HEALTH & WELLBEING RESEARCH

Blue Box Thinking: Politics, Procurement & Policing.

The Creation of the National Police Wellbeing Service

Dr Ian Hesketh

@IanHesky

The Open University 50 YEARS

Thin blue mind

129 views • Oct 9, 2019

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This short film illustrates the effects of particular roles within policing and how they can affect your mental health.

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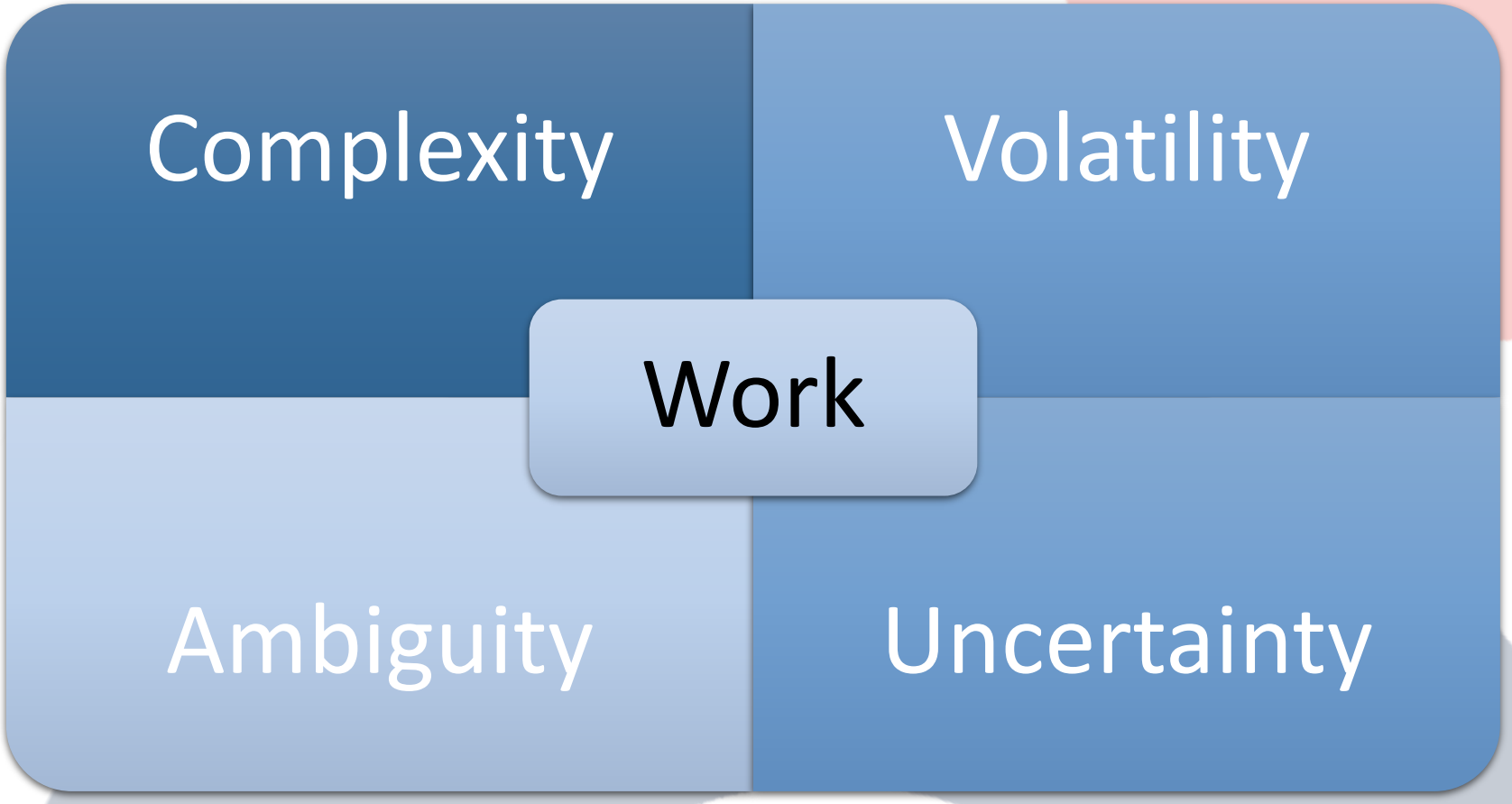
Context



VUCA World (Casey,2014)

Key to Wellbeing

Creating an environment in which all employees can lead a meaningful and purposeful life.

Leadership

Knowing enough about your staff to be able to recognise when things are not right, and to have the skills to intervene both quickly and effectively

Resilience

The ability to cope with adversity, and to be able to 'bounce back'. Being able to deal with the stressors of every day life.

Employee Wellbeing

- Psychological
- Physiological
- Sociological
- Financial

If you need to leave in the next 5 mins, this sums up the next 45 mins (Prof Laurence Alison)

Where it came from…

In 2013, the NPCC Wellbeing and Engagement working group was established

Significant research was undertaken to understand the wellbeing landscape across policing

What we learned

Better understanding of issues and acknowledgement of significant unmet need

A whole system approach is required to embed prevention into the system

In response to this

A gap was identified for a **sector specific** and **single point** resource

In 2017, Oscar Kilo and the Blue Light Wellbeing Framework launched

Moving from a '*blame*' culture to one of *'learning from failure'* has important implications for forces' ability to learn from mistakes and for their long-term success.

Dr Les Graham – Front Line Review 2019

The eight live service areas

- Leadership for wellbeing
- Trauma, post incident support and disaster management
- Psychological screening
- Individual resilience
- Wellbeing at work
- Peer support
- Outreach service (Wellbeing vans)
- Benefits realisation

Toolkits and resources

Oscar Kilo provides access to evidence based resources, toolkits, information, videos, promotional materials

all aimed at helping organisations improve their wellbeing offer and we're adding new things all the time

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Wellbeing Vans – Outreach Service

- Equipped for physical and mental health checks
- Forces staff to reflect their local wellbeing provision and promote services available
- Opportunity to get the wellbeing services out to the frontline


WELL


The National Police
WELL
OSCAR KILO
Home Office
NPCC


WEING
POLICE


WELL


POLICE
CHARITIES
UNITED KINGDOM
POLICE
POLICE

FLINT HOUSE
POLICE REHABILITATION CENTRE
The Police Rehabilitation Centre, Flint House. Dedicated treatment for Police Officers.
Physiotherapy
Health & Wellbeing
Mental Health Support


EX
The National Police
WELL


WEING
POLICE
POLICE

What do you need?

‘Balancing Dynamic’

(Stella Manzie)

Chief Constable Andy Rhodes

The National Police Wellbeing Service

Gvmt Support

Police Minister
Home Secretary

The National Police Wellbeing Service

Programme Manager Guy Martin

The National Police Wellbeing Service

Service Delivery Managers

Julie Rawsthorne
Fiona Meechan

The National Police Wellbeing Service

Comms & Marketing Jenna Flanagan

The National Police Wellbeing Service

Medical Expert Prof John Harrison

The National Police Wellbeing Service

Third Party Suppliers

The National Police Wellbeing Service

Academic Support

What else do you need?

…and boy can they slow things up!

The National Police Wellbeing Service

- **Procurement**
- **Finance**
- **Evaluation**
- **Committees**
- **‘Helpful Others’**

Evidence Based Practice (EBP)

“The conscious, explicit and judicious use of the best available evidence for decision-making, drawn from four sources:

1. Practitioner experience, expertise and judgement
2. The local social and organizational context
3. The best available research findings
4. Those affected by the decision”

Prof Rob Briner - University of Bath’s Centre for Evidence Base Management

Psychological screening and monitoring

One way for police forces to assess and monitor wellbeing is through the use of health screening and monitoring. However, as noted by Kirschman (2007), most psychologists admit that they are more effective in screening people out than for suitability to role. Furthermore, physical and psychological monitoring are not new. For example, police forces require applicants to undertake pre-placement screening of their physical and psychological fitness, together with tests of aptitude and mental capacity (College of Policing, 2015). Furthermore, police officers are required to have regular checks of their stamina, sight, and hearing (College of Policing, 2014). The use of pre-placement and in-post psychological screening and monitoring to assess and monitor impact of traumatic exposures on police officers and staff is increasingly being used to identify people at risk of developing trauma-related conditions (Carleton *et al.*, 2017; Marshall *et al.*, 2017). Regular psychological monitoring is particularly important for the specialist policing roles which regularly expose officers and staff to a higher level of risk of developing post-traumatic stress disorder (PTSD), secondary trauma or compassion fatigue (Craun *et al.*, 2014), stress, and burnout (Houdmont *et al.*, 2012; Houdmont, 2013).

A study of PTSD in occupational settings (McFarlane and Bryant, 2007) examined the risk to workers of developing trauma-related conditions, emphasizing the need to introduce screening tools with established cut-off levels. These tools have questionnaires which have the ability to identify specific conditions with a level of sensitivity, to identify officers who have developed a psychiatric condition and require psychoeducation and support. Psychoeducation is an evidence-based approach to providing information to those dealing with mental health disorders and their friends and families (Lucksted *et al.*, 2012). The aim is to educate those who have, or are in contact with people that have, mental health conditions. It has been suggested by some UK military researchers (Rona *et al.*, 2006) that pre-placement/deployment screening has little to offer in terms of predicting those who may become traumatized during their work. However, in policing the purpose of psychological screening and monitoring programme is different to the military, in that the goal is not to be predictive but rather to identify officers and staff exhibiting clinical symptoms and signs of psychological distress; and to provide them with appropriate help. The psychological monitoring data can also be used as a benchmark for assessing the burden of traumatic exposures.

The initial screening of police officers from two police forces entering a high-risk role has shown that on average 80% are fit and have no significant symptoms of trauma, 15% have scores which are concerning, and 5% have clinically significant symptoms of PTSD (Tehrani, 2016). This information, on its own, did not prevent deployment. However, it triggered an occupational health assessment, with the possibility of a referral for trauma therapy for those with clinically significant symptoms; with officers and staff exhibiting sub-clinical symptoms being offered a wellbeing focused session with a trauma informed occupational health practitioner (e.g., Mental Health Canada, 2013). These sessions have proved popular with officers and staff as they provide an opportunity to discuss issues related to their role and tailored psycho-social education and advice on how to avoid or reduce traumatic symptoms. It has been recognized that some roles carry a burden of traumatic exposure, as has been found in child protection officers where a reduction in resilience has been found at around 4 years (Tehrani, 2018). The introduction of tenure, sabbaticals, and role rotation, together with proactive support and education, can reduce the risk of PTSD and help to retain valuable officers and staff.

Resilience training for police officers and staff has also proven to be affective (Hesketh *et al.*, 2015). In a pilot study, officers and staff who had undertaken group-based resilience training

reported improvements in working relationships, feelings of control, communications, and other aspects of their working lives (Hesketh *et al.*, 2018).

Discussion

Policing has an opportunity to address the impact of trauma exposure in several ways. These include providing education to increase awareness of the signs and symptoms of trauma, together with training in a range of skills to increase resilience and the ability to cope when dealing with challenging of situations (Agaibi and Wilson, 2005). There is also a need to introduce psychological screening and surveillance, to ensure that psychological risks are handled with the same level of importance as physical risks. There is a need to create an organizational culture which is open to recognizing and responding to the needs of individuals (Bloom, 1997). This alongside other psychological assessment tools (Hesketh and Cooper, 2017) to support managers and supervisors in the recognition and identification of risk, risk groups, and response options. Thus, providing timely psychological interventions in the immediate aftermath of a traumatic exposure, as well as longer term trauma therapy.

With the support of all the stakeholders, senior management, first line supervisors, response, and specialist officers and staff, together with the support of occupational health professionals, it is hoped that this brief article will provide some ideas on how psychological trauma can be reduced in policing. Effective trauma exposure and risk management provisions are of major strategic importance, and any opportunities for improvement on current practices should be embraced.

References

Agaibi, C. E. and Wilson, J. P. (2005). 'Trauma, PTSD and Resilience: A Review of the Literature.' *Trauma, Violence and Abuse* **6**(3): 195–216.

Bell, S. and Eski, Y. (2016). 'Break a Leg—It All in Your Mind: A Police Officers' Attitudes towards Colleagues and Mental Health Issues.' *Policing: A Journal of Policy and Practice* **10**(2): 95.

Bloom, S. (1997) *Creating Sanctuary: Towards the Evolution of Sane Societies*. London: Routledge.

Brown, J., Fielding, J. and Grover, J. (1999). 'Distinguishing Traumatic, Vicarious and Routine Operational Stressor Exposure and Attendant Adverse Consequences in a Sample of Police Officers.' *Work & Stress* **13**(4): 312–325.

Bulpitt, D. (2016). 'Occupational Health: Police and Occupational Health.' In Byard, R., Payne-James, J. (eds.). *Encyclopedia of Forensic and Legal Medicine*. Amsterdam: Elsevier. pp. 602–608.

Carleton, R. N., Afifi, T. O., Turner, S., *et al.* (2017). 'Mental Disorder Symptoms among Public Safety Personnel in Canada.' *The Canadian Journal of Psychiatry* **63**(1): 54–64.

Craun, S. W., Bourke, M. L., Bierie, D. M. and Williams, K. S. (2014). 'A Longitudinal Examination of Secondary Traumatic Stress among Law Enforcement.' *Victims and Offenders* **9**: 299–316.

College of Policing. (2015). *Recruit Assessment Centres for Police Constables*. College of Policing Ltd. http://recruit.college.police.uk/Officer/after-I-apply/Pages/Constables-Assessment-Centre.aspx.

College of Policing. (2014). *Job Related Fitness Tests*. College of Policing Ltd. http://www.college.police.uk/What-we-do/Standards/Fitness/Documents/PoliceFitnessGuidance.pdf.

Fletcher, R. (2005). 'Policing a Complex Community; Political Influence on Policing and Its Impact on Local and Central Accountability.' *Journal of Community & Applied Social Psychology* **15**: 17–187.

Fragkaki, I., Thomaes, K., and Sijbrandij, M. (2016). 'Posttraumatic Stress Disorder under Ongoing Threat: A Review of Neurobiological and Neuroendocrinal Findings.' *European Journal of Psychotraumatology* **7**: 30915. https://doi.org/10.3402/ejpt.v7.30915.

Guardian. (2016). Police Sick-Leave for Psychological Reasons up by a Third in Five Years. (2016, 05/04/16). *The Guardian*. Retrieved from https://www.theguardian.com/uk-news/2016/apr/05/police-sick-leave-for-psychological-reasons-up-by-a-third-in-five-years.

Hawker, D. and Hawker, D. (2015) 'What Can Be Learnt from the Debriefing Controversy?' In *Early Interventions for Trauma*. Leicester: British Psychological Society, pp. 4–16.

HM Inspectorate of Constabulary. (2016). *State of Policing. The annual assessment of policing in* England and Wales 2015. Retrieved from https://www.justiceinspectorates.gov.uk/hmic/wp-content/uploads/state-ofpolicing.

Hesketh, I., Cooper, C. and Ivy, (2015). 'Well-Being, Austerity and Policing: Is It Worth Investing in Resilience Training? *Police Journal: Theory Practice and Principles* **88**(3): 20–30.

Psychological Trauma Risk Management in the UK Police Service

The UK police services have recently been undergoing many changes and reduced budgets alongside many new challenges of the time they have to face. Some of the accompanying changes in officer behavior include reduced numbers in the force, increased sickness absences, and changes to terms and conditions. As police officers face difficulties in an already very demanding job, management should ensure that their health, including mental health, is taken care of to promote better service and wellbeing. A recent paper discusses the efforts to deal with the current efforts in psychological trauma risk management and emphasizes the approaches it feels should be improved to increase the quality of care.
The paper suggests splitting officers into three categories to better tailor psychological trauma services: responders, specialists, and those who work during major disasters. All three categories deal with primary and secondary trauma, though in different ways. The first category of officers deals with incidents everyday, with unpredictable traumatic exposure to very serious events, as well as chronic psychological stress from working in contact centers and having to deal with complaints which can lead to compassion fatigue and burnout. The specialists, on the other hand, deal with specific expected trauma, such as handling child abuse cases, dealing with victims of rape, conducting hostage negotiations, etc.

This paper was written by Heather Prince. She is in charge of the research briefs program for the American Society of Evidence Based Policing. If you're unfamiliar with ASEBP, they are an organization that translates police relevant research into short briefs for their members - police agencies and officers around the country, to read and learn from. Their goal is to disseminate research to police officers and agencies across the country (USA) to form a better connection between research and policy, and academia and practice.

Resilience

Hesketh, I., Cooper, C. and Ivy, J. (2019). ‘Leading the Asset: Resilience Training Efficacy in UK Policing' Police Journal: Theory, Practice and Principles. Vol 92 (1) pp56-71. Sage.

Hesketh, I., Cooper, C. (2019). ‘Wellbeing at Work: How to Design, Implement and Evaluate an Effective Strategy.’ Book. Koganpage

Hesketh, I., Cooper, C. and Ivy, J., (2018). ‘Asset Rich, peelers poor: Measuring and Efficacy of Resilience training in Policing’ Australian Journal of Evidence Based Policing. Vol 3 (3).

Hesketh, I., Cooper, C. (2017). ‘Managing Health and Well-Being in the Public Sector: A Guide to Best Practice.’ Book. Routledge Psychology Press.

Hesketh, I., Cooper, C. and Ivy, J., (2017). ‘Well-being and Engagement: The Key to Unlocking Discretionary Effort?' Policing, Vol 11(1), pp 62-73. Oxford University Press.

Hesketh, I., Cooper, C., (2017). 'Measuring the People Fleet: General Analysis, Interventions and Needs.' Strategic HR Review. Vol 16 (1) pp 17-23. Emerald

Hesketh, I., Cooper, C. and Ivy., (2015). 'Well-being, austerity and policing: Is it worth investing in resilience training?' Police Journal: Theory, Practice and Principles, Vol 88 (3), pp20-30. Sage

Smith, J., Hesketh, I., Charles, G., (2015). 'Developing Understanding of the Spiritual Aspects to Resilience.' International Journal of Public Leadership, 11 (1), 34-45. Emerald

POLICEPROFESSIONAL.COM

In the first in a series of articles exploring the challenges in dealing with stress and trauma on the front line, **Dr Ian Hesketh** and **Dr Noreen Tehrani** examine the psychological risks faced by the officers and staff who provide a first response to incidents and events.

Managing stre

In a series of three articles we will explore the current challenges faced by the UK police in relation to trauma exposure and psychological risk management. Although these are not new concepts, the frequency and gravity of incidents facing the service are unprecedented, and thus we feel are worthy of discussion. The purpose of these articles is to raise awareness, and equip officers and staff with information to help them when the need arises.

To create a framework for these articles we will explore the risks and responses in three policing areas. In this, the first part, we will focus on the largest group within the police population – the officers and staff who provide a first response to incidents and events. These typical policing duties can regularly expose officers and staff to the scene of a murder, suicide, road traffic collision or sudden death.

In the second article we will explore the role of police specialists, some of whom undertake roles such as dealing with domestic violence, child abuse, counter terrorism, firearms, undercover work and road death investigations. Finally, we will look at the officers and staff involved in handling a disaster response, as a responder or in a specialist role.

Landscape

Firstly, let us set the scene. The UK police service has rarely experienced a time when there has been such a high a level of sustained pressure and demand.

Police inhabit a world where there is need for a constant state of hyper-arousal, where they are alert to the smallest indication of a potential hazardous situation. This pressure to remain in a constant vigilant state, while challeng-

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1. Identifying th
2. Describing th
affected;

Dr Ian Hesketh is an inspector with Lancashire Constabulary currently seconded to the College of Policing as a senior policy adviser on police wellbeing. He is conducting post-doctoral research into the impact of leadership, empathy, resilience and discretionary effort on the wellbeing of public sector workforce.

Dr Noreen Tehrani is a trauma specialist for Noreen Tehrani Associates with a special interest in psychological trauma. She has worked with victims of disasters and terrorist attacks such as the World Trade Centre and 7/7, and more recently the terrorist attacks in London and the Grenfell Tower disaster. She has also supported first responders and victims of a wide range of other traumatic incidents including child abuse, murder, rape, fatal accidents and road crashes. She has written two books on workplace trauma.

In the third and final article in their series, **Dr Ian Hesketh** and **Dr Noreen Tehrani** examine the psychological trauma of responding to major disasters and how best to look after officers' welfare in the aftermath.

Disaster response

A major crisis or disaster can have a significant impact on police officers and staff. Natural disasters such as floods causing multiple drownings; transport disasters involving aircraft, trains, or road traffic collisions with large numbers of casualties; major fires involving large-scale destruction and loss of life; technological failures leading to chemical or radioactive contamination; and terrorist and other criminal activity, including suicide bombings, marauding terrorists, acid attacks and other terror activities all trigger the need for a major policing response.

The UK has experienced many of these during the past year. In this article we will explore what can, and should, be done in response to these, the most horrific and traumatic incidents.

What we suggest is to build resilience by creating structures, which will enable forces to use their contingency planning expertise to build enhanced systems of psychological support, thus allowing forces to draw assistance from each other as a means of sharing disaster management awareness and increasing operational resilience.

The involvement in dealing with a disaster has a major impact on all those involved, with the impact being long-term and potentially life-changing for many of those directly involved.

What is a major disaster?

There is no commonly accepted definition of a disaster; the Civil Contingency Act describes a civil emergency as an event that threatens public welfare and security.

Whenever a civil emergency is declared, emergency powers are handed to the police and other emergency services, local authorities and the NHS. Supporting police officers and staff during a civil emergency can create a significant challenge to policing organisations. The needs of the responders must be balanced with the need to protect the safety and security of the public. It is often said, in acknowledgement of the bravery and sense of public duty that the police run towards what the majority is running away from. When faced with a major disaster, where there have been multiple deaths and injuries, it is vital to provide effective and efficient support to those involved in responding. It is also important to ensure, as far as possible, that responders can remain operational to deal with the crisis or disaster, and handle the aftermath, which can ensue for a considerably longer period.

Forces have a statutory duty to prepare comprehensive emergency plans to work with other emergency services and agencies to protect the public. However, it is equally important that they have other, parallel, plans designed to support the health and wellbeing of their own staff and officers. As with our earlier articles, we will be using a health and safety framework to structure the required responses by:

1. Identifying the psychological risks faced in policing;
2. Describing those who may be directly or indirectly affected;
3. Selecting an approach to reducing the risks and mitigating the impact; and
4. Monitoring and evaluating the interventions.

Psychological risks of dealing with a major disaster

Each disaster is unique and carries with it its own physical and psychological hazards. Typically, the first responders at a disaster will be frontline uniformed officers and staff. While working to keep the public safe the lives of these initial responders can be placed at significant risk, as they work to rescue the survivors, treat the injured, protect the scene, recover bodies and deal with bystanders, families, friends and members of the public. In large disasters there can be several hundred police officers involved, dealing with the immediate incident, and its aftermath.

The business as usual trauma responses described in our first papers are unlikely to be adequate in these circumstances, particularly where the initial trauma response is reliant on local peer debriefers or TRiM (trauma risk management) assessors.

In a large disaster, the primary role of the responder is to take part in the emergency response, and not to provide psychological support to colleagues. Police forces should plan for disasters by building up partnerships with other forces and agencies to provide mutual aid. However, this will require planning, and the need to adopt and practice the same early intervention models and monitoring we have previously described.

Mutual aid exercises are invaluable in those taking part in providing critical resources, testing of systems, and providing opportunities for trauma practitioners to gain first-hand experience in dealing with [simulated] disasters.

Identifying who is affected

Even with mutual aid, the numbers of responders requiring support may make it necessary to adopt a programme of screen and treat, rather than offering the same level of support to everyone regardless of need.

In screen and treat, all those involved in the disaster will go through a psychological screening, which will identify those at greatest risk. It is recognised that assessing the impact of physical hazards have precedence over psychological hazards. The most important intervention being to test responders for physical damage. These could be caused by explosions, toxic chemicals or biological hazards found

...icles, **Dr Ian Hesketh** and **Dr Noreen Tehrani** ...pecialist roles within the UK police, specifically in ...gical risk management.

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...research projects, that these specialist roles carry a higher level of psychological risk. Most police forces have introduced some form of additional psychological support for their high-risk specialist roles – although there are still some who have not recognised this need. The level of psychological support in forces ranges from a simple annual meeting with a welfare officer or counsellor, to a comprehensive programme of psychological screening and surveillance. In these programmes levels of anxiety, depression, burnout, primary and secondary trauma, as well as their coping skills, resilience and personality are tested – and those that are found to be experiencing difficulties referred for further assessment and support. However, this does not occur in all forces, leaving those with lower levels of support vulnerable. Not only does this leave the officers and staff with undetected psychological trauma, but increasingly leaves the force exposed to criticism by Her Majesty's Inspectorate of Constabulary and Fire and Rescue Services, the courts or employment tribunals.

Psychological impact of specialist work

All staff and officers can experience high demands which can lead to stress, anxiety, depression and burnout, due to the depletion of their personal physical and emotional resources; and ability to cope. However, working in specialist roles creates a wider range of what are termed as traumatic hazards. All police officers and staff may experience primary trauma caused by a direct exposure to a traumatic scene, or its aftermath. They may also, on occasion, find that the emotional labour of dealing with fraught members of the public creates compassion fatigue.

The secondary trauma found in specialist groups is caused by being closely exposed to the testimony, images or stories of victims and perpetrators. Secondary trauma is very similar to primary trauma, but the symptoms are due to the officer or staff member's ability to imagine the trauma. Although many of the features of primary and secondary trauma are the same, each of these conditions requires a different intervention to seek resolution.

The table opposite provides some clarity on the more common conditions and their symptoms.

As shown in the symptoms table, the psychological risks found in specialist roles are not dissimilar to those of a response officer and staff member, but with the increased possibility of developing secondary trauma. The main difference between the hazards faced by response and specialist teams is the predictability of exposure. The specialist role involves a single type of trauma, such as viewing thousands of images of child abuse, or constantly dealing with grieving families. It is this continual exposure that creates the added likelihood of burnout, compassion fatigue and secondary trauma. One of the concerns in these specialist positions is the propensity for them to mask symptoms, or

Books


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Police Mutual
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WELLBEING AT WORK
HOW TO DESIGN, IMPLEMENT AND EVALUATE AN EFFECTIVE STRATEGY
CARY COOPER & IAN HESKETH

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The ability to cope with adversity, and to be able to 'bounce back'. Being able to deal with the stressors of every day life.

Employee Wellbeing

- Psychological
- Physiological
- Sociological
- Financial

People only remember your last slide (Prof Bart Rientes)

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