

## **Executive Summary – Strand 2**

### **Overview – Strand Management**

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### **Remit - Terms of Reference (TOR) –**

- a) Identify from point of entry into a detective pathway, the higher risk roles, ranks and specialisms that may require or benefit from bespoke wellbeing support. (NB. SIO's are excluded as they are covered in strand 4)
- b) Identify the specific requirements, tasks or elements of higher risk roles that could negatively impact on an individual's wellbeing whether from one-off or cumulative exposures.
- c) Identify and evaluate tools or interventions that can assist in improving wellbeing in higher risk roles
- d) Share relevant tools and interventions with the Strand 5 lead for consideration of inclusion in the wellbeing toolkit

### **Methodology**

The members of each strand attended two virtual workshops (in Jan and Feb 2021). Workshop one was themed around identifying the roles that would benefit from wellbeing support, coupled with documenting the identifiable risks linked to each role that would elevate the role, such as sustained accumulative impact or the effect of those one-off highly emotive cases.

Workshop two's primary aim was to understand the available interventions and to identify what worked well and what did not. We had some inputs/ guest speakers – namely SWP PSD who gave an input on the Welfare Support Programme for those officers and staff undergoing Gross Misconduct investigations – agreed by all attendees as good practice, Liz Eades - Occupational Health Advisor from Oscar Kilo who provided us with an overview of the work carried out to date showing that forces were identifying similar high risk roles. These high risk roles are to be prioritised to offer a programme of assessment to determine what support/ interventions would be best suited to need.

### **Key Findings**

Every Force has slightly different naming conventions for their teams/depts. but in essence our findings are as follows (mapped according to ToR above):

- a) Attached at Appendix A (see below) is a list of the roles that have been identified as High Risk. There are also specific officers and staff who may have additional needs on top of the role they carry out, namely those who carry out on-call, those under misconduct investigations and those who have suffered Adverse Childhood Experiences. We also note the impact of all these roles and responsibilities have on the families of those listed above.
- b) For each of the roles/departments listed we have included in the list impact factors which add evidence as to why additional wellbeing support is required. You will see that the impact factors include, demand, external scrutiny, long term management of risk – vulnerable victims and witnesses, lack of mentors, SMT support/ reputational risk, not being able to talk about 'the job' and constantly seeing traumatic scenes/imagery.

- c) Identification of tools and interventions that can assist with wellbeing in higher risk roles. We have cross referenced our findings with those identified in strand 3 who have now captured the list of available interventions within their strand of work. It is evident that there are national products in existence (OK, Red Arc, TRiM, PIM, Occ Health referrals etc) but depending on Force priorities some roles are already in receipt of annual mandatory debriefs or specific funding requests can be made for bespoke support, for example counselling for PTSD. There will also be locally agreed support available from Federation or Occupational Health.
- d) Share Tools and Interventions with strand 5. Ongoing.

### **Recommendations/ Key Products/ Interventions identified (where relevant)**

- 1) The group (Wellbeing of Investigators Sub Group) agrees the list of roles and people who should have bespoke support. Consideration was given to asking Heads of Crimes for views, but we note the volume of material already submitted to them for consideration. This list could be added to a chapter in the toolkit.
- 2) The group agrees a minimum standard of support for each role – eg, all POLIT officers have the same baseline level of support, then forces can add anything additional as they see fit or on a case by case basis. There needs to be national consistency. CoP to lead on this as it links to the work in progress via Liz Eades.
- 3) The minimum standard of support is enshrined in a policy document provided by the CoP to all 43 Forces – supported by our findings. National Standards.
- 4) As APP for each business area is reviewed, that the agreed wellbeing support is documented within – eg psychological assessment, mandatory counselling.
- 5) Some new wellbeing provisions have been identified from Forces and we have identified new provisions ourselves, eg the PSD Welfare Support Officer or the ACE's Peer support group for officers and staff. We need to ensure that these new ideas are centrally co-ordinated/ managed as we cannot say Oscar Kilo will deal with everything when they may not be sighted on plans. This will form part of the on-going development and maintenance of the Toolkit.

### **Ongoing Work**

The NPCC Recruitment, Retention and Wellbeing of Investigators working group circulated a template action plan to all forces in 2018. A wellbeing section was contained within that action plan and forces should be encouraged to include their wellbeing strategies and interventions within this section of the action plan. This should be mentioned in the overarching comms. message to all forces as the HMICFRS are reviewing the force action plans prior to their Inspections.

The strand have recently been made aware that there is a disparity between police staff and police officers in roles. For example, a POLIT Police Staff Investigator Manager made contact with the Home Office concerning employment rights for civilian staff dealing with indecent images of children. In very simplistic terms, if a member of a POLIT team found that the constant mental beating they sustain over a period of years too mentally challenging, they COULD find themselves out of a job, as they are deemed "incapable" of carrying out their duties. (This does not apply to Police officers as they do not come under employment law, so would automatically be moved off of

the department on to an new venture and rightly so). For those High harm/risk roles there needs to be equity between staff and officers.

### **Appendix A – Role and people identified as High Risk**



Appendix A Higher  
Risk roles and peop

### **Slide for Presentation**

We will update this following discussions and agreements at the meeting on Thursday