NATIONAL POLICE WELLBEING SURVEY 2025

Deep dive: Drivers of wellbeing

LEAPWISE

This report identifies key drivers of wellbeing in policing to inform prioritisation of improvement efforts

About this report

Leapwise, on behalf of Oscar Kilo, the National Police Wellbeing Service (NPWS), conducted the new National Police Wellbeing Survey. The survey ran over four weeks (19 May to 16 June 2025), with 31 Home Office forces actively participating. Nationally, the survey received 40,986 valid responses. The National Insights Report was published in August and set out the key insights from the survey.

Leapwise and Oscar Kilo are exploring the findings in more detail through a series of deep dives, of which this report is one. This report identifies some of the drivers of wellbeing, to help prioritise improvement efforts nationally and locally. A key aim of this survey was to drive meaningful change and identifying the factors that can shift the dials on wellbeing is an important step towards that aim.

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Introduction: The wellbeing challenge

Wellbeing in policing is clearly a major – and perhaps even underestimated – problem

Felt burnt out because of your job?

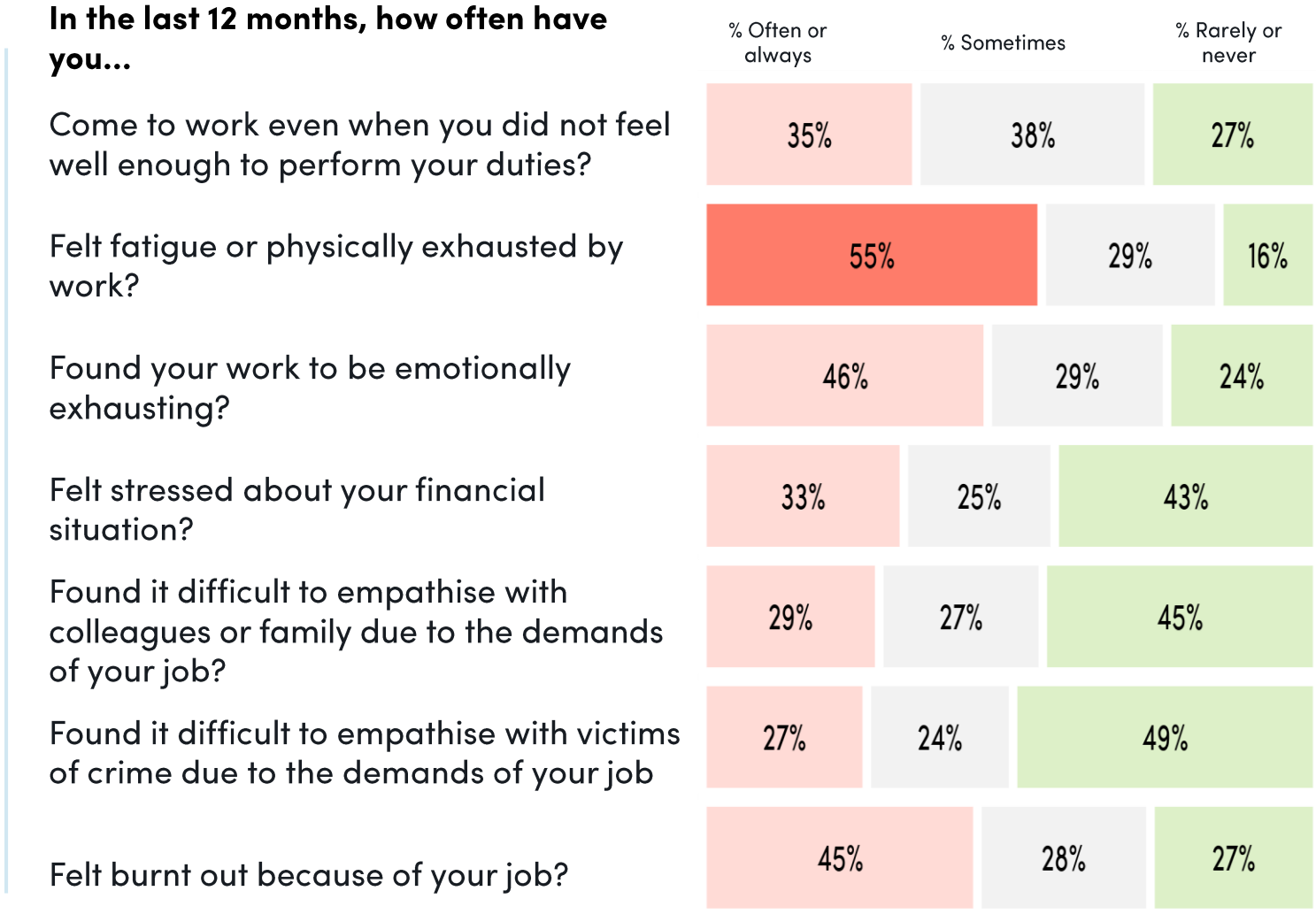
NHS 2024: 30%

Policing: 45%

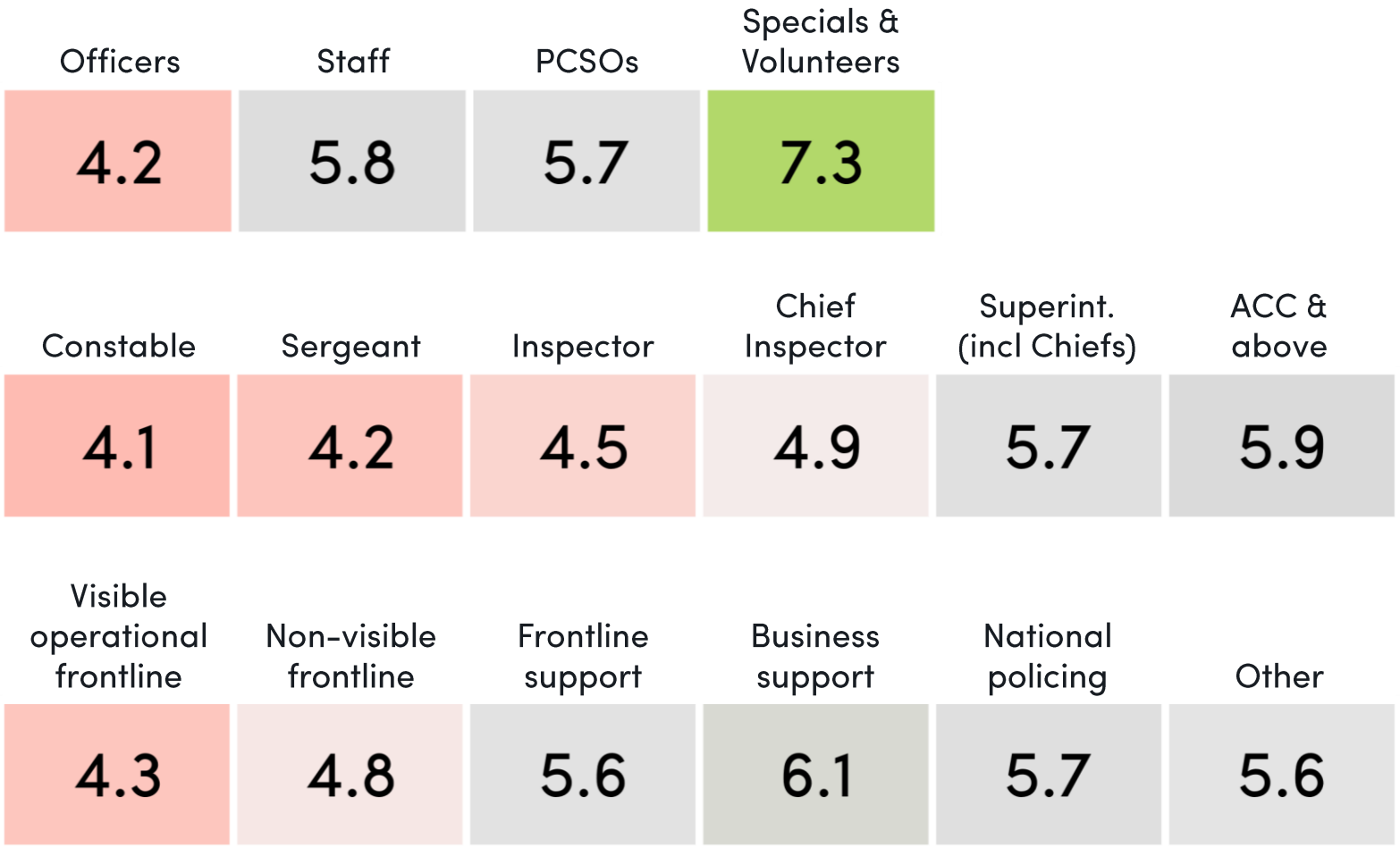
Found your work to be emotionally exhausting?

NHS 2024: 34%

Policing: 46%



The strain of work is highest for police officers and those in the operational frontline

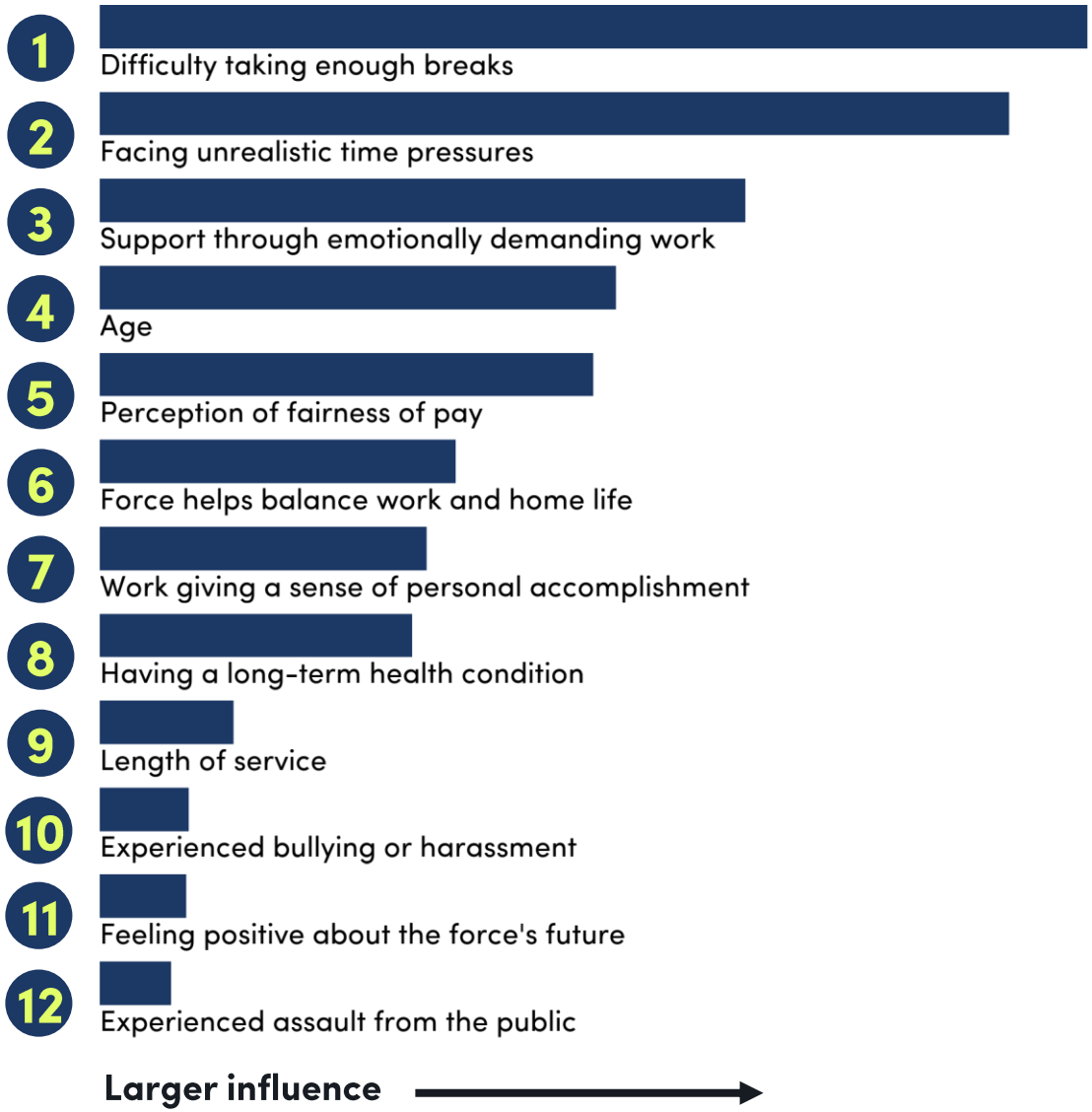


Wellbeing index for different groups

Wellbeing index is on a 0 to 10 scale and is calculated as the average of the responses given to the wellbeing questions

Key drivers of wellbeing

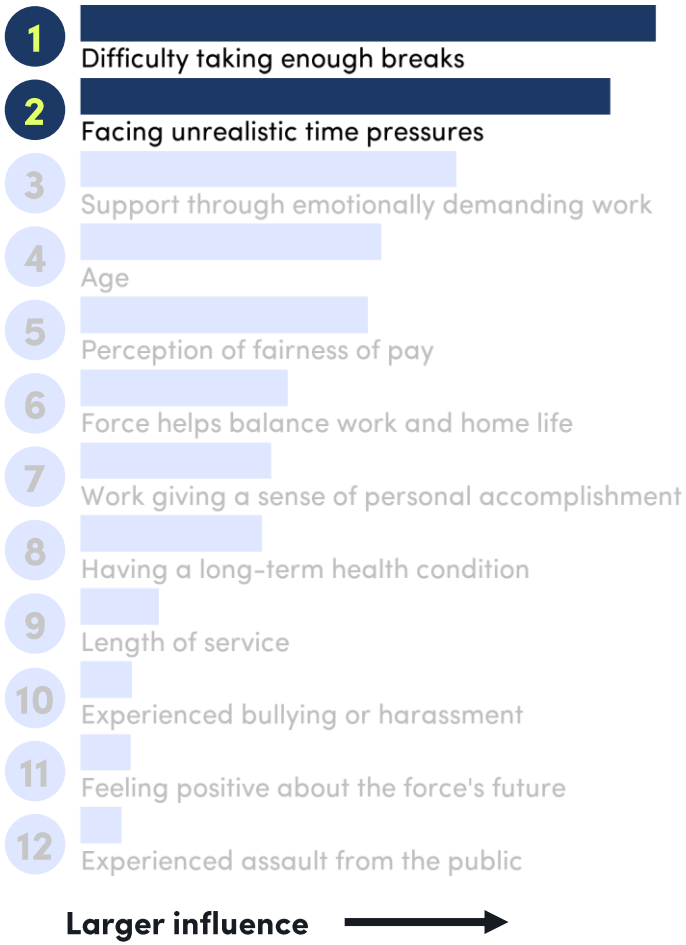
There are a few factors that are most strongly related to wellbeing nationally



The length of each bar corresponds to how much influence the factor has on the wellbeing index independent of all other areas of the survey.

We calculated this by producing a statistical model and then asking how much worse the model performance would be if we removed that variable - this tells us how big of an independent effect the factor has on wellbeing.

Workload pressures have the biggest influence on wellbeing

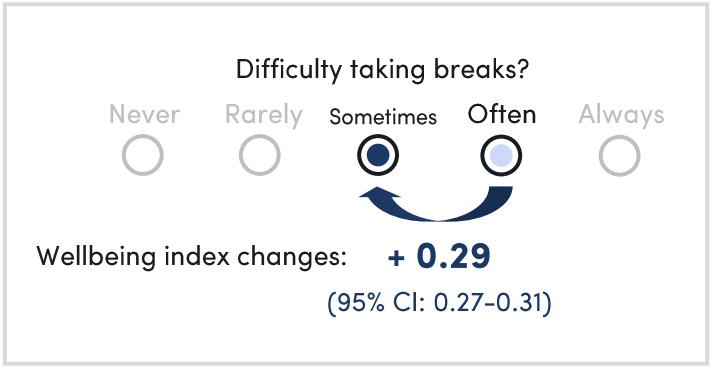


The two factors with the strongest relationship to wellbeing are related to workload pressure

- Our model indicates that the *ability to take enough breaks* and the extent of *time pressures* are the top two influences on wellbeing

Improving these factors could significantly shift the dial on wellbeing

- Our model suggests that reducing difficulty in taking breaks by one step along the five-point Likert scale would increase their wellbeing index score by nearly 0.3 points.
- Reducing time pressure would have a very similar effect.



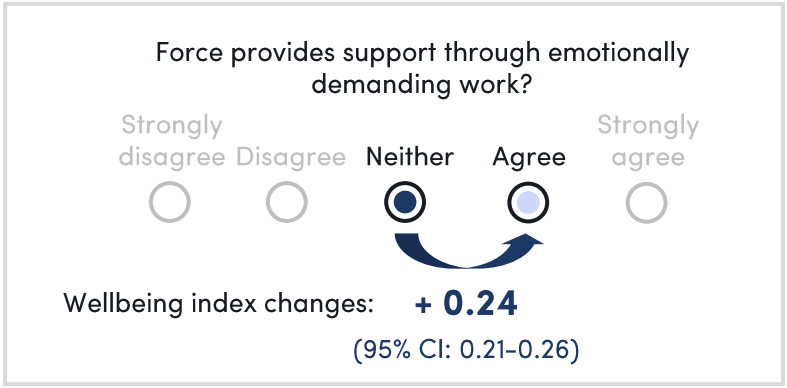
The importance of organisational support further evidences the need for good internal workload management

Forces' support with workload is a key driver of wellbeing

- Measures of forces' support with managing workload feature among the top influences on wellbeing.
- Specifically, it's forces' support for emotionally demanding work and with work-life balance that appear to matter.

This reinforces the message that internal workload management is key

- On the previous slides, we saw that the workload pressure the workforce feels is due to internal management, not external demand, and, here, we see that how well the force supports its workforce's workload has a strong influence.
- Therefore, internal management is key.



Reducing workplace assault and bullying also would significantly improve wellbeing for victims within the workforce

Personal experience of assault, bullying and harassment have a small aggregate effect, but an appreciable effect on wellbeing for colleagues that experience assault or harassment

- The model measures the effect on wellbeing for the overall workforce, giving less weightage to factors that affect only a few people
- Reducing the occurrence of negative workplace experiences of bullying/harassment and assault from the public would have a significant impact on wellbeing for victims

Impact of negative personal experiences on wellbeing index score

	Yes	No	Wellbeing index change (95% CI)
Experienced bullying or harassment?	○ →	◉	+0.22–0.33
Assault from member of the public?	○ →	◉	+0.18–0.28
Assault from member of the organisation?	○ →	◉	+0.14–0.57

Differences in breaks, pay, work-life balance and assault explain the officer-staff wellbeing gap

Lower wellbeing among officers (4.2) compared to other roles is explained by factors in the survey[1]

Four differences in the nature of the officer and staff roles explain officers' lower wellbeing, with officers reporting:

- Finding it harder to take sufficient breaks at work
- Worse perception of fairness of pay
- Poorer support for work-life balance by the force
- Higher likelihood of experiencing assault at work

Prioritising reduction of differences between officers and staff on these four areas should be a priority to help bridge the wellbeing gap

Accounting for four factors explains the officer-staff wellbeing gap

	Officer	Staff
Average scores	4.2	5.8
Account for ease of taking breaks	4.5	5.4
Account for perceived fairness of pay	4.6	5.2
Account for work-life balance support	4.7	5.0
Account for having been assaulted	4.8	4.9

The table shows what the average wellbeing index score would be for officers and staff if officers and staff reported the same answers for the factors on the left (in each row a new factor is added to the existing model).

Notes: 1. Even after accounting for differences in all topics in the survey, specials and volunteers' wellbeing index score is 0.97 points higher than that of other roles. Given these roles are voluntary, there is likely a 'self-selection effect' – with only people for whom policing has a minimal wellbeing effect choosing to do it voluntarily.

Methodological note: We first regressed wellbeing on role only (giving the average scores), and then, one-by-one, added all possible combinations of variables and identified which reduced the coefficient on role the most. These factors were added to the regression, and the process was repeated until the coefficient on role was less than 0.1. We investigated if the assault variable could have a confounder/is a proxy for other factors by testing if including any other factors could reduce the assault variable's effect on wellbeing.

Wellbeing differences by function can be explained by ability to take breaks and work-life balance varying by function

Wellbeing differs substantially by function, with those in frontline roles reporting significantly worse wellbeing than others across policing (row 1 below)

However, controlling for two factors – i.e. if everyone responded the same to these questions (which vary by function) – we would expect to see very similar wellbeing scores (row 2 below):

- Finding it difficult to take enough breaks
- Feeling the force is committed to helping balance work and home life

	Local – incident response	Public protection	Investigations	Local - other	Local - neighbourhood	Road policing	Operational support	Criminal justice arrangements	Dealing with the public	Force command	Other	Intelligence	National policing initiatives	HR	Infrastructure and assets	Technology/ICT	Other key support services
Average	3.7	4.5	4.6	4.6	4.7	4.8	4.9	5.1	5.1	5.5	5.6	5.7	5.7	5.9	6.1	6.2	6.3
Account for taking breaks and work-life balance	4.7	4.8	4.8	4.8	4.7	4.9	4.9	5.0	4.9	5.0	5.0	5.1	5.1	5.0	5.1	5.1	5.2

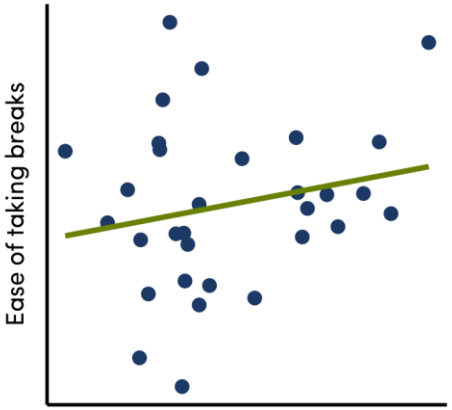
Enhancing support with workload pressures and work-life balance is crucial to improve wellbeing across policing

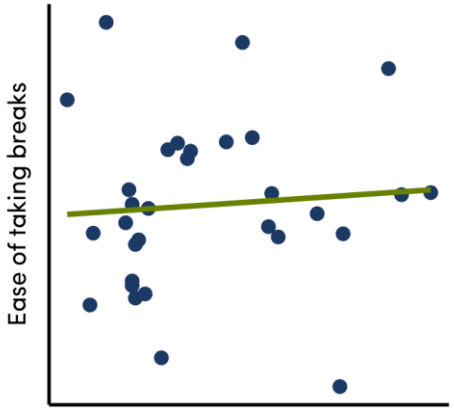
Perceptions of workload pressure are unrelated to force demand or resources, but related to organisational support

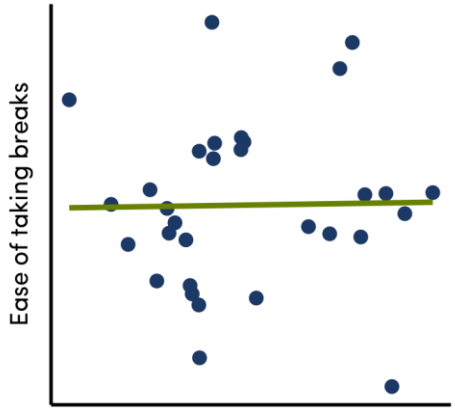
Lack of correlation between demand or resourcing levels with perceived workloads pressures indicates that internal processes and supportive workplace culture are key to perceptions of workload pressure and wellbeing

Workload pressure felt by the workforce is not correlated to:

- Crime rate
- Funding
- Number of officers per capita

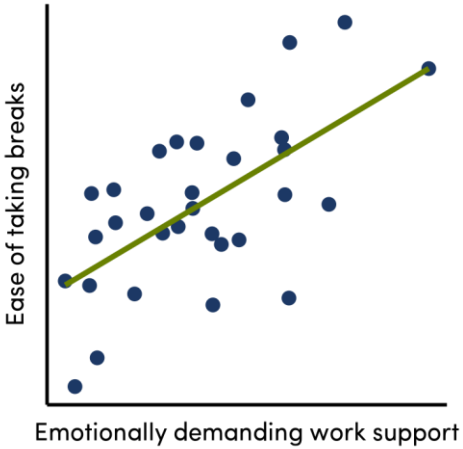


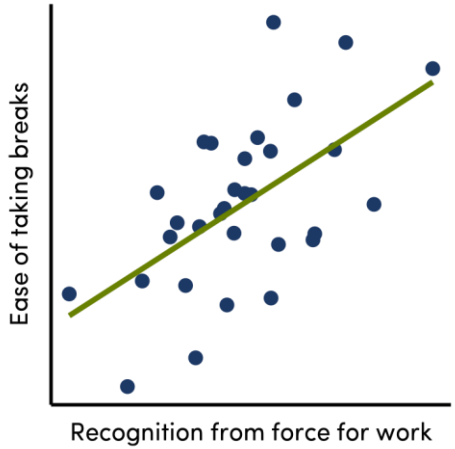




However, we find it is correlated with:

- Support through emotionally demanding work
- Support achieving a work-life balance
- Recognition from the force for work





Each data point here refers to a participating force

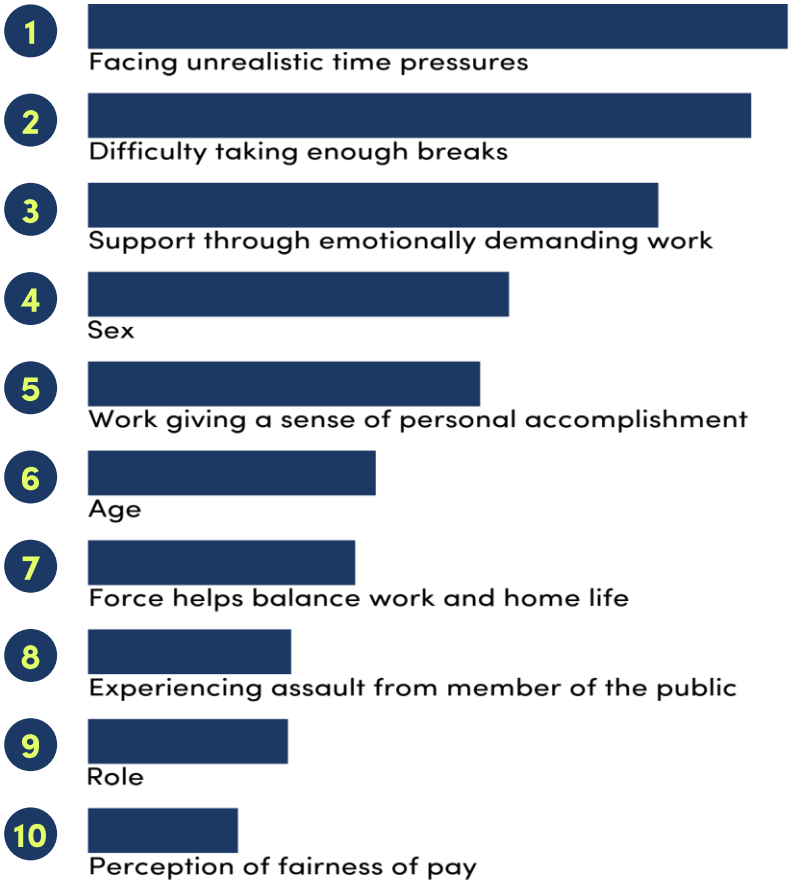
Components of wellbeing

What influences exhaustion? What influences compassion fatigue?

These variables have the biggest influence on the exhaustion and compassion fatigue components of wellbeing

Influences on exhaustion

Influences on compassion fatigue



The 'exhaustion' component includes: (i) coming to work even when one did not feel well enough to perform your duties; (ii) feeling fatigue or physically exhausted by work; (iii) finding work to be emotionally exhausting; (iv) feeling burnt out because of work

The 'compassion fatigue' component includes (i) Finding it difficult to empathise with colleagues or family due to job demands; (ii) Finding it difficult to empathise with victims of crime due to job demands

Exhaustion and compassion fatigue are strongly influenced by workload pressure and support, but some drivers differ

Workload pressures and support managing workload have a substantial influence on both

Measures of workload pressure are the top two influences on both the exhaustion and compassion fatigue components of wellbeing

Perceptions of workload management – support through emotionally demanding work, and with work-life balance – are also among the main influences for both components

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Perception of pay fairness mainly influences the financial stress component of wellbeing

Perception of pay fairness was the fifth most influential factor for the overall wellbeing index, but places tenth for the exhaustion and compassion fatigue components

Having a long-term health condition influences exhaustion

Having a long-term health condition is the fifth strongest driver of exhaustion (but it not a driver of compassion fatigue) – which evidences that health conditions exacerbate impacts of workload pressure and require targeted support

Men are more likely to experience compassion fatigue

All else equal, men reported lower ability to empathise with colleagues, family or victims due to the demands of the job by 0.5 points (scaled 0-10)

This difference emerges even after controlling for other factors such as men being more likely to be officers – indicative of something else explaining the gap or an isolated sex gap

Spotlight: New recruits

Age and years of service have a clear influence on wellbeing

Both age and service length strongly influence wellbeing

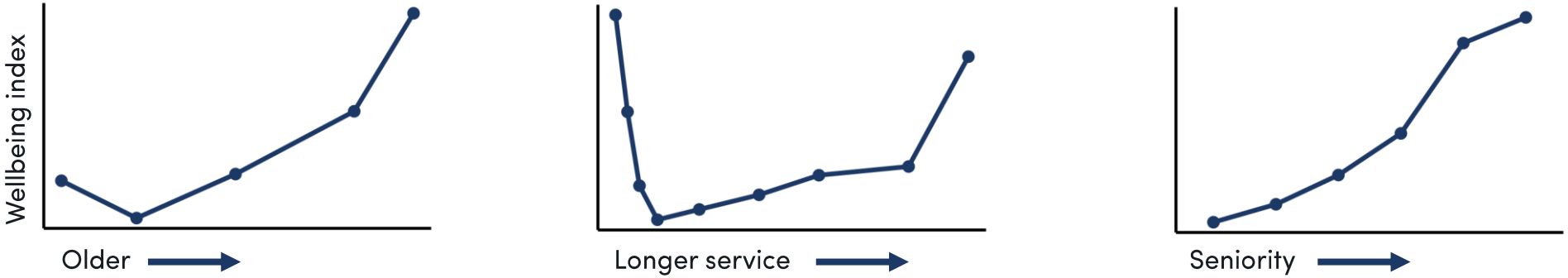
- The effect of age on wellbeing is linear, with wellbeing improving with age
- New recruits have the highest wellbeing, which declines in initial years before increasing closer among those with 30+ years of service nearing retirement

Estimated change in the wellbeing index relative to 16-24 year olds

Estimated change in the wellbeing index relative to 20 to 30 years of service

Despite being correlated with rank, age and length of service influence wellbeing independent of seniority

The survey reveals a similar trend in wellbeing levels relating to rank, age and service length – with consistent increase in wellbeing as individuals progress in age, service length and rank/seniority (though with a brief initial drop in wellbeing with age and service length)



Although rank is closely correlated with age and length of service, when they are all modelled to predict the wellbeing index, the majority of the prediction's effectiveness is due to length of service, followed by age

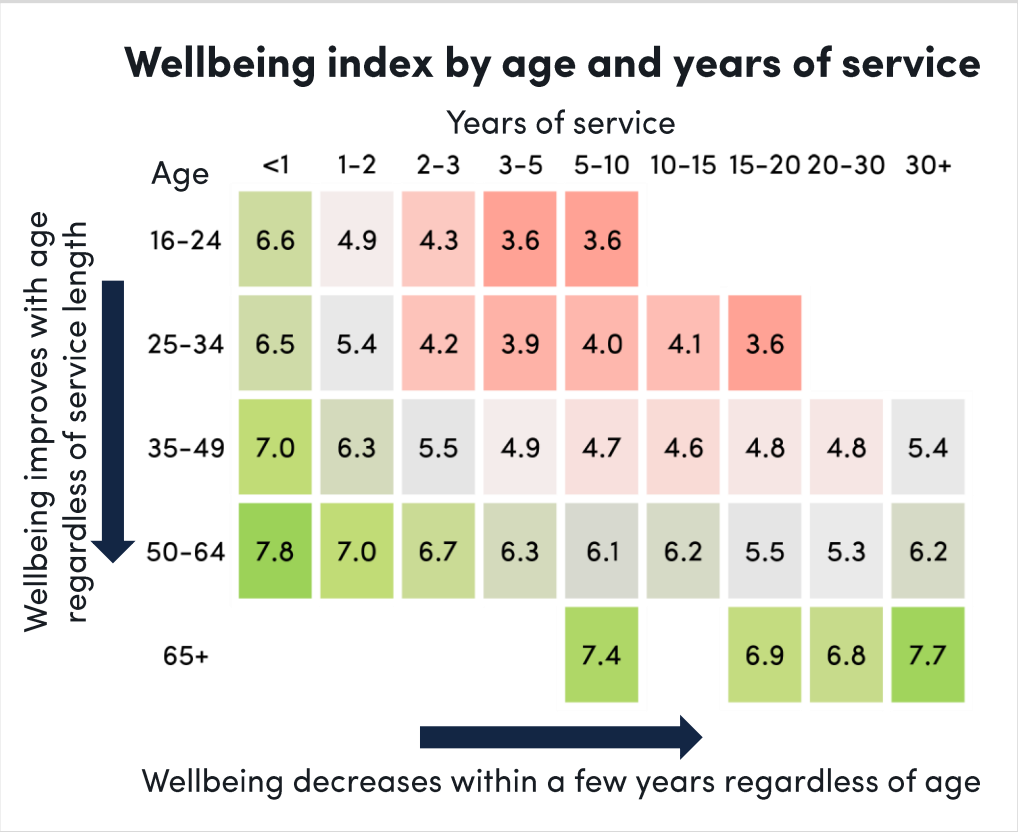
Therefore, service length and age have an influential effect on wellbeing, but rank's association can largely be accounted for by its association with service length and age

Technical note: these percentages are the ratios of the partial R-squared for each variable from a linear regression of the wellbeing index on these three variables. As a robustness check, we also calculated the F-stat for each variable from a Type II ANOVA test. The ratio of F-statistics were very similar.

Age and length of service have a separate, independent influence on wellbeing

Both age and service length individually influence wellbeing levels

- Wellbeing increases with age across every service length
- Wellbeing declines rapidly in the first few years of service across every age group



The explanation for this must come from factors not included in the survey as our model accounted for all survey topics – e.g. it cannot be linked to higher probability of younger employees being in frontline roles, or having worse perceptions of pay

A few factors could explain this:

- For the age-wellbeing gradient:
  - Perhaps there are generational differences in workload expectations?
  - Perhaps there are generational differences in out-of-work stresses?
  - Perhaps financial stability increases with age?
- For new recruits' wellbeing being much higher:
  - Perhaps support for new recruits through training and mentoring has an impact?
  - Maybe new recruits simply experience a 'honeymoon phase' at work?
- For those with 30+ years of service having higher wellbeing:
  - Perhaps 'self-selection' - those staying in post only doing so if they've learned to cope with the wellbeing demands - explains this?

Intention to stay also drops sharply within 3 years of service for officers, with work-life balance and workload a key cause

Stated intention to stay drops most notably for officers - the proportion wanting to stay 3+ years drops from 74% for new recruits to 43% within 3 years. Work-life balance and unmanageable workloads account for a quarter of those considering leaving. Given significant investment in this cohort in initial years, the drop in wellbeing and intention to stay warrants continued attention for the service.

Years of service

Intentions	< 1	1-2	2-3	3-5	5-10	10-15	15-20	20-30	30+
Leave organisation ASAP	3%	4%	6%	8%	9%	9%	8%	7%	6%
Leave policing within a year	3%	8%	14%	15%	18%	20%	16%	12%	11%
Leave organisation within a year	4%	6%	6%	6%	5%	5%	4%	7%	11%
Stay for 1+ year	26%	27%	27%	25%	23%	21%	19%	18%	26%
Stay for 3+ years	63%	54%	45%	46%	44%	44%	52%	56%	45%
Stay 3+ years: Officers	74%	56%	43%	45%	44%	45%	54%	58%	33%

Percentage of workforce of that role within a given years of service band answering with that intention

Reasons for considering leaving	< 1	1-2	2-3	3-5	5-10	10-15	15-20	20-30	30+
Work-life balance	16%	14%	16%	15%	16%	15%	15%	14%	14%
Pay & benefits	14%	13%	16%	15%	14%	14%	13%	10%	7%
Service leadership	7%	9%	10%	11%	12%	12%	12%	12%	11%
Unmanageable workload	8%	11%	12%	12%	10%	8%	8%	7%	6%
Public confidence in policing	5%	5%	8%	10%	11%	10%	10%	9%	5%

Percentage of workforce considering leaving within a given years of service band answering with that reason

Note: Percentages in the heatmap refer to: of all the reasons given for intending to leave by people in that given service length band, what percentage are that particular reason?

Spotlight: Limited duties

Those on adjusted/ recuperative duties have lower wellbeing than others, with support for families a key wellbeing driver

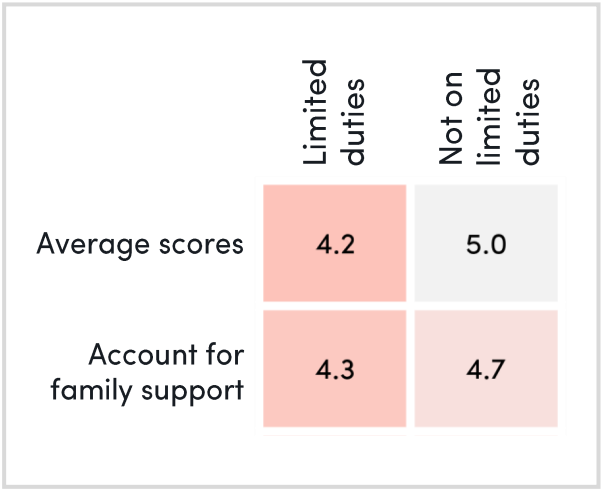
Police officers and staff on limited duties - **adjusted or recuperative duties** - often face a mix of practical, emotional and organisational challenges that can affect their wellbeing and engagement. Given the high levels of the workforce on adjusted/recuperative duties across the service – about 10% of officers in March 2025 – we examine key wellbeing issues for those on limited duties.

Those on adjusted/recuperative duties have lower wellbeing

- The wellbeing index score for those on adjusted/recuperative duties is 0.8 points lower than others (5.0 vs 4.2)
- However, controlling for one single factor – forces providing good support for family members - the gap reduces to 0.4 points

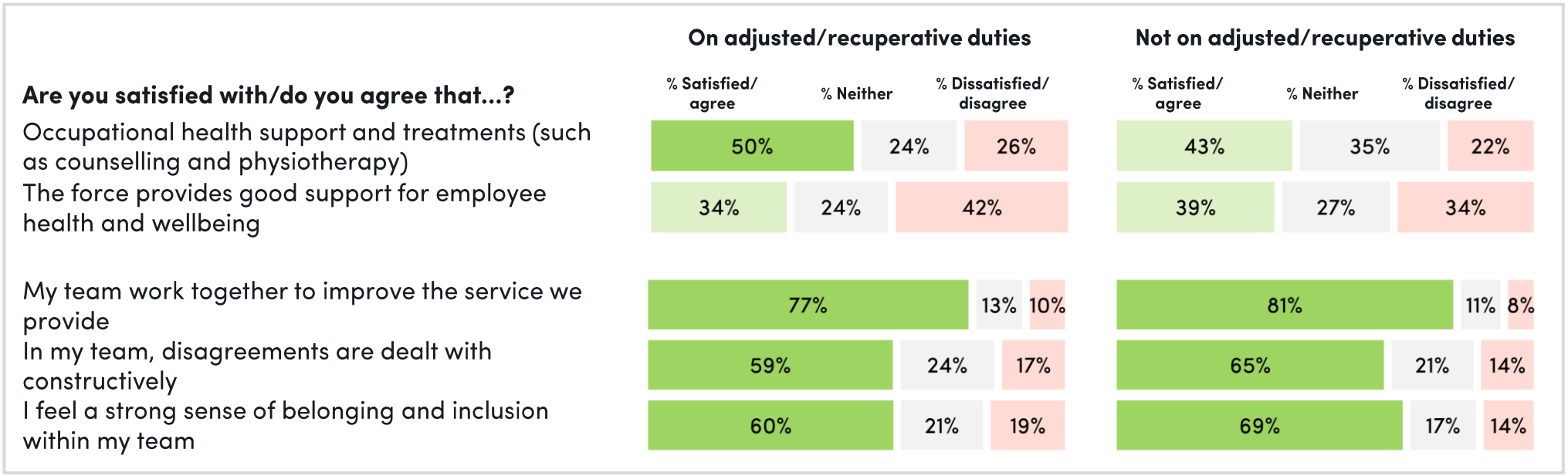
This may reflect differential expectations around family support for those on limited duties, given the role that family can play in improving wellbeing during recovery and restricted work, including:

- Promoting recovery and healthy routines
- Practical support to enable those on limited duties to focus on recovery and adapting to their new duties
- Emotional stability and reassurance to reduce stigma and normalise recovery
- Supporting self-esteem and motivation in adjusted roles



- Other factors included within the survey do not help explain the remaining difference in reported wellbeing scores

While views on support services are mixed, those on adjusted/ recuperative duties report poorer team dynamics



Those on limited duties are slightly more satisfied with occupational health support, and less satisfied with wider force health and wellbeing support than others

- Those on adjusted/recuperative duties have stronger views – both positive and negative – relating to occupational health, but on average are more satisfied than others
- Those on limited duties are slightly more negative about their force's overall health and wellbeing support

There are indications that management of limited duties at team level can be improved, with poorer perceptions of belonging and collegiality for those on limited duties

- Perceptions of constructive management of disagreement within teams is 6 %pts lower for those on adjusted/recuperative duties compared to others
- Those on limited duties also report lower perceptions of belonging and inclusion within their teams

The wellbeing gap on limited duties is smaller for officers; staff on limited duties report worse workloads and wellbeing

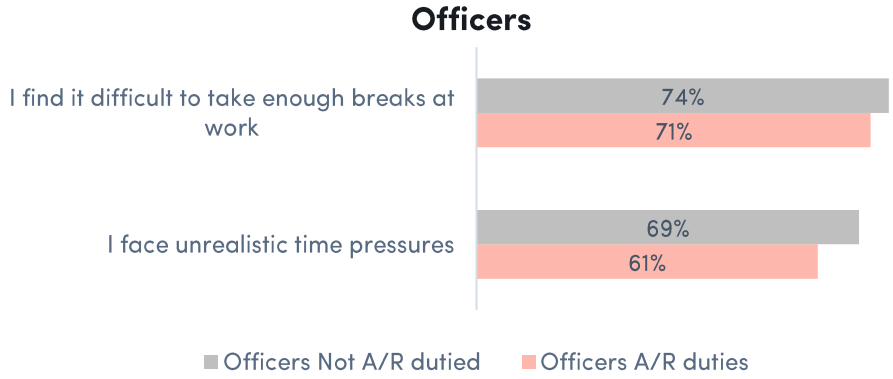
Among officers, those on limited duties have only slightly lower wellbeing (0.2 difference), but the gap is much larger among staff (1.2 difference) – with minimal variation across function

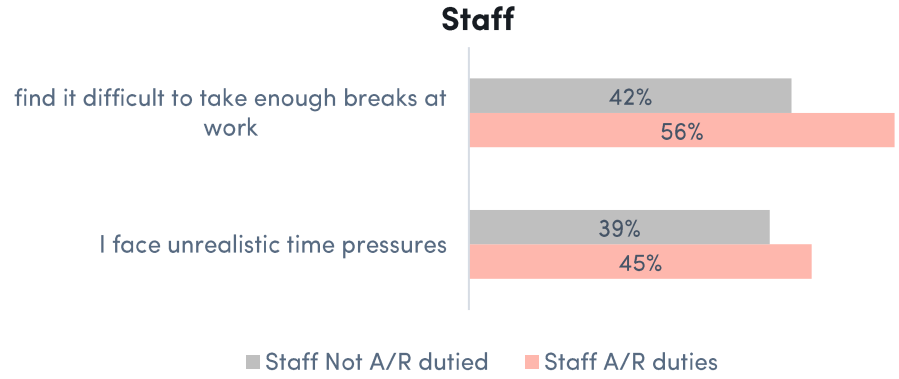
	A/R duties	No A/R duties
PCSO	5.2	5.8
Police Officer	4.0	4.2
Police Staff	4.7	5.9

Officers	A/R duties	No A/R duties
Business support	4.8	5.3
Frontline support	4.8	5.3
National policing	5.0	5.4
Non-visible frontline	4.0	4.3
Other	4.0	4.5
Visible operational frontline	3.6	3.9

Staff	A/R duties	No A/R duties
Business support	5.0	6.2
Frontline support	5.2	6.0
National policing	4.3	6.4
Non-visible frontline	4.5	5.6
Other	5.2	6.0
Visible operational frontline	4.6	5.9

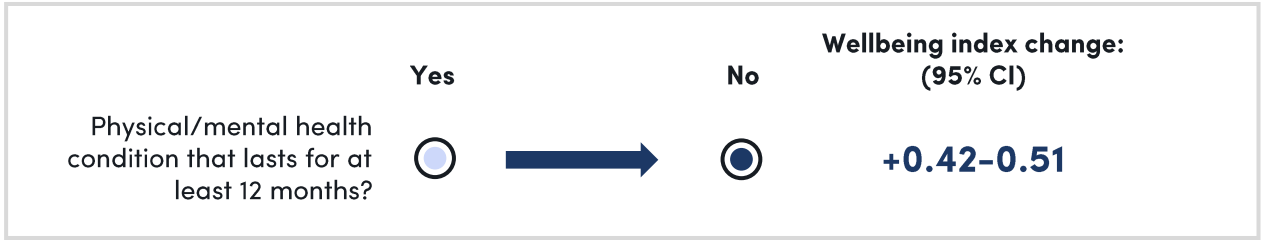
Officers on adjusted/recuperative report improved workload pressures, but perceptions of workload pressures are worse for staff limited duties – indicating pressures due to less structured support for staff





More broadly, those with long term health conditions also have lower wellbeing despite accounting for possible explanations

- On average, those with physical/ mental health conditions lasting for at least a year have a 0.78 point lower wellbeing index score[1]
- If respondents answered all survey question the same except the long-term health conditions question, those with a health condition would have a 0.46 point lower wellbeing index score[2]



Factors covered by the survey only explain some of the wellbeing gap

- The wellbeing gap is partially explained by lower satisfaction with, for example, support during emotionally demanding work and with work-life balance among those with long-term health conditions
- However, differences in knowing how to access health and wellbeing support, and satisfaction with occupational health support are negligible

The remaining gap after accounting for factors in the survey could indicate:

- Their wellbeing is influenced by factors not included in the survey
- Poor wellbeing is creating health challenges ('reverse causality')
- The health condition itself directly making the individual more likely to be burnt out/exhausted

This calls for the service to target wellbeing support towards those with long-term health conditions

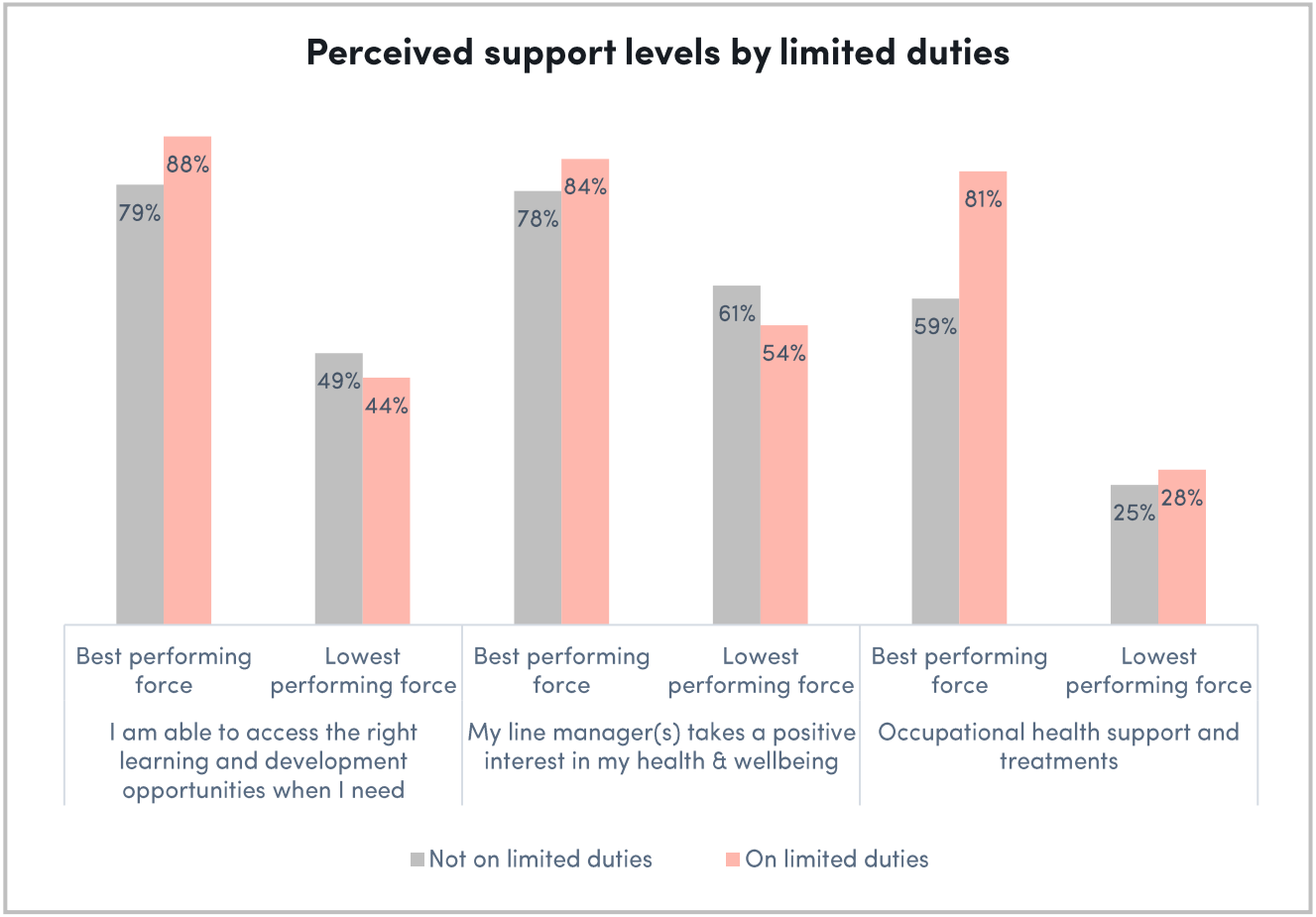
Notes: 1. 95% confidence interval: 0.73 to 0.83; 2. 95% confidence interval: 0.41 to 0.50

High variation across forces for those on limited duties points to areas for learning to improve support for colleagues

While there are variations between forces across several areas included in the survey, these differences are even starker when focusing on those on adjusted or recuperative duties: Limited duties staff feel better supported than others in strong forces, but worse in weak ones

- In the most positive force, a higher proportion of workforce on limited duties say their manager takes a positive interest in their health and wellbeing compared to those not on limited duties (84% vs 78%)
- Conversely, in the lowest rated force, those on limited duties report lower relative line manager support (54% vs 61%)

Considerable cross-force differences in support for those on limited duties, provides an opportunity to learn from good practice on supporting the workforce



Improving wellbeing across policing

For most of the key drivers of wellbeing, there are strong evidence bases and clear solution spaces

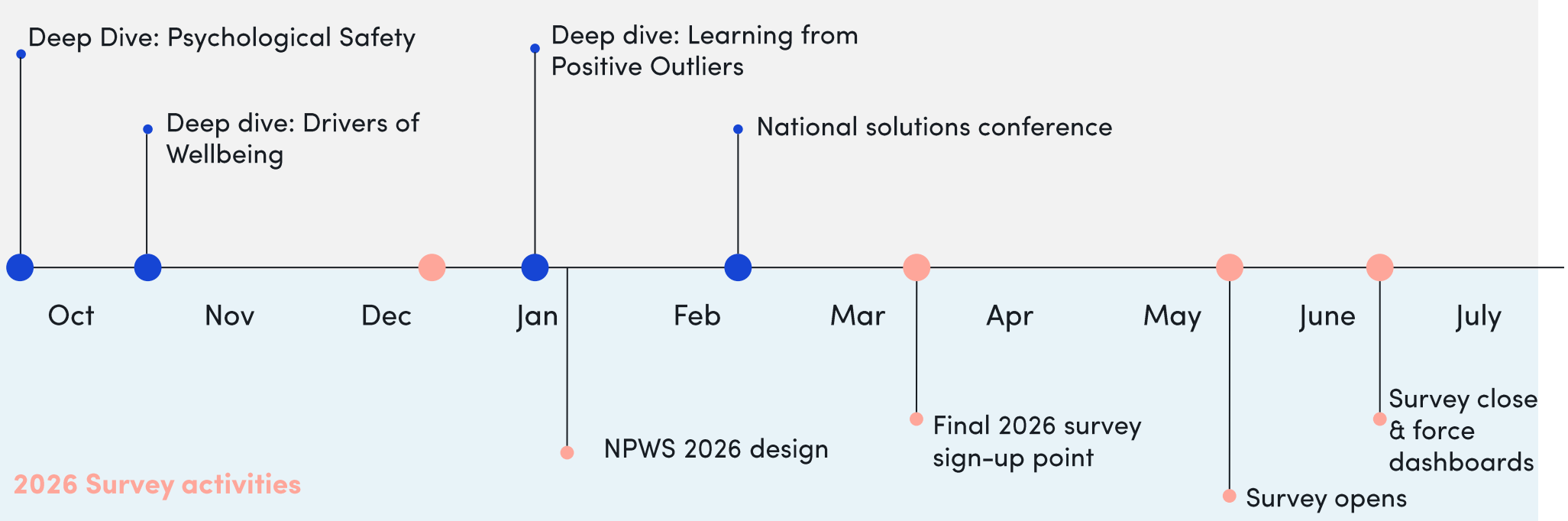
Key drivers	Solution domains
✓ **Workload**	• Strategy & planning • Demand management & prevention • Workforce planning
✓ **Organisational support** (from leaders, line managers and teams)	• Leadership development • Strategy & planning • Wellbeing support/ OH
✓ Personal experiences of **workplace misconduct**	• Leadership development (psychological safety focus) • Recruitment & vetting • Professional standards policy & practice
✓ **Age & length of service**	
✓ Experiencing a **long-term health condition** or on **limited duties**	• Wellbeing support/ OH • Workforce planning

National action planning is underway, and we want to support the growing community of practitioners across policing

Keep in touch with ongoing work and insights

There is already significant work underway nationally and locally to address some of the issues highlighted in this report. Please see Oscar Kilo for details of wellbeing-specific support, and new initiatives such as the new Mental Health Crisis Line for policing and the Workforce Prioritisation Guidance.

We will be running the survey again in May 2026, evolving the question set slightly to reflect topical issues while keeping strong continuity to allow progress tracking over time – please get in touch with any questions. We are on a mission to reduce 'survey fatigue' across policing and make sure the NPWS survey meets most major needs. **Please tell your colleagues about this work and contact us before undertaking specific policing surveys.**



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BUILDING HIGH PERFORMANCE FOR THE PUBLIC

Appendix: Methodological approach

The model includes most relevant factors to explain wellbeing

- The factors included in the model, that is, the questions asked in the survey, explain most of wellbeing
- The model's R-squared value, the proportion of variation in the wellbeing index explained by the model, is 56% - considered high within social sciences statistical models
- Therefore, there aren't many other factors that influence wellbeing that we haven't covered

A different statistical approach yields the same answers

- We validated our results using machine learning method, XGBoost, which takes a different conceptual approach
- This also reported similar results: the four factors related to workload management are estimated to be most influential (see table below)

XGBoost top 6 factors	Influence
Work-life balance support	0.24
Emotionally demanding work support	0.15
Time pressures	0.13
Difficulty taking breaks	0.12
Fairness of pay	0.05
Recognition for work	0.03

Non-response doesn't affect the results

- The regression approach used only works when there's no missing information in the data
- Therefore, individuals that skipped questions included in the model had all their responses excluded from building the model
- To be able to include all participants' data in the model, we used MICE to predict the answers to skipped questions for respondents that skipped individual questions in the survey
- The results based on 'imputed' responses are practically identical to the reported results. Therefore, the exclusion of non-responses doesn't matter

Appendix: Methodological caveats

Statistically, the methodological approach identifies predictors of wellbeing but does not necessarily identify causal relationships

- This report identifies factors that are correlated with wellbeing when other factors are kept at a constant level. However, we cannot rule out unaccounted for factors having the causal effect on wellbeing, whilst happening to be correlated with the factor of interest. We also cannot rule out that the relationship runs the other way around: perhaps wellbeing is causing the factor of interest.

The way wellbeing is measured here is only a specific conceptualisation

- Our wellbeing index measures exhaustion, compassion fatigue and financial stress. Therefore, influences on concepts such as happiness or job satisfaction might be different.

Further investigations could identify indirect influences/root causes

- Factors for which we've ruled out a direct effect might still play an important role.