



## Developments in UK Police Wellbeing

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### Introduction

This digest summarises a study that analyses data from 24 [Blue Light Wellbeing frameworks](#) (BLWF) to identify progress and gaps in recent police wellbeing initiatives across the UK. Specifically, it aims to understand:

- current wellbeing strategies in place
- progress made across the UK forces
- areas to improve wellbeing in the forces.

The study responds to a recognised need to *review and evaluate progress* in recent wellbeing strategies and interventions in UK forces.

### The problem

Policing responsibilities and demands are widely acknowledged to negatively impact on the physical and mental health of police officers and staff (Clements, Sharples & Kinman, 2020). Some stats on this issue in the UK police force:

- Findings from a 2018 survey<sup>1</sup> of 16,857 officers and operational staff show that 20% of police who had experienced trauma had symptoms of PTSD.
- 66% of all police reported a psychological or mental health issue which they felt was a direct result of police work
- The numbers of police officers being signed off sick with stress and anxiety had doubled in the prior five years following a Freedom of Information request of 40 forces across the UK.<sup>2</sup>

Policing, in the UK and across the world, needs to adapt to new and complex technological, socio-economic and political contexts. Recent literature highlights new physical and mental challenges for police emerging from changing social environments including austerity and other financial or resource constraints<sup>3</sup> (Hesketh et al. 2019; Miller et al. 2019); technological advances which have generated new, or adaptations of pre-existing, crimes; and increased prevalence of crimes that typically present traumatic experiences for officers (see Gray & Rydon-Grange, 2020).

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<sup>1</sup> Policing: The Job & the Life 2019, *Policing: The Job & the Life*. Woking England, Police Care UK.

<sup>2</sup> The Telegraph 2019, *Police Officers Being Signed Off Sick with Stress and Anxiety Doubles in Five Years*, London, UK.

<sup>3</sup> Hesketh I, Cooper C, Ivy J. 2019, 'Leading the asset: resilience training efficacy in UK policing', *The Police Journal: Theory, Practice and Principles*. Vol. 92, no. 1, pp. 56–71; Miller JK, Peart A, Soffia M. 2019, 'Can police be trained in trauma processing to minimise PTSD symptoms? Feasibility and proof of concept with a newly recruited UK police population'. *The Police Journal: Theory, Practice and Principles*, vol. 93, pp. 310–331.



## The solutions

In the last decade there has been an increase in government investment into police wellbeing. This includes:

In 2017, the following were launched:

- [Oscar Kilo](#): the home of the National Police Wellbeing Service. Brings assessment, learning and conversation about emergency services wellbeing into one place.
- The [National Police Wellbeing Service](#) (NPWS): provides support and guidance for all police forces to improve and build upon wellbeing within their organisation.

[Blue Light Wellbeing framework](#) (BLWF): Is adopted by agencies as a statement of commitment to MH, and an organisational tool to:

- Identify what an organisation already has in place (environmental scan)
- Assess the gaps and needs
- Audit and benchmark themselves against an independent set of standards
- Captures data on organisational progress in strategy and interventions.

The BLWF:

- Is in its third edition
- Was originally developed to meet the special needs of police staff from widespread consultation with leading academics and professionals in the field, as well as practitioners at all levels.
- Was intended to be an up-to-date and ambitious guide for employers to self-assess against standard.
- Has been adopted by all 43 Home Office police forces as well as 12 other non-Home Office forces and policing organisations
- 33 fire and rescue services also use the framework.

Since 2017:

- The Common Goal for Police Wellbeing was introduced
- The 2019 Front Line Review was conducted<sup>4</sup>
- A range of national wellbeing activities have been promoted including:
  - *Hear 'Man Up', Think 'Man Down'* campaign (The Police Federation of England and Wales)
  - A [video](#) providing practical advice for police officers on mental wellbeing considering the recent coronavirus pandemic.

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<sup>4</sup> This review highlighted the increasing demand for police services, at the same time as there is increasingly-less capacity, persistent organisational and operational stressors, and a lack of time and commitment by management in enabling individuals to focus on activities which positively promote wellbeing. The review also indicated the complexity of evaluating, and seeking ways to improve, wellbeing and highlighted prevailing scepticism about the wellbeing agenda being put forward particularly relating to its consistency in implementation, and ability to have a lasting impact (Ordon G, Dewar L, Cameron A. 2019, *Leadership, Wellbeing, Professional Development and Innovation for the Police Front Line: An Evidence Review*. London, UK; Knight L. 2019, *Home Office Police Front Line Review 2018/19: Key Themes in Qualitative Research Projects with Police Forces in England and Wales*, Northampton: Institute for Public Safety, Crime and Justice)



- Some forces promote mental health action days via hashtags such as #TimetoTalk and #WorldMentalHealthDay on their websites and social media
- On online booking system to enable forces across the UK to request a visit from a Wellbeing Van (part of National Police Wellbeing Outreach Service). Localised initiatives include a welfare van introduced by Hampshire Police to support police officers at crime scenes and wellbeing wagons offering psychological and physical screenings.
- Police Scotland developed a 3-year workplace action plan focusing on mental health and wellbeing, in partnership with See Me (Police Scotland, 2019).

### Methodology

For this study, 34 BLWFs were used, and data imported to MS Excel<sup>5</sup>. The BLWF has six sections<sup>6</sup>, each with subthemes and corresponding statements<sup>7</sup>.

Used a mixed-methods approach<sup>8</sup>:

- Quantitative data analysis: Self-assessment scores (UD, ID, FD) were collected and quantitatively coded for each of the framework's six sections (i.e. 1 = UD; 2 = ID; 3 = FD). As each of the six theme scores were summed to create the total development score, Cronbach's alpha was used to test the internal consistency of the total development score. The test found that the total development score had an almost excellent internal consistency,  $\alpha = .895$ .
- Qualitative data was collected from completed 'notes and evidence' sections. The completed notes sections<sup>9</sup> were transferred into NVivo (QSR International) for thematic analysis; responses were collated for each statement for all forces.

### Limitations

- A statistical comparison between the 2018 and 2020 BLWF data was no possible (yet, descriptive statistics indicate progress in national police wellbeing.
- There was a degree of overlap in content provided in the sections of the BLWF.

### Study Findings

Thematic analysis was employed to examine numerous policies, interventions and training reported across the 34 BLWFs. The three themes and subthemes identified are described as follows:

1. **Risk assessments and psychological monitoring:** Forces utilised various forms of data (i.e. sickness, assault, OH data) often with dashboards. The benefit of this seen as to highlight

<sup>5</sup> During the compiling of data, each framework was pseudo-anonymised by the researchers by assigning an ID number to each framework.

<sup>6</sup> The six sections regarding wellbeing and policing are: *Leadership (L)*, *Absence Management (AM)*, *Creating the Environment (CE)*, *Mental Health (MH)*; *Personal Resilience (PR)*, *Protecting the Workforce (PW)*.

<sup>7</sup> There are 94 statements in total, each force records data against the statements using the following measures: fully developed [FD], in development [ID], or under-developed [UD]).

<sup>8</sup> Quantitative approaches use statistical methods to measure and analyse numerical data, which is often associated with greater accuracy, validity and reliability of data, allowing for comparison and replicability. However, whilst quantitative methods are adept in illustrating straightforward information and trends, they do not explain the nuances as to why a particular outcome is taking place. This is why qualitative approaches are illuminating as they provide meaning as well as providing contextual information to enhance the quantitative data. Clements et al. (2020) highlight the dearth of qualitative studies that have examined the social context of wellbeing, with quantitative studies having previously dominated.

<sup>9</sup> For example, some statements were marked according to level of development (UD, ID, FD) but the notes section was incomplete



“trends in the number of cases, reasons for absence and areas of absence”, which are discussed at various committees to inform strategic oversight and interventions needed.

Within this theme three subthemes were identified:

- i) *Targeted support*: Was offered to staff by monitoring trends in absence and sickness. Targeted support was also evident for the aging workforce. Some forces had a menopausal support group (for females who are menopausal, males that live with those that are coping with menopause and line managers to understand what the symptoms are”.
- ii) *High-risk roles*: Some forces implemented psychological monitoring (risk assessments) for high-risk roles only, while others used a more flexible approach to identify police officers and staff who need such support. Some monitored sickness trends to determine “where the high stress departments are”.
- iii) *Bradford Index*: There were inconsistencies observed in methods of monitoring data and the use of trigger points.<sup>10</sup>

2. Empowering and supporting staff: BLWFs report that forces are trying to meet peoples’ working needs; empower staff in their roles; and find ways to reward and motivating employees. This theme was often described as promoting a “positive environment”.

Within this theme, four subthemes were identified:

- i) *A holistic approach*: refers to encouraging:
  - The alignment of “the physical and psychological capabilities of the employees, and the needs of the organisation”.
  - Collaboration between management and other services (such as OH and HR).
  - A unified approach between various agencies, services and departments.
- iv) *An inclusive working environment*: Efforts to take “special care” to “create a pleasant and safe working environment” for all staff are evident from an “investment in decor, noise reducing tech, ergonomically safe rising desks and chairs, enlarged canteen facilities, [to] a dedicated quiet room with subdued lighting, massage chair and relaxation music”.
- v) *Psychological and physical wellbeing*: The “links between psychological wellbeing and physical wellbeing, productivity and engagement” are evident by online resources to “assist in weight loss and healthy living initiatives”, with “informal exercise packages available through Officer Safety Training colleagues”.<sup>11</sup>

<sup>10</sup> Forces who identified as using the Bradford Index clarified that it was used as an “indicator”, as opposed to being “used in isolation when reviewing any absence issues” or leading “to performance sanctioning”. On the other hand, concerns were raised in relation to adhering to the score and failing to consider the context: “There is empirical evidence that any member of staff triggering Bradford factors is often subject of sanctions no matter what the circumstances”.

<sup>11</sup> It was noted that though “physical activity is encouraged” it is “not supported by the physical environment ... [and] it may depend on where you work as to whether you have access to facilities”. Psychological health was reported on less than physical in the BLWF, yet all forces were cognisant of this issue and one detailed their action plan to “evaluate investment in psychological health resources [and] develop specific initiatives to support the workforce”.



- vi) *Personal responsibility and accountability*: All police officers and staff are “made aware of the need to ensure health and wellbeing are promoted; policies and processes are fit for purpose; and management is held to account.”<sup>12</sup>
3. The role and responsibility of management: Management, senior and middle. were seen as responsible for consistent and continuous support of staff for their health and wellbeing.<sup>13</sup> Attendance management training was seen as the place to develop this understanding.

Within this theme, four subthemes were highlighted:

- vii) *Support for line managers and supervisors*: For example, by providing “policies, procedures and ‘how to guides’ on dealing with wellbeing issues” as well as general and ongoing help. Some evidence of support for soft skills development for line managers.
- viii) *Supporting staff development*: Seen as requiring managers to take a “first-hand” understanding of “how their staff are coping”. Promoted through working together to foster “trust between staff and supervisors”; giving “regular and continuous feedback both informally and formally via performance reviews”; and “managing the expectations of individuals taking into account personality, development needs and likely opportunities within their role or another role”.
- ix) *Visibility and accessibility*: It is evident that processes are being implemented to support the visibility and approachability of senior management, such as “Chief officers blog regularly”, “supervisors are encouraged to take time and speak to employees”, and “regular meetings with line manager/supervisor”. Networks, forums, working groups and “communication surgeries” offer an opportunity to feedback communication from senior management, whilst also providing staff with a ‘voice’. Moreover, ongoing work was noted “to embed a better 1-2-1 culture” between management and their staff.
- x) *Reinforcing a positive culture and driving the agenda*: Multiple forces commented on how members of senior management were engaging with wellbeing boards and acting as champions. Leading by example was highly valued, though concerns were raised in relation to the consistency of the message.

## Summary of findings

Based on the development score of the overall sample, forces were perceived to be ‘fully developed’ and:

- Absence management (followed by leadership) was the *most developed* section of the framework.

<sup>12</sup> Another point was that various groups meet at “strategic, tactical and local levels” with “representatives from Federation, Unison and Supts Association” and “Occupational Health, HR, Estates [and] Corporate Communications” (CE). Individual accountability was also noted in terms of maintaining “health and fitness” levels, and developing personal resilience and self-efficacy, such as “staff demonstrating that they take initiative in problem solving and making decisions and asking for feedback to improve their personal effectiveness”.

<sup>13</sup> This was described as management needing to do “role modelling, having the right conversations and creating the time and space for these conversations to discuss wellbeing”.



- Personal resilience (followed by protecting the workforce) remained to be the *least developed* section of the framework, as measured by the number of detailed accounts of multiple policies, procedures, initiatives and services.

Inhibitors to positive wellbeing environments are aspects of culture, management support and awareness. Also, negative perceptions, as well as sporadic adherence to and application of organisational processes.

Individual-based wellbeing (e.g. personal resilience) remains less developed than institutional processes (e.g. absence management) and this runs the risk of communicating that the organisation's priority is an accountable workforce rather than staff wellbeing.

### Shortcomings of the BLWFs

- The real needs of police may be missed, or at odds with a nationally standardised wellbeing framework and best practice.
- Nuances within different forces sometimes make it hard to compare data. It is currently difficult, for example, to determine if the policy in one force is the same as that in another force, albeit with a different policy name.
- The use and completion of the BLWF was at times inconsistent. For example, one force would leave the response blank, another would respond with a "yes as per policy and process" and another might go into detail surrounding the procedures in place.
- Repeated responses were also observed in multiple statements and at times there was uncertainty in how to answer the question and provide evidence.

### Areas for improvement

A range of areas for improvement were identified across each of the six sections of the BLWF and include:

- Consistency in the application
- Delivery of policy and processes
- Management training to improve capacity to proactively share the wellbeing message
- Building a supporting culture with clear signposting

There was also a need for:

- Increased attention to quality assurance
- Improved understanding of the needs of management (compared to staff more generally)
- More consideration given to sleep and the aging workforce.
- Providing practical details of how to achieve the elements set out in the BLWF.
- Consideration for the sustainability of local and national initiatives

Also, need better understanding about the prevalence and presentation of mental health problems.

### Recommendations

Future developments of police wellbeing should consider:



- The availability of existing initiatives and training, as well as those that have been evaluated, to support the implementation of evidence-based, targeted approaches.
- Developing a more consistent and clearer BLWF to guide responses to be clear and with a distinction between statements and sections to reduce repetition and support in the provision of relevant content.
- Actively sharing evidence-based approaches (i.e. interventions, strategies) and 'good practice' with forces.
- Guiding people to complete the BLWF in a consistent way that is conducive to supporting peer review, development of wellbeing and analysis of progress. Ensuring the expected responses are clear with a distinction between the statements and sections to reduce repetition and support in the provision of relevant content.
- Aligning organisational and individual perspectives to achieve a shared understanding of wellbeing and success, and to capture this data in the BLWFs.
- Better understanding the risk factors and the diversity of issues (expanding from PTSD focused studies)<sup>14</sup>

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<sup>14</sup> This review looked at over 11000 publications on mental health problems in police personnel over 40 years and emphasised the need for studies to focus on the variety of mental health problems and secondary conditions (Syed S, Ashwick R, Schlosser M, et al. 2020, 'Global prevalence and risk factors for mental health problems in police personnel: a systematic review and meta-analysis', *Occupational and Environmental Medicine*, vol. 77, pp. 737–747.