

National Police Health and Wellbeing Strategy 2024 - 2026

This strategy has been developed to minimise the occurrence of ill health in policing by raising awareness of organisational and lifestyle risks and enabling appropriate risk reduction.



Foreword



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As the national Chief Medical Officer (CMO) for Policing in England and Wales and Service Director of the National Police Wellbeing Service, the health and wellbeing of our people is something we both deeply care about. Through this strategy we seek to enable everyone to realise their full potential, maximise their talent and productivity, and thereby optimise operational effectiveness. We both want and need police officers and staff to be the best possible version of themselves, and to thrive, because they are fundamental to policing our communities.

Health and wellbeing are everybody's responsibility, and this strategy is, therefore, for everyone: officers and staff, the Special Constabulary, and volunteers, working at every level in policing. We recognise that the 'police family' is a diverse workforce, with different employment models and access, to healthcare and welfare support. However, our commitment to deliver a positive workplace environment that promotes health and wellbeing and enables everybody to thrive truly applies to all. Supporting health and wellbeing requires a culture that recognises this. We champion this knowing that open and strong leadership at all levels, with visible role-modelling, enables our people to live and work in a safe, inclusive, and supportive environment where they can enjoy the highest attainable standard of health and wellbeing.

To deliver this strategy we will continue to work collaboratively and coherently, across the police family and with external partners. We will formally adopt an evidenced and holistic approach to health and wellbeing. We consider that physical, mental, social, and spiritual health are essential for wellbeing. Lifestyle and the environment, work, and home are important determinants, not just people factors.

We welcome this strategy and fully commit to delivering it. Together we will all make policing a better place to work in, and together we will improve operational effectiveness.



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1. Strategy overview

Strategic vision

A culture of wellbeing - promoting health, protecting workplaces, and safeguarding the workforce - will give all police personnel the ability to adapt, self-manage, and thrive in the face of work and life challenges. Policing will be the emergency service of choice through inclusivity and diversity giving opportunity for all.

Strategic objectives

Create, promote, and maintain the conditions for the “Police Family” – police officers and police staff, employed or volunteers, and their families - to live healthy lifestyles in healthy environments, reducing injury, illness, and suicide as far as possible, to maximise wellbeing, work ability and a sense of belonging.

Support national initiatives to recruit and retain police officers and police staff.

Police forces in England and Wales will adopt a holistic approach to promoting and maintaining wellbeing in the police family. This strategy will help police forces build world class wellbeing support for every one that works for them. This will be achieved by educating and enabling people to live healthy lifestyles in healthy environments.

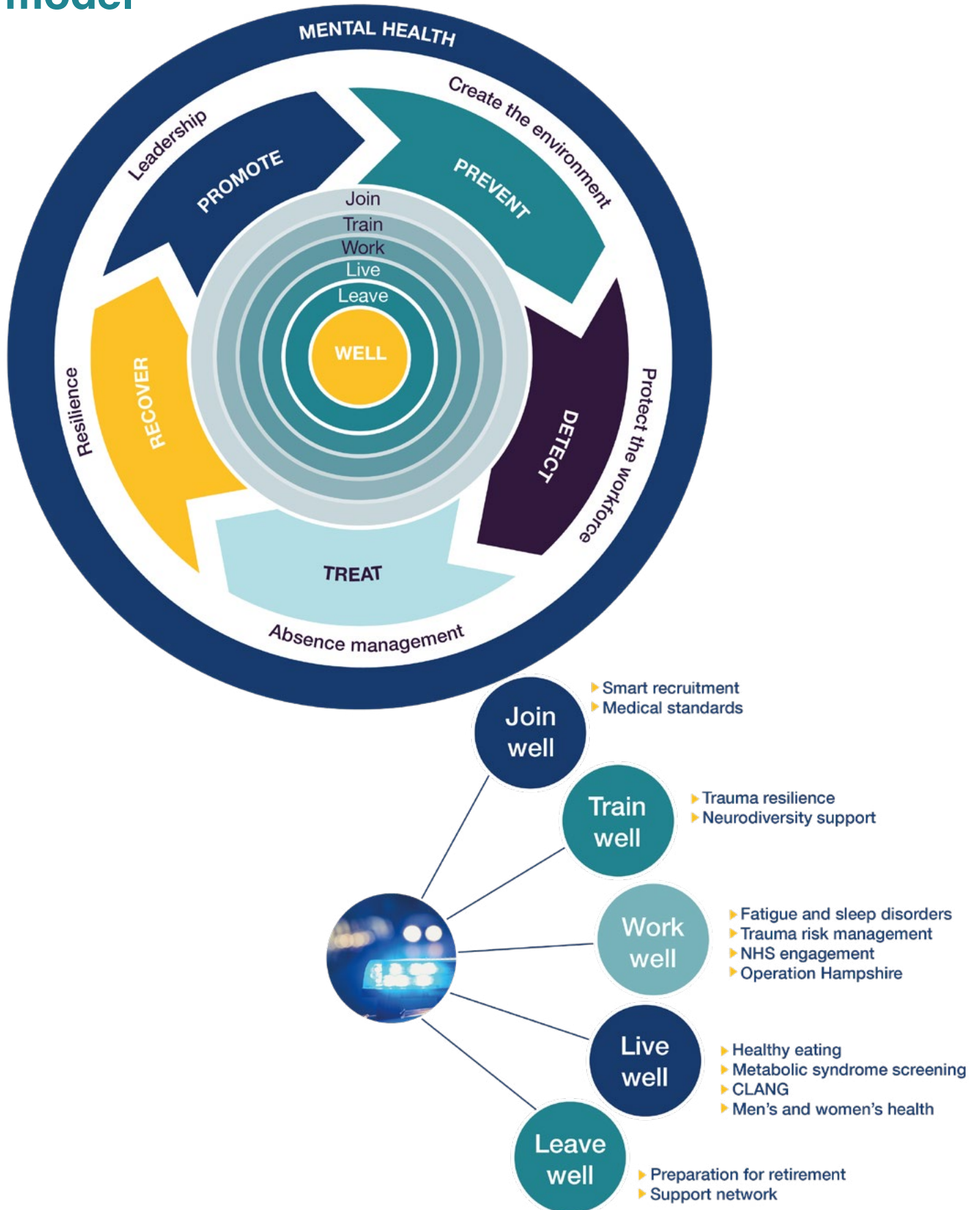
The strategy promotes good health through strong leadership and a culture of wellbeing. It aims to minimise the occurrence of ill health by raising awareness of organisational and lifestyle risks and enabling and empowering appropriate risk reduction. Wellbeing support will encompass prevention, early detection, and treatment of ill health to achieve optimal recovery. In addition, best practice rehabilitation will facilitate effective and timely return to full deployability and productivity. It will underpin individual and force resilience.

Health and wellbeing interventions will adhere to the following principles:

- **They will be evidence-based.**
- **Each intervention will follow a plan, develop, deliver, evaluate model.**
- **Collaboration, coherence, and effective communication.**
- **Interventions for all; they will be inclusive and destigmatising.**



National police health and wellbeing strategic model



2. Strategic aim

2.1 The vision

The strategic vision is anchored in the policing vision 2030. Pillar four is concerned with developing and inspiring our workforce and evolving our culture. Objectives are:

- To attract and retain a representative and diverse workforce
- To develop ethical and professional cultures that include wellbeing as a core capability
- To create health promoting and protecting workplaces
- To safeguard the workforce
- To develop effective leadership at all levels

The police health and wellbeing strategic vision is:

'A culture of wellbeing - promoting health, protecting workplaces, and safeguarding the workforce - will give all police personnel the ability to adapt, self-manage, and thrive in the face of work and life challenges. Policing will be the emergency service of choice through inclusivity and diversity giving opportunity for all.'

2.2 The objective

To realise this vision, the strategic objective for policing is to:

'Create, promote, and maintain the conditions for the police family, (police officers and police staff, employed or volunteers, and their families), to live healthy lifestyles in healthy environments, reducing injury, illness and suicide as far as possible, in order to maximise wellbeing, work ability and a sense of belonging.'

Support national initiatives to recruit and retain police officers and police staff.'



3. Health and wellbeing in the policing context

3.1 Health and wellbeing and why it matters to the police family

Understanding of health and wellbeing has been influenced by the World Health Organisation (WHO) definition. This describes health as the “state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity”. This definition, which dates from 1948, has the advantage of its breadth of concept and ambition. In the twenty-first century with changed population demographics, patterns of illness, and views on health, the need to define health differently has arisen. Inclusion of the word “complete” has been challenged on the grounds that the unintended consequence is that most people will be unhealthy, most of the time. It encourages the medicalisation of society and opens the door to unnecessary medical screening. We now accept that good health is a composite of physical, mental, social, and spiritual wellbeing. Levels of these health components will fluctuate daily. This may be particularly true in the presence of a chronic illness.

A new concept of health has been proposed: the ability to adapt and self-manage in the face of social, physical, and emotional challenges. A further elaboration of this, with respect to the three domains, has been put forward. For physical health, it is the ability to mount a protective response to a physiological stress to reduce the potential for harm. For mental health, the “sense of coherence” has been described as giving capacity to cope and recover from psychological stress and prevent post-traumatic stress disorders. This is concerned with promoting comprehensibility, manageability, and meaningfulness in difficult situations. Social health is about being able to fulfil potential, meet obligations, retain independence, and participate in social activities, including work.¹

We know that police work is challenging and that demands on physical, mental, and social health are part and parcel of the job. A wellbeing strategy, therefore, must encourage the development of a full understanding of the health stressors and their potential impact on the police family. Police forces must develop safe systems of work based on risk assessment and control. This is both a legal (health and safety) and a moral requirement. Systematic and individual resilience will be predicated on elimination of risk, where possible, amelioration or mitigation of risk where practicable, and tolerance of risk with appropriate care pathways and capacity to deliver.

The new concept of health (and wellbeing) is useful because it helps us develop a culture of

¹ Machteld Huber et al, ‘How should we define health?’, BMJ 343 (2011): d4163, doi: 10.1136/bmj.d4163.



wellbeing that is inclusive and appropriate for diverse populations. The Peelian principle that the police are the public and the public are the police reminds us of the individual differences within the police family, be they physical, psychological, or social. Every member of the police family has varied abilities and a sense of wellbeing. Health is not absolute. Embracing the wider determinants of health will inform wellbeing interventions. In addition, we should not over-medicalise wellbeing. The ability to adapt and self-manage in policing situations is an important determinant of individual and force resilience. Adherence to this concept will help to maintain resilient and sustainable workforces.

3.2 Police considerations

3.2.1 Police challenges

The Police environment creates health and wellbeing challenges. The Front Line Review published by the Home Office, in 2019, identified a range of issues impacting on wellbeing.² The following actions were committed to by Government:

The front-line innovation project.
Achieving the right balance between meeting demand and supporting individuals.
Management of external demand.
Management of internal demand.
HMICFRS inspections and wellbeing – embedding wellbeing within day-to-day policing.
A national evaluation mechanism for wellbeing provision.

² The Front Line Review: Recommendation Report (The Home Office, July 2019) 8 <[Title] (publishing.service.gov.uk)>



The evolving nature of operations and at times demanding working conditions can compromise health and wellbeing. The Front-Line Review identified the following factors that were perceived to influence the wellbeing of the workforce: ³

‘Challenge’ stressors

- Organisational structures, operating models, and roles.
- Change management.
- Hours, shifts, rest days, leave, breaks, and commuting.
- Work-life balance.
- The ability to decompress.
- Safety.

‘Hindrances’ stressors

- Constraints to performance – bureaucracy, inadequate tools.

Organisational climate and culture

Provision and adequacy of wellbeing support services – prevention and reaction.

Added to this is the inherently dangerous and often physical nature of some police work. The amount of exposure to traumatic incidents is significant compared to that of the general population, which consequently impacts the mental health of those in certain policing roles. The wider environment for policing has become challenging following several high profile events and their impact on the public view of policing. This has impacted the perceived legitimacy of policing and on workforce morale.

Policing is also complex and wide-ranging. It has a broad demographic, with diverse health and wellbeing needs, different employment models and different access to welfare and healthcare support. Nonetheless, many of the health risks associated with policing are predictable irrespective of the policing geography. It is important, therefore, that the strategic approach is cohered as much as possible and governed across the police family. Concurrently, there should be freedom to permit local initiative and the development of bottom-up solutions to meet specific needs of some parts of the workforce, and to engender ownership.

³ Peter Betts and Clare Farmer, Home Office Police Front Line Review: Workshops with police officers and police staff – Summary report (Office for National Statistics, July 2019) 32 <FLR Summary chapter draft 27 June (publishing.service.gov.uk)>



The economic climate and financial pressures on forces is an obvious challenge. There are evident workforce consequences including the impact on police staff numbers. Whilst the legal requirement for health, safety and wellbeing is clear, and the moral requirement to look after people's health and wellbeing is intuitively understood, demonstrating the cost-effectiveness of health and wellbeing promotion and prevention initiatives is necessary, albeit difficult. The independent report Policing Productivity Review has underlined the need for forces to measure, understand and articulate the links between their activities and the public benefits. ⁴ There is a growing body of evidence that a holistic, whole organisational approach to wellbeing positively influences recruitment and retention of personnel and on metrics such as presenteeism and absenteeism. Deloitte has developed a financial model that estimates that measures by employers to improve the mental health of their employees will yield a return, on average, of £5 for every £1 spent. ⁵ The annual costs of poor mental health have been estimated as the combined costs of absenteeism, presenteeism (the biggest cost) and staff turnover.

The 2019 pre-pandemic costs estimate for the UK was £42 - £45 billion. These had risen to £53 - £56 billion by 2020-2021. Public sector costs have risen from £9 - £9.5 billion to £10 – 10.2 billion. The notable change in cost attribution has been the rise in the costs associated with staff turnover, rising from £8.6 billion to £22.4 billion. Nearly 40% total turnover costs are now attributable to mental health issues. ⁶ This is important for policing where the benefits of Police Uplift are at risk because of increasing numbers of police officers leaving the service.

The police officer leaver rate was 6.6% (end of March 2023) which is the highest leaver rate since comparable records began. ⁷ The proportion of voluntary resignations for the year ending March 2023 was 50%. The leaver rate for voluntary resignations has been increasing since the year ending March 2021. Police Community Support Officers (PCSO) had the highest leaver rate (21.6%) and police staff and designated officers had a combined leaver rate of 12.2%, the highest level since comparable records began. Police officers new in service, defined as less than five years' service, account for 70 per cent of resignations.⁸

Many benefits of people initiatives are intangible, sometimes taking years to realise. Attempts to estimate them and develop strategic trend data are further compromised by poor workforce data capture and health needs assessments, limited analytical capability and lack of strategic patience.

⁴ The Policing Productivity Review: Improving outcomes for the Public. <Policing Productivity Review - GOV.UK (www.gov.uk)>

⁵ Mental health and employers. The case for investment – pandemic and beyond (Deloitte, March 2022) 53 <deloitte-uk-mental-health-report-2022.pdf>

⁶ 'Mental health and employers. The case for investment - the pandemic and beyond.' (Deloitte, 2021) <Mental health and employers: the case for investment - pandemic and beyond | Deloitte UK>

⁷ 'Police workforce, England and Wales: 31 March 2023' (Home Office, 26 July 2023) <Police workforce, England and Wales: 31 March 2023 - GOV.UK (www.gov.uk)>

⁸ 'The storm of police officer resignations: part 1.' Police Federation, 30 August 2023) <The storm of police officer resignations: Part 1 (polfed.org)>



In a resource constrained environment this must be addressed, to ensure appropriate prioritisation of investment to achieve maximum effect. Evidence suggests that successful wellbeing interventions are usually multiple, integrated and cohered within a supportive culture. ⁹ Deloitte have reported that a universal approach to mental health interventions yields the highest return on investment.

“The case for investing in employees’ mental health is clear. Although the solutions to poor mental health at work can often be as nuanced as the problems themselves, the key is to be guided by your people. Listening and learning about what works best for them rather than employing a one-size-fits-all approach.” (Deloitte, 2021)

Notwithstanding this, there is a recognition of the need for a health and wellbeing strategy to have tangible deliverables that forces can use when formulating their annual delivery plans.

3.2.2 Police health and wellbeing strengths

Police personnel have meaningful employment, with career development and education opportunities. Effective leadership creates team cohesion and can afford people both a sense of belonging and of feeling valued. The 2023 annual survey of wellbeing found that a large proportion of the policing workforce found their work meaningful, and the respondents were motivated to invest their energy into serving the public. Despite the known risks associated with policing roles, health and wellbeing surveys show that many police officers and staff report good or very good physical health. However, assessment of emotional energy, a surrogate measure of overall physical and mental wellbeing, indicate moderately low average scores for police officers and moderate scores for police staff. ¹⁰

All police forces now invest in some health and wellbeing initiatives. Police officers and staff can access welfare support, through Employee Assistance Programmes (EAP) and health support via force occupational health services, which may include physiotherapy and/or counselling. Alternatively, there may be external support from physiotherapy and psychotherapy, and from a significant number of police charities. The National Police Wellbeing Service provides resources to assist forces. The 2023 survey results show that there has been a decrease in the numbers of officers and staff reporting symptoms of depression, and in the numbers of staff reporting symptoms of anxiety. More work will be required to reduce hindrance stressors and the reported levels of fatigue. There is a basis for optimism, therefore, that appropriately targeted interventions could create working environments in which our people thrive.

⁹ Kevin Teoh, The value of occupational health and human resources in supporting mental health and wellbeing in the workplace (Society of Occupational Medicine, 2023) 47

¹⁰ Summary of research in policing: Key issues and common themes (NPWS / Durham University, 2023) 51



3.2.3 Police partnerships

The success of police wellbeing interventions is dependent on collaboration. Cross-government / third sector partnerships will be required to understand, share, and deliver best practice to improve health and wellbeing. This should allow access to resources and subject matter expertise and enhance both the quantity and quality of services and interventions available. A list of partner organisations can be seen in table 1.

These partnerships also enable the Police Covenant pledge, ensuring that police officers and staff and those who have left the service will not be disadvantaged by their police service.

Internal Roles and Key Enablers:
Force Senior Leadership Teams
Line Managers
Human Resources
Occupational Health
Chief Medical Officer for Policing
The National Police Wellbeing Service – Oscar Kilo
The College of Policing
National Police Chiefs' Council network
Police Covenant Oversight Board

Partnerships:
Department of Health and Social Care / NHS England
Health and Social Care, Wales / National Commissioning Board Wales
Integrated Care Boards / Partnerships; NHS Health Boards
The Health and Safety Executive
The third sector
Academia

Table 1. Wellbeing enablers and partnerships



4. The strategic approach

4.1 The holistic framework

This is the first national health and wellbeing strategy for policing. It builds on excellent work already in the public domain, such as the Business in the Community Workwell Model, the Defence Health and Wellbeing Operating Model and work surrounding the NHS health and wellbeing framework.^{11 12 13} In policing, the Blue Light Wellbeing Framework (BLWF) was introduced in 2017.¹⁴ It contains learning from across the service, academia, and Public Health England (now the UK Health Security Agency) to provide forces with a self-assessment tool that sets a new standard for policing. It provides support in the key areas of leadership, environment, and resilience. How we perform when we feel good is at the heart of getting wellbeing right. Understanding wellbeing holistically is central, as is integrated thinking in the organisational approach to delivery.

The holistic approach recognises how good physical health enhances, and is itself improved by, good mental health demonstrated through improved resilience, motivation, and morale. Meanwhile, good social health, manifest as strong relationships and realised educational potential, promotes mental health and, in turn, physical health. An individual's holistic health and wellbeing is directly influenced by the environment that they live and work in and how they interact with it, through their lifestyle behaviours. There is an element of choice to some lifestyle factors affecting health, whilst acknowledging that culture and social factors also influence behaviours. Potentially modifiable lifestyle factors include diet, sleep, exercise, sexual activity, smoking, alcohol, other substance misuse and gambling.

Lifestyle choices are often affected by cultural attitudes and facilities within the environments our people live and work in. An individual often cannot directly control the work environment, but their leadership can. Police chief officers and line managers can enable a workplace culture that enables and promotes wellbeing. An inclusive wellbeing culture encourages better health and wellbeing, better work, and better management. It also acknowledges that illness will arise impacting work ability. Effective specialist support ensures that people have access to care focussed on optimal rehabilitation. Better wellbeing arises from both the promotion of wellbeing and the prevention of ill health, taking a whole person (holistic) approach. Better work involves the creation of 'good' jobs through job design. Psychological safety is a key element of this. Better management requires organisations to ensure that managers have the appropriate skills, including the ability to lead and role model health and wellbeing behaviours. These behaviours should be shaped by governance: policies, processes, and procedures. The importance of the line manager role means that they must

¹¹ 'The Business in the Community Workwell Model' (BITC, 29 October 2019) <The Business in the Community Workwell Model - Business in the Community (bitc.org.uk)>

¹² Defence People Health and Wellbeing Strategy (Ministry of Defence, 2022) 25 <Defence_People_Health_and_Wellbeing_Strategy.pdf (publishing.service.gov.uk)>

¹³ 'NHS health and wellbeing framework' (NHS England, 24 February 2022) <NHS England » NHS health and wellbeing framework>

¹⁴ Blue Light Wellbeing Framework (College of Policing, May 2017) 12



be held accountable for their wellbeing performance. Better specialist support is based on good data capture and data insights, leading to early interventions, appropriate workplace adjustments and maximising work ability, in line with workforce planning.

The NHS launched a health and wellbeing framework in 2018. The focus was on improving personal physical and mental wellbeing through lifestyle changes to reduce sickness absence. The framework included the involvement of support services, such as occupational health, the need for workforce data and the role of senior leaders and managers. Lessons from the COVID-19 pandemic have led to a revision of the framework, which now includes new sections: environment, relationships, and fulfilment at work. The new framework, launched in 2022, places a greater emphasis on caring for NHS people, so that they can care for others. A key element in the development of the framework has been the involvement of stakeholders from across the NHS.

The BLWF contains seven domains, one of which pertains to occupational health standards. The others are leadership, absence management, creating the environment, mental health, protecting the workforce, and personal resilience. Each domain contains a list of organisational statements about the development of the infrastructure that will support the culture of wellbeing. Self-assessment by forces against the statements provides an opportunity for informal accreditation.

The template for the police health and wellbeing strategy is the Armed Forces Defence People Health and Wellbeing Strategy 2022-2027. The Defence health and wellbeing operating model is based on the principles of prevention. Primary prevention involves health promotion and ill health prevention by addressing the determinants of health combined with health education. Secondary prevention focuses on the early detection of illness and early intervention to improve health outcomes. Tertiary prevention is concerned with the treatment and rehabilitation of people who become ill. This includes understanding why the illness has occurred and modifying lifestyle, working behaviours or the environment to reduce the likelihood of recurrence or the incidence of illness in others. This is the essence of the police health and wellbeing strategy. Each element of prevention – promotion, prevention, detection, treating, and recovery – is linked to a domain of the Blue Light Wellbeing Framework. Thus, these preventative activities include leadership, creating the environment, protecting the workforce, attendance management and resilience, respectively and thus, guidance on best practice. The core of the model sets out five delivery areas that relate to the police covenant and operational priorities:



For each delivery area, health and wellbeing interventions will adhere to the following principles:

- They will be evidence-based.
- Each intervention will follow a plan, develop, deliver, evaluate model.
- Collaboration, coherence, and effective communication.
- Interventions for all; they will be inclusive and destigmatising.



4.2 The national police health and wellbeing strategic model

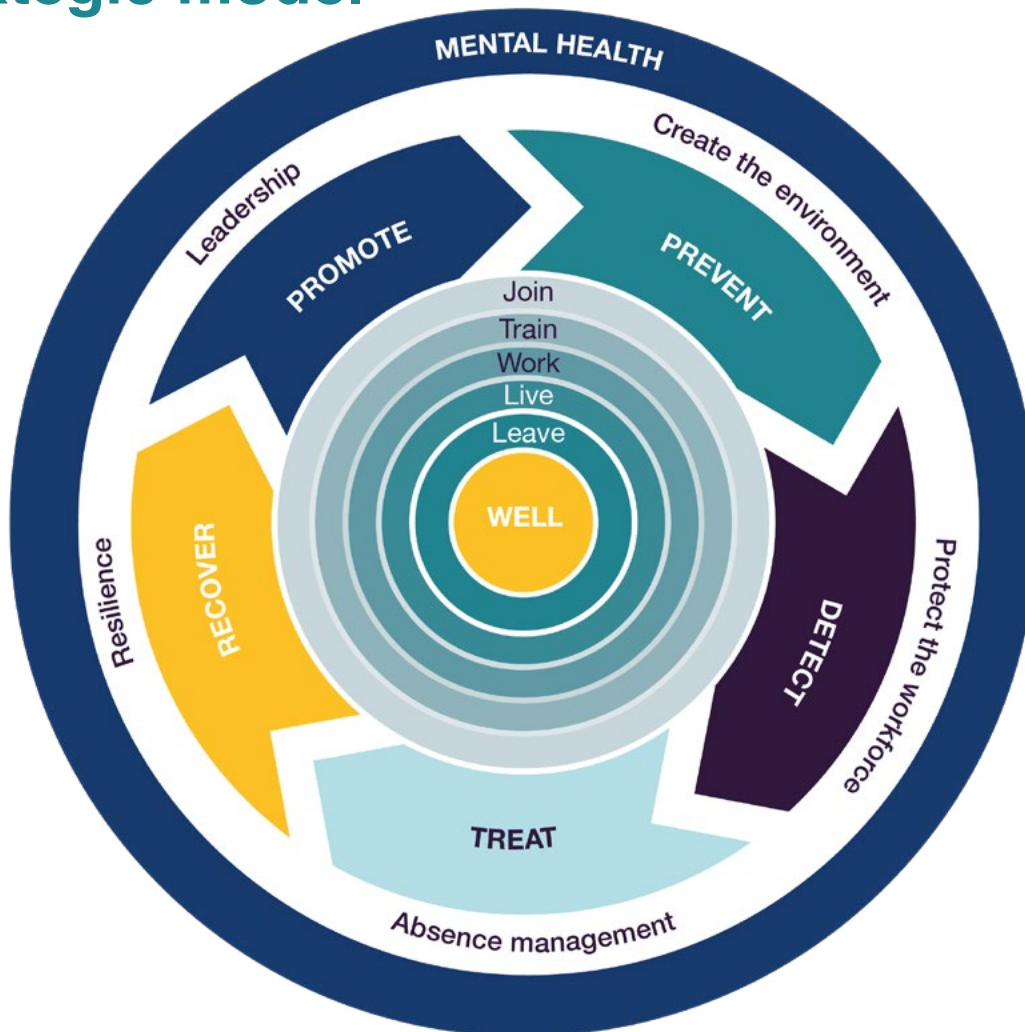


Figure 1. National police health and wellbeing strategic model.

This model illustrates the holistic and integrated approach that forces should adopt to optimise workplace wellbeing and work ability. At the centre of the model is the ‘employment’ journey. It begins with recruitment, ensuring that the job specification is appropriate, and that the person specification is commensurate with the demands of the role. Recruiting police forces should make clear to job applicants the requirements of roles and the capabilities and capacities that will be assessed during selection. Joining the force is supported by suitable induction. For police officers and the Special Constabulary, training must place health, safety, and wellbeing at its core. In addition, the avoidance of unlawful discrimination necessitates the identification of reasonable workplace adjustments and support to implement them successfully. Working well is concerned with safe systems of work based on risk management and health needs assessments. Living well recognises the interaction between work and lifestyle and the potential for synergy. A culture of wellbeing should facilitate a better understanding of self and the adoption of health behaviours to underpin a sustained quality of life at individual and social levels. Last, but not least, leaving well recognises the importance of people leaving the police in a state of positive wellbeing.



This contributes to a sense of being valued by the force and is an extension of the moral duty to the police family. People leaving the police should feel equipped to move forward with the next phase of their lives. There is also a duty to society to ensure that people leave in the best possible health and potentially enriched and enabled as a consequence of their time in the police.

4.2.1 Promote

An organisational culture, supported by health leadership and management, which promotes a healthy lifestyle, and a safe, respectful work environment will encourage our people to make healthy lifestyle choices, live healthier lives and be more productive. Leaders consciously role model behaviours that promote wellbeing and a feeling of inclusion. Bullying and harassment must not be tolerated, and flexible working practices and family-friendly policies should be put in place. Impact on family life should be considered in policy development and decision making. Managers should understand, and be able to explain, the main issues that affect the health and wellbeing of their team.

4.2.2 Prevent

The responsibility to create a safe and healthy environment is everybody's responsibility. Fundamental to healthy workplaces are safe systems of work, based on effective risk assessment and control required by health and safety legislation. (See Workforce Prioritisation Guidance in the annex). All police officers and staff should be aware of the need to create a workplace environment that is conducive to wellbeing and be able to communicate this to others. Education and training are critical for effective prevention, providing people with the tools and knowledge to manage and take mitigating action for themselves and those they lead. An example is the Health and Safety Executive (HSE) line manager competency indicator tool for managing stress at work.¹⁵ The HSE, in association with the Chartered Institute of Personnel and Development (CIPD), have designed a series of tools to allow managers to assess whether they currently have the behaviours identified as effective for preventing or reducing stress at work. Awareness and understanding of the wellbeing needs of people with protected characteristics should be part of stress risk assessments.

4.2.3 Detect

Detection of the early signs and symptoms of poor health and wellbeing an important component of protecting the workforce. This is a component of a safe system of work whereby the potential for the occurrence of ill health is recognised and acted upon. This is enabled by education, training and screening which equip individuals with the skills to recognise when health and wellbeing may be compromised and they or the people they are leading are reacting, injured or ill. A variety of wellbeing interventions are available to staff that are signposted, governed, and monitored. A specific example is Operation Hampshire. All police forces should be familiar with and have implemented the Operation Hampshire Seven Point Plan. The psychological risk assessment initiative provided by the National Police Wellbeing Service (NPWS) is an example of health surveillance for personnel exposed to psychological trauma.

¹⁵ 'Line manager competency indicator tool'. (Stress at work, HSE, 2023) < Line Manager Competency Indicator Tool (hse.gov.uk)>



4.2.4 Treat

Early detection allows for early intervention, to enable optimal recovery. Treatment activity focuses on the restoration of health and wellbeing and the alleviation of symptoms of ill health. It includes access to effective self-help measures and support, alongside medical diagnosis, and treatment by the NHS. Where medical treatment is needed then access to this must be facilitated as far as possible, to enable optimal recovery. Effective occupational health services are an essential component of attendance management and are an important interface between force-funded support and external healthcare provision, such as NHS mental health services or NHS emergency departments. Attendance management standards in the Blue Light Wellbeing Framework address situations where a member of the police force is unable to attend work and include the presence of relevant policy and procedures to proactively support a return to work with consideration of flexible working and risk-based adjustments for vulnerable people.

4.2.5 Recover

Recovery combines the promotion of personal resilience (healthy lifestyles, sleep hygiene, resilience training) with organisational attributes, such as manager skill sets to support ill health at work (active listening and communication skills, understanding workplace adjustments and modifications) and diverse inclusive health and wellbeing services (Employee Assistance Programmes, occupational health).

The aim is an effective and swift return to employability and full productivity. This is optimised through partnerships between the individual, their manager, and the occupational health services available to all police officers and staff. If full recovery is not possible, the police will seek to retain talent and offer alternative employment options where possible. Effective implementation of policies relating to recuperative and adjusted duties, with active monitoring, should be a core activity. If transition from police employment is necessary, then suitable support will be provided at force level to smooth this transition. A new national process for police officer medical retirement has been developed. This would be part of the leaving well area of delivery.

4.2.6 Mental health

Improving the mental health and wellbeing of our people is the overarching aim of the strategy. It builds on the cross-government outcomes strategy “No Health Without Mental Health.”¹⁶ The life course approach to mental health is consistent with the model’s employment journey: Join well, learn well, work well, live well and leave well. (See also the Trauma Support Model in the Workforce Prioritisation Guidance in the annex) The principles underpinning the government’s approach were that:

1. More people will have good mental health.
2. More people with mental health problems will recover.
3. More people with mental health problems will have good physical health.

¹⁶ ‘No Health Without Mental Health: a cross-government outcomes strategy’ (DHSC, 2 February 2011) < No Health Without Mental Health: a cross-government outcomes strategy - GOV.UK (www.gov.uk)>



4. More people will have a positive experience of care and support.
5. Fewer people will suffer avoidable harm.
6. Fewer people will suffer stigma and discrimination.

As far as possible mental ill health must be prevented. It will be important to build on the positive attributes of policing and to address the preventable causes of stress at work or work-related mental illness. This will involve carrying out risk assessments to identify high-risk roles. Individual and organisational stress risk assessment should be performed and reviewed regularly. Police forces should have a mental health and wellbeing policy that commits the organisation to a culture of positive mental wellbeing as well as the support of people who are negatively impacted by their roles, with early detection of signs of illness, early intervention, treatment, and rehabilitation.

4.3 Principles of police health and wellbeing activity

All police health and wellbeing activity must adhere to the following principles, to ensure it is effective.

4.3.1 Evidence and evaluate

All health and wellbeing activity should be evidenced and informed by population data analysis and scientific research. To improve how we effectively learn from and provide for our people, we will share and exploit information wherever possible, within the constraints of data protection and information management. We must seek to exploit and invest in emerging technology at the earliest opportunity to enable this.

To fully understand and direct evidenced activity to address potential health and wellbeing issues, we will conduct health needs analyses. We will evaluate relevant data and research findings to identify emerging or evolving threats to health and wellbeing. This analysis can then evidence dynamic prioritisation of resources and mitigating activity. This activity must be supported by police data collection and research. The establishment of a police health observatory has been proposed to take on this function.

4.3.2 Collaborate, cohere, and effectively communicate

Workforce data, whether from surveys or from local force collection, tends to be sporadic. Policing must now work more collaboratively and coherently to share best practice and research, to efficiently improve health and wellbeing. An example is the collation of research by the University of Durham collecting and analysing research carried out by the Police Federation of England and Wales, UNISON, the Police Superintendents' Association, and the National Police Wellbeing Service. In addition, research on issues identified by His Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS), the National Police Chiefs' Council (NPCC), the Police Uplift Programme, Police Care UK and Professor Jenny Brown of the London School of Economics was included. This has facilitated awareness across policing of the positive and negative contributors to wellbeing and has highlighted priorities for action.



4.3.3 Educate and enable at every level and every opportunity

The importance of our people's health and wellbeing is a leadership and management priority which must be recognised and promoted across policing. This will be supported through relevant education and training, exploiting every opportunity to deliver and reinforce it. This must inform and enable individuals to make healthy lifestyle choices and leaders to create a proactive health and wellbeing culture within which they lead by example, demonstrating healthy behaviours themselves, promote early detection and support treatment and recovery. The police service organisational culture must encourage openness and ensure people feel comfortable to speak freely and seek help and treatment early, without experiencing stigma, discrimination, or bullying.

4.3.4 Coherence

There should be a consistent narrative on the importance of wellbeing: this needs to be evident to front line workers; line and middle managers; and senior managers. This coherence comes from having elements of the programme that are self-reinforcing and integrated. It requires not working against each other, or duplicating something that was introduced in the recent past. Clearly, communication and effective governance is important for a coherent approach.

4.3.5 Commitment

Commitment is about perseverance. The evidence shows that, in many cases, it is possible to overcome things that can get in the way of successfully implementing a workplace health and wellbeing programme.

Things that can get in the way of commitment include:

- Employee, line manager or senior manager scepticism or cynicism about wellbeing
- Mistrust between managers and employees
- Wellbeing services or practices available that are less than optimal or a lack of capability or resources to deliver wellbeing programmes
- Workload or other things that seem a higher priority than wellbeing.

4.3.6 Consistency

Consistency is about ensuring compatibility with existing processes, systems, and organisational norms, but only where existing processes, systems and organisational norms are not toxic for health and wellbeing.

Attaining consistency with existing ways of doing things reduces the scope for conflict and resistance. To be effective, any new wellbeing initiative has to add to what is already in place: where new wellbeing initiatives simply replicate existing, but informal practices, they create no extra benefit.



4.3.7 Creativity

Creating new social norms, or organisational processes, that include wellbeing is necessary where existing norms or processes are toxic to wellbeing. Examples of such toxicity include:

- social norms that tolerate bullying,
- encourage unsafe working practices,
- working excessive hours.

4.3.8 10 Steps to implementation (See Workforce Prioritisation Guidance – Annex)

- 1** Ground the programme in the force business reality; understand the business environment.
- 2** Create a project team.
- 3** Develop key performance indicators based on health needs /risk analysis and the National Police Health and Wellbeing Strategic Model.
- 4** Develop an annual cycle of delivery with specified objectives.
- 5** Ensure good programme management is in place.
- 6** Identify partners to help with delivery.
- 7** Develop a communications strategy.
- 8** Launch the programme.
- 9** Evaluate the impact of the programme and report to relevant governance structures.
- 10** Repeat steps 5 – 10.



5. Priorities and outcomes

The priorities listed in table 2 are based on a combination of research, workforce data and stakeholder engagement. They are grouped according to the delivery areas and have stated deliverables / outcomes. Measures of effect and data collection / data insights will be derived from this to monitor progress and assess the impact of the strategy.

	PRIORITY THEME	Deliverable / outcome
JOIN WELL	Smart recruitment	Reduction in numbers of deferrals / rejections post assessment centre.
	Medical standards	Efficient and effective recruitment decisions
TRAIN WELL	Trauma resilience	De-stigmatize mental ill health; trauma aware recruits
	Neurodiversity support	Awareness and understanding of neurodiverse applicants; assessment and implementation of workplace adjustments
	Physical and psychological needs of student officers / probationers	Reduction of leavers within 5 years of service
WORK WELL	Assaults (Operation Hampshire)	<ul style="list-style-type: none"> • Decreased assaults and occupational injuries, including workplace stress • Better data recording • Access to emergency dentistry / NHS services
	Trauma risk management	<ul style="list-style-type: none"> • National trauma model • Workforce Prioritisation Guidance Wellbeing APP
	Stress at work	<ul style="list-style-type: none"> • Reduction in hindrance factors • Application of the HSE line manager competency tool • Improved emotional energy • Reduced intention to leave • Feeling 'valued'



WORK WELL	Suicide	<ul style="list-style-type: none"> • Crisis line pilot • National Action plan
	Fatigue and sleep disorders	<ul style="list-style-type: none"> • Improved alertness • Improved physiological data • Reduced measures of burnout • Reduced challenge factors • Better OH support • Reduction in errors, complaints, near misses, accidents
	Recovery support	<ul style="list-style-type: none"> • Improved access to healthcare • Effective OH services • Attendance management / recuperative duties
LIVE WELL	Cardiovascular risk factors (Metabolic syndrome)	<ul style="list-style-type: none"> • Healthy eating, exercise, weight control • Prevention and management of diabetes mellitus • Reduce cardiovascular risk factors
	Men and women's health	<ul style="list-style-type: none"> • Menopause support • Carers' support • Men's health • Financial wellbeing • Cancer support
LEAVE WELL	Preparation for retirement	<ul style="list-style-type: none"> • Confidence in ability to work / live outside the force • Intelligence from exit interviews • Effective and supportive ill health retirement process

Table 2: Summary of priorities and associated deliverables / outcomes



5.1 The measures of effect

The Home Office response to the Front-Line Review was a ministerial commitment to provide the front line with a direct means to evaluate national and local progress on wellbeing, working with police staff associations. To date, a principal tool for assessing wellbeing has been the annual national police wellbeing survey. This is supplemented by internal surveys carried out by staff associations and published research. Some police forces conduct surveys of wellbeing, such as pulse surveys. Wellbeing measures used in the annual survey can be found in table 3.

Measure
Emotional energy
Fatigue (past 2 weeks)
Symptoms of anxiety (past 3 months) (1-10 scale)
Symptoms of depression (past 3 months) (1-10 scale)
Life satisfaction (1-10 scale)
Job satisfaction
Intention to quit
Prosocial motivation
Work engagement
Challenge stressors (1-5 scale)
Hindrance stressors (1-5 scale)
Perceived organisational support
Supportive leadership
Experienced workplace incivility (past 12 months) (1-6 scale)
Sense of being valued by co-workers (0-10 scale)
Sense of being valued by supervisor (0-10 scale)
Sense of being valued by the force (0-10 scale)
Sense of being valued by the public (0-10 scale)

Note: All of these measures used a 1 to 7 scale, unless stated.

Table 3 Wellbeing measures used in the annual survey to date (2019-2023)



This annual snapshot is supplemented by data collected by the psychological surveillance programme which is part of the psychological and trauma risk management service of the National Police Wellbeing Service.¹⁷ The initial questionnaire used is a composite of 21 validated questionnaires and the follow-up questionnaire 14 questionnaires. They include:

- The Goldberg anxiety/depression scale.
- Impact of events – extended questionnaire – assessment of the impact of psychological trauma.
- International trauma questionnaire. Diagnostic of PTSD and complex PTSD.
- Professional quality of life (ProQOL) questionnaire – influence of work environment and personal characteristics on exposure to trauma. A measure of burnout and secondary trauma.
- Sense of coherence questionnaire. This assesses the ability to cope with everyday life stressors and is a measure of 'salutogenesis': a theory of how and why people stay healthy. (See understanding health and wellbeing)

There is a need to combine measures of individual health and wellbeing with workforce and performance data and to assess the impact on force performance and resilience. Measures might include:

- Presenteeism.
- Leavism.
- Sickness absence, including health data and return to work data.
- Recuperative duties.
- Adjusted duties.
- Ill health retirement.
- Turnover.
- Complaints.
- Grievances and disciplinary cases.
- Occupational health referral data.

The importance of collecting wellbeing and workforce data to underpin a strategic assessment of the workforce has been stressed for nearly a quarter of a century. The National Police Wellbeing Service is developing a data collection and data insights capability. Discussions about the creation of a police health observatory are on-going.

¹⁷ 'Psychological and trauma risk management' (Oscar Kilo, 2023) < Psychological and trauma risk management | Oscar Kilo >



6. Governance and strategic functions

6.1 Roles and responsibilities

Strategic operational responsibility to improve physical and mental health and wellbeing of officers and staff falls to the National Police Chiefs' Council (NPCC). Health and wellbeing priorities will be identified from workforce data insights and from wider intelligence on work-related health needs and reported to the Workforce Coordination committee. Objectives relating to the Police Covenant, set by the Police Covenant Oversight Board (PCOB), will be incorporated into the strategy which will widen the scope beyond organisational boundaries. The College of Policing, and the National Police Wellbeing Service, exercise a leadership role through the creation of resources and standards, professionalism, and consistency. The creation and implementation of force-level health and wellbeing strategies is the responsibility of respective Chief Constables, and each chief officer team should have a nominated health and wellbeing executive who will champion progress and report on achievements.

However, everybody within policing has a role and responsibility to improve health and wellbeing. Individuals are responsible for making healthy individual lifestyle choices and seeking help and support early if their health and wellbeing is compromised. Leaders at every rank must role-model these healthy lifestyle behaviours, whilst delivering a living and working environment that enables them.

The primary focus must be to promote good health and to prevent the occurrence of ill health. Multidisciplinary specialist health and wellbeing support should be based on force health needs assessments and should include occupational health teams, counselling, psychotherapy, physiotherapy and suitably trained equality and diversity professionals.



6.2 People governance structure

The NPCC brings United Kingdom police chiefs together to set direction in policing and drive progress. This strategy is concerned with England and Wales only. Progress is achieved via coordination, collaboration, and communication. Health and wellbeing strategic recommendations will be presented to Chiefs' Council by the NPCC Workforce Coordination Committee. Feeding into this committee, through the NPCC health, Safety and Wellbeing board, is the work of the National Police Wellbeing Service working in association with key stakeholders.

The Police Covenant Oversight board is the wellbeing interface between government and operation policing. It has representation from all key police stakeholders.

The national police CMO for England and Wales is a member of the Workforce Coordination Committee, the Health, Safety and Wellbeing Board and the Police Covenant Oversight Board. The CMO chairs the Clinical Governance Group, one of the sub-committees reporting to the NPCC Health, Safety and Wellbeing Board.

6.3 Health strategy needs assessment

The CMO, in conjunction with National Police Wellbeing Service, will oversee the health strategy needs assessment. This analysis will inform the police health and wellbeing priorities and recommend interventions for best effect by exploiting the breadth of available data and research evidence and using proxy markers where required. It will also identify data gaps which must be addressed.

This assessment will be formally conducted and consulted upon to underpin this strategy and future iterations. It will:

- Compile and review baseline statistical data for current health priorities and healthcare demand, in order to review strategic effect.
- Identify emerging and evolving health and wellbeing threats from the breadth of available data.
- Review workforce health and performance data in order to identify realised threats to health and inform in-service health and wellbeing preventative interventions.
- Identify evidence gaps to inform future research activity and improve data collection.



6.4 Health and wellbeing delivery plans

Every police force in England and Wales is responsible for devising and implementing a health and wellbeing strategy. The national strategy is intended to be used as a guide for forces to adopt when formulating their own strategies. The Workforce Prioritisation Guidance has also been produced (see annex) to assist forces with implementation.

The What Works Centre for Wellbeing advised that beyond what type of activity or programme an employer chooses, it also matters how any given intervention is implemented to help it achieve the intended wellbeing outcomes. Five principles for practitioners to consider when implementing wellbeing programmes have been described: communication, coherence, commitment, consistency, and creativity. A cost-effectiveness calculator is also available.¹⁸

The development of a health and wellbeing strategy should be an iterative process. Use the data and insights available, make the case for change early, plan as much as possible and then evaluate and learn from the impact of your work. This will require an effective data collection and analysis capability. Data may be quantitative or qualitative. The National Police Wellbeing Service will share learning from its data collection and data insights programme. It is important to be clear on four things when deciding how to improve health and wellbeing in an organisation:

- What are the challenges in your organisation?
- What changes do you want to achieve?
- How will you measure improvements?
- What ideas and interventions will you deliver to get there?

The BLWF was created and designed to assist forces understand their level of development with respect to the key domains of wellbeing that research has shown to be important in achieving workplace wellbeing. This tool can assist in identifying areas to be developed. The NPWS annual survey collects data across a large number of relevant metrics that can assist forces undertake an organisational health needs assessment. In addition, What Works Wellbeing have compiled a question bank to measure and monitor the wellbeing of people.¹⁹

¹⁸ Guidance for better workplace wellbeing' (What Works Wellbeing, 2024) < Guidance for better workplace wellbeing - What Works Wellbeing >

¹⁹ Workplace Wellbeing Question Bank (What Works Wellbeing, 2020) 23 <question-bank-workplace-wellbeing-July2020.pdf (whatworkswellbeing.org)>



6.5 Health and wellbeing communications

The National Police Wellbeing Service will work with NPCC and the Home Office to co-ordinate communication about priorities, plans and resources supporting the health and wellbeing strategy.

Effective communication about wellbeing has been shown to be a key ingredient of successful wellbeing implementation plans. It is important for three reasons:

Communication is a two-way process. Communication enables forces to tailor wellbeing activities to specific workplaces. This involves continually learning from what works, what doesn't, and what needs to be modified.

Regular communication about wellbeing reinforces the message that wellbeing is important, and that something is being done. It facilitates the communication of successes.

Regular communication highlights the integration of the wellbeing programme. A wellbeing programme will probably have multiple parts. This enables people to see there is a coherent and systematic approach to their health and wellbeing.

6.6 Cost of implementation

The strategy provides a core framework for forces to use in accordance with their knowledge of the local business environment and business priorities. The expectation is that forces will create their own project teams who will develop a rolling annual delivery plan using available resources. This is likely to include wellbeing teams, occupational health, peer supporters, staff support groups and other business partners. Priorities and objectives will be informed by local health needs assessments.

The overall expectation is that this strategy will be cost neutral. As highlighted, there is evidence that a holistic approach to improving mental wellbeing gives a return on investment of £5 for every £1 spent. This is likely to accrue as a result of reduced staff turnover, reduced presenteeism and reduced sickness absence. Improved operational processes and procedures aligned to wellbeing interventions is likely to see the greatest return on investment.



7 Annex: Workforce prioritisation guidance

The Workforce Prioritisation Guidance (WPG) brings together in one place practical and accessible resources to assist the implementation of the health and wellbeing strategy. Its objectives are:

- Assist forces to be invest wisely in activities proven to deliver greatest impact and return on investment
- Support forces to become intelligent customers in a crowded wellbeing marketplace
- Send a strong message to those who work in policing (and wider stakeholders) that their wellbeing is being taken seriously and is of such importance that this guidance is justified
- Support the professional development of knowledge and skills across the leadership of the service who are influential in delivering strategy on the ground.

The WPG demonstrates that the priority areas of the health and wellbeing strategy are a curation of current health and wellbeing issues and associated resources. The WPG presents these issues in the context of real world policing and signposts to cost-effective and evidence-based interventions.

