

RESEARCH RESULTS 2016

Supporting the service
Police injury on duty





“I know that PTSD will never go away. I’ll just have to learn to manage it. I don’t know whether I could go back to the Police Service.”

About Our Research

This report summarises research undertaken by the University of Surrey and funded by Police Care UK, which investigated the experiences of more than 11,000 Police Officers and Staff exposed to injury while working for the Police Service. The research involved:

- ▼ An online survey of Police Officers, Police Community Support Officers (PCSOs), Staff and Special Constables.
- ▼ Desk-based research to map the level of service provision, appraise policy context and review academic and practitioner literature bases.
- ▼ Semi-structured interviews with Police Officers, PCSOs, Staff and special constables injured on duty.
- ▼ An online survey of former Police Officers.

Download your copy of the full report:
policecare.org.uk

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UNDERSTANDING YOUR NEEDS

Why we asked officers and staff how we can support them

Police Care UK is a charity that provides support to members of Police Forces and their families who suffer harm while protecting the public.

We owe our origins to Sergeant Christopher Head and Constables Geoffrey Fox and David Wombwell, who were murdered on 12 August 1966.

2016 was an important year for Police Care UK, which was formerly known as the Police Dependent's Trust. Not only did 2016 mark the 50th anniversary of the organisation, but it was also a turning point in the service provided.

Much has changed since that fateful day in 1966: the makeup of the service; the nature of the incidents police officers and staff deal with; and the immense pressure they are under. All are very different today.

As we approached this milestone in the history of our organisation we felt the time was right to ask officers what more we can do to support them.

We commissioned the independent police injury-on-duty research to help us better understand the needs of injured police officers and staff.

More than 11,000 people took the time to respond and many of the headline statistics in this document relate to the 2,905 survey respondents who had experienced an injury within the 5 years prior to the survey and had taken a week or longer off work.

The report's primary purpose is to inform our own development but we believe that its value extends beyond the remit of Police Care UK and should be used to inform activity to improve health and wellbeing across the service.

MORE THAN
11,000
SURVEY RESPONSES

The recommendations contained within the report, the quantitative data analysis and comments made by those who contributed during interviews, provide food for thought not only for us but for all those in, or aspiring to, police leadership roles.

We would like to thank all those who participated in this research, in particular those who shared their detailed, personal experience of injury so that we all might learn. Many of their comments and experiences are quoted in this document.

Our thanks go to the University of Surrey and Surrey Police for their help with our research.

We know it was difficult for the people who took part and we hope you take comfort that using this research, we will work with our fellow Trustees and staff to explore how we can do more to deliver long lasting improvements in outcomes for those who are injured, physically or psychologically, whilst policing our communities.

We would urge all those in leadership roles to do the same.

Gill Scott-Moore
Tim Jackson

Police Care UK makes sure both serving and former colleagues who suffer harm, and their families, have someone to turn to when things get tough.

We provide practical, emotional, and financial support that is confidential, independent, and accessible.

Vision

The welfare needs of the police family are upheld and members are supported to achieve their full potential

Mission

To reduce the impact of harm on police and their families

Values

Caring

Our approach is one built around understanding the difficult environment in which the police operate in. We demonstrate empathy, respect, and understanding in everything we do.

Independent

We effectively support the service whilst being outside it. This means we can wholeheartedly champion the needs of our beneficiaries free from conflicts of interest.

Open

We share our expertise, experience, and resources with others because we understand that collaboration is the only way we can help improve the lives of our beneficiaries.

Responsible

We use our resources wisely to best support our beneficiaries both now and in the future while upholding the highest ethical and professional standards possible.

Innovative

We constantly seek new ways to improve our working practices, support programmes, and welfare options to better support our beneficiaries.

Aims and objectives

Ensuring everyone is aware of the harm police experience as part of their role

Research and share learning on harm and the ways to prevent or reduce the impact of harm experienced

Advocating for the wellbeing of serving and former police colleagues

Enabling people to recover and rebuild their lives

Increase our reach and connect with people who have suffered harm as a result of their policing role

Provide mechanisms for individuals to recover and rebuild their lives

Engaging with the police service to do all they can to reduce or prevent harm

Proactively interact with policing organisations across the UK

Fund new and innovative projects aimed at reducing or preventing harm



“My supervision didn’t really know how to handle PTSD. They used to say that if I had a broken arm or broken leg they could see that and know what treatment I was getting. They didn’t understand what I was going through.”



10,987

UK SERVING POLICE
OFFICERS AND STAFF TOOK
PART IN OUR RESEARCH



81%

of respondents said they had experienced at least one physical injury or mental health issue due to their police work



76%

said this was in the past 5 years



45%

said this resulted in them taking a week or longer off work

NATURE OF INJURIES

The research found a high proportion of participants reporting at least one physical or psychological injury/mental health issue whilst working for the Police Service. This is perhaps expected, as self-selection bias may have prompted those who had an injury experience to participate in the research.

Overall, it was found that psychological injuries or mental health issues were a factor in over half of the injuries reported in the study, although this figure was significantly higher for Police Staff.

Anxiety and depression were the most commonly reported psychological injuries or mental health issues, whilst a substantial number of participants reported PTSD.

Back/neck/shoulder injuries, fractures/dislocations/sprains or other soft tissue injuries to upper and lower limbs, and head injuries were the most commonly reported physical injuries.

There was some evidence of a general reluctance to report injuries on duty, due to uncertainty around being redeployed.

Participants' also highlighted concerns about reporting psychological injuries or mental health issues to their forces over fears this information may remain on personal records.

In general, participants reported a reluctance to take time off work, due in part to a sense of professional pride.

However, there was also evidence that they could put themselves under pressure to return to work as quickly as possible in order to support other frontline colleagues.



ANXIETY

42%

DEPRESSION

37%

Were the two most common reasons police officers and staff have taken a week or more off work in the past 5 years

16%

of police officers and staff have taken a week or more off work in the past 5 years due to PTSD

43%

of respondents said they would take time off for a mental health issue compared to 21% for a physical assault

IMMEDIATE SUPPORT

Out of 22 options, Occupational Health staff attached to police forces were rated the “least helpful” source of support for officers and staff with a physical or mental health injury.

Many participants relied upon in-force services, such as Occupational Health departments, force medical advisors/doctors, or in-force counselling services when seeking initial support for their injuries.

However, these services also received low ratings in terms of perceived levels of helpfulness. Participants discussed a range of different issues concerning these in-force services, such as a general lack of understanding, or inconsistent levels of service provided by OH departments, or that the number of in-force counselling services with which they were provided with was insufficient. The support provided by the NHS was positively praised by participants.

However, there was also a sense that certain services (e.g. physiotherapy) could not provide the depth of support required to get an officer back to the level of fitness required for frontline work if they were rationed. Senior and line management were perceived as important by participants, but for different reasons.

In general, participants perceived that senior managers had grown more distant from their workforce and line management could play an important role in buffering the pressure participants stated they experienced to return to work.

However, the redeployment of line managers could lead to inconsistencies in supervision, which in turn had an impact on the support provided. Participants suggested that line managers could be provided with further training to help them deal more effectively with injuries on duty.



I have heard colleagues over the years saying:

“I can’t disclose that I’ve got depression or I don’t do this. I’m not going to go through Occupational Health for that because that might shut some doors on my career.”

RETURN TO WORK

Line managers, GPs and OH departments also played an important role in relation to the participants' return to work, although participants also sought informal help from family/friends and work colleagues.

Once again, forms of return to work support provided by forces received lower ratings in terms of helpfulness than external support provided by police charities, private healthcare insurance and family/friends.

Participants returning to work on restricted duties reported concerns about the way in which their workloads were managed, whilst there were also concerns about the adherence to return to work plans or phased returns.



Top three support services accessed by Police Officers and Staff



RETURN TO WORK SUPPORT SERVICES



Practical help from a police charity
rated the top service



HR/personal department
rated at the bottom

Two clear themes emerged when participants were asked what additional support services they would like to see offered in relation to injuries on duty within the police.

In general, participants indicated that better support around mental health needs, as well as faster and better access to treatment and rehabilitation services were a high priority.

Mental Health

In relation to mental health needs, participants in the survey suggested that greater training to help identify the impact of certain types of work, as well as the opportunity to talk about issues that might be affecting them, could be helpful.

Participants also highlighted the possibility of limiting the tenure of particular roles, such as the investigation of child sexual exploitation, in an attempt to minimise the impact of this work on individuals.

Physical Injuries

When discussing additional support around physical injuries, participants indicated that quicker referrals and access to specialist physiotherapy services would be beneficial.



ATTITUDES OF EMPLOYER

“We know how short staffed we are, so a lot of the time even if you are in pain or injured, you just think, ‘well, I’m just going to carry on, I’ll be okay’. But you don’t carry on. You forget you’re putting yourself in further danger.”

Participants discussed a range of different issues in relation to injuries on duty. Some suggested that the Police Service lacks interest in, and understanding of, the issues experienced when police personnel sustain an injury on duty.

There was also the perception that physical injuries were treated differently from psychological injuries within the Police Service, whilst the latter was also associated with a sense of stigma that could make participants reluctant to report their injuries or mental health issues.

The threat of unsatisfactory performance procedures was also a concern for those taking time off due to their injuries, particularly in those cases where the recovery was protracted, or if the participant experienced additional sickness that was unrelated to their injury on duty.

Austerity and resource levels were found to be important issues. Reduced staffing and high workloads were perceived to increase the risk of injuries (for example, due to single crewing), but concerns were also expressed about taking time off work as this would leave teams one person down.

Possibly reflecting recent reforms within the Police Service, as well as the impact of austerity, factors such as future changes to jobs and the organisation more generally were rated as having the largest overall impact on well-being.

I came back to work, I felt absolutely dreadful. I met the Chief Superintendent and said: “I don’t feel well, I’ve got all this stress going on, I need some help.”

He said: “If you don’t like it, leave the Police, get another job.”

It was bravado, you rush back. “I’ve got to get back to work, get in there. Look at me, lads. Back again, bigger, badder, stronger.” And I wasn’t bigger, badder and stronger. Physically I was in a poor state.

LONGER-TERM IMPACT

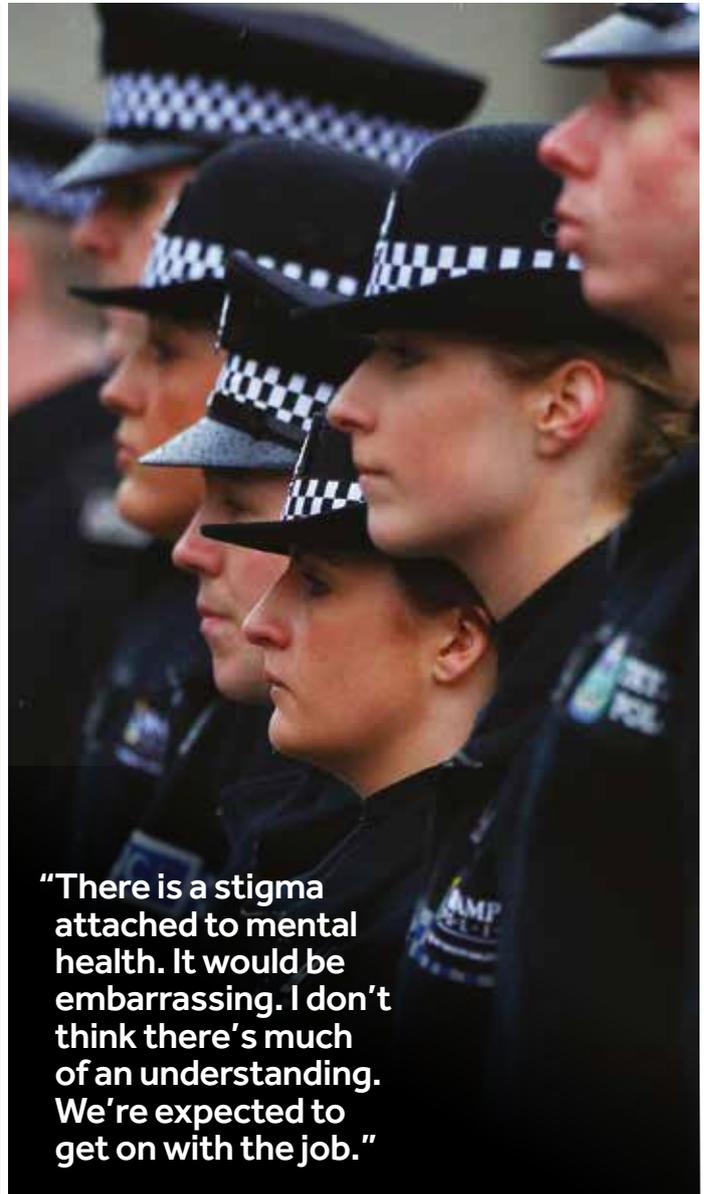
The notion of recovery did not always mean a return to a pre-injury level of health. This is particularly the case with those who experienced psychological injuries or mental health issues, as some participants described being fully recovered despite remaining on medication.

Injuries on duty could influence the ways in which participants carried out their roles, with some reporting that they felt less confident, and others suggesting their experiences had led them to carefully manage the level of risk they expose themselves to whilst on duty.

Reflecting this, as well as the strong working group bonds between officers, witnessing a serious injury to a colleague at work was rated as the most stressful operational duty stressor by Police Officers.

This was followed by being physically assaulted or attacked whilst on duty. This highlights the stressful nature of witnessing or experiencing an injury on duty.

Although some remained uncertain about their future in the Police Service, or their ability to return to full duties, in general participants spoke about their commitment to the job and their dedication to continue in their role.



“There is a stigma attached to mental health. It would be embarrassing. I don’t think there’s much of an understanding. We’re expected to get on with the job.”

86%

say the service must make support for mental health needs following a major incident a priority

There is that concern that if you go through work to ask for help for counselling or anything like that, your file is marked.

6 sessions of counselling

“Am I going to get enough support? Because a lot of the time, six sessions of counselling is just nowhere near enough.”

MOST STRESSFUL OPERATIONAL DUTIES

- Witnessing a serious injury to a colleague at work
- Being physically assaulted or attacked
- Attending a fatal road traffic collision

Former Officers' survey

VIEW FROM FORMER OFFICERS

The report examined the experiences of 460 former Police Officers who have retired or left the Police Service within the past five years. First, their experiences around any injuries sustained on duty were considered.

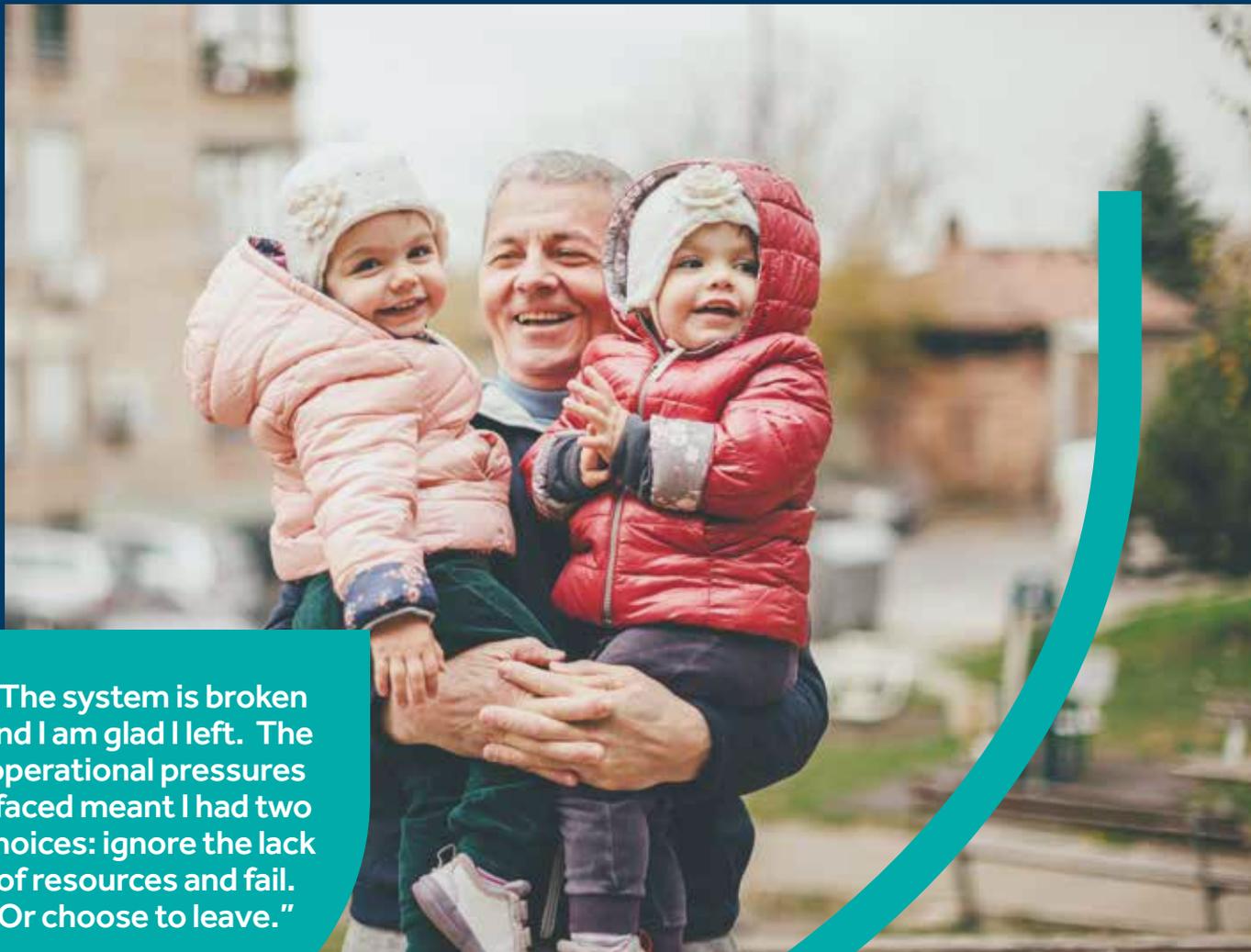
This was followed by examining issues around the retirement process. The majority of participants left the Police Service having reached their retirement age/30 years' service. Just over one fifth stated that their decision to retire/leave the Police Service was related to an injury on duty.

47%

of respondents who left the police service because of an injury said it was a work-related psychological or mental health issue.

35%

of these officers said they were still experiencing PTSD.



“The system is broken and I am glad I left. The operational pressures I faced meant I had two choices: ignore the lack of resources and fail. Or choose to leave.”

LEAVING THE SERVICE AFTER AN INJURY ON DUTY

Over half of the injuries reported by former Police Officers contained a psychological element, with depression most commonly mentioned.

In relation to physical injuries, former officers most frequently reported experiencing back/neck/shoulder injuries, fractures to lower limbs and head injuries.

Participants typically accessed NHS provided and force provided forms of support whilst still employed by the Police Service. However, a greater proportion of participants reported accessing GP services, private counsellors and private physiotherapists in relation to their injuries since leaving the Police Service, compared to when still employed. This suggests the injury-related support needs of former officers continue for some time following an individual's decision to leave/retire from the Police Service.

Consequently, many reported experiencing significant ongoing health problems related to their injuries.

There was evidence to suggest that participants were less satisfied with the support they received in relation to their injuries on duty since leaving the Police Service. Participants cited issues relating to the support from line management whilst still employed, but many also felt that support was lacking once they had left the Police Service.

71%

of respondents who left the Police Service because of an injury on duty said they still received ongoing support.

5%

of those were satisfied with the support they received after leaving the service with an injury on duty.

7%

of respondents who left the service because of an injury on duty said they received in-patient psychiatric care.

WHAT HAPPENS IN THE RETIREMENT PROCESS?

Over two thirds of participants who had experienced an injury on duty that led to their retirement or decision to leave the Police Service said that they were in receipt of some form of financial aid or benefit, with sickness/disability/incapacity benefits and police injury pensions the most common forms of support.

Those who had experienced an injury on duty which contributed towards their retirement or decision to leave the Police Service stated that they were most concerned about gaining access to support regarding second careers or retraining, or support specifically aimed at former police personnel. Many also cited financial concerns, whilst over half also stated that they did not feel ready to retire.

Retirement Process

Over half of participants said they were satisfied with the support they had received in relation to leaving or retiring from the service.

However, there was evidence to suggest that those who experienced an injury on duty were less satisfied. Many described the psychological impact of leaving the Police Service and the lack of support around this issue.

In general participants commented critically on pre-retirement courses, suggesting that these were often too focused towards the financial aspects of retirement. Whilst around half of participants who reached their retirement age said they felt prepared for retirement, this was not necessarily the case for those who retired or left the Police Service due to an injury on duty.

This suggests that the sudden impact of an injury on duty impacts on the ability of officers to prepare for their retirement.

Former officers' survey

LIFE AFTER THE SERVICE

Participants who had left or retired from the Police Service because of an injury on duty were more likely to state that their primary source of income was from a police pension, or a spouse, partner or family member's income. Only a small proportion of these participants said their primary source of income was from full or part-time employment. Consequently, these participants were less likely to say they were living comfortably on their current income.



Awareness of charities and other support

Although over half of participants reported their awareness of charities and organisations such as Citizens Advice, Age UK and Flint House, the proportion of those actually making contact with each was typically lower.

This was less the case for police-focused charities and organisations such as Flint House, the Police Treatment Centres and, to a lesser extent, forces' benevolent funds. Participants were also asked a specific question about their understanding of the groups supported by Police Care UK. Less than one fifth of participants were aware that the Police Care UK provided support to serving Police Officers, former/retired Police Officers, their partners/wives/husbands/widows, as well as children and other dependants.

SUPPORT SERVICES

The forms of support participants felt would have been most helpful before retiring included financial support towards retraining, a local support network, and support for mental health needs. There was also evidence to suggest that the support needs of former officers remained fairly consistent after retirement. When asked to rate their support needs now, those perceived as most helpful included a local support network, career advice and financial support to retrain.

6%

of respondents who left the service because of an injury on duty were 'living comfortably' on their finances.

40%

of those who retired at a normal pensionable age were living comfortably.

66%

said they worried about having enough money to pay for unexpected expenses.

EXPERIENCE AFTER AN INJURY

A number of organisational, cultural and individual factors were found to influence the experience following injury. These included:

- ▼ The degree of proactivity, consistency and sensitivity shown by Police Service Occupational Health departments.
- ▼ **Accurate and timely diagnosis of injury, referral to specialist services and the availability and timeliness of treatment.**
- ▼ The degree to which senior management were aware of injuries suffered by police personnel and the impact that they have, their ability to balance the needs of the organisation against the needs of the injured officers and their sensitivity in managing injured officers.
- ▼ **The degree to which reduced resource and staffing levels have affected the accessibility of well-being support in the Police Service, as well as the availability of treatment options and the day-to-day demands on Police Officers and Staff.**
- ▼ The nature of the relationship between line management and injured officers, the degree of pressure on line managers to cajole individuals back to work as quickly as possible after an injury on duty, their knowledge of injuries and how to deal with them and their proactivity in supporting injured officers and following appropriate processes.
- ▼ **The attitude and perceptions of injured officers some of whom struggled on, not wanting to let people down or be seen as 'shirking' by colleagues.**
- ▼ The degree of stigma officers felt was attached to injury, especially psychological injury, which was seen to render officers vulnerable to ridicule and accusations that they were weak and not up to the job.
- ▼ **The worry about 'punitive' responses to injury including docking pay, being placed on restricted duties or being put on Unsatisfactory Performance Plans (UPP) by managers as a result of their inability to work/not work on the 'frontline'.**

MORE THAN
8 in 10
POLICE OFFICERS WILL
BE INJURED DURING
THEIR CAREER.

Source: Injury on duty, 2016

71%
OF INJURED FORMER
COLLEAGUES ARE
STILL RECEIVING
ONGOING SUPPORT.

Source: Injury on duty, 2016



TOP FIVE THINGS THAT MOST EFFECT POLICE OFFICER AND STAFF WELFARE AT WORK

Concern about how your job may change in the future

High levels of stress due to organisational changes

Working unsociable hours that effect family and friends

Feeling under pressure to attend work when unwell

Reporting to someone who lacks the skills to manage effectively



KEY RECOMMENDATIONS

- Force policies and College of Policing guidance should recognise and encourage the disclosure of psychological injury and provide Police Officers and Staff with information on how to recognise the symptoms of psychological injury in themselves and in colleagues, and work actively to mitigate the stigma attached to psychological injury;
- Force policies, relevant National Police Chiefs' Council business areas, and College of Policing guidance should more clearly recognise and encourage reporting of both physical and psychological injury to Police Staff, with the College of Policing addressing injury to Police Staff as a distinct topic for inclusion in new recruit and in-service training, and as an element in higher rank Police Officer training;
- Formal preparation for those taking up middle ranking and senior officer roles, and their Police Staff equivalent, should include awareness training on the support needs of injured officers and staff;
- At the end of police employment more support is needed to help officers prepare for future employment; if there is no existing College of Policing or NPCC doctrine covering this requirement, the College should set about preparing it and should do so in consultation with relevant police charities;
- At the end of police employment, the formal leaving process should include a session that briefs leavers on the support that is available to them from police charities;
- Relatedly, police charities should pursue means to better coordinate their support for Police Officers/Staff;
- The College of Policing should give consideration to making the elements of the formal leaving process the subject of a national standard laid down on all forces



Police Care UK believes everyone should understand the dangers police face every day, and how the harm they suffer can affect both them and their families.

That's why we fund research and share learning on harm and the ways to prevent or reduce it's impact.

Through improving awareness, we help develop appropriate services to support them, and reduce the stigma of physical and psychological injuries so that people can get the care they need with dignity.

To find out more about our research, and to view other publications, visit **policecare.org.uk/research**





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