation in SIP1.

'Usually what happens, we've got clerks who book the workload for the treatment areas and they could overbook the machines if they needed to and that caused a lot of disharmony and so now what we've done, we've actually taken control of the clerks and put it back onto the team leaders so that they can manage their workload better. We have to allocate so many rooms for treatment but if they have a patient that needs a hoist or whatever they can actually alter their workload to reflect that so that they can actually manage better and not be under so much pressure ... we try to give them some control back of the work.'

(Operational Manager, Health)

Another example is from the case study from the education sector. Teaching staff often have timetables which can't be too flexible due to the need to offer courses throughout the day and evening. However, in this organisation, at the beginning of the year timetables are agreed between lecturers and their managers to ensure that the suggested hours are acceptable. This needs to balance teaching new courses, which require more input, with teaching familiar courses, so overall it needs to be seen as reasonable by both parties. If staff feel that their timetable is not acceptable and need to take the matter further there is a panel which has been set up to offer an appeals procedure. The contracts for lecturing staff clearly set out expectations on hours, including the need to work a certain number of out of hours classes in the evenings. However, the organisation does consult within teams on how to cover the classes, offering staff some level of input.

'My job is to make sure everything is covered in the timetable. I have members of staff in each discipline. I say to them, "agree your timetable between yourselves. I want every

class covering by whatever means". Some people prefer this subject to that subject, this group to that group. You try to have harmonious agreement between each section on their own timetable … On the whole it is a mutually agreed timetable between the staff.'

<div align="right">(Senior Manager, Education)</div>

In another organisation, there was a problem regarding staff not having the ability to take lunch breaks. While little in the way of practical steps had been taken as a result of SIP1, some managers did feel that there was now more awareness of the importance of taking regular breaks and that staff were therefore making more of an attempt to do so.

'They're all aware of the importance of taking breaks but a lot will say they don't have time. My personal view is you take a ten minute break you'll be more productive when you do come back to your desk.'

<div align="right">(Operational Manager, Central Government)</div>

6.4   ROLE

The area of role in the Management Standards is concerned with ensuring that staff are clear about what they are being expected to do, including how well new recruits are managed, and existing employees being given specific standards for job performance. Guidance to organisations (given as part of SIP1) suggested that they introduce job descriptions to clarify the core functions of posts and that regular one to one meetings are offered to ensure that staff are clear about their role and what is planned for the coming months.

The issue of role was one which was less commonly an issue for organisations involved in this research, but there had been some activities specifically designed to clarify roles and requirements. In the main, these focussed on ensuring role clarity and basic practice such as providing full job descriptions for staff.

In public sector organisations, changes to roles and the expectations on staff could be continual, being directed by changes to government policy. In one organisation, the project champion thought not only that the organisation could be clearer about roles and responsibilities, but also that the whole service required more clarity of role from the government. However, some things were identified as having changed since involvement in SIP1, namely that now at least, managers had realised that some staff needed more clarity about what their role entailed and required clearer parameters around their jobs in general. Staff within the organisation identified the problems as stemming from a recent restructure.

The head of another public sector organisation identified how role had been an issue for the organisation in the past, and that this had been identified through the focus groups, but that this was now an area they were actively tackling.

'I think we have made a lot of progress on understanding roles and how they contribute and that we are all working together. I think in some areas there may still be confusion about "Whose role is that?". I am not saying it is perfect but I think that generally people are clear about their role and what other people are doing. Role was in the focus groups, it was an issue, that they were not always clear about what they were doing. I think one of the things they didn't like was the tiers of management that were going on after the restructure, the structure we have now.'

<div align="right">(Senior Manager, Education)</div>

6.5 ORGANISATIONAL CHANGE

Guidance given to SIP1 participants in the area of change sets out that employees should be allowed to understand the reasons for change, why it is happening and what the organisation hopes to achieve. Also, that the timetable for action is clear and that new developments are quickly communicated to avoid the spread of rumours. It also advocates that staff are involved in some way in the changes, and that attempts are made to help staff that could be adversely affected by changes.

In some organisations, the scale of change had been such an issue that this had led to difficulties in fully implementing the Management Standards process. Most organisations were able to comment on some level of change that they had dealt with, but this was an area in which organisations appeared to find it particularly difficult to implement good practice procedures. It was also noted that, due to the nature of change, it would be difficult to introduce procedures which negated the negative impact that changes could have on staff.

> *'Change is not a welcome thing for everybody and the majority of people don't like change. We manage it as well as it can be managed.'*
>
> (Project Champion, Central Government)

6.5.1 Adequate consultation

In a number of organisations, ensuring adequate communication about change often caused problems. Where organisations operated from multiple sites, for example, there could be a feeling of isolation where staff were not working in a main site or head office. In a number of organisations, different mediums are required in order to reach all staff. In one organisation, a line manger described the difficulties in communicating change to staff when they themselves might not know much about it. In this case, they believed that honesty and transparency was the best approach as this helped to reassure staff.

> *'When I think about the situations that have been most stressful for people I think on the whole it has been where they have not felt there has been an explanation or some sort of communication about what is going on ... there was a lack of openness ... people feel often most stressed when they don't feel that they know what is going on.'*
>
> (Line Manager, Central Government)

6.5.2 Awareness of potential impact

In one organisation, line managers discussed the need to support staff in developing new skills, as new roles were implemented as part of a widespread change agenda throughout their sector. This resulted in some staff members reacting negatively to new aspects of their job roles, especially when the new role required them to change the way they actually worked.

> *'Some people are saying, "Well, that's not my job any more, therefore I'm not going to fulfil that role. That's my team leader's job to do that". That's how people will perhaps react to restructuring, so I think that's been a bit of an interesting one, really, to see how people react to the change to themselves and also what's happening above them, and how they feel how it's then affected their role, what they should do on a day-to-day basis, and what responsibility's actually taken on. But, I think the restructuring of the whole way of what everyone's paid, what everyone's title was, what everyone's role and responsibilities were, it's been a really, really big change.'*
>
> (Operational staff, Health)

Example 13: Improving communication on change

For this organisation, change and the impact that this had on staff had been, and continued to be, a huge issue. Most of the staff interviewed felt that communication on the issue was insufficient. However, it was acknowledged that it was difficult to fully inform staff who were actually working a diverse range of roles. For example, email communication wasn't an appropriate medium to reach all staff, but changes had meant that there was no up to date directory of all staff which could be used as a way to ensure that everyone was informed of change.

'The changes in procedures and protocol were not communicated very effectively. They felt that if people were part-time, or they missed the handover, they didn't always find out. Most areas have got staff meetings, but not all areas did – some areas did some areas didn't. So, I think communication is an issue. We had that down as one of our action points, that staff were always aware of changes. And it was to make sure we utilised different forms of communication.'

(Operational Manager, Health)

The HR team try to tackle the communication issue using various strategies, including a consultation plan. This has been introduced recently and sets out:

- what is under consideration

- why it's under consideration

- what the objectives of the change are

- who the change affects and how they are going to be consulted with

- how the change is going be managed and the sort of timescale involved

- what the constraints are and whether that's about the estate or about time or about finances or whatever it might be.

Whilst this plan is not yet consistently applied, HR feel that they are improving in this area.

A bi-monthly organisation bulletin is also used to deliver good news stories and, for example, participation in SIP1 was featured in it.

All teams are encouraged to have regular staff meetings to discuss a range of issues including change management. HR were working to improve communication, as it was variable across the organisation. Their work involved visiting smaller sites and communicating messages about change directly to staff. This was a lengthy process, however, due to the size of the organisation and the fact that it operated across eight different sites.

'There's always the risk that people in those peripheral sites will feel excluded if you're not careful. It's about having briefing processes in place on those sites that they get

information and making them feel that they are part of the bigger Trust which I think is always difficult because they are quite self-contained little units.'

(HR Business Manager and Project Manager, Health)

6.6   RELATIONSHIPS

Positive working relationships are central to the Management Standards for work-related stress. The states to be achieved for this stressor area highlight the need for good communication and the provision of support and encouragement for both managers and staff to promote this. The case study organisations were engaged in a variety of activities in this area.

6.6.1 Sharing of work information

Team, management and senior level meetings were all highlighted as ways in which organisations cascade and share information with their employees. In addition, resources such as intranets or email and newsletters were used as a way to update people on changes to work or provide access to detailed information about the organisation and individual rights and responsibilities. In addition, staff often identified how informal sharing of information between themselves and colleagues was an important process.

'We have a management team meeting on Tuesday morning, they'll then go back to team meetings with us on a Friday and we'll have course team meetings. So everything gets cascaded from the top. We are pretty good as an employer to keep people informed of what's going on …. We do share information with people.'

(Senior Manger, Education)

'All the policies are on there. Health and safety, stress management, for everyone to look at internally and externally … there are emails from HR saying if you do this, counselling with alcohol, drug use, smoking, all the help is there for staff and learners.'

(Senior Manager, Education)

6.6.2 Support for managers to deal with unacceptable behaviour

There were two types of unacceptable behaviour raised by research participants, each of which required different solutions. The first type of behaviour is that of those who lie outside the direct control of the organisation. In jobs where there is contact with members of the public, for example, conflict situations could be difficult to avoid. In an organisation from the education sector, there were processes in place whereby staff could access support to deal with disruptive learners.

'Staff deal with student discipline problems at a class level, but if you can't sort it yourself, come and see me. We have a discipline process to follow. Once you go past the verbal one, then the major disciplinary issues, I deal with those and use student services for formal or serious misconduct. You get a lot of tutors with what you think would be a minor issue, but it could be a major problem. You have to be caring of your staff.'

(HR Manager, Education)

The second type of behaviour is that of those employed within organisations. For internal issues, a number of organisations identified how managers need to deal with issues quickly and directly.

> *'In my experience they come to the manager. You want to try and resolve it there and then really rather than it get any bigger than that. I have had people together to try and resolve issues like that. We come up with a strategy, a plan, and monitor the plan to see if it is working. I think people do feel able to go to their manager, as long as it is not the manager that is the issue.'*
>
> (Operational Manager 1)

> *'The problem with the manager is the issue. If we have got tiers and they then know who to go to next, they know that they can leap and go to the next manager and they know all the procedures we have got in place for raising grievances, so they know how to contact HR. Where possible they should always be encouraged to talk to their line manager, and usually it can be sorted out at that stage.'*
>
> (Operational Manager 2, both managers from Education)

In one organisation (Central Government), there has been an increased amount of management training since SIP1 on how to manage difficult staff and to deal with bullying. The culture among the staff appears relatively open, with managers feeling that problems could be dealt with straightforwardly.

> *'People tend to be very good at talking it out. We have weekly team meetings and that's a forum where people can raise issues ... we do quite a lot of that.'*
>
> (Line Manager, Central Government)

The main mechanisms for managers to access support with all aspects of their work was through their own line managers, and this was common across organisations.

6.6.3 Systems that allow reporting of unacceptable behaviour

Most organisations had some form of policy which dealt with bullying either directly or indirectly. Generally, staff and managers agreed that dealing with cases of bullying tended to start with relatively informal discussions between staff and their managers. However, managers could also be the cause of problems, and organisations tended to use HR to deal with cases where individuals had exhausted, or did not feel comfortable in using, informal means. One organisation had set up a diversity committee to ensure that the views of all staff were represented across the organisation.

In another organisation there were a range of policies in place, including an anti-bullying/harassment policy, diversity and equality polices, as well as a stress policy. Each policy has a champion who is charged with driving forward policy implementation. There were positive views from the group discussions with line managers and staff taking part in the research on these polices, some of which are new, although staff did pinpoint the need to implement them effectively.

> *'I think we have moved on quite a lot with things like the new anti-bullying and new anti-harassment policy and actually doing something with it and putting that service out. Putting more anti-bullying and anti-harassment officers out there and getting them trained up. We have had a policy for a long time but it's not been particularly acted upon so I think there are more of those things around now and it will remain to be seen how well they are implemented. Again, I would go back to the idea that we*

are by no means perfect, and bullying and harassment go on in this service as they do in most, but there is some kind of acceptance, some bottom line that says that it's not ok – generally speaking. And in a lot of other organisations there is no bottom line that says this is ok and this isn't.'

(Line Manager, Central Government)

In one organisation, there is what is commonly known as a whistle blowers chart. This is actually a policy which sets out a mechanism for staff to raise any concerns that they have either about the way patients are being treated or about the way the organisation is being run.

'I think people do understand what their purpose is and what's expected of them and if they do have concerns there are opportunities for them to raise them and to have a sensible response and to pursue it further if they feel they haven't.'

(Associate Director of HR, Health)

Example 14: Identifying and addressing negative relationships

In this organisation, a specific policy had been developed which was designed to tackle bullying and harassment, as well as a policy detailing how to respond in cases of violence and aggression. In addition, there had been efforts to draw up a privacy and dignity policy for staff (to match the one provided for patients). The policy had guidelines discussing how staff should speak to each other. The policy has been partly worked up but the feeling within the team is that this will be difficult to implement.

'I think there's very cynical views about that sort of policy. It came from the groups that we ran, from the HSE work and I think because the majority of people felt it very woolly and fluffy it was not really well received. They are quite a logical, hard core bunch, so for some people it was an ok piece of work but it has not really taken off.'

(Operational Line Manager, Health)

The indictor tool and group work also identified bullying as a real issue for the organisation. Also, the Standards process revealed issues in how some very senior staff behaved towards others. The HR team from this organisation strongly believed that it would have taken them much longer to work out that there was a problem without their involvement with SIP1. The policy and procedures in place within that organisation had also been updated to reflect good practice, as part of their work on SIP1, and this had made a positive difference to staff.

On the whole, organisations treated bullying as a serious issue where it was identified. The main advantage of the Standards approach was that it offered individuals a way to identify the problem. However, there were some concerns about the sensitivity of the questions in the indicator tool designed to assess levels of bullying (see Chapter 5 for further details).

6.7   SUPPORT MECHANISMS

Offering support to staff in all aspects of their work is important in reducing the effects of work-related stress. The type of support that is appropriate can depend on the individual and the specific issue they face, but having some systems in place whereby individuals can seek out and receive support is a vital part of the Standards approach. SIP1 guidance in this area

asks organisations to consider how supportive they are, including the management of time, the ability of managers to listen to their staff and how well the needs of teams are met by the organisation.

6.7.1 Systems to encourage managers to support staff

One organisation detailed their management development programme which has been running for around three years, and which ultimately every manager will be involved in. Courses have been run by HR on a range of management competencies such as dealing with disciplinary issues, competence issues, leave arrangements, recruitment/selection and age discrimination. Each one is about an hour long and a number of sessions are run at different times, to allow all managers from all departments to attend when it is convenient for them. The courses are compulsory, so managers have to attend at least a certain number during the year. The courses are also available to staff who might want to be managers in the future. This also allows managers to meet and talk through issues together.

> *'Managers get the chance to meet other managers rather than just within their individual area, so I think that is very good, and we have an ongoing process.'*
>
> (Operational Manager, Education)

Stress is covered within the management training programme, but not specifically, through absence and performance management.

> *'I think you can probably follow threads to all of the management training about making sure that people are, first of all, effective but also productive in terms of their attitude to work and how they are coping.'*
>
> (Operational Manager, Education)

The management development has been well received in general.

> *'The management development we went on, we looked at reflecting styles so what development levels people are at and not giving somebody something new that they have never done before. You have got to recognise if they need training or whether you are stepping in when they already know what they are doing. I certainly have found that helped me have a different approach because I have to say I had a member of staff who left me a couple of years ago. We had a very stressful relationship I think and if I had been on this management development course I don't think I would have perhaps lost her. She decided to leave because she couldn't stand working with me. I think had I been on that management development and gone through that about reflecting styles and understanding a bit more I think perhaps I would have been able to use that approach with her.'*
>
> (Operational Manager, Education)

In one organisation, in the education sector, lecturers have access to an additional support mechanism which is designed to help them improve performance. Advanced practitioners who are effectively 'super-teachers' provide support to staff who do not do well in observations of their classroom management during performance review. The practitioner provides a form of coaching and is also a sounding board for the teacher to discuss ideas and techniques. There are also subject learning coaches in the vocational areas who are experts in teaching practical sessions. This is only one aspect of how the college supports staff and, in general, staff see the college as a supportive environment.

> *'Staff come to you with problems every day. What is a major problem to them actually can be a minor problem. We can normally resolve them quite easily. It is a*

caring college and if you have any problems there are support systems there and help for anyone who needs it.'

<div align="right">(Senior Manager, Education)</div>

'People listen to you. Even the Principal has open surgeries. You can go and see her and speak face-to-face. The previous Principal you could always go and see him as well. You can speak to anybody in the college.'

<div align="right">(Operational Manager, Education)</div>

6.7.2 Systems to encourage colleagues to support each other

On the whole, those interviewed gave positive comments about their relationship with colleagues and felt that they had supportive colleagues. Those with line management responsibilities often discussed their experiences of having difficult staff members to deal with and could find dealing with stress issues amongst their staff very personally stressful. Support mechanisms in place within organisations generally relied on the line management relationship, and few actively looked at how to encourage staff to work better together. However, team meetings were commonly used as a forum for encouraging discussions amongst staff. Not all staff found the support they received to be enough to equip them to deal with other staff encountering stress, however.

'It's actually quite stressful for managers to manage stress, it's very stressful. Sometimes, there's a little bit of, "Well, that's what managers do, managers get out there and manage stress". I think we don't get trained for a lot of the stuff that we do, we get the manuals but if you're ringing somebody up every week or whatever, just basically to chivvy them along, tell them what a wonderful place X is to work, that's quite stressful if you're listening to somebody the other end of the 'phone who's going through hell.'

<div align="right">(Line Manager, Central Government)</div>

However, one of the main points emerging from focus group work in one organisation (which took place as part of previous piloting work on the Standards, pre-dating SIP1) was that head teachers felt isolated. As a result, the employer set up a support network within its Education Department.

6.7.3 Employees know where to access support

As discussed throughout this section, line managers are seen as the key to offering effective support mechanisms in a general sense. Using resources available on the intranet, access to policies and to occupational health were all identified as sources of support. One organisation discussed how they specifically use their induction process to help individuals pinpoint where support is available. Their process for new staff ensures that individuals are introduced to different departments across the organisation. It is made clear to staff where they can access support and they are introduced to contacts within the different support functions and signposted to organisational policies as part of this process.

In one organisation, however, a member of staff identified how, although their employer was generally supportive, they would still find it difficult to talk about any problems they were facing with stress.

*'The formal route that staff would take is to contact the HR Department and explain that they feel they need counselling for work-related stress. If it's not what they consider to be **work-related** then they are not prepared to support that person. That's*

<div align="center">85</div>

why, for me, there's a problem because work-related stress is not something you can define separately from other issues and I know that from my own personal experience as well ... People's response is, "Well, I'm really not comfortable going to HR, because I don't know what's going to go on my record. I don't know how it's going to be seen, what if I want to apply for a job in six months time?" If this is held against me and you, I'm not saying that's how HR would respond, but that is the perception of a lot of staff that no way would they contact HR because they would consider that would be a weakness of their HR record.'

(Support staff, Education)

6.8   SUMMARY

There were a range of initiatives and working practices that organisations were undertaking which broadly mapped onto the 'states to be achieved' in relation to the six stressor areas. However, it was often difficult for employers to determine the precise impact of their involvement with SIP1. This was due to the fact that their monitoring systems were not precise and also because the work they had done as part of SIP1 was often linked to, or embedded in, wider organisational initiatives. There were a number of examples, however, where managers and staff were able to highlight how improved communication, discussion and openness had been achieved due to the work they had instigated as part of the Management Standards approach.

These examples include:

■   Improving the awareness of line managers about the causes of work-related stress and their ability to manage staff workloads to reduce the impact of work demands as a stressor.

■   Using the focus group approach to engaging with staff on other issues.

■   Better communication with staff about work patterns.

■   Managers taking more steps to offer staff greater role clarity and job parameters.

■   Introducing a peer support network for senior staff.

7   RESULTS OF STRESS POLICY REVIEW

When the organisations became involved in the SIP1 project their stress policies were at differing stages of development, reflecting their stage of development in thinking about stress. Their various starting points are reported fully in Chapter 4. Here we focus on the development, content and communication of the stress policy, in the context of their participation in SIP1.

7.1   PRE-EXISTING POLICIES

Five of the seven organisations already had a dedicated stress policy in place prior to their involvement with the SIP1 project. Some of these reflected a more reactive and individualised approach than that promoted by the HSE (although access was not given to all these original documents). Four of these five organisations have revised or developed their policies in light of their involvement with the pilot. The remaining organisation has not yet updated its policy but has produced staff guidelines more in line with HSE policy.

One of the seven organisations had a suite of policies in place which dealt with stress indirectly, in the wider context of supporting work-life balance; again, reflecting a more reactive and individualised approach (Organisation 7, Health). This organisation has gone on to develop a dedicated stress policy.

It is unclear whether the remaining organisation had a policy in place prior to their involvement (Organisation 5, Insurance). However, their current policy is almost identical to the HSE sample policy.

7.2   DEVELOPMENT OF THE POLICIES

7.2.1 Timing of policies

The policy documents appeared to be reasonably recent in their development, and three of the six were still in draft form. Four were dated and three had a review date specified. One was dated as originating in 2006 and two were dated as originating in 2007 (ie since the organisations had joined the project). The earliest dated document seems to have originated from December 2005 but showed marked similarities to the HSE sample policy which indicates that the policy may in fact have been developed since the organisation's involvement in the SIP1 project but without the date being changed. All but one of the documents contained material that would indicate that the policy was heavily influenced by their involvement in the SIP1 process or by resources publicly available from the HSE website on the Management Standards. Although the stress policy of one contained no hint that their policy has been influenced by HSE standards, the five steps approach to risk assessment or any of the information from the website, their stress management guidelines for staff have clearly been influenced by the Management Standards (Organisation 2, Education).

Given the dates of the available policies, it would appear that in most cases, the policies have been drafted or revised since the organisations have become involved in the project. In addition, a review of the content of the policies (please see Section 7.3) indicates that at least some of the documentation of all organisations has been heavily influenced by the HSE approach.

7.2.2 Changes to policies as a result of involvement

Prior to their involvement with SIP1, one organisation (Organisation 7, Health) had a range of policies in place to deal with various issues, such as flexible working, childcare support, as well having policies of broad welfare type interventions (for those suffering from stress) in order to provide support, counselling, and alternative therapies etc. However, these policies tended to address how to support staff with challenging work-life balance issues etc., rather than looking at what might cause stress and how the organisation can avoid work-related stress. They developed a dedicated policy during their participation in SIP1. The current policy on stress uses the Management Standards as the main framework to address and deal with work-related stress in the organisation.

> *'We are at that point now where we are beginning to be a bit more proactive and look at causes rather than treatments.'*
>
> (Head of Health and Safety, Health)

For most of the organisations however, dedicated stress policies had already been drafted but they needed more help with refining the policies and implementing them. For one organisation (Organisation 3, Banking) a draft stress policy had been drawn up in the past but never progressed further. However, a formal stress policy is now in place. This was mentioned as one tangible outcome of participation in the project. The Employment Relations Manager from this organisation said that they 'would have evolved policies in this area anyway' but that they have probably been 'more mindful' as a result of their SIP1 participation.

For one organisation (Organisation 6, Central Government Service), the chance of involvement in SIP1 came at the right time, as they were looking at the issue of work-related stress and had written a policy, but did not really know how to take things forward. Gaining help and guidance on how to implement this new policy was a major factor in their decision to take part. A review of the policy suggests that it may have been already well developed before SIP1 but that annexes have been informed by the organisation's involvement in SIP1.

> *'It was a godsend really because we got to the stage where, as I said, we had written the stress policy. I wasn't sure how or why it would make any difference and certainly wasn't sure about how we would do some organisational-level risk assessment .... So it was very timely.'*
>
> (HR Director, Central Government)

For another organisation (Organisation 1, Office of Central Government), their stress policy, still in draft form, has been further developed during the course of SIP1 and draws on standards but is not driven by them. It refers to the HSE definition and risk assessment but not the Standards. In addition, it retains features such as notes on legal compliance and symptoms of stress. This organisation wished to conform with the HSE approach while maintaining much of their original policy.

> *'We aligned it because we entered into a partnership with HSE. We take these things seriously. We wanted the exercise to be a success. We tried to mainstream what we were doing.'*
>
> (Senior HR Manager, Central Government)

> *'The stress policy has definitely changed. We've adopted the Standards within them and linked in with the HSE risk assessment.'*
>
> (Line Manager, Central Government)

A stress policy has been in place for some time at one organisation (Organisation 4, Local Authority), but has been revised within the last two years. Although interviews with managers and staff gave little indication that the policy had been influenced by involvement in SIP1, its content would suggest that the policy has been influenced by the HSE approach. The policy refers to the HSE definition of stress, the Standards and an Internet-based stress tool kit including a guide to risk assessment.

One organisation (Organisation 5, Insurance) had a stress policy which was almost identical to the HSE sample policy dating from early in their involvement in SIP1. It so closely reflects the HSE sample that it would suggest that a policy had not been developed prior to their involvement in SIP1. It would also suggest that little attention and thought was given to producing a policy to suit the context and culture of the particular organisation. A more 'bespoke' version could suggest a more convincing attempt to address the issues.

Only one organisation (Organisation 2, Education) had not changed their formal written policy since being involved in SIP1. In this organisation there was a stress policy in place prior to the pilot. This very much reflected a reactive and an individually based approach, but other documents (eg staff guidance) suggest an approach more in line with the HSE's approach. It is likely that policy has been influenced by involvement in SIP but that the policy document itself needs to be updated to harmonise with other documents and actual practice within the organisation and to reflect the messages being provided to staff through other means. In this case, the harmonisation of various documents available to staff would clearly be beneficial to staff in terms of the understanding and implementation of the policy. It is believed (based on the review date listed on the policy) that the stress policy could be due for revision.

7.3 NATURE AND CONTENT OF THE POLICIES

7.3.1 Format

The documents were all short, the longest policy was eight pages with five pages of appendices and the shortest was two pages with no appendices. Three had appendices or explicitly linked resources (hyperlinks) including guides for managers, risk assessment tools, the six standards, and advice for employees.

7.3.2 Ethos and drivers

A comparison was made of the ethos and drivers communicated by each policy document by looking at its wording, especially as it appeared in the introductory part of the policy. Most policy documents generally reflected the ethos of the example stress policy provided by the HSE; that is, the protection of the health, safety and welfare of employees. Two actually went beyond protection to more proactive promotion of health, safety and well-being, for example:

> '... to provide a positive contribution to a culture of proactive health promotion.'
>
> (Organisation 6, Central Government)

> 'The Trust is committed to developing a working environment that promotes the health, safety and well-being of the organisation and its employees.'
>
> (Organisation 7, Health).

Two went beyond the HSE example in another way, in that they extended the protection beyond employees to either *'all those who come onto our sites and interface with us'* (Organisation 5, Insurance), or more modestly to *'employees and contractors' employees'* (Organisation 6, Central Government Service).

One of the policies did not explicitly speak of an intention to protect the health, safety and well-being of employees (Organisation 2, Education). Instead, this policy emphasised individual differences and the impact on performance. The policy opened with commitments *'to provide training and support to help managers and employees understand and recognise the nature and causes of stress'* and *'to helping managers and employees take positive measures to manage stress effectively'*. It differed from other policies which contained statements about protection and duty of care.

Generally, the policies spoke of stress as an organisational issue to be addressed. At one end of the spectrum the policy included a statement that the organisation *'wishes to create a culture where stress is recognised as an organisational issue and not just a problem for individuals'* (Organisation 4, Local Authority). Whilst at the other end, one organisation's (Organisation 2, Education) policy included a combination of statements based more upon an understanding of stress as an individual issue, for example:

> *'The work demands that are tolerable to one employee may not be to another.'*

> *'Stress is a term used to describe the symptoms experienced by an individual when that person cannot cope with the pressures and demands placed on them.'*

Although this policy went on to say that it would *'take steps to ensure that work responsibilities are reasonable'*, in the main, the policy focussed on individual differences.

Three of the policies specifically noted that although stress may or may not be work-related they would seek to support employees irrespective of the cause (Organisation 1, Office of Central Government; Organisation 6, Central Government Service; and Organisation 7, Health).

Only one of the policies included a financial argument to tackle stress, which linked the issue to absence. Two policies, however, linked stress to performance issues. The examples shown below show how the phrasing of such issues can differ in how positively this can be presented.

> *'In working towards becoming a model employer, the Trust is committed to developing a working environment that promotes the health, safety and well-being of the organisation and its employees, recognising not only the benefits for staff that accrue through the implementation of the principles of Improving Working Lives[1], but also the consequent improvements to patient care.'*
>
> (Organisation 7, Health)

> *'Stress is a health issue which can have serious effects on the well-being of employees and their performance.'*
>
> (Organisation 2, Education)

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[1] *Department of Health model of HR management.*

Reflecting the general emphasis on protection and duty, four of the policies referred to the organisations' legal responsibilities, and some explicitly specified the 1974 and 1999 Health and Safety Acts. One also referred to the requirements under the Disability Discrimination Act to make reasonable adjustments.

7.3.3 Senior commitment and support

Although many of the policies contained a general statement that the organisation took the health of their employees seriously, few of the policies contained an indication of high level support and commitment to reducing and managing stress.

Three of the policies indicated who 'owned' the policy and was responsible for its implementation (Organisation 7, Health; Organisation 4, Local Authority; and Organisation 2, Education). Only two of these specified high level responsibility for the policy and its implementation. One stated that the Chief Executive had overall responsibility for the health, safety and well-being of all staff and that the Director of HR had been identified to lead the development of the organisation's Policy and Strategy to effectively manage work-related stress (Organisation 7, Health). Another makes it clear that the college governors own the policy and are responsible for the implementation and overseeing of the policy (Organisation 2, Education). The third policy which identified the ownership of policy indicated that ownership was by the Safety, Emergency and Risk Management Unit (Organisation 4, Local Authority).

One further policy contained a statement that the stress policy:

> '... sits alongside the H&S policy, carrying the same weight and importance.'
>
> (Organisation 5, Insurance)

It is likely that this was meant to be a positive statement that the stress policy is taken seriously; however, this does of course depend on what weight and importance is seen to be applied to the health and safety policy.

7.3.4 Links to other policies and resources

All but one of the stress policies made reference to other company policies. One stress policy mentioned as many as 11 other policies which related to potential causes of stress, and methods for managing its impact on the individual and the organisation (Organisation 7, Health). The policies most likely to be specifically highlighted with the stress policies were those dealing with bullying and harassment, though absence and attendance management policies also featured. Other policies and programmes mentioned in the stress policies themselves related to work-life balance and Employee Assistance Programmes and it would appear that most of these policies and programmes pre-dated the stress policies.

In one organisation (Organisation 2, Education), whilst the actual stress policy showed little evidence that it had been developed using guidance from the Management Standards approach (ie it did not reflect a risk assessment approach or specifically relate to the six stressor areas). However, other documents were clearly designed using the principles of the Management Standards. For example, the organisation's *Guide for Managers* contains information about conducting risk assessment for stress and explicitly references the different standards.

Three of the stress policies included explicit links to relevant tools and resources, eg:

■ guides for managers

■ employees FAQs

■ sources of support for employees

■ information on stress or the Standards

■ guidance on conducting risk assessments

■ forms/checklists for conducting risk assessments.

7.3.5 Understanding of stress, definition and the six standards

All but one of the policies utilised the HSE definition of stress as *'the adverse reaction people have to excessive pressure or other types of demand placed on them'*. The definition in the remaining policy also appears to have been heavily influenced by the HSE definition in that it differentiates between stress and pressure. However, it uses slightly different language:

> *'A term used to describe the symptoms experienced by an individual when that person cannot cope with the pressures and demands placed upon him/her.'*
>
> (Organisation 2, Education)

The six standards are mentioned in three of the stress policies themselves and appear in full in at least one related document for five of the organisations, for example, as an appendix to the policy, in risk assessment templates or in guides for managers. In one organisation (Organisation 5, Insurance), it was only possible to review the stress policy without any supporting information. This organisation's policy made no mention of the Standards but it is possible that information on the Standards was available in other documents. However, links were not always made in the stress policies to other relevant documents, so readers of three of the six policies (including managers) may not be aware of the Standards or the potential stressor areas.

Notably, one of the organisations (Organisation 6, Central Government Service) has adapted the six standards, by combining the areas of support and relationships and adding two other stressors. These additional stressors are described in their policy and other documents and clearly map onto the HSE standards. The two additional potential stressors are described as:

■ Physical environment (temperature too high or too low, ergonomics, lighting).

■ Personal factors (difficulties with carer responsibilities, underlying health issues, personal relationship factors).

The resultant seven areas of potential stress appear consistently throughout the policy, an annex of background information, and the risk assessment template.

Another organisation (Organisation 2, Education) also mentions physical environment as a potential stressor in its policy. However, unlike the first organisation, the five stressors it mentions do not map clearly on the HSE standards, although there is overlap. Instead they list the following conditions that will prevent stress in the workplace: reasonable workloads; work that matches the employee's skills and abilities; healthy working conditions, where there is sufficient light and appropriate noise levels; clear communications and instructions

from line managers; and the absence of bullying and harassing behaviour (as defined in the College's Harassment Code of Practice and Procedures). The guidance given out to managers in this organisation on stress, however, (as discussed earlier) use the HSE's six standards. There is, therefore, the potential for confusion internally within this organisation, as the policy and other documents do not have a consistent approach. However, it is clear from the supporting notes that the organisation spent time understanding the Standards and applying them to the organisation's own activities and structures in an attempt to improve their policy.

7.3.6 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 by all of the case study organisations.

Risk assessment is specifically mentioned in five of the six stress policies reviewed. Only one organisation made no reference to risk assessment in the policy (although it does feature in other documents). Instead, the policy indicated a more reactive approach. The policy wording speaks about stress as a grievance to be raised with management stating:

> *'A formal complaint [of stress] may be made by using the appropriate College procedures; either the Grievance Procedures or the Harassment Code of Practice.'*
> (Organisation 2, Education)

Another organisation for whom only the policy itself was available, used wording exactly as it appeared in the HSE example policy regarding risk assessments. As no other documents are available it is unclear (from reviewing the documents) how risk assessment as an approach is operationalised or embedded within the organisation (Organisation 5, Insurance).

Risk assessment featured significantly in many of the related documents available to the researchers, with two providing detailed risk assessment tools for managers and staff. One of these was to be used with individuals (Organisation 1, Office of Central Government) while the other was designed to be used at individual, group or team level (Organisation 6, Central Government Service). Both were based on the Management Standards (or adaptations of the Standards). Another organisation (Organisation 4, Local Authority) also provided a step-by-step guide for conducting risk assessments but this was not available to the researchers so we cannot be certain whether it was to be used at an individual or area level. There is some indication that it was to identify, assess and implement measures within their local area.

Risk assessment featured particularly in the roles and responsibilities aspects of policies.

7.3.7 Conclusions from the policy review

■ All policies would have benefited from a stronger message of senior commitment and support.

■ A variety of tools and related documents were available in most organisations, though the level to which they were integrated and referenced and therefore accessible to readers varied.

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

■ The risk assessment process appears to have been mainly used in a global way to identify areas of risk across the organisation, though in some organisations it seemed to be principally applied at an individual level or as a reactive tool.

■ Organisations also seem to have been influenced by the HSE understanding of stress in the sense that the HSE definition was quoted widely and the stress standards had been adopted in some form by most organisations. The physical environment had been added explicitly by two of the organisations as a potential stressor area, despite the fact that it is referenced as a sub-heading under the standard on demands in the Management Standards.

7.4 COMMUNICATION OF THE POLICIES

Most staff were aware at a basic level that a stress policy existed where a stress policy had been in place long enough for it to have been communicated to them. Also, individuals appeared to know where they could find such a policy if they needed it (eg *'it's on the intranet somewhere'*). However, not all staff were aware of the existence of policies. In one organisation, a group discussion with staff taking part in the research agreed that, although they didn't know much about the stress policy, they assumed that their organisation would have one because the organisation had such a 'wide range' of policies. In one organisation, a senior manager felt that around four out of five staff wouldn't know about the policy, despite strong efforts by the HR team to publicise the policy and its content and how staff can access it.

Speaking about staff awareness of stress policies:

> *'It would be patchy yes, absolutely, we have all kinds of people; if you were to go into the main building and walk around a lot of the people would know, then when you get out to the smaller offices probably a smaller percentage would know there, then you get out to people further afield and they probably wouldn't know at all.'*
>
> (Senior Manager HR, Central Government)

There was only limited knowledge or understanding of the detailed content of the various stress policies. The general consensus was that those who needed the policy would know how to find out where they could get hold of a copy (most mentioned looking at the intranet as a starting point); also, that individuals don't read the policy until they need to. Additionally, understanding/awareness of policies varied as it did with awareness of SIP1 in a more general sense. Variations were according to role, function, direct involvement with SIP1 or personal experience of suffering or managing others suffering from stress related issues.

When asked what they would do if they had suffered from work-related stress, almost all staff said that they would 'have a chat' with their line manager as their first action. Managers tended to say they would approach HR for support. Two managers did discuss having to deal with stress-related illness with individual staff members and had used their organisation's policies and procedures in doing so, and had found them to be useful.

Staff seem to be aware of policies designed to offer them support, and felt able to find them if needed (generally they were available on some form of intranet), however, policies are only consulted when necessary and some individuals felt that policies could be too difficult to interpret for most staff. In most cases, individuals would use their line manager as the main source of support, and line mangers would turn to either their line manager or HR if they required support to deal with any issue.

'A lot of new policies have been brought in for the better, like the stress policy and the absence management and that kind of thing.'

(Staff member, Central Government)

'There is, everything about it's on the website, but it's so long, so complicated that a lot of people don't bother and they should. I think if you're not a manager you wouldn't look at it.'

(Line Manager, Central Government)

Three of the six organisations who provided copies of their documentation had integrated and cross referenced policies which mentioned a variety of support mechanisms and related policies. One organisations' Employee Assistance Programme featured prominently in its documentation.

7.5   SUMMARY

Six of the seven case study organisations gave researchers access to their stress policies. All were relatively short documents, and most drew heavily on the Standards in the way that they had been structured. Stress was generally described in terms of being an organisational issue, with four policies specifically referring to an organisation's legal responsibilities to manage stress at work. All but one of the policies was linked to other policies (eg on diversity, absence management etc.), or activities (eg EAPs or flexible working). The HSE definition of stress was commonly used within policies, as were the six stressor areas, although terminology could vary between that used by organisations and that used by the HSE. Terminology was not always rationalised between different policy documents on this area within organisations. Risk assessment of stress had been adopted by all six case studies sharing their practices. Most staff were aware of where to go to access stress policies, but most felt that they would only do so when they had a specific need.

8 EFFECT OF SIP1 PARTICIPATION ON THE IMPLEMENTATION OF MANAGEMENT STANDARDS FOR WORK-RELATED STRESS

Given the resources required to run SIP1 (both within employers and in terms of HSE time and resources), it is important to try and gauge the extent to which organisations involved in SIP1 have made changes to their policies and procedures as a result of their involvement. Chapters 6 and 7 covered policy development and specific progress against the Standards; in this chapter the wider impacts of SIP1 participation are considered. However, given the methodology adopted in this research, it was not possible to provide any robust, independent measure of impact, but, it was possible to ask organisations and HSE and Acas staff what they believed the impacts to be. All case study organisations were also asked to disclose any data they had which could help in understanding impacts. This section focuses on the different ways in which SIP1 is perceived to have offered benefits to participating organisations.

8.1 LACK OF HARD DATA

It is difficult to measure the impact for organisations of getting involved in SIP1 in any quantitative way. This is largely because most organisations did not collect hard data which allows any form of 'before' and 'after' comparison. This is exacerbated by the fact that not all organisations involved in the case study work had actually completed a second round of the indicator tool which would have offered some comparative information. There was little work being done within organisations which assessed the relative costs and benefits of their involvement in the programme. Even where data was available, it was often difficult to identify any specific trends or to isolate the impact of the work involved in SIP1.

In one organisation, for example, during the time that the organisation had been involved in SIP1, stress levels (as measured by the organisation's annual staff survey) fell by ten per cent during the first year. However, the project champion did not think that they could fully attribute this to involvement in SIP1, as the project was at a very early stage in most departments at this point. In contrast, during the second year, far more teams had been involved in the audit, but stress levels had actually gone up.

> 'There seems a disconnect between how people are feeling and all the research and work we're doing in this area.'
>
> (HR Director, Health)

There were examples, however, of organisations attempting to isolate the impact of SIP1. One organisation collected comprehensive data on absence, and had used this as a potential indicator of progress on their management of the causes of work-related stress. However, they were clear that, as the organisation was taking forward a number of initiatives in the area of staff welfare, that these could also have contributed to any observed reduction in sickness absence. In an attempt to address this, the organisation also considered reports from its Employee Assistance Programme (EAP) providers, as it was felt that this data was better able to isolate whether the causes of stress were work- or home-related.

One organisation did have relatively good data on stress among its workforce, as a result of implementing the Management Standards for work-related stress (Organisation 7, Health). In this case, the health and safety department was using it as part of the organisation's investigations into accidents, although the difficulty in isolating links between stress and accidents was acknowledged.

'I have an unproven theory that if stress causes error and error causes accidents, stress causes accidents. When I investigate serious incidents, wherever possible I look at the stress data, the management standard data to identify if stress is an issue within the workforce. That's been interesting. There appears to be a causal link but not enough to put your finger on and say for definite. I do use the information as part of an investigatory process.'

(Head of Health and Safety, Health)

Despite this lack of data, all case study organisations felt that, in some way, they had improved the way that they manage stress as a result of being involved in SIP1. Stress partners agreed as it was very rare to find an organisation, prior to their involvement in SIP1, that had taken a proactive or preventative approach to managing stress.

'They had got a lot of things in place to do with managing stress, but what they were not so good at was having interventions set up before people actually started suffering stress.'

(Stress Partner)

8.2   INCREASED AWARENESS ABOUT STRESS

One of the most widely-reported impacts of involvement in SIP1 was increased awareness of managers and staff about the issue of stress. A typical description of the change that resulted from work on SIP1 was that before involvement, stress was something that people knew existed but which they did not engage with, whereas, after involvement, the issue received better recognition, and people could relate to and talk about it much more easily. SIP1 was often identified as offering a useful framework that allowed the identification and discussion of stress related issues. The results of this were that managers within some organisations did feel better able to spot problems earlier.

'It certainly raised the profile of the issue in the [organisation]. It's not that nobody knew anything about stress being an issue before the pilot. Yes, we did. But it's certainly brought it much more out into the open.'
(Operational Manager, Central Government)

'It did bring up things that, if we had not done the stress survey, we may not have been aware and then they just carried on, you know, bubbling up there. And because, as I said, the big thing had been the communication and people's understanding and the roles and things, so I think it was important, it made us more aware of the support that the team needed and how to work as a team better.'
(Member of support staff, Health)

In a number of organisations, there were already some initiatives in place, prior to involvement in SIP1 that either specifically, or marginally, dealt with stress, for example, a pre-existing stress policy. In one of these, a process of discussion and training had already been started which was difficult to disentangle from SIP1 activities. Even within this context, however, those closest to SIP1 do feel that there has been a benefit to getting involved. In particular, the support from Acas and the HSE was seen as a very useful way to help move things on. SIP1 was felt to have helped to raise the profile of stress as an issue within the organisation, and across the organisation as a whole, to allow management to be seen to be tackling the issue. This was despite the organisation not reaching the action planning stage.

'For me as a manager now of a big department, it is trying to make sure that I am listening and if something can't be done then it is explained to somebody that it can't be done and why it can't be done, so from that point of view that's a useful learning experience for me.'

(Senior Manager, Education)

Increasing the visibility of managerial commitment to stress was also felt to have been a positive aspect of SIP1.

'I think the project was good. I think that we wouldn't have anything in place if it wasn't. I'd done the procedures before we started, but spreading it, making it more than this set of procedures, it helped me disseminate those a bit more, raise awareness across the board and make us feel as though we were doing something as an employer to try and reduce stress in the workplace. I think it's still very woolly, but perhaps that's just the way it is.'

(Health and Safety Manager, Health)

'It gave the employee reps an opportunity to see we were taking pressure management and stress seriously. We'd entered the contract with HSE and they could see that.'

(Health and Safety Manager, Finance)

8.3   EMBEDDING STRESS IN MANAGEMENT TRAINING

A number of organisations had implemented some form of management training which referenced or complemented the aims of SIP1. This was often introduced alongside a formal stress policy. This represented a more specific focus on stress issues in terms of management competencies. In one organisation, stress management training was now mandatory for all managers, and in another, stress management was part of an online training package. Another organisation had introduced mandatory stress management training since SIP1.

'We now have a policy. We have formal training courses for managers on stress, we also have a kind of renewed focus with our occupational health team on stress.'

(Project Champion)

'I've built the Standards into our e-learning project ... I'm just finishing writing something that's going on our intranet site, guidance to managers.'

(Health and Safety Manager)

'I think the tools that were given to us (as part of the management development training programme) was to recognise that to empower the staff to make their own decisions. I think that has been a major change here – empowering staff, give them the tools and the backing and support.'

(Operational Manager 1)

' ... and to come up with solutions rather than just issues.'

(Operational Manager 2, both Education)

8.4 BEING ABLE TO ACT ON STRESS

In some cases, involvement in SIP1 accelerated actions or helped the organisation to deal with problematic issues much more effectively. It also helped managers gain confidence that they could and should take action. Some organisations felt that involvement in SIP1 provided them with a tangible framework within which they could cluster actions that they were already carrying out, and which therefore enabled them to formalise their actions and make them more concrete. In one organisation, staff felt that they were now more aware of how they interact with each other and are able to spot potential issues and deal with them before they become real problems.

> *'The main difference for me was prior to the pilot, the stress issue was something you were aware of, but didn't feel all that well equipped to address and almost thought well, if I open this up, I'm getting into an area where there's going to be all kinds of problems, am I going to be able to manage it? You're going to open up a lot of problems that staff has, not just on the workplace, but on a personal front. Prior to the pilot, and prior to the new policy, it was harder for managers to be able to navigate their way through that. Now it's much clearer. Just the fact you've got a stress management tool that you can sit and work through with somebody, that's a hell of a lot easier than just sitting in a vacuum and saying, "well let's talk about your stress now". Where do you start? The tool gives you the direction, a systematic way of capturing the information.'*
>
> (Operational Manager, Health)

Related to this, one organisation stated that one impact of involvement had been that it had been able to use the Management Standards as a way of conceptualising and breaking down stress into something which they and their staff could actually understand and operationalise, by relating the abstract concept to specific aspects of jobs and work.

> *'Although I was aware of stress I wasn't aware of how to manage it. Signposting where you can go for help– it's been very useful for me. I've become a new manager. I've only been in this role for 12 months. It came at a good time for me.'*
>
> (Operational Manager, Central Government)

8.5 PROGRESS JUST BEGINNING

There was a view from some organisations that although stress management policies and procedures were now in place, time and effort was needed to ensure that stress management became properly embedded. Further, some organisations had not been through the entire process and therefore felt that further action was needed in the future.

> *'We've got off to a good start. How [things are] down at grass roots level is not necessarily the same because it takes time for things to percolate down – what does it mean to an individual member of staff that we have a good stress policy if they're overloaded with work and there doesn't seem to be a ready way out of it, if staff are bursting into tears, are feeling as though they can't cope because of workload? So I think we've a way to go to trickle it through the organisation to make people right at grass roots level feel as though they are benefiting from the policy.'*
>
> (Health and Safety Officer, Central Government)

One organisation highlighted how it was keen to carry on managing the causes of work-related stress to see concrete and sustainable outcomes in terms of absence data. It was also keen to work on the areas of risk that have been identified by the survey. Another had

aspirations about its monitoring and measurement systems, which it wanted to improve in order to ensure that future impacts of initiatives could be better measured.

'If we can get our data collection and analysis done properly then we should be able to make a direct link between proving our management of stress and preventing stress and improved attendance, because if people are making themselves ill as a result of the pressure that they are under at work or the stress that they are experiencing at work or the relationships at work or not feeling valued, then if we can capture the data effectively and then analyse the reasons for sickness absence and then measure that on an ongoing basis which we will be able to improve our attendance which is a huge cost. Sickness absence is a huge cost to us.'

(HR Manager, Health)

8.6 SUMMARY

Organisations were able to identify a range of impacts that their involvement in SIP1 had facilitated. Whilst little hard data had been collected or cost benefit analysis undertaken, staff from case study employers and HSE/Acas partners were all able to highlight specific changes that they felt were attributable to SIP1 activities. It is worth noting that a second round of survey work would provide more hard data, but only two out of the seven case study organisations had completed a second wave at the time of this research. Better information, therefore, should become available as more organisations complete one full cycle of the process.

At the stage at which the research was conducted, the specific organisational impacts were identified by research participants as including:

■ Increased awareness about stress and visibility of the issue, often at all levels of the organisations.

■ Greater coverage of stress issues in management training and development activities.

■ More confidence amongst managers and staff about how to act when/if stress became a problem at work.

9   LEARNING FROM THE SIP1 PROCESS ABOUT IMPLEMENTING THE MANAGEMENT STANDARDS APPROACH

This research has collected the views of organisations taking part in the HSE Management Standards for work-related stress Sector Implementation Plan Phase 1, and those of HSE/Acas staff involved in providing professional support to these organisations. It has examined how the procedures outlined in the Standards document have worked in practice for organisations and how well they have been able to address issues identified against the six stressor areas. In this chapter, these experiences are drawn upon further to identify ways in which the Standards process could be improved by examining barriers to progress within specific organisations.

9.1   LESSONS AND EXPERIENCES FROM IMPLEMENTING THE PROCESS

Workplace stress is a complex issue and the Management Standards for work-related stress offer a framework for conceptualising stress. SIP1 participants were asked not only to take on board this framework, but also to put into place specified procedures designed to assess risks related to stress and to investigate how stress-related issues were affecting staff. This required that managers and staff at all levels become involved in the initiative, and despite experiences that differed in the details, organisations did agree on some aspects of their experience that they found challenging.

9.1.1 Keeping momentum going

One of the key factors common to virtually all organisations in this research was the difficulty in keeping initial momentum going throughout the life of SIP1, even in those organisations that had strong support and commitment from senior management. Typically, the project was launched and awareness was high for a time, but it often slipped off the agenda, due to time pressures or conflicting demands on management time. Keeping the interest of staff too, proved a challenge. This was clearly an issue for a number of the case study organisations who had found it difficult to complete one full cycle of the Management Standards approach within the estimated 18 months. A number still planned to undertake further activity, but this was taking much longer than they had anticipated.

> *'In the early days the project was very well received. I think as time passed, getting commitment from managers and people on the steering group ... became more problematic ... I don't think the time pressures were any greater, I just think that in the early days people were interested and enthusiastic and over time interest waned a little bit and I think that is regrettable really.'*
>
> (HR Director, Central Government)

Reasons for delays in the implementation of the process were caused by a number of issues, including:

■ The perceived burden of the Management Standards process and the level of commitment required to fully implement it.

■ The way that results from stages in the process designed to identify the specific causes of work-related stress in organisations were communicated to senior management. When

results were unpalatable there could be a lack of clarity within the organisation on what would be a useful organisational outcome.

- Overburdened project champions/managers and/or other resourcing issues. Individuals/groups charged with implementing the Management Standards process were often too busy with other work to dedicate sufficient time to the project.

- Problems in holding the interest of staff due to poor organisational communication or frustrated expectations of the process.

9.1.2 Dependency on key personnel

The implementation of the SIP1 process was often dependent on a very small number of key personnel, or just the designated project champion. If that person left or moved to a different role, this could have serious implications for the programme, particularly if the incoming staff had a different view of, or commitment to, the project. Changes to senior management could also affect the progress of SIP1.

> *'There was a change over at the top … the previous manager was keen to do it, but I don't think he really cared because he knew he was going out in three months' time. The new manager started and the project champion had already agreed, and the Steering Group had already been formed for the project and he said, "What the hell have you got yourselves into?" Overall, he has been a negative to this project.'*
>
> (Stress Partner)

The experience of one organisation provides a specific example of how these issues affected their ability to move forward. The project champion changed job role internally, being given a larger remit and more responsibility. They discussed how this made it difficult for them personally to drive the project. In addition, senior management lost interest following the results of the survey as it offered a relatively positive picture of the position within the organisation. Nothing was identified, as they saw it, that needed urgent attention, so when the support of Acas and HSE ceased, progress within the organisation on SIP1 simply stopped after the focus groups had been completed.

9.1.3 Engaging staff and managers

In some organisations, difficulties in implementing the procedures were felt to be due to the attitudes of staff. In one, management stated that, in their opinion, staff simply did not want to recognise the existence of stress because the overriding culture is that recognising stress is admitting to a personal weakness. Further, in some organisations where staff were faced with a range of, as they saw it 'concrete' issues, such as high workload and/or a difficult physical environment, gaining serious engagement with the issue of stress was perceived to be difficult. In one organisation, mangers identified organisational cynicism and a general lack of enthusiasm from staff as the main issue they faced in implementing the Standards.

> *'Sometimes it was like blood out of a stone to get people to get involved and get engaged with it and they were quite disappointed by the cynicism, that lack of enthusiasm from the staff group. I think they'd gone in thinking, they were in the right position they could actually work staff up with this and they struggled with the lack of enthusiasm from other people.'*
>
> (Operational Line Manager, Health)

The importance of line managers in taking forward actions was also identified as a difficulty in one organisation. It was felt that there was a need to ensure that line managers are adequately supported and trained in the future to ensure a consistent approach to initiatives like SIP1, as the current position is that the behaviour of mangers varies greatly. In some organisations, stress partners identified problems at middle management level whereby individuals were under pressure from both staff (in terms of managing expectations) and senior management (in terms of demonstrating progress). One HSE partner identified how middle management can be key to the success of focus groups, as they can either encourage or discourage staff participation.

> 'And I think that in the organisations I've worked with, middle management do get very frightened of the process because they feel that they're stuck in the middle. They are the deliverers, but they're also the people who manage most of the staff. So middle management tend to take these kinds of processes quite hard.'
>
> (Stress Partner)

> 'The reason that I feel the focus groups were not successful is because I don't think we had middle management buy-in. I think we had union buy-in and we had upper management buy-in but not middle management, so they didn't release the people to come to the focus group sessions.'
>
> (Stress Partner)

The motivations of senior management for getting involved in SIP1 could also affect progress. In one case, the organisation had elected to participate in order to avoid HSE action, and there was a lack of commitment to SIP1 which made the work of the stress partner difficult.

> 'They have to have started out the most reluctant volunteers on this planet. They really didn't want to deal with stress. They had no motivation, no commitment whatsoever and having agreed to do this in order not to get a notice, thought they could sit back and do nothing because they'd got an exemption. That was where the initial struggles were with this vast organisation.'
>
> (Stress Partner)

9.1.4 Use of the indicator tool and other data to inform problem identification

Conducting and analysing the survey could be a difficult stage in the process. In some organisations there were problems with agreeing the content of the survey, and where the tool was adapted in some way, this could take time. Adaptations were used to add additional information, or in cases where there were particular sensitivities. Some organisations did take time out to adapt the tool, in order to tailor the survey to their individual needs. Later stages in the process, including analysing the data collected from the survey, could also cause delays and organisations seemed to need support in converting results into something useable within their organisations. In at least one organisation, managers also had concerns about how honestly staff had responded, as there were difficulties in assuring staff about the confidentiality of their responses. Dissatisfaction with the tool or its results could act as a barrier to further progress.

> 'Both organisations [that they have worked with on SIP1] have jumped up and down about the questions and whether they could change the questions to better reflect the specific organisations that they are part of.'
>
> (Stress Partner)

'It did raise concerns that they could be identified, so how honest people would be prepared to be under those circumstances if they felt they had real issues is doubtful. So I think trying to explain processes which reassure people has been difficult. HSE have actually tightened up their reporting mechanisms now so anything with less than ten respondents in any group you cannot actually generate a report, so even if you want to override that system you cannot so that is a reassurance.'

<div align="right">(HR Business Manager, Health)</div>

9.1.5 Use of focus groups

The focus groups had a dual role: allowing organisations to drill down into problems raised by the indicator tool, other staff surveys or existing organisational data; and generate ideas for solutions that could be moved forward to the action planning stage. Whilst they proved a useful vehicle for the former, it was more difficult to determine how well they had been used to address the latter. The groups themselves tended to produce very localised recommendations for change, particularly when they were run within a particular team. This could mean that senior managers hoping to move forward with organisation-wide initiatives struggled to turn the outcomes of focus groups into something workable. This often resulted in organisations failing to take the Management Standards process any further after completing focus groups. Having experienced and well trained facilitators was seen as an enabling factor in the success of focus groups, but without the support of Acas advisers, it is likely that taking forward focus groups will become even more difficult for organisations in the future.

9.1.6 Perceived 'rigidity' of the programme

The experiences of stress partners suggested that, in the main, organisations attempted to implement SIP1 without significant alterations. However, some case study organisations reported that they felt that the process of SIP1 was too 'rigid'. For example, some would have liked to have been able to implement it in a part of their organisation before rolling it out to the entire organisation, and in a number of cases this adjustment of the process had actually been made, with organisations targeting particular areas as a priority.

'They wanted to almost pilot it within their own authority and do one department for us, and then move it on. But we were not allowed to do that, it was either all or nothing and this is what we were told in the beginning ... so they almost did that, in their own little way they sort of did housing and social and education and all that. In discreet areas, which took forever, we really did lose half a year I'd say.'

<div align="right">(Stress Partner)</div>

In one organisation the Standards themselves were seen as 'too aspirational' for that sector (healthcare), particularly in the areas of control and demand. In another (from the finance sector) it was felt that the pace was not right for them and that SIP1 did not fully align with what the organisation wanted to achieve in the area of stress. Stress partners also noted that some organisations wanted to skip sections of the programme or make changes to the SIP1 model. For example, one project champion struggled through the process without a steering group, while another organisation formulated a draft action plan before distributing the survey. Also, the timetable was felt to be unachievable for some organisations. Certainly, the progress made by most organisations involved in this research, not only the case studies, but also the wider range of organisations served by the HSE and Acas partners would suggest that organisations have taken much longer than anticipated to move the process forward.

9.2 ROLE AND UTILITY OF ACAS AND HSE SUPPORT

An important aspect of SIP1 was offering support to organisations in implementing the Standards. Overall, organisations were very receptive to this support and discussed a variety of different benefits of having professional advice available. HSE and Acas staff also seemed to enjoy working in their support roles. However, both the organisations and the HSE and Acas staff were also able to reflect on ways in which the relationship could be improved in the future.

It should also be noted that several organisations had benefited from the assistance provided by HSL who provided consultancy with IT support for the processing and analysis of questionnaire data. The evaluation of this role falls outside of the scope of this research.

9.2.1 Stress partners

Some organisations were initially wary of the stress partners, given that the HSE and local authority role is usually as an enforcer rather than a body working in partnership with organisations (at least within this context). However, this tended to dissipate once the nature of the relationship became clear and there were, most commonly, good working relationships between the organisation's project champion and the stress partner. In one organisation, the reputation of the HSE as an enforcer was a positive element, as it gave the project greater momentum and profile. In another, the benefits of having HSE involvement were that the approaches and structures that the organisation was already trying to achieve, prior to SIP1, were validated from an external perspective.

> '*For us, the HSE was always a bit scary really, depending on when something went wrong and they whacked us over the knuckles. So to have somebody that I know within the HSE, and there are a few people now that I know within the HSE, where you can be much more proactive in your response to things, not just about stress, it is a very useful spin off for me personally.*'
>
> (HR Director, Central Government)

> '*I think they were very good when they came in and was always very supportive. I think it was very good in terms of saying you have actually got things in place, you are doing things. It's one of those unknowns, we do actually do things but it's almost that we didn't know. You know it's quite nice to have an outsider from the HSE to come in to tell you that you are actually doing OK.*'
>
> (Health and Safety Manager, Education)

From inspection to support

In a number of cases, organisations felt that stress partners needed to adjust to their new role in switching from inspector to offering advice. A number of stress partners felt that the relationships they built with SIP1 organisations were not vastly different to those they had established with organisations that they deal with in their normal roles, but there were also individuals who felt that there were significant differences between what they had been asked to do within their stress partner role and their normal duties.

It was a common experience for stress partners to feel frustrated by a range of organisational factors, including timescales, the way that groups worked, and methods of communication used in relation to SIP1 (including the distribution of the indicator tool and discussion about its results). One stress partner specifically noted how differently he would have behaved, given a lack of progress within the organisation he was working with, if he had been visiting

as an inspector. Another discussed how slow progress within one organisation required her to increase the level of support and direction she offered to an organisation, including involving Acas to help move things forward.

> *'In my other role, my normal role, I probably would have pushed harder and said I'm sorry you're not going at the speed that I think is reasonable.'*
>
> (Stress Partner)

> *'I felt sometimes, even though we're not meant to direct things, you have to be a bit more directive with them and say well you know this has been going on, they wouldn't make a decision if they wanted focus groups, what they wanted to do with the information, some of them didn't like it. So I felt that was a problem, and that's when we actually got Acas involved.'*
>
> (Stress Partner)

The role of a stress partner did vary from a very hands-on, active role, to a more passive role, serving principally as a 'sounding board' for new ideas. Some partners reported how they had no choice but to remain at arms length when, despite their best efforts to remain in contact, it was clear that the organisation did not want/need their contribution. However, several of the HSE partners emphasised that the programme provided a level of support and encouragement that organisations who found it more difficult to implement the Standards really needed, and their relationships with organisations were extremely positive as a result.

> *'If I'd gone in there and said, "I don't care", I don't think that would work. It could have but you don't think you would have had a good result and such good remaining relationships with the organisations, which is important for anybody who goes in afterwards. If we can build good relationships with people, by getting them to do the right thing, rather than doing it with a stick, that's got to be a good thing I'd say.'*
>
> (Stress Partner)

Some HSE partners resorted back to an enforcement approach when the programme appeared to be breaking down or where organisational commitment was lacking. One partner's approach was to visit or write directly to the chief executive in these circumstances and remind him/her of their legal duties as an employer.

> *'I shouldn't have had to go back and keep reminding senior management and treating it as if it was something they were doing for me as a favour, rather than meeting their legal obligation.'*
>
> (Stress Partner)

Many of the inspectors were reluctant to introduce the enforcement element but on some occasions felt they had no choice but to force (rather than facilitate) the process. At the same time they were aware that SIP1 was not intended to be an enforcement led initiative and it was felt that they 'had no real power', resulting in some conflict in their role.

Understanding organisational cultures

Another challenge for HSE staff has been to fully understand the organisational cultures of SIP1 employers. Moving from generic expectations on timescales, for example, to a detailed understanding of how and why things work the way they do within organisations was often a big issue in the early stages of developing a stress partner relationship. In one case study (from the health sector) both the project champion and HSE partner agreed that the HSE inspector didn't have enough understanding of the culture within which the Standards were

being implemented when they first started in their support role. This led to frustrations about 'slow' progress which was actually due to the size and complexity of organisational systems and processes in place. What organisations saw as 'unrealistic expectations' held by their stress partners could be a cause of friction in the relationship.

> *'That is quite a hard transition for an HSE inspector to move from being somebody with an inspector's hat on to being a supportive partner, and their expectations of the timescales that we could deliver, I think we felt were a bit unachievable for us.'*
>
> (HR Manager, Health)

> *'She was quite demanding in terms of what she expected to see and I think our Director and Non-Exec Director found that quite challenging. Yes she has mellowed and she has got to understanding the organisation so I think, you know, it is a much easier relationship and she still does come to the Steering Group even though I am not sure if she needs to because the actual project element has finished. It is just now she wants to see us through to having rolled it out right across the organisation, and I think she has sort of now cited us as a success story in terms of how a big organisation can make it work.'*
>
> (HR Business Manager, Health)

In one organisation, the stress partner was given personal praise, but their approach to supporting the organisation was questioned. This organisation was approached to join SIP1 after the start date and was around four months behind the initial launch. They felt that their stress partner tried to hurry along the process in order to allow them to 'catch up' with the SIP1 programme, with the result that they felt 'bombarded' with paperwork. Perhaps related to this, there were also some issues within this organisation whereby they felt that the focus of the project was not helping them improve, but more about meeting the requirements of the SIP1 project as a whole. Progress within this organisation lasted only as long as the stress partner was available to support them.

> *'What we were being asked to do by the stress partner to meet our Willing 100 requirements were becoming onerous …. The focus changed from developing something that would help our people to satisfying the requirements of the Willing 100 project.'*
>
> (Health and Safety Manager, Finance)

Most of the partners had reached the end of their work with their partner and some expressed frustration that they had left the organisations effectively abandoned. This also meant that in some cases they were unable to see the potential fruits of their hard work, which was personally unsatisfying. In a minority of cases involvement was still ongoing: although SIP1 came to a formal end in April 2008, some stress partners had been encouraged to sustain their contact with the organisations. However, this meant that for many of the organisations involved in SIP1, the full extent of organisational progress was difficult to gauge. A number of HSE staff directly identified the timetable for SIP1 as being problematic not only for them in their support role, but also for organisations more broadly. The feeling was that organisations needed longer to fully implement the Standards. A term used quite often by inspectors was needing to 'keep the pressure on' in order to fully actualise changes within employers.

> *'I don't know how far those action plans have gone, because we have drifted away from support we were giving them. I haven't had contact with them for a while. But it is a real shame because it is a subject we need to keep the pressure on.'*
>
> (Stress Partner)

'It was totally underestimated... And I think that has been one of the big downfalls because it was said that this would be a two year project and HSE at the top said, yes we will agree to this work to start, but the two years came to the end in April this year and a lot of our organisations were still only half way through, and because of the nature of the stress subject we need to keep the pressure on these organisations to see it through and we haven't necessarily been given the resource or commitment to say please stay in touch, please regularly visit and make sure they do complete.'

(Stress Partner)

9.2.2 Acas advisers

The organisations that had worked with Acas saw its independence and reputation as a major advantage. Some organisations had worked with Acas before on employment relations issues, and so were aware of Acas and its work. The skill of individual Acas advisers in working with staff at all levels was also highlighted, as was their enthusiasm and commitment to the project.

'The fact that they knew Acas were impartial and independent, that was a factor. And also that the HR people knew that the sort of work Acas could do, most of them come to our seminars etc., so they are aware of Acas. That was a good help in terms of getting things done and they trusted us. Also they knew that I had a knowledge of things like employment tribunals that I could impart to them in terms of the more practical things if somebody was going to take them to a tribunal about bullying. I had information of that nature I could offer them.'

(Acas Adviser)

'The Acas guy ran the groups, but certainly in the preparation when we were talking to the unions about how did it and what have you, he was actually very cleverly challenging in my view. I was really impressed with him. It was a three hour meeting, but the kinds of things he was talking about, pay or whatever, he was really turning that on its head and looking at what the dimensions were. So rather than people use it as a way of, "oh well, I can get on my soapbox and talk about this", it was really about what they were doing and how they could change things.'

(Senior Manager, Education)

'It is very labour intensive conducting focus groups and you have got to prepare for them and actually facilitate them, they lasted about an hour and a half to two hours each and all the notes to write up so I thought as a resource it was wonderful to have that level of input during the project.'

(HR Manager, Health)

In most cases, organisations would have preferred to have more involvement from Acas, particularly at the outset. Also, once the funding for Acas involvement ran out, it could mean that there was an abrupt end to the relationships which both the Acas advisers and organisations regretted and in some cases felt had damaged the perceptions of SIP1 as a whole.

'It was all very new and so in some respects it felt as though we perhaps needed more guidance about what we wanted, but once we'd got over that hurdle, it was quite supportive in terms of helping us say what we wanted to do.'

(Health and Safety Manager, Education)

'I think they sort of were a driving force and from a resource point of view I think we would have struggled without the Acas facilitator to get through the bonding of focus groups that they needed to have in periods of time that we had. I think it is going to be hard for us to carry on, without that support it would be an ongoing issue for us to have the capacity to do those ourselves. If we had to do it in a very tight timescale it would have been much more difficult.'

(HR Manager, Health)

'Some organisations were left ... a bit high and dry ... HSE had been pushing and pushing all this stress and the Standards at how poor they were and they just said, "sorry we are not doing it anymore". So I think they did themselves some damage there.'

(Acas Adviser)

Acas advisers were overwhelmingly positive about the role they had been asked to play in SIP1. The opportunity to spend time with organisations and work directly with people was particularly welcomed. However, some felt that their role was rather limited and would have liked to have been more involved, for example, being able to attend steering group meetings (although some did attend these meetings), or work directly with senior management as well as project managers/champions. Some found a perceived lack of senior management commitment to be a cause of frustration in their role.

'The down side was sometimes the health and safety people didn't have a very senior role within the organisation. They were brilliant at what they did but they couldn't influence higher levels of management ... if you don't get people right at the top of the organisation saying this is top of the list, if it slips off the agenda, a lowly health and safety person isn't going to be able to get the chief executive to start taking an interest. It wasn't a problem with the individuals, it was the structure.'

(Acas Adviser)

The relationship between Acas stress partners and trade unions, where they were present, could be quite complex. There were a few examples given of active involvement from national trade union levels/full-time officers. However, according to the Acas stress partners, trade unions were not seen to play a very strong or systematic role: they showed interest in getting involved in SIP1 in some organisations and not in others, but were not seen to be strongly campaigning or representing their members in this area. Local representatives sat on a number of steering groups, were trained as facilitators or were focus group participants but often there was a struggle noted between their role as an employee and their role as a representative. Some Acas stress partners were disappointed that unions did not take a more active role, despite their efforts.

'I was very disappointed at the trade union response. In all of the organisations. I felt that if it had been coming from them, if they had been raising the issue and management hadn't been turning up or showing much interest, there would have been a big hue and cry about it. I tried to say that, I felt I could, being Acas, but the response I got from them was, this time factor again, how busy they were. It was taking time out of their normal job. They were practicing people. I understood the problems with it, but it was a frustration throughout the various organisations .... It wasn't that they didn't want to do anything. It was this, taking time out of our daily work and we already have a problem with that and this was just another issue for them to deal with it.'

(Acas Adviser)

It is worth noting that the research was not able to assess how Acas advisers would have worked within the finance sector, as the two case studies in financial services had elected not to take up the offer of this support.

9.2.3 Relationships between stress partners and Acas advisers

The co-operation between the HSE and the Acas stress partners worked well in the majority of cases, with good working relationships reported by both sides. The exact nature of the relationship varied. In some cases, both the partners worked closely together, whereas in others, they worked independently, fulfilling discrete and separate roles. Case study organisations also largely felt that they worked well together and that their roles dovetailed well. The different strengths and skills of staff from the two organisations were felt to complement each other and in most instances there was a clear division of labour.

Acas advisers felt that the HSE partners offered valuable expertise on the Management Standards process and on stress in general. This allowed Acas partners to focus on their specifically assigned components (ie training facilitators or running focus groups).

'I thought we complemented each other. They had obviously a lot of experience and knowledge about the health and safety aspects of things and the questionnaire. Whereas, they didn't have the experience of dealing with groups of people and facilitating things and managing meetings and that sort of thing.'

(Acas Adviser)

'They were the experts on stress. I was the expert on industrial relations processes and trying to get buy-in from management and trade union reps.'

(Acas Adviser)

'It was interesting for many of the Acas stress partners to work with HSE inspectors, we were learning off one another all the time ... because it was a health and safety issue it had more "oomph" behind it. If we say, let's talk about employer relations it always has a wishy washy approach. To start talking about stress leading to illness in the workplace takes on a whole new feel ... I was really pleased to be working with the Health and Safety people.'

(Acas Adviser)

Where there was greater involvement on the part of Acas, this tended to be at the request of the HSE partner. Acas intervention was sought when conflicts within organisations were threatening to stall the programme, particularly in situations where relations between union and management were poor. In these cases the partnership was particularly valued and often very positive relationships were reported. One facilitator felt that, where relationships were difficult, it would have been good practice if Acas could have gone in ahead of the HSE to lay the foundations for the programme.

One potential area of conflict was the very different traditions of working which exist between Acas and the HSE. The historical HSE role as enforcers was seen by some as a real positive, adding credibility and momentum to the project, but for others this was a problem. Some Acas advisers felt that the HSE partners were too focussed on driving SIP1 processes. The basic difference was that the HSE were prepared to be far more forceful in asking organisations to deal with problems and delays, as 'compliance' with the Standards process was more important to them than their working relationships. Whilst these differences do

reflect exactly why the two different roles were established, for some Acas partners this was difficult to deal with, as they preferred to avoid conflicts.

> *'They were process driven so they would be going along to the employer with their book of words telling them how they were going to do things. They would produce sheets saying they have to be ticked and that they were going to ask questions. It's a completely alien process to the way I would ever run anything with an employer .... Our approach would be very different. Ours would be conversationally based. I have got years of experience of talking about how people cope with stress at work or management support or job role or quality of training, appraisal systems and absence management. They don't have the experience.'*
>
> <div align="right">(Acas Adviser)</div>

> *'We're used to joint working with trade unions .... We're used to that approach. The priority wasn't as great for the HSE partner. It wasn't a conflict, it was something that I would have preferred to have been done differently.'*
>
> <div align="right">(Acas Adviser)</div>

HSE partners were very supportive of the Acas role and several felt that the resource offered by Acas was taken away too early, particularly given that many organisations failed to complete the process within the estimated timescale. In some cases this meant that, by the time focus groups were finally rolled out, Acas advisers weren't available to offer the support that had been designed into SIP1.

> *'It doesn't help that HSE take the Acas resource away from you ... basically, it was agreed at the beginning of the project that there would be X amount of money for Acas to get involved and it was given a two year timescale ... a lot of the organisations hadn't quite got far enough by that stage and then we were told that if the organisations want Acas now they have to pay for it.'*
>
> <div align="right">(Stress Partner)</div>

> *'Yes. I'm just really sorry HSE pulled the plug on Acas, because that partnership working was exceedingly effective. It meant we could go into an organisation and say, "I've got the legal knowledge, my colleague here has the practical skills on focus groups, facilitator training", and it was then helping organisations take ownership of an issue and drive it forward. Now I haven't got that at my right hand and one of the first things they normally ask after they had a briefing on the approach is, "Can you come and do our focus groups?" No. "Can you come and do facilitator training?" No. I could, but because of past knowledge, but it's not my role.'*
>
> <div align="right">(Stress Partner)</div>

9.3   SUMMARY

The support provided by HSE and Acas staff was seen as a valuable aspect of SIP1. There were some frustrations for HSE inspectors in adjusting to a facilitator role, particularly where organisations failed to make the progress they would have liked, but SIP1 offered the opportunity to build close working relationships with organisations and this was well received. Acas advisers also enjoyed their role, and the two partners generally worked very well together, complementing each other's skills. However, there were some tensions when the approaches of the two professionals were particularly different. More specifically, Acas advisers could find the directional style of HSE staff as too enforcement oriented in some cases.

Implementing the Standards within the 18 month target period had proved challenging for most organisations. Only one case study organisation had rolled out a programme of action across the whole organisation. A key challenge was the reliance of SIP1 on one or two key personnel within an organisation. Where these individuals were no longer willing or able to support SIP1, progress could falter.

Other difficulties identified by organisations included:

■ Keeping initial momentum going, and maintaining the interest and support of senior managers over an extended period.

■ Engaging staff and middle/line managers with the process, which often required a degree of organisational cynicism and distrust to be overcome. Middle managers were also felt to be key to encouraging full staff participation in SIP1, so where they lacked the skills or commitment to help communication about SIP1, this could cause difficulties.

■ Some aspects of the indicator tool were felt to be unhelpful and some organisations took considerable time in making alterations.

■ The requirements of the SIP1 programme, rather than the Standards, could also cause difficulties. Some organisations, for example, preferred to adopt a targeted rather than a whole organisation approach, others felt that there was too much pressure on them to complete within a set timetable which may not actually offer the best solution for their organisation.

10 CONCLUSIONS

This research has examined, in some depth, the experiences of organisations implementing the HSE's Management Standards for work-related stress as part of the HSE's Sector Implementation Plan, Phase 1. The organisations had reached different stages in the process. This was due to a number of specific organisational issues, and the bulk of this report covers the details of organisational experiences of implementing the process. This final chapter, however, highlights themes and issues which cut across organisational differences.

10.1 THE MANAGEMENT STANDARDS

The Management Standards themselves were well received by organisations and were found to be a useful framework to help organisations conceptualise the potential causes of work-related stress. The states to be achieved (STBA) in reaching the Standards, however, were not widely known, even amongst staff acting as project champions or project managers. If the states to be achieved are felt to be an important part of the Management Standards process, they need to be given greater prominence. The STBA are not currently seen by organisations to be linked with the process of implementing the Standards, and therefore organisations are not fully engaging with them or using them to guide their actions.

The experiences of some organisations also demonstrate that the physical environment is very important, although it is only covered as a sub-heading within the Standards. Two of the seven case studies had added the physical environment as a stressor area in its own right to their policy documentation. The HSE may need to consider how the work environment is covered by the Standards, and whether the current system gives sufficient, and visible, weight to this stressor area, given the importance attached to it by staff within organisations. It should also be considered whether the positioning of the work environment under the standard on demands is appropriate. A wider point is that the terminology used in the Standards does not always fit with the words staff members use to describe the same issues. This could usefully be reviewed.

10.2 IMPLEMENTING THE STANDARDS PROCESS

The organisations covered by this research had reached varying stages in their implementation of the Standards process. All had put in place a project champion (or at least a more junior day to day project manager), but most had failed to reach the end of one full cycle of the process. Only two organisations had conducted surveys at two time points, and in both of these, these surveys had not been put in place across the whole organisation. It is clear that 18 months or two years to fully implement the process has proved insufficient for most organisations. The main problem had been maintaining sufficient momentum to overcome any organisational difficulties or delays. To help organisations, it could be useful to offer signposting to different sources of support at different stages of the process.

The size and structure of organisations could mean that it was difficult to communicate about the Standards process. It could also make taking forward actions across diverse organisations (both in terms of dispersed staff and staff conducting very different jobs) complicated, particularly with multiple layers of management. Overcoming these problems could cause delays and a loss of momentum as discussed. It might therefore be worth considering whether it is possible to make the process more modular. At the moment, organisations can invest a huge amount up front only for them to fail to make any real gains when they do not complete the process. Some way of considering the achievements made at each stage could

help to maintain organisational commitment and offer organisations some 'quick wins' which would help to foster and maintain staff interest.

It is worth noting that without the added structure of the SIP1 project, or the support offered through it, most organisations would have found it harder to achieve the levels of progress that they have.

10.2.1 Senior management commitment

The standards process stresses the importance of securing senior management commitment. Despite this being in place at the beginning of the process, it can be difficult to maintain. Within some organisations staff allocated the role of project champion were insufficiently senior to push forward the process, or lacked the time or resources to do so. Greater clarity in what constitutes effective senior management commitment needs to be made available. It is worth considering what steps could be taken to secure greater ownership amongst board level staff. It might be possible, for example, to link the Standards process with some form of social auditing, or have organisational participation and progress flagged in company reports.

Another issue is whether better data could be provided to senior management to help them make the link between the Standards process and organisational strategy and understand why this is important. Also, a broader set of outcome measures, other than sickness absence, would be useful for organisations to work towards. This is particularly true in terms of providing medium- as well as long-term goals. Whilst the STBA go some way towards this, they are not being used by organisations at present.

10.2.2 Use of indicator tool

Most organisations were happy to use some form of survey tool to find out what the potential causes of work-related stress were for their staff. However, elements of the actual questionnaire developed by HSE were not well received.

The scoring system as it currently stands is counterproductive. Getting a red score often means organisations are not willing to look beyond this, which they see as a provocative and punitive result. The current question on bullying is too broad and needs to be further broken down so that organisations can determine whether bullying is from colleagues, managers or customers. This question should also be given a timeframe (eg have you been bullied in the past 12 months), rather than being left as open as it is now. It may also be useful to give the survey a more user friendly title. Organisations tend to refer to the tool as the 'stress survey' in absence of another working title. This in itself can make managers nervous about administering it to staff as they fear that specifically referring to 'stress' could result in individuals giving a more negative set of responses than would otherwise be the case.

There can be delays to the process where the survey results are unpalatable or conflict with the widely held view on what the problems are within an organisation. This is particularly true where the results are seen to have the potential to draw negative attention to the organisation. Further support needs to be offered to project champions/managers in how best to communicate with senior management about the survey results.

10.2.3 Steering groups

Where steering groups worked well they were a useful part of the Standards process. However, steering groups were often convened in a way that made them unwieldy and finding suitable meeting dates difficult. If steering groups contain too many senior staff, for

example, this can cause delays to the process. Better groups appear to be ones that act as working groups with good reporting to board level. Steering groups cannot represent the whole of a complex organisation, so organisations may need to have different working groups for different departments. The use of different groups may also be appropriate at various stages of the process. A large group could usefully task smaller sub-committees, for example, to take forward specific action points. These sub-committees could help to maintain momentum by drawing in new people with a fresh perspective, specific skills and enthusiasm, as well as sharing out the workload of the Standards process across a wider group of people.

10.2.4 Focus groups

The focus groups were designed to have a dual purpose. Firstly to drill down into the detail of the factors underlying the survey results, and secondly to generate actionable points for the organisation to work on. It appears that the latter aim was more difficult for the group work to meet. It was often difficult for organisations to directly match the results of the indicator tool with the outcomes of focus groups, which is something that they wanted to do. Actionable points didn't always, therefore, fall neatly out of group discussions, and a lot more work was needed to reach the action planning stage. This could lead to significant delays between the focus group and action planning stages in the process.

It would be useful to give a clearer remit to focus group work and offer specific guidance on the expected outcomes from the groups to help organisations get the most out of them. In addition, the facilitation of the focus groups was an important factor in their success, as groups were more productive when they were led by a skilled and impartial facilitator. Whilst the support of Acas was well received in running the groups, it is worth considering how organisations can be assisted in training their own staff to run the groups in the absence of a sustained Acas presence.

10.3 POLICY DEVELOPMENT

Some organisations had policies in place, prior to their involvement in SIP1, which dealt with stress. However, the format and structure of policies following the intervention almost universally drew heavily on (or tied in with) the Management Standards approach. The risk assessment approach to managing the causes of work-related stress had been adopted by almost all organisations, and the HSE definition of risk was quoted widely in policy documentation.

There were differences in the terminology used within some organisational policies to that of the six Management Standards (eg the use of workload rather than demands), and even differences between the terminology used across different documentation within employers. This suggests that organisations need to take a more holistic view of the policies and documents they construct relating to stress and ensure that when updates are made in one policy document, the same updates are made across other supporting or related information. A lack of clarity about what an organisation means by stress and what causes of work-related stress they are trying to tackle, could cause confusion amongst managers and staff.

Organisations focus in policy documents on the need to protect staff from harm. Wider interpretations of the benefits of managing the causes of work-related stress, such as financial and organisational performance, have not been considered in policy development.

Stress policies often, but not always, included references to other policies within organisations (eg absence management, diversity). It is difficult to judge precisely how the

policies operate in practice across organisations, but it would appear from discussions with managers and staff that the degree to which stress was actually integrated into a broader policy framework varied. Employees were generally aware of the fact that a policy had been developed, and broadly able to identify where to find it. However, staff accessed policies on a need to know basis. Where line managers had been required to use these policies their experiences had been positive.

Overall, therefore, SIP1 has been instrumental in establishing workable stress policies within organisations. The HSE approach to Management Standards has been adopted in the development of these policies and a risk based approach to the management of work-related stress now looks to be in place within those organisations who have taken part in SIP1. However, it is important that organisations are encouraged to understand that the development of a policy is only a starting point in the process, and is not an end in itself.

10.4 ROLE OF HSE AND ACAS SUPPORT

The support offered by the HSE and Acas was well received by organisations, and the staff from the two organisations generally worked well together. However, the role of a stress partner could be difficult given the requirement to drive progress within organisations, alongside the need to build up good relationships with project champions and management within them. Without being able to take enforcement action, HSE staff could find it difficult to achieve the aims of SIP1. Acas support in working with staff was well received where it was used, but in some sectors and some organisations there is resistance to opening up to external professionals, particularly in relation to a sensitive issue such as work-related stress.

Without the support from the HSE and Acas, project champions would have, and had, found it difficult to maintain progress. Due to the delays that many organisations experienced in implementing the Standards process, by the time they needed support (eg at action planning stage, or converting focus group outcomes into action plans) it was no longer available. However, the roles, as defined and operated by stress partners and Acas advisers, functioned well, although some Acas staff did feel that they could have played a more involved part (eg in preparing the ground for SIP1 when there were significant organisational tensions, or in the action planning or steering group aspects of SIP1).

There is also a more general point relating to the behaviours and styles of working which are appropriate in different types of interactions with organisations. Inspection/enforcement activities require a different approach than when the HSE is working in partnership or acting as a persuader. It is worth emphasising the value placed by employers on the free, practical support employers were given as part of the SIP project by HSE and Acas professionals. In some cases, being able to access this support was actually a key motivator in terms of participating in the initiative, and for others when the support ended, so did their commitment to the implementation of the Management Standards process.

10.5 ORGANISATIONAL ACTIONS AND IMPACTS

Organisations didn't have access to hard data, on the whole, that could help them identify problems, or help them assess the impacts of their work. In particular, sickness absence data which clearly identified stress-related absence was rare. Certainly, little cost benefit analysis had been considered, and none implemented.

This work covered only a sample of companies involved in the SIP1 project and those participating had not all reached the end stages of the Management Standards process, but there does seem to be an issue for organisations in taking forward one whole cycle of the process. This could be due to difficulties in interpreting and making best use of the data

collected through focus groups and the indicator tool/staff surveys, and this is certainly where organisations identify difficulties. However, the problem may actually lie more in the fact that organisations did not see the different stages of the process as having coherence and cohesion or as being sufficiently linked to the final outcome of the reduction of the causes of work-related stress. This might suggest that there is a need for greater emphasis of why each of the stages is included in the process and what organisations can expect to get out of these stages. There do seem to be differences in the way that organisations have interpreted the purpose of focus groups, for example, to the way in which they were designed to work by the HSE.

The STBA were not particularly well known amongst staff, even project champions, and were not being used in any structured way to drive forward progress. However, a range of organisational activities were being undertaken which mapped broadly onto the states. As these initiatives often had a wider purpose than managing the causes of work-related stress (eg flexible working) it was difficult to disentangle the impact of SIP1 from the impact of other organisational drivers. In some cases, however, activities/actions had been designed to address issues raised by focus groups and surveys, although these were specific to the different organisations.

There was some evidence that involvement in SIP1 had impacted in a wider sense on:

- organisational and individual level awareness of stress as an issue

- understanding about how stress affects staff within organisations and more specifically in different parts of organisations

- training, and the extent to which managing the causes of work-related stress is included in management training and skills which support this looked for in line managers

- organisational 'readiness' to identify and deal with stress issues as they arise.

10.6 THE OUTCOMES OF SIP1

Using the data from this research against the objectives for SIP1, we can say that SIP1 had the following outcomes:

- Sixty-two organisations have trialled the Standards process by participating in SIP1 (from the initial 100 that were participating at the start of the initiative). The participation by finance, central government and education was more limited than that of organisations from the health and local authority sectors.

- HSE and Acas partners provided training, support and guidance for willing organisations and this was well received.

- The risk assessment approach to the management of work-related stress worked well, and there is evidence that there has been improved communication between and amongst managers and staff in participating organisations.

- There has been a great deal of activity to identify the causes of work-related stress within organisations, but it seems that most organisations have, so far, made more limited efforts to tackle these causes. In some cases this is due to delays in implementing a full cycle of the Management Standards process, but there are still plans to do so in time.

- It will be difficult for SIP1 to measure the impact that stress reduction work has had on job stressors and cases of ill-health due to poor monitoring procedures within organisations.

■ Examples of good practice have been documented through this research and can be used to help other organisations.

■ This information and other materials and data held by the HSE can be used to disseminate the Management Standards approach more widely.

10.7 RECOMMENDATIONS

■ An overview of the main evidence is presented for various stages in the process, alongside more specific recommendations for the HSE in Table 10.1. In summary, these recommendations are to:

■ Consider current guidance for organisations and whether it adequately covers:

☐ the importance of having a board level project champion who is actively involved in all stages of the process, and identifies the competencies and support that these individuals are likely to need

☐ the key role of line managers in recognising and addressing the causes of work-related stress

☐ the states to be achieved (STBA) and their importance in the implementation process

☐ the dual role of focus groups in identifying problems and providing potential solutions. Also advice on generating SMART[1] objectives.

■ Determine whether the current process can be modularised in some way so that organisations can appreciate their achievements, and receive positive reinforcement about the work they are doing, as they go through the different stages of the process. The current systems reward only at the end.

■ Assess whether there is a need for a two tier working group system (rather than reliance on one steering group) to practically move things forward across complex organisations.

■ Re-consider the language used in the Standards and whether, as it stands, it is sufficiently reflective of employee concerns and issues. In particular, consider the role of the work environment and whether this needs to be given more visible positioning.

■ Examine the questions used in the indicator tool, specifically on bullying. Re-configure the scoring system to encourage employers to seek change in relation to negative results. The current system is seen as punitive.

■ Consider the role of third party expert support and whether this can be made available in some form to organisations attempting to take forward the Standards outside of the SIP1 project.

■ Use the information available from this research and the broader experiences of stress partners and Acas advisers to construct examples of best practice that will add to the existing tools (eg skeleton action plans) available to employers as they plan their responses to the Management Standards.

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[1] *Specific, Measurable, Achievable, Realistic and Time based.*

Table 10.1: Review of lessons learned from SIP1

Assumptions	Reality	Enablers	Barriers	Actions for HSE
PREPARATION				
Recognition of problem	Levels of absence recognised as related to stress issues. Some examples where absence was seen to be low or decreasing but stress-related absence seen to be increasing.	Awareness and commitment of senior management. Good recording and monitoring systems for absence. Prior HSE inspections or exposure to HSE work. De-stigmatising of reporting of stress related problems. Role of H&S and OH in driving awareness and making links between absence, risks and management standards.	Stress-related issues understood but evidence base poor or related absence/costs not quantified in meaningful way. Line manager (in)ability to identify or deal effectively with stress-related issues. Reluctance of employees to admit to stress pressures/ concerns.	Offer broader range of final outcomes that organisations can expect to achieve in medium- as well as longer-term and promote importance of linkages with strategy. Promote key role of line managers in recognising and addressing stress risks and in establishing good relations with staff members such that stress problems are not stigmatised and stress issues can be meaningfully managed from the earliest stage.
Organisational drivers	Drivers ranged from appreciation of high levels of organisational change and related stress absence to recognition of high and increasing workloads and other work-related pressures. Understanding of and wider organisational initiatives on broader health problems also provided an impetus for progress in this area. Wanting to be and to be seen to be a good employer.	HR and H&S capability and activity in the areas of stress and absence constituted the key organisational drivers. Size and professionalism of HR department Particular enthusiastic individuals who had a keen interest, were stress experts, or were tasked with key responsibilities in this area provided important impetus and momentum. Concern about public perceptions and fears of enforcement or litigation.	Over-reliance on one or two key individuals. Other conflicting organisational pressures and priorities.	Continue to offer support and guidance on securing senior management commitment. Offer more specific insights into what this means in practice.
Strategy	Stress policies were under review in a number of organisations. Not all organisations were engaged with stress issues in a strategic way.	Involvement of senior personnel who had strategic responsibilities and remits.	Other competing concerns. Reluctance to admit to organisational problems in this area.	Consider increasing flexibility in tools and approach to implementing the Standards where organisations are large and diverse.
Organisation capability	Organisational capability evident as: time and resources given to stress champion; involvement of HR professionals; sanctioning by senior management	Enthusiasm of key factors especially the stress champion. Time and resources available to stress champion and absence of other competing priorities.	Key personnel perceived to be too junior to effect change and carry responsibility through life of project. Priority not given to this area/work and sufficient time is not available or spent.	Identify competencies and support mechanisms/resources ideally needed for organisational stress champions who play a pivotal role in ensuring success of initiatives and their continued progress.
Senior management commitment	Evident from agreement to participate in all organisations and presence of senior management on steering committees. Some organisations had long-standing commitment to progress in this area or pre-existing interest groups	Appreciation of the costs, risks or liabilities of stress related absence – the presence of a 'business case'.	Other competing concerns and organisational issues. Importance of project not grasped from outset.	Appreciate need for achievements/results at all stages of process so that milestones exist for success/knowledge achieved so far rather than facing a series of deadlines.

Assumptions	Reality	Enablers	Barriers	Actions for HSE
Set up a steering group of stakeholders	This occurred in all organisations although there was a great deal of variation in terms of composition, participation and regularity of operation.	Exploiting existing H&S/HR structures which already operate effectively with appropriate set of participants. Regular meetings aided coherence. Good mix of grades, professions and levels and good reporting framework/articulation between this structure and other communication and strategic decision-making forums.	HSE contact was primarily between junior members of staff in the organisation and HSE and senior management buy-in was not secured through initial high level contacts. Stress-related absence not perceived to be a problem or issue. In most, difficult to sustain commitment. Initial commitment is sanctioning a process, this then becomes engagement with substantive results. These results may be difficult to accept. Membership too broad or too senior such that regular meetings proved to be impossible, agendas difficult to agree and consensus difficult to obtain. Delays and excessive bureaucracy from outset damage interest and momentum.	Differentiate between organisation-wide or divisional working groups who take responsibility for evidence gathering and action planning in relation to stress and overall steering group which provides senior management support and guidance. Overall direction of progress needs to be separated from substantive findings. Negative findings during the process need to be valued as important evidence to guide change. Recognise the importance of and support the involvement of expert third parties, eg Acas. Consider development of Acas products and packages to aid implementation of management standards within organisations.
THE PROCESS				
Step 1: Understand the Management Standards & STBA	Good understanding of the Standards especially by senior management and HR/H&S experts. Standards framework considered useful. STBA understood but not referred to or used.	Expert advice/assistance from HSE and Acas stress partners. Well informed, determined project champions. Previous participation in/knowledge of HSE stress work. Good leadership from HR director and steering group.	STBA too detailed to be useful in drawing up policy. STBA introduced when organisations already finding it hard to negotiate the documentation and paperwork associated with the Standards process. Understanding restricted to those directly involved in pilot who had access to specialist advice. Size of organisations and deficiencies in existing communication channels.	Re-consider and refine content of STBAs and points introduced in implementation process. Re-consider language used in standards and relation to employee workplace concerns/issues. Consider ways in which organisations can tailor the language.
Step 2: Collection and analysis of HSE indicator tool and other organisational data. Gap analysis with STBA Identify areas of concern	Achieved in most cases – some organisations carried this out on a pilot basis across some divisions and others tailored the indicator tool or amended established in-house surveys to include key elements of the indicator tool. Good data collection and analysis allowing areas of concern to be identified – although not necessarily broken down in ways useful to organisations. Relation of this data to other data sources within the organisations poor. Gap analysis with STBA was not conducted, or not conducted in a systematic way, in all organisations. Concern over accuracy/ validity of findings – particular concern was bullying item.	Good data collection systems, surveys or expertise in place. Clear idea of what they wanted to do with the data Assistance from external contractors. Mixed methods of questionnaire distribution used to suit different staff types. Good appreciation of issues faced by teams and work carried out to map major stressors onto management standards. History of surveying staff in this area.	Indicator tool seen to be too inflexible, not allowing enough differentiated data to be captured. Survey population too broad/large to allow understanding of results. Dedicated stress surveys seen to produce overly negative results. Survey response rate poor putting into question data reliability. Timing too tight, inappropriate pace (eg surveys carried out too early when expertise in interpretation was not available). Inadequate internal IT systems/ expertise for analysing results which could delay results.	Consider flexibility of tool and ability to tailor to organisation and/or to appropriately select from indicator tool and amend existing surveys. Consider ways to advise in-house experts or provide dedicated assistance to organisations in using indicator tool and especially in the effective analysis of results. Consider flagging system and presentation of negative results. Consider advice provided on STBA gap analysis.

Assumptions	Reality	Enablers	Barriers	Actions for HSE
	Concern that some potential stressors not accurately captured, eg environment issues. Significant variations across teams/units. Some data presented to departmental heads, to steering committees and senior management and fed back to staff groups.		Resistance to results. Particular concern where analysis felt to be too blunt and survey tool inflexible, eg bullying item.	
Step 3: Use STBA and data from Step 2 as input to focus groups Use focus groups to generate primary (SMART) interventions Compile action plans	Some organisations used data gathered through the indicator tool to form the basis of focus group discussions. Most used these groups to generate more detailed/nuanced findings on the basis of the indicator tool results. Some held focus groups but did not find a good match between data captured/presented and focus group discussions. Difficulties in drawing out objectives and actions from focus groups. Action planning stage not reached by some organisations. Wider feedback to employees during this phase varied. Steering group resistance to data findings affected commitment to this stage of the process, notably the quality of action planning.	Good working relationships in the steering committees and good leadership. Assistance from HSE and Acas stress partners helped with decisions on participants/ agendas for focus groups. In particular where Acas adviser acted as skilled and impartial facilitator focus groups were seen to be more effective. Interest/willingness of staff to participate. Some areas of concerns were readily translatable into action plans. Through Acas/HSE advice some 'quick wins' were integrated into action plans.	Managers as facilitators especially where there was reluctance to face issues raised. Organisational tolerance of stress-related absence. Poor volunteer rates and poor attendance. Difficulties in convening groups with appropriate make up of managers and teams. Enduring concerns about data quality and the accuracy of the findings being presented to focus group members for discussion. Focus groups airing grievances on number of workplace issues that were not directly seen to be related to data findings or focus group agenda. Focus group remit affected outputs – generally tasked to discuss concerns to aid detailed understanding of data instead of generating solutions. Variability – some got lost in detail; some failed to challenge findings which were attributed to broader culture and thus seen to be less open to change. Not all findings were shared by all teams. Overall schedule slippage and challenge of maintaining momentum.	Provide guidance on focus group remit. Perhaps two phases – exploring and explaining the data following by generating achievable solutions. Consider training package for facilitators or Acas adviser package to aid effective operation of focus groups. Provide focus group best practice guidelines where external assistance is not possible.
Step 4: Steering group collates action plans Actions are prioritised Actions are assigned to individual/functions for implementation Steering group produces action plan for organisation	Action planning stage only reached by small number of organisations and even within these only within some teams Certain topics featured strongly, eg relationships (bullying) and support (flexible working to ensure work-life balance) in action planning.	Strong leadership of steering group. Good working relationships between HSE and Acas stress partners and the stress champion/project manager and steering group in the organisation. Assigning responsibility to individual steering group members for certain actions and implementation activities around those actions. Focus on areas where action plans are more easily developed and which have wide applicability across the organisation or across certain staff groups.	Lack of communication across the whole organisation. General slippage and loss of momentum. Over-emphasis on negative survey results in devising/developing action plans. Concerns over external profile and negative media interest. Conflicting priorities. Culture/size of organisation. Relating findings to (achievable) actions.	Guidance on generating SMART objectives from steering group discussions and indicator tool. Guidance on 'quick wins' and longer term action plans to demonstrate progress in short term and ensure success in the longer term. Provision of examples of best practice (and poor practice) on developing, agreeing and implementing solutions in relation to the Management Standards.

Assumptions	Reality	Enablers	Barriers	Actions for HSE
			Too many people involved with no overall leader taking responsibility.	Consideration of package of expert advice (eg through Acas on workforce communication strategies) to ensure employee buy in or to help with workplace change.
			Some areas of concern impossible to tackle due to financial constraints, budget cuts or lack of resources.	
			Lack of expert advice from HSE and particularly Acas when action planning took place after the period of support had ended.	
Step 5: Monitor progress Second indicator tool survey	Progress followed although not systematically monitored by some. No progress by many organisations on this stage. Certain teams/units in some organisations participated in second survey.	Good data collection. Good engagement of HR director. Good leadership from (well-established) steering groups. Stress partners instrumental in keeping track of progress and outcomes and encouraging action. Determined and proactive personnel.	Difficult to identify clear trends over time. Frustration that the second survey did not appear to show a clear improvement in stress-related absence. General slippage and loss of momentum. Competing organisational priorities. Organisational issues such as size and complexity. Poor communication strategies and activities. Stalled and ongoing discussion on earlier aspects of project where lack of consensus not resolved or discontent remained. Lack of resources to see tasks through to this stage/ completion. Lack of expert advice from HSE and particularly Acas due to funding constraints.	Develop milestones, relevant to different organisations, which allow progress to be appreciated and reported at different stages.
SUSTAINABILITY				
Embedding	Too early to judge in those who had completed all or most stages. Impossible to judge in those who had not progressed to later stages. Increased awareness of stress amongst participants, managers and, to a lesser extent, staff. Increased confidence amongst line managers on how to identify/ deal with stress. Wider learning about stress as a concept and the utility of the Standards in conceptualising stress and breaking it down into manageable concepts which could be specifically related to jobs and work areas. Using this learning to revise and/or develop some aspects of policy.	Policy work. Work around communication structures, processes and skills. Leadership from steering group. Expert help, advice and support from HSE and Acas stress partners. Implementation of training for line managers. Engagement of all concerned in the project. Cultural aspects, eg importance placed on H&S. Other complementary workplace initiatives, eg EAP. Good HR and H&S working relationships. Fit with organisational priorities and pre-existing work including surveys on staff welfare.	Loss/ lack of momentum – little perceived to be embedded. Not completing all stages seen as failure/ 'drop out' rather than achievement of some elements. Difficult to keep momentum going. Difficult to ensure that learning is cascaded down through the organisation, particularly to line managers. Relationship between policy and practice – not addressing the implementation gap. Changes to the role or resources of stress champion. Complacency. Isolating project from other related HR and H&S activities.	Consider ways in which outcomes can be related to original reasons for participation and aid the business case for sustained activity in this area. Provide a 'gap analysis' tool for policy and (best) practice in this area. Training for line managers in identifying potential stressors and managing the causes of stress pro-actively. Recommend more local involvement and feedback at all stages of the process to ensure management standards are integrated into ways of managing and over-reliance on project champion and senior management is reduced.

Assumptions	Reality	Enablers	Barriers	Actions for HSE
		Determination of supported project managers.		Recommend regular senior management reporting on progress in this area, eg through Annual Reports.
Organisational learning	Personal learning amongst some managers about methods of staff consultation and communication, eg the value of focus group discussions in examining stress issues. Cultural changes in relation to stress, eg de-stigmatised. Lessons learnt on ways of dealing with stress as an organisation including the implications of acting/rushing through the stages without giving the findings due consideration. Recognition of need to be focussed and organised to carry out process and cover the whole workforce. Recognition of importance of action, eg challenging inappropriate behaviour and sending clear, strong messages. Positive attitudes towards involvement in project.		Complexity – too many changes to address and too many competing priorities. Project messages and outcomes not perceived/ appreciated in a strategic way. Lack of communication to those who took part about progress or wider about change. HR processes and systems. Division of responsibility – a HR/H&S initiative but requires workplace change led by line managers. Organisation size and time-lags. Lack of resources and over-reliance on individuals.	Ensure close working with employment relations experts within organisations central management standards concepts are about ways of working and the nature of tasks etc. Ensure support available from external experts to support and guide workplace change. Differentiate between substantive embedding within workplaces and work teams (where stress issues may eventually recede) and procedural embedding where regular stress risk assessing is common and visible and supported by H&S and HR professionals.

APPENDIX 1: REFERENCES

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APPENDIX 2: THE DEVELOPMENT AND HISTORY OF THE 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 (ACoP*/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 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 for the causes of work-related stress 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 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 initiatives. 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 focussed 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), *relationships* (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 Management Standards for preventing work-related stress

■ 80 per cent of these introduce the Management Standards approach or an equivalent process

■ 65 per cent implement the process correctly.

APPENDIX 3: MANAGEMENT STANDARDS SECTOR IMPLEMENTATION PROJECTS – PROJECT TEAM MEMBER ROLES

Policy Group Project Leader

Band 3 (full-time). Responsibilities:

- Reporting on progress to Head of Management Standards Delivery.

- Maintaining an overview of project activity and progress.

- Developing partnership approaches.

- Contributing to quarterly planning reviews and returns.

- Influencing on cross-cutting issues.

- Overall responsibility for delivery in the sector.

- Line Management to SIP Policy and Technical Team.

Policy Group Support Officer

Band 4 (full-time). Responsibilities:

- Contributing to adapting and revising the generic project plan to fit with sector – this will include project milestones and reporting activity.

- Acting as secretariat to Sector Intelligence Forum.

- Contributing to the communication of Sector Implementation Project approach to key internal partners.

- Maintaining a risk log based upon analysis of COIN data.

- Contribute towards sourcing best practice from other SIPs and disseminate this across the team.

- Maintaining network mechanisms – eg Web communities etc.

- Contributing towards quarterly progress reports.

Field Staff Sector Account Manager

Band 3 Inspector (50 per cent time per year). Responsibilities:

- Acting as gatekeeper to the sector for all activities.

- Reporting on stress intervention progress to Project Leader.

- Management of Stress Partners' activities.

- Management/monitoring of Acas Senior Adviser activity.

- Co-ordinating Stress Partner reporting and feeding back into SIP development.

- Directly supporting organisations in central TU engagement.

- Developing networks and willing contacts for phase 2.

Technical Support Officer

Band 3 (experience in workplace health psychology). Responsibilities:

- Reporting on progress to Project Leader.

- Providing direct support to Stress Partners via the Sector Support Co-ordinator.

- Managing evaluation activity and data collection.

- Making proposals to Head of Management Standards Delivery and Head of Technical Support to address knowledge gaps.

- Maintaining awareness of ongoing research in the sector.

- Managing ongoing research work.

Acas Co-ordinator

Responsibilities:

- Maintaining an overview of Acas activity and progress.

- Preparing quarterly reports on Acas activity and providing these to Head of Management Standards Delivery.

- Raising quarterly invoices.

APPENDIX 4: OTHER RELEVANT 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 Section 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.

MANAGEMENT STANDARDS IMPLEMENTATION PLAN – PHASE 2 (SIP2 PROJECT OR HEALTHY WORKPLACE SOLUTIONS)

Healthy Workplace Solutions (or SIP2) ran from June 2006 and was designed to reach over 1,500 organisations. The intervention consisted of a series of activities, listed below.

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 absence and staff welfare, including work-related stress. According to HSE estimates, around 1,485 delegates attended these workshops. A few SIP1 organisations also sent delegates to these workshops. Most organisations sent more than one delegate to the workshops, and the HSE estimates that they reached just over 900 organisations in total. 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.

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. The workshops included information sessions and active delegate exercises. One of the key messages delivered at the workshops was the need for top-level leadership and commitment to encourage organisations to manage sickness absence and return to work.

Telephone helpline and masterclasses

As a support mechanism for organisations that had sent delegates to the workshops, the HSE set up a dedicated telephone help line and also initiated a series of up to eight 'master classes', focussed on specific issues related to managing work-related stress, based on feedback from workshop attendees. Delegates receive a list of proposed syndicate topics to select from. These masterclasses were held between July 2007 and February 2008.

HSE field operations inspection visits

These visits from HSE inspectors took place between April 2007 and March 2009, with the intention that a visit should take place around six months after delegates had attended a workshop. The HSE hoped to visit around 520 organisations in the public sector, including some that were invited but did not attend the workshops. Further, Local Authority inspectors, who have responsibility for inspecting the financial services sector on the HSE's behalf, planned to visit around 75 organisations in this sector. The aim of these visits was to enable inspectors to check on progress. If required, a further visit could 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 five days of inspector time, with an average of around three days' time spent with organisations.

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.

The evaluation of SIP2, based on a survey of 500 workshop delegates and qualitative research involving ten case study organisations, will be available in a separate report in early 2009.

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[1]).

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[2]), 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 for work-related stress. The main implications of this research for

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[1] 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.

[2] 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.

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.

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[1]). 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 HSE 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.

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[1] *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.*

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.

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[1]).

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.).

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[1] Tyers C and Lucy D (2008), *Workplace Health Connect, January 2008 Progress Report, available from HSE Books at www.hse.gov.uk/workplacehealth/jan08.pdf*

- 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.

- 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 5: 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: CENTRAL GOVERNMENT

■ Organisation 1 is an office of central government which had undergone a recent merger and increased size by about 30 per cent around the time of SIP1. They now employ approximately 6,500 staff in a wide variety of different roles ranging from professional and technical to administrative, some being almost entirely external or internal facing. Staff are increasingly spread across a wide geographical area.

At the time of the research, the organisation had a Management Board which set out the corporate strategic direction and priorities and which met monthly (staff may attend these meetings as observers). Board Directors also formed the core of the Senior Business Team, which met weekly. The organisation has a traditional civil service structure with a permanent secretary supported by heads of departments who form the Management Board. Each of the 14 departments has its own structure and branches depending upon area of responsibility/function etc., with some activities/roles being more externally/client focussed than others. All large departments have a business unit with a focus on corporate business such as aspects of financial work, business planning and risk management, down to arranging and managing senior meetings for the head of department with external providers.

The case study consisted of six interviews with senior management including the HR Director, Health and Safety Officer, and a range of other operational managers. In addition, four group discussions were held, two with line managers and two with staff.

CASE STUDY 2: EDUCATION

Organisation 2 is a further education college with around 1,000 employees. It employs a range of staff, including administration, other support roles and lecturers/assessors including a relatively high proportion of teaching staff who are on temporary contracts (as throughout the FE sector). Staff are based at two main sites, but across a range of different buildings, and there has been some modernisation of premises and other organisational change (ie senior staff changes) in the period covered by involvement in SIP1.

There was board and senior manager level support for SIP1, but the main activities were taken forward by Health and Safety and HR managers. The college has two main directorates each headed by a Vice Principal: finances and resources (ie mainly support staff and administration); and curriculum, quality and student support (ie operational staff dealing directly with the business of the college in teaching and working with students). Each of these reports directly to the Principal. The latter has five subject based faculties. In addition, the Human Resources Department has direct reporting to the Principal. Within each faculty, the structure is fairly flat, with only four main grades. Within each faculty there are two divisional managers, a head of curriculum programmes and a head of operations. The divisional managers carry most of the line management responsibility for operational staff within the organisation.

The case study consisted of interviews with 11 different individuals including the college Principal, the HR Director, Health and Safety Manager, Operational Managers, Trade Union Representatives, Line Managers and staff. In addition, a group discussion with five attendees was conducted with a range of staff and first line managers.

CASE STUDY 3: FINANCE

Organisation 3 is a private sector finance company with around 6,000 employees in the UK, based mainly in the city of London. The company was going through a period of potential change during the course of the SIP1 period with rumours about a takeover that actually occurred quite recently. The organisation was undergoing a transition/integration process which affected the availability of interviewees and meant that staff were not able to comment on how operational and practical arrangements are likely to change in the future. The HR department is organised on a business unit basis and a centralised centre of expertise (eg ER, L&D, reward and benefits).

The interviews conducted within this organisation were with the Health and Safety manager for the UK and an Employment Relations manager. The company was not willing/able to allow any further access.

CASE STUDY 4: LOCAL AUTHORITY

Organisation 4 is a large Local Authority organisation with around 30,000 staff delivering services to around one million residents. A large proportion of its staff are women (over 80 per cent) and roughly two-thirds of their staff are based out in schools. In line with other local authorities, they use a number of private contractors for various aspects of public service delivery. The organisation as a whole comprises six main departments incorporating everything from Adult Care to Fire and Rescue Services.

The Health and Safety and Human Resources services have recently been centralised as part of an extensive reorganisation process at the council. Prior to this, each of these services operated semi-autonomously within the council's various departments. Their respective senior managers report to the Head of People and Property who is also the Assistant Chief Executive of the Council.

The case study involved interviews with six senior managers. Group discussions were not possible as the organisation was in the process of constructing focus groups as part of SIP1 activities and therefore did not want to confuse staff.

CASE STUDY 5: FINANCE

Organisation 5 employs around 12,000 people in the UK and also has offshore operations. It is a financial services provider with a number of divisions. Its head office and ownership lies outside the UK. It is mainly an office based structure but there are also field staff, claims investigators, sales people and surveyors. The business is supported by a central Health and Safety function which is managed by a small team. Although there are four distinct entities in the UK, health and safety is managed using a transparent, transversal policy and structure. There is also a centralised Health and Safety committee and local safety committees.

The case study for this organisation involved one interview with the manager responsible for all aspects of health and safety within the UK arm of the company. The company did not feel any further access was necessary.

CASE STUDY 6: CENTRAL GOVERNMENT

Organisation 6 has around 1,150 employees deployed across nine main offices. It has a range of professional staff supported by administrators. It employs probation officers and administrative functions.

There is an executive management board, which is responsible for the strategic direction and senior leadership in the service. Then there are a number of Assistant Chief Officers below this board, who are responsible for the service delivery. Line managers at present do not carry out as much of the HR and staff management activities as the HR Director would ideally like.

The HR department, under the HR Director, is split into two sections: diversity and development; and personnel. Within the personnel section, there is a personnel manager and then four personnel officers, akin to business partners, covering a range of issues, including stress and absence management.

The case study consisted of eight interviews with six senior mangers (including HR and department heads) and four group discussions, two with line managers and two with staff.

CASE STUDY 7: HEALTH

Organisation 7 is a very large healthcare organisation, with over 14,000 staff. The primary role of the organisation is in teaching and research, as well as providing high quality acute hospital services for its local population and the surrounding area. The organisation also acts as a regional and national centre for a number of specialist services, such as transplant surgery and oncology treatments. Operational staff constitute almost 80 per cent of the organisation, with just over 20 per cent having non-operational (administrative) job roles.

The Chief Executive of the organisation carries overall responsibility for decision making and is supported by a team of executive and non-executive directors. The Health and Safety team in the organisation is part of the medical directorate, reporting to the medical director. The team have the responsibility of advising on systems, processes, governance and assurance. The other (executive) directors have responsibilities for their own teams (ie Finance, HR, Estates and Facilities, and Marketing and Communication). The director of HR is the board level sponsor for the Management Standards for work-related stress for implementing and developing policy.

In all, there were ten in-depth interviews conducted in this organisation, with the HR Director, the Head of Health and Safety, SIP1 manager, operational managers, line managers and staff. The IES interviewer also attended a meeting of the organisation's stress management steering group meeting and facilitated a discussion with that group on the research issues. There were seven individuals present at this group meeting.

APPENDIX 6: EXAMPLE DISCUSSION GUIDES

PROJECT CHAMPION

INTRODUCTION

■ Thank you for agreeing to be interviewed.

■ Introduce self and IES: IES is an independent, not for profit research and consultancy organisation and has been a leading centre for applied research in human resource management for over 30 years. IES has a considerable track record in working with employers to improve their HR performance and an academic background in the areas of stress and absence management.

■ Purpose of review: The Health and Safety Executive (HSE) is working to reduce ill-health and absence levels attributed to stress or undue pressures at work. As part of this, the HSE worked with Acas and employers to take part in Phase 1 of the Sector Implementation Plan for the Management Standards for work-related stress (SIP1). The HSE have commissioned IES to undertake research with organisations like yours that have been involved in SIP1 to gain further information about how organisations have implemented the Management Standards, and what worked. The research will explore any difficulties or barriers organisations have experienced in implementing the Management Standards as well as solutions organisations have devised to overcome these. It will also investigate any improvements that have been made in the management of work-related stress as a result. This research will enable the HSE to assess the Management Standards and the guidance provided to employers on how to implement them. It will also help organisations to make changes, and share learning from SIP1 with others.

■ Over the next couple of months, IES will be running a series of interviews and focus groups with staff within these 'pilot' companies to find out about their experiences of implementing the Standards.

■ Check availability of interviewee (ie how long they have for discussion), but stress that this interview should last no longer than one hour.

■ Assure interviewee of confidentiality and anonymity. The study is not about individuals but about understanding how organisations are implementing the Standards. No individuals or organisations will be identified in any reports.

■ Ask for agreement to tape the interview as this saves time in having to take notes and enables thorough analysis. If meet with objections, take notes instead – ensure interviewee is comfortable with tape recording (ie informed consent is given), rather than assuming this will be the case (notes are available on the reasons for taping recordings to inform further discussions with interviewee if necessary).

■ Provide opportunity for and answer any initial questions.

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. Was this just for the length of the SIP1 or has it continued?*

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 does 'stress' mean to you within this organisation (ie what do they understand by the term, how does it manifest itself in the organisation) and how does this fit in with other priorities/issues you are dealing with?

6. What have been the effects of work-related stress in this organisation in the past (ie prior to getting involved with SIP1, eg extended time taken off, high absence rates, impact on workload of workers not off-sick)?
How did you measure this?

7. What, if any, previous measures were in place to manage stress?

B. INVOLVEMENT IN SIP1

I'D NOW LIKE TO MOVE ON TO TALK ABOUT HOW AND WHY YOU GOT INVOLVED WITH THE SIP1 INITIATIVE.

8. How and why did this organisation come to be involved in SIP1? *Probe for financial reasons, image, union pressure, HSE pressure, way of getting assistance with a problem already identified, employment relations/fear of employee litigation, grievances.*

9. When did work start within the organisation on implementing the Standards?

10. When and how did you come to take on this project? *Probe for whether have specific interest in issue; expertise; background etc.*

11. How did your work on SIP1 fit along side your other work? – *any problems eg time pressures, priorities, conflicts of interest?*

12. How much of what you currently do to manage work related stress is in place because of your participation in SIP1 and the guidance you've been given through that?

C. IMPLEMENTING THE STANDARDS

13. Please tell me about what this organisation has actually been doing in practice to implement the Management Standards to tackle work-related stress.

14. 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*

   □ other forums for staff to discuss the issues? *If so, what form, who's involved, how recruited?*

   □ fully developed action plans for taking forward changes? *What are plans about, how have they been implemented so far?*

□ anything else?

15. How has your role as day to day project champion/manager worked out in practice?

16. 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).*

17. Were these skills that you already had, or have you had to develop these during the project?

18. What 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 Standards more generally.*

19. How much do you feel employees have engaged with the process? What difficulties/barriers have you met in getting them involved? How were groups set up/attended?

20. How much time have you spent on SIP1? Do you feel that this has been enough? What other resources were committed to SIP1? Were these enough?

21. How much of a priority do you feel workplace stress is at a senior management level? What support have you received from senior management in implementing the Standards?

22. What reporting processes do you have to keep senior management informed about your progress?

23. What reaction have you had from senior management/board members about how things have been working?

24. Have you made any adjustments to the way the Standards have been implemented to make them better fit your organisation/staff? If so, what changes have you made and why?

D. USE OF HSE/ACAS SUPPORT

DID YOUR ORGANISATION HAVE THE SUPPORT OF A STRESS PARTNER AND AN ACAS ADVISER IN IMPLEMENTING THE STANDARDS?

CAN WE JUST TALK ABOUT HOW THIS WORKED?

25. Can I just check, did you have any contact with the HSE or Acas as part of your role? *If yes, continue on through relevant section/s.*

26. At the outset did you have any preconceptions about the kinds of help that the HSE could supply? What were they? Did they change during the course of the project?

27. How much contact have you had with the stress partner? When did they get involved? Has this changed during SIP1? How?

28. What kinds of support has this organisation received from the stress partner?

29. What influenced your decision to take up help from the HSE (or not to)? What involvement, if any, did the board have in this?

30. Did the stress partner at any point have direct contact with the board (eg presentation at meetings)? If so, how useful was this?

31. Did the HSE have any involvement in gaining staff/union engagement with the project? What help did they give you? How useful was this?

32. How satisfied, overall, do you feel with the support you were given and the way the relationship worked out? What worked well; what worked less well. Is there any support or help that you didn't get that would have been useful?

MOVING ON TO TALK ABOUT THE ACAS ADVISER

33. At the outset did you have any preconceptions about the kinds of help that Acas could supply? What were they? Did they change during the course of the project?

34. How did you find out about the role that Acas might play in this project?

35. How much contact have you had with Acas in relation to SIP1? *Ensure we don't discuss all Acas involvement, but focus on the SIP1 work in particular.*

36. What kinds of support has this organisation received from the Acas contact? *Prompts should include involvement in steering committee.*

37. Did the Acas adviser at any point have direct contact with the board (eg presentation at meetings)? If so, how did this go?

38. Did Acas have any involvement in gaining staff/union engagement with the project? How did this go?

39. What influenced your decision to take up help from Acas (or not to)? What involvement, if any, did the board have in this?

40. How satisfied, overall, do you feel with the support you were given by the ACAS adviser? What worked well; what worked less well; what support did you require from the adviser that was not provided?

NOW A COUPLE OF QUESTIONS ABOUT HOW THE TWO ORGANISATIONS WORKED TOGETHER IN SUPPORTING SIP1 IN YOUR ORGANISATION

41. (if relevant) What worked well about having the support of two organisations? What could have been improved?

42. Were you clear about the respective roles of the two advisers and what each could offer?

43. How do you think that the project would have progressed without HSE/Acas support?

44. Were they any aspects of the support provided either by the HSE or by Acas, that you would have preferred to receive from another organisation? What is this and why do you feel that this would have worked better?

E. THE DETAILED STANDARDS

I'D NOW LIKE TO ASK SOME MORE DETAILED QUESTIONS ABOUT HOW STAFF ROLES AND RELATIONSHIPS ARE MANAGED WITHIN THIS ORGANISATION, USING THE STANDARDS AS A GUIDE.

YOU MAY NOT HAVE ALL THE DETAILED INFORMATION TO HAND ON THIS, OR KNOW ALL THE ANSWERS, SO WE'LL JUST SEE HOW FAR WE CAN GET.

45. From your experience, 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.**
Probe for how the organisation matches individual skills and abilities to jobs, ensure jobs fit with capabilities of employees, finds out about and deals with concerns employees have about workload/environment (eg directly or through local reps or managers).

Do you think anything has changed as a result of being involved in SIP1? What has changed? How did this happen?

46. From your experience, how much control do you think staff are given over the way they do their work?
Probe for how this differs by job type/team/functional area/manager etc., how people are encouraged to use their initiative, how much control employees have over the pace of their work, whether they are consulted about work patterns/breaks etc.

Do you think anything has changed as a result of being involved in SIP1? What has changed? How did this happen?

47. From your experience: How are staff skills developed within this organisation? Probe for systems in place (appraisals and feedback, career planning and promotion opportunities, training provision), consultation with staff, degree to which individuals can choose their career paths.

Do you think anything has changed as a result of being involved in SIP1? What has changed? How did this happen?

48. In your experience, to what extent do you think this organisation is clear about staff roles and responsibilities? How are conflicting priorities minimised/managed? How can staff raise any issues about uncertainties/role conflicts?

Do you think anything has changed as a result of being involved in SIP1? What has changed? How did this happen?

49. From your experience in this organisation, what kinds of situations can cause conflicts in your organisation?
Probe for how such situations are dealt with, how management are supported in managing conflicts.

Do you think anything has changed as a result of being involved in SIP1? What has changed? How did this happen?

How well do you think organisational change is managed/communicated in this organisation?
Probe for how staff are briefed (eg timetables of change), consultation methods (eg directly, through managers, through the union etc.), support for employees undergoing change, extent to which staff views are taken into account, extent to which staff are involved in coming up with options for change and ways of taking these forward.

Do you think anything has changed as a result of being involved in SIP1? What has changed? How did this happen?

50. How well do you think this organisation supports its staff? What kinds of support are available to staff? Check against:

■ encouragement or sponsorship from managers/colleagues

■ practical support from colleagues and managers on doing the job

■ resources provided by organisation to support individuals in their job

■ policies/procedures on diversity and other ways in which people are encouraged to treat all colleagues with respect (ie promoting an absence of bullying/harassment)

■ Probe also for:
whether there are policies/procedures covering support
what support managers get
how co-worker support is encouraged
how can people find out about support
what feedback mechanisms exist.

F. BENEFITS/COSTS OF INVOLVEMENT

51. What costs have been involved in taking part in SIP1 and in fully implementing the Management Standards?
Probe for costs of staff time, external expertise, equipment bought etc.

52. What data do you have about how things have changed since you started your involvement with SIP1? How do you measure what you've achieved/what the benefits have been?

53. What do you see as the business benefits to your organisation of getting involved in this initiative to tackle work-related stress?
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).

54. 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?

55. What has been most difficult so far and why?

56. What are your planned next steps?
Probe for what they are going to change and why.

Are you going to continue with the Standards process?
Explore how embedded the processes are.

What costs are associated with any future work in this area?

G. CONCLUSION

57. 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.

ACAS ADVISER

INTRODUCTION

■ Thank you for agreeing to be interviewed.

■ Introduce self and IES: IES is an independent, not for profit research and consultancy organisation and has been a leading centre for applied research in human resource management for over 30 years. IES has a considerable track record in working with employers to improve their HR performance and an academic background in the areas of stress and absence management.

■ Purpose of review: As you know, the Health and Safety Executive (HSE) is working with Acas and willing employers to reduce ill-health and absence levels attributed to stress or undue pressures at work. As part of this, the HSE, along with Acas and willing employers have been taking part in Phase 1 of the Sector Implementation Plan for the Management Standards for work-related stress (SIP1). The HSE has commissioned IES to gain further information about how organisations have implemented the Management Standards. The research will explore any difficulties or barriers organisations have experienced in implementing the Management Standards as well as solutions organisations have devised to overcome these. It will also investigate any improvements that have been made in the management of work-related stress as a result. This research will enable HSE to assess the Management Standards and the guidance provided to employers on how to implement them. It will also help organisations to make changes, and share learning from SIP1 with others.

■ During the next couple of months, IES will be running a series of interviews and focus groups with staff within companies that have been implementing the Standards to find out about their experiences.

■ In addition, we know that these organisations and others have been offered the support of staff from the HSE and from Acas, we therefore want to find out the experiences of these stress partners and advisers as well as understand the organisational perspective. Their experiences give us a unique view on how a range of companies have been attempting to implement the Standards and, for some organisations, why they have been unable to fully do so as yet.

■ Check availability of interviewee (ie how long they have for discussion), but stress that this interview should last no longer than one hour to one and a half hours (this will depend on whether they have worked with one or more companies).

■ Assure interviewee of confidentiality and anonymity. The study is not about individuals but about understanding how organisations are implementing the Standards and the roles that the HSE and Acas have taken in assisting them. No individuals or organisations will be identified in any reports.

■ Ask for agreement to tape the interview as this saves time in having to take notes and enables thorough analysis. If meet with objections, take notes instead – ensure interviewee is comfortable with tape recording (ie informed consent is given), rather than assuming this will be the case (notes are available on reasons for taping recordings to inform further discussions with interviewee if necessary).

■ Provide opportunity for and answer any initial questions.

A. EMPLOYMENT DETAILS

FIRST OF ALL I'D JUST LIKE TO FIND OUT A BIT MORE BACKGROUND ON YOU AND THE ORGANISATIONS YOU HAVE BEEN WORKING WITH

1. What is your job role? *Probe for general role within Acas and specific role with relation to the Management Standards and explore any key differences.*

2. Did the Management Standards require you to have and/or use any different knowledge/skills above those you have/use in your normal role within ACAS? How were these acquired? What other skills/knowledge gaps did you identify during the project? *Also probe on confidence in these areas.*

3. How did you come to be working with organisations to implement the Management Standards on work-related stress? *Probe for whether have specific interest in issue; expertise; background etc.*

4. *Explore how this work for SIP1 fitted alongside their other work – any problems, eg time pressures, priorities, conflicts of interest?*

5. Which organisations have you been working with on the Management Standards? *Find out how many organisations and what type of organisations (eg size, sector, prior contact with HSE/Acas).*

If have been involved with more than one organisation, build up separate pictures for each organisation. If there are more than two organisations and the interview may take too long, skip section D and focus on getting information on all other sections for each organisation they have worked with.

B. INVOLVEMENT IN SIP1

6. Can you tell me about the process by which each of the organisations you have worked with became involved SIP1 (ie how they came to be implementing the Standards as part of SIP1 group)? What do you think was behind their decision/s to get involved? *Probe for possible role of trade union representatives and previous health and safety issues involved because of trade union involvement.*

7. How did you become involved with each of these organisations? *Probe for approached by stress partner/organisation; stage organisation had reached and why ACAS were asked to become involved at that point; what were the initial relationships like – any difficulties in roles at this stage?*

8. Who was your main contact within each of these organisations? *Check for involvement with senior management, other management, stress partner, staff.*

9. For each organisation: How well do you feel that the organisation understood the main causes of work-related stress? What did they think the main causes were and do you agree?

10. Had each of the organisation/s experienced any effects of work-related stress in the past (ie prior to getting involved with SIP1, eg extended time taken off, high absence rates, impact on workload of workers not off-sick)?
How did they measure this if at all?

11. How much is the management of work-related stress a priority at senior management level within each of these organisations? How is it linked to business planning or

development/strategy if at all? What, overall, do you think of the management commitment to implementing the Standards?

12. What was your view about the nature and extent of existing stress management in each of the organisations (ie prior to their involvement with SIP1)? *Probe for whether this followed the five steps to risk assessment approach; consultation on health and safety and more generally. Also probe for role of union and union reps (including health and safety reps) in any consultation exercise.*

13. Did this differ and if so, how did it differ, from the Management Standards approach?

C. IMPLEMENTING THE STANDARDS

If have been involved with more than one organisation, ask separately for each organisation.

14. Was there an active project champion in the organisation? How did the role of project champion work out within this organisation?
Check whether one was properly established. Probe on what level the person was, their functional job role, whether they felt this was the right person and if not, why?

15. What was the role of employee representatives (including unions)?

16. Practically, what have the organisation/s you've been working with done to implement the Standards?

17. Check whether, and how, the following were established:

  □ a steering group

  □ staff discussion groups

  □ action plans

  □ anything else?

18. How well do you see these things as having worked? What things have proved most difficult/met with most resistance (and from whom)? *Check how groups were set up/attended, policy development etc., and probe for any organisational barriers, role of trade union reps if appropriate.*

19. What specifically has your role been in assisting them with these changes? *Probe for data collection and analysis, setting up groups, running groups, facilitating discussions, encouraging buy-in, setting agendas etc., training others (including project champion/facilitators; stress partners)*

20. What was the stress partner's role in assisting them with these changes? How did it differ from your role? *Probe for setting up groups, running groups, facilitating discussions, encouraging buy-in, setting agendas etc., training others (including project champion/facilitators; ACAS adviser on Management Standards/HSE approach)*

21. What other sources of support did the organisation use? *Probe for technical support from HSE, support from other organisations; how did this work? What was successful? What barriers/problems were there with this?*

D. COMMITMENT/IMPACT

22. How much change have you seen in the organisation you've been involved with since they started their involvement?
Probe for any changes, eg:
knowledge/awareness
policies/procedures
training/information sharing
staff involvement/consultation
actual changes to how management and/or employees behave

23. What do you think have been the main benefits for this organisation about their involvement? *Probe for business and other benefits.*

24. How do you think the issue of work-related stress is regarded by people in this organisation? How involved/well briefed are staff? How committed are management? Has this changed since they started working on the Standards?

25. *FOR ACAS PARTNERS OF NON-CASE STUDY ORGANISATIONS:* What do you think are the main reasons why the organisation/s you've worked with hasn't got further with the implementation of the Standards? What, if anything, do you think Acas/HSE/others could have offered this organisation to help them get further?

26. Overall, what do you think, across the organisations you have worked with, have been the main factors which facilitate successful implementation, or which act as barriers? *Probe for how these compare across organisations.*

E. ACAS ROLE

OVERALL, THINKING ABOUT ALL THE THINGS WE'VE JUST BEEN TALKING ABOUT:

27. How do you feel about the relationship you have built up with this organisation?

28. How does this compare with the sorts of relationships you typically have with organisations you work with in your role in ACAS? *Probe for reasons for differences*

29. How satisfied, overall, do you feel with the support you were able to provide?

30. Is there anything that you would have like to provide but weren't able to? *Probe for ways in which staff consultation could have been improved.* Why was it that you weren't able to do this? *Probe for point at which you became involved in SIP1, barriers from organisation, time pressures, limit to role as specified by Acas/HSE, skills/knowledge gaps, relationship with stress partner.*

31. What were the main factors that helped you to get fully involved with the organisation/s you worked with or which stopped you from getting more involved? *Probe particularly for organisations which haven't been fully discussed in section D.*

32. Overall, how much time have you spent dealing with these organisations since you got involved? What sorts of things did you spend the most time on? *Break down by different organisations if necessary.*

33. What has been most difficult about your role as adviser so far, and why?

34. What was your experience of working in partnership with stress partners? What worked well, what worked less well? What would have made the partnership more effective? How effectively did you manage to share information between you?

35. What work have you been doing to record and report your experiences? *Probe for what data they include in reports, the process of reporting and how it has gone, the process of observing, recording and reporting good practice and barriers.*

36. What would you highlight from all the work you've done as the most effective/useful inputs you made? Why did they work so well?

FINALLY, I'D JUST LIKE TO ASK YOU A FEW MORE DETAILED QUESTIONS ABOUT WHAT THE ORGANISATIONS YOU WORKED WITH DID AND DIDN'T DO IN RELATION TO IMPLEMENTING THE STANDARDS. I UNDERSTAND IT'S BEEN SOME TIME SINCE YOU YOUR INVOLVEMENT, SO IF YOU DON'T HAVE ALL THIS INFORMATION TO HAND, DON'T WORRY, WE'LL JUST GO AS FAR AS YOU CAN WITH IT.

DEPENDENT ON THE TIME AVAILABLE, IT MAY BE NECESSARY TO FOCUS SECTION F ON JUST ONE ORGANISATION, PERHAPS WHERE THEY FEEL THEY HAD THE MOST INVOLVEMENT, OR WHICH THEY FOUND MOST INTERESTING. BUT IF YOU ARE RUNNING OUT OF TIME DUE TO INVOLVEMENT WITH MULTIPLE ORGANISATIONS, SKIP THIS SECTION.

PARTNERS MAY NOT BE ABLE TO ANSWER ALL OF THE QUESTIONS IN DETAIL, DEPENDING ON THE LEVEL OF INVOLVEMENT THEY HAVE HAD WITH ORGANISATIONS.

F. THE DETAILED STANDARDS

37. How do you feel the SIP1 organisation manages the demands placed on their employees at work? **By 'demands' we mean workload, work patterns and work environment.**
Probe for how the organisation:
- matches individual skills and abilities to jobs
- ensures jobs fit with capabilities of employees
- finds out about and deals with concerns employees have about workload/environment
(eg directly or through local reps or managers)

38. How much control do you think staff are given over their work?
Probe for how:
- this differs by job type/team/functional area/manager etc.
- how people are encouraged to use their initiative
- how much control employees have over the pace of their work
- whether they are consulted about work patterns/breaks etc

39. .How are staff developed within this organisation?
Probe for systems in place (appraisals and feedback, career planning and promotion opportunities, training provision), consultation with staff, degree to which individuals can choose their career paths.

40. How well do you think this organisation supports its staff? **By 'support' we mean things like encouragement, sponsorship and resources provided by the organisation, line management and colleagues. Staff should be treated with respect and diversity respected (ie absence of bullying and harassment). Also, there should be practical resources provided to allow people to do their job including support from colleagues**

and managers.
Probe for:
- whether there are policies/procedures covering support
- what support managers get
- how co-worker support is encouraged
- how can people find out about support
- what feedback mechanisms exist

41. To what extent do you think conflicts at work are a problem within this organisation?
Probe for:
- the types of situations which seem to cause conflicts
- how such situations are dealt with
- how management are supported in managing conflicts

42. To what extent do you think the organisation is clear about staff roles and responsibilities? How are conflicting priorities minimised/managed? How can staff raise any issues about uncertainties/role conflicts?

43. How well do you think organisational change is managed/communicated in SIP1 organisation?
Probe for how:
- staff are briefed (eg timetables of change)
- consultation methods (eg directly, through managers, through the union etc.)
- support for employees undergoing change

G. CONCLUSION

44. Is there anything you'd like to add to what we've talked about, or any important issues that I've overlooked?

Thanks for their time and involvement.

Organisational responses to the HSE management standards for work-related stress

Progress of the Sector Implementation Plan – Phase 1

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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