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2 EXECUTIVE SUMMARY

This short consultancy project was commissioned by the Voluntary Sector Stress Response Group. It was designed to find out needs for an Occupational Health Service for Nottinghamshire voluntary sector employees.

It built on the excellent work identifying stress as an acute issue by the Voluntary Sector Stress Response Group, and the Voluntary Sector Mental Health Development Project. The Steering Group asked for the project to focus on the stress related needs of the sector; which their previous research had highlighted the need for; and to investigate services to fill identified needs.

2.1 RESEARCH

The research identified themes and issues arising from interviews with 31 people. These were employees, managers, trustees in a variety of voluntary sector organisations; and providers of services to the voluntary sector, including health and counselling professionals and policy writers, and independent consultants.

Information gathered was placed in the context of the signifying features of the sector, and of research about responses to identified health needs around the UK and internationally.

Findings from employees:
- Stress was the main issue identified
- There are suggestions that this workforce is more vulnerable to stress, than workforces in other sectors
- Workplace stress identification, assessment, reduction, management and abatement are issues needing attention
- Stress education of the most basic kind is needed in most organisations
Employees and providers want the emphasis to shift, so that the responsibility to deal with stress moves from the individual to the organisation.

Many gaps were identified in workplace structure and policy areas; in workload management, role definition and job definition, in developing healthy workplace practices and on being good employers.

Occupational health should be delivered through organisation development, with the addition of a few other health services being identified as needed by employees.

Organisations could not necessarily do the assessments, action planning or changes necessary to abate stress on their own. While there was low cost and accessible help and materials for do it yourself approaches, many organisations particularly small ones would not have the capacity, or might be too stressed, to do that.

2.2 PROPOSALS

We are proposing a model of training and consultancy which would serve to avoid past problems with uptake and incomplete solutions to organisational problems. It is proposed as a pilot project, to connect to other initiatives, and with phased development. This would involve external work organisation intervenors, dealing on an organisation by organisation basis with stress issues, assessments and action plans for changes in work practices and organisation culture. This is a holistic 'whole' organisation approach. It would initially work with four organisations; culminating in a larger ripple effect within parts of the sector (networking and sharing learning). In addition there would be services for individuals to meet a range of needs.

The combination organisational development and stress reduction team would be accompanied by support to organisations for stress related problems on an individual to individual basis (for managers, trustees and individuals); signposting, and services delivered by counselling providers, and occupational health specialists (back to work programs) for individuals. The experience gained in the project would be monitored and analysed continually and the project and organisations be developed as 'learning organisations' (having cycles of action and reflection and applying learning to each phase of planning).
The proposed project resembles the pilot project in Birmingham - Partnership at Work, which offers HR services and consultancy to a number of small organisations in the sector to change working culture to ones which will improve health, safety and welfare of the workforce. A recent evaluation of the project by Oxford Brookes University stated that ‘…‘the two methods of providing support, advice and guidance that had greatest impact were a telephone help desk and a ‘health’ audit of human resource practice and systems – conducted by a member of the project team’. (Oxford Brookes University, May 2004). These methods would also be used in the proposed project.
This project would be tailored to the voluntary sector, and to the organisations involved. Outcomes would include:

- a better knowledge base on which to make decisions for the future
- knitting in of the services with other infrastructure structures
- a thoroughly researched and thought through provision
- knowledge of what a sustainable but adaptable service would look like.
- four organisations would be more developed
- a number of managers would have had support
- organisations would have solved typical workplace challenges without resorting to expensive and disruptive high level interventions or legal remedies
- managers, trustees and staff would have stress training
- some counselling services would be available

2.3 BENEFITS, COSTS AND FUNDING

The costs of a project are estimated to be £249,000 over two years. At the end of that time the project would continue in a form suggested by the learning of the previous operation. This project is designed so that separate elements could be put into operation if the entire format is not funded (although the format does offer the most complete response to needs expressed in this research). It is predicted that needs may change over time, and this format can be adaptable to future need.

Benefits in the form of outputs from the two year operation would be:

- 4 organisations supported by external consultants over 12 month period
- 4 organisations supported by external consultants over 6 month period
  - 420 organisational consulting hours given
- 48 basic stress training sessions given
  - 480 people benefiting from basic stress training
- 3000 help desk enquiries received and dealt with
300 voluntary sector organisations helped
600 one to one counselling sessions delivered (1 Hour each)
60 people benefited from one to one counselling support

It is anticipated that revenue in the future would consist of fee for services, and subsidy of about £45,000.

Funding potential for a Nottinghamshire based initiative would come from:
- Locals Skills Council
- Department of Health
- Trades Union Learning Fund
- Dti – support for small businesses to comply with good employment practices
- Community Fund
- Health & Safety Executive

It is important to note that the helpdesk for the project, could be located locally (perhaps in a rural area), but would perform as a national resource for the sector.

It is anticipated that the project would be connected, at least initially, to a cross-sector organisation such as Nottingham Council for Voluntary Services. It should also be connected to other initiatives, as appropriate.
3 BACKGROUND

3.1.1 COMMISSION

In June 2004 April Struthers of Wit Works Ltd.; along with John Mitchell of learning-space, submitted a proposal to carry out a Business Plan of Occupational Health Services for the Voluntary Sector in Nottinghamshire. The proposal was accepted and on July 5 April Struthers met with Helen Voce of Nottingham CVS and the Steering group of the Voluntary Sector Stress Response Group to be briefed and discuss the project. It was agreed in recognition of the short time line and fact that the project was starting later than originally anticipated and needed to fit with specific timelines under another Initiative, that there be no written interim report, that a mid-point verbal report be delivered by April Struthers and that a final written report be submitted no later than August 26, 2004.

Wit Works Ltd. provided consultants as follows:
   Lead Consultant: April Struthers
   Business Plan consultant/Costing/Funding: Ros Pearce
   Space Consultant: John Mitchell

A verbal report was given on August 6th to Helen Voce and Steering Group members.

A final written report was submitted August 26, 2004.
3.2 PURPOSE OF REVIEW

The purpose of the project was to find out if there was a need for an Occupational Health Service for the voluntary sector in the county. The Steering Group asked for the project to focus on the stress related needs of the sector; which their previous research had highlighted the need for, and to investigate services to fill identified needs. Steering Group members made initial suggestions for organisations interested in the project and individuals to interview within a sample generated by the Nottingham CVS of voluntary sector organisations of a range of sizes and service areas, around the county.

Objectives of the Project were as follows:

1. Identifying the types of occupational health services most needed with some idea of the likely take up.
2. Preparing options in regard to delivery of those services: with a county wide service to a network of organisations (including the marketing and delivery of the service).
3. Identifying the staffing needs and arrangements and likely accommodation and spatial needs.
4. Developing entitlement criteria: over a wide range of organisations; and considering the health needs of unpaid volunteers.
5. Identifying the likely costs for such a service with options on sustainable funding.
6. Proposing appropriate management and organisational arrangements.
3.3 METHODOLOGY

The following stages were part of the review process:

- **Initial interviews**: held in workplaces, externally, or by telephone, depending on the wishes of interviewees.
- **Secondary interviews**: with those suggested by initial interviews

In all 31 interviews were carried out, and a half day meeting was held with a voluntary sector organisation which is piloting a 'parallel project in Birmingham. Several meetings were held with consultants in the voluntary sector to test out perceptions about the sector and root causes of stress.

- **Initial mapping and scanning**: Includes hearing the stories and painting the picture and a review of published reports and papers.
- **Desk research**: A broad search was done in Internet and other research to establish features of and challenges within the voluntary sector, research in geographic areas about stress, general workplace stress research, and stress and the voluntary sector, stress as a labour issue and a health issue, approaches used in the voluntary and other sectors to reduce and abate stress and work on root causes.
- **Research was done on voluntary sector initiatives in other areas, recent developments in the sectoral approaches to capacity building; central government responses to voluntary sector needs, and research on Employee Assistance Programs to combat stress.**
- **Reflecting**: checking perceptions, observations and the emerging picture with the Steering Group.
- **Interpreting and evaluating**: developing themes for interviews, developing context in which they fitted with the external research. Developing understanding of the structural and strategic issues affecting the operation of the sector.
Making sense of the problems and possible solutions in the context of both the particular circumstances confronting the sector and our understanding of complexity and organisational development. Considering the prevention, reduction and abatement of workplace factors creating stress, and suggestions for options for treatment for individuals when stress has presented through some of its array of symptoms.

- **Preparing proposals**: from an understanding of the current issues and possible future developments, preparing a report setting out findings, processes and proposals to move the sector forward in developing health workplace practices. A model was identified which could fill the complex range of needs. Costings and funding streams were identified.

- **Presenting proposals**: through a written final report to the Steering Group

The process of the review - ensuring that people are as fully involved and informed as possible given the timeframe (6 weeks in summer), and developing open and enquiring relationships - is critical not only to the successful completion of the review, but also to establishing the positive climate and culture to help the project move on. Interviewees were universally very helpful, made a significant number of useful links and contacts for the consultants, and co-operated in every way to move the project forward. All interviewees asked for a copy of the final report and were interested in the subject, the process and what the impact of the project would be.

There is awareness of the unhealthy aspects of "Stress'. Having the sector learn healthy working and having 'culture' changes that allow that to happen, was an area of interest which has been hidden for some time but now is becoming more acute - people are ready to try some new approaches it would seem.

- Because the initial needs review showed something different from that expected was needed, the project was re-focussed to organisational needs rather than individual needs.
4 CONTEXT

4.1 NATIONAL AND INTERNATIONAL

4.1.1 Stress and the Workplace, Stress and the voluntary sector

Desk research involved a literature search on workplace stress including trade union and European Union material; background research in voluntary sector features, the range of provision which responds to needs around stress, occupational health departments and projects, and specific research on Employee Assistance Programs.

This exercise provided more questions than answers. There is not a lot of research on the voluntary sector; much of it being project evaluation. What there is, is not well organised. Basic demographics of the sector at other than a national level are scarce (how many employees are there in the county of Nottinghamshire in the sector; how many organisations of what size exist?). These are questions we have not been able to answer accurately in this research.

There does not seem to be research on the provision of occupational health to the voluntary sector. Occupational health projects exist which include provision as post GP intervention to the voluntary sector amongst all other workers, and sector organisations provide some health and safety services to other voluntary sector organisations. There does not seem to be comparative studies on stress in voluntary sectors as compared to other labour market sectors.

This points to a need for a review of the literature available; a mapping of the demographics, as well as research projects. In the absence of figures and research we have extrapolated from other figures, used anecdotal reports, and used research that seems to be on the same voluntary sector issues, by the government of Canada (five-year Voluntary Sector Initiative studies).
4.1.2 Main Themes of Research

1. Stress is seen as a huge issue with a wave of interest across workplace interest organisations (Health and Safety Executive, unions, Trade Union Technical Bureau (EU) and the International Labour Organisation (ILO: SafeWork 2000).
2. Workplace stress is either the primary or second hazard to health identified for the workplace (as shown by days lost to work and expenses to employers).
3. Sources of stress are identified as rooted in the nature of the work practises and the way work is organised.
   • Its development and effects are seen as a labour issue where people are working against human limits.
   • There is recognition of the cycle, which results in individuals developing health problems if the workplace is not developed to minimise stress.
   • There is recognition of the relationship of stress to violence, bullying, harassment and increase in conflicts
   • There are lots of sources of stress reduction programmes, some very well evaluated, and websites (see list in Appendix 10.15) and materials developed available free of charge, some specifically for the voluntary sector.

4.1.3 The Voluntary Sector on the National Voluntary Sector

A summary of the main points of the national picture of the sector (from the NVCO 2004 Almanac) which pertain to this review, follow:

• The sector is growing, becoming more entrepreneurial and the paid workforce is increasing in size
• 18% of the workforce belong to unions
• The national workforce is 569,000 (471,000 full time equivalents)
• The workforce is mostly women (64%) and mostly in part time employment (two thirds).
Paid staff is mainly working for medium and large organisations.

Size of organisations:

<table>
<thead>
<tr>
<th>Number of Employees</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-10 employees</td>
<td>33.7%</td>
</tr>
<tr>
<td>10-50 employees</td>
<td>26%</td>
</tr>
<tr>
<td>50+ employees</td>
<td>31%</td>
</tr>
</tbody>
</table>

This sector has the largest proportion of workers disabled with work limiting disability

24% of the workforce have health problems lasting one year or longer

50% of organisations experience difficulty recruiting staff

Skills gaps have been identified in management skills project management, planning, organising and strategic planning.

Only 50% of organisations bringing in income of less than £100,000 annually do management training

**The Great Divide**
The NCVO Almanac notes that 10% of all voluntary sector organisations bring in 90% of income in the sector. Resources are constrained for small and medium sized organisations.

4.1.4 Voluntary Sector Health and Safety

In a summary of a five year research project to identify capacity needs and basic facts about size and shape of voluntary organisations, the Voluntary Sector Initiative (Government of Canada - 2003) has labelled **stress** as one of the ten major issues which will impact on the sector reaching its potential.)
Unison has developed a website for its members in the voluntary and community sector around health and safety including stress.

A study of workplace safety advisors funded by HSE and supported by Unison showed that community and voluntary workers wanted simple, straightforward information on health and safety with existing materials seen as too complicated or irrelevant to their needs (Unison website).

Bad working processes and practices and poor safety are seen as the cause of workplace illness. (Unison 2004).

Unison reports that the community and voluntary sector are experiencing an epidemic of stress related illnesses, RSI and other occupational illnesses (Unison press release 2003). The keys to prevention are seen as risk assessment, training, and consultation with staff.

### 4.2 LOCAL

#### 4.2.1 Voluntary Sector in Nottinghamshire

Workforce numbers are estimated by the Voluntary Sector Mental Health Project to be about 9000 employees in the county.

The Policy Research Institute in the Impact of the Voluntary and Community Sector in Greater Nottingham estimates the number of organisations at 4600 in the Greater Nottingham sub-region. About 50% had paid staff and 50% volunteers with a larger portion of women working in the sector and a large number of posts being part time. Unpaid staff numbered about 11,000 with FTE (full time equivalent) being about 800; paid staff numbered 1800, FTE being 1126.

There is no comparable research for the county number of organisations.
The estimate by Jane Sterck, Chief Executive of the Nottingham Council for Voluntary Service, is that there are about 5000 voluntary sector employees in Greater Nottingham and slightly less than that in the rest of the county - a total of 9000.

The East Midlands is estimated to contain 5% of the national voluntary sector workforce (28,000) (NCVO 2004).

The Policy Research Institute estimates that income for the sector as a whole would be in the region of £ 80-120 million and Greater Nottingham would contribute £ 57.7 million of that (Policy Research Institute, 2004).

The lack of clarity about numbers and lack of consensus on what they are, makes predicting uptake very difficult. For the purposes of this report, 9000 is accepted as the number, with a similar number perhaps of volunteers and trustees. Taking the national figure of 24% of the workforce having health problems which last one year or longer (see 4.1.3.), that would indicate that about 2200 might have a need of services.

4.2.2 Vulnerability of this workforce

Trade union officials, health policy officers and others have commented that they believe this sector has more stress than other sectors of the workforce.

They cited a range of factors:
- poor physical accommodations
- poor management and supervision.
- in built friction, power struggles and values clashes
- conflicts because of different ethnicity and differing faith systems amongst workers.
Added pressure came from
- poor work life balance
- lack of job descriptions or descriptions being too broad,
- short term and fragmented nature of funding, and
- human resources and equality issues not being addressed

In addition there was:
- insecure and lower paid work, which is reflective of the inequalities and current disadvantages they work with, and
- no protection for jobs
- the gender skewing of the sector with women holding most jobs but being mainly in middle management and no higher was seen to be stressful.
- work organisation issues led to stress as well

Statutory workers who worked with or volunteered in the voluntary sector said there is considerably more stress compared to the public sector; and that it is due to underpay and overwork.

A report from the MSF in Nottingham showed lower than average job satisfaction rate compared to national figures and two thirds of respondents said they were seriously or very seriously stressed (MSF -Summary 2001). Another report (from MSF - and the National Council of Voluntary Organisations) reviewed a number of organisations in a survey of 31 indicators of good working practise (having or using policies including family friendly policies, equal opportunities policies, flexible working policies etc). This showed, amongst other things, lack of policies or use of them, high expectations of large amounts of unpaid overtime, and where overtime was provided individuals experienced difficulty getting time back. Generally the picture here was of a serious lack of good employment practices/conditions (MSF 2001). If this is a reflection of common situations in organisations employing voluntary sector workers, then the workforce may well be made vulnerable because of poor employment practice.
4.2.3 Local research on features which contribute to stress

The Nottingham Council for Voluntary Service website lists these factors as contributing to stress:

- Short term funding and job insecurity
- Small organisations, often very small
- Volunteer collective management's, -often little or no line management, supervision or support.
- High complexity - multiple goals are common.
- Volunteers often working alongside paid staff and divisions exist between those paid and not paid
- Voluntary organisations often supporting vulnerable people and this sometimes leads to an exploitation of altruism on one hand and workaholism on the other - with people not knowing when to stop.

(Voluntary Sector Mental Health Project, NCVS website, 2004)

The work of the Voluntary Sector Stress Response Group, including research of the Voluntary Sector Mental Health Development Project, should be noted here. It provided the basis for research for this report and pointed to a range of stress related needs, issues, and dynamics existing locally. It also mapped some of the existing services for workers outside of the sector and gave preliminary scoping and estimates of costings for counselling and other services.
The Group consists of:
- The Voluntary Sector Mental Health Development Project
- The Nottingham Council for Voluntary Services
- The Nottingham Counselling Service,
- Amicus
- The Holistic Health team

4.3 SUMMARY OF THE CONTEXT

In summary, this is a growing workforce, based largely on women's and part time labour; with large organisations doing 'all right'. There are some specific challenges around health; and significant gaps in skills, training, and management.
4.4 Sources of Stress External to Voluntary Sector Organisations
5 LOCAL INTERVIEWS

5.1 MAIN THEMES FROM TRUSTEES, STAFF AND MANAGERS

- Everyone wanted to talk about stress/ wanted some occupational health services
- Discussion about work and conditions was wanted
- Causes of stress were seen to be mainly work organisation/understaffing
- Different stresses exist according to the size of organisation
- Growth and changes or /re-organisations create problems
- Under - resourcing , and imbalance of service/structural needs created stress
- Individual over - functioning (where individuals routinely did too much) caused stress
- Many organisations cannot effectively grasp the issues around stress themselves (because they are close to being overwhelmed)
- Role conflict, lack of clarity about job boundaries, and policies, lack of good working practises can result in people wanting to change jobs
• Isolation, lack of listening and support were constant issues

• There were offers to help (peer support for managers, offers of sharing space)

• People wanted services to reflect values

• There were health and safety issues around space, and physical environment

• People want a service to be radical / innovative, with worker input, based on a social model

• Create a "Best Work Environment" with a Stress Buster force or Ground Works approach (small groups going into organisations on a short term basis)

• There were a lack of requests for counselling (from managers, staff and trustees)
5.2 Dynamics Described by Voluntary Sector Workers, Trustees, and Managers

Interviews about the workplace showed these complexities around ‘stress’ and illustrate the interplay of how one stressor adds to another and that situations are not straightforward. Solutions need to recognise this complexity.

Denial or Confusion about stress

1. De-valuing of feelings of stress/ not seen as a valid complaint
   - No one listening to observations or complaints about stress
   - Not feeling free to talk about levels of stress/ punished if talk about being stressed
   - Complaints of stress interpreted as the individual not being as committed to purpose as others.

   Or

2. Stress seen as an excuse for under-performance, non-compliance, opposition to authority or unwelcome tasks, or used because of incompetence issues, or to avoid conflict resolution, or to punish organisations for a perceived 'loss' in a power struggle.

3. Often stress was seen as a motivation issue.

4. The above dynamic can become an industrial relation issue. Staff and managers talked about how quickly a situation went from a complaint to a grievance to a tribunal.

Stress assessment can distinguish motivational and performance issues from stress issues. If any issues go unresolved for long enough they turn into or add to stress issues.
Unrealistic expectations or overfunctioning

1. Expectations of effort were seen as being unrealistic. There was confusion by decision-makers of the amount of need; as opposed to the impact individuals and roles can have.

2. In larger organisations over committed staff can have commitment above that required by the organisation.

3. Commitment to purpose sometimes does not allow healthy work/life balance.

4. Understaffing sometimes did not allow others to take flextime, holidays, sick days, or training days.

5. Low level stress is not identified or dealt with. Dangerously high levels of chronic stress were seen as acceptable working conditions.

6. Those individuals reporting stress were sometimes being organisationally punished for not taking on prevailing unhealthy culture. Those not overfunctioning are seen as underfunctioning.

Individuating stress

Stress levels and what is interpreted as stressful; vary by individual. This is often interpreted to mean it is the individual's fault if stress is experienced. Another interpretation is that stress is spilling over from personal problems into work.

While personal and family issues may intersect with stress felt at work to reach unhealthy levels; there is stress which relates to working conditions and needs to be dealt with organisationally. Stress abatement (reducing sources of stress at the workplace) must go hand in hand with personal stress management and reduction.
All employees will be affected by work conditions. If stress is continuous and intense eventually all employees will suffer distressing levels of strain.

The Unsustainable Small and Medium Size Organisation

The cost of sustaining services in the face of gaps in structure, staffing, and good practice can be high. Chronic overstretching to meet service targets cannot be sustained.

Secondary stress is shown in conflicts, and negative interpersonal interactions (see Sources of Stress, page 30).
5.3 Reported Sources of Stress

The following are the reported sources of the stress felt by managers, staff and trustees as reported in the interviews.

Mangers and staff said that the voluntary sector has to be responded to as a separate environment from other sectors; and also organisations within the sector have different specific features (there is diversity in the range of organisations)

**Work Conditions**

- Managers said that the organisation needs to monitor what the working culture is and take steps to change unhealthy aspects i.e. Shift the expectation that people need to be at desks or jobs until 6 or 7pm.

- People need to take time back and take travel time off.

- There is a need to create climate where it is acceptable to talk about stress.

- Work organisation can be unrealistic.

- Deadlines can be mis-managed

- Jobs can be carrying workloads of more than one person. Wideness of hidden job description can be a problem.

- Young staff can be put into situations which they are not prepared for / or tasks beyond capability.

There often is not is not spare capacity or ability to backfill, no depth, or resiliency in voluntary organisations.
Physical Conditions
- Workplaces were often in rented premises.
- It was often difficult to get maintenance done.
- Space, equipment, windows and fresh air, heat and cold, and accessibility are all issues from the interviews.
- Health and safety is seen to be inadequate but no one takes responsibility for it.

Balance Lacking
- Service/organisational development needs unbalanced - resources invested in service to the expense of operational needs. Influenced by service agreements and funding formulas.
- Work/life demands pressured excessively by a culture driving towards overwork
- Boundaries around roles, work range, job descriptions are often blurred

Funding approaches
- Funders may not allow funds for infrastructure, structural necessities or adequate filling of roles. A response would be to fundraise for roles not service.
- Managers said that an assertive, proactive approach is needed
Flat management structures not working
- Employer status signifies a hierarchy. A laissez faire approach to management does not work, and collective approaches require more work and clarity.

Isolation
- Even in small organisations employees and managers reported isolation. Many were seeking contact outside of their workplace with workers of their level; mostly to problem solve or seek information. A few wanted support for stress-related issues.

Employment Practises
- Knowledge of and policies and practices to encourage legal and good employment practise is often missing

Policy Vacuum
- Many organisations lack policies, and particularly policies around health or stress.

- Where there are policies, they may be not used, or monitored.

Conflict resolution
- Needs to happen very soon after conflicts or things will deteriorate. Most organisations (small and medium had no conflict resolution policy or procedures).

Retention
- High workload results in high stress. This results in leaving for another job. This cycle can be repeated over and over. For the employer there is a wastage in training and productivity and costs of new recruitment-in the workplace clarity
and continuity go out the window, loss of that workers contacts, relationships, experience and effectiveness in the community. For the worker there is illness perhaps, growth of cynicism, loss to the organisation sectors. There seems to be a cycle too of people crossing sectors (public to voluntary sectors mostly) and coming back again.

- Driven by funding

**Stress responses**
- Differing needs at different levels (staff, managers and trustees)
- Differing stress interventions needed at different intensity of stress.
- Many people asked for a social, not medical, intervention.

**Training about stress**
- There seems to be a lack of training in basic information about stress.
- Education is needed for managers and trustees about stress, employment practises, impact of stress in workplace (when stressed less able to be effective)

**Size of organisation**
- Small organisations are marginalized, they are the are most likely to disappear, are most likely to be struggling, pay lower salaries, may have less effective managers, and less experienced employees at all levels

**Mental Health as a workplace issue**
- This issue needs not to be lost amongst stress issues and vice versa
- Confusion exists over the relationship of stress to mental health. Both carry stigma.
5.4 Sources of Stress - Internal - Voluntary Sector

**PRIMARY**

- Under-resourcing
- Lack of service-org. development balance
- Poor work organisation, job definitions, role boundaries
- Individual overfunctioning, org culture, expectations
- Poor understanding of role
- Partnering

- Lack of understanding of stress dynamics, sources, impact,
- Lack of grasping it as a management issue...DENIAL
- No time to reflect
- Lack of resources to admin, infrastructure, management,
- Values clashes
- Lack of structure-policies, monitoring, employment practises

**SECONDARY**

- Long term Sick
- Replacing ill workers
- Sense of unfairness
- Us / them
- Reactivity
- Escalation and Entrenchment
- Stress interpersonal dynamics -i.e. lockin, loss of communication and judgement
- Grievances/tribunals
- Bullying
- Violence

**LONG TERM SICK**

- Replacing ill workers

**UNRESOLVED CONFLICT**

- Sense of unfairness
- Us / them
- Reactivity
- Escalation and Entrenchment
- Grievances/tribunals

**VALUES CLASHES**

- Partnership
- Poor work organisation, job definitions, role boundaries
5.5 THEMES FROM PROVIDERS INTERVIEWS*

*ABOUT EXTERNAL ASSISTANCE PROGRAMS FOR THE VOLUNTARY SECTOR; (ALSO INCLUDES LOCAL AUTHORITIES, COUNSELLORS, COUNSELLING ACADEMICS, HR MANAGERS)

- Models for mobile services exist
- Learning needs to be part of the program or service
- Piggyback services on current provision where can-partner with existing organisations
- Offers of help (to connect to existing services, to use space etc.)
- Workplace changes need to be part of any service - to deal with cause as well as effect. Don't give people counselling and return them to the same conditions
- Take up of services will be low (1 -4 % of workforce for counselling)
- Everyone in the workforce needs basic stress training (wide need exists). This could include programs for awareness, abatement, reduction and management of stress.
- Start a service with managers - they can influence within organisations and spread good practice.
- Service or program needs policy connections, and needs to be monitored (i.e. to stress policies)
- Service needs to go for quality mark
5.6 SUMMARY OF NEEDS IDENTIFIED IN INTERVIEWS

- All interviewees thought there should be an occupational health service for the voluntary sector. Most interviewees didn't know what occupational health could cover. Occupational health meant any different things. It was defined for interviewees as identifying hazards, monitoring health, and providing back to work and rehabilitation and risk assessing.

- All said there were particular services needed
  1. Back to work services once there had been a sickness break from work
  2. Reducing stress
  3. Somewhere to talk about stress outside of workplace
  4. Training for everyone in 'stress'
  5. Organisational changes /workload definition/relief/job description changes and boundaries

- 'Stress' was seen as the overwhelming problem in workplaces
6 DISCUSSION OF NEEDS

- Organisational development is essential. It can carry the banner of "Creating Healthy Organisations", but is not health promotion, or a wellness campaign.

- The response to the expressed requirements, needs to be systemic and systematic in each organisation and standardised across the sector to create maximum change.

- There is a need for external intervention from outside of organisations, because of confusion about stress, work ethic imbalance, and some organisations not having enough energy or resources to look at themselves.

- Intervention needs to be tailored to each organisation, and to recognise the realities of the sector.

- Stress is seen as external to organisations (i.e. funding in the sector), or internal (develops due to conditions in organisations). For the purposes of this report, it is more useful to develop an approach to address internal sources of stress (organisational) than external factors so as to support the short and medium term sustainability needs of the sector.

- It is useful also to maintain links to other infrastructure groups and networks which are tackling external factors (accountability/measurement/funding), and also occupational health initiatives.

- People were not aware of training opportunities, or could not access them due to financial or time pressures. Another way of linking is required. (signposting and informing)

- Sustainability of organisations was a critical issue for some organisations.

- People wanted to talk to somebody but not necessarily have counselling.
There is a basic lack of understanding of stress, at the most basic level.

No one was familiar with stress audits or assessments of the workplace.

There needs to be some way to report stress, to assess it and respond to stress reduction individually and organisationally. People interviewed did not know what to do.

A proactive stress reductive and preventative organisational development approach over time is needed.

Stressed Organisations
A picture emerges of many organisations in the small and medium size categories, which are working to their margins of capacity all the time; often delivering service at an unsustainable cost to the organisation and individuals therein.

Some (many?) organisations operate continually in a cycle of poor working conditions, underdeveloped organisational structures, and vacuums of decision making. This results in overstretching personal capacity for all.

Secondary stress is shown in conflicts, negative interpersonal interactions (see Sources of Stress, page 30). The only escape for individuals is to change jobs, get ill or resort to escalating activities (legal action, tribunals, or power struggles at the workplace etc.).

All of these situations are very expensive in financial and human and organisation terms.
6.1 THE EMERGING PICTURE

In looking at occupational health for the voluntary sector a picture is emerging.

**Workplace Stress**
Generally it can be said
- Stress is a significant hazard in workplaces
- There is agreement of the need to prevent stress and create resiliency against stress by health and workplace protective factors being put into place
- There is legislation which covers stress in the workplace

**Stress and the Voluntary Sector**
As part of the labour market the voluntary sector is subject to the kinds of stress created by new forms of employment and work organisation and the intensification of work. It also carries its own features, which contribute to stress, discussed elsewhere.

In addition:
- There is a suggestion that the voluntary sector may be more stressed than other sectors are.
- This project reveals some workplaces with lacks in protective factors against stress-stress training, stress assessment, or abatement of stress and organisational structure and features, which protect from stress.
- These workplaces also lack basic organisational structure, and often show an imbalance between resources directed to service and those to their own structural integrity.
- Workplaces in this study are lacking an awareness of the need of changing the situation, have unhelpful attitudes towards the subject, and do not have a way to connect with provision or to introduce it in the organisation in a useful way.
- Needs within these organisations may be articulated by staff who do not have the organisational influence necessary to create health changes.
Provision for stress reduction, management, abatement; including all kinds of organisational development

There exists lots of provision to fulfil the above needs. A brief Website survey showed there are free and low cost consultancies for organisational development, training programs and lots of self-administered and user friendly assessments for stress. (See examples in Appendix 10.12). Trade unions amongst others, have produced simple information and 'how to' guides for stress assessment and reduction. The Health and Safety Executive has produced management standards to use in the analysis and correction of workplace causes of stress. This is a tool to systematically assess conditions, which could lead to systematically managing work conditions in organisations. This should result in stress abatement.

Interviews in this study show that provision is not getting to many of the organisations interviewed. There is a gap that exists between what is available and its use or application, (whether this is consultancy or training).

It is well documented elsewhere there is a lack of training taken up; national figures suggest - mostly take-up is by larger organisations (NVCO Almanac). Recent central government documents have addressed sector needs by noting skills and training gaps (‘Change Up’ 2004).

6.2 REASONS FOR UNDERUSE OF AVAILABLE MATERIAL

Why is the material and free consultancy not taken up? There are a number of reasons:

- The nature of the material not being easily accessible or understandable.
- Services and materials can have costs attached.
• Not having enough staff to cover those away for training.

• Unfilled vacancies in posts.

• The belief that service can carry on without training or structure being in place.

• Unawareness of material.

• No time or energy to do anything about the issues.

• Even when free material for stress assessment and is available, users of the material require a basic understanding in the dynamics and impact of stress at the personal and organisational levels.

• Assessments require follow up and embedding of changes in organisations which may be beyond the remit of individuals.

• Organisations may feel a stigma attached to admitting that they have 'gaps' in their operations or that they need assistance.

Experience and the interviews here suggest that organisations are unable to come to grips with the issue, give it lower or no priority or mis-attribute causes of stress.

All the features referred to in interviews or profiles of the sector (staff and manager turnover, conflict, understaffing and time devoted to service versus organisation) contribute to the lack of take up and the perpetuation of the problem. There is a combination of stresses, which are primary and secondary, which reinforce each other and provide negative complexity to make this a difficult problem to solve (See Sources of Stress - Internal, page 30).
7 EMERGENT NEEDS

The needs, which have emerged, are different than those suggested in the objectives of the review. They mostly focus on organisational needs rather than individual needs (with some individual needs suggested). The conclusion here is that organisational health services rather than occupational health services; are required.

The emergent needs are

- Organisational development /management development/change for health initiatives within organisations
- 'Back to work' services
- Basic information and awareness raising about stress and its workplace impact
- Stress reduction, management, education, abatement, mechanisms to systematically review organisations.
- Links
- Management and trustee training
- Possibly counselling or at least opportunities to talk outside of the workplace
- Signposting
- Health and safety assessments

7.1.1 Needs Breakdown as the following:

<table>
<thead>
<tr>
<th>Organisational Development</th>
<th>Stress Busting</th>
<th>Individual services - Bought In</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Employment Responsibilities</td>
<td>• Assessments</td>
<td>• Back to Work</td>
</tr>
<tr>
<td>• Workplace practises</td>
<td>• Training</td>
<td>• Counselling</td>
</tr>
<tr>
<td>• HR</td>
<td>• Change in organisation</td>
<td>• Vicarious Trauma and</td>
</tr>
<tr>
<td>• Organising, planning and strategic planning</td>
<td>• Co-ordination</td>
<td>Critical Incident De</td>
</tr>
<tr>
<td>• Project Management</td>
<td>• Links to provision</td>
<td>Briefing</td>
</tr>
<tr>
<td>• Management development</td>
<td>• Signposting</td>
<td>• H&amp;S Assessments</td>
</tr>
<tr>
<td>• Health and Safety</td>
<td>• Research</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Outreach</td>
<td></td>
</tr>
</tbody>
</table>

38
7.2 RESPONDING TO THE NEED

Consultants in the voluntary sector say the same needs have existed for a long time and keep creating problems in the workplace. They stated that:

- Short term, isolated, training and consultant interventions are inadequate in producing change
- Many organisations and groups actually require coaching, or mentoring or specialist one on one attention to know how to use material and what results of using material mean and how to apply learning at each stage of a process
- A holistic organisation wide approach, embedded over time would be more effective

- The approach needs to be project managed as a change initiative.
- There needs to be direct intervention by an outsider or team in organisations on a one to one basis.
- Organisations for a demonstration project need to be chosen carefully as to potential engagement, level of stress (moderate or lower), and capacity to carry through the intervention.
- Managers should be developed as a priority since they are well placed organisationally to deal with issues on a day to day basis and to influence organisations in implementing appropriately.
- What organisations identify as the problem is often not the problem (problem identification requires care).
- Expressed problems need to be carefully analysed to get the correct intervention (assessing and sorting are critical first steps) so organisations can take a systematic approach over time (problems need to be matched carefully to intervention).
- Work with Board / Management committee members is essential in order to that the capacity of the organisation and sector is enhanced.
8 MODEL

8.1 AN APPROACH

The following outlines a useful approach that is informed by the findings of the research. It is the basis for a demonstration project that could be used to illustrate to small and medium sized organisations how things can change and allow further intervention in the future, with other organisations. Services to both individuals and organisations will be offered.

MODEL

- Organisational Health Project (Stress Busters)
  - Co-ordinator
  - Accountable to line manager
- Organisational Development
- NCVS - Organisational Home
- Sharing and Learning
- Support to Organisations
  - Stressbuster days
  - Organisational Intervenor-one to one
- Support to individuals
  - Counselling
  - Support groups
  - Back to work
- 2 orgs assessing/proposing solutions
- 2 orgs full intervention over a year
8.2 STEPS TO FOLLOW

Phase 1 - pilot

OFFER SUPPORT TO ORGANISATIONS

1. **Intervene with outside consultants going into organisations** over a period of time directly - one organisation at a time. This could happen in a number of organisations.

   - This is an intensity model, which should give more service in a short time and be able to embed the changes at some depth. To this point it is the same model used now by professional intervenors in the sector.

   - At a one to one basis this is a limited approach to the needs of a whole sector. Through the project and discussion in the support groups, other ways of spreading provision and increasing take up of assistance could be evolved. Work with four organisations is envisioned; organisations of small and medium size and of medium stress level, with sufficient capacity to allow some release time to one or more managers, some rural and some urban.

   - The process would be:
     - Assess stress organisationally. Sort stress issues and signpost, refer, and develop strong action plans for stress abatement.
     - Provide basic training in stress awareness and prevention - personal and interpersonal indicators, prevention.
     - Work on the issues over time with internal managers and trustees with the action plan.
2. **Where there is conflict** between individuals (before it gets to the grievance or tribunal stage), interventions could happen for one on one 'mediating' work around particular problems.

3. **Offer a helpline** /helpdesk by telephone and e-mail.

4. **Offer quarterly Stress Buster** days including complementary therapies and opportunities to talk to organisational consultants one to one.

5. **Offer support groups to managers** (general) - perhaps Action Learning Sets.

**OFFER SUPPORT TO INDIVIDUALS**

- **Offer some counselling and support groups for individual needs** (not connected to the workplace).

**IN ADDITION:**

- **Sign post** to additional or alternative services as part of all offerings.
- **Assess impact on each organisation.**
- **Connect all of this to a learning model** to capture an amplify success points for further planning for provision.
- **Connect to infrastructure initiatives as appropriate.**
Model Best Practice in physical and emotional space offered to project staff, opportunities for flexible working, teleworking, home working, work/life balance/family friendly policies, furnishings and ICT. Model best practice in all interactions with organisations and individuals who are customers - use a human relations based consultancy and training approach to develop the best psycho-social environment for stress reduction and change.

Research more deeply across the profile of the sector and the needs of the sector.

Assess impact across organisations and compare the most effective methods.

Evaluate the whole project.

In between the Phases, review and learn from what has gone on. Capture experience and problem solving methods and solutions of all who have taken part and re-cycle. Re-orient and re-strategize.

Phase Two - roll out
- Services from above format based on usage and learning from pilot
- Helpdesk
- Offer counselling services on a wider basis. Continue support groups

8.2.1 Research questions that could be asked of the project would be:

What is the change in sickness/absence figures over time?
What is the change in organisational stress and individual stress over time?
Does psychosocial health improve?
What are the attitude changes?
Does this show other organisations that adopting an organisational approach to stress is useful?
8.3 A COMPARATIVE MODEL

The proposed model is similar to Partnership at Work, a Birmingham based project which delivers HR advice and training and consultancy to the voluntary sector; organisation by organisation. It is a pilot offering in depth help to a number of voluntary sector organisations linked to shared human resource development.

The projects was based on eliminating barriers to good personnel management - which are identified as:
- Lack of resources
- Lack of knowledge of where to go for advice (relevant and practical) and hands on support
- Attitudes and awareness

These are some of the same barriers identified in this research in relation to stress issues.

While the content of its offering is different, the delivery system shares many features. As a secondary service, it offers an example of materials and interventions very close to that envisioned for the Nottinghamshire project. This is an organisational/work organisation approach to stress in the workplace, (where material for an organisational stress review, and written advice, is offered on their website for organisations to apply to their own situations).

The project is also developing a healthy working network of small and medium size voluntary sector organisations.

Their objectives are as follows:
- Encouragement of work/life balance and workforce partnerships to underpin a healthy workplace culture, where safe and healthy working conditions are embedded in the core of organisations' working and management practices.
- Application of good practice, as well as legal compliance, with the sector
- Instigation of a healthy working environment as a key component of high quality voluntary sector public service delivery
- Effective use of workplace systems and other benchmarking tools, to include workforce relationships as well as customer satisfaction, and to develop a kite mark to celebrate and promote good health at work in the voluntary sector.
• An increase in work and volunteer jobs for unemployed people suffering from long-term illness or disability
• Encouragement of diversity equality and dignity at work, with special emphasis on ensuring that the needs of black and minority ethnic led organisations are taken into account.

The Nottinghamshire Organisational Health Project will in much the same way, for the same reasons, with the same basic objectives, and with the same target market, (voluntary sector managers and trustees/management committees would be the main participants). The Nottinghamshire project will have an emphasis on psycho social development, organisational development and management development outside of the HR function, including interpersonal skills, organising and planning skills, and change management skills (where gaps in skills have been cited for the voluntary sector). Organisations would be sign posted to areas in other projects or with other providers outside of the provision offered here.

Organisational support
The focus in organisational supports offered, for the proposed Nottinghamshire project, would be on holistic organisational development through reducing / abating work organisation and social stress factors; or on interventions where secondary stressors had impacted interpersonal dynamics (conflict etc.)

Individual Support
In contrast to the Partnership at Work project, there would be some additional support offered to individual employees outside of the organisational setting, through counselling and support groups, and perhaps Action Learning groups for managers.

The counsellor could deal with mental health issues and some ‘back to work’ needs, by consulting to other parts of the project as well as in individual sessions. Other services could be bought in on the behalf of individuals, perhaps in combination with the employee’s own organisation.
Learning
The project would feature a strong learning component as the project proceeded - both for users and those within the project team. Learning would focus on:

- Producing effective delivery of services across the county and its diverse needs
- Testing the need for these kinds of services
- Testing the response of the market to the offerings
- Informing the future work in the sector
- Spreading awareness of the extent of stress in the sector and the organisations responses to and changes with the interventions
- Using findings from research

The learning would be captured, analysed and fed back to the sector through support groups, events and networks. Information on extent of needs and appropriate delivery as well as methods to improve take up and engage organisations would evolve.

We envision seeking advice from the Partnership at Work project as to project set up and development, so as to gain from their experience and not to re-invent all systems and processes. Like the Wellbeing in Work Project, the object would be to change working cultures to improve the health, safety and welfare of the voluntary workforce and volunteers.

Key findings of an evaluation completed in May of this year are:
' the two methods of providing support, advice and guidance that had greatest impact were a telephone help desk and a 'health' audit of human resource practice and systems – conducted by a member of the project team.

(Evaluation of Well Being at Work Project completed by Oxford Brookes University, May 2004)
8.4 Key Provision:

8.4.1 The Entry Point

Partnership at Work has stressed that the way to engage organisations and ensure takeup, is through offering a point that organisations in crises can access. It provides:

- A connection point for organisations or individuals
- Screening/ sign posting
- Initial advice for free
- A way into other activities i.e. stress assessments etc.
- A way to get consultants into organisations

Initial advice giving and sign posting leads to requests for initially free organisational development (then leading to fee for service). The helpline /helpdesk provision is critical to other work and can be staffed by a variety of staff.

Sign posting can be to internal provision (training, support groups, consultancy, and in the proposed project-counselling); or to external provision which the sector has difficulty connecting with.

8.4.2 The Assessment

In their initial steps with organisations, consultants would offer a stress assessment (organisational health review), probably using the Health and Safety Executive Management standards material.

Other aspects of the service are explained under the 'resources' section following.
8.5 Organisational Health Project compared to Partnership at Work

<table>
<thead>
<tr>
<th></th>
<th>Organisational Health Project</th>
<th>Partnership at Work</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organisational Development in a number of organisations</td>
<td>4 North /South Nottinghamshire 2 full 2 assessing and proposing</td>
<td>10 5 in Sandwell 5 in Sefton</td>
</tr>
<tr>
<td>Training</td>
<td>Stress</td>
<td>HR, Employment</td>
</tr>
<tr>
<td>Sign - posting</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Support Groups</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Help line</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Counselling</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Learning Groups</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Organisational interventions - one on one</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Stress Assessments</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Organisational Health Check ups</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Fees for Service (after initial free service 20 hours consultancy)</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>
8.6 Connections in Project

- **Consultants**

- **Support Group**
  - General Managers
  - Open to countv

- **Learning and Sharing Managers group ALS**

- **Support Group**
  - Stress
  - Open to staff of many organisations

- **Support group Stress**
  - 13 clients
  - 2 groups
  - 2 locations
  - Travel time
  - Admin time
  - Could offer as pkg. To other orgs

- **Counsellor**

8.7 Links External to Project

**Phase 1**
- Learning
- Re-orienting
- Spread learning

**Phase 2**
- Project re-strategized
- Quality mark?
- Spread provision

**Other initiatives**
- Infrastructure?
- Occupational Health Network
- Unions
- Universities
- Skills councils

**Host agency CVS?**
- Reference Group
- Offices?

**Support Gps.**

**Learning and Sharing**

**Bought in services**

**Learning and Sharing**

**Sup Gps.**
8.8 Best Practice - Modelling in this Project

An earlier reference to best practice mentioned that the project steps had to include this. Modelling of best practice is one of the most powerful ways to pass on values and to change culture. The project itself has to actively model this and then translate it in practical terms for clients/customers of services. It is an important aspect of systematically managing the work environment. Workplaces, which pay attention to both positive psychological and physical environment, tend to be places of lower turnover and higher productivity. A workplace like that would score well on the Management Standards (HSE, Appendix 10.8).

Voluntary sector workplaces can be dependent on goodwill and a high work ethic - while ignoring the basics, which over time create sustainability and resilience. Psychosocial dynamics are described elsewhere; along with interventions to provide solutions. What follows is a discussion of the importance of physical space on the workplace.

Physical Environment

Physical environment in voluntary sector organisations is often a neglected area; again often suffering from lack of resources and lack of priorities compared to service delivery. A theme of problems with space and physical environment was obvious from interviews. Too often workspace is ill considered, and where planned at all, is planned around outmoded ideas of individual workers carrying out repetitive and segregated administrative tasks, rather than the integration, interaction, creativity and team working which is becoming increasingly important in organisations.

For the team developing this project it is important to carefully consider appropriate office accommodation and layout and configuration of space. This space should offer:

- A healthy environment: natural light, controlled sunlight, natural ventilation (and user control over all of these) are important aspects of a healthy environment. Poorly lit, deep plan, air conditioned offices are most likely to display symptoms of 'sick building syndrome' and associated health problems for staff who work in them. Artificial lighting needs to be controllable and adjustable to suit different tasks and moods.
A pleasing environment: careful choice of colour, well designed and ergonomic furniture, well planned storage can all make for a more attractive and pleasing environment - somewhere where staff feel comfortable and valued.

A well planned environment: spaces need to be carefully considered, with sufficient space for proposed activities, layouts that invite interaction and communication while providing places for concentrated, uninterrupted work and reflection, places with excitement and energy as well as places to relax and socialise.

Inclusive: a space that accommodates diversity - in terms of physical access, legibility for people with visual impairment etc, and also in terms of different people's learning styles, multiple intelligences etc, and what this means for appropriate workspace.

Well located: easy access to other facilities such as meeting and conference rooms, good communication with other services and organisations, possibilities for green and safe travel to work, free of excessive noise and environmental pollution.

A democratic environment: where staff are consulted about what they want, where complaints about physical environment are considered and dealt with promptly.

Paying attention to the above will guarantee that staff will feel valued, and will not waste time and energy coping with a poor setting, or unhealthy physical aspects; which over time create strain and can contribute to secondary causes of stress. These considerations of course are also the same for any organisations, which are being consulted with. A point is made of exploring these considerations because they are most usually ignored.
8.9 Resources and Costs

The proposed model will require significant resources in order to deliver the services to the voluntary sector in the Pilot phase. These are initially identified as the following:

**Project co-ordinator** whose responsibility it will be to:
- market and promote the service
- manage the service delivery
- ensure quality control
- report to management group and funding bodies
- oversee the evaluation and ensure lessons are learned and shared across the sector
- secure the development of the Pilot Phase as appropriate

**Consultant time** to provide:
- Initial health checks for organisations
- In house advice and support

**An Administrator** whose role is to ensure that the project is administered and has in place management information systems that support the efficient and effective delivery of the services.

**Help desk advisor** who will be the first point of contact for the majority of organisations who will seek advice and support from the project. Their role will be to:
- Respond to e-mails and written enquiries
- Respond to telephone enquiries
- Act as the signpost to other services where appropriate
Monitor and report on the use, type of enquiries and outcomes on all enquiries
Establish and maintain an internet base help desk enquiry service

Counsellor time in order that individuals working in (paid or voluntary) and members of voluntary management committees and Boards can access one to one counselling sessions specifically around work / organisation issues.

Pilot Costs
The costs of the pilot service have been shown in a manner that enables the costs of individual elements of the service to be identified separately; thus allowing for either a staged development or elements to be omitted altogether. The total cost for establishing, delivering and evaluating the Pilot over a two-year period is calculated at £249,668.

One of the key lessons learned from the Partnership at Work Pilot is that the help desk proved to be an effective entry point into organisations that would otherwise most likely not have sought or accessed the in-depth support element of the service. Therefore one option could be to establish the help desk first and follow on with the in-depth consultancy support.

Outputs
The outputs from the Pilot service over a 24-month period would be as follows:

- 4 organisations supported by external consultants over 12 month period
- 4 organisations supported by external consultants over 6 month period
  - 420 organisational consulting hours given
- 48 basic stress training sessions given
  - 480 people benefiting from basic stress training
- 3000 help desk enquiries received and dealt with
  - 300 voluntary sector organisations helped
- 600 one to one counselling sessions delivered (1 Hour each)
60 people benefited from one to one counselling support

Outcomes
The anticipated outcomes from this pilot service for the organisations supported would be:

• Improved productivity
• Reduced absence through stress related sickness
• Lower staff turnover

For the individuals working in or volunteering in the voluntary sector the benefits would include:

• Greater awareness of stress and how it can be managed in an organisation
• Alleviation of stress inducing factors within the work environment
• Greater confidence in their organisations ability to deliver a quality product within a quality controlled work environment

Sustainability
It would be false to suggest that a service of this kind could ever be completely self-financing. The very nature of the funding structure of the sector would not sustain it at the present time. However, with more and more services available of this kind voluntary and community organisations should include in their future funding formulas the costs of using this service – just as training for the individual staff members has now been accepted as a key element in the cost of any project/activity so should training and support for the (whole) organisation be.

The aims of the pilot project are four fold:
1. Establish the need for such a service and how best to promote and deliver the services to the sector
2. Learn from the experience and so improve the services long term
3. Demonstrate to voluntary organisations the benefits of taking up the services
4. Demonstrate to funding organisations and bodies the benefit to voluntary organisations in being able to access such a service e.g. improved productivity and so establish the legitimacy of including organisational development and support costs in funding formulas.

Once the pilot has been completed and evaluated a decision about whether the service was to continue would be made. Discussions about the level of provision and associated resources would have to be addressed. However, once the pilot is completed we would expect voluntary organisations to pay for the services they receive – perhaps on a sliding scale according to income. The help desk should remain free at the point of use and the project could seek to cover these costs through sponsorship from the statutory, private or trades union sectors. One to one counselling and external organisational consultancy services should be paid for by the organisations. This project would act as a signposting service to counsellors, organisational consultants and funding sources.

An assessment of the future structure of the service, costs and potential income generation is as follows:

<table>
<thead>
<tr>
<th>Resources</th>
<th>Year 3 costs</th>
<th>INCOME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full time project co-ordinator / organisation consultant</td>
<td>£33,075</td>
<td>80 days @ £220 per day = £17,600</td>
</tr>
<tr>
<td>Part time administrator</td>
<td>£10,460</td>
<td>0</td>
</tr>
<tr>
<td>Full time Organisation Consultant</td>
<td>£33,075</td>
<td>160 days @ £220 per day = £35,200</td>
</tr>
<tr>
<td>Running costs @ 20% of staff costs</td>
<td>£15,322</td>
<td></td>
</tr>
<tr>
<td>Help desk – staff and running costs</td>
<td>£25,104</td>
<td>£20,083 sponsorship</td>
</tr>
<tr>
<td><strong>TOTALS</strong></td>
<td><strong>£117,036</strong></td>
<td><strong>£72,883 – finance required for Year 3 would be est. £45,000</strong></td>
</tr>
</tbody>
</table>

See details of fee income calculation in Appendix 10.7.
8.9.1 The following table details the required resource and its unit cost

**RESOURCE TABLE**

<table>
<thead>
<tr>
<th>RESOURCE</th>
<th>UNIT COSTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Co-ordinator</td>
<td>0.75 fte @ £30,000 pa</td>
</tr>
<tr>
<td>Administrator</td>
<td>0.5 fte @ £16,500 pa</td>
</tr>
<tr>
<td>Help Desk staff</td>
<td>1 fte @ £16,500 pa</td>
</tr>
<tr>
<td>External consultants</td>
<td>70 hrs / organisation per 12 month period @ £60 per hour</td>
</tr>
<tr>
<td>Counselling services</td>
<td>500 hours per year @ £50 per hour</td>
</tr>
<tr>
<td>Training</td>
<td>basic stress training session 4 per organisation per annum @ £400 per session</td>
</tr>
<tr>
<td>Researcher</td>
<td>0.4 fte @ £16,500 pa</td>
</tr>
<tr>
<td>Project running costs</td>
<td>@ 20% of staffing/service costs</td>
</tr>
<tr>
<td>Evaluation</td>
<td>£10,000 over 2 years</td>
</tr>
<tr>
<td>Office Furniture &amp; Equipment</td>
<td>£5000</td>
</tr>
<tr>
<td>including computer &amp; associated costs</td>
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</tr>
</tbody>
</table>
8.9.2 Budget for the pilot service delivered over a two year period

<table>
<thead>
<tr>
<th>RESOURCE</th>
<th>UNIT COSTS</th>
<th>YEAR 1*</th>
<th>Year 2**</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Co-ordinator</td>
<td>0.75fte @ £30,000 pa plus 15% employer costs</td>
<td>25875</td>
<td>27169</td>
<td>53044</td>
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<tr>
<td>Administrator</td>
<td>0.5 fte @ £16,500 pa plus 15% Employer costs</td>
<td>7116</td>
<td>9962</td>
<td>17078</td>
</tr>
<tr>
<td>Help Desk staff</td>
<td>1fte @ £16,500 pa plus 15% employer costs</td>
<td>14232</td>
<td>19924</td>
<td>34156</td>
</tr>
<tr>
<td>External consultants</td>
<td>4 organisations receiving 35 hrs / organisation per 6 month period @ £60 per hour</td>
<td>8400</td>
<td>17640</td>
<td>26040</td>
</tr>
<tr>
<td>Counselling services</td>
<td>Year 1 - 200 hours per year @ £50 per hour</td>
<td>10000</td>
<td>21000</td>
<td>31000</td>
</tr>
<tr>
<td></td>
<td>Year 2 - 400 hours per year @ £52.50 per hour</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Training</td>
<td>Basic stress training sessions - 4 per organisation per annum @ £400 per session</td>
<td>6400</td>
<td>12800</td>
<td>19200</td>
</tr>
<tr>
<td>Researcher</td>
<td>0.4 fte @ £16,500 pa plus 15% Employer costs</td>
<td>5693</td>
<td>7970</td>
<td>13663</td>
</tr>
</tbody>
</table>

| Staff / Service Costs    |                                                                           | 77716   | 116465   | 194181 |
### Project Running Costs

<table>
<thead>
<tr>
<th>Description</th>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project running costs @ 20% of staffing/service costs</td>
<td>15543</td>
<td>23293</td>
<td>38836</td>
</tr>
<tr>
<td>Evaluation 5% of project costs</td>
<td>4663</td>
<td>6988</td>
<td>11651</td>
</tr>
<tr>
<td>Office Furniture &amp; Equipment £5000 set up costs</td>
<td>5000</td>
<td>0</td>
<td>5000</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>102922</strong></td>
<td><strong>146746</strong></td>
<td><strong>249668</strong></td>
</tr>
</tbody>
</table>

*YEAR 1 - Staff costs calculated @ ¾ of full year; External consultants and counselling costs calculated to be delivered over a 6 month period

**YEAR 2 - All costs include 5% inflation increase; Staff costs calculated @ full year

### 8.10 DEVELOPMENT & IMPLEMENTATION TIME LINE

The following identifies the key milestones and time plan for the development and implementation of the Pilot service.

<table>
<thead>
<tr>
<th>Month 0 – 6</th>
<th>Month 7 – 19</th>
<th>Month 20 – 24</th>
</tr>
</thead>
<tbody>
<tr>
<td>Establish management &amp; organisation structure</td>
<td>Organisations engaged and supported</td>
<td>Evaluation completed</td>
</tr>
<tr>
<td>Secure accommodation</td>
<td>Help desk active</td>
<td>Lessons learned &amp; acted upon</td>
</tr>
<tr>
<td>Recruit staff</td>
<td>Evaluation commenced</td>
<td>Secure ongoing funding</td>
</tr>
<tr>
<td>Recruitment 4 organisations</td>
<td></td>
<td>Roll out OH Project County Wide</td>
</tr>
<tr>
<td>Establish help desk</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

59
9 CONCLUSION

The voluntary sector is a difficult one to quantify due both to its uniqueness and to the number and variety of organisations. We do know it provides a substantial economic contribution to the county, and nationally it has a workforce larger than that in the automobile manufacturing, textile or agricultural industries (NVCO Almanac 2004). It is a sector placed to provide different services or services in a different way with generally the best connections to local and community needs compared to the statutory and private sectors. It is basically values driven and committed to making things 'better'.

The sector, along with other sectors, seems to be experiencing high levels of stress and stress related issues. There are indications that the sector may have a more vulnerable workforce than other sectors. At the same time, this sector, unlike other sectors, seems less likely to have paid employment benefits offering some of the services, which can serve to reduce stress and stressful conditions. The very nature of the sectors working conditions and some serious gaps on structure and training create a dangerous environment for the health of employees, managers, trustees and volunteers.

Attitudes in the sector which make it special, also work against it being healthy. Funding patterns contribute to the attitudes and practises, while uncertainty, inadequate resourcing and unpredictability of resources serve to perpetuate stressful conditions.

Further, there seems to be a less than adequate take up of provision on offer; and a need for signposting and almost brokering amongst organisations to create the climate for change.

Interventions which take into account the uniqueness of the sector and yet cope with the complexities of its needs require careful thinking, sorting of problems and issues, time and expertise. The contradiction for the sector is that most organisations do not have the resources to devote to this need. There is a long term need for costs to cover these needs.
being written into contracts for service with funders. In the meantime, some of the services offered in the proposed project could help.

The proposed Nottinghamshire Organisational Health Project grew out of expressed needs through a short consultancy, from findings in a survey of sector research, and results of initial research highlighting needs by the Stress Response Group and Mental Health Development Project locally. While such a project would fill some needs in Nottinghamshire, some of the services could be available on a national basis.

The proposed project uses an approach, which looks at needs expressed as 'stress' and workplace issues around stress; but works at root causes in dealing with what are essentially symptoms of an under-developed work sector. Some of these needs may be met in other infrastructure development; or it may be that other sectoral developments can be combined with elements of this project to achieve the same goals. The Infrastructure Review will make this clearer. What is clear now is that the voluntary sector has some unanswered needs and deserves the possibility of a working future that is 'healthy' and positive.
10 APPENDICES

10.1 Occupational Health

Occupational Health is about how work affects health and making sure that individuals are fit for work. This includes both 'sudden injury' and looking at long term exposure to hazards (such as repetitive strain injury and stress). It is also related to preventing work related disease through safe working practices, ergonomics, health surveillance of risks in the workforce, and sickness / absence management.

The trend in occupational health is moving from 'safety and hygiene' hazards to psychosocial factors, and from the dominance of the lifestyle approach (individuals) to seeing health as impacted by social and organisational factors. (TUTB Newsletter 16, 2001). The UK is seen as being lagging behind other European countries in providing access to occupational health. (Hazards Campaign website).

There seems to be no direct services completely oriented to the voluntary sectors although there are a number of projects and networks where the voluntary sector is represented as one of many sectors. There are also voluntary sector groups offering training and health and safety services to the voluntary sector. There do not seem to be any projects which have co-ordinated services to intervene in organisational health through work re-organisation on a sectoral level (consultancy is available from provider to organisation but not necessarily to reduce stress).

There are a number of occupational health projects in which the voluntary sector is involved. Leeds and Bradford are two of them. Funding is from local authorities, health authorities and some National Lottery Charities funds. These are worker oriented but do not intervene directly in changing factors within organisations.
Leeds Occupational Health Project offers free advice on health and safety, reduces risks by focusing on workplace hazards, gives advice on benefits and compensation after workplace accidents; gives ad hoc training for local groups has a library, and produces reports/booklets.

The Bradford Area Occupational Health and Safety Forum is a partnership of public, private, trade union and voluntary organisations working to improve the health, safety and well being of people at work. Funded by the Bradford Health Action Zone, City of Bradford Metropolitan District Council. It holds events for employers and employees, acts as a network, produces newsletters, and works within the Securing Health Together local action Strategy. It employs a Development worker, and oversees implementing local action points.

Other approaches include:

The Workwell Project is aimed at improving small and medium businesses in Sandwell to manage health in the workplace. It is piloting a specific health and safety training program for the voluntary and community sector.

The Partnership at Work - Wellbeing at Work project is a pilot offering in depth help to a number of voluntary sector organisations linked to shared human resource development. This is the project most closely linked to work organisation (it takes a HR support approach).

Worksafe.org.uk is a non profit supporting the Keighley Worksafe project with training for and support on occupational health and safety to the voluntary sector. Training for risk assessments of work activities aims at identifying occupational hazards and assessing them and then identifies principles of risk prevention. This project also offers 'Competent Person' Services to fulfil health and safety requirements, including assessments, advice and policies development.

There are no occupational health projects in Nottinghamshire, although there is potential for a network to be established in the East Midlands with TUC taking the lead. In the meantime, occupational health services are offered by NHSPlus at Queens Medical Centre in Nottingham. This service doesn't necessarily distinguish needs of the voluntary sector, as
compared to other sectors. The question of organisational deficits, work organisation and stress abatement would not necessarily be addressed by this service. There may be some scope for doing special projects or being part of a network being developed around occupational health. Individual services could also be bought in.

A list of the services they offer on a fee for service basis is attached in Appendix 10.2.
10.2 Occupational Health Service Menu

Available at Nottingham University Hospital NHS Trust, Queens Medical Centre

<table>
<thead>
<tr>
<th>Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Occupational Health Needs Assessment</td>
</tr>
<tr>
<td>Risk Assessment</td>
</tr>
<tr>
<td>Pre Employment Assessment and Screening</td>
</tr>
<tr>
<td>Health Surveillance Checks-Hazardous Substance</td>
</tr>
<tr>
<td>Immunisation</td>
</tr>
<tr>
<td>Needlestick injury management</td>
</tr>
<tr>
<td>Travel</td>
</tr>
<tr>
<td>Visions Screening/ Audiometry</td>
</tr>
<tr>
<td>Lung function test</td>
</tr>
<tr>
<td>Medical advice for:</td>
</tr>
<tr>
<td>• Sickness absence management</td>
</tr>
<tr>
<td>• Return to work</td>
</tr>
<tr>
<td>• Rehabilitation</td>
</tr>
<tr>
<td>• Disability</td>
</tr>
<tr>
<td>• Ill Health Retirement</td>
</tr>
<tr>
<td>Occupational Disease</td>
</tr>
<tr>
<td>Counselling</td>
</tr>
<tr>
<td>Drug and Alcohol Screening</td>
</tr>
<tr>
<td>Training</td>
</tr>
<tr>
<td>Life style screening/advice -Health Promotion</td>
</tr>
</tbody>
</table>
10.3 Definition - What Is Workplace Stress

“Stress is the reaction people have to excessive pressures or other types of demands placed on them”

“The emotional, cognitive, behavioural and physiological reaction to aversive and noxious aspects of work, work environments and work organisation. It is a state characterised by high levels of arousal and distress and often by feelings of not coping.”
(Guidance on work-related stress: Spice of Life or Kiss of Death, European Commission, Directorate-General for Employment and Social Affairs)

How Much Stress Is Healthy?

"If…stress is intense, continuous or repeated, if a person is unable to cope, or if support is lacking, stress then becomes a negative phenomenon which can lead to physical illness and psychological disorders."
(SafeWork: What is Workplace Stress, International Labour Organisation: InFocus Programme on Safety and Health at Work and the Environment.)

Factors Affecting Vulnerability To Stress

Factors include:"age (adolescents and older workers often cope less well with stressful conditions), gender, disability and the fact of working and living in harsh socio-economic conditions without social support”.
(Safework: What is Workplace Stress)
10.4 Chronic Stress Impact on Health over Time - Individual

- Early symptoms: More colds, flu
- Stage 1 Stress:
  - Never stop for lunch
  - Talking quickly
  - Effortless overtime
  - Great job satisfaction
  - Work faster to finish
- Stage 2:
  - Occasional symptoms of what could become serious conditions or illnesses
    - Tension/headache
    - Muscular injury - mild
    - Irregular heartbeat
    - Irritability
    - Gastric symptoms
    - Comfort tricks
- Stage 3:
  - Inability to recharge or relax
  - Serious health problems depending on genetics and where tension is carried
    - Inability to adapt
    - Cotton wool head
    - Depression/anxiety
    - Lack of energy

- Behaviours at Work:
  - Fatigue
  - GP visits
  - Losing satisfaction
  - Overfocussing
  - Overpriorizing
  - Communication impacted
  - Family/relational problems
  - Change job
  - STRAIN
- Behaviours:
  - Judgement impacted
  - Slow down
  - Moderate to serious health problems
  - Chronic symptoms
  - Sleep disturbances
  - Anxiety/depression
  - Lowered self worth
  - Conflict
  - Harrassent
  - Bullying
- Sense of Unfairness
- Pressure beyond capacity Over time
- Inability to adapt or handle interpersonal interactions deteriorate

- Serious health incident or interpersonal incident
- Death

Productivity goes down as stress goes up

- Relaxed, can achieve Flow
- Creativity, problem solving
### 10.5 Meeting Needs over Time through a Range of Interventions in Project

<table>
<thead>
<tr>
<th>INTERVENTION</th>
<th>SHORT TERM</th>
<th>MEDIUM TERM</th>
<th>LONG TERM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment (Organisational)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Counselling (Individual)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Organisational development</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Training (Individual)</td>
<td></td>
<td></td>
<td>Stress Culture change</td>
</tr>
<tr>
<td>Intervention (Organisational)</td>
<td></td>
<td></td>
<td>Putting into practise</td>
</tr>
<tr>
<td>Stress Training (Organisational)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stress Policy and Management (organisational)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Organisational development</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other structural features-Policies</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monitoring policies</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health and safety</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Legal employment requirements</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Management Training</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work-Life Balance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family Friendly policies</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Learning Organisation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health and safety Assessments</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### 10.6 Possible Services

Possible services needed depending on size of organisation

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Volunteers / Trustees only Small or Large</th>
<th>Employed and volunteers / Trustees Small</th>
<th>Employed and volunteer / Trustees Medium</th>
<th>Employed and volunteer / Trustees Large</th>
</tr>
</thead>
<tbody>
<tr>
<td>Size/ Turnover</td>
<td>1 - 20 Vols Under $ 50,000</td>
<td>20 Vols and 1 - 10 employees under 100,000 / over 100,000</td>
<td>20 Vols and 10 - 50 over 100,000</td>
<td>20 -100 vols and 50+ employees</td>
</tr>
<tr>
<td>% of sector (national figures)</td>
<td>15%</td>
<td>15%</td>
<td>26%</td>
<td>30%</td>
</tr>
<tr>
<td>Services and Org Currently</td>
<td>Constitution Pro Bono help Financial controls</td>
<td>Strategic Plan H &amp; S? Some policies Undercapacity?</td>
<td>Strategic Plan H&amp;S Training Management Development Some structure</td>
<td>Strategic Plan Policies in place and used Management and org systems in place HR maybe</td>
</tr>
</tbody>
</table>
### Possible Services Organisation could use

<table>
<thead>
<tr>
<th>Services</th>
<th>Services</th>
<th>Services</th>
<th>Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>• H&amp;S Audits</td>
<td>• Employment Law</td>
<td>• EAP</td>
<td>• Policies in place</td>
</tr>
<tr>
<td>• Stress Audit</td>
<td>• Trustee Training</td>
<td>• Policies in place</td>
<td>• Retention works</td>
</tr>
<tr>
<td>• Work Org./policy audit</td>
<td>• H&amp;S</td>
<td>• All of these</td>
<td>• May buy in some services</td>
</tr>
<tr>
<td>• Trustee Training</td>
<td>• Stress Audit</td>
<td>• Organisational intervention</td>
<td>• Organisational intervention</td>
</tr>
<tr>
<td>• Signpost/Referral</td>
<td>• Policy Audit/Dev</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Helpline</td>
<td>• Work org/Org/Management Dev</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Access to counselling</td>
<td>• Strategic Thinking</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Back to work services</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Signposting and referral</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Mediation services</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• training</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Role clarity and description</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Recruitment and retention strategy</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Stress training, Management and Interpersonal training</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Helpline</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Access to counselling</td>
<td></td>
<td></td>
</tr>
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<td></td>
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<tr>
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<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Notes</td>
<td>'All volunteer' orgs not as stressed-apply for counselling</td>
<td>Highest stress Neediest for org dev., intervention and counselling Growth stresses/ less management training Buy in health services</td>
<td>Expansion stress</td>
</tr>
<tr>
<td>-------</td>
<td>--------------------------------------------------</td>
<td>---------------------------------------------------------------------------------</td>
<td>-----------------</td>
</tr>
<tr>
<td></td>
<td>Expansion /rapid growth</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
10.7 Fee income calculation of pilot project

The fee earned income is dependent on
1. How successful the pilot is in promoting the service across the sector and
2. How successful the project is in signposting voluntary organisations to sources of funding where the individual organisation is unable to afford the service from within its existing resources.

The fee income is calculated as follows:

Consultant days – 40 weeks @ 4 days per week = 160 days per annum
Coordinator consultancy days – 40 weeks @ 2 days per week = 80 days per annum
Total consultancy days worked = 240 days per annum

Average consultancy days per organisation = 10 days. Therefore the service should be able to support 24 organisations per annum.

Fees charged are based on those existing charged by Partnership at Work as follows:

**Partnership at Work - Sliding scale of Consultancy Costs by Size of Organisation (Turnover)**

<table>
<thead>
<tr>
<th></th>
<th>Up To £ 100,000</th>
<th>£ 100,000-250,000</th>
<th>£ 250,000-500,000</th>
<th>Over £ 500,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial meeting</td>
<td>Free</td>
<td>Free</td>
<td>Free</td>
<td>Free</td>
</tr>
<tr>
<td>Hourly Rate</td>
<td>£ 15 + expenses</td>
<td>£ 20+ expenses</td>
<td>£ 35 + expenses</td>
<td>£ 45 + expenses</td>
</tr>
<tr>
<td>Daily Rate</td>
<td>£ 100 + expenses</td>
<td>£ 150 + expenses</td>
<td>£ 250 + expenses</td>
<td>£ 350 + expenses</td>
</tr>
</tbody>
</table>


However to calculate an average fee our assumptions are as follows:

<table>
<thead>
<tr>
<th></th>
<th>Up To £100,000 @ £100 per day</th>
<th>£100,000-250,000 @ £150 per day</th>
<th>£250,000-500,000 @ £250 per day</th>
<th>Over £500,000 @ £350 per day</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>No of organisations</td>
<td>4</td>
<td>8</td>
<td>6</td>
<td>6</td>
<td>24</td>
</tr>
<tr>
<td>helped</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No of days earned @ 10 days/organisation</td>
<td>40</td>
<td>80</td>
<td>60</td>
<td>60</td>
<td>240</td>
</tr>
<tr>
<td>Fee earned (no of days x fee)</td>
<td>£4,000</td>
<td>£12,000</td>
<td>£15,000</td>
<td>£21,000</td>
<td>£52,000</td>
</tr>
</tbody>
</table>

Average daily fee = £52,000/240 days = £216.66 rounded up to £220.
10.8 Proposed Management Standards to Consider when Changing Key Work Related Stressors

The Health & Safety Executive has developed the following standards – HSE Standards RSU 4297/R54.081

The standards have been gathered under 6 key standards. The work is currently being developed by the HSE and looks very useful in terms of dealing with issues that can develop in stressed workplaces.

Standards grouped under DEMANDS

- Poorly designed/managed workload
  - Under and over
  - Quantity (volume)
  - Pacing and time pressure
  - Interruptions
  - Complexity/intensity
  - Emotional component of the job (e.g. social work)
  - Worry about error-making in safety-critical jobs
  - Worry about consequences of failure to cope with load
  - Links to boring /repetitive (under load)

- Poorly designed/managed work scheduling
  - Total hours, breaks, travelling time, on-call time
  - Shift work
  - Night work, unsocial hours
  - Isolation
  - Uncertain hours
  - Multiple part-time jobs
3. Poorly designed / managed work organisation and job design
   • Consideration of employee well-being in designing organisational structure – especially team-working
   • Consideration of human capability in job design
   • task design e.g. allocation of function

4. Poorly designed / managed physical environment
   • effects on mental well-being
   • danger-real and perceived – including violence
   • exposure to toxic substances
   • noise
   • vibration
   • thermal environment (including humidity)

Standards grouped under ‘CONTROL’

1. Lack of skill discretion
   • task variety
   • perceived opportunity to use skill

2. Lack of decision authority
   • perceived control over work
   • externally imposed pace
   • autonomy, need to take initiative
Standards grouped under ‘SUPPORT, TRAINING AND THE INDIVIDUAL’

1. **Lack of appropriate proactive support**
   - practical and emotional
   - work and non-work
   - from colleagues
   - from managers/supervisors
   - lack of recognition/feedback

2. **Lack of appropriate reactive support**
   - practical and emotional
   - work and non-work from colleagues
   - from managers/supervisors
   - (manager/supervisor ability to cope with others’ anxiety/distress)
     - lack of recognition/feedback
     - organisational (e.g. employee Assistance Programmes)

- **Failure to match people’s skills with their job**
  - Selection, job reviews
  - Training and development
  - Competencies, job descriptions
  - Task analysis
  - As a dynamic process
• Appraisal systems

• Failure to take account of other factors
  • Diversity – equal opportunity issues
  • Work-life balance issues
  • Coping skills
  • Individual differences, personality
  • Reward systems
  • Career development/stagnation
  • Perceived effort/reward imbalance issues
  • Impending retirement
  • Job security

Standards grouped under ‘RELATIONSHIPS’

1. Poorly designed/managed procedures for eliminating damaging conflict at individual/team level (bullying/harassment)

2. Poorly designed/managed procedures for resolving conflict at an organisational level

3. Use of inappropriate management styles

4. Poorly designed/managed team working
  • Cohesiveness
  • Structure
  • Leadership, objectives, matrix management, style, autonomy
Standards grouped under ‘ROLE’

1. Existence of role conflict
   • Incompatible job demands
   • Job image and perceived status, ‘worth’
   • Status incongruity-mismatch of individual expectation and perception

2. Inappropriate level of role ambiguity
   • Perceived ambiguity of job role (importance of individual preferences)
   • Uncertainty and change
   • Need for task design at level of individual jobs
   • Requirements or organisation vs. individual expectation. Feedback

Standards grouped under CHANGE

1. Lack of planned, active strategy for change

2. Poorly designed/managed strategies for overcoming resistance
   • Importance of drivers
• Communication, education, negotiation

3. Lack of appropriate consultation with employees over change
   • During and after change process e.g. re-skilling

4. Poorly designed/managed new ways of working or new technology

OVERALL

Through all of these standards there will need to be elements that address issues about Organisational Culture, i.e.

• Managing the psychosocial environment
• Management strategy for employee well-being
  - management style
  - culture that engenders proactive support from managers/supervisors for employees
• Management strategy for illness prevention
• Well designed planning systems
• Mutually compatible organisational objectives
• Mechanisms for consultation and communication
10.9 Mental Health Advisor Post

The Nottingham City Council has an innovative post, which was investigated as part of the background to this project. The intention of the post is to have a referral point for managers for what may be work related mental health issues surfacing amongst staff. A second reason for the post is to provide training in recognising and dealing with mental health issues in the workplace. In addition the postholder feeds back to the policy level any issues which should be dealt with there.

The post has been used to capacity since it was begun with funding from the Neighbourhood Renewal Fund. In September it will take up mainstream council funding.

The post and its functions are complemented by other occupational health service, a council line, to a counselling service, a stress policy and a mediation service staffed by employees.

The position serves to deal with manager needs, raising awareness of mental health, sickness absence management needs, and fits in with the overall Healthy Living Strategy under the self esteem section.

Use Elsewhere

This post is difficult to translate to the voluntary sector. It is an intra-organisational response, tied in with other organisation responses, and instigated at the management level.

If there was a sector cross organisation post of this kind established for the voluntary sector, it would have to refer back to organisations (in the Council there are agreements already that it affects policy - it would be harder for an external post to affect policy in outside organisations).
Organisational intervenor

There is a place for workplace intervention where problems are emerging for staff, management or trustees with either primary sources of or secondary sources of stress (see page 29). To make this affective, both parties in conflicts or problems would have to agree to meet. Further, organisations would have to agree to both having an intervenor, to take the results seriously, and to look at policy and practise. An intervenor could do conflict resolution, deal with communications break downs, mediate interpersonal tensions and monitor changes for managers and others.

Having an intervention where there is conflict or problems which may have to do with the primary or secondary sources of stress, could de-escalate situations. The intervention can happen anywhere from the point it is recognised there are long standing unresolved issues, to immediately before the situation goes to grievance or tribunal.

These kinds of interventions already exist, either from independent human relations consultants or from conciliation, mediation or arbitration services (ACAS for instance).
10.10 Counselling and the Voluntary Sector

There is a place for counselling in the voluntary sector as in any other sector. The issues around getting and using counselling are:

- The costs - even not for profit counselling providers can be expensive, and free counselling is almost non-existent. Where there are provisions for Employee Assistance Plans as some larger voluntary sector organisations provide, there is the issue of briefness of intervention when 4 to 8 sessions are on offer. Most counselling providers say 10 or 12 sessions are more likely to be the length of time required to provide a good service. The costs to clients can be donation to £20. The cost of providing an hour of counselling can be £40 - 50. Included in the cost would be screening: Not everyone who approaches a service would actually require counselling-screening and signposting with 'anchored referrals (where referring party makes sure contact is made with place referred to) would be useful.

- Access: Counselling can be difficult to access in terms of location. Counselling providers tend to be in more urbanised areas. Transport and travel costs can be problems. Mobile counselling can happen, but entails challenges around safety and confidentiality for counsellor and counsellees; with difficulties around finding premises where confidentiality can be maintained. Counselling commonly has wait lists.

In small, rural areas, maintaining confidentiality has challenges because everyone knows everyone else. This can create problems with uptake where people do not have transport to access counselling outside of the area. Often people wanting support are in conflict with individuals or organisations where service may be offered.

For some people, counselling through GPS surgeries may be an alternative - the NHS says about 50% of GPS offer this service.
• Changes in context: Counselling will only benefit someone for work related problems in the long term if the workplace stressors are reduced or changed. It is most effective if counsellor and workplace can work together—because of confidentiality needs, this is not usually possible. Within a project like that proposed in this report, there could be co-ordination of referrals.

• In terms of the impact of stress, counselling is required when the affect is acute or sudden, when stress symptoms have become noticeable (physical or psychological), or there are acute interpersonal episodes which may show themselves as conflicts, communications breakdowns etc. (see Appendix 10.4). Counselling often is required because of the absence of support earlier on in situations. While there is a genuine need at these points; the number of individuals who will get to this phase of stress is small. Providing other kinds of organisational support, and making low cost services available to those who are very stressed makes sense.

• Vicarious traumatisation and critical incident de-briefings: In human service work, being exposed over time to situations which are difficult in human terms, will set up conditions where workers get a form of low grade ‘traumatization’ themselves. In addition, workers can witness or be part of critical incidents at the work place (particularly in social and health care). De-briefing can be useful to prevent long term psychological distress for individuals. Both these services can be offered by counselling services to be used on an as needed basis.

• Because of geographic challenges, it may be worthwhile to investigate tele-counselling or internet counselling as a way of delivering service. This method will suit some people, but costs as much as face to face counselling except for omitting travel costs. An alternative would be to offer telephone counselling from a provider such as the ACEVO programme and face to face counselling locally.

• In this project the counsellor could screen for needs and refer people to using an organisational intervention (one to one is this was suitable)
Take up of services: Research for VSMHSG indicates that about 3% of voluntary sector employees would be expected to use a counselling service (based on usage rates of City Council and Health Service employees). This would mean about 270 individuals a year would access the service, taking the figure of 9000 voluntary sector employees county wide. Given how little is known about the sector, this is at best a rough estimate.

Entitlement:
Services need to be open to all who are involved in the sector, volunteers, staff, managers, trustees; for work related problems.

Work Related Problems:

WarrenShepell, a nation wide Canadian Employee Assistance Program provider, divides work related problems as encountered in counselling, into six categories (WarrenShepell: Work Related Stress 2001):

<table>
<thead>
<tr>
<th>Work Related Conflicts</th>
<th>Altercations or confrontations with customers and or co-workers in a work environment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work Performance Issues</td>
<td>Concerns arising from one’s ability to achieve the performance expectations or requirements of the job, or issues arising from feedback / evaluation that indicates that one’s performance is not meeting the expectations or requirements of the job***</td>
</tr>
<tr>
<td>Career</td>
<td>General concerns about one’s current vocation, vocational choice, career path, or a desire to change or enhance one’s current work</td>
</tr>
<tr>
<td>Workplace Violence</td>
<td>Actual or threatened physical, verbal or emotional aggression or assault by customers, co-workers, managers/supervisors or others in the workplace</td>
</tr>
</tbody>
</table>
Harassment

Behaviour intended to intimidate or belittle, perpetrated by customers, co-workers or those in a position of authority, based on any of the prohibited grounds of discrimination as outlined in legislation.

Workplace Stress

Negative thoughts, feelings or behaviour arising from situational stressors in the workplace, and may manifest as anxiety, depression or other feelings of physical or psychological discomfort, difficulty coping with the workload, meeting deadlines or relating to others, irritability, difficulty concentrating, and or physical symptoms such as gastro-intestinal upset, headaches, feelings of fatigue, insomnia etc.

In the context of this project counselling should be offered in two locations; one urban, and one rural - at existing counselling centres for 8 - 10 sessions each. Individual services could be augmented by two support groups for stress related problems. The counsellor could also consult to the project. This is envisioned to be one position, carrying a caseload of 13-14 people.

Employee Assistance Programs:
These kind of programs exist in North America (for 32% of employees) and to lesser extent in the UK (for 7.6 % of employees) (Andrew Walton and Associates website). They are paid for by employers and are open to all employees no matter what the problem (personal or work related). They generally offer counselling (short term brief solution focused therapy), family friendly policies, wellness programs, child and elder care options and support.

In the UK take up of the programs is about 3 to 6 % in the first year; while the population needing the service is estimated to be between 10 and 20% of employees. The amount of productivity lost due to a stressed employee is reckoned to be
about 37% (Andrew Walton). In Canada, where programs are more widespread, take up is between 11 and 14% (Warren Shepell). This would indicate that people would use programs if they were present.

In one large Canadian provider, research indicates that about 10% of the reasons cited for using programs involve the workplace. Further, the problems, which bring people to the program, are becoming more acute and involve more violence, bullying and harassment related situations than previously (Warren Shepell 2001).

**Employee Assistance Plans for the sector**

For the needs of the smaller and medium sized organisations any Employee Assistance plans need to be developed on a sector wide basis and be subsidised. Eventually it may make sense to establish such a plan or plans for the sector in this county. Because of liability and other issues, it is most useful to negotiate services on behalf of the sector rather than organisation by organisation (medium and large voluntary sector organisations have referred to difficulties in getting and keeping coverage with providers). It is important to note that these programs do not necessarily relate back to the sources of stress in an organisation.

The Association of Chief Executives for Voluntary Organisations is currently setting up an EAP program for the voluntary sector. Services include 24-hour telephone counselling, a limited number of face to face sessions and access to legal and financial information services.

At this time the expressed needs could be met by the proposed model rather than an Employee Assistance Plan.

**Counselling versus organisational change/systematic management of work environment**

- There is a place for counselling
- There will only be a few needing it
- Situations which lead to the need for counselling need to be resolved
- A health determinants approach places energy and resources to attack root causes of problems
- In the context of this project it would be useful to have both, with the most resources going to the root causes
• In a pilot project counselling could be offered to those employees of organisations which are being developed in other ways in phase one and then widened during the roll out.

• There are voluntary sector organisations willing and able to offer counselling to employees. Contracting with them in the context of the project would be the recommended course of action. If they could not provide telephone counselling and it was required, a contract with the voluntary sector Employee Assistance Plan could be taken out (ACEVO).
10.11 The Place of Complementary Therapies

There is a place for complementary therapies in stress reduction. Many of these work to elicit the 'relaxation response', which is the opposite of the 'fight or flight' reaction which is the human being's stress response. They can serve to reacquaint the chronically stressed individual with the non-stressed state; which the body will 'unlearn' over time when under pressure. The relaxation response is necessary to evoke the physical healing process and to the re-charging at a cellular level which is the fundamental basis for health (in its absence, under certain conditions, disease processes are triggered) (Papero, 2001).

In this project complementary therapies would be utilised in Stress Buster Day events, and perhaps in Stress Reduction training; organisations will also be signposted to providers.

Priorities in this project are:
1. Organisational interventions
2. Counselling
3. Complementary therapies
10.12 Websites

10.12.1 General

Health Canada
www.hc.gov.ca

Voluntary Sector Initiative- Government of Canada
www.vsi-isbc.gov.ca

Canada Health Occupational Health site
www.ccho.ca/

UK Voluntary Sector resource webpage – includes Health and safety for voluntary sector
www.volresource.org.uk/breifs/hands.htm

Unison Union website – link to voluntary sector needs
www.unison.org.uk/voluntary/index.asp

Access to Human Resource resources including stress audit and instructions for use (parallel project)
www.partnershipatwork.org.uk
10.12.2 Occupational Health Services and Projects

Keighley Project offers services to small voluntary sector employers in fulfilling 'competent person' need for an annual fee. www.worksafe.org.uk

Sheffield Occupational Health Advice Service
www.sohas.co.uk/wh_partnership.html

Dumfries and Fife NHS Occupational Health Service
www.show.scot.nhs.uk/dgoth

Bradford Occupational Health and Safety Forum
www.baohsf.org

Nottinghamshire Occupational Health Service
www.nhsplus.nhs.uk/local_unit
10.12.3 References and material

International Labour organisation website - publications

Stress and audit tool London Hazards Centre  Worksafe and Healthy Working Stress Audit
www.hazardscampaign.org.uk/chapter/cahp.htm

Information on how workplace contributes to stress and Action Plan for managers
www.hc-gov.ca

www.hc-sc/gc.ca/hec-sesc/workplace/publications.htm

www.nottstress.org.uk
Stress response Kit-specific impact of occupational stress in the voluntary sector

http://www.hlg.org.uk/info.htm
Report of focus group of conditions of people working with homelessness/hostels sector

Report on consultation on skills needs and solutions - voluntary and community sector
www.voluntarysectorskills.org.uk
Stress Reduction and Abatement

Management Standards to Consider when Changing Work Related Stressors, HSE Standards RSU 4297 / R54.081


Health Audit (For Organisations) Partnership at Work

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Evaluation report - Wellbeing Day for people who work in the homelessness voluntary sector, HLG, Boots, May 2003

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Impact of the Voluntary and Community Sector in Greater Nottingham- Executive Summary Report: Policy Research Institute, Leeds Metropolitan University, June 2004

"Improving Our Skills": A Skills Strategy for the Voluntary and Community Sector, ACU, Home Office, April 2004


Management Standards to Consider when Changing Work Related Stressors, HSE Standards RSU 4297 / R54.081 2000.

Mental Health at Work - list of Support Services for Health and Social Services Occupations: Brian Davey, 2001.


MSF Trent Branch Stress Survey - Summary, Brian Davey, 2001.


The Measurement of Performance in the Community and Voluntary Sector, Brian Davey, 2001

Trade Union Technical Bureau Newsletter 16, 2001


Voluntary Sector Magazine – National Council for Voluntary Organisations, July 2004