

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

Progress of the Sector Implementation Plan – Phase 1

Prepared by the **Institute for Employment Studies**
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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.

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The Institute for Employment Studies is an independent, apolitical, international centre of research and consultancy in human resource issues. It works closely with employers, government departments, agencies and professional and employee bodies. For 40 years the Institute has been a focus of knowledge and practical experience in employment and training policy, the operation of labour markets, and human resource planning and development. IES is a not-for-profit organisation which has over 70 multi-disciplinary staff and international associates. IES expertise is available to all organisations through research, consultancy, publications and the Internet.

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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.

RECOMMENDATIONS¹

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.

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).

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.

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	<ul style="list-style-type: none"> ■ 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	<ul style="list-style-type: none"> ■ 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	<ul style="list-style-type: none"> ■ 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	<ul style="list-style-type: none"> ■ 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	<ul style="list-style-type: none"> ■ 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	<ul style="list-style-type: none"> ■ 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 to provide data accurate to at least 5%± ¹ 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 partners¹ – 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).

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.

- 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 apprised 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

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 managers 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.'

(Senior Manager, Education)

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.'

(Head of Health and Safety, Central Government)

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 coping 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

very difficult to resolve, you know. Can you get a definitive answer on stress-related sickness absence if it comes under so many guises?’

(Head of Health and Safety, Local Government)

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

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.'

(Stress Partner)

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.'

(Project Champion and Health and Safety Manager)

'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.'

(Stress Partner)

'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.'

(Stress Partner)

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 manager 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

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.'

(Stress Partner)

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.'

(Project Champion)

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.'

(Operational Manager)

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

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 managers) 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 ≥ 50 th and < 80 th percentile; yellow – indicating that performance is ≥ 20 and < 50 th 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".'

(Project Champion)

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.'

(Project Champion)

'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.'

(Project Champion)

'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.'

(Project Champion)

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.'

(Occupational Health Adviser)

'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.'

(Stress Partner)

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

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
	<p>Concern that some potential stressors not accurately captured, eg environment issues.</p> <p>Significant variations across teams/units.</p> <p>Some data presented to departmental heads, to steering committees and senior management and fed back to staff groups.</p>		<p>Resistance to results. Particular concern where analysis felt to be too blunt and survey tool inflexible, eg bullying item.</p>	
<p>Step 3:</p> <p>Use STBA and data from Step 2 as input to focus groups</p> <p>Use focus groups to generate primary (SMART) interventions</p> <p>Compile action plans</p>	<p>Some organisations used data gathered through the indicator tool to form the basis of focus group discussions.</p> <p>Most used these groups to generate more detailed/nuanced findings on the basis of the indicator tool results.</p> <p>Some held focus groups but did not find a good match between data captured/presented and focus group discussions.</p> <p>Difficulties in drawing out objectives and actions from focus groups.</p> <p>Action planning stage not reached by some organisations.</p> <p>Wider feedback to employees during this phase varied.</p> <p>Steering group resistance to data findings affected commitment to this stage of the process, notably the quality of action planning.</p>	<p>Good working relationships in the steering committees and good leadership.</p> <p>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.</p> <p>Interest/willingness of staff to participate.</p> <p>Some areas of concerns were readily translatable into action plans.</p> <p>Through Acas/HSE advice some ‘quick wins’ were integrated into action plans.</p>	<p>Managers as facilitators especially where there was reluctance to face issues raised.</p> <p>Organisational tolerance of stress-related absence.</p> <p>Poor volunteer rates and poor attendance.</p> <p>Difficulties in convening groups with appropriate make up of managers and teams.</p> <p>Enduring concerns about data quality and the accuracy of the findings being presented to focus group members for discussion.</p> <p>Focus groups airing grievances on number of workplace issues that were not directly seen to be related to data findings or focus group agenda.</p> <p>Focus group remit affected outputs – generally tasked to discuss concerns to aid detailed understanding of data instead of generating solutions.</p> <p>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.</p> <p>Overall schedule slippage and challenge of maintaining momentum.</p>	<p>Provide guidance on focus group remit. Perhaps two phases – exploring and explaining the data following by generating achievable solutions.</p> <p>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.</p>
<p>Step 4:</p> <p>Steering group collates action plans</p> <p>Actions are prioritised</p> <p>Actions are assigned to individual/functions for implementation</p> <p>Steering group produces action plan for organisation</p>	<p>Action planning stage only reached by small number of organisations and even within these only within some teams</p> <p>Certain topics featured strongly, eg relationships (bullying) and support (flexible working to ensure work-life balance) in action planning.</p>	<p>Strong leadership of steering group.</p> <p>Good working relationships between HSE and Acas stress partners and the stress champion/project manager and steering group in the organisation.</p> <p>Assigning responsibility to individual steering group members for certain actions and implementation activities around those actions.</p> <p>Focus on areas where action plans are more easily developed and which have wide applicability across the organisation or across certain staff groups.</p>	<p>Lack of communication across the whole organisation.</p> <p>General slippage and loss of momentum.</p> <p>Over-emphasis on negative survey results in devising/developing action plans.</p> <p>Concerns over external profile and negative media interest.</p> <p>Conflicting priorities.</p> <p>Culture/size of organisation.</p> <p>Relating findings to (achievable) actions.</p>	<p>Guidance on generating SMART objectives from steering group discussions and indicator tool.</p> <p>Guidance on ‘quick wins’ and longer term action plans to demonstrate progress in short term and ensure success in the longer term.</p> <p>Provision of examples of best practice (and poor practice) on developing, agreeing and implementing solutions in relation to the Management Standards.</p>

Assumptions	Reality	Enablers	Barriers	Actions for HSE
			<p>Too many people involved with no overall leader taking responsibility.</p> <p>Some areas of concern impossible to tackle due to financial constraints, budget cuts or lack of resources.</p> <p>Lack of expert advice from HSE and particularly Acas when action planning took place after the period of support had ended.</p>	<p>Consideration of package of expert advice (eg through Acas on workforce communication strategies) to ensure employee buy in or to help with workplace change.</p>
<p>Step 5: Monitor progress Second indicator tool survey</p>	<p>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.</p>	<p>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.</p>	<p>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.</p>	<p>Develop milestones, relevant to different organisations, which allow progress to be appreciated and reported at different stages.</p>
SUSTAINABILITY				
<p>Embedding</p>	<p>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.</p>	<p>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.</p>	<p>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.</p>	<p>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.</p>

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	<p>Personal learning amongst some managers about methods of staff consultation and communication, eg the value of focus group discussions in examining stress issues.</p> <p>Cultural changes in relation to stress, eg de-stigmatised.</p> <p>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.</p> <p>Recognition of need to be focussed and organised to carry out process and cover the whole workforce.</p> <p>Recognition of importance of action, eg challenging inappropriate behaviour and sending clear, strong messages.</p> <p>Positive attitudes towards involvement in project.</p>		<p>Complexity – too many changes to address and too many competing priorities.</p> <p>Project messages and outcomes not perceived/ appreciated in a strategic way.</p> <p>Lack of communication to those who took part about progress or wider about change.</p> <p>HR processes and systems.</p> <p>Division of responsibility – a HR/H&S initiative but requires workplace change led by line managers.</p> <p>Organisation size and time-lags.</p> <p>Lack of resources and over-reliance on individuals.</p>	<p>Ensure close working with employment relations experts within organisations central management standards concepts are about ways of working and the nature of tasks etc.</p> <p>Ensure support available from external experts to support and guide workplace change.</p> <p>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.</p>

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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