**INDIVIDUAL STRESS RISK ASSESSMENT FORM**

|  |
| --- |
| **AN INTRODUCTION** |

**PURPOSE**To identify risk and protect staff members wellbeing at work from harm under the Management of Health and Safety at Work Regulations 1999. Assessing risk is just one part of the overall process to safeguard and control risks in your workplace. This assessment should work in accordance with the employer’s Attendance Management Policy and agreed working hours, as well as any **‘*Occupational Health Assessments’*** (OHAs) and or a ‘***Phased Return to Work Plans’*** following a long period of absence from work.

**HOW TO USE THIS FORM**

For the assessment to work effectively it should be: -

* All sections should be completed as soon as a staff’s wellbeing concern becomes apparent.
* Worked on jointly between the staff member, their line manager and an OHA where appropriate.
* Considering the comments from ‘**Risk Assessment Questionnaire’** then transferred into the supporting ***‘Action Plan’.***
* Reviewed regularly, ideally weekly, especially at one-to-one ‘**Progress Meetings’** between the staff member and their line manager.
* With consideration of the staff member’s agreed Performance objectives being **S.M.A.R.T. www.mindtools.com**

**FOR AN EXAMPLE**

Below is an example of a completed assessment to help show how the form may work. There is also a blank assessment for self-completion at the end of this document. Once completed you may wish to save this information securely in the interest of individual confidentiality and accordance with the General Data Protection Regulations 2018.

**INDIVIDUAL STRESS RISK ASSESSMENT   
QUESTIONNAIRE**

**EXAMPLE ONLY!**

**EXAMPLE ONLY!**

|  |  |
| --- | --- |
| **Name of individual being risk assessed:** | **Joe Bloggs** |
| **Job Role:** | **Finance Assistant** |
| **Line Manager:** | **Claire Smith** |
| **Date of Assessment:** | **21 June 2021** |

|  |  |  |
| --- | --- | --- |
| **SECTION ONE  WORK-RELATED CONCERNS** EXAMPLE ONLY! | **YES/NO** | **COMMENTS / SUGGESTIONS**(Write a summary only) |
| 1. **Do you feel you have sufficient workload?** | **YES** | **Normally, but at the moment I am struggling to keep on top of things.** |
| 1. **Do you feel your Performance objectives are S.M.A.R.T.?** (www.mindtools.com) | **YES** | **I believe so, but may need to check this at my next catch up with my manager.** |
| 1. **Do you feel you have sufficient time to carry out your role responsibilities within your agreed working hours?** If not, what would you suggest? | **YES** | **I guess…?** |
| 1. **Do you feel you have the right level of  ‘*Work-Life Balance’*?** If not, what would improve this for you at work? | **NO** | **Not at the moment, it feels like I’m sinking!** |
| 1. **Do you feel that you have sufficient training and tools to carry out your role?** If not, what would you suggest? | **YES** |  |
| 1. **Do you enjoy your role at work? Do you currently have sufficient job satisfaction?** If not, what would improve this for you? | **YES** |  |
| 1. **Do you have any worry / concerns over career progression?** If you did, what would you suggest? | **NO** | **Not at the moment** |
| 1. **Do you find the work environment acceptable?** (noise, space, temperature etc.) | **YES** | **Although it does get a bit noisy and difficult to concentrate when the sandwich trolley gets to our floor. Could the trolley park closer to the kitchen rather than right near where I work?** |
| **WORKING RELATIONSHIPS** | | |
| 1. **Do you feel you have a positive professional working relationship with your: -**   • Line Manager?  • Work colleagues? (inc. team members)  • Work stakeholders? (not necessarily colleagues)   If not, please provide more detail? | **YES YES YES** | **However, I have noticed some people have become a bit short with me recently and avoid chatting to me.** |
| **ORGANISATIONAL CHANGES** (i.e Newsletters, Email Bulletins, Employer Announcements) | | |
| 1. **Do you feel that you are adequately consulted regarding changes to your job and or the business? If not, what would you suggest?** | **YES** | **I appreciate the monthly Newsletter that comes out via email.** |

**EXAMPLE ONLY!**

**EXAMPLE ONLY!**

|  |  |  |
| --- | --- | --- |
| **SECTION TWO  NON-WORK-RELATED CONCERNS** | **YES/NO** | **COMMENTS / SUGGESTIONS** (Write a summary only) |
| 1. **Is there anything going on outside of work that maybe causing you worry / concerns, or preventing you to focus on your work?**  **For example…**   • Financial worries  • Personal relationship / family concerns  • Experienced a Bereavement  • Personal health challenges /a medical condition/s  • Health of a Dependent or care for someone? | **YES NO**  **NO**  **NO**  **YES** | ***I have recently become a single parent to my 10-year-old son. I am struggling to cope with school runs, home life, finances, getting enough rest and keeping focused at work.*** |
| 1. **Do you feel you have sufficient support around you regarding Q.1?**   • Outside of work – Friends and Family?  • Inside work – Employee support /Trade Union? | **YES NO** | ***I am a single child and just have my parents, they do what they can but are elderly so have limits. I have a really good neighbour that sometimes* *looks after my son when visit the doctor.*** |

|  |
| --- |
| **SECTION: THREE****ADDITIONAL INFORMATION** (this is anything else that maybe helpful for your employer to know and that is not mentioned above) |
| **I have a history of anxiety, but I am not on any medication for it now. I was thinking of visiting my GP to review this.** |

EXAMPLE ONLY!

**ACTION PLAN**

**EXAMPLE ONLY!**

**EXAMPLE ONLY!**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **CONCERN IDENTIFIED**  (the ‘What’) | **ACTION TO BE TAKEN** (How it will be completed) | **WHO** | **REVIEW** |
| 1 | **Working pattern not accommodating new situation** | **To review JBs working hours. To support better work life balance Possible start later and finish earlier with a shorter lunch break** | **JB & CS** | **1 week** |
| 2 | **Lack of support and awareness of helpful resources for finances and caring responsibilities** | **To explore internal and external support resources to determine what may help. Employee Assistant Programme, Trade Union Pages, Flexible/Remote Working policy, GP, Wellbeing facilities (NHS Talking Therapies).** | **JB & CS** | **1 week** |
| 3 | **Workload review. To consider if they are S.M.A.R.T.** | **To temporarily remove JB off the Triage Helpline rota until he is in a more stable position to continue this duty. To check remaining objectives are in line with ‘mindtools’ SMART model.**  **To review anxiety feelings in one month and if not better then or throughout complete an Occupational Health Assessment to determine what further support could be suggested.** | **JB &CS** | **1 month** |
| 4 | **Workplace noise levels increased on a daily basis around the lunch time trolley visit** | **To request the trolley person to station the trolley nearer the kitchen area as opposed to JB’s work area.** | **CS** | **1 week** |
| 5 | **Colleague relations concern** | **To inform JB’s colleagues (with consent) in a ‘blanket’ approach (at the next team meeting) that JB is experiencing some personal challenges at this time and that management support is being provided in accordance the employers Equality and Diversity Policy.** | **CS** | **1 week** |

EXAMPLE ONLY!

**EXAMPLE ONLY!**

**Ongoing Support**

In the event of any difficulties, concerns, or life changes outside of the staff members control the assessment should be adjusted accordingly. The employers’ relevant resources should be utilised and consulted such as Human Resources; wellbeing support services; an Health and Safety official; the Occupational Health provider. External wellbeing resources should also be considered such as the NHS Talking Therapies Hampshire www.italk.org.uk or Solent Mind, Hampshire's leading mental health charity.

### **Agreement**

By signing this assessment, you are jointly agreeing and committing to an ‘*Action Plan’* to help reduce and or prevent risk to the staff member in the workplace. This agreement is not binding to the employment contract. However, may facilitate support towards the staff member’s wellbeing in the workplace. All information provided in this assessment and ‘*Action Plan’* will remain confidential in accordance with the employer’s confidentiality Policy and the General Data Protection Regulation (GDPR) 2018.

**Comments:**

***No ‘blockers’ were identified that may prevent this agreement from being completed. JB was grateful of the time spent completing this assessment and says he feels much happier and pleased he raised his concerns with me as his line manager. I am pleased JB shared his concerns with me and I will endeavor to do all that is possible to support JB going forward.   
A review is scheduled for one weeks’ time – 25th June 2021.   
Line manager, Claire Smith.***

|  |  |
| --- | --- |
| **Staff Member’s Signature:** | **Joe Bloggs Date: 21st June 2021** |
| **Line Manager’s Signature:** | **Claire Smith Date: 21st June 2021** |

**ACTION PLAN** – REVIEW

**EXAMPLE ONLY!**

**EXAMPLE ONLY!**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **CONCERN IDENTIFIED** (the ‘What’) | **ACTIONS TO BE TAKEN** (How it will be completed) | **WHO** | **REVIEW** |
| 1 | **Working pattern not accommodating new situation** | **To review JBs working hours. To support better work life balance Possible start later and finish earlier with a shorter lunch break UPDATE: Revised hours are working well and will continue until the end of the year.** | **JB & CS** | **6 months** |
| 2 | **Lack of support and awareness of helpful resources for finances and caring responsibilities** | **To explore internal and external support resources to determine what may help. Employee Assistant Programme, Trade Union Pages, Flexible/Remote Working policy, GP, Wellbeing facilities (NHS Talking Therapies).  UPDATE: Resources explored, are helping and will continue.** | **JB & CS** | **Completed** |
| 3 | **Workload review. To consider if they are S.M.A.R.T.** | **To temporarily remove JB off the Triage Helpline rota until he is in a more stable position to continue this duty. To check remaining objectives are in line with ‘mindtools’ SMART model.**  **To review anxiety feelings in one month and if not better then or throughout complete an Occupational Health Assessment to determine what further support could be suggested.**  **UPDATE: JB happy to be reinstated on Triage Helpline rota from next month. This will be monitored for ongoing support. Objectives reviewed and in line with SMART model.** | **JB &CS** | **1 month** |
| 4 | **Workplace noise levels** | **To request the trolley person to station the trolley nearer the kitchen area as opposed to JB’s work area. UPDATE: Completed** | **CS** | **Completed** |
| 5 | **Colleague relations concern** | **To inform JB’s colleagues (with consent) in a ‘blanket’ approach (at the next team meeting) that JB is experiencing some personal challenges at this time and that management support is being provided in accordance the employers Equality and Diversity Policy. UPDATE: Completed** | **CS** | **Completed** |

**EXAMPLE ONLY!**

**Comments:**

|  |
| --- |
| ***Review completed and going well. No further ‘blockers’ were identified that may prevent this agreement from being fully completed. JB stated he was much happier in the workplace and that his anxieties had reduced with these reasonable adjustments in place. It was agreed we would continue with this arrangement and to monitor progress at the next monthly 121 meeting. In the meantime, I have offered weekly catch-up meetings with JB should he feel he needs extra support. I have left this with JB to decide and arrange in my diary as and when.***  ***grateful of the time spent completing this assessment and says he feels much happier and pleased he raised his concerns with me as his line manager. I am pleased JB shared his concerns with me and I will endeavor to do all that is possible to support JB going forward.  A review is scheduled for one weeks’ time – 25th June 2021.  Line manager, Claire Smith.*** |

|  |  |
| --- | --- |
| **Staff Member’s Signature:** | **Joe Bloggs Date: 25th June 2021** |
| **Line Manager’s Signature:** | **Claire Smith Date: 25th June 2021** |

**INDIVIDUAL STRESS RISK ASSESSMENT   
QUESTIONNAIRE**

|  |  |
| --- | --- |
| **Name of individual being risk assessed:** |  |
| **Job Role:** |  |
| **Line Manager:** |  |
| **Date of Assessment:** |  |

|  |  |  |
| --- | --- | --- |
| **SECTION ONE  WORK-RELATED CONCERNS** EXAMPLE ONLY! | **YES/NO** | **COMMENTS / SUGGESTIONS**(Write a summary only) |
| **1, Do you feel you have sufficient workload?** |  |  |
| 1. **Do you feel your Performance objectives are S.M.A.R.T.?** (www.mindtools.com) |  |  |
| 1. **Do you feel you have sufficient time to carry out your role responsibilities within your agreed working hours?** If not, what would you suggest? |  |  |
| 1. **Do you feel you have the right level of  ‘*Work-Life Balance’*?** If not, what would improve this for you at work? |  |  |
| 1. **Do you feel that you have sufficient training and tools to carry out your role?** If not, what would you suggest? |  |  |
| 1. **Do you enjoy your role at work? Do you currently have sufficient job satisfaction?** If not, what would improve this for you? |  |  |
| 1. **Do you have any worry / concerns over career progression?** If you did, what would you suggest? |  |  |
| 1. **Do you find the work environment acceptable?** (noise, space, temperature etc.) |  |  |
| 1. **Do you feel you have a positive professional working relationship with your: -**   • Line Manager?  • Work colleagues? (inc. team members)  • Work stakeholders? (not necessarily colleagues)   If not, please provide more detail? |  |  |
| **ORGANISATIONAL CHANGES** (i.e Newsletters, Email Bulletins, Employer Announcements) | | |
| 1. Do you feel that you are adequately consulted regarding changes to your job and or the business? If not, what would you suggest? |  |  |

|  |  |  |
| --- | --- | --- |
| **SECTION TWO  NON-WORK-RELATED CONCERNS** | **YES/NO** | **COMMENTS / SUGGESTIONS** (Write a summary only) |
| 1. **Is there anything going on outside of work that maybe causing you worry / concerns, or preventing you to focus on your work?**  **For example…**   • Financial worries  • Personal relationship / family concerns  • Experienced a Bereavement  • Personal health challenges /a medical condition/s  • Health of a Dependent or care for someone? |  |  |
| 1. **Do you feel you have sufficient support around you regarding Q.1?**   • Outside of work – Friends and Family?  • Inside work – Employee support /Trade Union? |  |  |

|  |
| --- |
| **SECTION: THREE****ADDITIONAL INFORMATION** (this is anything else that maybe helpful for your employer to know and that is not mentioned above) |
|  |

EXAMPLE ONLY!

**ACTION PLAN**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **CONCERN IDENTIFIED**  (the ‘What’) | **ACTION TO BE TAKEN** (How it will be completed) | **WHO** | **REVIEW** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |

EXAMPLE ONLY!

**Ongoing Support**

In the event of any difficulties, concerns, or life changes outside of the staff members control the assessment should be adjusted accordingly. The employers’ relevant resources should be utilised and consulted such as Human Resources; wellbeing support services; an Health and Safety official; the Occupational Health provider. External wellbeing resources should also be considered such as the NHS Talking Therapies Hampshire www.italk.org.uk or Solent Mind, Hampshire's leading mental health charity.

### **Agreement**

By signing this assessment, you are jointly agreeing and committing to an ‘*Action Plan’* to help reduce and or prevent risk to the staff member in the workplace. This agreement is not binding to the employment contract. However, may facilitate support towards the staff member’s wellbeing in the workplace. All information provided in this assessment and ‘*Action Plan’* will remain confidential in accordance with the employer’s confidentiality Policy and the General Data Protection Regulation (GDPR) 2018.

**Comments:**

|  |
| --- |
|  |

|  |  |
| --- | --- |
| **Staff Member’s Signature:** | **Date:** |
| **Line Manager’s Signature:** | **Date:** |

**ACTION PLAN - REVIEW**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **CONCERN IDENTIFIED** (the ‘What’) | **ACTIONS TO BE TAKEN** (How it will be completed) | **WHO** | **REVIEW** |
| 1 |  | **CONCERN IDENTIFIED:**  **UPDATE**: |  |  |
| 2 |  | **CONCERN IDENTIFIED:**  **UPDATE**: |  |  |
| 3 |  | **CONCERN IDENTIFIED:**  **UPDATE**: |  |  |
| 4 |  | **CONCERN IDENTIFIED:**  **UPDATE**: |  |  |
| 5 |  | **CONCERN IDENTIFIED:**  **UPDATE**: |  |  |

**Comments:**

|  |
| --- |
|  |

|  |  |
| --- | --- |
| **Staff Member’s Signature:** | **Date:** |
| **Line Manager’s Signature:** | **Date:** |