

Appendix B - Federation & other research

This section looks at reliable data sources to identify and understand principal issues that negatively and positively impact on the wellbeing of investigators. Although a number of these papers are published by academics they do not appear in peer reviewed journals, but are deemed suitably reliable to be recorded within this review.

Due to the scarcity of research specifically related to detectives, the two PFEW surveys (Wellington, 2021 and Boag-Munroe, 2017) are also included in the articles shown in Appendix A.

The material below is information that the author believed to be relevant to this project. The original papers contain considerably more information and material.

Detective Surveys

1) Wellington (2021) PFEW Officer Demand, Capacity and Welfare Survey 2020 Detectives' Report.

This report was part of the overall survey where detective data was extracted from the 12,471 responses, with 3,469 responses being received from officers who identified themselves as detectives. The survey looked at health and wellbeing (including organisational support); absence behaviour; exposure to hazards and workloads and job satisfaction. In summary the results were generally positive as **72% of respondents indicated that their overall health was good or very good.**

However, **34% indicated that their morale was low or very low with 37% stating that they viewed their job as very or extremely stressful. 78% indicated that they had experienced feelings of stress, low mood, anxiety, or other difficulties with their health and wellbeing over the last 12 months.**

In relation to workload **64% reported that their workload is currently too high, or much too high.** 95% reported that, they had attended to the victim(s) of serious sexual assault at least once in the line of duty; 96% said that, they had seen the body of a person who has died a violent or unnatural death, with 62% stating that, they had to view large volumes of child sexual abuse imagery at least once in the line of duty.

65% reported presenteeism (attending work despite feeling they should have taken sick leave) associated with their physical health with 66% reported presenteeism associated with their psychological health. 29% reported leaveism (taking annual leave or rest days when they should have taken sick leave) associated with their physical health, whilst 42% reported leaveism associated with their psychological health.

On a positive note 77% reported being aware of reactive services that their force offers to support the mental health and wellbeing of its employees (e.g. counselling, helpline services, peer support groups etc), with 46% reporting being aware of proactive services that their force offers to support the mental health and wellbeing of its employees (e.g. resilience training, mindfulness workshops, mental health awareness programmes etc.).

2) Boag-Munroe, (2017) PFEW National Detectives Survey 2017 Headline Report.

A survey of 7803 detectives nationally found that **48% of respondents said that they found their work either very or extremely stressful, with 53% stating that they were experiencing increased feelings of fatigue.** When asked about the nature of the stress that they were experiencing most agreed that their job was stressful because there are high levels of personal responsibility, including the nature of the work being high-risk (80%), emotionally demanding (71%) and due to exposure to traumatic or distressing incidents and material (64%).

48% also said that they felt emotionally drained from work either most or all of the time with 91% of those who had taken sickness absence due to their mental health and wellbeing stating that the difficulties they experienced were caused, or made worse, by work.

Other police research

3) Home Office – Front line review (2019)

The Front-Line Review gathered evidence on a wide range of issues impacting the working lives of officers and staff from forces across in England and Wales. The key themes included wellbeing, professional development, leadership and innovation. Issues and solutions were explored with an emphasis on individual and organisational resilience. The message from the front line is clear about the areas and need for changes as well as the complexity of the issues they face daily. The Review has evidenced a wide range of concerns and issues including.

- scepticism about the authenticity of the emerging wellbeing agenda and desire to see it embedded in a consistent way with a lasting impact
- a feeling that the front line is not afforded sufficient time or space for activities that positively impact on their wellbeing, such as:
 - **time for decompression**
 - **adequate debriefing**
 - **discussions with colleagues**
 - **training and development**
 - **counselling**
 - **physical activity**

This literature review assesses the main academic and 'grey' literature sources that relate to the four areas of the Front Line Review of Policing including Wellbeing. The academic evidence base for 'what works' to improve the areas covered by the FLR is, while appearing to be increasing, still generally under-developed. There are relatively few robust studies, with most interventions involving small numbers of participants.

Cross cutting observations

Two factors appear to be critical in fostering positive responses for wellbeing, professional development and innovation:

- **Allowing sufficient space and time within work for these to be addressed – for instance, managing wellbeing by allowing time for 'decompression', so the workforce can share experiences with each other. Meanwhile a culture of innovation can be supported by the space to allow testing of new ideas for long term enhancements.**
- **Leadership style – the role of line managers in particular appears to have a strong impact on encouraging professional development, supporting positive wellbeing, and instilling a culture**

of innovation. The behaviours which the frontline workforce value in line managers include being supportive, fair, available and visible.

Wellbeing

- The front line of policing generally feel their wellbeing is not adequately supported by forces, although the extent of poor wellbeing amongst the front line varies.
- Five main factors appear to have the potential to impact frontline wellbeing: remuneration and workload, internal demand, team support, physical health, and the experience of trauma.
- A range of programmes and policies have been found to be effective at preventing poor wellbeing of the frontline workforce. These include procedural justice approaches, compressed hours for shift workers, and educational programmes to improve diet and physical health. However, the breadth of the evidence base on interventions that aim to prevent poor wellbeing is limited.
- Mindfulness training and other programmes that aim to treat, or build resilience to, poor wellbeing have been shown to be effective in non-police occupations. A less developed but still positive evidence base exists in the police context.
- A major challenge to building resilience against poor wellbeing is in successfully encouraging the uptake of potentially beneficial interventions. The stigma of discussing poor mental health, and low uptake of diet and exercise regimes, continues to hinder potentially effective programmes from being successfully implemented.

Wellbeing – frontline views and the evidence on what works

We look at the evidence on ‘what works’ for improving the wellbeing of the police front line. Wellbeing is a very wide-ranging concept with various definitions. Most typically focus on aspects of mental and physical health, which form the basis of what is covered in this section. From our review of the more wide-ranging wellbeing literature, we have highlighted **five groups** of overlapping factors that appear to be relevant to the police: organisation factors; experience of trauma; team support; physical health, diet, and fitness; and remuneration and workload

1. **Organisation factors:** internal organisational factors relate to paperwork and bureaucracy, and the wider environment that hinders the more operational aspects of a role such as hierarchical structures, a perceived absence of input into decision making, and shift patterns. Academic research points to this group of organisational factors being perceived by the police as more stressful than operational aspects of the role. There is a large evidence base on so-called ‘stressors’ within the policing context, and this is covered in an accompanying appendix to the FLR.
2. **Experience of trauma:** The wider evidence base has linked long-term experience of ‘low-level’ stressors, as well as physical and mental health issues with ‘burnout’ and associated conditions such as compassion fatigue. The risk of burnout can be reduced even in intense environments by active participation in decision making and strong social support networks. More acute traumatic events can lead to mental health conditions such as Post-Traumatic Stress Disorder (PTSD). These can involve involuntary re-experiencing of traumatic events and difficulty with regulation of emotions and threat perception.
3. **Team support:** The role line-managers play in supporting wellbeing is often highlighted in academic studies and sector-led research. This can include managers giving structure to their workers’ daily work or shift pattern, supporting their workers’ professional development, and recognising, and acting on, early signs of poor wellbeing. Personal factors such as emotional intelligence, and team level factors such as feelings of social connectedness and support, have also been shown to impact wellbeing, although these individual and social factors are likely to interact and overlap.

4. **Physical health, diet and fitness:** Good physical health includes the prevention of, or recovery from, injury and sickness, encouraging a balanced diet and engaging in regular exercise. Physical health is both a constituent part of wellbeing, and a contributing factor to good mental health.
5. **Remuneration and workload:** Evidence from a range of occupations suggests there is a relationship between an individual's earnings and their overall job satisfaction. Surveys from the Police Federation show low levels of satisfaction with pay, although the survey does not cover all of the front line. The Police Remuneration Review Body (2017) concluded that while pay is often quoted to be the key factor in falling morale across police forces, evidence on the relationship is limited and interwoven with many other factors. And while some demands on the workforce can be viewed as positive, routine high workload can be associated with symptoms such as psychological distress and emotional exhaustion, as well as restricting the ability to participate in other activities that could enhance mental health.

Specialist roles, such as sexual abuse investigators, negotiation and mediation roles, and firearms officers are routinely highlighted as presenting particular pressures that can negatively impact mental health.

Various sector-led studies have found the frontline workforce critical of occupational health (OH) service provision in forces. One study found two-fifths of those who had received professional help for a wellbeing or mental health issue felt they had been poorly supported. The 2017 HMICFRS Legitimacy inspection programme found OH services typically having a 15 day wait time, although this varies widely between forces, with some having wait times in excess of 40 days. The Police Dependents Trust survey (2016) found officers would mostly prefer to use a GP compared to OH services for work-related wellbeing issues. This is likely in part to do with the continuing stigma of discussing poor mental health within the police service rather than necessarily failures of police OH.

Interventions that aim to reduce the risk of poor wellbeing

- There is a growing interest in so-called 'organisational justice' approaches as a route to improving wellbeing. These approaches typically involve increasing open, honest, timely and respectful communication between different ranks, and greater employee involvement in the decision-making process.
- A range of physical health interventions have been found to improve various aspects of bodily health and diet. A commonly reported challenge in delivering interventions that aim to improve physical health is that those who are likely to benefit the most are often less likely to participate with participants having concerns of using a gym and finding exercise difficult.
- The link between work patterns and wellbeing has also been examined. A systematic review on the impact of compressed working week interventions on shift workers found a "cautiously optimistic" overall effect on wellbeing, without unwanted negative impacts on organisational or health outcomes. However, the authors note the evidence is not generally methodologically strong.

Protective interventions

- **Mindfulness-based strategies** aim to increase a person's awareness of their current emotions and environment, often through some form of reflective practice or meditation. Looking more broadly across the range of blue-light services and other occupations, mindfulness approaches appear to be effective.

- Other less methodologically strong studies suggest the potential of other programmes that aim to increase an individual's resilience in the workplace, but here too the police-specific evidence is limited.
- More qualitative evidence suggests the effectiveness of '**decompression**' – that is, dedicated time and space soon after a potentially traumatic experience – that utilise **peer support** networks of others in similar roles. Among specific, high risk roles such as those involved in negotiations with potential suicide incidents, there is evidence that informal peer-support networks exist and are perceived as helpful.

Treatment interventions

- The best evidence on interventions aimed at returning people temporarily or permanently off work due to common mental health conditions back to work comes from a systematic review conducted in 2012 in Canada. This identified studies which typically looked at depression or anxiety and drew upon research across a range of occupations including policing. There was moderately strong evidence to suggest interventions that (a) tried to help workers to access clinical treatment outside of the workplace, or (b) gave access to workplace-based psychological interventions, improved work functioning and quality of life and economic outcomes.
- One difficulty in delivering interventions that seek to treat mental health conditions caused through exposure to trauma is the potential stigma of having, or being seen to have, a condition affecting mental health. **Trauma Risk Management (TRiM)** is one intervention already used within many UK police forces, involving training police officers to deliver a triage function in the event of a potentially traumatising incident. The theory of change here is that, as it is delivered by members of the police, it is a less stigmatised route to seeking professional help. **However, the ethical issues of assigning participants to interventions or controls after traumatic experiences make it a practically challenging area to study.** A systematic review suggests that TRiM is likely to not be harmful or have specifically negative outcomes, although individual studies repeatedly demonstrate issues of high non-response of participants in the studies reviewed (around two-thirds of officers contacted).

4) Houdmont & Elliott-Davies (2016). Officer Demand, Capacity and Welfare Survey Descriptive Statistics Summary Report: Organisational Support: Mental health & Wellbeing.

16,841 responses drawn from all 43 forces across England and Wales, 14% of eligible officers completed the survey. A top-level broad overview of mental wellbeing was established using an item that asked respondents to indicate whether they had experienced feelings of stress, low mood, anxiety, or other difficulties with their health and wellbeing over the last 12 months. **80%** of respondents acknowledged having experienced these feelings and **nine out of ten (92%)** of these respondents indicated that their psychological difficulties had been **caused or made worse by work**. **39%** of respondents reported a non-diagnostic case of work-related stress (on the basis that they viewed their job as *very* or *extremely* stressful). This is similar to previous English and Welsh policing studies, and **more than double** that found in large-scale surveys of UK civil servants and the general UK workforce. **39%** of respondents indicated that they had sought help for mental health and wellbeing difficulties at some point in their life, with **half** having sought help **within the last year**.

5) Houdmont & Elliott –Davies, (2018) PFEW Demand, Capacity and Welfare Survey (Headline statistics)

Over 18,000 members took part in the 2018 Demand, Capacity and Welfare Survey between August and September 2018 resulting in a final response rate of 15% of all federated rank officers in England and Wales. The main findings were;

79.3% of respondents acknowledged having experienced feelings of stress, low mood, anxiety, or other difficulties with their mental health and wellbeing within the previous 12 months; with the vast majority (**94.2%**) of these respondents indicating that these difficulties had been caused or made worse by work. 31.9% of respondents indicated that at least one day of their sickness absence was attributable to stress, depression, or anxiety; an increase of almost three percentage points when compared to the 2016 results (29.1%). When asked to indicate why their psychological difficulties had been caused or made worse by work; the most frequently reported reason was that their workload was too high (18.2%), followed by having a poor work/life balance (14.7%).

70.1% of respondents who had sought professional help had disclosed this information to their line manager, a larger proportion than in the 2016 Demand, Capacity and Welfare Survey (63.4%). Whilst **34.4% of respondents reported that they were poorly or very poorly supported by the police service**, this is more than seven percentage points lower than in the 2016 iteration of the survey (41.7%). 21.8% of line managers reported being given training on supporting individuals who are experiencing mental health and wellbeing difficulties; a similar proportion to that in the 2016 iteration of this survey (20.9%). Nonetheless, 87.7% of line managers felt somewhat or very confident in their ability to support someone they line managed if they disclosed that they were experiencing problems with their mental health and wellbeing. 45.1% of respondents agreed or strongly agreed that the police service encourages its staff to openly talk about mental health and wellbeing; a much larger proportion than in the 2016 iteration of this survey (22.0%). 38.6% of respondents indicated that they would feel confident disclosing any difficulties with mental health and wellbeing to their line managers, over ten percentage points higher than in the 2016 Demand, Capacity and Welfare Survey (27.8%). 66.5% of respondents indicated that they were aware of mental health and wellbeing support services offered by their force, over six percentage points higher than in the 2016 Demand, Capacity and Welfare Survey (60.0%).

6) Elliott –Davies, (2019) Superintendents' Resilience Survey (Headline statistics)

63% of respondents acknowledged having feelings of stress, low mood, anxiety or other difficulties with their mental health and wellbeing within the previous 12 months with 92% indicating that these difficulties had been caused or made worse by work. Over a third of respondents (36%) reported using annual leave or rest days to take time off due to the state of their physical health, and **26% due to psychological health**. 69% also reported one or more episodes of presenteeism associated with their physical health and 52% due to psychological health.

30% of respondents viewed their job as very or extremely stressful which is a much larger proportion than that found in the general population by the Health and Safety Executive's (HSE) 2010 Psychosocial Working Conditions Survey (15%).

7) Elliott –Davies, (2020) PFEW Demand, Capacity and Welfare Survey (Headline statistics)

Large proportions of officers risk their health and wellbeing every day in the line of duty. Given the draining nature of the work, perhaps it is unsurprising that high levels of fatigue and occupational stress appear to be common, and that officers' scores on key measures of wellbeing are poorer when compared to that of the general public. Many officers also reported experiencing feelings of stress, low mood, anxiety, or other difficulties with their mental health and wellbeing, and predominantly cite work as a causal or an aggravating factor:

- **53% of respondents** indicated that, over the past 12 months, they had found it difficult to carry out certain duties and tasks at work because they have been too fatigued.
- **33% of respondents reported high levels of job-related stress by indicating that they find their job very or extremely stressful.**
- **77% of respondents acknowledged having experienced feelings of stress, low mood, anxiety, or other difficulties with their mental health and wellbeing over the previous 12 months; with the vast majority (90%) of these respondents indicating that their psychological difficulties had been caused by, or made worse by, work.**

8) Graham, et al. (2020) National Police wellbeing survey 2019, Policing Research Unit, Durham University.

The National Wellbeing Survey was designed to assess the current state of wellbeing from the perspective of the policing workforce within the forty-three Home Office forces in England and Wales. In total, the survey received 34,529 responses (16.6% response rate).

For police officers, **average wellbeing was found to increase with rank, with constables reporting the lowest levels of wellbeing.** Of the fifteen **police officer** occupational job types considered, **those working in *Safeguarding* and *CID/Local Investigations* reported the lowest average levels of wellbeing.**

- **An important factor for individual wellbeing** is the ability to recharge internal resources outside of normal working hours and recover from the challenges experienced at work. Police officers reported being generally more likely to be preoccupied by work thoughts during their non-work time which has important implications for their long-term wellbeing. Prior research outside of policing has shown that **insufficient sleep** (less than 6 hours) and poor-quality sleep are **strong predictors of exhaustion and reduced wellbeing.**
- Three indicators of mental health were assessed: post-traumatic stress, levels of anxiety, and levels of depression. **For police officers, 67.1% scored above an average of four (indicators of probable PTSD symptoms). The average scores for the frequency of experiencing post-traumatic stress symptoms suggest that police are exposed to stressful or traumatic experiences in their work.** The average scores for symptoms of anxiety were moderately high for police officers. The average scores for symptoms of depression were moderate for police officers.

9) Assessing the mental health and wellbeing of the Emergency Responder community in the UK. <https://kcmhr.org/erreport2020-mentalhealth-wellbeing/> (Accessed; 23rd January 2021)

- The studies identified suggested Emergency Responders (ERs') experience specific occupational stressors associated with poor mental health and wellbeing outcomes. On average, **the evidence indicated that ERs may experience more mental health problems, such as depression, anxiety and PTSD, compared to the UK general population.** However, due to methodological concerns, it was difficult to draw robust conclusions.
- In both the systematic review and stakeholder interviews, **organisational stressors (such as excessive workloads and lack of senior support) were found to negatively impact ERs' mental health and wellbeing, more than critical incident stressors (such as potentially traumatic accident scenes).**
- Organisational support and good leadership were associated with improved wellbeing, morale and retention in ER studies.

Demographic associations of CMD and PTSD - UK studies with police found that **females and those who were divorced or separated were more likely to experience CMD (Common Mental Disorders) and PTSD** (Collins and Gibbs, 2003, Tehrani, 2016a, Roach et al., 2017, Fielding et al., 2018, Tehrani, 2018) (Appendix 5). Houdmont and Randall (2016) found **police of a lower rank had higher levels of CMD**. These findings reflect similar associations found in the UK general population, suggesting that females and lower wage earners are more likely to experience CMD and PTSD (McManus et al., 2016).

Social support - UK research identified leadership and senior support as key protective factors in wellbeing and mental health outcomes (Collins and Gibbs, 2003) and therefore should be a point of interest for policy makers. International research found that ERs who have been in their role longer, may be at a higher risk of mental health problems and yet receive less support from senior managers, which may exacerbate the risk of illness. For example, police call handlers were shown to be at an increased risk of PTSD the longer they had been employed (Regehr et al., 2003b). A recent study of US police officers found that higher ranks not only experienced more job stress, but rated their working environment as more negative, and received less co-worker support (Tsai et al., 2018). Equally, a Canadian firefighter sample found that experienced employees received lower overall social and supervisory support (Regehr et al., 2003b). Given the breadth of research emphasising the impact of organisational support and social support for ERs' mental health and the affect it can have on intentions to leave, it is a salient factor for researchers and policy makers to take into account. The nature of the job (e.g. shift work) could impact ERs abilities to maintain relationships outside of work (Singh and Kar, 2015); and the heavy workload may affect their relationships with colleagues and supervisory duties.

Positive and negative coping strategies - UK study participants commonly reported talking with colleagues post incident as a coping strategy (Alexander and Klein, 2001, Smith, 2011, Mawby and Zempi, 2018) and did not want immediate engagement with professionals post incident (Ørner, 2003). In a study across police, fire and ambulance, 20% of the sample used strategies that were not dependent on talking about the issue, with one in three not wanting to talk to others (Ørner, 2003). Qualitative interviews with police working in child exploitation investigations reported the use of maladaptive coping techniques such as smoking, alcohol and avoidance as coping strategies (Ahern et al., 2017). **UK police working in child exploitation investigations had lower STS than US counterparts (Bourke and Craun, 2014b). In UK police, STS was associated with the use of denial as a coping method, increased smoking and drinking, increased exposure to child exploitation materials and low co-worker support** (Bourke and Craun, 2014a). Tehrani (2016b) reported relatively low levels of STS in police child abuse investigators **but did however find that women reported higher levels than men.**

College of Policing

10) Responding to trauma in policing (2020)

<https://oscarkilo.org.uk/responding-trauma-policing-new-college-guidance-2/>

An updated guidance document 'Responding to Trauma in Policing' has been published by the College of Policing. The document, originally published in 2018, has been updated to reflect the current policing landscape, including responses to the COVID-19 pandemic. Written by Dr Ian Hesketh and Dr Noreen Tehrani, this guidance represents a significant step forward in the journey to improve our understanding of how trauma exposure affects those who work in policing. It brings together expertise from across the field to provide evidence-based guidance which can be applied, in a very practical sense, on the ground.

11) Psychological Risk Management Guidance

<https://oscar.kilo.org.uk/app/uploads/2017/05/Psychological-Risk-Management-v6.pdf>

We recognise that some officers and staff are exposed to a higher level of distressing experiences, materials and/or information. This exposure can affect mental and emotional health and wellbeing. We have developed this psychological risk management guidance relating to the risk assessment and management of high-risk roles in policing. It is the duty of each force to assess the psychological hazards affecting officers and staff and put in place reasonable controls to mitigate and manage the psychological risk to employees. This document provides guidance to forces considering how to assess and manage areas of policing where there is a higher level of exposure to psychological hazards known to be associated with an increased risk of anxiety, depression, primary and secondary trauma.