Wellbeing in Policing:
Blue Light Wellbeing Framework

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EXECUTIVE SUMMARY

There is increasing evidence that poor health and wellbeing in the organisation generates stress-related absence and reduced productivity (Boag & Munroe, 2017). Further research indicates that UK police forces are experiencing an escalation in sick leave associated with psychological causes (BBC, 2016; Guingand, 2015).

Supported by government departments, many UK police forces have attempted to address these issues over recent years. To assist learning, consistency and good practice, the Blue Light Wellbeing Framework was devised. In June 2018, the University of Central Lancashire was commissioned to analyse this database, specifically to:

i. Obtain an understanding of the existing, national stance of wellbeing within policing;
ii. Look for consistent themes and issues, together with a gap analysis across existing frameworks;
iii. Identify best practice, opportunities, risks and threats to police wellbeing;
iv. Inform the National Service specification for the National Police Wellbeing Service on the opportunities to progress improvements.

The subsequent report is presented in five sections:

Section 1: Introduction; outlining the need for such an approach.
Section 2: Literature review; providing an overview of the current position of wellbeing within the police context.
Section 3: Method; explaining the approach used to analyse the Blue Light Wellbeing Framework, which included both quantitative (SPSS) and qualitative (NVivo) analysis.
Section 4: Results; reporting anonymised quantitative and qualitative findings from the framework.
Section 5: Discussion; analysing the findings and discussing their implications, moving forward.

The report shows that 18 frameworks from UK police forces were analysed, with all data being treated anonymously. This provided data on 94 specific questions across six specific areas of police wellbeing. 1437 answers were provided, out of a possible 1692 (84.92%), with 89 pieces of evidence uploaded. Using an assessment criteria of under-developed (0), in development (1) and fully developed (2), each force could be assigned a development score ranging between 0-188, whereby 0 represented an under-developed force and 188 represents a fully developed force. Scores ranged from 17 to 147, with a median average of 118.5. The explanation underpinning this score is provided in detail. The qualitative element
explored the content provided in the ‘notes and evidence’ sections of the framework, with approximately 94,000 words available for analysis. Four broad themes were identified: Development; Organisational learning; Policy and process; and Staff support and the working environment.

Based upon the evidence provided by the Blue Light Wellbeing Framework, six suggestions are made:

i. At this early stage of wellbeing development it was unsurprising that inconsistencies were found in the policies, procedures and interventions noted across forces. Generating increased consistency (accepting individual nuances within forces), will ensure a supportive and uniform approach.

ii. Absence management appeared to be the most developed section of the framework across forces, with personal resilience considered to be the most underdeveloped. Further research is needed to identify reasons for the underdevelopment of specific wellbeing practice.

iii. There are gaps in policy, procedures and training provision. These are outlined in the report.

iv. Whilst there was a considerable amount of activity, it is unclear how much of this was research-informed. To provide the best value for money and to reduce unintended consequences, it is beneficial to understand the evidence base such policy and procedure is founded.

v. There was inconsistency in the actual use of the framework (e.g. variations in evidence and content provided). This should be improved if its benefits are to be realised.

vi. Analysis of the framework also highlighted the challenges of evaluating progress. Currently, the framework’s emphasis is based on qualitative information, which generates particular types of methodological challenges. It may be useful for NPCC to discuss how information will be captured over the long term, to assist in monitoring and how evidence is secured to illustrate that change.
SECTION ONE: INTRODUCTION

1.1 WELLBEING IN POLICING

Organisations, local authorities and government departments, are increasingly acknowledging the importance of workplace wellbeing. The Centre for Mental Health (2011) estimated an £8.4 billion cost to the economy as a result of mental health-related absenteeism. The subsequent impact of poor health and wellbeing in the organisation relates to stress-related absence and reduced productivity (Boag & Munroe, 2017). Not only is there a drive to address this issue to reduce cost, but it is also essential to improve employee engagement; Great Place to Work (2016) highlighted that “organisations with effective wellbeing programmes outperform the market” (p.3), with employees being deemed as more valuable to the organisation if they had good mental wellbeing (Robertson & Cooper, 2011).

Within policing in England and Wales, between 2010-11 and 2016-17, absenteeism due to poor mental health rose by 98% (Evening Standard, 2017). This is reflected in the subsequent cost experienced by individual police forces; for example, Lincolnshire Police spent £1.7 million on sick days between 2016-17, with 10,324 duty days lost (The Lincolnite, 2017). In a Police Federation Welfare Survey (2016), 29% of respondents stated at least one of their sick days was due to stress, anxiety or depression. Further, the Home Office (2017) reported that approximately 10,000 officers were either on recuperative duties, in adjusted posts or were on long-term sickness, with an increase of those on psychological-related long-term sick between 2011 and 2015 (Allen, 2017). The escalation in psychological sick leave is argued to be a result of a rise in work-related demand, along with a reduction in the numbers of police officers and staff (BBC, 2016; Guingand, 2015).

In recent years, many police forces have attempted to address these issues. With the aim to increase learning, consistency and good practice, the Blue Light Wellbeing Framework (BLWF) was devised, enabling the efforts of individual forces to be captured. This database, conducted on behalf of the National Police Chief Council (NPCC) of England and Wales, enables forces to self-assess against specific standards to encourage evidence-informed interventions and strategies in the future. In June 2018, the University of Central Lancashire was commissioned to review this database and outline its findings. Specifically, to:

I. Obtain an understanding of the existing, national stance of wellbeing within policing;
II. Look for consistent themes and issues, together with a gap analysis across existing frameworks;
III. Identify best practice, opportunities, risks and threats;

---

1 Employee engagement refers to the “strong relationship between levels of staff wellbeing and motivation and business performance” (MIND, n.d., p.2)
IV. Inform the National Service specification for the National Police Wellbeing Service on the opportunities to progress improvements.

The results of the project will be presented in four further sections:

Section 2: Literature review; providing an overview of the current position of wellbeing within the police context.

Section 3: Method; explaining the approach used to analyse the Blue Light Wellbeing Framework, which included both quantitative (SPSS) and qualitative (NVivo) analysis.

Section 4: Results; reporting anonymised quantitative and qualitative findings from the framework.

Section 5: Discussion; analysing the findings and discussing their implications, moving forward.
2.1 AN OVERVIEW OF POLICE WELLBEING: PROVIDING CONTEXT AS TO THE CURRENT APPROACH

Organisational wellness is not a new concept, yet it is one that is currently gaining traction within policing and understandably so, given the stress and dangers employees can be challenged with daily (Campbell & Nobel, 2009; Violanti et al., 2017). The introduction has started to highlight the impact of this phenomenon. Previous research into how individuals cope with stress illustrate three main coping types: problem-focused; emotion-focused; and, ‘less useful’/avoidant (Carver, Scheier & Weintraub, 1989; Litman, 2006). Within a policing context, members of staff have been found to mostly use problem-focused coping (i.e. addressing the cause); however, the approach often failed to reduce levels of stress (Armstrong, 2018). This suggests that there may be numerous difficulties for officers in forming and actioning practical plans to address the causes of stress. The finding was further supported by staff reporting that ‘control’ was the largest stressor in the policing environment. The stress in this instance related to aspects of their role, decisions affecting their role, their ideas and suggestions not being considered, and no influence over their performance targets (Armstrong, 2018), potentially highlighting why a problem-focused approach appeared ineffective in reducing stress levels.

Thus, when faced with persistently difficult and dangerous circumstances, an officer’s health can suffer, whether this be physically (e.g. cardiovascular disease, Andersen et al., 2016; chronic diseases, Ho et al., 2010) or psychologically (e.g. anxiety, panic attacks, Garbarino et al., 2013). This can lead to further stressors within that individual’s personal life, such as substance misuse and marital problems (van der Velden et al., 2013). With an increase in demand and a fall in resources, police officer’s wellbeing and work-life balance is at-risk (Duran et al., 2018). This has the potential to foster a stressful working environment and lower levels of productivity (Wright & Cropanzano, 2000).

2.1.1 Training and awareness

In an attempt to manage stress, various coping strategies are employed by police officers. However, the risk exists that maladaptive and avoidant strategies (e.g. substance misuse) are adopted, which can result negatively on individual wellbeing (Acquadro Maran et al., 2018a). Therefore, programmes to support and improve health and wellness are promoted, as they are reported to be effective in improving mental health, coping abilities and positivity, whilst reducing perceived levels of stress (Acquadro Maran et al., 2018b; Anshel et al., 2013; Kuhns et al., 2015). This type of training can encourage the use of positive adaptive strategies, such as effective problem-focused coping (e.g. addressing the cause), to manage distress and, once embedded within the individual, can be maintained (Gloria & Steinhardt, 2016; Yeung et al., 2016). To successfully embed such strategies within the
workforce, individual reflection and awareness is needed (Freeman, 2016), in addition to
developing the skills to process, understand and accept an experience (Choma et al., 2009),
with a positive outlook (Lambert et al., 2009).

Improving self-awareness to tackle sources of stress specifically through resilience
programmes has been proposed as an effective method (Daus & Brown, 2012; Hesketh et
al., 2015). Further, mindfulness programmes are promoted to improve relationships,
concentration and physical wellbeing, and to reduce symptoms of poor mental health, such
as burnout and anxiety (e.g. Halliwell, 2010). However, whilst assistance is available, it is
often ignored by police employees. Increasing the awareness of both the courses available
and the potential subsequent individual benefits is needed to encourage participation; it
may be that police officers and staff are not fully aware of their physical and psychological
needs, and thus risk not addressing both (Acquadro Maran et al., 2018b).

2.1.2 The working environment and staff support
Kuo (2014) proposed that to be a successful criminal justice organisation, an awareness of
organisational stressors and their subsequent impact on wellbeing and performance was
needed. Research identified two core causes of policing stress (Houdmont et al., 2012;
Shane 2010): organisational and operational. Organisational stressors are those experienced
within the context of their job, including: inadequate training; overtime demands and
problems with managers and/or colleagues (e.g. Duran et al., 2018; McCreary & Thompson,
2006; Shane, 2010), which are reportedly related to reduced performance (LeBlanc et al.,
2008); burnout (Burke & Mikkelsen, 2005); anxiety and depression (Nelson & Smith, 2016)
and even suicide (Spence & Millot, 2016). Operational stressors include those experienced
through their job role, such as the pressure to make critical decisions and experience
dangerous situations (McCraty & Atkinson, 2012), and have been associated with poor
psychological wellbeing (e.g. Setti & Argentero, 2013).

Research also discusses the assumed, shared expectations of employees and employers
(‘psychological contract’, e.g. Noblet et al., 2009), and the impact such beliefs have on
wellbeing. When an employee feels their expectations have been met, trust in their
employers, reduced anxiety and job satisfaction are reported (Conway & Briner, 2009; Guest
et al., 2010); whereas, when expectations were not fulfilled, this impacted negatively upon
the relationship with employers and workplace stressors (Robbins et al., 2012). Further
research identified such factors had an impact on a police officer’s decision to resign from
their role (Duran et al., 2018; Gaston & Alexander, 2001).

Ways suggested to combat, and manage, such stressors relate to adaptive coping strategies
(referred to earlier), from sleep quality to social support from colleagues and supervisors
(Gutshall et al., 2017). Moreover, to ensure employee’s expectations are fulfilled,
communication within the organisation and positive peer relationships have been argued to
be key (e.g. Guest, 2004; Johnson, 2012; Nadin & Williams, 2011). Additionally, to maintain
a healthy work-life balance, Duran et al. (2018) suggested eliminating the demands of overtime and considering flexible working, as well as implementing mindfulness training in an effort to reduce levels of stress within the organisation (Bergman et al., 2016). Creating a positive working environment, and happier employees, will result in benefits for the organisation in terms of increased performance and motivation (Oswald et al., 2014; Robertson & Cooper, 2011). It also prepares the individual to approach and handle challenging situations more effectively (Achor, 2012).

The organisation must therefore ensure that those in HR and management are equipped with the required knowledge to support their staff, implement appropriate interventions and develop their resilience. Thus, leadership is key to ensuring the right environment for optimum employee engagement (Hesketh et al., 2014), as is a deep understanding from management of their workers (MacLeod & Clarke, 2009).

2.1.3 Being proactive
The research argues organisations should be proactive in implementing interventions, particularly for those faced with distress (e.g. due to a specific role). This provides support to the individual in the immediate circumstances and allows them to reflect on their current coping methods (Acquadro Maran, et al., 2018b; Faretta & Civilotti, 2016). Hesketh and Cooper (2017) suggested using “people data” to advise targeted interventions and inform practice, and thereby provide “a practical approach for organisations to capture and use meaningful data to inform tactical and operational delivery” (p. 18). Reviewing absence figures alone can limit one’s awareness of the current wellbeing status within the organisation and is often completed to comply with processes (Guilfoyle, 2013). They argue that using such information proactively, and using data beyond absence rates, could provide a greater understanding of the workforce and help to “map and target where resources are put in place...to catch [employees] before they fall” (Hesketh & Cooper, 2017, p. 16).

2.2 CURRENT APPROACH TO WELLBEING WITHIN POLICING
Following research conducted by Dr Ian Hesketh, a NPCC wellbeing working group was created in 2013 to put the findings on wellbeing into practice, in addition to establishing a National Police Wellbeing Programme. In 2015, the NPCC adopted the Workplace Wellbeing Charter, which is also noted in HMIC’s PEEL inspection programme. Further, the National Policing Vision (2025) also addresses the prominence of employee wellbeing, with wellbeing openly acknowledged within the service (e.g. part of the PEEL inspection). In 2017, the then Home Secretary Amber Rudd awarded £7.5 million to the police transformation fund to assist in providing enhanced welfare support through a dedicated national service. Subsequently, the College of Policing has been supported in its development of a wellbeing framework.
Public Health England also funded Oscar Kilo; a platform to develop a network, between key individuals, with a responsibility to wellbeing in emergency and blue light services, and to host the BLWF in an effort to share best practice and identify areas for improvement. Oscar Kilo (2018) states that it “provides resources that can be used to not only help shape wellbeing provision, but also provoke debate and encourage collaboration and innovation... It is a place to share learning and best practice from across emergency and blue light services so organisations can invest the very best into the wellbeing of their staff. It is the only place where you’ll be able to access the framework online, including the interactive self-assessment tool to keep track on where your organisation is up to and access discussion with peers around this critical area of business”.

The Police Federation (2017) launched a nine-point stress plan; the first point states that “the organisation will sign up to the College of Policing and the NPCC’s workplace wellbeing framework ‘Oscar Kilo’ ensuring there is commitment from all levels within the service” (p.1). The current focus on and attention to wellbeing within the emergency services highlights the beginning of a significant cultural shift.

The National Police Wellbeing Programme assists police forces in supporting the wellbeing of their officers and staff following the psychological and mental challenges experienced daily. Additionally, the programme sets out to maintain a police wellbeing framework that is fit for both current and future purpose. The figure below provides an overview of the key areas for the programme.

*Figure 1. National Police Wellbeing Programme.*
2.2.1 The Blue Light Wellbeing Framework

The BLWF was developed based on learning from service, academia and Public Health England, and enables the setting and enforcing of standards for policing. It is the responsibility of a nominated individual within each force and serves as an interactive self-assessment tool. It is completed online and individual sections of the framework can be completed by others within the force who may be more knowledgeable of the force’s current stance and policy on a given topic than the nominated person (e.g. HR manager).

The BLWF consists of six sections that focus on important themes within wellbeing and policing: leadership; absence management; creating the environment; mental health; protecting the workforce; and, personal resilience. Each section contains a number of statements relating to the organisation (e.g. policy), with forces self-assessing their level of development, adding notes and uploading evidence to support their assessment. Following completion of the framework by a force, the framework undergoes peer review. Peer panels will be established in each region to challenge and support both the content of the frameworks and the level of development within the force. When submitting the framework, forces will be given the opportunity to opt-in to participate in the peer review process; Oscar Kilo will oversee and facilitate this process (see the Method for further detail of the BLWF).

2.3 STUDY AIMS AND OBJECTIVES

In order to recognise the moral and social challenges posed to policing by psychological threats across the police service, a UK-wide understanding of Police Wellbeing is essential. Therefore, the National Police Wellbeing Landscape Review will draw upon the BLWF, findings from workshops, academic evaluations and other sources. This will be conducted in three phases (see figure 2).

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2 The peer review panels are currently being set-up; once complete, frameworks will undergo peer review
This paper will focus specifically on phase one. The aim of this phase is to highlight good practice in relation to wellbeing in Policing and identify areas where there is scope to improve practice. In particular, this project will analyse the BLWF’s to:

i. Obtain an understanding of the existing, national stance of wellbeing within policing;

ii. Look for consistent themes and issues, together with a gap analysis across existing frameworks;

iii. Identify best practice, opportunities, risks and threats;

iv. Inform the National Service specification for the National Police Wellbeing Service on the opportunities to progress improvements.

The lessons learned from the project will be used to develop the national understanding of ‘what works’. This project will allow a unique opportunity to research this area and provide valuable knowledge for the future, by highlighting gaps and issues in current practices, as well as identify good practice. The review will comment upon consistent themes, opportunities, enablers and blockers in relation to wellbeing. This is important so the commissioning body can discover where development is required to improve wellbeing in policing for the future.
SECTION THREE: METHOD

3.1 THE BLUE LIGHT WELLBEING FRAMEWORK

The BLWF consists of six sections within wellbeing and policing:

i) Leadership (15 statements);
ii) Absence management (12 statements);
iii) Creating the environment (14 statements);
iv) Mental health (19 statements);
v) Protecting the workforce (20 statements);
vi) Personal resilience (14 statements).

Each section within the framework (see figure 3) contains a number of statements about particular subthemes relating to the section theme (e.g. Leadership: An effective policy is in place to manage disciplinary and grievance procedures), with a total of 94 statements in the framework. For each statement, the force records:

- The self-assessed level of development in regard to a particular aspect within a theme. There are three choices: fully developed [FD], in development [ID], and under-developed [UD];
- Notes to support their self-assessment level and the option to upload evidence (e.g. policy document);
- The location of the evidence;
- The peer assessed level of development (FD, ID, UD)\(^3\).

Figure 3. An extract from the Blue Light Wellbeing Framework: Information collected

<table>
<thead>
<tr>
<th>Absence management</th>
<th>Self assessment level</th>
<th>Peer assessment level</th>
<th>Notes and evidence</th>
<th>Location of evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Absence management</td>
<td></td>
<td>FD ID UD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A clear attendance management policy is in place and procedures are known to staff</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The organisation maintains contact with absent employees to provide support and aid return to work</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Documented return to work procedures are in place and followed</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

\(^3\) Unfortunately, due to the timing of the review and response rates from forces, peer review data will not be available for analysis; this will instead feature in phase two.
The overall, self-assessed level of development is also determined for each of the six sections (FD, ID, UD; see figure 4).

*Figure 4. An extract from the Blue Light Wellbeing Framework: Level of development*

3.2 RESEARCH DESIGN
The research used a mixed methods approach incorporating both qualitative and quantitative methodologies. Put simply, 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 (Sarantakos, 2005). 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.

The following quantitative measures were collected and coded for each of the framework’s six sections (leadership; absence management; creating the environment; mental health; protecting the workforce; personal resilience):
- Self-assessment score: UD, ID, FD;
- Provision of notes and evidence: yes, no;
- Evidence uploaded: yes, no.

Qualitative data was collected from completed ‘notes and evidence’ sections.

3.3 PROCEDURE
Police forces in England and Wales are currently completing the BLWF. To enable analysis of the framework, a cut-off date of 20th June 2018 was applied to allow sufficient time for analysis to take place. On this date 21, of 43, forces had submitted framework’s to Oscar Kilo. As a number of forces submitted joint frameworks, a total of 18 frameworks were available for analysis. A caveat of the completion of the framework by Forces for this project was to maintain anonymity; therefore, the Forces involved will not be identified.
3.4 ANALYSIS

Both quantitative and qualitative analyses were conducted on data collected using the BLWF. The quantitative measures will outline the force’s perceived level of development in the six sections of wellbeing, in addition to identifying any gaps in, or areas in need of, development. The qualitative measures obtain further insight into the forces level of development, and their reasoning and support for such self-assessments within the various themes of wellbeing.

3.4.1 Quantitative

To conduct a quantitative examination of the results, the data needed to be cleaned and standardised before any analysis could take place. The completion of each framework varied, with some forces completing the BLWF in full and others providing only partial responses. This resulted in a dataset of only completed answers (with unanswered questions missing entirely), of which some were duplicates. In order to conduct a quantitative analysis on a standardised framework for each force, the researchers manually examined each of the 1692 rows of data to ensure that all missing questions were input and that all duplications were removed. Upon completion of cleaning, the dataset could then be coded into SPSS (statistical software) to conduct descriptive and inferential analysis.

The six themes of the framework, whether the question was answered, whether evidence was presented/uploaded, and whether the force recorded being UD, ID, or FD for each of the 94 questions were all coded for analysis. Descriptive statistics were used to illustrate the number of questions answered and the amount of evidence provided by each force within each theme.

To gauge the overall development of the responding forces, chi square analysis examined the presence of UD, ID and FD across each theme. To illustrate the trends clearly the researchers formed a ‘total development score’. The score considered any unanswered questions as the force being underdeveloped, subsequently resulting in the scoring of 0 for UD, 1 for ID, and 2 for FD. The result was a score ranging from 0-188 for each force, whereby 0 represented a force that was underdeveloped and 188 represented a force that was fully developed.

3.4.2 Qualitative

The completed notes sections\(^4\), accompanying each statement in the framework, were transferred into NVivo (evaluation software) for analysis; responses were collated for each

\(^4\) For example, some statements were marked according to level of development (UD, ID, FD) but the notes section was incomplete
Thematic analysis was conducted, firstly coding the responses to each statement within the framework; the coding from each of the statements was then reviewed according to the section of the framework (e.g. leadership), with themes and subthemes developed. Due to the anonymity of forces, supporting quotations will be given, but the force ID will not be recorded.

3.4.3 Inter-rater reliability

To determine the validity and consensus within the qualitative coding, inter-rater reliability was conducted. In essence this attempts to verify whether the researcher has coded the information accurately. Due to the large volume of data presented within the BLWF, the secondary rater isolated a sample from which to compare coding. A random number generator was used to select two sections from the BLWF (Absence management (2) and Mental health (4)), across five forces (Forces 13, 5, 2, 14, and 12), to which the themes developed by the primary investigator were reapplied by a secondary rater.

Upon completion of coding by the secondary rater, inter-rater was calculated based upon the exact agreement in theme coding for each question throughout the sample of five frameworks. As the secondary rater applied the themes to a large amount of data, Cohen’s Kappa ($\kappa$) was selected to provide an inter-rater result that controlled for chance agreement (Cohen, 1960) (please see Table 1 below for kappa interpretation). However, more recent research has criticised the original interpretations as being too lenient and that a more commonly accepted cut-off for acceptable inter-rater is $\kappa > .06$ (McHugh, 2012).

<table>
<thead>
<tr>
<th>Kappa coefficient ($\kappa$)</th>
<th>Interpretation</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;0.01</td>
<td>No agreement</td>
</tr>
<tr>
<td>0.01 – 0.2</td>
<td>Slight agreement</td>
</tr>
<tr>
<td>0.21 – 0.4</td>
<td>Fair agreement</td>
</tr>
<tr>
<td>0.41 – 0.6</td>
<td>Moderate agreement</td>
</tr>
<tr>
<td>0.61 – 0.8</td>
<td>Substantial agreement</td>
</tr>
<tr>
<td>0.81 – 1.0</td>
<td>Perfect agreement</td>
</tr>
</tbody>
</table>

Within the current study, the kappa coefficient indicated a substantial level of agreement ($\kappa = .759$) between the primary and secondary rater. This was greater than the commonly accepted level of .06 and appeared closer to the ‘ideal’ agreement value of .08 (McHugh, 2012).

For example, responses to statement three in the absence management section from all 18 forces were recorded together
SECTION FOUR: RESULTS RELATING TO THE BLWF

4.1 QUANTITATIVE OVERVIEW OF THE BLWF

Each of the 18 forces were required to complete questions across six sections, answering 94 questions in total. Examining the responses to the questions, 1437 answers were given, out of a possible 1692 (84.92%). However, each section contained a different number of questions, with the sections of mental health (19 questions) and protecting the workforce (20 questions) appearing the most comprehensive. To examine which sections generated the most answers across the sample, the response rate for each section was examined (please see Table 2 below).

Table 2. Response rate for each BLWF section across total sample.

<table>
<thead>
<tr>
<th>BLWF Section</th>
<th>Possible Responses</th>
<th>Actual Responses</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leadership</td>
<td>270</td>
<td>245</td>
<td>90.7</td>
</tr>
<tr>
<td>Mental Health</td>
<td>342</td>
<td>304</td>
<td>88.9</td>
</tr>
<tr>
<td>Absence Management</td>
<td>216</td>
<td>191</td>
<td>88.4</td>
</tr>
<tr>
<td>Creating the Environment</td>
<td>252</td>
<td>219</td>
<td>86.9</td>
</tr>
<tr>
<td>Personal Resilience</td>
<td>252</td>
<td>205</td>
<td>81.4</td>
</tr>
<tr>
<td>Protecting the Workforce</td>
<td>360</td>
<td>273</td>
<td>75.8</td>
</tr>
<tr>
<td>Total</td>
<td>1692</td>
<td>1437</td>
<td>84.9</td>
</tr>
</tbody>
</table>

In addition to the rate of response, the researchers also examined whether the answer to each question was supported with uploaded evidence. This found that 89 pieces of evidence were attached to the BLWF’s, and that there was a range of evidence across each section (please see Table 3 below). However, when examining the contribution of evidence by each force, Force 4 (15 uploads) and Force 6 (39 uploads) provided the most evidence.

Table 3. Evidence attached to each BLWF section across total sample.

<table>
<thead>
<tr>
<th>BLWF Section</th>
<th>Evidence Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>Protecting the Workforce</td>
<td>20</td>
</tr>
<tr>
<td>Personal Resilience</td>
<td>19</td>
</tr>
<tr>
<td>Absence Management</td>
<td>18</td>
</tr>
<tr>
<td>Mental Health</td>
<td>14</td>
</tr>
<tr>
<td>Leadership</td>
<td>11</td>
</tr>
<tr>
<td>Creating the Environment</td>
<td>7</td>
</tr>
<tr>
<td>Total</td>
<td>89</td>
</tr>
</tbody>
</table>

Each of the 94 questions also required the force to provide a self-assessment of whether they were UD, ID or FD per statement. For the purposes of analysis, unanswered questions were coded within the UD category. A chi square analysis examined whether there was a
significant association between the development score and the themes of the BLWF. The test found a significant association, $X^2 (10, n = 1692) = 129.150$, $p < .001$, whereby the themes of absence management and creating the environment were significantly more likely to be fully developed in comparison to all others. Leadership was significantly more likely to be in development, and personal resilience and protecting the workforce were significantly underdeveloped. Mental health fell within the expected count based upon a comparison of all other themes.

To illustrate the relationship between development and BLWF themes, a ‘total development score’ was computed. The score applied a 0 when the force did not answer the questions or reported being underdeveloped, 1 when they reported being in development, and 2 when they reported being fully developed. Overall, the score ranged from 0-188, whereby 0 represented a force that was very underdeveloped in wellbeing policy and 188 represented a force that was fully developed. This allowed for a comparison of each force based upon the total development score of each area (please see Table 4).

**Table 4.** All 18 responding forces ranked in order of total development score (out of 188).

<table>
<thead>
<tr>
<th>Force ID</th>
<th>Absence Management</th>
<th>Creating the Environment</th>
<th>Leadership</th>
<th>Mental Health</th>
<th>Personal Resilience</th>
<th>Protecting the Workforce</th>
<th>Total Development Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>22</td>
<td>21</td>
<td>25</td>
<td>31</td>
<td>21</td>
<td>27</td>
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<td>26</td>
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<td>12</td>
<td>23</td>
<td>25</td>
<td>32</td>
<td>20</td>
<td>28</td>
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<td>24</td>
<td>24</td>
<td>32</td>
<td>14</td>
<td>0</td>
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</tr>
<tr>
<td>16</td>
<td>18</td>
<td>8</td>
<td>19</td>
<td>30</td>
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<tr>
<td>5</td>
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<td>0</td>
<td>15</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>17</td>
</tr>
</tbody>
</table>

The table demonstrated how scores ranged from 17 to 147, with a median average of 118.5. Overall, the average illustrated that the forces were largely in development when using the BLWF to measure wellbeing strategies.
In addition to the score table, the total development score also allowed for a visual comparison between the total development scores of each section within the BLWF. As each section had a different number of questions, the scoring was weighted by examining the total score in each section against the possible maximum (please see Figure 5).

**Figure 5.** Development scores for each section within the BLWF, using total development score as a comparative benchmark.

The graph illustrates the findings from the chi square, which found that *absence management* and *creating the environment* were the most developed. Conversely, *personal resilience* and *protecting the workforce* appeared underdeveloped. However, considering that a small number of forces did not provide a self-assessment rating for some sections, it is highly likely that the underdevelopment of some themes was largely due to the unanswered questions within the BLWF.

### 4.2 Qualitative Overview of the BLWF

Themes identified in each of the framework’s sections are discussed below, gleaned from approximately 94,000 words available within the framework. The analysis produced four themes and 20 subthemes; Table 5 shows the themes, highlighting those that were recorded across multiple sections of the framework. The word clouds included within each section illustrate a word frequency count of the content of said section in the framework; the word
clouds identify the most frequent 100 words over five characters in length (including synonyms). The word clouds provide a visualisation of the framework’s content.

Each of the six sections (e.g. absence management, leadership) will be discussed across four broad themes. These include: development (in progress, areas of development); organisational learning (e.g. monitoring, implementing change); policy and processes (initiatives, training); staff support and the working environment (e.g. management responsibility and support, prevention, high vulnerability roles and specialist support, creating a safe space).

**Table 5. Themes and subthemes identified according to the BLWF sections**

<table>
<thead>
<tr>
<th>Theme</th>
<th>Absence management</th>
<th>Creating the environment</th>
<th>Leadership</th>
<th>Mental health</th>
<th>Personal resilience</th>
<th>Protecting the workforce</th>
</tr>
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<tbody>
<tr>
<td>Development</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In progress</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Areas for development</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Organisational learning</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Engaging in discussion</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Implementing change</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Maintain good practice</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Monitoring</td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Prevention and proactivity</td>
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<tr>
<td>Policy and process</td>
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<td></td>
</tr>
<tr>
<td>Initiatives</td>
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<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
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<tr>
<td>Staff support and the working environment</td>
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<tr>
<td>High-vulnerability roles and specialist support</td>
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<tr>
<td>Encourage healthy lifestyle</td>
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<td></td>
<td></td>
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<tr>
<td>Management responsibility and support</td>
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<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Opportunities and recognition</td>
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<tr>
<td>Person-centred</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Prevention</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Response</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Methods of communication</td>
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<td></td>
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</tr>
<tr>
<td>Creating a safe space</td>
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</tr>
<tr>
<td>Personal and shared responsibilities</td>
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<td></td>
</tr>
<tr>
<td>Physical environment</td>
<td></td>
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</tr>
</tbody>
</table>
4.2.1 Absence management

The absence management section of the framework contained 12 statements. Four broad themes were identified: development, organisational learning, policy and process, and staff support and the working environment. The themes and corresponding subthemes are shown in figure 6, and are discussed in detail below.

4.2.1.1 Development

In relation to absence management, forces discussed development both in terms of aspects of the organisation that were currently being developed, or under consideration, and the areas that forces deemed as requiring development.

a. In progress

In consideration of risk, discussions were ongoing “with suppliers to provide annual resilience monitoring for high vulnerability roles” and to provide in-house psychological screening annually, as well as the development of new systems for the storage of risk assessments. Risk assessments for high-vulnerability roles were under consideration following recommendations made in recent reviews. Forces also noted policies that were being reviewed, or were impending release, for reasonable adjustments (Limited Duties Policy).

Notes relating to planned, or intended, methods of ensuring supervisor’s understanding of absence management was recorded, including masterclasses, one-page guides and courses. Monitoring of absence rates and identifying a suitable intervention was recorded as “in development”, with other forces reporting the development of “detailed absence profiles”, “heat maps...to identify trends” and IT systems, such as a dashboard to collect additional metrics and observe organisational wellbeing. Reference was made to the consideration and implementation of the General Assessment of Intervention and Need (GAIN) model (see appendix 1) in an effort “to help to understand the wellbeing of the force”, in addition to the development of “a bespoke package around resilience” for those with high levels of stress-related absence.

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6 To ensure forces cannot be identified, Force ID will not be provided
7 The GAIN model (Hesketh & Rhodes, 2015) “provides a simple illustration of where the workforce operated in a policing environment” (Hesketh & Cooper, 2017, p. 20).
Figure 6. Mind map of the themes and subthemes relating to absence management

8 The top tier identifies the section of the framework; the next tier states the themes found within the section; the bottom tier shows the subthemes identified within each theme
b. *Areas for development*

One force reported the need for a clear attendance management policy “to be updated and clear guidelines to be developed”, with another deeming the availability of reasonable adjustments to be an “easy win”, yet “not undertaken offer enough”. The use of absence trends to identify interventions required development, with a force noting that they were awaiting data to be analysed. In regards to absence management training for managers, “refresher training” was suggested. Return to work (RTW) policies, in terms of supporting rehabilitation and an early RTW, was deemed to be “an area for development” with guidance “specific to police officers” required. Further, forces identified the need for an increased awareness in supporting staff with long term conditions and for managers to receive “more training on the process and expectations”.

In particular, inconsistencies were identified, including the contact from the organisation to those absent due to long term sickness, in addition to the awareness of line managers of long-term conditions. Attendance management policy and documented RTW procedures were thought to be applied inconsistently.

4.2.1.2 *Organisational learning*

Organisational learning was evident across forces, such as engaging in discussions at boards (e.g. the Strategic Establishment and Leadership Board), sharing best practice between forces and organisations, and identifying “emerging trends... leading on initiatives and influencing change”.

a. *Monitoring*

To ensure compliance and maintain standards, various procedures have been put in place, including the monitoring of completion rates and timescales of RTW procedures, and dip sampling by management of documented RTW procedures to review clarity and depth. Rates and reasons for absence were also reported to be recorded using the ‘Dorset 12’ categories, to identify trends, concerns and risks, and enable appropriate monitoring. One force stated they use these categories to determine that the most sick leave was a result of psychological ill-health and MSD. HR and management teams monitor such data to enable them to respond accordingly and implement appropriate interventions. One force referred to their use of external academics to establish trends in terms of reasons, cases and days lost to absence.

b. *Implementing change*

An awareness of individual circumstances was noted, with one force specifically stating that they “have moved away from a ‘one-size fits all’ linear process”. Transition away from formal interviews to informal RTW discussions was recorded, with consideration to
improving the recording and monitoring of such processes currently ongoing. Additionally, as a result of staff consultation, wellbeing coaches have been introduced. Reviews of current policy and procedure were apparent to identify any learning and subsequent changes required. For example, a couple of forces were amending their attendance management policy and procedure to make it more “user friendly” and “relatable”, with references made to updating and improving methods of communication.

4.2.1.3 Policy and process

While there were slight variations in the policies and processes noted, generally, forces referred to the use of trigger points to monitor and manage attendance, whilst also working with Occupational Health and HR. When identifying possible causes for concern, both informal and formal processes were detailed, with all centring around a discussion between the line manager and individual, and identifying appropriate methods of support. RTW and sickness procedures were noted as being in place by multiple forces, as was adherence to the Wellbeing Workplace Charter. Several policies and procedures were referred to, such as:

- Disability leave procedure;
- Attendance management policy;
- Sickness absence management policy;
- Limited duties policy;
- Recuperative duties process;
- Adjusted duties process;
- Attendance support procedure.

a. Initiatives

Initiatives were reported to be available to individuals, including a Personal Supportive Passport, Wellness Recovery Action Plans, Wellbeing Ambassadors and a Healthy Living and Fitness Advisor. Targeted interventions have been developed to support those under specific circumstances, such as menopause awareness and a cancer champions network. Consideration of those in high vulnerability roles was noted, with health surveillance and psychological screening programmes available. Further, specific risk assessments were stated for during and post pregnancy, DSE, stress and roles.

b. Training

Training and support for managers in absence management was stated, in the form of workshops (e.g. supervisory workshops, “Absence Masterclasses”) and guidance. Additionally, new supervisors would experience such training as part of the Core Leadership programme. Health and Safety training was noted, as was stress management, Mental Health First Aid (MHFA) and suicide awareness training.
4.2.1.4 Staff support and the working environment

Support was reported to be available via line managers, wellbeing teams, HR, occupational health, Unison or the Federation. Support included early and regular contact with the individual, signposting them to appropriate guidance and interventions (as noted above), and the provision of rehabilitative services (e.g. physiotherapy, counselling, psychotherapy). Forces reported identifying the top reasons for absence, locally, in order to provide more targeted support to their staff. Awareness of the impact of “domestic circumstances or a combination of domestic and work-related pressures” on an individual’s wellbeing was also noted.

a. Management responsibility and support

There is an expectation that line managers are “expected to take the initiative with ensuring [absence management policy and procedures] are implemented appropriately”, in addition to proactively seeking ways to facilitate early RTW. It is the responsibility of managers to confirm and review Adjusted Duties and risk assessments to ensure reasonable adjustments continue to be fit for purpose and effective. Further, managers should have an understanding of individual staff to enable the early identification of stress triggers and to ensure appropriate support measures are in place. There is also support available for managers themselves, such as peer supporters and wellbeing coaches if a difficult case requires home contact. Administrative support is provided in the form of a RTW checklist, the reasonable adjustments framework templates and the sickness procedure.

b. Prevention

In an effort to prevent absence, one force referred to the use of an Individual Stress Risk Assessment, with consideration of risk assessments generally being “used as a preventative measure to stop absences happening”. A police force commented on their approach of implementing both reactive and preventative measures to not only support those in crisis, but to also help those before reaching that point. A resilience building workshop was offered to those returning to work, following psychological-related absence, in attempt to prevent such absences in future.

c. High-vulnerability roles and specialist support

For those in roles that are exposed to distressing situations, one force noted that while they do not have risk assessments dedicated to such roles, they do have “proactive psychological support” in place. Another force detailed additional support to those in high risk roles, including “consultative days, access to CiC employee line, MIND Blue Light information line, Red Arc and other health and wellbeing support”, with others referring generally to risk assessments for high-vulnerability roles.
4.2.2 Creating the environment

The creating the environment section of the framework contained 14 statements. Four broad themes were identified: development, organisational learning, policy and process, and staff support and the working environment. The themes and corresponding subthemes are shown in figure 7, and are discussed in detail below.

4.2.2.1 Development

In relation to creating the environment, forces considered development both in terms of aspects of the organisation that were currently being developed, or under consideration, and the areas that forces deemed as requiring development.

a. In progress

One force commented on their current development of a wellbeing strategy to emphasise the importance of wellbeing, with another noting they would “get our leaders to identify and articulate the meaning and purpose” of creating a positive working environment. Guidance is also being produced to inform staff about preventing ill-health and looking after their wellbeing. In particular, there was reference to the development of an induction pack, from the Workplace Health, Safety and Wellbeing team to promote the services that they offer to staff. Moreover, following the launch of the 100 things 100 days initiative, forces are in the process of implementing suggested improvements. Consideration was given to the GAIN model in assisting the development of wellbeing interventions, by obtaining a holistic understanding of the workforce.

There was also consideration to roll out training to all staff to “ensure full understanding of personal responsibility” in creating a workplace environment that is conducive to wellbeing. A focus on organisational purpose and justice was mentioned, with a view to embed this within leadership development programmes. Investment was noted, to enable a health and safety team to “deliver IOSH accredited risk assessment training to staff and partners”. A Peer Supporter Programme to assist in “turning peer information into tactical and strategic direction and actions” is also underway.
Figure 7. Mind map of the themes and subthemes relating to creating the environment. The top tier identifies the section of the framework; the next tier states the themes found within the section; the bottom tier shows the subthemes identified within each theme.
b. Areas for development

Although an ‘integrity line’ is in place to enable staff to anonymously report issues, there was criticism surrounding limited feedback to the conclusions and outcomes to such problems. The need to create an engagement forum was reported, as was the need for more clarity and guidance on situations in which employees attend work while sick (presenteeism). A gap between the intentions of certain policies and how they are practically applied was also observed. Further, to ensure a healthy and safe working environment, refresher management training should be introduced given the variations in length of service and training completed, with another force recommending that such training be made a mandatory element of promotion courses.

A limited awareness of the need to create a positive working environment was observed, with a number of forces commenting that “there is some awareness” but an uncertainty in how to achieve it. One constabulary suggested implementing online training or a declaration to certify the workforce’s awareness, with another feeling there were gaps relating to awareness of the environment and responsibilities during induction. There were suggestions that awareness varied between staff and support roles, and how some staff were not aware of who the safety representatives were, with the need for more communication also highlighted.

4.2.2.2 Organisational learning

There were multiple references to the use of surveys to regularly review the perceptions of the workforce, with one force detailing their use of an annual survey to “increase engagement” and “improve the service”. Initiatives were apparent in some forces (e.g. the ‘tell us’ scheme, Vyopoint ideas tool) to encourage raising issues about the environment at a local level, with other systems available to allow the raising and resolution of issues. “Constructive challenge and honest feedback” was reportedly encouraged. Learning from past issues and educating staff moving forward was evident; for example, highlighting examples of “lapses in high quality service” on the intranet, such as publishing details “after hearings for gross misconduct”.

Issues about the working environment, including workplace health and wellbeing, are considered on a quarterly basis by HR, staff associations and Heads of Department at Workplace Health, Safety and Wellbeing Strategy meetings. Similarly, the Health and Wellbeing Support Association was mentioned as a strategy in place to discuss concerns and suggestions from the workforce, in addition to the ability to anonymously report issues through an integrity line or via an intranet forum or ambassador.
a. Maintain good practice

To ensure police officers and staff provide a service of a high quality, methods were put in place, such as assessing a recorded call and feeding back to the individual, and sharing guidance in various forms (e.g. videos, posters) to promote and maintain professional standards and ethical behaviour. High quality service is encouraged and rewarded through various approaches, such as “commendations, employee perks, awards, employee incentives and benefits”, in addition to being measured and recorded via the Performance Development Review process. One force detailed their use of a forum, ThanksBox, to show “appreciation to colleagues who are putting the Five Ps (public service, people, problem-solving together, productivity and proactivity) into practice”.

b. Prevention and proactivity

If it was apparent that a team within the force was not supporting a working environment conducive to wellbeing, this was reported to be “proactively investigated”, with an emphasis within the organisation to have “a proactive focus on what can be done to improve the work environment”. More specific to individual wellbeing, the need for the organisation to “become better at identifying those who need our help” and to have a “proactive mindset” was reported. Reference was made to using the GAIN model to develop targeted interventions “with the emphasis on early intervention”, in addition to focusing on “prevention by education” through implementing various initiatives and programmes, and building “the health and resilience of individuals and the workforce as a whole”.

4.2.2.3 Policy and process

Forces discussed the awareness of the Code of Ethics and Standards of Professional Behaviour, with references to relevant courses and inputs given to PCSOs and detention sergeants, for example. The health monitoring policy and procedure was referred to, in relation to preventing ill-health and to those who are unwell while working. Health and safety policies and strategies were recorded (e.g. Alliance Health and Wellbeing Strategy, Health and Safety strategy), in addition to policies that set out the expectations and responsibilities of individuals in the working environment, such as the dignity at work policy and the student officer probation policy.

Processes to raise and resolve environmental issues, including management decisions, were also referred to; for example, the grievance resolution policy and procedure, in addition to the use of suggestions boxes, an improvement inspector, and the ‘Ask the Chief’ process (which enables officers and staff to raise issues directly to the chief officer team).
a. **Initiatives**

To support a positive working environment, different initiatives were noted as being embedded within forces, such as:

- Wellbeing Allies;
- Diversity Allies;
- Employee Assistance Programme;
- 100 things 100 days: suggestions for improvement;
- ‘Tell us’ scheme to raise environmental issues locally.

b. **Training**

Training opportunities were mentioned, to ensure the workforce had the required knowledge and awareness of their working environment, including:

- Leading people course;
- Sergeant Initial course (session on Workplace Wellbeing);
- Health and Safety Duties and Responsibilities course;
- Health and Safety training.

Online mandatory health and safety packages on NCALT for new employees was noted. Additionally, operational and non-operational staff are required to complete the National Decision Model for Policing e-learning module (NCALT). Mandatory training on health and safety was noted for managers (e.g. Occupational and Organisational Safety course), in addition to being a compulsory element of the induction process.

4.2.2.4 **Staff support and the working environment**

Reference was made to courses and wellbeing inputs that concentrates on “the importance of knowing your team”, with a view that “successful organisations look after their people”. Additionally, the Code of Ethics was discussed as a “guide to ‘good’ policing,... to assist with making decisions” and to support those who make, and challenge, such decisions. Moreover, the “importance of engaging all staff in decisions and... listening” was acknowledged, with mention of schemes in place to provide a supportive platform for staff (e.g. a health and wellbeing allies scheme). Further, a force quoted a Chief Constable in stating that "as part of the wellbeing agenda we will be looking at the environment in which we work and it is my intention to accelerate repairs and maintenance across our estate and to improve our physical working conditions. I will be encouraging you all to take a look around your workspace and take some local action to improve your environment - call it a strategic spring-clean".
a. Management responsibility and support

Leaders are reportedly “able to state the importance of wellbeing through the charter and the leadership hallmarks”, with further comments relating to the commitment of the Senior Leadership Team to create both a “learning environment” and “an environment where all staff experience meaning and purpose in their working life”. Managers have the responsibility to protect staff from risks, with a further expectation to “lead by example”.

Management are themselves supported to support their staff through programmes, such as the Core Leadership programme, and the use of the HSE risk assessment tool was noted as a means to assist line managers in providing “support for staff who are experiencing stressors in the workplace”, in addition to available toolkits (e.g. management of student officer probation toolkit) to provide “clear guidance to managers on their role and responsibilities at each stage of the procedure”.

b. Methods of communication

Multiple forces noted the signposting of new employees, during induction, to wellbeing support and key contacts. A variety of internal communication strategies were stated by one force: “posters, email broadcasts, pop up stands, the wellbeing zone and EAP online services”, with further reference to “Learning and Wellbeing intranet pages” that provide “online tools, information and leaflets”. Methods, such as posters and advertising on the intranet, were also mentioned by other forces as a means to promote wellbeing. Messages relating to the Code of Ethics were communicated “through Chief’s blogs, articles in Reputation Matters (PSD publications), global emails”, “the intranet, briefings and team meetings”.

c. Creating a safe space

One force “aims to create an inclusive and diverse environment, where individuals can be their authentic selves”, with schemes and training in place to support this (e.g. diversity ally scheme). A drive to continue “to promote diversity and inclusion”, with buy-in from management evident through the participation of members of the senior leadership team to be diversity and wellbeing allies. There was also reference to the PROUD values of “Respect for all” and “One team”, and mention of associations within forces to support and engage on matters relating to sexuality, gender, ethnicity, religion or disability.

d. Personal and shared responsibilities

There was an awareness from forces that to achieve the wellbeing strategy “consistent and concerted focus from leaders, managers and individuals” was required, with all staff within the organisation “encouraged to take personal responsibility for their own personal contributions”. Forces reported a commitment from employees to “the organisation and public sector values”, in addition to an awareness of “their responsibility to challenge and
report misconduct and unprofessional behaviour” and their “online and social media activity” on and off duty.

e. **Physical environment**

Consideration of the physical environment and the impact this had on staff was noted, from “decluttering the environment” and improving “the standards to the station”, to the placing of desks “to make it the best environment to work in”, to working from “relatively modern buildings which are equipped to appropriate standards in terms of employee welfare”. Intentions to enhance workplace wellbeing through wellbeing spaces was also noted, with managers engaging with staff on a regular basis to ensure their working environment is appropriate to their needs.

### 4.2.3 Leadership

The *leadership* section of the framework contained 15 statements. Four broad themes were identified: development, organisational learning, policy and process, and staff support and the working environment. The themes and corresponding subthemes are shown in figure 8, and are discussed in detail below.

#### 4.2.3.1 Development

In relation to *leadership*, forces discussed aspects of the organisation that were currently being developed, or under consideration, and the areas that forces deemed as requiring development.

a. **In progress**

Current development of leadership requirements and priorities around embedding wellbeing was noted, as was refreshing the Leadership Development Framework. Additionally, one force mentioned the development of a bespoke wellbeing programme that “will be implemented and supported by proactive occupational health interventions”, as well as a wellbeing activity log. Other forces commented on a current review of the health and wellbeing strategy, with a “refreshed communication policy”, in an effort to ensure effective communication is in place. With regards to flexible working practices and family friendly policies, this was considered as an area under development across a number of forces; for example, one force stated they were “seeking to develop additional informal working practices”, with another currently developing their agile working policy.
The top tier identifies the section of the framework; the next tier states the themes found within the section; the bottom tier shows the subthemes identified within each theme.
In terms of managing organisational change, there have been “bespoke inputs regarding the leadership elements of change to help them understand the wider people impacts”. Further to this, raising the awareness of line managers in terms of staff wellbeing was ongoing, with the roll-out of a new leadership programme for front line supervisors “which stresses the importance of emotional intelligence, knowing and caring for your team, having constructive difficult conversations, coaching and mentoring”. Leadership styles were also observed as in a process of change, “where joint working and shared decision making is the preferred model”. Forces referred to the development of a specific whistleblowing policy, a new approach to grievance handling and a new resilience product, in addition to referring to a reward and recognition portal that was under development by one force, in an attempt to “bring all information on recognition into one place” and allowing “online submission of suggestions”. Whereas, another force referred to the review of the local and force-wide commendation processes over “concerns that they can be divisive and may be detrimental to wellbeing in some cases”.

b. Areas for development

Forces made suggestions for improvement, such as a wellbeing forum, with further work needed to “raise awareness of what may constitute whistleblowing”, in addition to filling a gap in managerial mental health training. One force felt that manager’s understanding and ability to explain the main issues that affect the health and wellbeing of their team was “patchy” and required a “more joined up approach with monitoring and evaluation at each stage”. Further, a recommendation was to “encourage better use of PDS for employees and line managers to record career aspirations”.

Multiple forces felt more work could be done by managers to demonstrate regular joint working and shared decision making with employees, with comments that this “differs depending on the location”. Additionally, concern was raised around the negative impact of “line manager behaviours” when engaging in difficult conversations, in terms of people skills and when resolving disputes, with a force suggesting that such aspects need to be embedded within line manager training.

Issues were noted regarding receiving information and updates on wellbeing support, services and events, with one force declaring that there was not an effective communication policy in place at all levels. Furthermore, while tools to “address specific local issues and collate themes at organisational level” have been provided, it was felt that completion of such was limited.

In terms of senior management’s encouragement for a consistent and positive approach to employee wellbeing, one force felt there was “still work to do in terms of consistency of approach”. Joint working and shared decision making differed according to the location, with line manager communication varying within teams and departments. Furthermore, inconsistencies were felt in the training opportunities available to police staff, compared to police officers.
4.2.3.2 Organisational learning

One constabulary recognised “the importance of the leadership requirements in linking wellbeing to both the organisations corporate strategy and workforce needs”, with the outlook that “every small change adds together to enable high performance”. A variety of forces referred to aspects (e.g. health needs assessment, skills analysis of leadership requirements) that were currently under review to determine if there were any organisational gaps or areas requiring attention; this was also demonstrated by a force’s monitoring of a strategy to measure its ongoing effectiveness. For example, bullying and harassment policy and procedure was deemed to be reviewed regularly, with feedback from the workforce and stakeholders collected and implemented where appropriate. Moreover, forces highlighted the consistent review of policy and procedure to ensure they are up-to-date with “Force, Home Office and ACPO legislative changes, and good practice both locally and nationally”. Further, a force highlighted that following reflection of a programme, “lessons are learned, documented and referred to for subsequent programmes”.

To identify required workforce changes and to inform future learning, feedback from the workforce was collected through surveys; one force developed this further in corroborating and triangulating survey data “with other forms of engagement findings - local survey monkeys, dialogue sessions, focus groups, workshops and engagement visits” to address and develop work on culture. Feedback was also reported to be gathered via a health and wellbeing portal, focus groups and seminars. Methods were also in place to anonymously report incidents of suspected corruption, criminality or misconduct by police employees (e.g. Anonymous Messenger).

a. Engaging in discussion

Engaging in consultation was reported between leaders when considering new wellbeing initiatives, with wellbeing reported to be “openly discussed by leaders”. Platforms to engage in discussion were noted, in terms of regular wellbeing forums and strategy meetings, which are attended by representatives from the likes of “UNISON, Federation, HR and heads of department”, with staff associations consulting at “local and corporate meetings”. One force highlighted their mental health delivery group meeting at which the force’s “interactions with the public with mental health difficulties are scrutinised”. For discussion between employee and line manager, the PDR scheme provides a framework to consider “what is working well and where further support is required”.

b. Implementing change

Forces reported engaging in consultation with the workforce to plan, prepare and implement change. Processes were reportedly put in place following the outcomes from staff surveys conducted across forces, such as influencing “changes to final shift patterns” and informing “changes to maternity leave policy”. A gap was identified in terms of providing support to individuals during “times of domestic stress”, with a need to consider
ways in which the force could “improve how they supported people with poor mental health”; subsequently, working groups and activities were introduced. Further, following a gender review of family friendly policies, a female recruitment, progression and retention group was developed.

4.2.3.3 Policy and process

Reference was made to a joint negotiating and consultative committee, with members reviewing and consulting on local and national policy and practice. General mention of family friendly policies was recorded, in addition to flexible working practices (e.g. agile working, school hours). Whistleblowing processes were discussed, with “a clear process for someone that wishes to report information or activity that is deemed unethical, illegal or not in line with the Force standards and policies”, as were procedures to “effectively manage grievance and disciplinary cases”.

Identified policy and processes include:

- Good work recognition policy;
- Respect and dignity procedure;
- Equality and diversity procedure;
- Handling grievance procedure;
- Grievance resolution procedure;
- Managing performance procedure;
- Reducing and managing stress at work procedure;
- Maternity policy;
- Shared parental leave policy;
- Dismissal procedure for police staff whilst in probation;
- Police staff misconduct procedure;
- Police staff poor performance and attendance;
- Unsatisfactory performance procedure;
- Work-life balance policy;
- Reward and recognition policy;
- Bonus payment scheme procedure;
- Long service, decorations, awards and commendations procedure;
- Communication policy;
- Career break procedure;
- Flexible working procedure;
- Professional standards and confidential reporting procedure;
- Special leave policy.

Training for supervisors was also noted, in terms of the Psychologically Safe and Responsible Manage (PSRM) training, with various workplace wellbeing initiatives referred to within the framework, such as Trauma Risk Incident Management (TRiM) and the Blue Light Champion network.
4.2.3.4 Staff support and the working environment

In relation to leadership, and with specific consideration to staff support and the working environment, being person-centred, management responsibility and support, opportunities and recognition, creating a safe space, and methods of communication were consistently evidenced in the frameworks.

a. Person-centred

As a result of force awareness of individual circumstances, flexible working arrangements are available, with particular consideration of such allowing employees “to continue their careers as well as ensuring operational resilience on a 24/7 basis”. Additionally, methods to improve emotional intelligence and self-awareness were rolled out (e.g. clarity 4D colours personality profiles), with requests from employees for specific training encouraged. Moreover, it was reported that employees felt they had a “voice”, with managers required to “manage the expectations of individuals” with consideration of the individual’s abilities, needs and potential opportunities.

b. Management responsibility and support

Workforce wellbeing was reportedly “embedded into force leadership expectations”, with it also being noted as an agenda item to ensure discussions “at a Silver level”. This buy-in from management was apparent when the Chief Constable and PCC signed up to the Time to Change Pledge11, followed by the launch of the MIND Blue Light campaign, with the view that “senior management are supportive of employee wellbeing throughout the organisation” and that wellbeing “is recognised as a priority by leaders”. Management are deemed to play a “pivotal role…in managing and enhancing wellbeing”, and so their understanding and awareness is crucial. Various support and guidance is available to managers, including toolkits, how to guides and the Employee Assistance Programme.

c. Opportunities and recognition

Opportunities via fast track and progression were considered, with one force noting they have clearly defined career pathways to support their staff in development. Learning and development opportunities should be identified during one-to-one sessions between a manager and employee, to enable the necessary development to be identified and completed. In particular, for those who are recognised as displaying potential for “future leadership roles”, schemes for development and progression will be identified.

In addition to the provision of staff opportunities, awards and recognition were also highlighted. Multiple forces referred to local and national annual awards ceremonies, with some noting the ‘Good Work Recognition’ policy as a means of recognising and celebrating good work. One force highlighted how a new awards process had been agreed “to ensure

11 To tackle mental health stigma and discrimination
swifter formal recognition and an ability to determine whether it should be at force or local level”. Along with the organisation’s awards framework, “nominations are also made outside of our own framework – Excellence in Diversity awards, Women in Policing awards, British LGBT awards and others”.

d. Creating a safe space

One force acknowledged an aim of the organisation was “to encourage an environment that promotes wellbeing and acknowledges and celebrates success”, with another acknowledging “the requirement to set a climate of belonging through the wellbeing agenda providing resilience and positive psychology, encouraging high levels of engagement amongst managers and staff”. There are a number of ways recognised to support the development of a safe space, including leaders as role models, availability of time and space for wellbeing conversations, and empowered and motivated leaders. In addition, a holistic approach to health, safety and wellbeing was highlighted as essential to achieve an environment in which employees can thrive and perform most effectively.

e. Methods of communication

Wellbeing information was reported to be communicated via the force’s intranet, the People Board, internal communications strategy, Chief Officer updates, local newsletters, webchats, Vlog and champions (e.g. Blue Light champion, Change champion). Information was also noted to be disseminated via individual and joint forums. Specific to leadership, conferences focussing on key areas of leadership development were noted as being delivered throughout the year and leadership programmes including wellness inputs

4.2.4 Mental health

The mental health section of the framework contained 19 statements. Four broad themes were identified: development, organisational learning, policy and process, and staff support and the working environment. The themes and corresponding subthemes are shown in figure 9, and are discussed in detail below.
Figure 9. Mind map of the themes and subthemes relating to mental health

12 The top tier identifies the section of the framework; the next tier states the themes found within the section; the bottom tier shows the subthemes identified within each theme
4.2.4.1 Development

In terms of mental health, forces discussed development both in terms of aspects of the organisation that were currently being developed, or under consideration, and the areas that forces deemed as requiring development.

a. In progress

Development was noted generally in terms of a clear governance plan, improved supervision and additional training. Progression is also underway to ensure information is easily accessible and available to staff, with online training packages under consideration (to enable a more flexible approach to training). Methods to reduce stigma and encourage staff to be open about their wellbeing was noted, as was the consideration of developing supervisor’s understanding of wellbeing and appropriate responses. For example, one force used officer’s lived experiences to raise mental health awareness.

Psychometric questionnaires were stated as being piloted for high risk roles in order to conduct psychological screening, with a need identified in supporting the specialist knowledge of Mental Health Peer Supporters. Reference to academics and external practitioners were recorded, within a context of receiving specialist advice and support. Plans were reportedly in place to integrate mental health awareness training across the force, with ongoing discussions with external supplies regarding the provision of annual resilience monitoring (primarily for those in high vulnerability roles).

b. Areas for development

Forces felt that the organisation needs to do more “to actively promote” information to staff and officers. There was consideration of implementing a collective approach toward wellbeing; for example, completion of a number of different surveys being conducted was noted, with a proposition that it “would be nice to have a joined up approach to these surveys”. Effective use of resources was questioned, with a number of forces stating communication needed to be improved.

While it was felt that high vulnerability roles were considered by the organisation, a need for a proactive approach and awareness of changes were commented on, with a need for a more rigorous risk assessment process identified. Although targeted interventions were referred to, it was felt that they needed to be improved. Particularly, rates of PTSD were reported to be increasing and therefore it was suggested that additional support for complex conditions was required. Furthermore, multiple forces also outlined the lack of mental health awareness training that was available, with a perception that wellbeing promotion was still needed “to reduce stigma”.
4.2.4.2 Organisational learning

References were made to both internal (e.g. pulse, Your View) and external (e.g. Durham) surveys as a means of feeding back on matters within the organisation and assessing the stance on engagement and wellbeing. One force elaborated on this to note that the survey rolled out (WSA) focused on “departmental wellbeing”, as opposed to solely individual wellbeing. Findings from surveys were then “used to refresh our wellbeing strategy and develop the business plan”, in addition to setting action plans and informing local priorities. Focus groups were also noted as a means to feedback, inform and assist in the development of plans.

4.2.4.3 Policy and process

Multiple references were made to the Wellbeing Charter and the Health, Safety and Wellbeing strategy. Various guidance and processes were listed, including:

- Wellbeing policy;
- Mental health in the workplace working practice;
- Risk assessment of stress at work;
- Managing workplace pressures;
- Psychological screening programme;
- TRiM process;
- Employee assistance scheme.

Mandatory counselling was mentioned for high vulnerability roles.

a. Training

Training was available for new staff and supervisors, including information on work-related stress and the support that is available, with all line managers undergoing training to be Psychologically Safe and Responsible Managers. Training from external providers was also recorded. These included a line manager’s course delivered by MIND Blue Light services, to enable managers to identify symptoms of poor mental health (e.g. depression, stress), and a Public Health England course, ‘Making Every Contact Count’. Supervisors were reportedly able to access MIND Blue Light Programme online training, with distance learning opportunities on mental health awareness provided by a local college. Further, NCALT online training on stress risk factors was accessible.

Resilience training for all staff was provided to assist in developing positive coping strategies, with further mention from some forces of mental health awareness training. In addition, one force detailed their provision of a MHFA train the trainer course to enable learning to be passed through the organisation, with MHFA for the Armed Forces Community Training also noted.
4.2.4.4 Staff support and the working environment

One force identified themselves as a ‘Mindful Employer’, stating that this demonstrated their “commitment to the mental wellbeing of staff within the Force”, with an “ongoing commitment to supporting staff with mental health issues” and a “commitment to challenging mental health stigma and promoting positive wellbeing” by others. Strategies to support staff and to signpost them to the services they need have been implemented; for example, a number of forces have introduced diversity and wellbeing allies, with reference to internal Peer Support services, wellbeing resilience coaches, Blue Light champions, mental health fitness ambassadors. Engagement in national wellbeing events was noted, such as ‘World Mental Health Day’ and ‘Time to Talk Day’ in an effort “to actively promote the reduction of stigma around mental health”. Reference was made to forces’ investment in mental health awareness, with another stating that “positive messages consistently given by Chief Officers to ensure staff feel supported”.

a. Encourage healthy lifestyle

Encouragement of staff to engage in activities was evident across the organisation. In recognition of the positive link between volunteering and wellbeing, employee’s engagement in activities out of work hours was encouraged, such as acting as School Governors and running police cadet groups, with one force reporting that they “support time off for volunteering”. Another force referred to a ‘workplace challenge’ to encourage physical and mental wellbeing for recording activity and setting targets. Additionally, forces noted specific challenges to promote staff involvement, such as a stepathon and a Desk to 5k. Forces also stated the various social clubs available to staff, including swimming, painting, meditation, football and running, with further mention of Police Sport UK. Moreover, a ‘Families Day’ was held annually to support work-life balance.

b. Response

One force expressed their awareness of the importance of early prevention and intervention, explaining primary prevention as “promoting good health”, secondary prevention as “early detection of ill health and intervention” and tertiary intervention as “rehabilitation from illness that may be associated with sickness absence, and learning lessons to be used to mitigate or prevent such illnesses”. In an attempt to pre-empt problems that are the result of change, a force detailed the requirement for a change proposal form to be submitted “prior to any change” to determine if “the change is significant and what support will be required”.

Risk assessments were promoted as a means of identifying the early signs of stress and ensuring the necessary support is in place. A force identified that individual stress assessments were “completed reactively rather than proactively”, with another reporting how departmental health and wellbeing assessments were completed proactively.
Employees were encouraged to highlight any personal concerns with a manager to enable “the appropriate support to be given at the earliest opportunity”.

c. Management responsibility and support

Managers were responsible for carrying out stress risk assessments, with regular reviews considered as “part of the individual risk assessment process”. Additionally, managers were required to sign off employee’s hours on a working time recording system to ensure “there is good oversight of hours being worked”. An awareness of the symptoms of stress and poor mental health, and knowledge of how to support staff on their RTW, was deemed a line manager’s responsibility.

Managers were also provided with support, including an awareness of possible staff reactions to change, in addition to available tools to use to support them in the process (e.g. HSE risk assessment tool). Various networks were noted as available to managers “to educate them in different aspects of mental ill health”, such as the Wellbeing Resilience Coach Network and Mental Health Peer Support Network.

d. High vulnerability roles and specialist support

Whilst high risk roles were considered, one force felt they needed “to be more vigilant and consistent regarding monitoring of changes”. Others referred to the support for officers from the Federation, and the use of TRiM to identify employees who may require post incident support. One force highlighted the provision of consultative support to those in high vulnerability roles “where psychological and interpersonal challenges are present to offer advice in coping…and to monitor overall functioning”. Another referred to a “defuse framework” to assist managers in evaluating wellbeing following a traumatic event, with a role risk register also mentioned as “to identify the level of risk within high risk roles”.

Moreover, additional provision as part of health monitoring programmes was available for employees in such roles, as were counsellors and psychologists to provide “specialist treatment” with forces referring to such counselling as mandatory. Frontline officers receive ‘Emotional Survival in Policing’ inputs to explain the risk to wellbeing and resilience when “dealing with high impact emotional events”, and developing positive coping strategies. It was argued that forces “acknowledge the requirement and have the ability to provide specialist support”.

e. Methods of communication

As with previous sections of the framework, various methods of communication within the organisation were identified, including a Wellbeing Booklet, Intranet pages, a Blue Light information line, wellbeing SPOCS, peer supporters and corporate communications, in addition to the use of national campaigns to signpost staff to services. To inform employees of organisational change, a force reported using “a range of different communication strategies”, such as “a yearly senior leader event, weekly updates on the SharePoint Bulletin … updates to specific departments who are going through change... Force wide emails,
notice boards around the stations... planned use of screensavers and desktop backgrounds”. Furthermore, another force identified additional ways to communicate with staff throughout the organisation, including “weekly messages from Chief Officer Group and Senior Leaders, line manager bulletins and team briefings, leadership briefings via email, Chief’s blog, Routine Orders ... Federation and Unison emails”.

f. *Creating a safe space*

Multiple forces detailed various ways the force aims to reduce stigma, provide support and raise awareness of mental health and wellbeing. To increase the understanding of the workforce, the promotion of numerous campaigns, such as mental health awareness and Anyone Anytime Anywhere [stress awareness], in addition to support groups (e.g. mental wellbeing network, Blue Light champions) were identified. Furthermore, a number of forces referred to hearing ‘lived experiences’ from past and present officers helps “the force focus on mental health as a priority, and to break down stigma and barriers to talking about it”, with discussion encourage to reduce stigmas and provide support to staff.

### 4.2.5 Personal resilience

The *personal resilience* section of the framework contained 14 statements. Three broad themes were identified: development, policy and process, and staff support and the working environment. The themes and corresponding subthemes are shown in figure 10, and are discussed in detail below.

#### 4.2.5.1 Development

Regarding *personal resilience*, the development both in terms of aspects of the organisation that were currently being developed, or under consideration, and the areas that forces deemed as requiring development were discussed by forces.
Figure 10. Mind map of the themes and subthemes relating to personal resilience

The top tier identifies the section of the framework; the next tier states the themes found within the section; the bottom tier shows the subthemes identified within each theme.

13 The top tier identifies the section of the framework; the next tier states the themes found within the section; the bottom tier shows the subthemes identified within each theme.
a. In progress

Forces referred to ongoing developments to promote a healthy lifestyle, such as the preparation of healthy living, eating well and exercise publications, distributing a healthy eating guide, reviewing the “long term benefits of wearable fitness devices” and running healthy living campaigns. A force also highlighted how they had secured funding for the delivery of personal trainer and nutritionist sessions. Further forces were considering fitness and nutrition programmes for shift workers, and schemes to encourage walking and running, with work ongoing “with the NHS to offer free weight management services”. Moreover, discussions were taking place with catering regarding a healthy eating programme, and gym facilities were undergoing repair, maintenance and development.

b. Areas for development

Forces felt the promotion of healthy lifestyles and work-life balances required development, including raising “awareness regarding the impact that poor sleep can have on overall health and effectiveness”, and promoting social activities and healthier options. The lack of healthier options in vending machines was highlighted, as were the limited “alternative and sustainable means of travelling to work” as, for example, “opportunities for car share are limited in most roles due to shift patterns and geographical locations”. Attention to resilience was also noted, as it was felt promotion and awareness could be improved. The perception of being “frowned upon by managers” for taking a break was reported by some staff and a lack of encouragement to those in sedentary roles to be physically active, with one force stating there was an absence of weight loss support. Physical activity was argued to be supported “only where supervisors have a keen interest and are doing it”, with inconsistent availability to partake in such activity proposed between police officers and staff, for example.

4.2.5.2 Policy and process

Forces adhered to working time regulations (e.g. Working Time Regulations, Police Regulations and the Police Staff Handbook) and refer to working time, overtime and rest period policies. Requirements of such, according to one force, were communicated to staff “through the time management system and stipulated in employment contracts”. Flexible working policies were reviewed for compliance before being approved and implemented, with one force stating its support for “the working objective 11hr rule within its staffing plans”.

a. Initiatives

Schemes in place by forces to support personal resilience included:

- Sleep deprivation initiatives;
- Lift share scheme;
• Work to ride scheme;
• Cycle to work scheme;
• Car share scheme;
• Healthy lifestyle programme;
• Free fruit initiative;
• Departmental wellness hours;
• Wellbeing walks;
• Midday mile walks;
• Virgin pulse global challenger;
• Workplace challenge;
• Desk 2 5k;
• Trim trail;
• Wellbeing masterclasses;
• Mindfulness at work masterclasses.

Additionally, protocols were put in place when possible to schedule meal breaks and campaigns run to “reinforce messages about the benefits and importance of 'down time'”, with tailored programmes for physical activity available.

b. Training

Resilience training is available for managers and other employees, with courses focussing “on recognising resilience ... 'bounce back ability' and ... mindfulness”. Participation in 'Making Every Contact Counts' training was noted, in which day to day interactions are used “to encourage positive behaviour change”. Another force commented on their development of resilience through the likes of “self-awareness psychometric tools and coaching or mentoring, for ... the opportunity to explore thinking, feeling and behavioural preferences, stress trigger points, team dynamics, and communication styles”. A workplace coaching course was referred to, in an effort to view managers as coaches and improve communication, with new recruits and transferees receiving initial resilience training, which includes self-awareness, coping methods and emotional intelligence. MHFA, mindfulness and suicide training were rolled out, with online NCALT training available.

4.2.5.3 Staff support and the working environment

Across the frameworks, when discussing staff support and the working environment in terms of personal resilience, subthemes of methods of communication, encourage healthy lifestyle, and management responsibility and support were acknowledged.

a. Methods of communication

Methods to promote physical and social activity, and the benefits of such included “Sharepoint Intranet, Healthy Behaviour Notice Boards, Screensavers, Presentations by the Force Wellness Team, Fitness, Exercise and Rehabilitation Services and Wellness Team "Health & Wellbeing" monthly publications”, in addition to inputs during induction and social media strategies. Online resources, from an external provider, were available, such as access to “webinars, videos and structured programmes to help build personal resilience”.

b. Encourage healthy lifestyle
Healthy lifestyle sessions were promoted, which provided advice on weight loss, physical activity, nutrition and hydration, with advice on maintaining a healthier lifestyle accessible via Police Mutual’s ‘Well Zone’. In relation to healthy eating, the availability of “a wide variety of food options including a daily salad bar” was stated, with information provided to promote healthy lifestyles (e.g. a free brochure on ‘Healthy eating for busy people’) and ‘eating right’ included in resilience training. One force referred to colleague who “has qualification in diet and nutrition and is…studying for a degree... He works with the team and offers a one to one consultation with staff identified by the wellbeing team”. Healthier eating choices were reportedly available, along with healthier-snell vending machines and fresh fruit.

Occupational Health health-checks were available to staff, which included assessing general health and providing medical advice when necessary. One force detailed “an annual schedule of wellbeing activities which range from a communication with sleep tips... to 'Know Your Numbers Week' - hosting a number of health check drop in sessions where advice regarding a healthy diet, exercise etc. is provided”. Skills to practically build resilience were discussed during training sessions.

Physical activity was encouraged through gym memberships and exercise classes, in addition to opportunities provided through force sports association, BCU sports committees, local leisure facilities and activities, and social activities. A ‘Wellbeing Zone’ was promoted in one force, with it detailed to set “individual goals and ... workouts which it recommends ... dependant on personal information and personal goals set”. Raising awareness of how sedentary lifestyles can have an impact on the body was observed, and participation in National Fitness Day was reported. Incentives, “like free cycle training and tickets to try travel by bus or tram” were offered by one force, with another encouraging alternate modes of transport through the provision of “bike shelters... shower and changing facilities” and the active encouragement of car sharing.

c. Management responsibility and support

To equip mangers with the skills to assist their staff in managing mental health issues, Blue Light training was offered. The importance of line managers in supporting, and making their staff feel supported, was highlighted by one force who stated “some line managers are very good at encouraging individuals and having those frank conversation - but we need to work on building a culture where individuals have a trust and confidence in what’s been said”. This would also encourage staff to identify stressors and issues in their working environment to their managers.
4.2.6 Protecting the workforce

The protecting the workforce section of the framework contained 20 statements. Three broad themes were identified: development, policy and process, and staff support and the working environment. The themes and corresponding subthemes are shown in figure 11, and are discussed in detail below.

4.2.6.1 Development

In terms of protecting the workforce, forces discussed development both in terms of aspects of the organisation that were currently being developed, or under consideration, and the areas that forces deemed as requiring development.

a. In progress

Actively working towards Government Buying Standards was noted. Forces reported the current launches of Wellbeing Allies Schemes, to a new Sharepoint site dedicated to physical health and nutrition. Under development were programmes to focus on good sleep, nutrition and physical exercise (e.g. Activate 2020 programme). The substance misuse policy was being reviewed and rewritten by forces, with the finalising of menopause guidelines noted. Furthermore, there was reference to “implementing a Charter for Assaults based on the original "7-point investigation plan"”.

b. Areas for development

Areas for development were identified by forces, such as:

- Promoting and signposting information to staff;
- Developing policy and information about the signs of substance misuse, particularly subsequent “practical support”;
- Updating and promoting the dignity in the workplace procedure;
- Adopting a more collective and organised approach;
- Establishing peer support panels;
- Delivering alcohol awareness training.
Figure 10. Mind map of the themes and subthemes relating to protecting the workforce

The top tier identifies the section of the framework; the next tier states the themes found within the section; the bottom tier shows the subthemes identified within each theme.

\[14\]
4.2.6.2 Policy and process

Consultation with staff representatives, such as UNISON, the Federation and the Office of the PCC, was reported to occur during the review and development of policy. Procedures in place to protect employees included a force “adopting the ‘8-point plan’ for when officers and staff are assaulted”, with other processes to support the reporting of concerning behaviour by staff, including “Reporting Direct to Line Management... Reporting Direct to the Professional Standards Department... Reporting to the Staff Associations and Support Networks... Reporting to Human Resources (and associated services)... Reporting via the Independent Police Complaints Commission... Reporting via Crimestoppers Integrity Line... Grievance Procedure... Diversity Allies”.

Forces referred to policies and procedures in place, such as:

- Alcohol policy;
- Alcohol and drug misuse policy and procedure;
- Catering for diversity procedure;
- Diversity and equality in employment policy;
- Debt management and support procedure;
- Procedure for preventing and dealing with substance misuse;
- Disability leave procedure;
- Safe call and whistleblowing policy;
- Fairness at work policy;
- Unmanageable debt policy;
- Grievance policy;
- Health and safety violence at work policy.

Others were referred to, to help staff from those with financial issues to those who had been injured or assaulted on duty to a policy relating to discrimination and bullying. The Code of Ethics and Professional Standards were noted by multiple forces.

a. Initiatives

A variety of initiatives were also highlighted:

- Wellbeing zone;
- An alcohol diversion scheme;
- Wellbeing SPOCs;
- Personal supportive passport;
- Workplace challenge.

4.2.6.3 Staff support and the working environment

Support to staff was provided across the organisation through various means, including peer support, health and wellbeing clinics, group insurance, CiC Confidential Care Advice line, and multiple staff networks, forums and associations. Further to this, the necessity to foster a positive working environment was identified, with one force stating they would not “tolerate any form of bullying and harassment, including harassment of our staff by visitors...”
or external parties”. Challenge panels were reported to be in place, in addition to the use of staff engagement ambassadors.

a. Methods of communication

Information was communicated to staff via various means. A health and wellbeing booklet contained a calendar detailing campaigns and events throughout the year. Additionally, information was accessible to staff on the intranet (e.g. National smile week, Prostate cancer awareness), HR pages online and through the Connect Assist Helpline or the Blue Light information line, which is dedicated solely for use by emergency service staff, volunteers and their families. Awareness and learning was passed through the organisation through training, workshops (e.g. healthy lifestyle sessions) and seminars (e.g. on financial awareness).

b. Encourage healthy lifestyle

An awareness of work-life balance and an understanding of staff experiencing personal problems and crisis was expected from line managers, with further support strategies available, such as “Staff Associations, Staff Networks, Police Mutual, Force Allies and CiC employee confidential helpline”. Financial inputs from Police Mutual were delivered to assist officers in understanding their pension and providing mortgage and debt advice, with additional support available through Federation loans and the Benevolent Fund during times of financial difficulty. Moreover, support for employees with substance misuse problems was available, in addition to educating staff regarding their general health (e.g. blood pressure).

Forces referred to their active involvement in promoting awareness, both through training (e.g. Menopause awareness training, Protected Learning sessions) and campaigns (e.g. Movember, lunchtime jog sessions, Time to talk lunchtime walks). Further to mental wellbeing, physical wellbeing was considered as one force detailed how they were “linking issues such as blood pressure, blood sugar and cholesterol with the foods we eat, enabling our staff to be better informed and take some personal responsibility” through a healthy eating programme. Efforts to be proactive in supporting employee health were apparent, such as the promotion of “key physical health indicators through BOB and the availability of health screening” by Occupational Health.

c. Response

Response to staff was typically identified as reactive in nature during debriefing or proactive in seeking to embed an understanding in employees of risk factors to their health and wellbeing. One force outlined their Debrief Framework, which covered “Operational Debrief, Assaults including Hate Crime, Consultative Support, Post Incident Management, Defuse Training and Traumatic Incident”, with additional forces highlighting their use of TRiM following a traumatic incident in an effort to identify early signs of PTSD and poor
mental health. Furthermore, a force highlighted their recent investment in critical incident stress debrief training.

To prepare staff with the education and awareness of risk factors, sessions on resilience were mentioned as it was deemed that “strengthening resilience is about strengthening personal psychological immunity against adverse events”. Moreover, sleep and healthy eating initiatives were in place, with forces also developing an understanding of staff most likely to be at risk financially “so that targeted awareness and prevention work can be done with these groups”.

d. Management responsibility and support

As exhibited throughout the framework, it was expected that managers would signpost staff, including new employees, to appropriate information, policies and process. Furthermore, supervisors were trained in diffusing and debriefing for employees following significant incidents. Toolkits were available as a means of providing advice to managers (e.g. a disability management toolkit), in addition to the Employee Assistance Programme.

4.3 SUMMARY

It is apparent that police forces in the UK are acknowledging police wellbeing and are developing and implementing strategies to support their workforce. There are areas within the organisation that are still in development, with others identified as requiring attention or lacking entirely. Buy-in and support from management is needed to ensure an approach to staff wellbeing and creating a positive working environment is embedded within forces, yet it is also necessary for individuals to identify their personal and shared responsibilities. This was reinforced through various initiatives, interventions and training available, whilst also being contained within policy and procedure. In terms of the content provided, creating the environment appeared to be the most comprehensive, with personal resilience and protecting the workforce the least. Themes and subthemes were recorded across multiple sections of the framework, yet it was evident that the theme of organisational learning was the only theme not to be discussed across all sections, as it was not apparent within personal resilience and protecting the workforce.
SECTION FIVE: CONCLUSIONS AND RECOMMENDATIONS

A total of 18 BLWF’s were analysed, both quantitatively and qualitatively, in order to:

i. Obtain an understanding of the existing, national stance of wellbeing within policing;
ii. Look for consistent themes and issues, together with a gap analysis across existing frameworks;
iii. Identify best practice, opportunities, risks and threats to police wellbeing;
iv. Inform the National Service specification for the National Police Wellbeing Service on the opportunities to progress improvements.

5.1 KEY FINDINGS
The quantitative results identified that, across the 18 frameworks provided, 1437 answers were given out of a possible 1692 (resulting in 84.92% response rate), with a total of 89 pieces of evidence attached to the BLWF’s. The sections of absence management and creating the environment were significantly more likely to be ‘fully developed’ in comparison to all others. Leadership was significantly more likely to be ‘in development’, and personal resilience and protecting the workforce were significantly more likely to be ‘underdeveloped’. Mental health did not significantly differ in terms of being underdeveloped, in development or fully developed when compared to other sections, rather the various levels of development were observed equally within this section (e.g. similar proportions of underdeveloped, in development or fully developed were recorded).

Interestingly, the qualitative analysis somewhat reflected this. When reviewing the presence of themes and subthemes across each of the framework’s six sections, the creating the environment section recorded the most (four themes, 11 subthemes), indicating it was the most comprehensively-completed section, whereas both the personal resilience and protecting the workforce sections related to fewer themes that were identified throughout the framework (three themes, seven subthemes).

Across each of the six sections of the framework, it was evident that forces were aware of the importance of developing resilience and positive coping strategies; this has been supported in earlier research in relation to the value and impact of targeted training, initiatives and interventions (e.g. Acquadro Maran et al., 2018b, Gloria & Steinhardt, 2016; Yeung et al., 2016). Adaptive strategies have been recommended to combat and manage stresses (Gutshall et al., 2017), as demonstrated by a number of forces who implemented peer support and quality sleep initiatives. Additionally, an understanding of the causes and signs of stressors was observed, which is essential for a criminal justice organisation to be effective and successful (Kuo, 2014). Furthermore, it was apparent that a top-down approach to embedding wellbeing within policing was required, as demonstrated through comments relating to management buy-in, support and encouragement. Further good
practice was noted in the proactive nature of many forces; it was acknowledged within the framework that it was imperative to identify signs and risk factors to ensure appropriate support was in place early on (Hesketh & Cooper, 2017). The importance of listening to employees and receiving feedback in order to inform and implement change was observed, in addition to the need to continually maintain and review good practice. Moreover, the use of better technology and data management provided more detail of individual needs, thus allowing for more person-centred approaches and targeted wellbeing.

What is more, partnership working was apparent, both within the police, but also with external partners like academics, healthcare sectors and wellbeing specialists. Further evidence of good practice was indicated in the communication within the organisation, such as up and down the chain of command, through databases and websites, and through advocates (wellbeing ambassadors/Healthy Living and Fitness Advisors etc.).

5.2 RECOMMENDATIONS

Based upon the evidence provided by the BLWF’s, six suggestions are made:

i. At this early stage of wellbeing development it was unsurprising that inconsistencies were found in the policies, procedures and interventions noted across forces. Generating increased consistency (accepting individual nuances within forces), will ensure a supportive and uniform approach.

ii. Absence management appeared to be the most developed section across forces, with personal resilience and protecting the workforce considered to be the most underdeveloped. Further research is needed to identify reasons for the underdevelopment of specific wellbeing practices.

iii. In relation to interventions, although various policies and procedures were referred to, the level of detail provided varied between forces, as did the titles of said policies and procedures. This made it somewhat difficult to determine specific processes and policies that may be missing or require attention. Gaps in training were specifically noted across the multiple framework sections.

iv. Evidence based understanding and intervention is essential. Whilst there was a considerable amount of activity across the wellbeing framework, it was unclear how much of this was research-informed. To provide the best value for money and to reduce unintended consequences, it is beneficial to understand the evidence base such policy and procedure is founded.

v. There was inconsistency in the actual use of the BLWF, which added to the difficulties in assessing the evidence. The framework itself consisted of 94 statements, split across each of the six sections; the content and frequency of responses were deemed a limitation to the research in some instances. An example of this is in relation to a particular policy, one force may leave this blank, another may respond with a “yes as per policy and process” response, whereas another force
may go into detail surrounding the procedures in place. Making the completion of statements mandatory and/or including supporting information to guide forces in terms of the type and level of detail to maintain consistency might prove useful. This also has implications for the peer assessment, as it must be considered whether the peer assessment would only be conducted on the answered questions, or if unanswered questions would be classed as underdeveloped. If peer review accuracy is based upon answered questions only, then its consistency would be questioned (as 100% for 17 responses is not comparable with 100% of 94 questions). Furthermore, one force’s interpretation of what is meant to be ‘fully developed’ may have been similar to what another force deemed as ‘in development’. Not only this, there was a lack of clarity surrounding the type of evidence to be uploaded, which resulted in forces uploading a combination of none, one and multiple supporting documents. To provide an effective evaluation of wellbeing across forces, consistency and clarity across the BLWF is needed.

vi. Analysis of the BLWF’s highlighted the challenges of evaluating progress. Currently, the BLWF’s emphasis is based on qualitative information, which (as discussed) generates particular types of methodological challenges. It may be useful for NPCC to discuss how information will be captured over the long term, to assist in monitoring and how evidence is secured to illustrate that change.

5.3 LIMITATIONS
Due to the specificity of the statements within the framework, much of the content surrounding the themes was descriptive. This resulted in descriptive, as opposed to analytical, content. Additionally, the variations in level of detail provided resulted in difficulties identifying specific elements, and themes, of wellbeing applied and acknowledged by forces. What is more, not all UK police forces completed the framework and so it must be noted that the findings represent a snapshot of police wellbeing. Moreover, as a result of delays in forces returning completed frameworks, the peer review element was unavailable for review. Further, this study did not look at implementation, therefore whilst a policy may have been developed, this analysis could not establish whether it had made a difference.

5.4 CONCLUSION
Wellbeing within policing has only fairly recently been established; thus, although development and awareness of wellbeing is ongoing force-wide, there are areas that understandably still require attention. Nevertheless, the response from forces in completing the framework is encouraging and reflects the growing acceptance and understanding of wellbeing in the workplace, and the impact this has on staff’s physical and psychological health. The commitment and enthusiasm of forces is substantial, indicating positive
progress and development. Looking to the future, additional initiatives and training will be implemented, and the principles of wellbeing embedded further throughout the organisation. Management buy-in, communication and encouragement is essential, with recognition of personal and shared responsibilities also a necessity. Forces must ensure appropriate awareness to identify risk factors of stress and poor mental health in order to respond proactively and implement early interventions. Further work will explore the landscape of wellbeing within policing, delving into published work, further analysis of the BLWF and findings from workshops and ongoing pilots.
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Appendix 1. The GAIN model, taken from the Blue Light Wellbeing Framework