

Police Federation of England and Wales
2016 Officer Demand, Capacity, and Welfare Survey

Initial Report - Descriptive Results

Jonathan Houdmont

University of Nottingham

Mary Elliott-Davies

Police Federation of England and Wales

Table of Contents

1	Findings Overview	11
2	Executive Summary	12
Section 1: Study background, methodology, and response		
3	Introduction.....	22
3.1	Contextual Backdrop to the Survey	22
3.2	Aims of the Survey	22
3.3	Aims of the Report.....	23
3.4	Interpretation of Results.....	24
4	Data Collection and Respondent Characteristics	26
4.1	Data Collection	26
4.2	Response Rate and Data Cleansing	26
4.3	Respondent Characteristics Relative to Federated Officer Population	26
4.4	Marital Status and Care Responsibilities	28
4.5	Job Role and Length of Service	29
4.6	Shifts.....	30
4.7	Responses by Force	31
Section 2: Demand and capacity description and benchmarking		
5	Overall Workload.....	34
5.1	Measurement and Analytical Approach	34
5.2	Results.....	34
5.3	Benchmarking.....	34
6	Job Demands: HSE Management Standards.....	36
6.1	Measurement and Analytical Approach	36
6.2	Results.....	36
6.3	Benchmarking.....	37
7	Job Demands: Amount and Pace of Work	41
7.1	Measurement and Analytical Approach	41

7.2	Results.....	41
7.3	Benchmarking.....	42
8	Minimum Officer Staffing	43
8.1	Measurement and Analytical Approach	43
8.2	Results.....	43
8.3	Benchmarking.....	44
9	Officer Staffing Arrangements.....	45
9.1	Measurement and Analytical Approach	45
9.2	Results.....	45
9.3	Benchmarking.....	49
10	Support Staffing Arrangements.....	50
10.1	Measurement and Analytical Approach	50
10.2	Results.....	50
10.3	Benchmarking.....	51
11	Working Hours and Commute	52
11.1	Measurement and Analytical Approach	52
11.2	Results.....	52
11.3	Benchmarking.....	54
12	Breaks, Rest Days, and Annual Leave	56
12.1	Measurement and Analytical Approach	56
12.2	Results.....	56
12.3	Benchmarking.....	58
13	Single Crewing.....	59
13.1	Measurement and Analytical Approach	59
13.2	Results.....	59
13.3	Benchmarking.....	59
Section 3: Welfare description and benchmarking		
14	Violence	61
14.1	Measurement and Analytical Approach	61
14.2	Results.....	61

14.3	Benchmarking.....	63
15	Injuries Arising from Work-Related Violence and Accidents.....	65
15.1	Measurement and Analytical Approach	65
15.2	Results: Injuries Arising From Work-Related Violence.....	65
15.3	Benchmarking.....	67
15.4	Injuries Arising from Work-Related Accidents.....	68
16	Personal Protective Equipment/Measures.....	70
16.1	Measurement and Analytical Approach	70
16.2	Results.....	70
16.3	Benchmarking.....	70
17	Organisational Justice	71
17.1	Organisational Justice Defined	71
17.2	Measurement and Analytical Approach	71
17.3	Results.....	72
17.4	Benchmarking.....	72
18	Mental Wellbeing.....	73
18.1	Mental Wellbeing Defined.....	73
18.2	Measurement and Analytical Approach	73
18.3	Results.....	74
18.4	Benchmarking.....	78
19	Work-Related Stress	82
19.1	Work-Related Stress Defined	82
19.2	Measurement and Analytical Approach	82
19.3	Results.....	83
19.4	Benchmarking.....	84
20	Stress Outside of Work	86
20.1	Measurement and Analytical Approach	86
20.2	Results.....	86
20.3	Benchmarking.....	86
21	Morale	87
21.1	Measurement and Analytical Approach	87

21.2	Results.....	87
21.3	Benchmarking.....	87
22	Fatigue.....	89
22.1	Measurement and Analytical Approach	89
22.2	Results.....	89
22.3	Benchmarking.....	89
23	Sickness Absence.....	90
23.1	Measurement and Analytical Approach	90
23.2	Results.....	90
23.3	Benchmarking.....	91
24	Presenteeism.....	93
24.1	Presenteeism Defined	93
24.2	Measurement and Analytical Approach	93
24.3	Results.....	93
24.4	Benchmarking.....	94
25	Leaveism	95
25.1	Leaveism Defined.....	95
25.2	Measurement and Analytical Approach	95
25.3	Results.....	95
25.4	Benchmarking.....	96
26	Health, Activity, and Diet	98
26.1	Measurement and Analytical Approach	98
26.2	Results.....	98
26.3	Benchmarking.....	99
 Section 4: Help seeking and support for mental health and wellbeing difficulties		
27	Professional Help Seeking	101
27.1	Measurement and Analytical Approach	101
27.2	Results.....	101
27.3	Benchmarking.....	102
28	Disclosure and Police Service Response.....	103

28.1	Measurement and Analytical Approach	103
28.2	Results.....	103
28.3	Benchmarking.....	107
29	Police Service Attitude towards Mental Health and Wellbeing.....	108
29.1	Measurement and Analytical Approach	108
29.2	Results.....	108
29.3	Benchmarking.....	109
30	Mental Health and Wellbeing Support Services	110
30.1	Measurement and Analytical Approach	110
30.2	Results.....	110
30.3	Benchmarking.....	112
31	Line Management Support for Mental Health and Wellbeing.....	113
31.1	Measurement and Analytical Approach	113
31.2	Results.....	113
31.3	Benchmarking.....	117
32	Social Support.....	118
32.1	Social Support Defined.....	118
32.2	Measurement and Analytical Approach	118
32.3	Results.....	118
32.4	Benchmarking.....	121
33	Change Management.....	123
33.1	Measurement and Analytical Approach	123
33.2	Results.....	123
33.3	Benchmarking.....	124
34	Police Identity	125
34.1	Measurement and Analytical Approach	125
34.2	Results.....	125
34.3	Benchmarking.....	126
35	References.....	127
36	Appendix A – Criteria Applied for the Exclusion of Cases.....	133

List of Tables

Table 1 Participants' socio-demographic characteristics relative to federated officer population.....	27
Table 2 Respondents' rank.....	28
Table 3 Marital status and care responsibilities.....	28
Table 4 Job role	29
Table 5 Collaborative roles	30
Table 6 Federation representative status	30
Table 7 Years in service and role	30
Table 8 Shift pattern	31
Table 9 Shift duration.....	31
Table 10 Responses by force.....	31
Table 11 Overall workload.....	34
Table 12 Job demands	37
Table 13 Job demands: Amount and pace of work	42
Table 14 Minimum staffing levels	43
Table 15 Extent to which minimum staffing levels are achieved.....	44
Table 16 Implications of failure to meet minimum staffing levels	44
Table 17 Determination of officer staffing levels	46
Table 18 Officer availability	46
Table 19 Factors influencing officer availability	47
Table 20 Backfilling.....	47
Table 21 Officer staffing benchmarking	49
Table 22 Support staffing arrangements.....	50
Table 23 Support staffing benchmarking	51
Table 24 Work hours.....	53
Table 25 Reasons for working overtime.....	53
Table 26 Commute Duration	54

Table 27 Weekly work hours benchmarks	54
Table 28 Commute duration benchmarks.....	55
Table 29 How often have you been able to take your full rest break entitlement?	56
Table 30 How often have your rest days been cancelled in the last 12 months?.....	57
Table 31 Approximately how many of your rest days have been cancelled over the last 12 months?	57
Table 32 Have you been able to take all of the annual leave that you are entitled to in the last 12 months?	57
Table 33 How often have you had a request for annual leave refused in the last 12 months?	58
Table 34 Single crewing.....	59
Table 35 Verbal insults and threats	62
Table 36 Unarmed physical attacks and attacks with a deadly weapon.....	62
Table 37 Fear of future violence	63
Table 38 Frequency of injuries arising from work-related violence	65
Table 39 Injuries requiring medical attention suffered as a result of work-related violence ..	66
Table 40 Days away from work or normal duties to recuperate from injuries that required medical attention suffered as a result of work-related violence in the last year.....	67
Table 41 Frequency of injuries arising from work-related accidents.....	68
Table 42 Injuries requiring medical attention suffered as a result of work-related accidents .	69
Table 43 Days away from work or normal duties to recuperate from injuries that required medical attention suffered as a result of work-related accidents in the last year	69
Table 44 Personal protective equipment and measures.....	70
Table 45 Organisational justice	72
Table 46 Psychological health.....	74
Table 47 Psychological health - work attribution.....	74
Table 48 Mental wellbeing.....	75
Table 49 Work-related stress.....	84
Table 50 Stress outside of work	86
Table 51 Morale	87
Table 52 Fatigue.....	89

Table 53 Sickness Absence	91
Table 54 Presenteeism.....	94
Table 55 Leaveism: Dimension 1	96
Table 56 Leaveism: Dimensions 2 and 3.....	96
Table 57 Physical health.....	98
Table 58 Leisure-time physical activity	99
Table 59 Diet.....	99
Table 60 Help seeking.....	101
Table 61 Help seeking timeframe.....	101
Table 62 Help seeking, manager disclosure	104
Table 63 Non-disclosure reasons.....	104
Table 64 Help seeking, support from the police service	106
Table 65 Help seeking, police service response.....	107
Table 66 Police service attitude towards mental health and wellbeing	109
Table 67 Awareness of mental health and wellbeing support services	110
Table 68 Line management responsibility.....	113
Table 69 Line management training	113
Table 70 Line management training quality.....	114
Table 71 Line management confidence.....	114
Table 72 Support networks: Making work life easier	119
Table 73 Support networks: Easy to talk to.....	119
Table 74 Support networks: Rely upon.....	120
Table 75 Support networks: Listen to personal problems	121
Table 76 Change management	123
Table 77 Change management benchmarking: Team level.....	124
Table 78 Change management benchmarking: Force level.....	124
Table 79 Change management benchmarking: Service level.....	124
Table 80 Police identity.....	125

List of Figures

Figure 1 Workload benchmarking.....	35
Figure 2 Job demands (unachievable deadlines) benchmarking	38
Figure 3 Job demands (neglecting tasks owing to too much to do) benchmarking.....	38
Figure 4 Job demands (pressured to work long hours) benchmarking.....	39
Figure 5 Job demands (unrealistic time pressures) benchmarking	40
Figure 6 Prevalence of work-related violence against police officers: Benchmarking	64
Figure 7 Mental wellbeing benchmarking: Feeling optimistic.....	78
Figure 8 Mental wellbeing benchmarking: Feeling useful	79
Figure 9 Mental wellbeing benchmarking: Feeling relaxed.....	79
Figure 10 Mental wellbeing benchmarking: Dealing well with problems	80
Figure 11 Mental wellbeing benchmarking: Thinking clearly	80
Figure 12 Mental wellbeing benchmarking: Feeling close to others.....	81
Figure 13 Mental wellbeing benchmarking: Ability to make up own mind.....	81
Figure 14 Work-related stress benchmarks	85
Figure 15 Morale benchmarking	88
Figure 16 Social support benchmarking.....	122

1 Findings Overview

1. In February 2016 approximately 17,000 police officers of the federated ranks in England and Wales completed an online survey concerning job demands, capacity to meet demand, and welfare.
2. Among survey respondents there was a widespread perception of high demand. 66% of officers indicated that their workload was too high and 58% felt they did not have enough time to do their job to a standard of which they could be proud.
3. Capacity to meet demand was generally viewed as insufficient. Four out of five officers indicated that officer numbers in their team/unit were insufficient to manage demand and do the job properly. 71% felt that the way officer staffing levels are determined seems to be ineffective, while 70% felt they did not have time to engage in proactive policing.
4. Violence toward officers was commonplace. 35% reported having being the recipient of an unarmed physical attack at least once per month over the last year. 36% reported having been attacked with a weapon at least once in the last year.
5. Policing is stressful. The proportion of officers reporting their job as very or extremely stressful was more than double the rate found in the general national workforce and some public sector roles.
6. The mental wellbeing of police officers was considerably poorer than found among the general adult population and other 'high stress' occupations.
7. Presenteeism – attending for work while ill – was commonplace. 90% of officers reported having attended for work in the last 12 months despite feeling they should take sick leave owing to the state of their physical health. 65% reported the same for psychological health.
8. Two out of five respondents had sought help for mental health and wellbeing difficulties, half of these within the last year. 21% of line managers had received training on supporting colleagues who have disclosed a mental health or wellbeing difficulty.
9. There were mixed views on support offered by the police service for officers dealing with mental health and wellbeing difficulties, highlighting an imperative for training and development in this area.
10. Change within policing was viewed as poorly managed. Change was viewed as poorly managed at the team/unit level by 59% of officers, at the force level by 77% of officers, and at the service level by 84% of officers.

2 Executive Summary

Section 1: Study background, methodology, and response

- Survey responses were gathered over a four-week period in February 2016. All officers of the federated ranks in England and Wales were eligible to participate.
- Analyses were conducted on a sample of 16,841 responses drawn from all 43 forces across England and Wales.
- The respondent profile was broadly representative of the overall federated officer population in terms of gender, age, ethnicity, and length of service. This suggests that the findings offer a reliable approximation of the national picture.

Section 2: Demand and capacity

Workload

- 66% of respondents indicated that their workload was too high, an increase on the rate of 62% generated by the 2015 PFEW Workforce Survey, which in turn represented an increase from 57% in the 2014 iteration.
- By way of comparison, the proportion of UK Armed Forces personnel reporting their workload as too high in 2016 was 46%, remaining unchanged since 2014.

Job Demands: HSE Management Standards

- Four questions concerning job demands drawn from the UK Health and Safety Executive's Management Standards Indicator Tool demonstrated that 29% of respondents felt they had unachievable deadlines, 43% had to neglect tasks because of having too much to do, 26% were pressured to work long hours, and 35% had unrealistic time pressures (often or always).
- Responses to the HSE Management Standards questions were broadly in line with previous English and Welsh policing studies and considerably higher than found among UK civil servants.

Job Demands: Amount and Pace of Work

- 67% of respondents felt that they were unable to meet all of the conflicting demands on their time, 70% felt they did not have enough time to engage in proactive policing, and 58% felt they did not have enough time to do their job to a standard of which they could be proud. Meanwhile, 67% felt that they often had to work in crisis mode trying to do too much too quickly and 54% expressed the view that when the pressure builds up they are expected to work faster, even if it requires shortcuts.

Minimum Officer Staffing

- 73% of respondents reported that their team/unit had a minimum officer staffing level; among these respondents 21% indicated that this level was achieved rarely or never.
- Almost all respondents (94%) considered that failure to meet minimum officer staffing levels had a moderate or major effect on ability to meet demand.

Officer Staffing Arrangements

- 71% of respondents felt that the way officer staffing levels are determined seems ineffective, while 64% indicated that they had not been told how officer staffing levels are determined.
- The majority of respondents indicated that they didn't have enough officers in their team/unit to manage demand (85%) or to do their job properly (78%).
- The majority of respondents felt that officer unavailability due to sickness absence (68%), annual leave (62%), training (53%), and officers being on limited duties (52%) had a moderate or major effect on officer staffing levels.
- 53% of respondents indicated that officers had been brought in from another unit in order to meet demand sometimes, often, or always in the last 12 months, while 64% indicated that they could not get officers from other teams when struggling to meet demand.
- More than three thousand respondents ($N=3,435$) provided textual feedback on additional factors that typically affect officer staffing levels within their team/unit. Feedback broadly divided into two themes: resourcing issues and operational issues.

Support Staffing Arrangements

- The majority of respondents felt that over the previous 12 months they had not had enough police staff to manage the demands made on the team or unit (63%) and to do their job properly (57%).
- 66% of respondents indicated that it had not been possible to get help from police staff in other teams or units to meet the demands placed upon them over the previous 12 months.

Working Hours and Commute

- Officers worked an average of 42.5 hours per week, including overtime.
- The most frequent reason for working overtime was *'There weren't enough officers on shift in my team/unit'*, which was reported by 31% of those who worked overtime.
- The average one-way commute was 30 minutes, though 10% of respondents reported a one-way commute exceeding one hour of travel time.

Breaks, Rest Days, and Annual Leave

- 53% of respondents were never or rarely able to take their full rest break entitlement.
- 13% of respondents often or always had their rest days cancelled, with 76% having had two or more rest days cancelled in the previous 12 month period.

- 33% of respondents had not been able to take their full annual leave entitlement in the previous 12 month period, while 27% had annual leave requests refused often or always.

Single Crewing

- Among respondents for whom crewing was applicable to their job role, 73% reported having been single crewed often or always in the preceding 12 months.

Section 3: Welfare

Violence

- 59% of officers reported having been the recipient of verbal insults (e.g., swearing, shouting, abuse) at least monthly over the last year, a broadly equivalent rate to that found in a nationwide survey of Finnish police officers (63%).
- 44% of officers reported having been the recipient of verbal threats (e.g., threat of hitting, threat of kicking) at least monthly over the last year, almost double the rate found among Finnish officers (25%).
- 35% of officers reported having been the recipient of an unarmed physical attack (e.g., struggling to get free, wrestling, hitting, kicking) at least once per month over the last year, a lower rate than found in the Finnish study (44%).
- 36% of officers reported having been attacked with a weapon (e.g., stick, bottle, axe, firearm) at least once in the last year, relative to 22% of Finnish officers.

Injuries

- 20% of respondents suffered one or more injuries requiring medical attention as a result of work-related violence in the preceding 12 month period, the largest proportion of injuries being strains and sprains.
- A total of 956 respondents reported sick leave or days away from normal duties to recuperate from injuries requiring medical attention suffered as a result of work-related violence in the previous 12 months. At least 6,692 days of sickness absence or relief from normal duties were incurred as a result of injuries arising from work-related violence.
- 29% of respondents suffered one or more injuries requiring medical attention as a result of work-related accidents in the preceding 12 month period, the largest proportion of injuries being strains and sprains.
- A total of 2,089 respondents reported sick leave or days away from normal duties to recuperate from injuries that required medical attention that were suffered as a result of work-related accidents in the previous 12 months. At least 16,267 days of sickness absence or relief from normal duties were incurred as a result of injuries arising from work-related accidents.

Personal Protective Equipment/Measures

- 76% of respondents reported that they have regular access to incapacitant spray, making it by far the most readily available form of personal protective equipment/measure.
- The most desired forms of personal protective equipment/measure were Taser, indicated by 43% of those who did not currently have access; double crewing, indicated by 39% of those who did not currently have access; and body worn cameras, indicated by 33% of those who did not currently have access.

Organisational Justice

- 14% of respondents reported high distributive justice – the perceived fairness of organisational rewards such as pay and promotion. 11% reported high procedural justice – the perceived relative fairness of organisational policies and procedures. 63% reported high interactional justice – the perceived fairness of treatment from the organisation and supervisory personnel.

Mental Health and Wellbeing Difficulties

- 80% of respondents acknowledged having experienced feelings of stress, low mood, anxiety, or other mental health and wellbeing difficulties within the previous 12 months. Nine out of ten of these individuals (92%) indicated that their psychological difficulties had been caused or made worse by work.
- More than three thousand respondents ($N=3,774$) provided textual feedback on the ways in which work had impacted upon their mental health and wellbeing. Feedback broadly divided into two themes: hazard identification and symptom and origin description.

Mental Wellbeing

- Mental wellbeing concerns positive affect (pleasurable feelings of optimism, cheerfulness, and relaxation) and psychological functioning (experiences concerned with striving towards meaning and purpose such as energy, clear thinking, self-acceptance, personal development, competence, and autonomy).
- In the two-week period prior to survey completion the majority of respondents (62%) reported having never/rarely felt optimistic and never/rarely felt relaxed (60%). Equivalent figures from the 2012-13 North West Mental Wellbeing Survey (NWMWS) of eleven thousand adults in the North West Region of England were 19% and 11% respectively.
- 28% of respondents reported having never/rarely felt useful in the previous two-week period, relative to 10% of NWMWS participants.
- 20% of respondents reported having never/rarely felt they had dealt well with problems in the previous two-week period, relative to 6% of NWMWS participants.
- 16% of respondents reported having never/rarely felt they had thought clearly in the previous two-week period, relative to 4% of NWMWS participants.

- 34% of respondents reported having never/rarely felt close to others in the previous two-week period, relative to 6% of NWMWS participants.
- 13% of respondents reported having never/rarely felt able to make up their mind in the previous two-week period, relative to 3% of NWMWS participants.
- On each of the seven mental wellbeing dimensions the proportion of officers with low wellbeing – never/rarely experiencing the characteristic in the previous two-week period – was considerably higher than found in a nationwide survey of UK veterinary surgeons, which is of relevance given the high-stress nature of veterinary work.

Work-Related Stress

- 39% of respondents reported a non-diagnostic¹ case of work-related stress (on the basis that they viewed their job as very or extremely stressful).
- The prevalence of work-related stress caseness fell to 36% after exclusion of those who reported that their life outside of work was very or extremely stressful.
- The caseness rate found in the current study is similar to that generated in previous English and Welsh policing studies, and more than double that found in a large-scale contemporaneous survey of UK civil servants and the general UK workforce.

Stress Outside of Work

- 10% of respondents reported a non-diagnostic case of non-work-related stress (on the basis that they reported their life outside of work to be very or extremely stressful). This figure is consistent with that found in previous UK policing research.

Morale

- 61% of respondents reported low morale. This is lower than the rate found in the 2015 PFEW Workforce Survey (70%), which might reflect the focus on pension changes in that survey. The rate found in the current study is consistent with that produced in the 2014 PFEW Workforce Survey (59%).
- By way of comparison, the prevalence of low morale is more than double the rate found in the UK Armed Forces that has remained unchanged at 28% over the period 2014-16.

Fatigue

- 33% of respondents felt that fatigue had made it difficult to carry out certain duties and responsibilities at work.
- More than half of respondents (56%) felt that fatigue had interfered with family or social life.

¹ These questions are not clinical tools and thus cannot be used to diagnose psychological conditions.

Sickness Absence

- 58% of respondents reported one or more days of sickness absence in the previous 12 month period. This compares to 38% in a large-scale contemporaneous survey of UK civil servants.
- 29% indicated that at least one day of their sickness absence was due to stress, depression, or anxiety. Though not directly comparable, this figure is consistent with 2014-15 Labour Force Survey data which indicated that 32% of lost working days were due to stress, depression, or anxiety caused or made worse by work.

Presenteeism

- Presenteeism is the act of attending for work while ill.
- 90% of respondents reported having attended for work in the last 12 months despite feeling that they should have taken sick leave due to the state of their physical health.
- 65% of respondents reported having attended for work in the last 12 months despite feeling that they should have taken sick leave due to the state of their psychological health.

Leaveism

- Leaveism describes hidden sickness absence and work undertaken during rest periods. When considered alongside sickness absence and presenteeism it provides a broader picture of the true impact of sickness.
- 59% of respondents had used annual leave or rest days to take time off due to the state of their physical health in the previous 12 month period. 42% of respondents had used annual leave or rest days to take time off due to stress, low mood, anxiety, or other problems with mental health and wellbeing.
- 50% of respondents had taken work home that could not be completed in normal working hours in the previous 12 month period. 40% had worked while on annual leave in order to catch up with work.

Health, Activity, and Diet

- 65% of respondents reported their overall physical health to be good/very good, while 12% reported their physical health to be poor/very poor.
- 24% of respondents reported having engaged in the recommended ≥ 30 minutes of exercise on five or more days in the last week. This figure is consistent with that found in a contemporaneous large-scale study of UK civil servants.
- 68% of respondents indicated that they had a somewhat, very or extremely healthy and balanced diet, which is consistent with that found in a contemporaneous large-scale study of UK civil servants.

Section 4: Help seeking and support for mental health and wellbeing difficulties

Help Seeking for Mental Health and Wellbeing Difficulties

- 39% of respondents indicated that they had sought professional help for mental health and wellbeing difficulties at some point in their life. Among these respondents precisely half reported that they had sought help within the last year. Almost two thirds (63%) had informed their line manager.
- Among those that opted not to inform their line manager that they had sought professional help for mental health and wellbeing difficulties, '*I didn't want to be treated differently (negatively)*' was the most frequently given reason (28% of respondents) followed by '*I thought it would negatively affect my opportunities for promotion and/or specialisation*' (23%).
- Almost five hundred respondents ($N=466$) provided textual feedback on reasons for non-disclosure to a line manager. Feedback broadly divided into two themes: personal barriers and organisational barriers.
- Among those who had discussed their mental health and wellbeing difficulties with their line manager, 42% reported that they were poorly or very poorly supported by the police service, while 32% reported that they were fairly well or very well supported. More than one third of respondents (37%) felt that they were not given enough support while a similar proportion (36%) felt that they were not given the right support.
- More than half of respondents disagreed or strongly disagreed with the statements '*the police service encourages its staff to openly talk about mental health and wellbeing*' (51%) and '*I would feel confident disclosing any difficulties I might have with my mental health and wellbeing to my line manager*' (57%). Perceptions of the response of line managers and colleagues – as opposed to the service overall – were generally positive. The majority (55%) agreed or strongly agreed with the statement '*I think my line manager would be supportive if I experienced difficulties with my mental health and wellbeing*', while a similar proportion (54%) indicated the same for the statement '*I believe my colleagues would be supportive if I experienced difficulties with my mental health and wellbeing*'.
- 60% of respondents were aware of the existence of mental health and wellbeing support services offered by their force.
- Five thousand respondents ($N=5,072$) provided textual feedback in response to the invitation to detail awareness of specific services. Feedback broadly divided into four themes: (i) appraisal of support provision, (ii) availability of support, (iii) type of provision, and (iv) locus of support.

Line Management Support for Mental Health and Wellbeing

- 21% of line managers had received training on supporting colleagues who have disclosed a mental health or wellbeing difficulty. Among this group of officers the majority (59%) reported that training had been adequate, while (23%) indicated it had been good or very good and 18% reported it had been poor or very poor.
- The vast majority of line managers (87%) felt somewhat or very confident in their ability to support someone they managed with a mental health or wellbeing difficulty.
- Almost five hundred respondents ($N=470$) provided textual feedback in response to the invitation to indicate how confident they would be supporting someone with mental health and wellbeing difficulties. Feedback broadly divided into three themes: (i) policy and practice, (ii) factors that may enhance confidence, and (iii) factors that may inhibit confidence. Notably, a high proportion of respondents indicated that though they felt confident in this regard, that confidence had its roots in factors other than work-based training.

Social Support

- For the social support dimension ‘making work life easier’, 40% of respondents indicated that partners, friends and relatives offered the highest level of support available (*very much*). 18% of respondents indicated that their immediate line manager offered the highest level of support (*very much*). 10% of respondents indicated that their colleagues offered the highest level of support (*very much*).
- For the social support dimension ‘being easy to talk to’, 57% of respondents indicated that partners, friends and relatives offered the highest level of support available (*very much*). 25% of respondents indicated that their immediate line manager offered the highest level of support (*very much*). 24% of respondents indicated that their colleagues offered the highest level of support (*very much*).
- For the social support dimension ‘being relied upon during difficult times at work’, 56% of respondents indicated that partners, friends and relatives offered the highest level of support available (*very much*). 22% of respondents indicated that their immediate line manager offered the highest level of support (*very much*). 23% of respondents indicated that their colleagues offered the highest level of support (*very much*).
- For the social support dimension ‘willingness to listen to personal problems’, 64% of respondents indicated that partners, friends and relatives offered the highest level of support available (*very much*). 18% of respondents indicated that their immediate line manager offered the highest level of support (*very much*). 15% of respondents indicated that their colleagues offered the highest level of support (*very much*).

- The degree of social support received from each of the three sources (partners, friends, and relatives; supervisor; colleagues) was lower in the current study than found in a New Zealand policing study.

Change Management

- 59% of respondents felt that change is not managed well in their team/unit, relative to 17% in a 2016 UK Armed Forces survey. A similar disparity between the two studies was found for views on the management of change at the force/establishment level, with 77% and 26% respectively reporting that change is not managed well in their force/establishment. Finally, 84% of respondents in the current study felt that change is not managed well at the service level relative to 43% in the 2016 UK Armed Forces survey.

Police Identity

- 72% of respondents identified with other members of the police service, 82% saw themselves as a member of the police service, 55% were pleased to be a member of the police service, and 56% felt strong ties with other members of the police service.

Section 1: Study Background, Methodology, and Response

3 Introduction

3.1 Contextual Backdrop to the Survey

In recent times policing in England and Wales has experienced unprecedented budgetary cuts amounting to an 18% real-term reduction since 2010 (National Audit Office, 2015). The impact on police officer numbers has been considerable, with a 14% fall in officer numbers over a seven year period from a high of 143,734 in 2009 (Home Office, 2010) to 124,066 in March 2016 (Home Office, 2016). Meanwhile, on 31st March 2016 some 2,429 officers - 2% of the total workforce – was classified as being on long term sick leave (more than 28 days), an 11.5% increase on 2015 (Home Office, 2016).

In April 2015 the Police Federation of England and Wales (PFEW) conducted its second Workforce Survey to gather officers' views on pay and conditions as well as attitudes towards work and the police service in general (PFEW, 2015). Alongside this survey, in February of the same year the PFEW conducted a qualitative focus group study to explore the perceived impacts of officer demand and capacity imbalance on health and safety (Elliott-Davies, Donnelly, Boag-Munroe, & Van Mechelen, 2016). Taken together, the results of these studies suggested that the welfare of officers might be low relative to other occupational groups and pointed towards the possibility of increasing demand allied with decreasing capacity associated with budgetary cuts being contributory factors. These findings highlighted the imperative for further research to generate a contemporary evidence base on demand, capacity, and welfare that is representative of policing in England and Wales. It was within this context that the PFEW 2016 Officer Demand, Capacity, and Welfare Survey took place.

3.2 Aims of the Survey

The 2016 Officer Demand, Capacity, and Welfare Survey set out to gather data from across the 43 English and Welsh forces in order to:

1. Develop a contemporary description of officers' experiences of demand, capacity, and welfare;
2. Benchmark the demand, capacity, and welfare profile against previous UK and international policing studies as well as other large-scale UK public sector employee groups such as the armed forces and civil servants;
3. Develop a contemporary description of officers' experiences of help seeking for mental health and wellbeing difficulties and perceptions of the police service's response and attitude towards mental health and wellbeing issues;

4. Explore the contributions of different aspects of demand and capacity to welfare, and whether their relative importance varies across subgroups (e.g., age, gender, rank, role);
5. Provide an evidence base to support the PFEW in its policy development and lobbying activities.

3.3 Aims of the Report

This report addresses the first three objectives set out above. Specifically, it aims firstly to present an overall description of police officers' experiences of job demands, capacity to meet those demands, and their welfare. Secondly, to compare - benchmark - this descriptive profile to that reported in contemporaneous policing studies conducted in the UK and elsewhere, as well as other large-scale UK public sector employee groups. Thirdly, to describe officers' experiences of help seeking for mental health and wellbeing difficulties and perceptions of the police service response and attitude towards mental health and wellbeing issues.

The focus on benchmarking serves several purposes. Firstly, drawing comparisons with other studies highlights aspects of demand and capacity that might warrant urgent intervention. Secondly, this approach can facilitate judgments on the degree of risk to officers' welfare. Thirdly, a benchmarking approach can provide baseline data against which changes in demand, capacity, and welfare over time can be assessed in response to the implementation of policies and interventions to tackle demand and capacity imbalance. In sum, the benchmarking approach holds the potential to raise awareness of the status of job demands, capacity to meet demand, and welfare in policing across England and Wales while providing a reference point against which to monitor developments in future years.

The report is structured as follows:

Section 1: Study background, methodology, and response

Section 2: Demand and capacity description and benchmarking

Section 3: Welfare description and benchmarking

Section 4: Help seeking and support for mental health and wellbeing difficulties

This report presents top-level findings based on the respondent sample as a whole. A Technical Annex will follow that will offer a detailed description of experiences of each dimension of demand, capacity, and welfare stratified by a range of key socio- and occupational-demographic characteristics. In addition it will provide detailed information on the qualitative (word-based rather than numeric) data collected in the survey.

A final report will be published in 2017. This will (i) explore the contribution of aspects of demand and capacity to various dimensions of welfare and (ii) examine whether the relative importance of the aspects of demand and capacity varies across subgroups defined in terms of socio- and occupational-demographic characteristics. By identifying and quantifying the degree of risk presented to welfare by specific aspects of demand and capacity the findings will serve to highlight issues warranting priority attention from those tasked with the design, management, and organisation of policing work.

3.4 Interpretation of Results

Potential methodological strengths and limitations should be considered when interpreting the findings reported herein. A notable strength of the survey was the large and geographically dispersed sampling strategy that enabled police officers from each of the 43 forces across England and Wales to contribute their views. Furthermore, though the response rate was relative low with one in seven eligible officers taking part, the participant sample was nevertheless large - including responses from approximately 17,000 officers - and broadly representative of the overall federated officer population in terms of a host of socio- and occupational-demographic characteristics.

The 14% response rate is consistent with what might be expected for a study of this type. Three factors point to this being the case. Firstly, there seems to be an inverse relationship between unit size from which survey respondents are sampled and response rate in UK policing welfare research. For instance, department-level studies conducted by the first author for English police forces have typically generated a response rate of 40-50%, whereas force-level studies have achieved a rate of 20-25%. By extension, a nationwide study might be expected to achieve a yet lower rate. It appears that the more specific a survey to officers' work context and content the higher the response rate. Secondly, there is a positive association between job satisfaction and response rates in employee attitude surveys (Fauth, Hattrup, Mueller, & Roberts, 2013). Thus, in occupational contexts where job satisfaction is low it might be expected that survey response rates will be likewise. The current study collected data on officer morale, which might reasonably be considered a proxy for job satisfaction; the prevalence of poor morale was exceptionally high - more than double the rate found in the UK armed forces. Thirdly, there is a relationship between the subjective feeling of busyness and questionnaire response rates. Individuals dissatisfied with the hours of free time available to them are significantly less likely to complete surveys (Vercruyssen, Roose,

Carton, & Van De Putte, 2014), which is notable given that the majority of respondents in the current study indicated that they have insufficient time to do their job properly.

Set against these strengths the possibility should be acknowledged that the description of some dimensions of demand, capacity, and welfare could have been overestimated or underestimated if officers in possession of certain characteristics were more or less likely to participate. This situation might have occurred if, for example, officers with poor mental wellbeing were less or more inclined than officers with good mental wellbeing to complete the survey *and* responders differed from non-responders in important respects such as perceptions of demand and capacity. However, we have no reason to expect this and the fact that the participant sample was representative of the overall officer population in terms of key socio- and occupational-demographic characteristics suggests that it was not the case.

The possibility of a 'healthy worker effect' cannot be discounted. This might have arisen if officers who had experienced intolerable demand and capacity imbalance had either left their job or been on sick leave at the time of the study, resulting in a positively biased picture of the phenomena under investigation. Such would be a problem if those in attendance differed from non-attendees on key characteristics relevant to the study. In March 2016 some 2% of officers were on long-term sick leave (Home Office, 2016), with Freedom of Information request data showing stress, depression, and anxiety as a key cause of absence (e.g., BBC, 2013, 2015). These statistics suggest that had it been possible to survey officers who were long-term absent at the time of data collection the profile of demand, capacity, and welfare might well have been more negative than portrayed in this report.

4 Data Collection and Respondent Characteristics

4.1 Data Collection

Data collection was conducted via an online survey that was available over a four-week period in February 2016. All officers of the federated ranks in England and Wales were eligible to participate. The survey explored a range of demand, capacity, and welfare dimensions using both established and bespoke measures; each is described in full in this report. A piloting exercise indicated that 10-15 minutes was required for questionnaire completion. Eligible officers were made aware of the survey through national and local PFEW social media activity and magazine/newsletter communications. The Faculty of Medicine and Health Sciences Research Ethics Committee at the University of Nottingham granted ethical approval for the study (ref: LT08122015 SoM PAP).

4.2 Response Rate and Data Cleansing

A total of 17,434 questionnaires containing responses were submitted. Analyses were conducted on a sample of 16,841 responses after deletion of cases that failed to fulfill inclusion criteria set out in Appendix A.

4.3 Respondent Characteristics Relative to Federated Officer Population

Data were collected from respondents on a set of demographic and occupational characteristics on which data are also available for the overall federated officer population. This allows conclusions to be drawn on the extent to which those who responded to the survey were representative of the federated officer population across the 43 English and Welsh forces, and therefore the extent to which the findings can be generalised. Demographic characteristics for respondents and the overall federated officer population are provided in Table 1. Chi-square analyses were undertaken to compare demographic characteristics of respondents with those of the overall officer population. These analyses showed that respondents and the population did not differ to a statistically significant degree in terms of gender ($\chi^2 = 0.86$, $p > .05$). There was, however, a significant difference in terms of age ($\chi^2 = 243.51$, $p < .001$). Notably, a slightly higher proportion of respondents than the population reported the 41-55 years age category (52% vs. 46%), and a slightly higher proportion of the population than respondents reported the 26-40 age category (49% vs. 44%). There were also statistically significant differences in terms of ethnicity ($\chi^2 = 230.40$, $p < .001$). Notably, a slightly higher proportion of the population than respondents reported Asian/Asian British

ethnicity (2% vs. 1%), and a slightly higher proportion of the respondent sample than the population reported White ethnicity (95% vs. 94%). Though differences by age and ethnicity were statistically significant, in percentage terms these differences were small, allowing for the conclusion that the respondent sample was broadly representative of the national federated officer population in terms of its socio-demographic composition.

Table 1 Participants' socio-demographic characteristics relative to federated officer population

	Respondents	Federated Officer
	<i>N</i> (valid %)	Population† <i>N</i> (%)
Gender		
Female	4,683 (27.9)	35,466 FTE‡ (28.3)
Male	12,086 (72.1)	89,994 FTE‡ (71.7)
Not specified	72	
Age		
≤25	433 (2.6)	5,211 (4.1)
26-40	7,339 (44.3)	62,319 (48.7)
41-55	8,606 (52.0)	59,100 (46.1)
>55	179 (1.1)	1,456 (1.1)
Not specified	284	
Ethnicity		
White	15,883 (95.2)	116,470 (94.4)
Mixed	295 (1.8)	2,010 (1.6)
Asian/Asian British	197 (1.2)	2,774 (2.3)
Black/African/Caribbean/Black British	89 (0.5)	1,363 (1.1)
Other	224 (1.3)	783 (0.6)
Not specified	153	2,060

† Home Office figures

‡ Full Time Equivalent

In terms of occupational characteristics, an indication of the representativeness of the respondent sample can be gained from data on length of service and rank. Home Office data for policing in England and Wales indicate that as of 31st March 2016 the largest portion of officers - 27.8% - had completed 10-14 years service (Home Office, 2016). Across the survey respondent sample a similar proportion - 26.8% - reported this amount of service. Further details on length of service are given below (Section 4.5). There was a statistically significant difference between the respondent sample and the overall federated officer population in terms of rank ($\chi^2 = 222.39$, $p < .001$). Notably, a slightly higher proportion of the population than the respondent sample was of the constable rank (79% vs. 74%), and a slightly higher

proportion of the respondent sample than the population was of the sergeant rank (19% vs. 15%) (Table 2).

Table 2 Respondents' rank

Rank	Respondents	Federated Officer Population*
	N (valid %)	N (%)
Constable	12,410 (74.0)	96,637 (78.7)
Sergeant	3,230 (19.3)	18,839 (15.4)
Inspector	952 (5.7)	5,692 (4.6)
Chief Inspector	185 (1.1)	1,581 (1.3)
Not specified	64	

*Home Office (2016)

4.4 Marital Status and Care Responsibilities

Information was collected on two additional socio-demographic characteristics: marital status and care responsibilities (Table 3). The largest proportion of respondents, almost two thirds (63%), was married or in a civil partnership. A similar proportion (64%) reported being a carer with primary or joint responsibility for another person.

Table 3 Marital status and care responsibilities

	N (valid %)
Marital Status	
Single (never married or formed a civil partnership)	1,451 (8.7)
In a long term relationship but not married or in a civil partnership	3,243 (19.3)
Married / Civil Partnership	10,551 (62.9)
Separated but still legally married or in a civil partnership	548 (3.3)
Divorced / Formerly in a civil partnership that is now legally dissolved	934 (5.6)
Widowed / The surviving partner from a civil partnership	34 (0.2)
Not specified	80
Care Responsibility	
Yes	10,523 (62.5)
Care Responsibility Type*	
Main/joint carer for child(ren) under 16	8,725 (71.9)
Main/joint carer for child(ren) over 16	1,839 (15.2)
Main/joint carer for partner	361 (3.0)
Main/joint carer for elderly relatives	1,003 (8.3)
Main/joint carer for other	203 (1.8)

* Please Note: To establish care responsibility status respondents were asked to indicate which, if any, of five options applied: (i) a child or children under 16, (ii) a child or children over 16, (iii) partner, (iv) elderly relatives, and (v) other (please specify). The ‘other’ response option was followed by a free-text response box. It was intended that those without a care responsibility would not select any of the aforementioned options. However, the absence of a ‘no care responsibility’ option appears to have confused some participants, resulting in some individuals selecting one of the five options to indicate that they have a care responsibility, and subsequently contradicting this position in qualitative comments entered into the free-text response box. We have assumed that these individuals did not have a care responsibility and have coded them as such in Table 3.

4.5 Job Role and Length of Service

Respondents indicated which of 12 given job roles best described their current role. Where none of the given roles was deemed appropriate respondents were invited to select the ‘other’ category and describe their role. Analysis of responses in this category led to the creation of two further roles: mixed role and Police Federation Representative. The breakdown of job roles is shown in Table 4. Approximately one in seven respondents indicated that their role was collaborative across two or more forces (Table 5) and slightly more than one fifth reported being a Federation representative (Table 6).

Table 4 Job role

Role	N (valid %)
Response	5,218 (31.2)
Investigations	3,830 (22.9)
Neighbourhood policing	2,190 (13.1)
Operational support	1,423 (8.5)
Road policing	801 (4.8)
Intelligence	752 (4.5)
Other	700 (4.2)
Custody	439 (2.6)
Criminal justice	388 (2.3)
Training	308 (1.8)
Central communications unit	241 (1.4)
Administration support	163 (1.0)
National policing	160 (1.0)
Police Federation representative*	61 (0.4)
Mixed role	51 (0.3)
Not specified	116

* Please Note: Data regarding Police Federation representatives was taken from a separate question and may incorporate both those who fulfil this role on a full time basis as well as those who do it in addition to their primary role.

Table 5 Collaborative roles

Is your role collaborative across two or more forces?	
	<i>N</i> (valid %)
Yes	2,358 (14.0)
No	13,965 (83.1)
Don't know	492 (2.9)
Not specified	26

Table 6 Federation representative status

Are you a representative of the Police Federation of England and Wales?	
	<i>N</i> (valid %)
Yes	3,791 (22.6)
No	13,009 (77.4)
Not specified	41

Respondents were invited to indicate the number of years of police service accrued in addition to the number of years spent in their current role. The largest proportion of respondents (45%) had 10-19 years of service while the vast majority (82%) had spent fewer than 10 years in their current role (Table 7).

Table 7 Years in service and role

Years	Police Service	Current Role
	<i>N</i> (valid %)	
0-9	3,943 (23.7)	13,651 (82.1)
10-19	7,534 (45.3)	2,684 (16.1)
≥20	5,159 (31.0)	291 (1.8)
Not specified	205	215

4.6 Shifts

Respondents were invited to indicate which of four broad shift patterns they typically worked and, to the nearest hour, how long their shifts are supposed to last. Results for typical shift pattern and duration are shown in Tables 8 and 9 respectively. The most common shift pattern

was ‘rotating, including nights’, reported by 53% of respondents, while nine hours was the most common shift duration.

Table 8 Shift pattern

I usually work	
	N (valid %)
Rotating, including nights	8,813 (53.0)
Rotating, excluding nights	3,977 (23.9)
Fixed day shifts (between 6am and 6pm)	2,883 (17.3)
Fixed evening/night shifts (between 6pm and 6am)	79 (0.5)
Other	883 (5.3)
Not specified	206

Table 9 Shift duration

My shifts are meant to last	
Hours	N (valid %)
≤7	38 (0.2)
8	4,654 (28.0)
9	5,378 (32.3)
10	3,596 (21.6)
≥12	524 (3.2)
Variable shift arrangement	2,443 (14.7)
Not specified	208

4.7 Responses by Force

The stratification of responses by force is shown below in Table 10. The average (mean) response rate was 14.3% ($SD=7.9$), with individual force response rates ranging from 2.1% to 34.2%.

Table 10 Responses by force

Force	N (valid %)	Force Response Rate %
Avon and Somerset	159 (1.0)	5.9
Bedfordshire	231 (1.4)	21.3
Cambridgeshire	223 (1.3)	16.5
Cheshire	311 (1.9)	15.5
City of London	71 (0.4)	10.1
Cleveland	201 (1.2)	16.0

Cumbria	178 (1.1)	16.0
Derbyshire	126 (0.8)	7.1
Devon and Cornwall	443 (2.7)	15.0
Dorset	136 (0.8)	11.1
Durham	362 (2.2)	32.5
Dyfed-Powys	161 (1.0)	14.0
Essex	989 (6.0)	34.2
Gloucestershire	66 (0.4)	6.1
Greater Manchester	1,105 (6.7)	17.5
Gwent	223 (1.3)	19.8
Hampshire	477 (2.9)	16.5
Hertfordshire	135 (0.8)	7.0
Humberside	496 (3.0)	31.4
Kent	421 (2.5)	13.2
Lancashire	419 (2.5)	14.7
Leicestershire	94 (0.6)	5.1
Lincolnshire	95 (0.6)	8.9
Merseyside	79 (0.5)	2.2
Metropolitan	3,909 (23.5)	12.2
Norfolk	361 (2.2)	23.8
North Wales	202 (1.2)	13.9
North Yorkshire	214 (1.3)	16.0
Northamptonshire	164 (1.0)	13.5
Northumbria	190 (1.1)	5.7
Nottinghamshire	193 (1.2)	9.8
South Wales	61 (0.4)	2.1
South Yorkshire	272 (1.6)	10.9
Staffordshire	268 (1.6)	16.1
Suffolk	204 (1.2)	18.8
Surrey	561 (3.4)	28.9
Sussex	532 (3.2)	20.0
Thames Valley	450 (2.7)	10.6
Warwickshire	34 (0.2)	4.1
West Mercia	212 (1.3)	10.2
West Midlands	1,030 (6.2)	14.8
West Yorkshire	293 (1.8)	6.5
Wiltshire	259 (1.6)	25.4
Not specified	237	

Section 2: Demand and Capacity - Description and Benchmarking

5 Overall Workload

5.1 Measurement and Analytical Approach

Overall workload was assessed using a single item originally developed for the Armed Forces Continuous Attitude Survey (AFCAS) (Ministry of Defence, 2014). Participants were presented with the stem question *How would you rate your workload over the previous 12 months* with a 5-point response scale of (i) *much too low*, (ii) *too low*, (iii) *about right*, (iv) *too high*, and (v) *much too high*. To enable direct comparison with the AFCAS responses of *too low* and *much too low* were combined into a single category.

5.2 Results

Findings for overall workload are shown in Table 11. Two thirds (66%) of respondents indicated that their workload was too high, while 33% felt it was about right. 1% rated their workload as too low.

Table 11 Overall workload

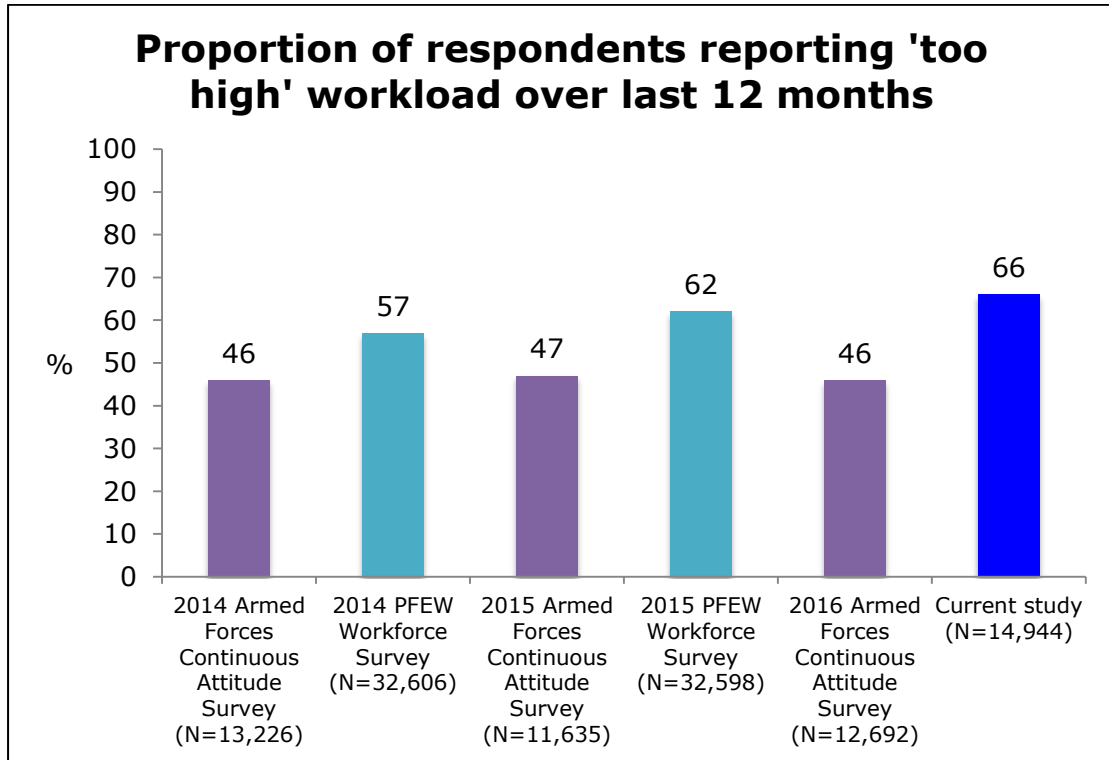
How would you rate your workload over the previous 12 months?	
	<i>N</i> (valid %)
Too low	156 (1.1)
About right	4,933 (33.0)
Too high	9,855 (65.9)
Not specified	1,897

5.3 Benchmarking

Findings on workload are compared in Figure 1 to the 2015 and 2014 iterations of the PFEW Workforce Survey (PFEW, 2014, 2015) in addition to the three most recent iterations of the Armed Forces Continuous Attitude Survey (Ministry of Defence, 2014, 2015, 2016). The proportion of respondents in the current study that reported their workload to be too high (66%) represented an increase on the rate of 62% obtained by the 2015 PFEW Workforce Survey, which in turn was an increase from 57% in 2014. Results from the AFCAS paint a picture of workload perceptions at odds in two respects with that produced by the current study and previous PFEW Workforce Surveys. First, the proportion of AFCAS 2016 respondents reporting that their workload was too high was 20 percentage points lower than found in the current study (46% relative to 66%). Second, the proportion of respondents reporting excessive workload has remained constant across the 2014, 2015, and 2016 AFCAS

surveys; in contrast, the current study considered alongside the 2014 and 2015 PFEW Workforce Surveys suggests a 4-5% year-on-year increase in the proportion of police officers indicating that their workload is too high.

Figure 1 Workload benchmarking



6 Job Demands: HSE Management Standards

6.1 Measurement and Analytical Approach

The UK Health and Safety Executive published the Management Standards Indicator Tool (MSIT) to assist organisations in the assessment of workers' exposure to dimensions of the psychosocial work environment that, if not properly managed, can lead to harm to health (Cousins et al., 2004; Mackay et al., 2004). The instrument has been extensively used in UK occupational health research, producing considerable policing and general workforce benchmark data. The 25-item version of the MSIT (Edwards & Webster, 2012; Houdmont, Randall, Kerr, & Addley, 2013) contains four items that measure job demands. Each item is presented as a statement: *I have unrealistic deadlines, I have to neglect some tasks because I have too much to do, I am pressured to work long hours, and I have unrealistic time pressures*. Respondents indicate their degree of agreement with each statement in relation to the previous 12 month period on a 5-point scale of (i) *never*, (ii) *seldom*, (iii) *sometimes*, (iv) *often*, and (v) *always*.

6.2 Results

Findings for the MSIT job demand items are presented in Table 12. Key findings:

- 29% of respondents reported that they *often* or *always* have unachievable deadlines.
- 43% reported that they *often* or *always* have to neglect some tasks because they have too much to do.
- 26% reported that they are *often* or *always* pressured to work long hours.
- 35% reported that the *often* or *always* have unrealistic time pressures.

Table 12 Job demands

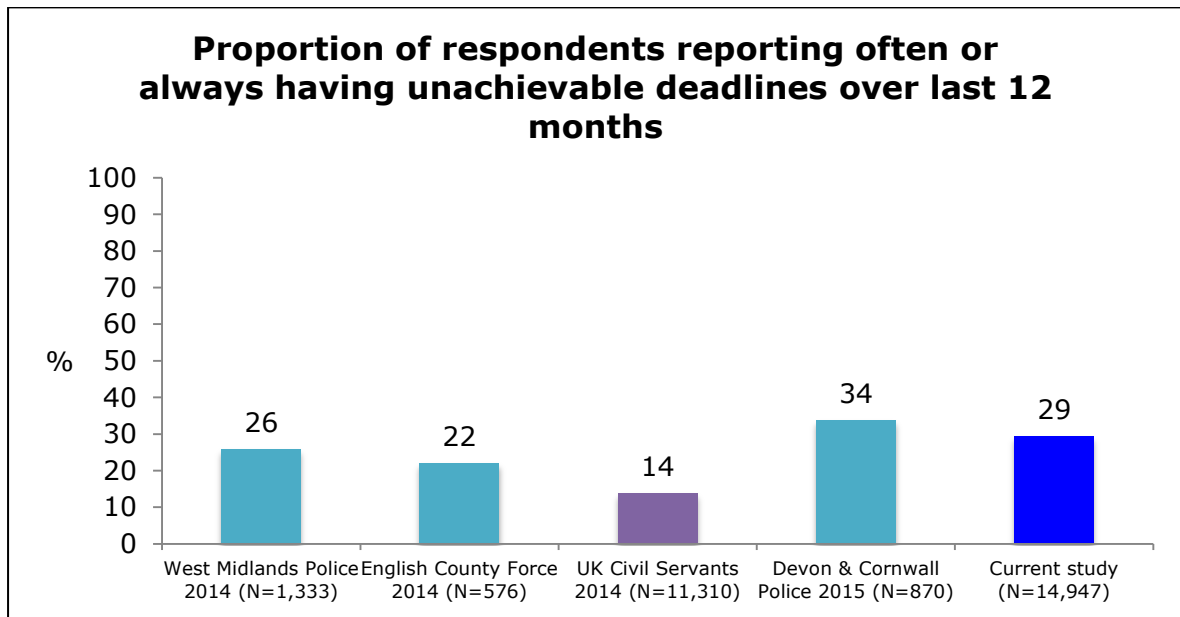
	I have unachievable deadlines	I have to neglect some tasks because I have too much to do	I am pressured to work long hours	I have unrealistic time pressures
	N (valid %)			
Always	755 (5.1)	1,529 (10.2)	877 (5.9)	1,151 (7.7)
Often	3,610 (24.2)	4,973 (33.2)	3,042 (20.4)	4,056 (27.2)
Sometimes	6,456 (43.2)	5,413 (36.1)	5,228 (35.0)	5,497 (36.8)
Seldom	3,099 (20.7)	2,173 (14.5)	4,132 (27.7)	3,213 (21.5)
Never	1,027 (6.9)	890 (5.9)	1,655 (11.1)	1,001 (6.7)
Not specified	1,894	1,863	1,907	1,923

6.3 Benchmarking

Findings are compared to contemporaneous UK studies involving police officers and other public sector workers for each of the four MSIT items. Three policing studies are considered: a 2015 study of officers ($N=870$) drawn from four departments within Devon & Cornwall Police (Houdmont, 2015), a 2014 force-wide study ($N=1,333$) conducted in West Midlands Police (Houdmont, 2014b), and a further force wide survey conducted in 2014 in an English county force ($N=576$) (Houdmont, 2014d). Findings are also compared to those from a large sample of public sector workers employed by the Northern Ireland Civil Service. The survey of 11,310 civil servants was conducted in 2014 by a multi-institution team that included the first author of the current report.

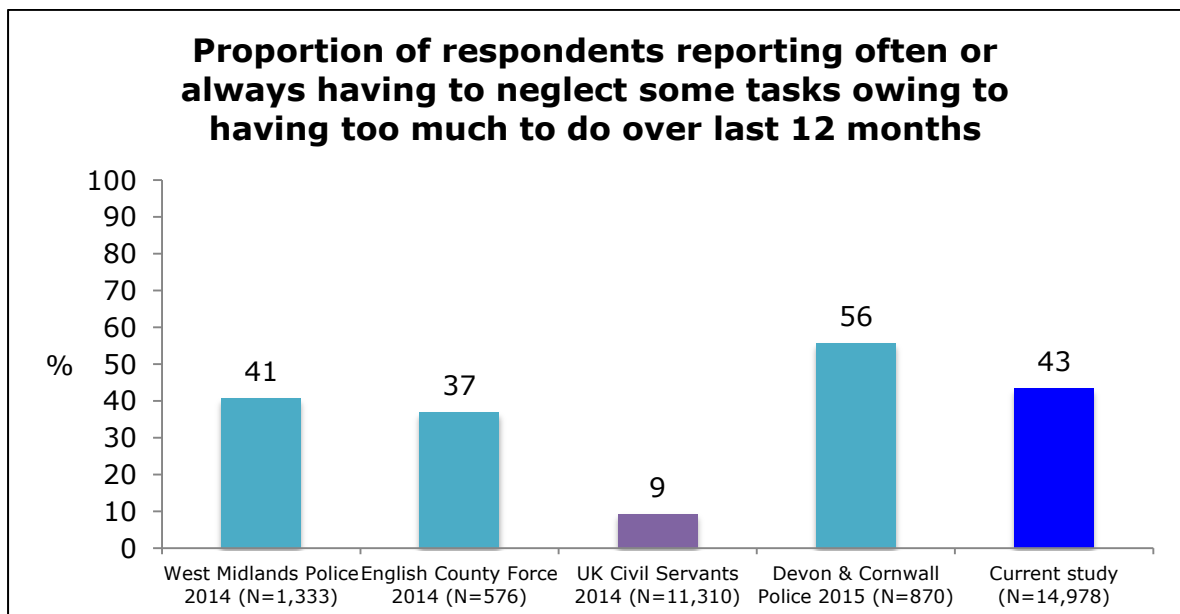
Benchmark data for the ‘unachievable deadlines’ item are presented in Figure 2. The proportion of respondents in the current study indicating that they *often* or *always* have unachievable deadlines (29%) is broadly in line with the rate obtained across four departments of Devon & Cornwall Police in 2015 (34%), all departments of West Midlands Police in 2014 (26%), and all departments of a further English County Force surveyed in 2014 (22%). This rate is somewhat higher than found among employees of the Northern Ireland Civil Service in 2014 (14%).

Figure 2 Job demands (unachievable deadlines) benchmarking



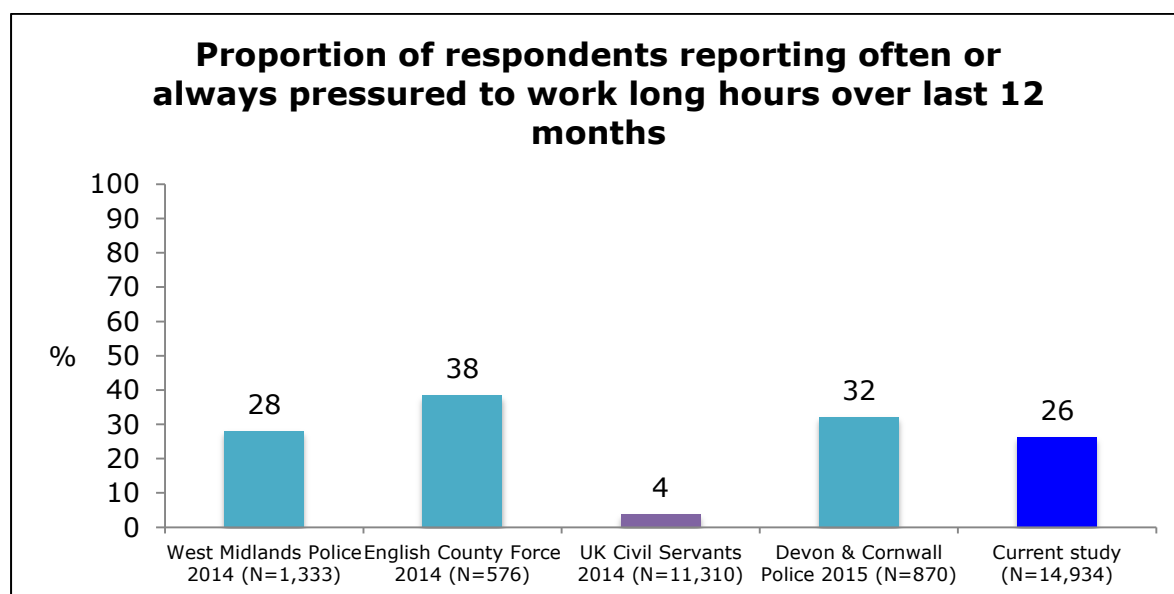
Benchmark data for the ‘neglecting tasks’ item are presented in Figure 3. The proportion of respondents indicating that they *often* or *always* have to neglect tasks because of having too much to do (43%) is in line with the rate obtained across all departments of West Midlands Police in 2014 (41%) and all departments of a further English county force surveyed in 2014 (37%), while somewhat lower than found in Devon & Cornwall Police in 2015 (56%). The rate is far higher than found among employees of the Northern Ireland Civil Service (9%) in 2014.

Figure 3 Job demands (neglecting tasks owing to too much to do) benchmarking



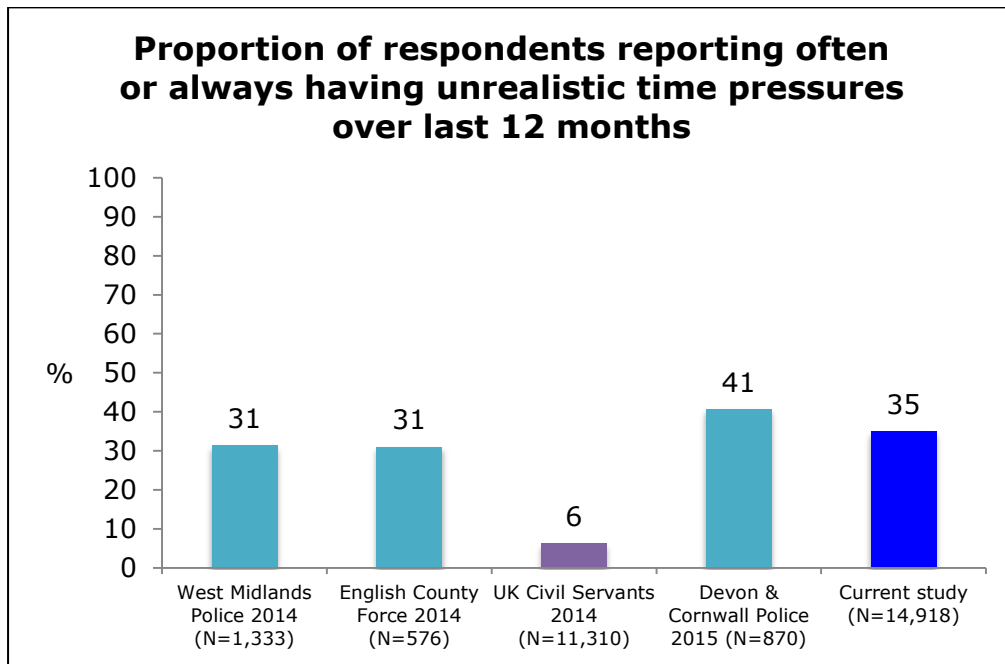
Benchmark data for the ‘pressured to work long hours’ item are presented in Figure 4. The proportion of respondents in the current study indicating that they are *often* or *always* pressured to work long hours (26%) is in line with the rate obtained across all departments of West Midlands Police in 2014 (28%), while a little lower than found across four departments of Devon & Cornwall Police in 2015 (32%) and all departments of a further English county force surveyed in 2014 (38%). This rate is considerably higher than found among employees of the Northern Ireland Civil Service in 2014 (4%).

Figure 4 Job demands (pressured to work long hours) benchmarking



Benchmark data for the ‘unrealistic time pressures’ item are presented in Figure 5. The proportion of respondents in the current study indicating that they *often* or *always* have unrealistic time pressures (35%) is in line with the rate obtained across all departments of West Midlands Police in 2014 (31%) and all departments of a further English county force surveyed in 2014 (31%), while a little lower than found across four departments of Devon & Cornwall Police in 2015 (41%). This rate is considerably higher than found among employees of the Northern Ireland Civil Service in 2014 (6%).

Figure 5 Job demands (unrealistic time pressures) benchmarking



7 Job Demands: Amount and Pace of Work

7.1 Measurement and Analytical Approach

Five items were developed for the current study to assess aspects of job demands concerned with amount and pace of work. Each item was presented as a statement with which respondents indicated their degree of agreement in relation to the previous 12 month period on a 5-point scale of (i) *strongly disagree*, (ii) *disagree*, (iii) *neither disagree nor agree*, (iv) *agree*, and (v) *strongly agree*.

7.2 Results

Findings for the amount and pace items are presented in Table 13. Key findings:

- 67% of respondents *disagreed* or *strongly disagreed* that they were able to meet all of the conflicting demands on their time.
- 70% *disagreed* or *strongly disagreed* that they have time to engage in proactive policing.
- 58% *disagreed* or *strongly disagreed* that they have enough time to do their job to a standard they can be proud of.
- 67% *agreed* or *strongly agreed* that they often work in crisis mode trying to do too much too quickly.
- 54% *agreed* or *strongly agreed* that when the pressure builds up they are expected to work faster, even if it means taking shortcuts.

Table 13 Job demands: Amount and pace of work

	I am able to meet all the conflicting demands on my time at work	We have time to engage in proactive policing in my team/unit	I have enough time to do my job to a standard that I can be proud of	We often work in crisis mode trying to do too much too quickly	Whenever the pressure builds up we are expected to work faster, even if it means taking shortcuts
	<i>N</i> (valid %)				
Strongly disagree	3,169 (21.1)	5,976 (40.1)	2,730 (18.2)	1,013 (6.8)	665 (4.4)
Disagree	6,917 (46.1)	4,502 (30.2)	5,988 (40.0)	1,712 (11.4)	2,406 (16.1)
Neither disagree nor agree	2,857 (19.1)	2,538 (17.0)	3,823 (25.5)	2,174 (14.5)	3,887 (25.9)
Agree	1,929 (12.9)	1,521 (10.2)	2,264 (15.1)	6,512 (43.4)	5,836 (39.0)
Strongly agree	124 (0.8)	353 (2.4)	174 (1.2)	3,582 (23.9)	2,189 (14.6)
Not specified	1,845	1,951	1,862	1,848	1,858

7.3 Benchmarking

The five items concerning amount and pace of work were developed for the current study and provide a baseline against which to consider future developments.

8 Minimum Officer Staffing

8.1 Measurement and Analytical Approach

Respondents were invited to indicate whether or not their team or unit has a minimum officer staffing level. Those who responded in the affirmative were invited to respond to two further items. The first asked them to indicate the extent to which minimum officer staffing levels were achieved over the previous 12 month period using a 6-point scale of (i) *don't know*, (ii) *never*, (iii) *rarely*, (iv) *sometimes*, (v) *often*, and (vi) *always*. A second item asked respondents to consider the effect of failure to meet minimum officer staffing levels on ability to meet demand.

8.2 Results

Findings on minimum officer staffing are presented in Tables 14 to 16. Key findings:

- 73% of respondents indicated that their team or unit had a minimum officer staffing level.
- Among respondents whose team or unit had a minimum officer staffing level, one fifth (21%) indicated that this level was achieved *never* or *rarely*.
- Almost all respondents (94%) considered that failure to meet minimum officer staffing levels had a *moderate* or *major* effect on ability to meet demand.

Table 14 Minimum staffing levels

Does your team/unit have a minimum officer staffing level?	
	<i>N</i> (valid %)
Yes	10,898 (72.6)
No	2,052 (13.7)
Don't know	2,062 (13.7)
Not specified	1,829

Table 15 Extent to which minimum staffing levels are achieved

In the last 12 months how often have these minimum staffing levels been met?	
	<i>N</i> (valid %)
Don't know	442 (4.1)
Never	373 (3.4)
Rarely	1,947 (17.9)
Sometimes	3,444 (31.6)
Often	3,939 (36.2)
Always	739 (6.8)
Not specified	5,957

Table 16 Implications of failure to meet minimum staffing levels

If minimum staffing levels are not met, what effect does this have on your ability to meet demand?	
	<i>N</i> (valid %)
No effect	39 (0.4)
Minor effect	521 (5.4)
Moderate effect	3,889 (40.4)
Major effect	5,174 (53.8)
Not specified	7,218

8.3 Benchmarking

The items concerning minimum officer staffing were developed for the current study and provide a baseline against which to consider future developments.

9 Officer Staffing Arrangements

9.1 Measurement and Analytical Approach

A set of items was developed to examine officer staffing arrangements. These addressed (i) the communication and effectiveness of procedures to determine officer staffing levels, (ii) officer availability and factors affecting this, and (iii) backfilling. Respondents were also invited to provide textual feedback concerning additional factors that typically affect officer staffing levels within their team/unit.

9.2 Results

Quantitative findings on officer staffing arrangements are presented in Tables 17 to 20. Key results:

- 71% of respondents *disagreed* or *strongly disagreed* that the way officer staffing levels are determined seems to be effective, while almost two thirds (64%) indicated that they had not been told how officer staffing levels are determined.
- 82% indicated that they don't have enough officers in their team or unit.
- The vast majority of respondents indicated that they generally don't have enough officers to manage the demands faced by their team or unit (85%) or to do their job properly (78%).
- The majority of respondents felt that officer unavailability due to sickness absence (68%), annual leave (62%), training (53%), and officers being on limited duties (52%), had had a *moderate* or *major* effect on officer staffing levels.
- 53% indicated that officers had been brought in from another unit in order to meet demand *sometimes, often, or always* in the last 12 months, while two-thirds (64%) indicated that they could not get officers from other teams when struggling to meet demand.

Table 17 Determination of officer staffing levels

	The way officer staffing levels are determined in my team/unit seems to be effective	I have been told how our officer staffing levels are determined
	<i>N</i> (valid %)	
Strongly disagree	4,332 (29.0)	4,529 (30.3)
Disagree	6,222 (41.6)	5,031 (33.6)
Neither disagree nor agree	2,748 (18.4)	2,631 (17.6)
Agree	1,414 (9.5)	2,498 (16.7)
Strongly agree	236 (1.6)	278 (1.9)
Not specified	1,889	1,874

Table 18 Officer availability

	We generally have enough officers to manage all the demands made on us as a team/unit	There are enough officers in my team/unit for me to do my job properly	I think we have enough officers working in our team/unit	We can get help from officers in other teams/units if we are struggling to meet the demands placed on us
	<i>N</i> (valid %)			
Strongly disagree	7,314 (48.7)	5,637 (37.6)	6,969 (46.5)	4,122 (27.5)
Disagree	5,368 (35.8)	6,069 (40.5)	5,280 (35.2)	5,442 (36.3)
Neither disagree nor agree	995 (6.6)	1,594 (10.6)	1,468 (9.8)	2,799 (18.7)
Agree	1,174 (7.8)	1,499 (10.0)	1,144 (7.6)	2,486 (16.6)
Strongly agree	159 (1.1)	181 (1.2)	127 (0.8)	126 (0.8)
Not specified	1,831	1,861	1,853	1,866

Table 19 Factors influencing officer availability

	To what extent do the following factors typically affect the officer staffing levels in your team/unit?				
	Officers not at work due to sickness	Officers not at work due to annual leave	Officers not at work due to training	Officers unavailable due to being placed on limited duty	Officers unavailable as they are filling gaps in other teams/units
	<i>N</i> (valid %)				
No effect	562 (3.8)	480 (3.3)	784 (5.3)	1,925 (13.1)	3,160 (21.6)
Minor effect	4,163 (28.3)	5,084 (34.6)	6,131 (41.8)	5,137 (35.1)	4,510 (30.8)
Moderate effect	5,875 (39.9)	7,193 (48.9)	6,034 (41.1)	4,961 (33.9)	4,510 (30.8)
Major effect	4,118 (28.0)	1,952 (13.3)	1,736 (11.8)	2,630 (17.9)	2,448 (16.7)
Not specified	2,123	2,132	2,156	2,188	2,213

Table 20 Backfilling

	In the last 12 months how frequently have officers been brought in from another team/unit because there aren't enough officers to meet demands placed on your team/unit?
	<i>N</i> (valid %)
Never	3,551 (24.2)
Rarely	3,411 (23.3)
Sometimes	4,098 (28.0)
Often	3,105 (21.2)
Always	485 (3.3)
Not specified	2,191

More than three thousand respondents ($N=3,435$) provided textual feedback in response to the invitation to express opinions on additional factors that typically affect officer staffing levels within their team/unit. Feedback broadly divided into two themes: resourcing issues and operational issues. Key messages that emerged from thematic analysis of the qualitative data are indicated below and supported by illustrative quotations. For a full review of the responses to this question refer to the Technical Annex.

Key messages:

- The most frequently cited factor was that there were not enough officers to start with and that this made any abstractions from the team (for sickness or training for example) very difficult to cope with:

“Simply not enough officers on our team strength meaning minimal abstractions have a major and dangerous effect.”

Constable, 25 year old male.

- Low officer numbers were not the only resourcing issue mentioned however; there were some themes in which ineffective management of flexi or part-time workers were highlighted:

“Flexible working arrangements not planned effectively for cover at busy times.”

Constable, 46 year old female.

- Many officers mentioned the phenomenon of ‘Ghost officers.’ This is when an officer has been counted as part of their team/unit/shift even though they were not actually at work:

“Officers being kept on the staffing list, counted as the minimum staffing when they are sick/pregnant/on attachment.”

Constable, 26 year old male.

“Officers on maternity leave also considered as part of the team strength.”

Sergeant, 45 year old female.

- The second most frequently cited external drain on officer staffing levels were court appearances, but other specific duties that impacted on officer abstractions included custody and prison handling, hospital watch, crime scene preservation and public order duties and events.

The discourse that comes across through the qualitative data is that although there are some occupational processes that need streamlining to reduce abstraction impact (such as time spent in court), respondents felt there is insufficient resilience within the teams/units to cope

with officer abstractions, particularly given the likelihood of measurement error in the current human resource management process.

9.3 Benchmarking

The items concerning officer staffing arrangements were developed for the current study and provide a baseline against which to consider future developments. However, other policing studies have applied similar questions that offer a basis for comparison. Surveys of 870 officers across four departments of Devon and Cornwall Police (Houdmont, 2015) and 356 officers of West Midlands Police Public Protection Unit (Houdmont, 2014c) included items that explored perceptions of the extent to which respondents had sufficient officer colleagues to get the job done and experienced staffing difficulties owing to colleagues being on training courses. Relevant findings from these studies are shown in Table 21. Consistent with the current study, the majority of respondents indicated that they *never* or *rarely* had sufficient officer colleagues to get the job done (60%, Devon & Cornwall; 67%, West Midlands). A smaller proportion (29%, Devon & Cornwall; 19%, West Midlands) indicated that staffing problems often or always arose due to colleagues being on training courses.

Table 21 Officer staffing benchmarking

	Devon and Cornwall Police (Public Protection, Response, Crime Investigation, Sexual Offences and Domestic Abuse Investigation) 2015	West Midlands Police (Public Protection) 2014
	<i>N</i> (%)	
I have sufficient officer colleagues to get the job done		
Never	134 (15.4)	92 (25.8)
Seldom	391 (44.9)	147 (41.3)
Sometimes	274 (31.5)	89 (25.0)
Often	61 (7.0)	25 (7.0)
Always	10 (1.1)	3 (0.3)
Staffing problems arise because of colleagues being on training courses		
Never	5 (0.6)	12 (3.4)
Seldom	143 (16.4)	76 (21.3)
Sometimes	466 (53.6)	200 (56.2)
Often	226 (26.0)	59 (16.6)
Always	30 (3.4)	9 (2.5)

10 Support Staffing Arrangements

10.1 Measurement and Analytical Approach

A set of three items was developed to examine support staffing arrangements. Each item was presented as a statement with which respondents indicated their degree of agreement on a 5-point scale of (i) *strongly disagree*, (ii) *disagree*, (iii) *neither disagree nor agree*, (iv) *agree*, and (v) *strongly agree*.

10.2 Results

Findings on support staffing arrangements are presented in Table 22. Key findings:

- 63% *disagreed* or *strongly disagreed* that they generally had enough police staff to manage the demands made on the team or unit over the previous 12 months.
- 57% *disagreed* or *strongly disagreed* that they had enough police staff in their team or unit for them to do their job properly over the previous 12 months.
- 66% *disagreed* or *strongly disagreed* that it was possible to get help from police staff in other teams or units to meet the demands placed upon them over the previous 12 months.

Table 22 Support staffing arrangements

	In my experience we generally have enough police staff to manage all the demands made on us as a team/unit	There are enough police staff in my team/unit for me to do my job properly	We can get help from police staff in other teams/units if we are struggling to meet the demands placed on us
	N (valid %)		
Strongly disagree	4,170 (28.0)	3,846 (25.8)	4,846 (32.6)
Disagree	5,198 (34.9)	4,685 (31.5)	4,990 (33.5)
Neither disagree nor agree	3,402 (22.9)	4,216 (28.3)	3,512 (23.6)
Agree	1,917 (12.9)	1,946 (13.1)	1,433 (9.6)
Strongly agree	200 (1.3)	188 (1.3)	95 (0.6)
Not specified	1,954	1,960	1,965

10.3 Benchmarking

The items concerning officer staffing arrangements were developed for the current study and provide a baseline against which to consider future developments. However, other policing studies have applied similar questions that offer a basis for comparison. Surveys of 870 officers across four departments of Devon and Cornwall Police (Houdmont, 2015) and 356 officers of West Midlands Police Public Protection Unit (Houdmont, 2014c) included an item that explored perceptions of the extent to which respondents felt they had sufficient administrative support to do their job effectively. Relevant findings from these studies are shown in Table 23. Consistent with the current study, a large proportion of respondents indicated that they *never* or *seldom* had the administrative support required to do their job effectively (49%, Devon & Cornwall; 61%, West Midlands).

Table 23 Support staffing benchmarking

	I have the administrative support I need to do my job effectively	
	Devon and Cornwall Police (Public Protection, Response, Crime Investigation, Sexual Offences and Domestic Abuse Investigation) 2015	West Midlands Police (Public Protection) 2014
	<i>N</i> (%)	
Never	88 (10.1)	91 (25.6)
Seldom	334 (38.4)	126 (35.4)
Sometimes	340 (39.1)	105 (29.5)
Often	93 (10.7)	34 (9.6)
Always	15 (1.7)	0 (0.0)

11 Working Hours and Commute

11.1 Measurement and Analytical Approach

Respondents were invited to report their typical contracted working hours and overtime hours. The items used to gather this information asked respondents to report on the total number of contracted hours and overtime hours worked over a typical *four* week period, with responses divided by four to establish weekly hours. The four-week response window was applied on the understanding that owing to the structure of rostering arrangements officers might find it easier to state their work hours over a four-week rather than weekly period. However, a sizable number of respondents reported that their contracted working hours typically totalled precisely 40 hours over a four-week period. This seems unlikely as it would mean that these respondents worked only 10 hours per week, and might reasonably be assumed to reflect the question having been mistakenly read as referring to *weekly* work hours. Working hours data contributed by these individuals were excluded from analyses to ensure reliability.

To examine reasons for working overtime an item developed by Beckers et al. (2007) was applied. This required respondents to indicate their most frequent and second most frequent reason for working overtime over the last 12 months from a list of six possible options. Beckers and colleagues suggest that four of the options can be considered involuntary (*there weren't enough officer on shift in my team/unit, there weren't enough officers on shift in another team/unit, there was an emergency situation, I wanted to finish my work*) while the remaining two options (*I enjoy my work, I get rewarded for it*) represent voluntary overtime. Respondents are allocated to the involuntary or voluntary overtime category on the basis of their most frequent reason for working overtime.

To generate an overall impression of time spent working plus travelling to and from work, respondents were also asked to indicate the typical duration of their commute (one way).

11.2 Results

Findings on working hours and commute are presented in Tables 24 to 26. Key findings:

- Officers worked an average of 42.5 hours per week, including overtime.
- 90% of overtime was involuntary. The most frequent reason for working overtime over the last 12 months was *'There weren't enough officers on shift in my team/unit'*, which was reported by 31% of those who worked overtime.

- The average one-way commute duration was 30 minutes.

Table 24 Work hours

	Contracted Hours	Overtime Hours	Total Hours
Average (median)	40.0	2.5	42.5

Table 25 Reasons for working overtime

Over the last 12 months my main reasons for working overtime have been			
	Primary Reason	Secondary Reason	Total Mentions
	<i>N</i>		<i>N</i> (%)
There weren't enough officers on shift in my team/unit	5,615	2,283	7,898 (30.8)
There weren't enough officers on shift in another team/unit	1,806	3,308	5,114 (20.0)
I wanted to finish my work	3,152	1,930	5,082 (19.8)
There was an emergency situation	2,884	2,072	4,956 (19.4)
I get rewarded for it (e.g., money, recognition, promotion opportunities)	1,003	861	1,864 (7.3)
I enjoy my work	191	507	698 (2.7)

Table 26 Commute Duration

Minutes	One-way commute duration [typical day]	
	<i>N</i> (valid %)	
≤10	1,425 (9.0)	
11-20	3,536 (22.4)	
21-30	3,914 (24.8)	
31-40	1,885 (12.0)	
41-50	1,876 (11.9)	
51-60	1,489 (9.4)	
61-70	219 (1.4)	
71-80	349 (2.2)	
81-90	610 (3.9)	
91-100	108 (0.7)	
101-110	62 (0.4)	
111-120	222 (1.4)	
121-130	14 (0.1)	
131-140	12 (0.1)	
141-150	22 (0.1)	
151-160	2 (0.0)	
161-170	2 (0.0)	
171-180	13 (0.1)	
181-190	2 (0.0)	
Not specified	1,079	

11.3 Benchmarking

Officers in the current study reported an average of 42.5 work hours in a typical week (contracted hours plus overtime). This figure is compared to that generated by two contemporaneous UK policing studies (Houdmont, 2014c, 2015) in Table 27.

Table 27 Weekly work hours benchmarks

Current Study	Devon & Cornwall Police (Public Protection, Response, Crime Investigation, Sexual Offences and Domestic Abuse Investigation) 2015 (<i>N</i> =870)	West Midlands Police (Public Protection) 2014 (<i>N</i> =356)
Average (median) 42.5	43.0	46.0

Officers in the current study reported an average one-way commute of 30 minutes. This figure is compared to that generated by two contemporaneous UK policing studies (Houdmont, 2014c, 2015) in Table 28.

Table 28 Commute duration benchmarks

Typical Duration of Commute in Minutes (one-way)			
	Current Study	Devon and Cornwall Police (Public Protection, Response, Crime Investigation, Sexual Offences and Domestic Abuse Investigation) 2015 (N=870)	West Midlands Police (Public Protection) 2014 (N=356)
Average (median)	30.0	20.0	35.0

12 Breaks, Rest Days, and Annual Leave

12.1 Measurement and Analytical Approach

The frequency of being able to take one's full rest break entitlement and rest days having been cancelled was assessed on a 5-point scale of (i) *never*, (ii) *rarely*, (iii) *sometimes*, (iv) *often*, and (v) *always*. In addition, respondents indicated how many rest days had been cancelled over the previous 12 months. For annual leave, respondents indicated whether or not they had been able to take their full allocation over the previous 12 month period and the frequency with which annual leave requests had been denied over the same period.

12.2 Results

Results for rest breaks, rest days, and annual leave are shown in Tables 29 to 33. Key findings:

- 53% of respondents were never or rarely able to take their full rest break entitlement.
- 13% of respondents often or always had their rest days cancelled, with three quarters (76%) having had two or more rest days cancelled in the previous 12 month period.
- 33% of respondents had not been able to take their full annual leave entitlement in the previous 12 month period, while 27% had annual leave requests refused often or always.

Table 29 How often have you been able to take your full rest break entitlement?

	<i>N</i> (valid %)
Never	2,442 (15.4)
Rarely	6,011 (38.0)
Sometimes	4,013 (25.4)
Often	2,781 (17.6)
Always	559 (3.5)
Not specified	1,035

Table 30 How often have your rest days been cancelled in the last 12 months?

	<i>N</i> (valid %)
Never	1,631 (10.4)
Rarely	5,648 (36.2)
Sometimes	6,253 (40.0)
Often	1,957 (12.5)
Always	126 (0.8)
Not specified	1,226

Table 31 Approximately how many of your rest days have been cancelled over the last 12 months?

	<i>N</i> (valid %)
0	2,797 (18.0)
1	941 (6.1)
2	2,441 (39.8)
3	1,766 (11.4)
4	1,980 (12.7)
5	1,574 (10.1)
6	1,232 (7.9)
7	332 (2.1)
8	610 (3.9)
9	118 (0.8)
10 or more	1,740 (11.2)
Not specified	1,226

Table 32 Have you been able to take all of the annual leave that you are entitled to in the last 12 months?

	<i>N</i> (valid %)
Yes	10,292 (65.1)
No	5,232 (33.1)
Don't know	282 (1.8)
Not specified	1,035

Table 33 How often have you had a request for annual leave refused in the last 12 months?

	<i>N</i> (valid %)
Never	1,567 (10.0)
Rarely	3,864 (24.7)
Sometimes	5,963 (38.1)
Often	4,064 (25.9)
Always	207 (1.3)
Not specified	1,176

12.3 Benchmarking

The items concerning rest breaks, rest days, and annual leave were developed for the current study and provide a baseline against which to consider future developments.

13 Single Crewing

13.1 Measurement and Analytical Approach

The frequency of being single crewed in the last 12 months was assessed on a 6-point scale of (i) *never*, (ii) *rarely*, (iii) *sometimes*, (iv) *often*, (v) *always*, and (vi) *not applicable*.

13.2 Results

Results for single crewing are shown in Table 34. Among respondents for whom this item was applicable, three quarters (73%) reported being single crewed either often or always over the previous 12 month period.

Table 34 Single crewing

	In the last 12 months how frequently have you been single crewed?
	<i>N</i> (valid %)
Never	527 (4.6)
Rarely	846 (7.4)
Sometimes	1,673 (14.7)
Often	5,982 (52.5)
Always	2,369 (20.8)
Not applicable	3,204
Not specified	2,240

13.3 Benchmarking

The item concerning single crewing was developed for the current study and provides a baseline against which to consider future developments.

Section 3: Welfare Description and Benchmarking

14 Violence

14.1 Measurement and Analytical Approach

Verbal and physical violence was assessed using four items developed for a nationwide study of Finnish police officers (Leino, 2013). The items assessed the frequency over the previous 12 month period of being the recipient of verbal insults, verbal threats, unarmed physical attacks, and attacks with a weapon. Each item was scored on a 6-point response scale of (i) *never*, (ii) *once or twice*, (iii) *more than twice*, (iv) *once a month*, (v) *once a week*, and (vi) *daily*. Frequencies and proportions for each response are presented in relation to each item. The wording of the first three items – those concerning verbal insults, verbal threats, and unarmed physical attacks – was identical to that used in Leino’s (2013) study. The wording of the fourth item was adapted slightly; whereas the original item examined frequency of violence involving a *threat* to use a deadly weapon, our study examined frequency of violence involving use of a deadly weapon.

To enable comparison with the Finnish study, findings are presented on the frequency and proportion of respondents experiencing the first three forms of violence at least once per month. For the fourth item – attacks with a weapon – frequencies and proportions are presented for having experienced this at least once in the previous 12 months. Leino (2013) reported findings on frequency of attacks with a deadly weapon in this manner owing to its relatively rare occurrence and potentially serious consequences.

A further item adopted from Leino’s (2013) study concerned fear of future violence from members of the public. Officers were invited to indicate the degree to which they were concerned about future violence with responses given on a 5-point scale of (i) *not a lot*, (ii) *a little*, (iii) *somewhat*, (iv) *a lot*, and (v) *very much*.

14.2 Results

Results on experiences of work-related violence and fear of future violence are presented in Tables 35 to 37. Key findings:

- 59% of respondents reported having been the recipient of verbal insults (e.g., swearing, shouting, abuse) at least monthly over the last year.
- 44% of respondents reported having been the recipient of verbal threats (e.g., threat of hitting, threat of kicking) at least monthly over the last year.

- 35% of respondents reported having been the recipient of an unarmed physical attack (e.g., struggling to get free, wrestling, hitting, kicking) at least once per month over the last year.
- 36% of respondents reported having been attacked with a weapon (e.g., stick, bottle, axe, firearm) at least once in the last year.
- 38% of respondents expressed *a lot* or *very much* concern about future violence from members of the public.

Table 35 Verbal insults and threats

	How often have citizens directed verbal insults (e.g., swearing, shouting, abuse) towards you in the last 12 months?	How often have citizens directed verbal threats (e.g., threat of hitting, threat of kicking) towards you in the last 12 months?
	<i>N</i> (valid %)	
Never	1,715 (11.8)	3,529 (24.4)
Once or twice	2,313 (15.9)	2,562 (17.7)
More than twice	1,994 (13.7)	2,031 (14.0)
Once a month	2,295 (15.8)	2,693 (18.6)
Once a week	3,704 (25.5)	2,658 (18.4)
Daily	2,492 (17.2)	1,010 (7.0)
Not specified	2,328	2,358

Table 36 Unarmed physical attacks and attacks with a deadly weapon

	How often have citizens directed unarmed physical attacks (e.g., struggling to get free, wrestling, hitting, kicking) towards you in the last 12 months?	How often have citizens used a deadly weapon (e.g., stick, bottle, axe, firearm) towards you in the last 12 months?
	<i>N</i> (valid %)	
Never	4,597 (31.8)	9,242 (63.9)
Once or twice	2,635 (18.2)	3,096 (21.4)
More than twice	2,227 (15.4)	1,257 (8.7)
Once a month	2,671 (18.5)	638 (4.4)
Once a week	1,871 (12.9)	190 (1.3)
Daily	453 (3.1)	40 (0.3)
Not specified	2,387	2,378

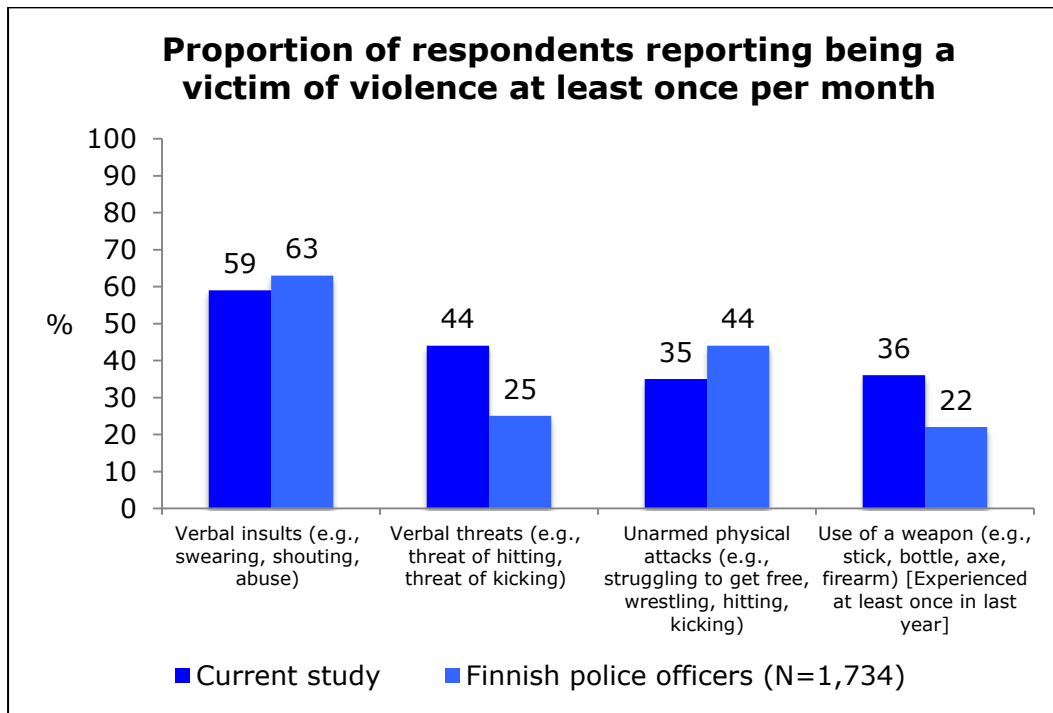
Table 37 Fear of future violence

	How strongly does fear of future violence from members of the public concern you?
	<i>N</i> (valid %)
Not a lot	1,274 (8.8)
A little	3,784 (26.0)
Somewhat	3,930 (27.0)
A lot	3,401 (23.4)
Very much	2,159 (14.8)
Not specified	2,293

14.3 Benchmarking

Findings are compared to Leino's (2013) nationwide study of Finnish police officers (Figure 6). In terms of verbal insults, the proportion of respondents reporting having been the recipient of this at least monthly over the last year was broadly comparable across the two studies, with 59% (current study) and 63% (Leino et al., 2013) reporting this. Participants in the current study were almost twice as likely to have been subjected to verbal threats than those in the Finnish study, with 44% relative to 25% having experienced this at least once per month over the last year. Officers in the current study were less likely than their Finnish counterparts to have been subjected to unarmed physical attacks (35% and 44% respectively experiencing this at least monthly). Caution needs to be applied in comparing findings concerning the fourth form of work-related violence owing to contrasting item wording. Whereas 36% of respondents in the current study reported having been attacked with a weapon at least once in the last year, 22% of participants in the Finnish study reported having been threatened with attack involving a deadly weapon at least once in the last year.

Figure 6 Prevalence of work-related violence against police officers: Benchmarking



15 Injuries Arising from Work-Related Violence and Accidents

15.1 Measurement and Analytical Approach

Work-related injuries were assessed using items developed for a nationwide study of Finnish police officers (Leino, 2013). Two items assessed the number of injuries requiring medical attention suffered as a result of work-related violence and work-related accidents in the last year, each involving a 7-point response scale of (i) *never*, (ii) *once*, (iii) *twice*, (iv) *three times*, (v) *four times*, (vi) *five times*, and (vii) *more than five times*. For each of the aforementioned items a list of different types of injuries was provided with response alternatives of yes/no for each type.

15.2 Results: Injuries Arising From Work-Related Violence

Findings on the prevalence and type of injuries arising from work-related violence are shown in Tables 38 to 40. One in five respondents (20%) suffered one or more injuries requiring medical attention as a result of work-related violence in the preceding 12 month period (Table 38), the largest proportion of these injuries being strains and sprains (Table 39).

A total of 956 respondents reported sick leave or days away from normal duties to recuperate from injuries requiring medical attention suffered as a result of work-related violence in the previous 12 months (Table 40). At least 6,692 days of sickness absence or relief from normal duties were incurred as a result of injuries arising from work-related violence.

Table 38 Frequency of injuries arising from work-related violence

How many times have you suffered an injury that required medical attention as a result of work-related violence in the last year?	
	<i>N</i> (valid %)
Never	7,211 (79.8)
Once	1,195 (13.2)
Twice	448 (5.0)
Three times	112 (1.2)
Four times	30 (0.3)
Five times	15 (0.2)
> five times	29 (0.3)
Not specified	7,801

Table 39 Injuries requiring medical attention suffered as a result of work-related violence

	<i>N</i> (%)
Strains and sprains	737 (28.5)
Superficial injuries	549 (21.2)
Multiple injuries	57 (2.2)
Loss of sight	6 (0.3)
Fracture	142 (5.5)
Dislocation without fracture	64 (2.5)
Concussion and/or internal injuries	68 (2.6)
Lacerations and open wounds	299 (11.5)
Contusions and bruising	451 (17.4)
Other	216 (8.3)

Table 40 Days away from work or normal duties to recuperate from injuries that required medical attention suffered as a result of work-related violence in the last year

	Incident 1	Incident 2	Incident 3	Incident 4	Incident 5
Days per injury	N %				
1	258 (36.1)	78 (41.1)	13 (40.6)	5 (41.7)	4 (57.1)
2	82 (11.5)	21 (11.1)	3 (9.4)	1 (8.3)	--
3	55 (7.7)	18 (9.5)	5 (15.6)	2 (16.7)	--
4	30 (4.2)	11 (5.8)		1 (8.3)	--
5	23 (3.2)	7 (3.7)	1 (3.1)	--	--
6	11 (1.5)	2 (1.1)	1 (3.1)	1 (8.3)	--
7	33 (4.6)	4 (2.1)	2 (6.3)	--	--
8	5 (0.7)	1 (0.5)	--	--	--
9	2 (0.3)	--	--	--	--
10	17 (2.4)	4 (2.1)	1 (3.1)	--	--
11	4 (0.6)	1 (0.5)	--	--	--
12	3 (0.4)	1 (0.5)	--	--	--
13	1 (0.1)	--	--	--	--
14	26 (3.6)	1 (0.5)	3 (9.4)	1 (8.3)	1 (14.3)
15	1 (0.1)	2 (1.1)	--	--	--
16	4 (0.6)	--	--	--	--
17	1 (0.1)	--	--	--	--
18	1 (0.1)	1 (0.5)	--	--	--
19	1 (0.1)	--	--	--	--
20	7 (1.0)	2 (1.1)	--	--	--
>20	150 (21.0)	29 (15.3)	3 (9.4)	1 (8.3)	2 (28.6)
Total	5,227	1,173	174	58	60

15.3 Benchmarking

A survey of the total Finnish police population conducted in 2008 produced injury data against which the current findings on injuries arising from work-related violence can be compared (Leino, Eskelinen, Summala, & Virtanen, 2012). Among the sample of 1,734 officers 26% had suffered an injury as a result of work-related violence within the last year that required medical treatment. This figure is slightly higher than that of 20% found in the current study.

15.4 Injuries Arising from Work-Related Accidents

Findings on the prevalence and type of injuries arising from work-related accidents are shown in Tables 41 to 43. Slightly more than one in four respondents (29%) suffered one or more injuries requiring medical attention as a result of work-related accident in the preceding 12 month period (Table 41), the largest proportion of these injuries being strains and sprains (Table 42).

A total of 2,089 respondents reported sick leave or days away from normal duties to recuperate from injuries requiring medical attention suffered as a result of work-related accidents in the previous 12 months (Table 43). At least 16,267 days of sickness absence or relief from normal duties were incurred as a result of injuries arising from work-related accidents.

Table 41 Frequency of injuries arising from work-related accidents

How many times have you suffered an injury that required medical attention as a result of work-related accidents in the last year?	
	<i>N</i> (valid %)
Never	6,719 (71.3)
Once	1,631 (17.3)
Twice	752 (8.0)
Three times	196 (2.1)
Four times	53 (0.6)
Five times	16 (0.2)
> five times	54 (0.6)
Not specified	7,420

Table 42 Injuries requiring medical attention suffered as a result of work-related accidents

	<i>N (%)</i>
Strains and sprains	1,650 (36.6)
Superficial injuries	775 (17.2)
Multiple injuries	84 (1.9)
Loss of sight	10 (0.2)
Fracture	238 (5.3)
Dislocation without fracture	104 (2.3)
Concussion and/or internal injuries	103 (2.3)
Lacerations and open wounds	422 (9.3)
Contusions and bruising	572 (12.6)
Other	554 (12.3)

Table 43 Days away from work or normal duties to recuperate from injuries that required medical attention suffered as a result of work-related accidents in the last year

	Incident 1	Incident 2	Incident 3	Incident 4	Incident 5
Days per injury	<i>N %</i>				
1	404 (28.9)	151 (31.7)	32 (25.2)	17 (34.7)	10 (26.4)
2	157 (11.2)	63 (13.2)	21 (16.5)	6 (12.2)	3 (7.9)
3	116 (8.3)	44 (9.2)	11 (8.7)	3 (6.1)	3 (7.9)
4	70 (5.0)	26 (5.5)	4 (3.1)	--	1 (2.6)
5	60 (4.3)	20 (4.2)	13 (10.2)	7 (14.3)	6 (15.8)
6	23 (1.6)	14 (2.9)	6 (4.7)	--	2 (5.3)
7	67 (4.8)	11 (2.3)	4 (3.1)	5 (10.3)	3 (7.9)
8	14 (1.0)	4 (<1.0)	--	--	--
9	3 (<1.0)	2 (<1.0)	1 (<1.0)	--	--
10	40 (2.9)	15 (3.1)	4 (3.1)	1 (2.0)	1 (2.6)
11	6 (<1.0)	--	--	--	1 (2.6)
12	3 (<1.0)	1 (<1.0)	2 (1.6)	--	1 (2.6)
13	2 (<1.0)	--	--	--	--
14	67 (4.8)	31 (6.5)	4 (3.1)	1 (2.0)	--
15	14 (1.0)	5 (1.0)	--	--	--
16	1 (<1.0)	2 (<1.0)	1 (<1.0)	--	--
17	3 (<1.0)	1 (<1.0)	--	--	--
18	3 (<1.0)	1 (<1.0)	--	--	--
19	4 (<1.0)	--	1 (<1.0)	--	--
20	14 (1.0)	5 (1.0)	--	--	--
>20	327 (23.4)	81 (17.0)	23 (18.1)	9 (18.4)	7 (18.4)
Total	11,412	3,363	899	321	272

16 Personal Protective Equipment/Measures

16.1 Measurement and Analytical Approach

Access to and desire for six forms of personal protective equipment and measure was assessed using a yes/no response format. For each form of equipment and measure respondents indicated whether they currently had regular access and whether they would like regular access.

16.2 Results

Findings on personal protective equipment and measures are shown in Table 44. Key results:

- 76% of respondents reported that they have regular access to incapacitant spray, making it by far the most readily available form of personal protective equipment/measure.
- The most desired forms of personal protective equipment/measure were Taser, indicated by 43% of those who did not currently have access; double crewing, indicated by 39% of those who did not currently have access; and body worn cameras, indicated by 33% of those who did not currently have access.

Table 44 Personal protective equipment and measures

Personal protective equipment (PPE)	I have regular access to...	I would like regular access to... [^]
Incapacitant spray	12,801 (76.0)	228 (1.4)
Double crewing	3,995 (23.7)	6,555 (38.9)
Body worn cameras	3,033 (18.0)	5,584 (33.2)
Taser	2,372 (14.1)	7,164 (42.5)
Rapid response firearms team	12,801 (10.2)	4,050 (24.1)
Personal firearms	459 (2.7)	3,051 (18.1)
Other	2,342 (13.9)	491 (2.9)

[^]Responses only from respondents who **do not** currently have regular access to the form of PPE

16.3 Benchmarking

The items concerning personal protective equipment/measures were developed for the current study and provide a baseline against which to consider future developments.

17 Organisational Justice

17.1 Organisational Justice Defined

Organisational justice concerns worker perceptions of fairness in the workplace. It is generally considered to contain three dimensions: *distributive justice*, the perceived fairness of organisational rewards (e.g., pay, promotion, merit); *procedural justice*, the relative fairness of organisational policies and procedures; and *interactional justice*, concerning how the organisation and supervisory personnel treat the employee (Jordan & Turner, 2008).

Organisational justice is of relevance in the current study because it can “be viewed as a ‘stressor’ – an aspect of the work environment that causes employees to doubt their ability to cope with work demands” (Judge & Colquitt, 2004, p.401). While there is likely to be some overlap between traditional work-related stressors such as high job demands, low control, and low social support, these aspects “deal with the person’s job characteristics or situations in which the employee needs help. Fairness of interpersonal treatment and organisational procedures capture more basic elements of the social structure in which these characteristics are operating” (Kivimaki et al., 2004, p.931). Consistent with this perspective, longitudinal research has demonstrated causal relationships between perceived organisational justice and perceived stress (Judge & Colquitt, 2004). Moreover, longitudinal research involving more than 10,000 UK civil servants showed that perceived organisational justice explained self-rated overall health independent of exposure to common work stressors (Kivimaki et al., 2004).

17.2 Measurement and Analytical Approach

Organisational justice was assessed using three items developed by Jordan and Turner (2008):

- *I feel that the rewards I receive from working in my team/unit are fair* (distributive justice)
- *I feel that the formal policing policies and procedures that affect my team/unit's decision making are fair* (procedural justice)
- *In all aspects of the work environment I feel that my primary supervisor treats me in a fair manner* (interactional justice)

Each item involved a 7-point response scale of (i) *strongly disagree*, (ii) *disagree*, (iii) *slightly disagree*, (iv) *neither disagree nor agree*, (v) *slightly agree*, (vi) *agree*, and (vii) *strongly agree*. Responses of *agree* and *strongly agree* were considered indicative of high perceived justice.

17.3 Results

Results for organisational justice are shown in Table 45. Key findings:

- 14% of respondents reported high distributive justice.
- 11% of respondents reported high procedural justice.
- 63% of respondents reported high interactional justice.

Table 45 Organisational justice

	Distributive Justice	Procedural Justice	Interactional Justice
	<i>N</i> (valid %)		
Strongly disagree	2,726 (18.7)	2,144 (14.7)	682 (4.7)
Disagree	3,185 (21.9)	3,250 (22.4)	732 (5.0)
Slightly disagree	1,714 (11.8)	2,356 (16.2)	832 (5.7)
Neither disagree nor agree	3,286 (22.6)	3,775 (26.0)	1,691 (11.6)
Slightly agree	1,594 (11.0)	1,360 (9.4)	1,485 (10.2)
Agree	1,821 (12.5)	1,476 (10.2)	6,154 (42.2)
Strongly agree	230 (1.6)	179 (1.2)	2,995 (20.6)
Not specified	2,285	2,301	2,270

17.4 Benchmarking

The PFEW 2015 Workforce Survey offered an initial exploration of aspects of organisational justice in policing. However, that study used different measures from those used in the current study. There remains a lack of data on organisational justice among officers of the federated ranks; the current findings provide a baseline against which to consider future developments.

18 Mental Wellbeing

18.1 Mental Wellbeing Defined

Mental wellbeing can be broadly conceptualized as having two dimensions. The first concerns positive affect (i.e. pleasurable - hedonic - aspects of wellbeing such as feelings of optimism, cheerfulness, and relaxation). The second concerns psychological functioning (i.e. eudaemonic aspects of wellbeing concerned with striving towards meaning and purpose such as energy, clear thinking, self-acceptance, personal development, competence, and autonomy). Growing awareness that mental wellbeing has important implications for workers and their organisations has stimulated considerable research activity exploring the prevalence, causes, and consequences of mental wellbeing among working populations.

18.2 Measurement and Analytical Approach

A top-level overview of mental wellbeing was established using an item that asked respondents to indicate whether they had experienced feelings of stress, low mood, anxiety, or other difficulties with their health and wellbeing over the last 12 months. Responses were given on a forced choice format (yes/no/prefer not to say or can't recall). Those that responded in the affirmative were asked to indicate whether this was caused or made worse by work, again using a forced choice response format (yes/no). Respondents were also invited to provide textual feedback concerning the ways in which work had impacted on their health and wellbeing.

To investigate mental wellbeing in more detail the two-dimensional structure described above was assessed using the short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS: Stewart-Brown et al., 2009). The scale asks individuals to rate their experience during the last two weeks for seven positively framed items, the majority of which represent aspects of psychological and eudaemonic wellbeing, while the remainder address hedonic wellbeing or affect: *I've been feeling optimistic about the future; I've been feeling useful; I've been feeling relaxed; I've been dealing with problems well; I've been thinking clearly; I've been feeling close to other people; I've been able to make up my mind about things*. Responses are given on a 5-point scale of (i) *none of the time*, (ii) *rarely*, (iii) *some of the time*, (iv) *often*, and (v) *all of the time*. Scale reliability was assessed using Cronbach's Alpha, producing a coefficient of .86, indicating good internal consistency.

For purposes of analysis the seven individual components of SWEMWBS were each dichotomized to indicate poor wellbeing (never or rarely in the last two weeks) and good wellbeing (some of the time, often, all of the time in the last two weeks). This approach enabled direct comparison of findings against two large-scale studies. First, the 2012-13 North West Mental Wellbeing Survey, a contemporary large-scale ($N=11,157$) household survey of adults in the North West Region of England (Bellis et al, 2013). Second, a large-scale unpublished study of UK veterinary surgeons conducted by a multi-institutional team that included academics from the University of Nottingham. Veterinary surgeons represent an occupational group of relevance here given the evidence of numerous studies concerning a high prevalence of common mental health disorders and suicidal ideation within the profession (Platt, Hawton, Simkin, & Mellanby, 2012).

18.3 Results

Four fifths of respondents (80%) acknowledged having experienced feelings of stress, low mood, anxiety, or other mental health and wellbeing difficulties within the previous 12 months (Table 46). Nine out of ten of these individuals (92%) indicated that their psychological difficulties had been caused or made worse by work (Table 47). Results for each of the seven dimensions of mental wellbeing are shown in Table 48.

Table 46 Psychological health

Have you experienced feelings of stress, low mood, anxiety, or other difficulties with your mental health and wellbeing within the last 12 months?	
	<i>N</i> (valid %)
Yes	7,430 (79.6)
No	1,649 (17.7)
Prefer not to say / can't recall	259 (2.8)
Not specified	7,503

Table 47 Psychological health - work attribution

Was your stress, low mood, anxiety, or other difficulties with your mental health and wellbeing caused or made worse by work?	
	<i>N</i> (valid %)
Yes	6,773 (91.7)
No	614 (8.3)

Table 48 Mental wellbeing

	In the last 2 weeks,						
	I've been feeling optimistic about the future	I've been feeling useful	I've been feeling relaxed	I've been dealing with problems well	I've been thinking clearly	I've been feeling close to other people	I've been able to make up my own mind about things
	% (N)						
None of the time	24.8 (3,561)	6.4 (924)	18.7 (2,685)	5.0 (719)	3.6 (514)	8.4 (1,210)	2.9 (411)
Rarely	36.8 (5,293)	21.6 (3,104)	41.2 (5,922)	14.8 (2,129)	12.8 (1,836)	25.8 (3,701)	10.3 (1,486)
Some of the time	25.3 (3,634)	43.0 (6,183)	29.2 (4,198)	42.2 (6,065)	39.7 (5,702)	38.0 (5,451)	31.9 (4,587)
Often	10.9 (1,571)	25.4 (3,655)	9.6 (1,377)	34.0 (4,880)	38.3 (5,506)	24.7 (3,545)	43.5 (6,250)
All of the time	2.2 (322)	3.6 (511)	1.3 (182)	4.0 (579)	5.6 (804)	3.1 (442)	11.3 (1,629)
Total	100 (14,381)	100 (14,377)	100 (14,364)	100 (14,372)	100 (14,362)	100 (14,349)	100 (14,363)

More than three thousand respondents ($N=3,774$) provided textual feedback in response to the invitation to express opinions on the ways in which work had impacted upon their mental health and wellbeing. Feedback broadly divided into two themes: hazard identification and symptom and origin description. Key messages that emerged from thematic analysis of the qualitative data are indicated below and supported by illustrative quotations. For a full review of the responses to this question refer to the Technical Annex.

Key messages:

- Identified hazards generally fell into one of the following five *sub-themes*: (i) psychosocial factors; (ii) organisational culture and interpersonal factors; (iii) occupation-related trauma; (iv) organisational processes; and (v) organisational logistics.
- The most frequently stated hazards were related to organisational logistics. Workloads and staffing issues were by far the most cited hazards:

“Heavy work load. Single crewed at work attending emergency incidents on my own.”

Constable, 43 year old male.

“It is so scary with such low staffing levels.”

Sergeant, 46 year old male.

“My work load is over bearing, however my personal pride spurs me on to do my best.”

Constable, 51 year old female.

- Respondents also mentioned many issues with organisational culture and interpersonal factors that affected their mental wellbeing. This included management behaviour, lack of support and understanding, low morale and large amounts of change also adversely affected their mental wellbeing:

“I just feel despair really at the amount of change, volume of change and general lack of morale within the workplace. It just makes coming to work a pretty miserable experience at present.”

Constable, 33 year old male.

“Line managers who do not understand mental illness, there are no physical symptoms and some of them clearly think I am faking it.”

Sergeant, 52 year old male.

“I found out by mistake that I was to be moved departments and back onto shifts. This was not discussed with me in anyway prior to the decision being made and I was told that there was nothing I could do about it.”

Constable, 41 year old female.

- Another key issue that respondents reported was the inability to take rest days, annual leave, sickness or even breaks. Often causing exhaustion and difficulties with their work/life balance:

“The rest days keep getting taken away and I am not recovering from a working week properly.”

Constable, 28 year old female.

“Low mood owing to stress of work load, and inability to get annual leave/time of work when needed/requested.”

Constable, 36 year old male.

“Fatigue from work, cancelled rest days and shifts putting strain on relationship at home. Not getting a response for leave request for weeks sometimes months causing stress with partner.”

Constable, 45 year old male.

- Many respondents also hinted at how work-related stress and home stress have a dynamic effect on each other, and could lead to a vicious cycle:

“I’m in a vicious cycle of being stressed at work and then taking this home; I then have low moods at home and bring this back to work.”

Constable, 38 year old female.

“Workload and lack of staff has increased my stress a great deal which has resulted in me becoming distant at home as I’m unable to unwind easily.”

Constable, 39 year old male.

There are many facets to mental wellbeing and these appear to be reflected in the myriad ways in which respondents felt their mental health and wellbeing was affected by work. Not only did the textual data highlight a broad range of work-related factors that affected respondents’ mental health and wellbeing, but that these factors may also be interrelated and influenced by individual differences.

18.4 Benchmarking

Results for each of the seven dimensions of mental wellbeing are compared with the 2012-13 North West Mental Wellbeing Survey and a 2008 study of UK veterinary surgeons in Figures 7 to 13. The majority of respondents reported having never or rarely felt optimistic (62%) and relaxed (60%) in the previous two-week period, relative to 19% and 11% respectively in the 2012-13 North West Mental Wellbeing Survey. For each of the remaining five wellbeing dimensions there was a difference in prevalence between the two studies of no less than 10 percentage points, with officers reporting higher prevalence of poor wellbeing on each dimension, indicating that the mental wellbeing of police officers in the current study was considerably poorer than that found among the general adult population in England. Contrasting prevalence rates for poor mental wellbeing were also evident between the current study and veterinary surgeons. This might be considered surprising given documented high rates of stress-related problems in the veterinary profession.

Figure 7 Mental wellbeing benchmarking: Feeling optimistic

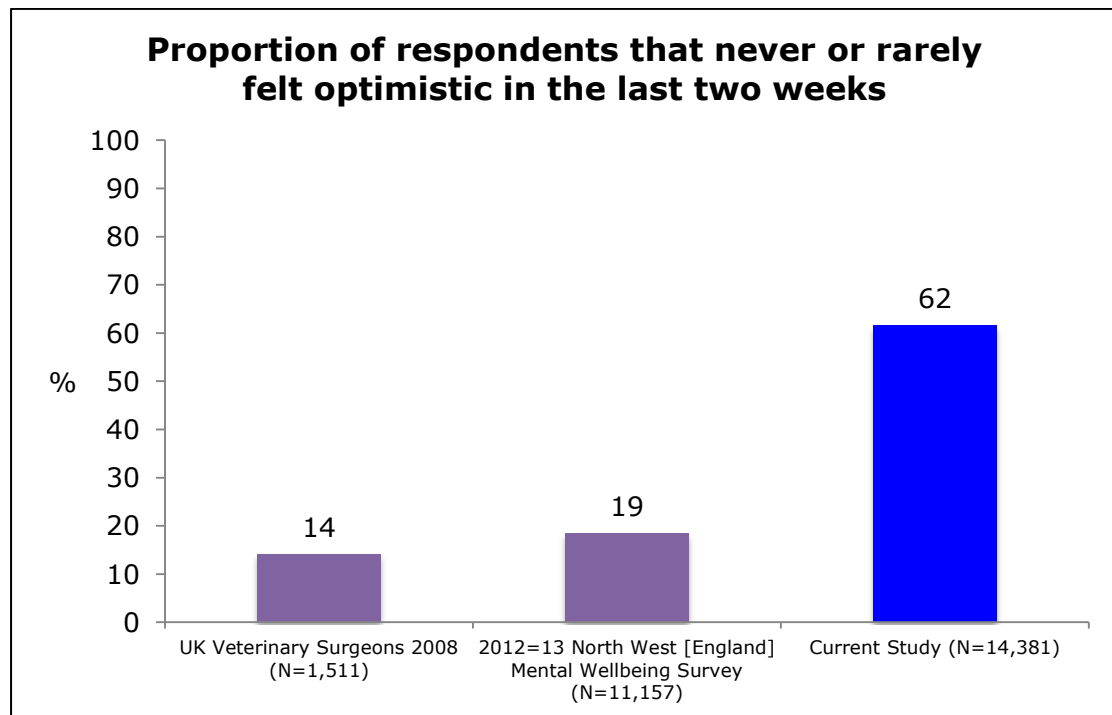


Figure 8 Mental wellbeing benchmarking: Feeling useful

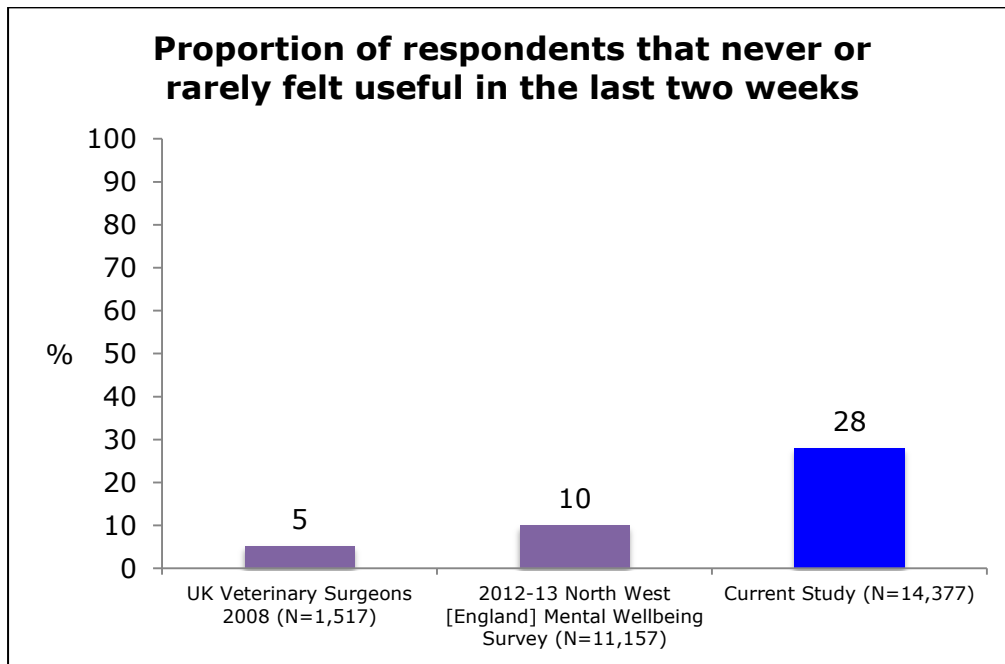


Figure 9 Mental wellbeing benchmarking: Feeling relaxed

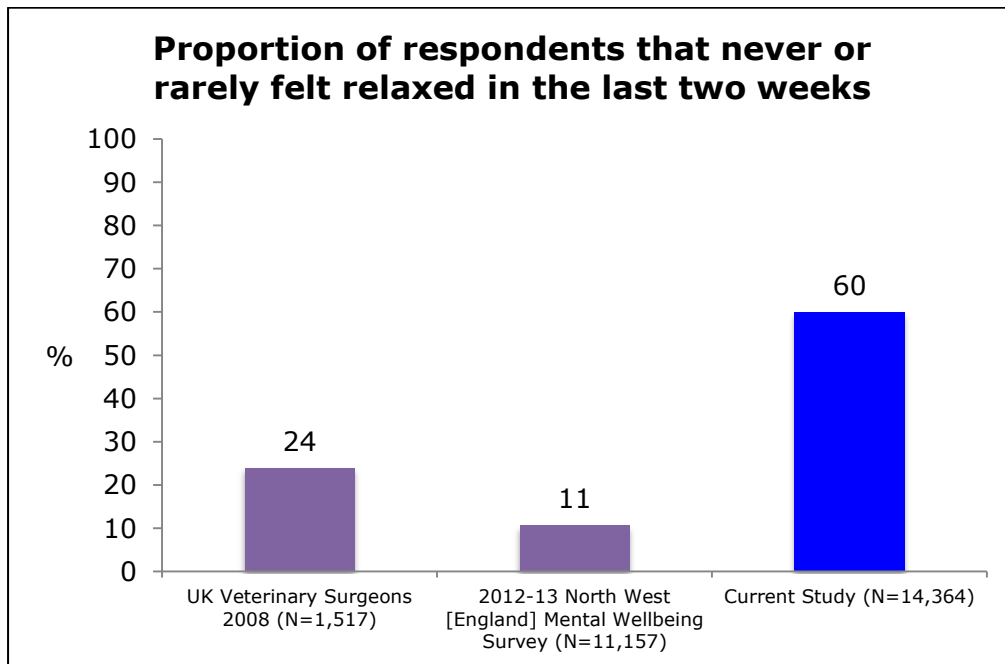


Figure 10 Mental wellbeing benchmarking: Dealing well with problems

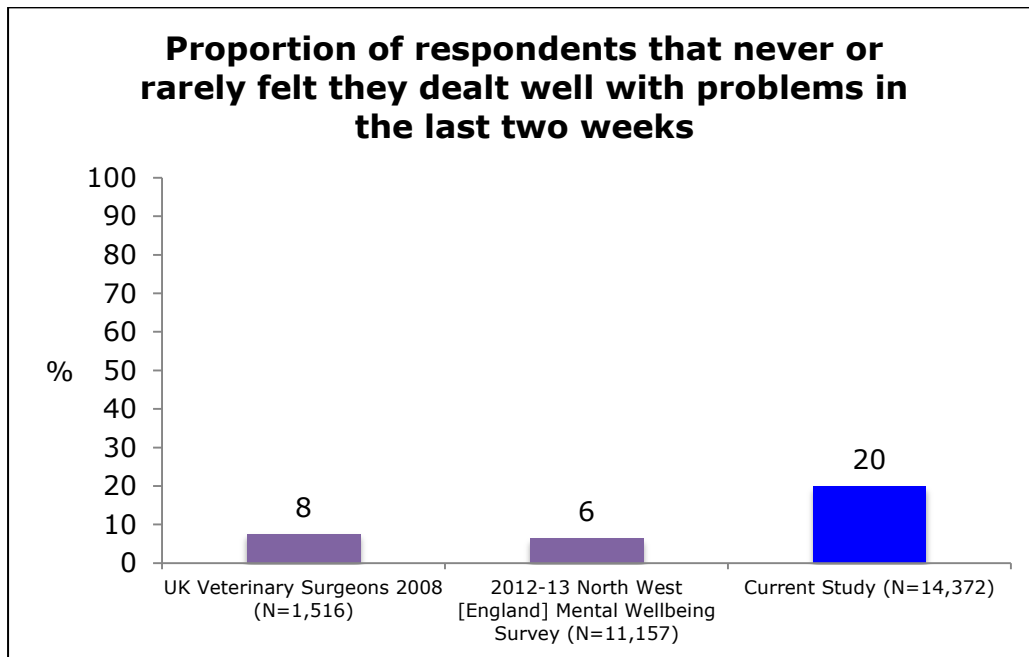


Figure 11 Mental wellbeing benchmarking: Thinking clearly

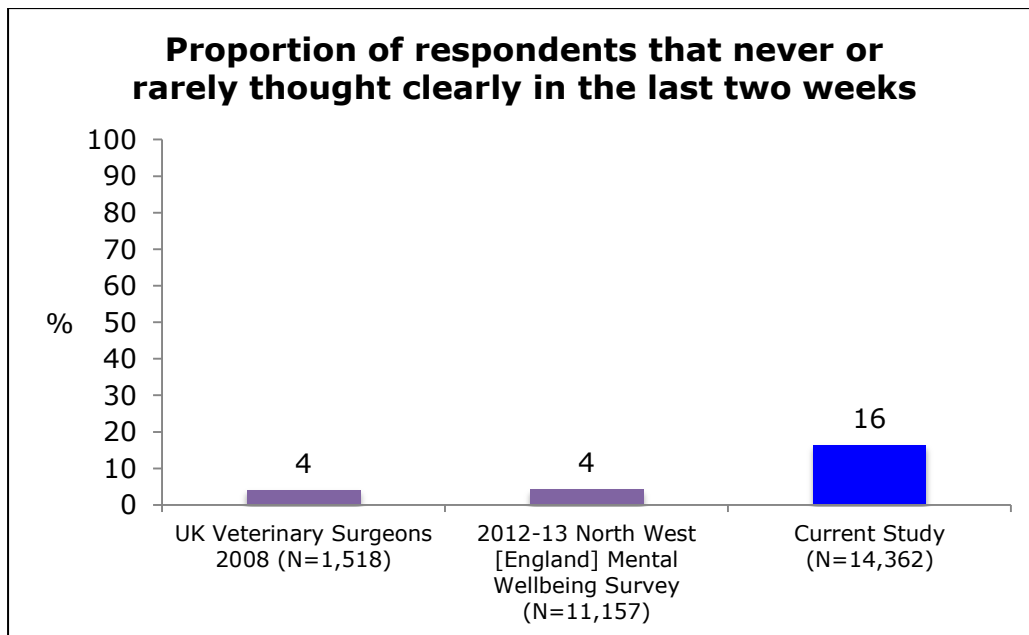


Figure 12 Mental wellbeing benchmarking: Feeling close to others

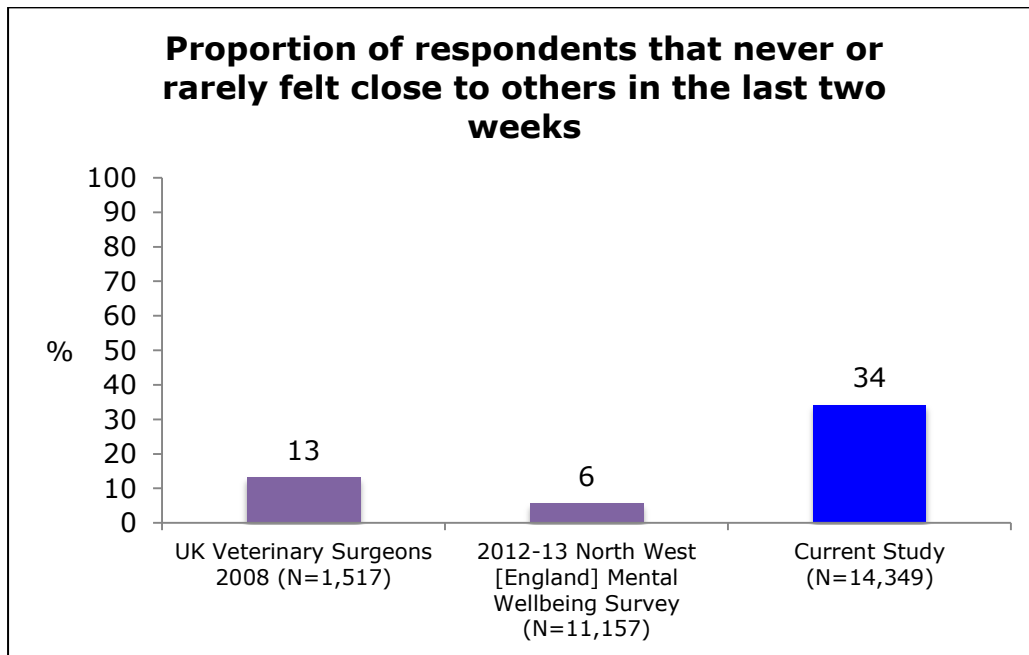
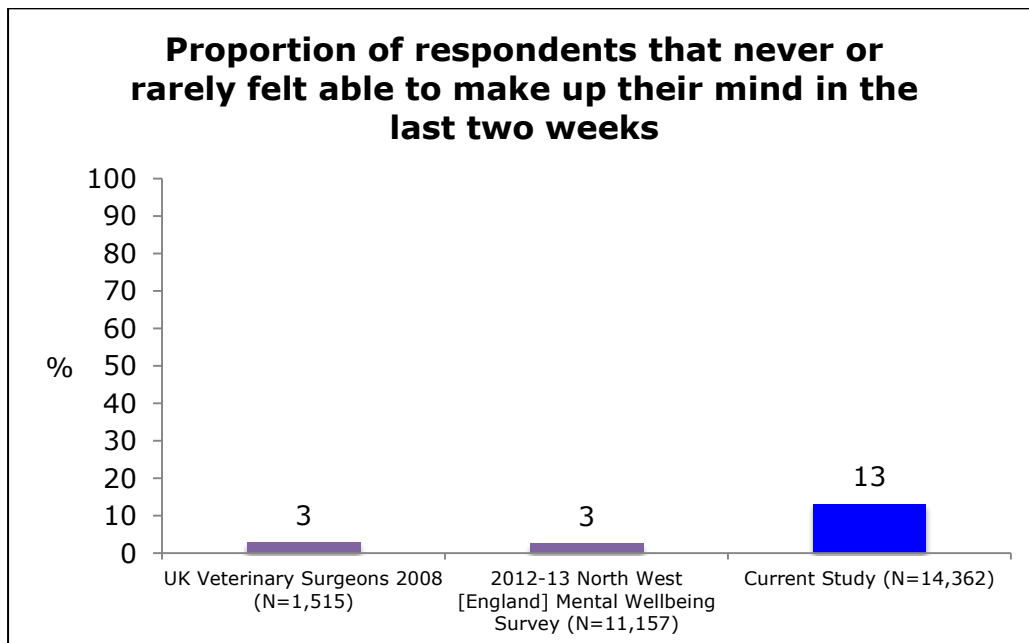


Figure 13 Mental wellbeing benchmarking: Ability to make up own mind



19 Work-Related Stress

19.1 Work-Related Stress Defined

Work-related stress can be conceptualized as a transactional process comprising three elements: antecedent factors, namely exposure to psychosocial hazards (also referred to as *stressors*); cognitive-perceptual processes that give rise to the emotional experience of stress; and correlates of that experience, both individual (e.g. psychological and physical health outcomes and health-risk behaviours) and organisational (e.g. absence, organisational commitment and morale, and performance) (Cox and Griffiths, 2010). Within this theoretical framework, psychosocial hazards are defined as “those aspects of work design and the organisation and management of work, and their social and organisational contexts, which have the potential for causing psychological, social or physical harm” (Cox *et al.*, 2000, p. 14). In the policing context these might be conceptualised as “the niggling aspects of the work environment that pervades police organisations because of the structural arrangements and social life inside the organisation” (Shane, 2010, p. 815).

19.2 Measurement and Analytical Approach

It is common practice for the measurement of work-related stress to be focused on the first element of the transactional process, namely psychosocial hazard (stressor) exposure. Accordingly, hundreds of studies have examined workers’ exposure to architectural elements of the work environment known to be associated with stress outcomes when poorly managed, such as job demands and control over work. In the current study this element of the stress process is captured in detail through measurement of respondents’ experiences of numerous aspects of demands and resourcing. In addition, to aid comparison with other studies a shorthand indicator of psychosocial hazard exposure was applied in the form of a measure described as offering “a crude single-item surrogate indicator of job stressfulness” (Health and Safety Executive, 2012, p. 14). This provides an estimate of exposure to psychosocial working conditions that hold the potential to lead to individual and organisational health impairment (Health and Safety Executive, 2002).

Within UK research on work-related stress the single-item approach has gained popularity as a means by which to gauge the prevalence of caseness among working populations (e.g., Calnan, Wadsworth, May, Smith, & Wainright, 2004; Collins & Gibb, 2003; Houdmont, Kerr, & Addley, 2012; Houdmont, Kerr, & Randall, 2012; Phillips, Sen, & McNamee, 2008; Smith, 2001; Smith, et al., 2000; Smith, Wadsworth, Moss & Simpson, 2004; Wadsworth et

al., 2007). Caseness is referred to here in a non-clinical-diagnostic sense. In the UK policing domain this single-item measure of work-related stress has been shown to help predict officers' intention to leave the service (Allisey, Noblet, LaMontagne, & Houdmont, 2014).

The popularity of the single-item approach to the assessment of work-related stress has its origins in evidence from the influential Stress and Health at Work (SHAW) study (Smith, 2000, 2001; Smith et al., 2000). The SHAW study demonstrated that workers who indicated that they found their job *very stressful* or *extremely stressful* on a single-item measure were significantly different from those who indicated that their job was *not at all stressful*, *mildly stressful*, or *moderately stressful* in their responses to validated questionnaires such as the Occupational Stress Indicator and the Beck Depression Inventory. These differences could not be attributed to negative affectivity. Significant differences between the two groups were also found for physiological markers including oral temperature, haemoglobin, and globulin (with the work stressed group having a higher mean score on all measures).

Consistent with previous studies, the current study applied the stem question *In general, how do you find your job?* with a 5-point scale of (i) *not at all stressful*, (ii) *mildly stressful*, (iii) *moderately stressful*, (iv) *very stressful*, and (v) *extremely stressful*. Following the precedent established by the SHAW study, the threshold for the identification of a case of work-related stress was located at the fourth point (*very stressful*) on the response scale. Smith et al. (2000) note that although this threshold could be considered arbitrary “We believe that it is a valid cut-point for two main reasons. Firstly, those respondents who feel very stressed or extremely stressed with respect to their working lives clearly warrant consideration for prevention and management...Secondly, it is common practice to define the ‘high’ group in analyses such as these as the upper quartile” (p. 20). This threshold is applied in all studies that have used this single-item measure.

19.3 Results

Findings on work-related stress are presented in Table 49. 39% of respondents reported a non-diagnostic case of work-related stress. The caseness prevalence rate fell to 36% after removal of those who reported that their life outside of work was very or extremely stressful.

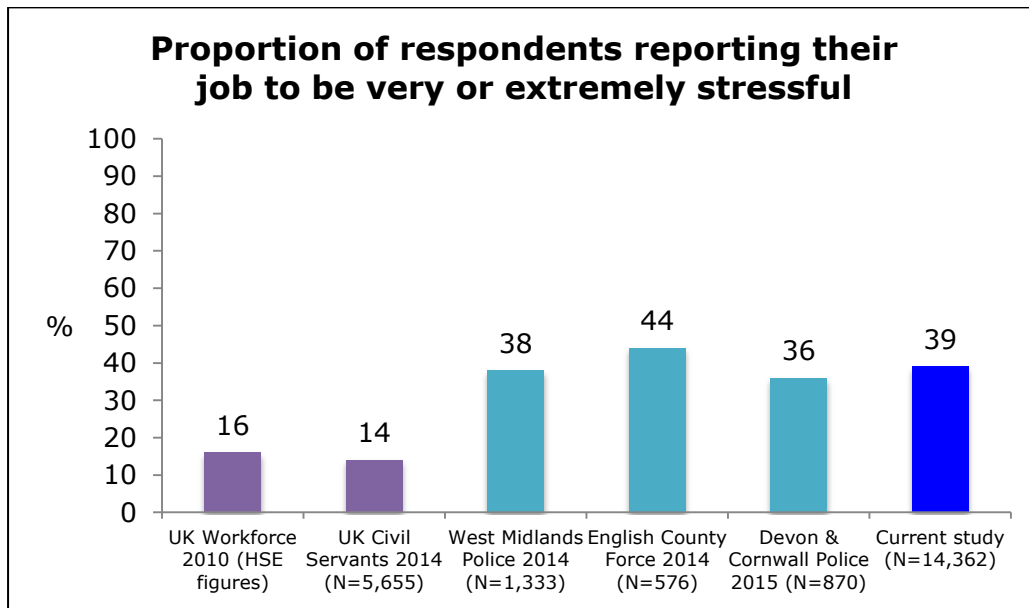
Table 49 Work-related stress

In general, how do you find your job?	
	<i>N</i> (valid %)
Not at all stressful	327 (2.3)
Mildly stressful	2,486 (17.3)
Moderately stressful	6,008 (41.8)
Very stressful	4,179 (29.1)
Extremely stressful	1,362 (9.5)
Not specified	2,479

19.4 Benchmarking

The proportion of respondents in a range of policing and non-policing studies that reported their job as very or extremely stressful, and were therefore identified as presenting with a case of work-related stress, is shown in Figure 14. Three policing studies are considered: a 2015 study of officers ($N=870$) drawn from four departments within Devon & Cornwall Police (Houdmont, 2015), a 2014 force-wide study ($N=1,333$) conducted in West Midlands Police (Houdmont, 2014b), and a further force wide survey conducted in 2014 in an English county force ($N=576$) (Houdmont, 2014d). Two non-policing studies are considered. First, a survey of 5,655 employees of the Northern Ireland Civil Service conducted in 2014 by multi-institutional team of academics that included the first author of the current report. Second, the Psychosocial Working Conditions in Britain in 2010 survey (Health and Safety Executive, 2012). This is the most recent, and final, survey in an annual series undertaken by the UK Health and Safety Executive from 2004 onwards to monitor changes in psychosocial working conditions in British workplaces. On the basis of the studies presented in Figure 14 it is evident that the rate of caseness for work-related stress found in the current study (39%) is consistent with that found in previous English and Welsh policing studies and more than double that found in the general UK workforce and among UK civil servants.

Figure 14 Work-related stress benchmarks



20 Stress Outside of Work

20.1 Measurement and Analytical Approach

Stress outside of work was assessed using an adaptation of the work-related stress measure. The stem question *In general, how do you find your life outside of work?* was applied with a 5-point scale of (i) *not at all stressful*, (ii) *mildly stressful*, (iii) *moderately stressful*, (iv) *very stressful*, and (v) *extremely stressful*. Consistent with the approach taken to the analysis of work-related stress, the threshold for the identification of a case of non-work stress was located at the fourth point (*very stressful*) on the response scale.

20.2 Results

Results for stress outside of work are shown in Table 50. Ten per cent of respondents reported a case of non-work stress.

Table 50 Stress outside of work

In general, how do you find your life outside of work?	
	<i>N</i> (valid %)
Not at all stressful	4,012 (27.9)
Mildly stressful	5,684 (39.5)
Moderately stressful	3,283 (22.8)
Very stressful	1,096 (7.6)
Extremely stressful	308 (2.1)
Not specified	2,458

20.3 Benchmarking

The 2009 Police Service of Northern Ireland Wellbeing Survey (Kerr, 2009) used the same measure of stress outside of work as per the current study, though with a 4-point response scale that omitted the ‘moderately stressful’ option. The study involved 2,715 officers and staff. Consistent with the current study, 12% of respondents were identified as presenting with a case of non-work stress.

21 Morale

21.1 Measurement and Analytical Approach

Morale was assessed in the current study as it may be linked to exposure to stressful aspects of work. We used a single item adopted from the Armed Forces Continuous Attitude Survey (Ministry of Defence, 2014) and previously applied in the PFEW 2015 and 2014 Workforce Surveys (PFEW, 2014, 2015). Participants were presented with the stem question *Overall, how would you rate your own morale?* with a 5-point response scale of (i) *very high*, (ii) *high*, (iii) *neither high nor low*, (iv) *low*, and (v) *very low*. To enable direct comparison with the Armed Forces Continuous Attitude Survey responses of *very low* and *low* were combined into a single category.

21.2 Results

Results for morale are shown in Table 51. 38% of respondents reported *low* morale while a further 23% reported *very low* morale.

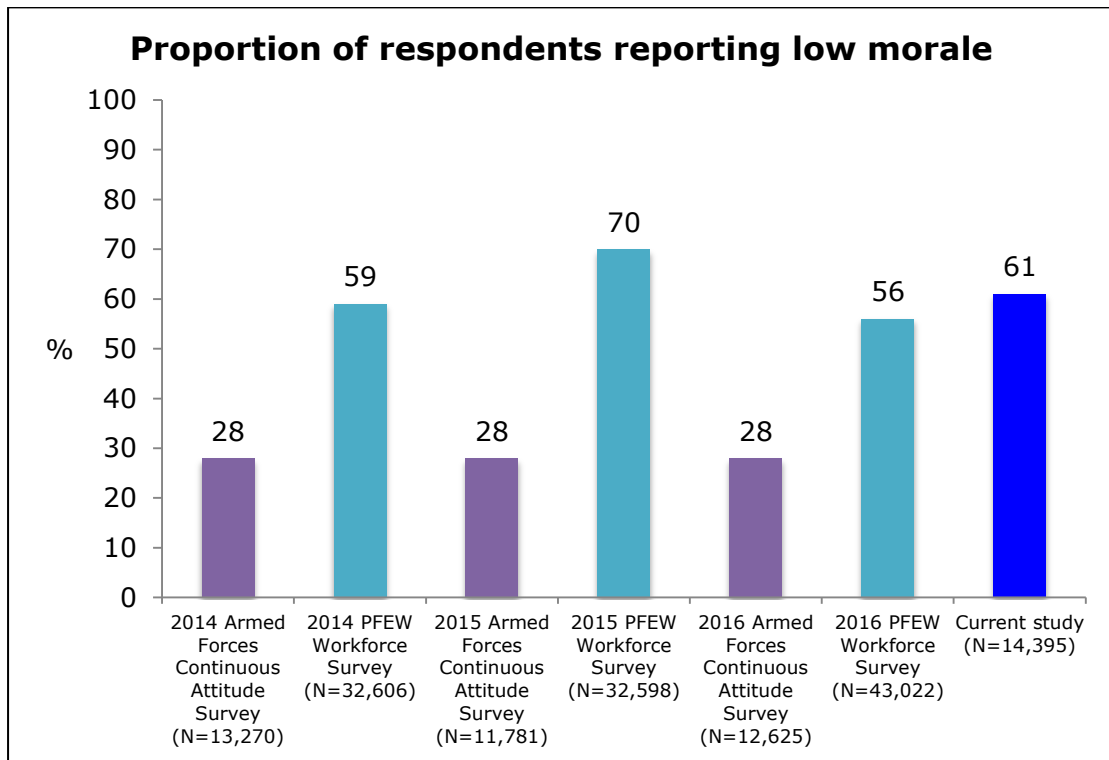
Table 51 Morale

	<i>N</i> (valid %)
Very high	189 (1.3)
High	1,614 (11.2)
Neither high nor low	3,865 (26.8)
Low	5,417 (37.6)
Very low	3,310 (23.0)
Not specified	2,446

21.3 Benchmarking

Benchmarks for morale are shown in Figure 15. The rate of low morale found in the current study (61%) was broadly consistent with that produced by the 2016 and 2014 PFEW Workforce Surveys (56% and 59% respectively) while lower than found in the 2015 iteration (70%). Notably, the prevalence of low morale is more than double the rate found in the Armed Forces Continuous Attitude Survey that has remained unchanged at 28% over the period 2014-16.

Figure 15 Morale benchmarking



22 Fatigue

22.1 Measurement and Analytical Approach

Officer fatigue was assessed using two items developed for the current study. The first item explored the extent to which fatigue had interfered with work activities. Respondents indicated the strength of their agreement with the statement *I have found it difficult to carry out certain duties and responsibilities at work because I have been too fatigued* on a 7-point response scale of (i) *strongly disagree*, (ii) *disagree*, (iii) *slightly disagree*, (iv) *neither disagree nor agree*, (v) *slightly agree*, (vi) *agree*, and (vii) *strongly agree*. The second item examined the extent to which fatigue had interfered with domestic activities. Respondents indicated the strength of their agreement with the statement *I have been so fatigued it has interfered with my family or social life* on the same response scale as above.

22.2 Results

Results for fatigue are shown in Table 52. One third (33%) of respondents agreed or strongly agreed that fatigue had made it difficult to carry out certain duties and responsibilities at work. More than half of respondents (56%) agreed or strongly agreed that fatigue had interfered with family or social life.

Table 52 Fatigue

	Fatigue interfered with work activities	Fatigue interfered with domestic activities
	<i>N</i> (valid %)	
Strongly disagree	483 (3.4)	494 (3.4)
Disagree	1,600 (11.1)	1,029 (7.2)
Slightly disagree	979 (6.8)	545 (3.8)
Neither disagree nor agree	1,725 (12.0)	901 (6.3)
Slightly agree	4,790 (33.4)	3,283 (22.9)
Agree	3,330 (23.2)	4,176 (29.1)
Strongly agree	1,450 (10.1)	3,904 (27.2)
Not specified	2,484	2,509

22.3 Benchmarking

The items concerning fatigue were developed for the current study and provide a baseline against which to consider future developments.

23 Sickness Absence

23.1 Measurement and Analytical Approach

Sickness absence is an important correlate of exposure to stress-related working conditions in policing (Allisey, Rodwell, & Noblet, 2016). Two items assessed sickness absence. The first asked respondents to indicate the total number of days of sick leave taken in the preceding 12 month period. The second required respondents to indicate how many of these absences were due to stress, depression, or anxiety. It should be noted that officers who were on long-term sick leave at the time of survey administration are unlikely to have responded. As such, the level of sickness absence reported here might offer an under-representation.

23.2 Results

Results for sickness absence are presented in Table 53. Three-fifths of respondents (58%) reported one or more days of sickness absence. 29% of respondents indicated that at least one day of their sickness absence was attributable to stress, depression, or anxiety.

Table 53 Sickness Absence

	Total days sick leave (last 12 months)	Days sick leave due to stress, depression, or anxiety (last 12 months)
	<i>N</i> (valid %)	
0	5,902 (42.2)	5,679 (70.9)
1	887 (6.3)	676 (8.4)
2	1,220 (8.7)	425 (5.3)
3	1,001 (7.2)	208 (2.6)
4	787 (5.6)	98 (1.2)
5	653 (4.7)	97 (1.2)
More than 5	--	830 (10.4)
6	399 (2.9)	--
7	335 (2.4)	--
8	203 (1.5)	--
9	100 (0.7)	--
10	345 (2.5)	--
11	56 (0.4)	--
12	119 (0.9)	--
13	23 (0.2)	--
14	132 (0.9)	--
15	55 (0.4)	--
More than 15	1,763 (12.6)	--
Not specified	2,861	8,828

23.3 Benchmarking

Almost one third (29%) of respondents in the current study indicated that at least one day of their sickness absence was due to stress, depression, or anxiety. Though not directly comparable, this figure is consistent with 2014-15 Labour Force Survey data which indicated that 32% of lost working days were due to stress, depression, or anxiety caused or made worse by work (Health and Safety Executive, 2015).

46% of police custody officers ($N=744$) surveyed from across England and Wales in 2014 reported one or more days of sickness absence in the preceding six-month period (Houdmont, 2014a), relative to 58% in the current study (that operated a contrasting 12 month reporting window). Among officers within four departments of Devon and Cornwall Police ($N=870$) surveyed in 2015, 18% reported having been absent from work in the last 12 months due to stress, depression, or anxiety caused or made worse by work (Houdmont, 2015).

Findings on sickness absence can be compared to those from a large sample of public sector workers employed by the Northern Ireland Civil Service surveyed in 2014 by a multi-institution team that included the first author of the current report. In that study, 38% of respondents indicated that within the last 12 months they had been absent from work due to sickness on at least one occasion.

24 Presenteeism

24.1 Presenteeism Defined

Presenteeism is the act of attending for work while ill. Interest in presenteeism has developed as an acknowledgement that absenteeism from work tells only part of the story about the effects of illness on work productivity, with presenteeism representing “a much-occupied...state between being absent (and ostensibly exhibiting no productivity) and fully productive work engagement” (Miraglia & Johns, 2016, p. 261). In the current study presenteeism is of interest as an indicator of officer welfare because it has been shown to be associated with subsequent health decline, particularly in relation to burnout (Demerouti, Le Blanc, Baker, Schaufeli, & Hox, 2009), and to lead to elevated absenteeism (Gustafsson & Markklund, 2011). Moreover, presenteeism can compound the effects of the initial illness and negatively influence job satisfaction, resulting in negative job attitudes and withdrawal from work (Lu, Lin, & Cooper, 2013).

24.2 Measurement and Analytical Approach

Presenteeism was measured using an adapted version of the item applied by Aronsson, Gustafsson, and Dallner (2000) in their early influential study of the phenomenon. Aronsson et al. posed the question *Has it happened over the previous 12 months that you have gone to work despite feeling that you really should have taken sick leave due to your state of health?* For the current study we modified Aronsson’s measure by creating two questions in order to distinguish between presenteeism associated with physical ill health and that associated with psychological ill health. The former was assessed with the item *[In the last 12 months] have you gone to work despite feeling that you really should have taken sick leave due to your state of physical health?* Presenteeism associated with psychological ill health was assessed with the item *[In the last 12 months] have you gone to work despite feeling that you really should have taken sick leave due to stress, low mood, anxiety, or other problems with your mental health and wellbeing?* Consistent with Aronsson et al. (2000), responses to both items were given on a 4-point scale of (i) *No, never*, (ii) *Yes, once*, (iii) *Yes, 2-5 times*, and (iv) *Yes, more than five times*.

24.3 Results

Results for presenteeism are shown in Table 54. 90% of respondents reported one or more episodes of presenteeism associated with physical ill health within the previous 12 month

period. 65% of respondents reported one or more episodes of presenteeism associated with psychological ill health within the previous 12 month period.

Table 54 Presenteeism

	Presenteeism – Physical Health	Presenteeism – Psychological Health
	<i>N</i> (valid %)	
No, never	1,464 (10.1)	5,021 (35.0)
Yes, once	3,203 (22.0)	2,331 (16.2)
Yes, 2-5 times	7,226 (49.7)	4,311 (30.1)
Yes, more than 5 times	2,644 (18.2)	2,683 (18.7)
Not specified	2,304	2,495

24.4 Benchmarking

Results can be compared to those generated by studies involving the measure developed by Aronsson et al. (2000) that was adapted for use in the current study. However, caution is required when drawing comparisons because the original measure did not distinguish between presenteeism associated with physical and psychological ill health, requiring instead respondents to consider their overall health. A large-scale study of Swedish police officers ($N=11,793$) conducted in 2007 found that 64% reported having engaged in presenteeism once or more within the previous 12 months (Leinweber, Westerlund, Hagberg, Svedberg, Luukkala, & Alexanderson, 2011). This rate is consistent with that found in the current study for presenteeism associated with psychological ill health (65%), and considerably lower than that found for presenteeism associated with physical ill health (90%). A further Swedish study, which sampled from the general working population, found that among permanent workers in their preferred occupation ($N=1,171$) the rate of presenteeism was 47% and for other permanent workers ($N=655$) 58% (Aronsson et al., 2000). Meanwhile, a study of staff nurses in the Netherlands ($N=258$) found a similar rate of 50% (Demerouti et al., 2009). The rate of presenteeism in these non-policing samples is considerably lower than found in the current study. Findings on presenteeism can also be compared to those from a large sample of public sector workers employed by the Northern Ireland Civil Service surveyed in 2014 by a multi-institution team that included the first author of the current report. Among the 5,593 employees that provided data on presenteeism, 61% indicated that within the last 12 months they had gone to work despite feeling unwell and it had affected their productivity on at least one occasion.

25 Leaveism

25.1 *Leaveism Defined*

Leaveism is a recently coined term to describe hidden sickness absence and work undertaken during rest periods. When considered alongside sickness absence and presenteeism data it contributes to the development of a broader picture of the true impact of sickness. According to Hesketh and Cooper (2014) leaveism is the practice of employees:

- 1) utilising allocated time off such as annual leave entitlements, flexi hours, banked re-rostered rest days and so on, to take time off when they are in fact unwell;
- 2) taking work home that cannot be completed in normal hours;
- 3) working while on leave or holiday to catch up.

25.2 *Measurement and Analytical Approach*

The three leaveism practices encompassed in Hesketh and Cooper's (2014) definition were reflected in four items applied in the current study. These required respondents to indicate the frequency over the preceding 12 months that they had:

- used annual leave or rest days to take time off due to their state of physical health. (no, never; yes, once; yes, 2-5 times; yes, more than 5 times) (*Dimension 1*)
- used annual leave or rest days to take time off when they really should have taken sick leave due to stress, low mood, anxiety, or other problems with mental health and wellbeing. (no, never; yes, once; yes, 2-5 times; yes, more than 5 times) (*Dimension 1*)
- taken work home that cannot be completed in normal working hours (never, seldom, sometimes, often, always) (*Dimension 2*)
- worked while on annual leave in order to catch up with work (never, seldom, sometimes, often, always) (*Dimension 3*)

25.3 *Results*

Findings on the first of the leaveism dimensions are presented in Table 55, while those relating to the remaining dimensions are presented in Table 56. The majority of respondents had used annual leave or rest days to take time off due to the state of their physical health (dimension 1) and taken work home that cannot be completed in normal working hours (dimension 2). Two fifths of respondents had used annual leave or rest days to take time off due to stress, low mood, anxiety, or other problems with mental health and wellbeing

(dimension 1) and worked while on annual leave in order to catch up with work (dimension 3).

Table 55 Leaveism: Dimension 1

	Used annual leave or rest days to take time off due to state of physical health	Used annual leave or rest days to take time off due to stress, low mood, anxiety, or other problems with mental health and wellbeing
	<i>N</i> (valid %)	
No, never,	5,952 (41.2)	8,343 (58.2)
Yes, once	3,684 (25.5)	2,321 (16.2)
Yes, 2-5 times	3,810 (26.4)	2,633 (18.4)
Yes, more than 5 times	1,005 (7.0)	1,029 (7.2)
Not specified	2,390	2,515

Table 56 Leaveism: Dimensions 2 and 3

	Taken work home that cannot be completed in normal working hours	Worked whilst on annual leave in order to catch up with work hours
	<i>N</i> (valid %)	
Never,	7,444 (49.8)	8,989 (60.1)
Seldom	2,691 (18.0)	2,533 (16.9)
Sometimes	2,891 (19.3)	2,355 (15.7)
Often	1,453 (9.7)	842 (5.6)
Always	480 (3.2)	244 (1.6)
Not specified	1,882	1,878

25.4 Benchmarking

Because leaveism research remains in its infancy benchmarking opportunities are limited. Moreover, comparison of the current findings against the little research that does exist is hampered by incompatible item wording: whereas the current study asked respondents to consider their actions over the previous 12 months, some studies have applied a six-month window (Houdmont, 2014a,c, 2015) while others asked respondents to consider their actions across their career to date (Hesketh, Cooper, & Ivy, 2014a,b).

Almost all leaveism research has been conducted in UK police forces and the vast majority has focused on its first dimension. The earliest study of leaveism involved 155 officers (predominantly of Constable rank) and police staff sampled from a UK police force department in 2012 and 2013 (Hesketh, Cooper, & Ivy, 2014a). Among full time respondents 68% reported having taken rest days, flexi, cumulative time off (CTO), or part of their annual leave entitlement to have time off when ill or injured. (Note the extension of the definition here to encompass not only illness but also injury.) The equivalent figure for part-time workers was 50%. Leaveism appeared to be linked to rank with 64% of constables, 71% of sergeants, and 75% of inspectors reporting the phenomenon. These differences may, however, reflect the question wording that asked respondents to consider if they had *ever* demonstrated leaveism, leading to the possibility that those currently of the sergeant and inspector ranks may have done so at an earlier point in their career while at a lower rank. The same authors subsequently conducted a small-scale study of 33 senior officers of the Chief Superintendent, Superintendent, and Chief Inspector ranks sampled from a Northern UK provincial police force in 2014. Results showed that more than three quarters (76%) of respondents reported the first dimension of leaveism at some point in their career (Hesketh, Cooper, & Ivy, 2014b).

Similarly focused on the first of the leaveism dimensions, 39% of officers drawn from four departments of Devon and Cornwall Police ($N=870$) surveyed in 2015 reported having taken one or more days of annual leave within the last 6 months in order to avoid the recording of a sickness absence (Houdmont, 2015). This figure is consistent with the rate of 42% found in the current study. In contrast, 16% of police custody officers ($N=747$) surveyed from across England and Wales in 2014, and 26% of officers of the public protection unit of West Midlands Police ($N=356$) surveyed in 2014, reported having taken one or more days of annual leave within the last six months for the same purpose (Houdmont, 2014a,c).

26 Health, Activity, and Diet

26.1 Measurement and Analytical Approach

Broad indicators of health were examined via a series of items addressing physical health, leisure-time physical activity, and diet. Participants were asked to rate their overall physical health on a 5-point response scale of (i) *very poor*, (ii) *poor*, (iii) *neither good nor poor*, (iv) *good*, and (v) *very good*. To assess leisure-time physical activity, and in accordance with the Department of Health's (2004) recommendations on physical activity, participants were asked to indicate on how many days over the last week (on a response scale of 1-7) they had done a total of 30 minutes or more of physical activity that was enough to raise their breathing rate. Guidance was given to the effect that this may include sport, exercise, and brisk walking or cycling for recreation or to get to and from places. The omission of a 'zero days' option on the response scale may have introduced some measurement error. Finally, to assess diet participants were presented with the question *How healthy and well balanced do you think your diet is?* with responses given on a 5-point scale of (i) *not at all*, (ii) *slightly*, (iii) *somewhat*, (iv) *very*, and (v) *extremely*.

26.2 Results

Findings on health, activity, and diet are presented in Tables 57-59. 65% of respondents reported their overall physical health to be good or very good, while 12% reported their physical health to be poor or very poor (Table 57). 24% of respondents reported having engaged in the recommended ≥ 30 minutes of exercise on five or more days over the last week (Table 58). 68% of respondents indicated that they had a *somewhat*, *very* or *extremely* healthy and balanced diet (Table 59).

Table 57 Physical health

My overall physical health is	N (valid %)
Very poor	114 (1.2)
Poor	990 (10.7)
Neither good nor poor	2,180 (22.8)
Good	4,859 (52.6)
Very good	1,161 (12.6)
Not specified	7,609

Table 58 Leisure-time physical activity

In the past week, on how many day have you done a total of 30 minutes or more of physical activity that was enough to raise your breathing rate? This may include sport, exercise, and brisk walking or cycling for recreation or to get to and from places	
	<i>N</i> (valid %)
1	1,968 (23.2)
2	1,583 (18.7)
3	1,724 (20.3)
4	1,196 (14.1)
5	982 (11.6)
6	370 (4.4)
7	655 (7.7)
Not specified	8,363

Table 59 Diet

How healthy and well-balanced do you think your diet is?	
	<i>N</i> (valid %)
Not at all	1,149 (12.3)
Slightly	1,884 (20.1)
Somewhat	3,890 (41.6)
Very	2,151 (23.0)
Extremely	283 (3.0)
Not specified	7,484

26.3 Benchmarking

Findings on leisure-time physical activity can be compared to those from a large-scale 2012 survey of 5,235 employees of the Northern Ireland Civil Service (Houdmont, Clemes, Munir, Wilson, Kerr, & Addley, 2015). That study found that 24% of males and 17% of females reported having undertaken 30 minutes or more of physical activity on five or more days in the last week. Findings on diet can be compared to those gathered from a 2014 Northern Ireland Civil Service survey (publications forthcoming). Among the 5,750 employees that provided data on diet, 64% responded in the affirmative (on a yes/no forced choice response format) to the statement *Do you believe that you have a healthy and balanced diet?*

Section 4: Help seeking and support for mental health and wellbeing difficulties

27 Professional Help Seeking

27.1 Measurement and Analytical Approach

A question was applied to identify those who had ever sought help for feelings of stress, low mood, anxiety, or any other difficulties with mental health and wellbeing. Examples of sources of help were provided including GP, occupational health department, psychologist, therapist, and counsellor. A follow up question explored the timeframe in which help had been sought, with response options of (i) *within the last year*, (ii) *1-5 years ago*, and (iii) *>5 years ago*.

27.2 Results

Results concerning professional help seeking for mental health and wellbeing difficulties and disclosure are presented in Tables 60 to 61. 39% of respondents indicated that they had sought help for mental health and wellbeing difficulties at some point in their life (Table 60). Among these respondents precisely half reported that they had sought help within the last year (Table 61).

Table 60 Help seeking

Have you ever sought help for feelings of stress, low mood, anxiety or any other difficulties with your mental health and wellbeing? This might include support from your GP, occupational health department, a psychologist, therapist, or counsellor.	
	<i>N</i> (valid %)
Yes	5,593 (39.0)
No	7,945 (55.4)
I prefer not to say/can't recall	801 (5.6)
Not specified	2,502

Table 61 Help seeking timeframe

[If yes to the previous question] This was	
	<i>N</i> (valid %)
Within the last year	2,769 (49.5)
1-5 years ago	1,996 (35.7)
>5 years ago	829 (14.8)

27.3 Benchmarking

The items concerning professional help seeking were developed for the current study and provide a baseline against which to consider future developments.

28 Disclosure and Police Service Response

28.1 Measurement and Analytical Approach

Participants who indicated that they had sought help for difficulties with mental health and wellbeing were presented with additional questions concerning disclosure to a line manager and the organisational response to disclosure. Specifically, they were asked to indicate whether or not they had informed their line manager that they had sought professional help and rate the degree to which they felt supported by their force following disclosure on a 5-point response scale of (i) *very poorly*, (ii) *poorly*, (iii) *adequately*, (iv) *fairly well*, and (v) *very well*. Those who had sought help and not disclosed this to their line manager were asked to indicate which of up to five possible reasons applied: *I was worried that my colleagues would find out*, *I thought it would negatively affect my opportunities for promotion and/or specialization*, *It wasn't affecting my work so I didn't feel I needed to*, *I didn't want to be treated differently (negatively)*, and *other*. Respondents were also invited to provide textual feedback concerning reasons for non-disclosure of a mental health and wellbeing difficulty to their line manager.

A further set of questions required respondents to indicate their strength of agreement with six statements concerning the quality of the police service's response to disclosure: *I was treated with dignity and respect*, *our discussion was treated with confidentiality*, *I was treated differently (negatively) after I discussed my mental health and wellbeing with my line manager*, *I was treated with empathy*, *I was given enough support*, and *I was given the right support*. Responses were given on a 5-point scale of (i) *strongly disagree*, (ii) *disagree*, (iii) *neither agree nor disagree*, (iv) *agree*, and (v) *strongly agree*.

28.2 Results

63% of respondents who had sought professional help had informed their line manager (Table 62). Among those that opted not to inform their line manager *I didn't want to be treated differently (negatively)* was the most frequently given reason (28%) followed by *I thought it would negatively affect my opportunities for promotion and/or specialization* (23%) (Table 63).

Table 62 Help seeking, manager disclosure

Did you tell your manager that you had sought help in regard to your mental health and wellbeing?	
	<i>N</i> (valid %)
Yes	3,529 (63.4)
No	1,861 (33.4)
I prefer not to say/can't recall	179 (3.2)
Not specified	24

Table 63 Non-disclosure reasons

I decided not to talk to my line manager about seeking help in regards to my health and wellbeing because	
	<i>N</i> (%)
I was worried that my colleagues would find out	642 (19.2)
I thought it would negatively affect my opportunities for promotion and/or specialisation	780 (23.3)
It wasn't affecting my work so I didn't feel I needed to	532 (15.9)
I didn't want to be treated differently (negatively)	928 (27.7)
Other	466 (13.9)

Almost five hundred respondents ($N=466$) provided textual feedback in response to the invitation to express opinions on reasons for non-disclosure to a line manager. Feedback broadly divided into two themes: personal barriers and organisational barriers. Key messages that emerged from thematic analysis of the qualitative data are indicated below and supported by illustrative quotations. For a full review of the responses to this question refer to the Technical Annex.

Key messages:

- The majority of barriers that respondents outlined were organisational in nature and some subthemes echoed the response list for the question itself, such as a lack of confidentiality and perceived threats to career, perhaps highlighting the importance of these issues.

“My supervisor would tell the rest of my team.”

Constable, 45 year old male.

- Perceived organisational attitudes and practices was the largest subtheme followed by the personal nature of the subject matter. Respondents felt that if they made a disclosure they would be seen as weak or treated unfairly:

“Felt my sergeant would treat me with even less respect.”

Constable, 26 year old female.

- Respondents also highlighted a lack of trust in both individual line managers and the organisation as a whole. For example:

“I don’t feel that I can approach my supervisor and do not trust him to support me. I don’t want my career to be held back because I struggle with my mental health.”

Constable, 29 year old female.

“Didn’t want it recording anywhere as I don’t trust the police would be discretionary in the future about it.”

Constable, 34 year old female.

- In some cases, the line manager was highlighted as the source of the officer’s stress:

“My line manager was the biggest cause of my stress due to him bullying myself and other members of the shift.”

Constable, 30 year old male.

- Personal barriers were also present throughout the responses and a large number of comments highlighted that their non-disclosure was due to a desire to retain their personal privacy and/or a desire to self-manage, whilst some others shared feelings of shame or embarrassment that inhibited disclosure:

“I wanted to keep it to myself and deal with it on my own.”

Sergeant , 48 year old male.

“I felt ashamed as I needed to be a strong leader.”

Inspector, 40 year old male.

“I want to keep work separate from my private life.”

Constable , 36 year old male.

These responses highlighted that there are numerous barriers within the police service in regard to creating a more understanding and open culture, improving trust and supportive relationships at an organisational and managerial level.

Among those who had discussed their mental health and wellbeing difficulty with their line manager two fifths (42%) reported that they were *poorly* or *very poorly* supported by the police service, while approximately one third (32%) reported that they were *fairly well* or *very well* supported (Table 64). Notably, more than one third of respondents (37%) *disagreed* or *strongly disagreed* that they were given enough support while a similar proportion (36%) *disagreed* or *strongly disagreed* that they were given the right support (Table 65).

Table 64 Help seeking, support from the police service

How well were you supported by the police service after you discussed your mental health and wellbeing with your line manager?	
	<i>N</i> (valid %)
Very poorly	627 (17.8)
Poorly	839 (23.9)
Adequately	934 (26.6)
Fairly well	640 (18.2)
Very well	473 (13.5)

Table 65 Help seeking, police service response

	I was treated with dignity and respect	Our discussion was treated with confidentiality	I was treated differently (negatively) after I discussed my mental health and wellbeing with my line manager	I was treated with empathy	I was given enough support	I was given the right support
	N (valid %)					
Strongly disagree	264 (7.5)	210 (6.0)	738 (21.1)	263 (7.5)	497 (14.2)	513 (14.6)
Disagree	404 (11.5)	361 (10.3)	1,250 (35.7)	547 (15.6)	781 (22.3)	753 (21.5)
Neither agree nor disagree	692 (19.7)	566 (16.2)	774 (22.1)	816 (23.3)	715 (20.4)	867 (24.8)
Agree	1,433 (40.9)	1,591 (45.4)	483 (13.8)	1,360 (38.8)	1,068 (30.5)	973 (27.8)
Strongly agree	712 (20.3)	776 (22.1)	252 (7.2)	517 (14.8)	445 (12.7)	397 (11.3)

28.3 Benchmarking

The items concerning disclosure and police service response were developed for the current study and provide a baseline against which to consider future developments.

29 Police Service Attitude towards Mental Health and Wellbeing

29.1 Measurement and Analytical Approach

Participants were asked to indicate their views on the attitude of the police service towards mental health and wellbeing issues. Specifically, respondents indicated the strength of their agreement with five statements: *The police service encourages staff to talk openly about mental health and wellbeing, I would feel confident disclosing any difficulties I might have with my mental health and wellbeing to my line manager, I think my line manager would be supportive if I experienced difficulties with my mental health and wellbeing, I believe my colleagues would be supportive if I experienced difficulties with my mental health and wellbeing, someone would be treated differently (negatively) if they disclosed difficulties with their mental health and wellbeing.* Responses were given on a 5-point scale of (i) *strongly disagree*, (ii) *disagree*, (iii) *neither agree nor disagree*, (iv) *agree*, and (v) *strongly agree*.

29.2 Results

Perceptions of the attitude of the police service towards mental health and wellbeing were generally negative (Table 66). More than half of respondents disagreed or strongly disagreed with the statements *the police service encourages its staff to openly talk about mental health and wellbeing* (51%) and *I would feel confident disclosing any difficulties I might have with my mental health and wellbeing to my line manager* (57%). Notably, perceptions of the response of line managers and colleagues – as opposed to the service overall – were generally positive. The majority (55%) agreed or strongly agreed with the statement *I think my line manager would be supportive if I experienced difficulties with my mental health and wellbeing*, while a similar proportion (54%) indicated the same for the statement *I believe my colleagues would be supportive if I experienced difficulties with my mental health and wellbeing*.

Table 66 Police service attitude towards mental health and wellbeing

	The police service encourages staff to talk openly about mental health and wellbeing	I would feel confident disclosing any difficulties I might have with my mental health and wellbeing to my line manager	I think my line manager would be supportive if I experienced difficulties with my mental health and wellbeing	I believe my colleagues would be supportive if I experienced difficulties with my mental health and wellbeing	Someone would be treated differently (negatively) if they disclosed difficulties with their mental health and wellbeing
	<i>N (%)</i>				
Strongly disagree	1,473 (16.5)	2,214 (24.8)	851 (9.5)	543 (6.1)	640 (7.2)
Disagree	3,101 (34.7)	2,828 (31.7)	1,109 (12.4)	1,296 (14.5)	1,833 (20.5)
Neither agree nor disagree	2,400 (26.8)	1,400 (15.7)	2,036 (22.8)	2,276 (25.5)	2,448 (27.4)
Agree	1,801 (20.1)	2,108 (23.6)	4,037 (45.1)	3,974 (44.4)	2,815 (31.5)
Strongly agree	169 (1.9)	374 (4.2)	909 (10.2)	853 (9.5)	1,203 (13.5)
Not specified	7,897	7,917	7,899	7,899	7,902

29.3 Benchmarking

The items concerning police service attitude towards mental health and wellbeing were developed for the current study and provide a baseline against which to consider future developments.

30 Mental Health and Wellbeing Support Services

30.1 Measurement and Analytical Approach

Respondents were asked to indicate whether or not they were aware of any services offered by their force to support employee mental health and wellbeing, with a forced choice (yes/no) response format. Respondents were also invited to provide textual feedback concerning awareness of specific services.

30.2 Results

60% of respondents indicated that they were aware of the existence of mental health and wellbeing support services offered by their force (Table 67).

Table 67 Awareness of mental health and wellbeing support services

Are you aware of any services that your police force offers to support the mental health and wellbeing of its employees?	
	<i>N</i> (valid %)
Yes	8,562 (60.0)
No	5,707 (40.0)
Not specified	2,572

Just over five thousand respondents ($N=5,072$) provided textual feedback in response to the invitation to detail awareness of specific services. Feedback broadly divided into four themes: (i) appraisal of support provision, (ii) availability of support, (iii) type of provision, and (iv) locus of support. Key messages that emerged from thematic analysis of the qualitative data are indicated below and supported by illustrative quotations. For a full review of the responses to this question refer to the Technical Annex.

Key Messages

- The most widely mentioned sources of support were large internal departments such as occupational health units, welfare units and human resources. Although counselling was the main type of therapeutic intervention mentioned, others were also mentioned, including Cognitive Behavioural Therapy (CBT), mindfulness, access to psychologists, psychiatrists and Trauma Risk Management (TRiM). A minority mentioned Eye Movement Desensitization and Reprocessing (EMDR) and hypnotherapy.

- Negative appraisals of support mainly focused on over stretched or inadequate provisions, budgetary cuts and access problems. Occupational health was the most frequently mentioned provider:

“Occupational health - BUT an appointment would take months and those that have been recently have stated that they are next to useless. It had used to be a good service (feedback from people I have previously referred) but due to the cutbacks there is next to no support for officers who have been through life changing and traumatic events.”

Sergeant, 50 year old female.

- Some respondents felt that the support provided by their forces was tokenistic, whilst others stated that there was no support at all:

“It's all paper talk. You get the initial ""poor you"" conversation and then reminded that you are a serving officer in a disciplined force and that under Winsor you can be sacked under UPP for your sickness record meaning that you are not performing.”

Sergeant, 41 year old male.

“I have on 2 separate occasions in last 10 years been given OH led ""Hot debriefs"" after being first on scene to horrific incidents. One in which I ingested blood whilst giving CPR. I felt these were useless as [my force's] OH treated them as a tick box exercise, the civilian OH staff could not connect with what we were talking about and seemed more concerned about ticking a box than actually dealing with it.”

Constable, 35 year old male.

“There are none. Even my occ health told me this. Said HR ignore their advice to favour SLT agendas. Advised by occ health I would be better off leaving....so I've had to resign.”

Inspector, 37 year old male.

The data suggested that although respondents were aware of some mental health services that might be available to them through their organisation, there also appeared to be a common perception that accessing such support may either be difficult or unconstructive.

30.3 Benchmarking

The items concerning mental health and wellbeing support services were developed for the current study and provide a baseline against which to consider future developments.

31 Line Management Support for Mental Health and Wellbeing

31.1 Measurement and Analytical Approach

A screening question was applied to identify respondents with line management responsibility. These respondents were presented with a set of questions concerning training received to support those with mental health and wellbeing difficulties and their confidence in supporting such individuals. Respondents were also invited to provide textual feedback on two further items: first, those concerning any additional comments they might have, and, second, issues concerning confidence in supporting colleagues with mental health and wellbeing difficulties.

31.2 Results

27% of respondents indicated that they held a line management responsibility (Table 68). Among these individuals, 21% had received training on supporting colleagues who have disclosed a mental health or wellbeing difficulty (Table 69), and approximately one quarter (23%) reported that this training had been good or very good (Table 70). The vast majority (87%) felt somewhat or very confident in their ability to support someone they line managed with a mental health or wellbeing difficulty (Table 71).

Table 68 Line management responsibility

Are you a line manager?	
	<i>N</i> (valid %)
Yes	3,878 (27.2)
No	10,218 (71.5)
Prefer not to say	185 (1.3)
Not specified	2,560

Table 69 Line management training

Were you given training on how to support someone who chooses to disclose having difficulties with mental health or wellbeing?	
	<i>N</i> (valid %)
Yes	807 (20.9)
No	2,819 (72.9)
Can't recall	243 (6.3)
Not specified	9

Table 70 Line management training quality

If training was received, it was	
	<i>N</i> (valid %)
Very poor	21 (2.6)
Poor	123 (15.3)
Adequate	472 (58.8)
Good	141 (17.6)
Very good	46 (5.7)
Not specified	4

Table 71 Line management confidence

If someone you line managed disclosed that they were experiencing problems with their mental health and wellbeing, how confident would you be in your ability to support them?	
	<i>N</i> (valid %)
Not confident at all	52 (1.3)
Not very confident	454 (11.7)
Somewhat confident	2,261 (58.4)
Very confident	1,103 (28.5)
Not specified	8

Almost five hundred respondents ($N=470$) provided textual feedback in response to the invitation to indicate how confident they would be supporting someone with mental health and wellbeing difficulties. Feedback broadly divided into three themes: (i) policy and practice, (ii) factors that may enhance confidence, and (iii) factors that may inhibit confidence. Key messages that emerged from thematic analysis of the qualitative data are indicated below and supported by illustrative quotations. For a full review of the responses to this question refer to the Technical Annex.

Key messages:

- Many comments highlighted that confidence in supporting officers who were experiencing problems with mental health and wellbeing was due to factors *other than training*:

“I used to work in a mental health setting, so I am familiar with how to start to help; I’ve certainly never had any guidance or help from the police service.”

Constable, 42 year old male.

- Personal experience of mental health problems, or supporting others experiencing mental health problems, appears to be a key factor in regards to confidence:

“As I have had problems myself in the past so know what to look for and how to support staff.”

Inspector, 43 year old female.

- Respondents also highlighted training deficits and organisational difficulties in providing mental health support:

“I would struggle to find time to properly support them which is not fair.”

Sergeant, 35 year old male.

“All that is on offer is occupational health and even they can’t see officers referred for months due to the high number of referrals.”

Sergeant, 47 year old male.

The discourse that emerges is that although some respondents are confident in supporting the people they manage, this confidence is often facilitated by factors other than training and provision of support can be limited due to logistics.

104 respondents provided textual feedback in response to the invitation to express any additional comments. Feedback broadly divided into four themes: (i) training provided by external providers, (ii) course evaluation, (iii) other sources of knowledge and support, and (iv) current training deficits and disparities. Key messages that emerged from thematic analysis of the qualitative data are indicated below and supported by illustrative quotations. For a full review of the responses to this question refer to the Technical Annex.

Key message(s):

- Multiple external providers were mentioned, including MIND, TRiM and the PFEW training. Some individuals commented that they are TRiM assessors or that their training was funded by an external organisation other than the police service:

“Voluntary training provided by MIND.”

Constable, 46 year old female.

“Federation funded TRiM training.”

Sargent, 46 year old male.

- In terms of course assessment, many individuals raised concerns with the quality, quantity, and availability of the training on offer. Some respondents reported receiving compulsory training, whilst others reported having to seeking out the training on their own:

“Factory training, not good enough to make me proficient.”

Sergeant, 45 year old male.

“NCALT package/presentation not very personal.”

Sergeant, 29 year old male.

“I had to arrange this for myself.”

Sergeant, 44 year old male.

- Respondents highlighted the value of other sources of mental health knowledge and support such as self-directed learning and their own experiences:

“I am one of two Force trainers and it is only through my own experience and research that I have been trained.”

Sergeant, 43 year old female.

- A small number of respondents highlighted some continuity issues between the training and current HR practices:

“The force policies have not been changed to support the training Ethos.”

Sergeant, 46 year old female.

The key message to emerge from the textual feedback was that although training is available to some, there are concerns about availability, quality, and the extent to which good practice can be/is applied in the police service.

31.3 Benchmarking

The items concerning line management support for mental health and wellbeing were developed for the current study and provide a baseline against which to consider future developments.

32 Social Support

32.1 Social Support Defined

Social support was assessed in the current study because it is an important resource associated with a host of individual and organisational health indices. Longitudinal research has shown that social support is an important determinant of overall health functioning (Stansfeld et al., 1998). In the policing literature, social support offered by supervisors/line managers has been identified as a particularly important determinant of job satisfaction and turnover intentions (Brough & Frame, 2004).

32.2 Measurement and Analytical Approach

Social support was measured using the Social Support Scale developed by Caplan, Cobb, French, Van Harrison, & Pinneau (1975). This measure includes three sub-scales: social support from supervisor/line manager; social support from partner, family, and friends; and social support from work colleagues. The instrument asks respondents to indicate the extent to which four forms of social support are received from each of these three sources: going out of their way to make work life easier, being easy to talk to, be relied upon during difficult times at work, and willingness to listen to personal problems. In order to permit comparison with Brough and Frame's (2004) study of social support among New Zealand police officers the following response scale was used: (0) *not applicable*, (i) *not at all*, (ii) *a little*, (iii) *somewhat*, and (iv) *very much*. For each source of social support a sum score was created with a maximum possible score of 16, whereby high scores indicated high levels of social support.

32.3 Results

Results for the social support dimension 'making work life easier' are shown in Table 72. 40% of respondents indicated that partners, friends and relatives offered the highest level of support available (*very much*). 18% of respondents indicated that their immediate line manager offered the highest level of support (*very much*). 10% of respondents indicated that their colleagues offered the highest level of support (*very much*).

Table 72 Support networks: Making work life easier

	How much do the following go out of their way to make your work life easier for you?					
	Not at all	A little	Somewhat	Very much	Not applicable	Not specified
	N (valid %)					
Immediate line manager (or equivalent)	2,154 (22.8)	2,804 (29.7)	2,736 (29.0)	1,694 (17.9)	56 (0.6)	7,397
Other people at work	1,630 (17.3)	3,371 (35.8)	3,423 (36.3)	954 (10.1)	49 (0.5)	7,414
Partner, friends, and relatives	745 (7.9)	1,502 (15.9)	2,821 (29.9)	3,794 (40.3)	563 (6.0)	7,416

Results for the social support dimension ‘being easy to talk to’ are shown in Table 73. 57% of respondents indicated that partners, friends and relatives offered the highest level of support available (*very much*). 25% of respondents indicated that their immediate line manager offered the highest level of support (*very much*). 24% of respondents indicated that their colleagues offered the highest level of support (*very much*).

Table 73 Support networks: Easy to talk to

	How easy is it to talk to?					
	Not at all	A little	Somewhat	Very much	Not applicable	Not specified
	N (valid %)					
Immediate line manager (or equivalent)	1,512 (16.0)	2,469 (26.2)	3,019 (32.0)	2,397 (25.4)	32 (0.3)	7,412
Other people at work	721 (7.7)	2,430 (25.8)	3,972 (42.2)	2,281 (24.2)	16 (0.2)	7,421
Partner, friends, and relatives	343 (3.6)	1,010 (10.7)	2,537 (26.9)	5,383 (57.2)	142 (1.5)	7,426

Results for the social support dimension ‘being relied upon during difficult times at work’ are shown in Table 74. 56% of respondents indicated that partners, friends and relatives offered the highest level of support available (*very much*). 22% of respondents indicated that their immediate line manager offered the highest level of support (*very much*). 23% of respondents indicated that their colleagues offered the highest level of support (*very much*).

Table 74 Support networks: Rely upon

	How much can you rely on the following when things get tough at work?					
	Not at all	A little	Somewhat	Very much	Not applicable	Not specified
	N (valid %)					
Immediate line manager (or equivalent)	1,672 (17.9)	2,526 (27.0)	3,035 (32.4)	2,080 (22.2)	50 (0.5)	7,478
Other people at work	791 (8.5)	2,484 (26.5)	3,943 (42.1)	2,111 (22.6)	28 (0.3)	7,484
Partner, friends, and relatives	411 (4.4)	996 (10.6)	2,417 (25.8)	5,260 (56.2)	270 (2.9)	7,487

Results for the social support dimension ‘willingness to listen to personal problems’ are shown in Table 75. 64% of respondents indicated that partners, friends and relatives offered the highest level of support available (*very much*). 18% of respondents indicated that their immediate line manager offered the highest level of support (*very much*). 15% of respondents indicated that their colleagues offered the highest level of support (*very much*).

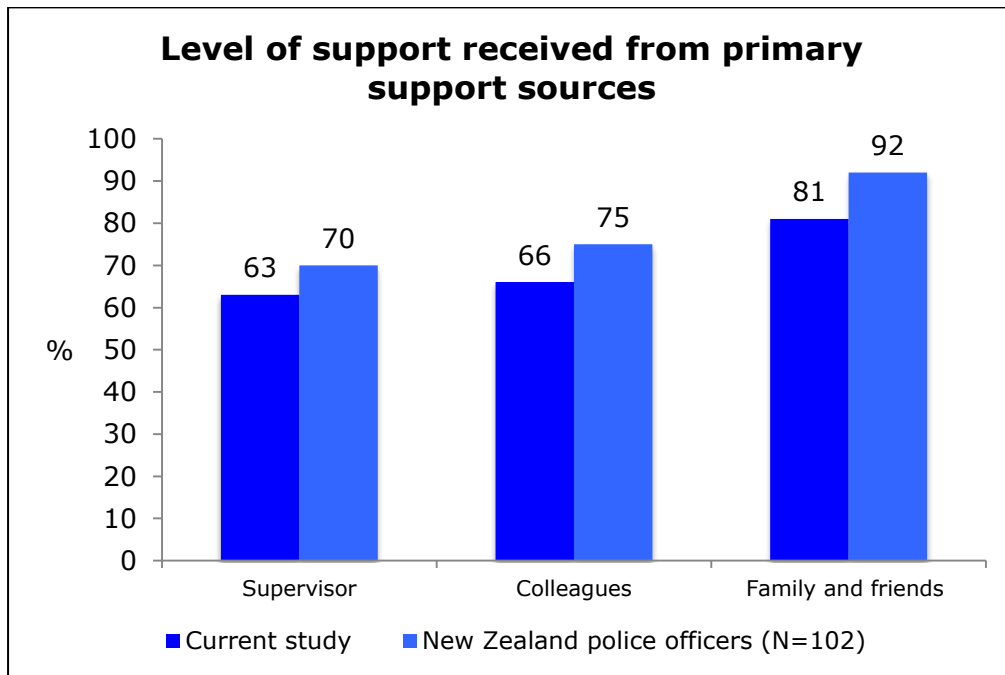
Table 75 Support networks: Listen to personal problems

	How much are the following willing to listen to your personal problems?					
	Not at all	A little	Somewhat	Very much	Not applicable	Not specified
	<i>N</i> (valid %)					
Immediate line manager (or equivalent)	1,633 (17.4)	2,971 (31.7)	2,771 (29.5)	1,686 (18.0)	324 (3.5)	7,456
Other people at work	1,017 (10.8)	3,073 (32.8)	3,574 (38.1)	1,440 (15.4)	274 (2.9)	7,463
Partner, friends, and relatives	203 (2.2)	770 (8.2)	2,216 (23.6)	6,024 (64.2)	169 (1.8)	7,459

32.4 Benchmarking

Findings from the current study are compared to those of Brough & Frame's (2004) study of social support among police officers in New Zealand (Figure 16). For each source of social support - line manager, colleagues, family/friends – the average score is presented as a percentage, where 100% represents the greatest possible level of support. The degree of social support received from each source was lower in the current study than the New Zealand policing study. For example, in terms of supervisory support the average score in the New Zealand study was 70% of the maximum possible compared to 63% in the current study. For support from colleagues the average score in the New Zealand study was 75% of the maximum possible compared to 66% in the current study. Finally, for family/friend support the average score in the New Zealand study was 92% of the maximum possible relative to 81% in the current study. Differences between the two studies should be interpreted with caution given the small sample size on which the New Zealand study relied.

Figure 16 Social support benchmarking



33 Change Management

33.1 Measurement and Analytical Approach

Views on the extent to which change is managed well was assessed in the current study because of the evidence to show linkages between change management and worker health outcomes (e.g., Bordia, Hobman, Jones, Gallois, & Callan, 2004). Views were assessed using three items adopted from the Armed Forces Continuous Attitude Survey (Ministry of Defence, 2016). Participants were asked to rate their degree of agreement with statements concerning the management of change at the team/unit level, force level, and service level. Responses were given on a 5-point scale of (i) *strongly disagree*, (ii) *disagree*, (iii) *neither high nor low*, (iv) *agree*, and (v) *strongly agree*. To enable direct comparison with the Armed Forces Continuous Attitude Survey responses of *strongly disagree* and *disagree* were combined into a single category; in the same way responses of *strongly agree* and *agree* were combined into a single category.

33.2 Results

Results for change management are presented in Table 76. Key findings:

- 59% felt that change is not managed well in their team/unit.
- 77% felt that change is not managed well in their force.
- 84% felt that change is not managed well at the service level.

Table 76 Change management

	Change is managed well in		
	My team/unit	My force	The police service
	N (valid %)		
Strongly disagree	2,679 (28.5)	4,084 (43.4)	4,751 (50.5)
Disagree	2,901 (30.8)	3,200 (34.0)	3,171 (33.7)
Neither agree nor disagree	1,993 (21.2)	1,461 (15.5)	1,191 (12.7)
Agree	1,583 (16.8)	587 (6.2)	234 (2.5)
Strongly agree	252 (2.7)	83 (0.9)	61 (0.6)
Not specified	7,433	7,426	7,433

33.3 Benchmarking

Results for change management compared to those achieved by the 2016 Armed Forces Continuous Attitude Survey are presented in Tables 77 to 79. Whereas 59% of participants in the current study disagreed that change is managed well in their team/unit, the equivalent figure from the AFCAS was 17%. A similar disparity between the two studies was found for views on the management of change at the force/establishment level, with 77% and 26% respectively disagreeing that change is managed well in their force/establishment. Finally, 84% of respondents in the current study disagreed that change is managed well at the service level relative to 43% in the 2016 Armed Forces Continuous Attitude Survey.

Table 77 Change management benchmarking: Team level

	Change is managed well in my team/unit	
	Current Study (N=9,408)	2016 Armed Forces Continuous Attitude Survey (N=12,170)
	%	
Disagree	59	17
Neutral	21	29
Agree	20	54

Table 78 Change management benchmarking: Force level

	Change is managed well in my Force	Change is managed well in my Unit/Establishment
	Current Study (N=9,415)	2016 Armed Forces Continuous Attitude Survey (N=12,141)
	%	
Disagree	77	26
Neutral	16	34
Agree	7	40

Table 79 Change management benchmarking: Service level

	Change is managed well in the Service	
	Current Study (N=9,408)	2016 Armed Forces Continuous Attitude Survey (N=12,079)
	%	
Disagree	84	43
Neutral	13	31
Agree	3	25

34 Police Identity

34.1 Measurement and Analytical Approach

Questions concerning professional identity were included in the current study in light of evidence linking identity with health and wellbeing (Haslam, Jetten, Postmes, & Haslam, 2009). The extent to which respondents identified as a member of the police service was assessed via four statements with which they were asked to rate their degree of agreement on a 5-point scale of (i) *strongly disagree*, (ii) *disagree*, (iii) *neither high nor low*, (iv) *agree*, and (v) *strongly agree*. The four identity-related statements were “*I identify with other members of the police service*”, “*I see myself as a member of the police service*”, “*I am pleased to be a member of the police service*”, and “*I feel strong ties with other members of the police service*”.

34.2 Results

Findings on police identity are shown in Table 80. In terms of the proportion of respondents that agreed or strongly agreed with each statement, 72% of respondents identified with other members of the police service, 82% saw themselves as a member of the police service, 55% were pleased to be a member of the police service, and 56% felt strong ties with other members of the police service.

Table 80 Police identity

	I identify with other members of the police service	I see myself as a member of the police service	I am pleased to be a member of the police service	I feel strong ties with other members of the police service
	<i>N</i> (valid %)			
Strongly disagree	217 (2.3)	250 (2.7)	842 (9.0)	508 (5.4)
Disagree	632 (6.7)	508 (5.4)	1,410 (15.0)	1,245 (13.2)
Neither agree nor disagree	1,813 (19.3)	1,015 (10.8)	1,946 (20.7)	2,364 (25.1)
Agree	4,836 (51.4)	4,961 (52.7)	3,074 (32.7)	3,460 (36.8)
Strongly agree	1,913 (20.3)	2,678 (28.5)	2,134 (22.7)	1,837 (19.5)
Not specified	7,430	7,429	7,435	7,427

34.3 Benchmarking

The 2015 PFEW Workforce Survey included an item of similarity to the third of the statements presented above: 58% of respondents agreed or strongly agreed with the statement *“I feel proud to be in the police”*. This figure is notably almost identical to the proportion of respondents in the current study that were pleased to be a member of the police service. In 2015 Police Scotland commissioned an opinion survey of its officer and civilian workforce that gathered the views of 11,796 respondents on a range of issues (Axiom Consultancy Scotland Ltd, 2015). Officers were invited to indicate the strength of their agreement with a series of statements concerning organisational commitment, two of which are of particular relevance to the findings on policing identity captured in the current study. 37% of respondents agreed or strongly agreed with the statement *“I feel proud to work for Police Scotland”* while 32% agreed or strongly agreed with the statement *“When I talk about Police Scotland I talk about ‘we’ rather than ‘they’”*. These findings indicate that within the Police Scotland survey around one third of respondents reported a strong professional identity.

35 References

- Allisey, A., Noblet, A., LaMontagne, A., & Houdmont, J. (2014). Testing a model of officer turnover intentions: The mediating effects of job stress and job satisfaction. *Criminal Justice and Behavior, 41*, 751-771
- Allisey, A., Rodwell, J., & Noblet, A. (2016). An application of an extended Effort-Reward Imbalance model to police absenteeism behaviour. *Personnel Review, 45*, 663-680.
- Aronsson, G., Gustafsson, K., & Dallner, M. (2000). Sick but yet at work: An empirical study of sickness presenteeism. *Journal of Epidemiology and Community Health, 54*, 502-509.
- Axiom Consultancy Scotland Ltd (2015). *SPA/Police Scotland Opinion Engagement Survey 2015*. Glasgow: Author.
- BBC (2013). *Nottinghamshire Police cuts 'causing officer stress'*. Retrieved 21 September 2016, from, <http://www.bbc.co.uk/news/uk-england-nottinghamshire-22069684>
- BBC (2015). *Days lost by West Mercia Police employees through stress up 155%*. Retrieved 21 September 2016, from, <http://www.bbc.co.uk/news/uk-england-32221099>
- Bellis, M., Hughes, K., Jones, A., Perkins, C., & McHale, P. (2013). Childhood happiness and violence: A retrospective study of their impacts on adult well-being. *BMJ Open, 3*, e003427.
- Bordia, P., Hobman, E., Jones, E., Gallois, C., & Callan, V. (2004). Uncertainty during organizational change: Types, consequences, and management strategies. *Journal of Business and Psychology, 18*, 507-532.
- Brough, P., & Frame, R. (2004). Predicting police job satisfaction and turnover intentions: The role of social support and police organizational variables. *New Zealand Journal of Psychiatry, 33*, 8-16.
- Calnan, M., Wadsworth, E., May, M., Smith, A., & Wainright, D. (2004). Job strain, effort-reward imbalance, and stress at work: competing or complimentary models? *Scandinavian Journal of Public Health, 32*, 84-93.
- Caplan, R., Cobb, S., French, J., Van Harrison, R., & Pinneau, S. (1975). *Job Demands and Workers Health*. US Department of Health, Education, and Welfare.
- Collins, P., & Gibb, A. (2003). Stress in police officers: a study of the origins, prevalence, and severity of stress-related symptoms within a county police force. *Occupational Medicine, 53*, 256-64.
- Cousins, R., Mackay, C., Clarke, S., Kelly, C., Kelly, P., & McCaig, R. (2004). 'Management Standards' and work-related stress in the UK: Practical development. *Work & Stress, 18*, 113-136.

- Cox, T., Griffiths, A., and Rial Gonzalez, E. (2000). *Research on Work-Related Stress*. Luxembourg: Office for Official Publications of the European Communities.
- Cox, T. & Griffiths, A. (2010). Work-related stress: A theoretical perspective. In S. Leka, and J. Houdmont (eds.), *Occupational Health Psychology* (pp. 31–56). Oxford: Wiley-Blackwell.
- Demerouti, E., Le Blanc, P., Bakker, A., Schaufeli, W., & Hox, J. (2009). Present but sick: A three-wave study on job demands, presenteeism, and burnout. *Career Development International*, *14*, 50-68.
- Department of Health (2004). *At Least Five a Week: Evidence on the Impact of Physical Activity and its Relationship to Health*. London: Department of Health.
- Donaldson-Feilder E, Tharani T, Jones B. Personal Resilience Questionnaire Survey 2014 Report on Results. Research Report for the Police Superintendents' Association of England and Wales. 2014. <http://www.policesupers.com/wp-content/uploads/2015/01/PSAEW-PRQ-2014-REPORT-FINAL.pdf> (accessed 2 October 2015).
- Edwards, J., & Webster, S. (2012). Psychosocial risk assessment: Measurement invariance of the UK Health and Safety Executive's Management Standards Indicator Tool across public and private sector organizations. *Work & Stress*, *26*, 130–142.
- Elliott-Davies, M., Donnelly, J., Boag-Munroe, F., & Van Mechelen, D. (2016). 'Getting a battering' The perceived impact of demand and capacity imbalance within the Police Service of England and Wales: A qualitative review. *The Police Journal*, *89*, 93-116.
- Fauth, T., Hattrup, K., Mueller, K., & Roberts, B. (2013). Nonresponse in employee attitude surveys: A group-level analysis. *Journal of Business Psychology*, *28*, 1-16.
- Gustafsson, K., & Marklund, S. (2011). Consequences of sickness presence and sickness absence on health and work ability: A Swedish prospective cohort study. *International Journal of Occupational Medicine and Environmental Health*, *24*, 153–165.
- Haslam, S., Jetten, J., Postmes, T., & Haslam, C. (2009). Social identity, health and well-being: An emerging agenda for applied psychology. *Applied Psychology: An International Review*, *58*, 1-23.
- Health and Safety Executive (2002). *Occupational Stress Statistics Information Sheet 1/02/EMSU*, Retrieved April 7, 2003, from www.hse.gov.uk/statistics/2002/stress.pdf
- Health and Safety Executive (2012). *Psychosocial Working Conditions in Britain in 2010*. Retrieved 6 July, 2012, from, <http://www.hse.gov.uk/statistics/pdf/pwc2010.pdf>
- Health and Safety Executive (2015). *LFS – Labour Force Survey – Self-reported work-related ill health and workplace injuries: Index of LFS tables*. Retrieved 5 September, 2016, from <http://www.hse.gov.uk/Statistics/lfs/index.htm#illness>

- Hesketh, I., & Cooper, C. (2014). Leavism at work. *Occupational Medicine*, 61, 146-147.
- Hesketh, I., Cooper, C., & Ivy, J. (2014a). Leaveism and public sector reform: Will the practice continue? *Journal of Organizational Effectiveness: People and Performance*, 1, 205-212.
- Hesketh, I., Cooper, C., & Ivy, J. (2014b). Leaveism and work-life integration: The thinning blue line? *Policing*, 9, 183-194.
- Home Office (2010). Police Service Strength: England and Wales, 31 March 2010. Retrieved September 12, 2016, from https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/115745/hosb1410.pdf
- Home Office (2016). Police Workforce, England and Wales, 31 March 2016. Statistical Bulletin 05/16. Retrieved September 12, 2016, from <https://www.gov.uk/government/statistics/police-workforce-england-and-wales-31-march-2016>
- Houdmont, J. (2014a). *Custody officers' stress-related working conditions: Relations with health and organisational effectiveness*. Research report for the Sergeants' Central Committee of the Police Federation of England and Wales.
- Houdmont, J. (2014b). *2014 Force-Wide Psychosocial Risk Assessment*. Research report for West Midlands Police Federation.
- Houdmont, J. (2014c). *Psychosocial Risk Assessment: Public Protection Unit*. Research report for West Midlands Police Federation.
- Houdmont, J. (2014d). *2014 Force-Wide Psychosocial Risk Assessment*. Research report for anonymous English county force.
- Houdmont, J. (2015). *Psychosocial Risk Assessment: Public Protection Unit, Response, CID, & SODAIT*. Research report for Devon and Cornwall Police Federation.
- Houdmont, J., Clemes, S., Munir, F., Wilson, K., Kerr, R., & Addley, K. (2015). Psychosocial work environment and leisure-time physical activity: The Stormont Study. *Occupational Medicine*, 65, 215-219.
- Houdmont, J., Kerr, R., & Addley, K. (2012). Psychosocial factors and economic recession: The Stormont Study. *Occupational Medicine*, 62, 98-104.
- Houdmont, J., Kerr, R., & Randall, R. (2012). Organisational psychosocial hazard exposures in UK policing: Management Standards Indicator Tool reference values. *Policing: An International Journal of Police Strategies and Management*, 35, 182-197.
- Houdmont, J., Randall, R., Kerr, R., & Addley, K. (2013). Psychosocial risk assessment in organizations: Concurrent validity of the brief version of the Management Standards Indicator Tool. *Work & Stress*, 27, 403-412.

- Jordan, J., & Turner, B. (2008). The feasibility of single-item measures for organizational justice. *Measurement in Physical Education and Exercise Science, 12*, 237-257.
- Judge, T., & Colquitt, J. (2004). Organizational justice and stress: The mediating role of work-family conflict. *Journal of Applied Psychology, 89*, 395-404.
- Kerr, R. (2009). *PSNI Well-being Survey Results*. University of Ulster.
- Kivimaki, M., Ferrie, J., Head, J., Shipley, M., Vahtera, J., & Marmot, M. (2004). Organisational justice and change in justice as predictors of employee health: The Whitehall II study. *Journal of Epidemiology and Community Health, 58*, 931-937.
- Leino, T. (2013). *Work-related violence and its associations with psychological health: A study of Finnish police patrol officers and security guards*. People and Work Research Reports 98. Helsinki, Finland: Finnish Institute of Occupational Health.
- Leino, T., Eskelinen, K., Summala, H., & Virtanen, M. (2011). Work-related violence, debriefing and increased alcohol consumption among police officers. *International Journal of Police Science and Management, 13*, 149-157.
- Leino, T., Eskelinen, K., Summala, H., & Virtanen, M. (2012). Injuries caused by work-related violence: Frequency, need for medical treatment and associations with adverse mental health and alcohol use among Finnish police officers. *American Journal of Industrial Medicine, 55*, 691-697.
- Leinweber, C., Westerlund, H., Hagberg, J., Svedberg, P., Luokkala, M., & Alexanderson, K. (2011). Sickness presenteeism among Swedish police officers. *Journal of Occupational Rehabilitation, 21*, 17-22.
- Lu, L., Lin, H. Y., & Cooper, C. L. (2013). Unhealthy and present: Motives and consequences of the act of presenteeism among Taiwanese employees. *Journal of Occupational Health Psychology, 18*, 406-416.
- Mackay, C., Cousins, R., Kelly, P., Lee, S., & McCaig, R. (2004). 'Management Standards' and work-related stress in the UK: Policy background and science. *Work & Stress, 18*, 91-112.
- Ministry of Defence (2016). *2016 Armed Forces Continuous Attitude Survey*.
<https://www.gov.uk/government/statistics/armed-forces-continuous-attitude-survey-2016> (accessed 17 July 2016).
- Ministry of Defence (2015). *2015 Armed Forces Continuous Attitude Survey*.
<https://www.gov.uk/government/statistics/armed-forces-continuous-attitude-survey-2015> (accessed 17 July 2016).
- Ministry of Defence (2014). *2014 Armed Forces Continuous Attitude Survey*.
<https://www.gov.uk/government/statistics/armed-forces-continuous-attitude-survey-2014> (accessed 17 July 2016).

- Miraglia, M., & Johns, G. (2016). Going to work ill: A meta-analysis of the correlates of presenteeism and a dual-path model. *Journal of Occupational Health Psychology, 21*, 261-283.
- National Audit Office (2015). Financial Sustainability of Police Forces in England and Wales. Retrieved September 12, 2016, from <https://www.nao.org.uk/wp-content/uploads/2015/06/Financial-sustainability-of-police-forces.pdf>
- Phillips, S., Sen, D., & McNamee, R. (2008). Risk factors for work-related stress and health in head teachers. *Occupational Medicine, 58*, 584-6.
- Platt, B., Hawton, K., Simkin, S., & Mellanby, R. (2012). Suicidal behavior and psychological problems in veterinary surgeons: A systematic review. *Social Psychiatry and Psychiatric Epidemiology, 47*, 223-240.
- Police Federation of England and Wales (2016). *Workforce Survey 2016*. Leatherhead: Author.
- Police Federation of England and Wales (2015). *Workforce Survey 2015*. Leatherhead: Author.
- Police Federation of England and Wales (2014). *Workforce Survey 2014*. Leatherhead: Author.
- Shane, J. (2010). Organizational stressors and police performance. *Journal of Criminal Justice, 38*, 807-818.
- Smith, A. (2000). The scale of perceived occupational stress. *Occupational Medicine, 50*, 294-298.
- Smith, A. (2001). Perceptions of stress at work. *Human Resource Management Journal, 11*, 74-86.
- Smith, A., Johal, S., Wadsworth, E., Davey Smith, G., & Peters, T. (2000). The Scale of Perceived Stress at Work: The Bristol Stress and Health at Work Study. Contract Research Report 265/2000. Sudbury: HSE Books.
- Smith, A., Wadsworth, E., Moss, S., & Simpson, S. (2004). *The Scale and Impact of Drug Use by Workers*, Sudbury: HSE Books.
- Stansfeld, S., Bosma, H., Hemmingway, H., & Marmot, M. (1998). Psychosocial work characteristics and social support of SF-36 health functioning: The Whitehall II study. *Psychosomatic Medicine, 60*, 247-255.
- Stewart-Brown, S., Tennant, A., Tennant, R., Platt, S., Parkinson, J., & Weich, S. (2009). Internal construct validity of the Warwick-Edinburgh Mental Well-being Scale (WEMWBS): A Rasch analysis using data from the Scottish Health Education Population Survey. *Health and Quality of Life Outcomes, 7*: 15.

- Vercruyssen, A., Roose, H., Carton, A., & Van De Putte, B. (2014). The effect of busyness on survey participation: Being too busy or feeling too busy to cooperate? *International Journal of Social Research Methodology*, *17*, 357-371.
- Wadsworth, E., Dhillon, K., Shaw, C., Bhui, K., Stansfeld, S. & Smith, A. (2007). Racial discrimination, ethnicity and work stress. *Occupational Medicine*, *57*, 18-24.

36 Appendix A – Criteria Applied for the Exclusion of Cases

Cases were excluded from analyses where the respondent:

- Provided a negative response to the question “Are you a serving police officer?”
($N=212$; police staff, $n=150$; resigned officer, $n=8$; retired officer, $n=38$; other, $n=16$)
- Did not provide a response to the question “Are you a serving police officer?” ($N=60$)
- Indicated they were a special constable or volunteer ($N=2$)
- Provided an age that was outside likely limits (18-70 years) ($N=32$)
- Indicated years of service outside likely limits (>35 years) ($N=90$)
- Years service plus 18 was >1 year greater than age ($N=0$)
- Age minus years in current role amounted to <18 ($N=0$)
- Years in current role was $>$ age ($N=0$)
- Age minus years of service amounted to <18 ($N=21$)
- Reported zero contracted work hours over a typical four week period, or failed to provide information on this variable, while also reporting ≥ 1 hour of paid overtime in a typical four week period ($N=170$)
- Reported fewer years of police service than years in current role ($N=6$)