POLICE AND CRIME PANEL – 24 JULY 2025

POLICE HEALTH AND WELLBEING

REPORT BY THE DIRECTOR OF OPERATIONS

EXECUTIVE SUMMARY

This report provides a detailed update on officer, staff, and volunteer health and wellbeing, addressing key questions raised by the Dorset Police and Crime Panel. It explores how the PCC is holding the Chief Constable to account in creating a positive and resilient organisational culture while ensuring the accessibility and effectiveness of support services.

Policing in the UK continues to be a high-pressure occupation, with frequent exposure to trauma, public scrutiny, and evolving demands. This occupational stress has led to increased risks of burnout, mental ill health, and workforce attrition. In Dorset, data indicates higher-than-average long-term sickness absence, particularly due to mental health issues, which have accounted for over 55% of officer sickness days in recent reporting periods. Additionally, staff surveys reveal low morale, high stress levels, and a sense of feeling undervalued, though some indicators suggest officers also feel supported and fairly treated.

The need to improve employee health and wellbeing is included within the Dorset Police and Crime Plan 2021–29, with an additional strategic focus on improved resourcing, and the use of technology to reduce pressure on staff.

Dorset Police's wellbeing strategy, co-developed with Devon & Cornwall Police, includes a structured delivery plan and engagement with staff. The Force operates a dedicated wellbeing team, an internal occupational health service, and various initiatives, including Trauma Risk Informed Management (TRiM), psychological surveillance, and peer support. Innovative tools like trauma tracking, investigator wellbeing packs, and virtual events such as "Wellfest" further support this agenda. The Force approach aligns with national frameworks, such as the Policing Vision 2030 and the National Police Health and Wellbeing Strategy 2024–26, which advocate for holistic, inclusive, and preventative approaches across the employment journey – from recruitment to retirement.

Technology plays a critical role in improving workforce wellbeing and operational efficiency. Programmes such as Robotic Process Automation, Enhanced Video Response, and the Digital Evidence Management System help reduce administrative burden and streamline operations. The Force has also embraced flexible and remote working practices where feasible, contributing to improved work-life balance.

Governance of health and wellbeing is maintained through several oversight boards, including the Strategic People Board and the Occupational Health and Wellbeing Board. These forums enable data-driven decision-making and targeted interventions. The OPCC regularly scrutinises performance through these boards and other internal processes. Future challenges include addressing persistent funding constraints, technological capacity, cultural stigma around mental health, and the need for more inclusive strategies reflecting a diverse workforce. Rising NHS wait times and mental health treatment delays also limit external support options.

In conclusion, the PCC and Dorset Police demonstrate strong and sustained commitment to workforce wellbeing, recognising it as vital to public service delivery. Continued investment, cultural change, and collaboration will be essential to sustaining progress and supporting those who serve and protect the community.

PURPOSE OF THE REPORT

To provide members with an update on the Police and Crime Commissioner's (PCC's) work to hold the Force to account for promoting and improving the health and wellbeing of officers, staff and volunteers. This paper also seeks to address the Key Lines of Enquiry as provided by the Dorset Police and Crime Panel:

I. *What scrutiny has been undertaken on the impact of reductions in staffing levels and multi-role deployments on officer wellbeing and operational effectiveness?*

II. *How is the PCC holding the Chief Constable to account for ensuring a positive culture of leadership and wellbeing, including monitoring and mitigating the risk of burnout, trauma-related absences, and workforce attrition?*

III. *How does the PCC evaluate the accessibility and effectiveness of support services currently in place for staff, and remove any barriers to access the available support (stigma; workload; confidentiality concerns)? Are there mechanisms in place to ensure that support is proactively targeted rather than reactive?*

IV. *How does the Commissioner balance productivity / efficiency / wellbeing in meeting the priorities as set out in the Police and Crime Plan? To what extent does a reduced workforce require a consideration of prioritisation of targets within the plan?*

V. *How can efficiency be achieved through technology and other different ways of working?*

1. INTRODUCTION

1.1. Police officers – and indeed many police staff and volunteers – operate under intense pressure, often in complex situations and emotionally charged circumstances. Tasked with, among other things, protecting the public, enforcing the law, detecting and preventing crime, and maintaining social order, police personnel are regularly exposed to trauma, high-stakes decision-making, and significant personal risk.

1.2. This means that the psychological and physical toll of modern policing cannot be overstated. Officers, staff and volunteers are routinely exposed to traumatic incidents, including violent crimes, fatalities, domestic abuse, and serious road traffic collisions. Repeated exposure to such events increases the risk of post-traumatic stress disorder (PTSD)[1], anxiety, depression, and burnout. Recent research and reviews, including those conducted by policing organisations[2], has revealed concerning levels of poor mental health within the police service. Despite a traditionally stoic culture within policing which can unfortunately discourage open discussions about emotional struggles, there is a growing acceptance that proactive mental health support is not only beneficial but necessary.

1.3. Alongside trauma exposure, morale within police forces in England and Wales has also become an increasing area of concern. Well documented funding limitations, reductions in workforce size, pay and remuneration decisions and increased public scrutiny have created

[1] NHS
[2] Police Federation England and Wales

an environment where many police employees feel undervalued and overstretched. At times, this can lead to feelings of frustration, helplessness, and professional dissatisfaction. Poor morale can directly impact productivity, decision-making, and public trust and confidence.

1.4. Moreover, rising demand on the police places additional strain on wellbeing. While crime levels in some areas have stabilised or declined, the nature of crime has evolved. Police forces are now dealing with more time-consuming investigations, sometimes compounded by delays within the wider criminal justice system. These demands can reduce time for recovery and reflection, increase shift lengths, and lead to disrupted sleep and work-life balance – factors which all contribute to declining physical and mental health outcomes, set within the context of what has been described as a national health crisis[3].

1.5. Recognising these challenges, there has been a growing need to prioritise police health and wellbeing. This includes access to confidential mental health support, resilience training, peer support networks, and occupational health services that are responsive and properly funded. A healthy, resilient police workforce is not only better equipped to serve the public but is also more likely to remain in the profession, reducing turnover and preserving organisational knowledge. Indeed, the Dorset Police and Crime Plan 2021-29 contains various commitments relating to health and wellbeing.

1.6. This paper will outline the current position in Dorset Police and the steps being taken to protect and support officers, staff and volunteers – while also addressing the Police and Crime Panel's Key Lines of Enquiry.

1.7. As a final note to this introduction, the issue of police funding has a major impact upon all policy areas, health and wellbeing very much included, and is a topic that has been subject, and will continue to be subject, to much public discourse. For the purposes of this paper, it is assumed that the reader is aware of that wider context and, so, detailed discussions concerning police budget limitations, though relevant, are not repeated within this document.

2. BACKGROUND

2.1. Such is the importance of employee health and wellbeing, especially within the emergency service arena, that there are many national, regional and local strategies and plans that focus on this area. This is in addition to the broader considerations affecting the health and wellbeing of the UK population. The following section will outline several of the most relevant strategies in policing, alongside a summary of highlight data.

Dorset Police and Crime Plan 2021-29

2.2. It is well understood that Chief Constables are directly responsible for the independent operational delivery of policing services. The role of Chief Constable is broad, but naturally includes "leading, inspiring and engaging the Force, communicating a clear direction, and setting… a workforce culture that promotes wellbeing[4]".

2.3. The PCC's role is to hold the Chief Constable to account and, with respect to health and wellbeing, this is captured in the Police and Crime Plan both directly and indirectly. Most prominently, there is a commitment in the Plan to "ensure the Force takes action to improve the mental and physical wellbeing of officers, staff and volunteers so that they are best able to perform their role in challenging and demanding circumstances". More broadly, key themes within the Police and Crime Plan – such as efficiency, under Make Every Penny Count – are focussed on saving officer, staff and volunteer time; introducing evidence-based approaches

[3] Department of Health and Social Care
[4] College of Policing

and transformative technology (such as robotic process automation); attracting further resource and, for instance, releasing the workforce "from the burden of bureaucracy"[5].

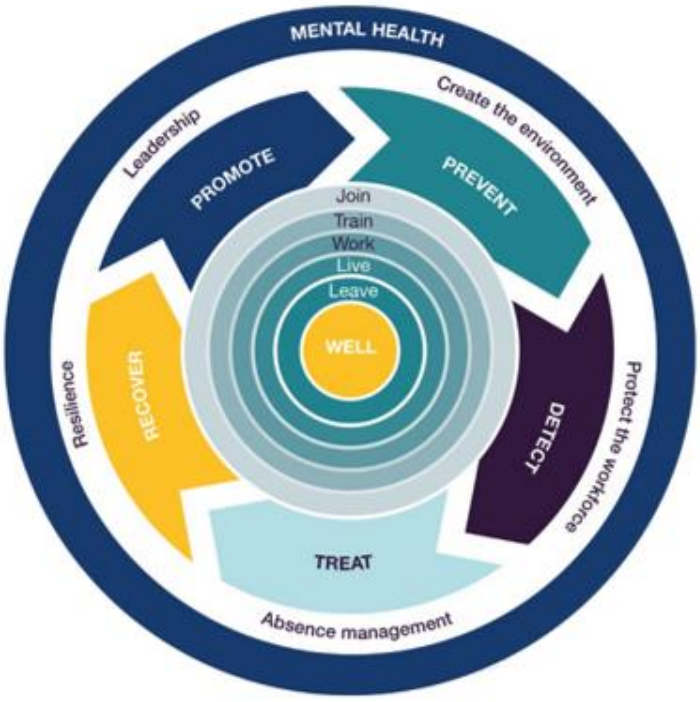
2.4. In short, the PCC recognises that the health and wellbeing of the police service is of vital importance to the communities it serves. His approach, as set out in the Police and Crime Plan, both focuses on the specific leadership, cultural and service functions that help to deliver a healthy workforce, but also the efficiency and resourcing gains that can help to reduce the pressures on officers, staff and volunteers in the first place.

National Strategies

2.5. The **Policing Vision 2030**, produced in collaboration between the National Police Chiefs' Council, Association of Police and Crime Commissioners and the College of Policing. The Vision provides an over-arching, longer-term vision to that the police service is well placed to deliver on local and national priorities. The vision is "by 2030, to be the most trusted and engaged policing service in the world working together to make communities safer and stronger"[6] and is supported by five pillars. One of the pillars, to develop and inspire our workforce and evolve our culture is underpinned by an objective to "safeguard the workforce with a strong focus on both their physical and mental health and wellbeing".

2.6. In support of this objective, is the **NPCC National Police Health and Wellbeing Strategy 2024-26.** The stated strategic objective for policing is to "Create, promote, and maintain the conditions for the police family, (police officers and police staff, employed or volunteers, and their families), to live healthy lifestyles in healthy environments, reducing injury, illness and suicide as far as possible, in order to maximise wellbeing, work ability and a sense of belonging"[7].

National Police Health and Wellbeing Strategic Model



[5] Pg. 22, Dorset Police and Crime Plan 2021-29
[6] Pg. 3, Policing Vision
[7] Pg. 5, National Police Health and Wellbeing Strategy 2024 - 2026

The National police health and wellbeing strategic model outlines 'the holistic and integrated approach that forces should adopt to optimise workplace wellbeing and work ability'. At the centre of the above graphic is what is referred to as the 'employment journey', broken down into five key areas, namely: joining, training, working, living and leaving. To ensure that optimal workplace wellbeing is present throughout the employment journey, the model outlines the key elements that support organisational wellbeing, as follows:

- Promote: This element concerns the organisational culture and the need for leadership to promote a healthy lifestyle, and a safe, respectful work environment. This will encourage employees to make healthy lifestyle choices, live healthier lives and be more productive. It is expected that leaders 'role model' behaviours that promote wellbeing.

- Prevent: All police officers, staff and volunteers should be aware of the need to create a workplace environment that is conducive to wellbeing. Education and training are critical for effective prevention, providing people with the tools and knowledge to manage and take mitigating action for themselves and those they lead.

- Detect: Detection of the early signs of poor health and wellbeing is an important component of protecting the workforce. This is a key part of a safe working environment, in which the potential for the occurrence of ill health is recognised and acted upon.

- Treat: Early detection allows for early intervention, to enable optimal recovery. Treatment activity focuses on the restoration of health and wellbeing and the alleviation of symptoms of ill health. It includes access to effective self-help measures and support, alongside medical diagnosis, and treatment.

- Recover: Recovery combines personal resilience with organisational attributes, such as manager skill sets to support ill health at and diverse health and wellbeing services. The aim is an effective and swift return to employability and full productivity.

- Mental Health: Improving mental health and wellbeing is the overarching aim of the strategy. It builds on the cross-government outcomes strategy, No Health Without Mental Health. As far as possible mental ill health must be prevented.

Local Strategy

2.7. The Force's strategy (which is co-produced with Devon & Cornwall) sets out to align with the abovementioned national strategy, ensuring consistency with the direction set across England and Wales and, also, across the Strategic Alliance.

2.8. The Force aims to educate and enable people to live healthy lifestyles in healthy environments; promote good health through strong leadership and a culture of wellbeing; and minimise the occurrence of ill health by raising awareness and empowering risk reduction. The Force sets out that wellbeing support will encompass prevention, early detection, and treatment of ill health. In addition, best practice rehabilitation will facilitate effective and timely return to full deployability and productivity.

2.9. The Force recognises the importance of listening to officers, staff and volunteers, and has put in place steps to strengthen employee voice and engagement through ongoing pulse surveys, engagement forums, and participation in the national annual workforce survey.

2.10. The Force has determined that the health and wellbeing interventions it provides must meet the following principles:

- Evidence-based;
- Follow a ‘plan, develop, deliver, evaluate’ model;
- Involve collaboration, coherence, and effective communication; and
- Be designed for all; they will be inclusive and destigmatising.

2.11. As outlined at section 2.4 and the following boxout, the national health and wellbeing strategy promotes a holistic approach to organisational wellbeing. The model maps out five key areas of the ‘employment journey’, all of which are incorporated with the Force approach.

The Employment Journey

The five key areas of the employment journey are described as:

Join Well – Starting your career with the right wellbeing support.

Good wellbeing begins at recruitment, ensuring that the job specification is appropriate, and that the person specification is commensurate with the demands of the role. In recruiting, the Force will make clear to job applicants the requirements of roles and the capabilities and capacities that will be assessed during selection. Joining the force is supported by suitable induction.

Train Well – Building resilience and understanding wellbeing throughout training

For police officers, staff and the volunteers, including the Special Constabulary, training must place health, safety, and wellbeing at its core. In addition, the avoidance of unlawful discrimination necessitates the identification of reasonable workplace adjustments and support to implement them successfully. Ongoing training helps individuals to better understand their responsibilities and supervisors to provide appropriate guidance, support and intervention.

Work Well – Providing ongoing support throughout your career

Working well is concerned with safe systems of work based on risk management and health needs assessments.

Live Well – Ensuring your wellbeing is supported outside work too

Living well recognises the interaction between work and lifestyle. A culture of wellbeing should facilitate a better understanding of self and the adoption of health behaviours to underpin a sustained quality of life at individual and social levels.

Leave Well – Helping you prepare for retirement or career transition

Last, but not least, leaving well recognises the importance of people leaving the police in a state of positive wellbeing. This contributes to a sense of being valued by the Force. People leaving the police should feel equipped to move forward with the next phase of their lives. There is also a duty to society to ensure that people leave in the best possible health and potentially enriched and enabled as a consequence of their time in the police.

2.12. The local strategy is underpinned by detailed delivery plans, with are the subject of discussion and review at the Strategic People Board.

Health and Wellbeing Data

2.13. There are a variety of measures that can be used to determine organisational health and wellbeing performance – with no one measure providing a complete picture of efficacy and efficiency. For the purposes of this paper, a small selection has been included, although it should be recognised that it is not always appropriate, or especially helpful, to compare the following information with broader health and wellbeing datasets or other industries. This is because the police workforce – and the roles undertaken by much of that workforce – is not necessarily representative of the working population as a whole.

2.14. For policing, the latest available national absence data captures long-term absence rates as of 31 March 2024[8]. Long-term absence is any absence that has lasted for more than 28 calendar days, as at the end of the reporting period.

2.15. The data for all forces in England and Wales:

	Sickness	Maternity/ Paternity leave	Career break	Suspended	Grand Total
Officers	2.1%	1.0%	0.5%	0.5%	4.0%
Staff	2.0%	1.3%	0.2%	0.2%	3.7%
Total	2.0%	1.1%	0.4%	0.4%	3.9%

2.16. The data for Dorset Police only:

	Sickness	Maternity/ Paternity leave	Career break	Suspended	Grand Total
Officers	2.5%	0.8%	0.3%	0.4%	4.1%
Staff	2.6%	1.1%	0.3%	0.0%	3.9%
Total	2.5%	0.9%	0.3%	0.2%	4.0%

2.17. Overall, this data shows that Dorset Police's level of long-term sickness absence was higher than the national average, for both officers and staff – 2.5% of the workforce on average, as opposed to 2% of the workforce on average nationally.

2.18. When considering these figures, it is, however, important that the wider context is considered – in terms of numbers, this rate represented 37 officers and 32 staff on long-term sickness. For these numbers to align with the national average this would equate to only seven fewer officers and seven fewer staff. Furthermore, the overall long-term absence rate, when taking into consideration maternity/paternity, career break and suspensions shows that Dorset is close to the national average at 4.1%.

2.19. In terms of the reasons for sickness absence, the following two tables show the frequency of reasons for absence for Dorset, along with the percentage of days lost:

2024 Percentage rates of sickness by reason for sickness occurrence:

Sickness Reason 2024	Officer instances of sickness	Staff instances of sickness
Respiratory	26.7%	26.4%
Mental Health	18.3%	12.5%
Digestive disorders	17.4%	14.5%
Muscular-Skeletal	8.9%	9.4%

[8] Police workforce open data tables

2024 Percentage of all sickness days lost by category:

Sickness Reason 2024	Officer % of Total sickness days	Staff % of Total sickness days
Mental Health	54%	38.7%
Muscular-Skeletal	10.5%	13.1%
Respiratory Conditions	9.6%	17.2%

2.20. These two tables clearly demonstrate that while respiratory conditions (such as colds, flu and coronavirus) are the most common reason for sickness occurrence, that mental ill health is responsible for the largest percentage of sickness days lost.

2.21. It is also clear that long-term mental health absences appear to affect the officer cohort at a greater rate than staff. Comparisons between officers and staff do need to be treated with some care, however, bearing in mind that there are notable differences in protected characteristics between the two groups.

2.22. This percentage of sickness due to mental health has also increased in recent years. For officers this percentage was 39.5% in 2020/21, it then decreased to 36.8% in 2021/22, before increasing to 48.6% in 2022/23, and then 55.7% in 2023/24.

2.23. Looking into the officer data a little more deeply, during 2024/25, 211 officers recorded at least one day of absence for mental health reasons. Duplicate records where officers have more than one occurrence during 2024/25 have been taken out to only show total headcount:

Mental Health	Headcount
Anxiety	39
Depression	13
Other mental disorders (inc. bipolar, schizophrenia, hypomania)	2
Other stress	139
Post Traumatic Stress	18
Total	211

Police Morale

2.24. Each year the staff association for police constables, sergeants, inspectors (including chief inspectors), and special constables, the Police Federation of England and Wales (PFEW), conducts a Pay and Morale Survey among its membership. The 2024 results were published earlier this year[9].

2.25. As has been the case for some time now, the headline results make for sobering reading for police leaders – with high levels of pay dissatisfaction and low levels of morale being reported.

2.26. The Dorset Police Federation published the local results on 1 May – with 259 responses received from Dorset Police officers[10], representing 19% of the officers working for Dorset Police. Using this information, it is possible to compare the Dorset responses with the national figures:

[9] Police Federation England and Wales
[10] Dorset Police Federation

Measure	Dorset	National
Worse off financially than five years ago	81%	79%
'Never' or 'Almost Never' cover essentials	18%	15%
Intend to leave within two years	26%	23%
Low morale	58%	57%
Disrespected by government	94%	84%
Wouldn't recommend joining	79%	75%
Don't feel valued	79%	73%
Workload 'too high' or 'much too high'	56%	63%
Very/extremely stressful job	45%	44%
Experiencing mental health issues	85%	80%

2.27. The information indicates that Dorset responses broadly mirror national financial, morale, and stress challenges, but with a heightened risk of experiencing mental health issues. Dorset respondents reported less workload pressure compared with the national figures, but notably more respondents felt disrespected by government.

2.28. Although arguably less well-reported, the public service union, Unison, also undertake a Police Staff Pay and Morale Survey. Although Dorset data has not yet been made available, the headline figures from the last survey[11] indicate that police staff respondents share similar sentiments to those of the police officers completing the PFEW survey.

2.29. For instance, 64% reported low morale, a fifth of police staff members who responded are either intending to leave policing in the next two years or are actively looking for a new job now and a strong majority do not feel valued at work or respected by the government. Otherwise, headline figures include that 75% say that their pay has not maintained their living standards, 73% said there were insufficient staff in their workplace to get the job done and 35% said they were pressured to work long hours.

2.30. Of course, while the figures contained within the Police Federation and Unison surveys are concerning, it is also important to say that there is also ample information to suggest that many Dorset Police employees have positive feelings towards the organisation. For instance, the HMICFRS PEEL workforce survey[12] found that 72.5 percent (709 of 978) of respondents felt proud to be a member of Dorset Police and 74.8 percent (731 of 978) of respondents agreed the force treats them fairly. Furthermore, the survey found that 76.5 percent (748 of 978 respondents) agreed that their line manager helped them to achieve their full potential.

3. CURRENT ACTIVITY

3.1. As already outlined in this paper, health and wellbeing is an area of critical importance to the Force and so, unsurprisingly, a considerable amount of activity is undertaken to support the workforce. The following section of this report seeks to summarise key activity and information and is not intended to be exhaustive.

Wellbeing Structure and Resourcing

3.2. The strategic alliance Health and Wellbeing function reports into the Head of Operational Human Resources, who in turn reports into the Assistant Chief Officer.

[11] Unison 2024 Police Staff Pay and Morale Survey
[12] PEEL 2023–25: Police effectiveness, efficiency and legitimacy – An inspection of Dorset Police

3.3. There is a dedicated wellbeing team for both forces, comprising a Wellbeing Manager, a sergeant and four wellbeing practitioners. Additionally, the Force has a health and fitness lead and a dedicated Trauma Risk Informed Management (TRiM) manager.

Trauma Risk Informed Management (TRiM)

The trauma management model called TRiM has been used within Dorset for around a decade. This proactive programme provides support and signposting for those who have been involved in traumatic incidents. It involves a confidential meeting with a trained colleague to talk through a traumatic incident to assess how well recovery is progressing, signposting to specialist support when appropriate.

TRiM is not classed as a preventative measure but is considered an early intervention that identifies possible harmful reactions and addresses them appropriately. The intent is to capitalise on the natural processes that occur after traumatic events, such as meeting in groups; talking the event through; and looking after each other. There is a strong focus on removing the stigma attached to the normal experience of strong emotions following distressing and/or abnormal events.

TRiM should help towards keeping people working and prevent long-term absence through psychological injury by identifying psychological problems at an early stage.

There are over 20 TRiM practitioners in Dorset Police, each trained to undertake assessments that can indicate those personnel more at risk of developing post trauma reactions and those that may require treatment.

TRiM interventions are put into place ideally 72 hours, and then 28 days, after the traumatic incident has occurred. This is in accordance with the National Institute of Clinical Excellence (NICE) guidelines on managing trauma reactions.

Treatment can be rapidly put into place for identified employees as appropriate providing considerable benefits both to the individual and also the organisation.

Between April 2024 and March 2025, 214 incidents were followed up in Dorset with 991 employees contacted and 55 assessments taking place. Around 35% of individuals assessed are referred on for additional psychological support.

3.4. There is also a Welfare Team and Dorset Police also employs a part-time police chaplain, who oversees the other 10 volunteer chaplains who support a range of activity across the Force. Additionally, the Force has six local wellbeing groups, which focus on supporting several large and unique business areas, such as contact management.

3.5. Additionally, the Force has safeguarding and deputy safeguarding leads for learning, alongside a suite of wellbeing and support materials hosted and developed by Dorset Police and the University of South Wales. Various Force leads meet fortnightly to discuss student progress, health and wellbeing and retention matters.

3.6. The Force has a dedicated wellbeing budget which is used to support a range of wellbeing initiatives from local wellbeing grants through to the provision of ‘Mental Health for manager’ inputs and resilience building workshops.

Internal Occupational Health Unit Service

3.7. The Alliance Occupational Health (OH), Welfare & Wellbeing service offers support to Dorset, Devon and Cornwall officers, staff and volunteers. Current practice is evidence-based to meet

national standards, with a network of counsellors and clinical psychologists offering early psychological support to the workforce.

3.8. Since 2019/20 OH has seen a significant rise in demand in terms of new annual management referral rates across both Forces. For Dorset, the average number of new referrals per quarter stood at 68.25 in 2019/20 compared with 103.5 average referrals per quarter in 2024/25. Of these, there was an average of 32.5 new referrals principally related to stress/mental health per quarter in 2019/20, with the corresponding figure standing at 63.25 in 2024/25. In summary then, notwithstanding officer uplift numbers, it can be seen that referrals have increased since 2019/20, with a greater proportion of said referrals relating to stress/mental health. The 2024/25 figures do not represent the peak for referrals – for Dorset this was 2023/24 (110.5 average new referrals per quarter).

3.9. In the face of this rising demand, the service was also impacted by some complexities concerning a regional data management system and resourcing fragility in the sector – with recruitment and retention of specialist OH staff proving challenging at a local, regional and national level.

3.10. A Gold Group was stood up to improve OH timeliness, which is further detailed under section 4.5 of this report.

Health and Wellbeing Initiatives

3.11. In terms of wellbeing initiatives on offer to the workforce, these are extensive with many having been in place for several years. Some of the newer developments are noted below:

- Health Surveillance – the Alliance continues to work to deliver an effective Psychological Health Surveillance package centred on suitable and sufficient risk assessment and well-defined populations at risk. There are currently 400 Officers and staff in the Dorset programme – including those in areas such as roads policing and the Paedophile Online Investigation Team, for example – with the intent to introduce a diagnostic stage so that the scheme can be rolled out further.

- Trauma Tracker – the Police Traumatic Events Checklist is being used to assist in a pilot to increase awareness around incidents, with a framework to empower a more effective line manager investment following stressful exposures. In Dorset, this has been developed into a trauma tracker and will allow the traumatic incidents that individuals officers attend to be tracked, taking into account cumulative effect, to inform line managers and assist with meaningful welfare checks. This was launched in February 2025, with the intention to move to a position of early intervention rather than reacting to mental health crisis.

- Trauma Impact Processing Techniques – this evidenced-based skill set of techniques to help individuals process trauma is being rolled out to control room staff. Other key groups like roads policing and the collision investigation team are being considered for later in 2025.

- Pause-Point – this national recommended project is being rolled out as a pilot to teams across Public Protection Unit. This is providing managers with additional training around how the brain reacts to stress and trauma and a structured plan of welfare meetings with staff focused individual's wellbeing. For those staff exposed to traumatising material on a daily basis (for instance, those investigating child sexual exploitation evidence) Pause Point proactively allows for staff to be placed in an alternative role for a period of time when necessary.

- Oscar Kilo Van Tour – the OK Van Tour took place for five weeks. There was a strong footfall seen throughout the tour, which was promoted and supported by the Wellbeing

team, OK9 Dogs, volunteers, Federation and Unison Representatives, chaplains and other staff. In Dorset there were over 730 interactions with staff and over 160 individuals choosing to have 'Health Lifestyle checks' using body composition scales.

- Op Hampshire – a dedicated Op Hampshire intranet site has been established in force. Operation Hampshire is the nationwide strategy to help forces understand, support and seek justice for all types of assault and hate crime directed at officers, staff and volunteers. Op Hampshire does not advocate for special measures for police victims but provides a structure to ensure that the correct response is provided for the people who serve and protect the public.

- Wellfest – the Force continues to invest in and deliver an annual virtual, interactive festival of wellbeing called 'Wellfest'. Wellfest was expanded in 2024. A two-week event saw 8000 tickets prebooked given a wide range of wellbeing topics and over 5000 attendees. Customer feedback was extremely positive with 95% of returns identifying the experience as very satisfying or extremely satisfying. Ongoing development in this area highlights the Alliance forces as significant innovators, investing in practice that promotes mental health in the profession.

- Investigator wellbeing pack – this has been developed specifically for investigators and includes a range of models, information and resource links for our investigators who we know are under significant pressure. Alongside this, a detectives retention working group, chaired by a Superintendent, has been established to look at the short and long term issues affecting the retention of PIP level 2 investigators.

- Health Screening and Education Programme – in response to feedback from the Police Superintendents Association concerning the demands of multi-role pressures at Superintendent and Chief Superintendent rank, and considering similar pressures on other senior leaders, a bespoke programme is currently underway. Informed by medical reports, educational inputs are provided so that attendees are provided with an honest assessment of their personal health and empowered to take proactive preventative action, if necessary, to promote optimal health.

- Misconduct Peer Support – this peer support programme is for all individuals subject to a gross misconduct notice or a victim or witness in a gross misconduct case. This was launched in Dorset in June 2025 after a successful trial in Devon and Cornwall and is managed by the wellbeing team.

- Physiotherapy Services – Nuffield Health continue to offer a high-quality capability with great availability and access across the Alliance. This capability offers early intervention designed to align with NHS care, with accredited clinicians in place to offer therapy underpinned by NICE guidance.

- Hot Weather Response – officers, staff and volunteers have worked and, according to forecasts will continue to work, in exceptionally hot and dry conditions this year. Naturally, frontline employees are less able to follow the advice given to the general public (such as remaining in shade or wearing looser clothing) and so the PCC has confirmed funding for refreshments and other resources to be made available this summer. Details are currently being finalised with Force wellbeing colleagues.

3.12. As identified by the Panel's Key Lines of Enquiry, a key focus for the much of the activity listed above and other existing initiatives used by Dorset Police is to remove the stigma – particularly within the emergency services arena – associated with ill health and seeking support. Reassurances about confidentiality are regularly provided.

3.13. One of the ways that the Force and OPCC works to address this stigma is through regular communication and engagement activity. This can be achieved through events such as the

aforementioned Wellfest, Change Your Mind 999, or the On Track Mental Health Event, via Force peer support groups and networks and regular campaigns. In recent months this has included the dissemination of wellbeing films launched by Oscar Kilo, the National Police Wellbeing Service; launch of the National Suicide Action Plan; menopause awareness and support sessions; and many other updates besides. All of this activity is designed to not only signpost to help and support, but also to embed a culture in which employees feel comfortable and confident in seeking assistance.

Change Your Mind 999

Presented by the Dorset Police Men's Health Forum, the Change Your Mind 999 conference, is one such example of work being undertaken to challenge the stigma associated with mental ill health.

Change Your Mind 999 took place last September and was sponsored by Assistant Chief Officer Jo Mosley. The conference provided a safe space to discuss experiences around the issues that confront frontline responders, including stress, anxiety, depression, stigma, and male suicide, alongside the need for increased wellbeing and culture change.

The evening featured Ben Pearson from TV's Interceptors on The Job That Broke Me; Dorset Police supervisors on stress and stigma; author Steve Whittle on reducing male suicide and mental health stigma; and the renowned travelling psychologist Hugo Metcalf on wellbeing and culture change. The invitation was open to all officers and staff within Dorset Police, and their partners should they choose, as they often form an essential part of individuals' support networks.

Efficiency, Technology and New Ways of Working

3.14. In terms of efficiency, the Panel has previously been sighted on Project Evolve, which continues to identify ways in which the Force can work more effectively and brings together workstreams with the common aims of:

- Continuing to improve service by putting the public first;
- Ensuring every penny of public money is spent wisely; and
- Making it easier for employees, staff and volunteers to do an even better job.

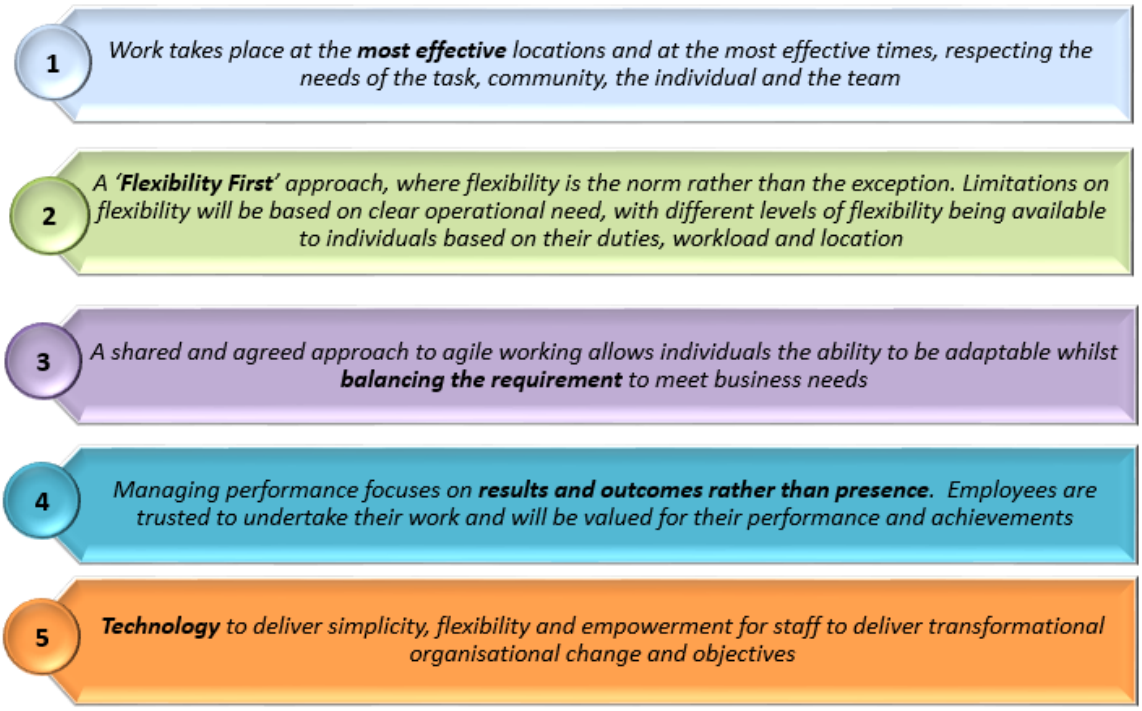
3.15. As part of Evolve, and through the work associated with the Mutually Agreed Resignation Scheme, the Neighbourhood Policing Guarantee, an internal leadership review, and Op Frontline, the Force has been able to release officers back into neighbourhood and operational roles, to relieve pressure on frontline colleagues. Evolve is also focusing on ensuring specialist investigative teams are adequately resourced; and the arrival of a new Police Staff Investigator cohort later this year will also help to increase investigative capacity across the county.

3.16. The Panel received a significant update on the police use of technology in December 2024, which provided an update on the PCC's work in support of the best use of technology within the Police and Crime Plan priority of Making Every Penny Count. The framing of this paper, in line with the Panel's Key Lines of Enquiry, was focussed on efficiency and improved performance, but the crossover with the health and wellbeing agenda is clear. First because, as outlined in section 2.3, the Police and Crime Plan addresses health and wellbeing under the theme of efficiency, but also because so many of the examples cited are designed to reduce demand – a key pressure affecting the health and wellbeing of the workforce.

3.17. Case studies outlined within the paper[13] include Robotic Process Automation (a series of automations seeking to reduce manual activity for officers, staff and volunteers, increase productivity and reduce errors); digital solutions, such as Pronto, GoodSam and Enhanced Video Response (enabling policing activity to be completed remotely in order to provide both a superior service to the public, while also reducing the need for unnecessary travel); and the Digital Evidence Management System (again, streamlining time consuming evidence collection, storage and system processes).

3.18. Of course, beyond the demand reduction benefits that technology can bring, there are also ample examples of technology being used specifically to support health and wellbeing initiatives. Indeed, most of the examples listed at 3.11 are either cyber-enabled or cyber-dependent – for instance, Wellfest is delivered via online conferencing technology and the trauma tracking process is delivered by automation in the first instance.

3.19. In recent years, and especially since the Covid-19 pandemic, many public sector organisations have also embraced 'New Ways of Working', including Dorset Police. Of course, for frontline officers, staff and volunteers, there are obvious restrictions on where, when and how certain tasks can be completed. Nevertheless, the ability for much of the workforce to complete jobs more flexibly and from the most effective locations has proven health and wellbeing benefits. The Panel has previously received detailed updates on New Ways of Working, but the principles agreed across the alliance remain as follows:



4. GOVERNANCE AND SCRUTINY

4.1. Health and wellbeing data and performance is subject to considerable scrutiny, with a well-established governance process.

Force Level Meetings

4.2. Oversight of organisational HR activity and performance, of which Health and Wellbeing is one core component, is undertaken by the Strategic People Board. This is an Alliance meeting chaired by the Assistant Chief Officers of both Dorset Police and Devon & Cornwall Police. The Board considers policies and procedures for approval and receives reports from

[13] Pg 33-47, Dorset OPCC Police Use of Technology Report

several sub-groups – including the Retention Working Group; the Employee Engagement Working Group; and the Occupational Health and Wellbeing Board, among others. Dorset OPCC is represented at this Board.

4.3. As would be expected, given that workforce health and wellbeing is crucial to the operational efficacy of the organisation, key workforce data is reported to the Force Performance Board, which is attended by the PCC's Chief Executive, and the Dorset Strategic Workforce Demand Group. Significant developments are subject to deep dives at the Force Performance Board to ensure a wider awareness of the relevant issues and a collaborative approach to problem solving.

4.4. Reporting on workforce data, including retention (or workforce attrition) levels, is also subject to scrutiny via the Resource Control Board, which is attended by the OPCC Chief Executive and Treasurer, and the OPCC has also been briefed on the Student Officer Retention Plan. Similarly, an ongoing review of on-call rotas is expected to be reported back to this forum in due course.

4.5. As previously outlined to the Panel, decisions relating to staffing numbers, which can impact employee health and wellbeing, are informed by a detailed BRAG assessment. For example, the reduction of police staff following the Mutually Agreed Resignation scheme was underpinned by an understanding of the demand and resourcing issues affecting departments and commands across the Force. This meant that critical areas of business, such as the Force Control Room, were excluded from the scheme and staff have been reorientated into areas with the most critical need.

4.6. The Force can also establish Gold Groups to respond to more critical areas of concern. As set out at sections 3.6-3.9, the increase in management referrals to Occupational Health at the same time as delays had been reported between referral and appointment has led to a Gold Group being established. This group has already had a marked impact, with wait times reduced from eight weeks to five; significantly fewer referrals awaiting appointments; a resourcing plan in place; and other service improvements, such as efforts to reduce unattended appointments. Additionally, a review of referral guidance and more effective communication with line managers has helped ease the most acute impact on the service.

Police and Crime Plan Delivery

4.7. The priorities and commitments within the Police and Crime Plan are underpinned by a detailed delivery framework and, as required, supporting project and/or programme plans. These are monitored through Force Boards, quarterly data updates, PCC-led scrutiny panels and other arrangements as might be necessary and appropriate.

4.8. The commitment to "ensure the Force takes action to improve the mental and physical wellbeing of officers, staff and volunteers so that they are best able to perform their role in challenging and demanding circumstances" is no different. Indeed, it is hoped that this paper – despite by no means being an exhaustive list of activity – provides evidence of both the action taken by the Force and, also, the information being considered and monitored by the OPCC.

4.9. In terms of the wider Plan and the impact of productivity, efficiency and wellbeing in meeting the PCC's six priorities, this is established during the production of the Police and Crime Plan and as part of the ongoing review process. As set out in legislation, the PCC is required to consult with the Chief Constable in preparing the draft Plan or when varying said Plan. Naturally, there is ongoing dialogue between the Chief Officers and the OPCC Senior Management, but operational viability was a specific consideration when first launching the PCC's Plan in 2021 and, again, in refreshing the document in 2024. In other words, the Chief Constable has confirmed that that the commitments within the Plan are achievable and, where relevant, advised the PCC on the timescale for delivery.

4.10. Naturally, workforce numbers and availability affect the ability to deliver commitments as swiftly as the Force and PCC would wish and there is a dynamic approach to agreeing targets and milestones subject to resourcing.

His Majesty's Inspectorate of Constabularies and Fire & Rescue Services (HMICFRS)

4.11. Given that the health and wellbeing of the workforce is critical, it is unsurprising that it is also a feature of the HMICFRS inspection regime.

4.12. Information concerning wellbeing is included within the Force Management Statement (FMS). The FMS is a self-assessment that Chief Constables prepare and provide to HMICFRS each year. It is central to forces' strategic, financial and workforce planning processes and includes considerations, such as current and projected demand; workforce assessment (including wellbeing); prioritisation and planning and risk management. The HMICFRS require the FMS to inform inspections of forces' efficiency, effectiveness and legitimacy, thematic reports and to inform HM Chief Inspector's 'Annual State of Policing' report[14].

4.13. The latest PEEL Report for Dorset was published in April 2025. Within the report, the Force was graded as adequate for the category of 'Building, supporting and protecting the workforce', with a single area for improvement listed as 'the force needs to make sure that the occupational health unit effectively supports the well-being of the workforce'. The main findings in this area included:

- Workloads in some teams are high, and personnel are working on complex cases that affect the workforce's well-being;
- The force gives support to those in high-risk roles and who might experience potentially traumatic incidents;
- The force supports its new recruits and makes efforts to retain them;
- The force is improving its systems and processes for personal development reviews to make sure that development review meetings add value to officers and staff; and
- The force creates opportunities for personnel to develop and is promoting equality, diversity and inclusion through positive action.

4.14. The PEEL report and FMS are useful documents that can aid the OPCC's scrutiny activity, as well as to provide additional information and context for the purposes of assessing best practice and ongoing performance.

5. OPPORTUNITIES AND CHALLENGES AHEAD

5.1. A thorough analysis of the future opportunities and challenges associated with health and wellbeing could command a separate report in and of itself. For the purposes of this paper, however, a summary of some of the key areas will be outlined. Naturally, most of these considerations are true across wider society and not simply policing.

Resourcing

5.2. Although this paper has sought not to repeat the well-rehearsed debate on Dorset Police's funding, it is nevertheless the case that one of the most prominent areas of opportunity and challenge remains that of resourcing. A prolonged period of funding cuts and increasing costs has suppressed staffing numbers and hindered the capital expenditure programme – the former often resulting in increased workloads, the latter making it difficult to 'invest to save' and embrace beneficial technology as quickly, or thoroughly as desirable. Of course, this remains an area of considerable opportunity and where funding is made available – whether

[14] Force Management Statement: Guidance and Template for Forces

through Uplift or the Neighbourhood Policing Guarantee, for example – this can result in positive change.

Technology

5.3. While it can be challenging for public sector organisations to take a lead on technological innovation, there is little doubt that considerable opportunities lie ahead. The use of wearable tech, artificial intelligence and health data can be used to tailor personalised wellness programs; genetic testing and biometric scans can be used to offer insights and customise employee health plans; applications and software platforms can incorporate 'nudge' techniques to promote healthy habits; and remote technology not only facilitates flexible working, but also virtual appointments. Of course, aside from the financial cost of such innovation, organisations need to be mindful of factors such as digital overload and associated privacy concerns.

Culture and Personal Resilience

5.4. Despite the extensive activity outlined in this paper, and the overwhelming evidence that sets out the importance of embedding the principles of health and wellbeing in the everyday conversations that happen within policing, there remains a deep-rooted stigma around showing vulnerability or asking for help. Policing culture has traditionally prized personal resilience or toughness, and this sense of stoicism and having a 'stiff upper lip' still pervades. As a result, changing the culture within policing can be slow and met with resistance. It remains the case that some officers, staff and volunteers may distrust or disengage from wellbeing programs, seeing them as tokenistic or intrusive, and others may see engaging with welfare and support services as somehow career limiting, or badging them as someone not cut out for the rigours of policing.

5.5. Policing leadership is taking active steps to address this, and many Chief Officers now speak openly about their own struggles with physical and mental health, for example. Similarly, it is also anticipated that as younger generations enter the police workforce, there will be a resulting shift in expectations around wellbeing, transparency, and support in any event. This cultural evolution may encourage a move away from the traditional 'tough it out' mindset and promote more open conversations about stress, trauma, and support-seeking behaviour, which it is hoped will have positive results in the comparatively high levels of stress, fatigue, poor morale and disillusionment experienced within policing.

5.6. Dorset Police, like the wider public sector, is also working to better reflect the communities it serves, aspiring for a more diverse workforce. Of course, this will also require nimble health and wellbeing strategies and practice as different communities can experience health and wellbeing differently too. Women, people with disabilities or neurodiversity, ethnic minority groups, and members of the LGBTQ+ community may all face additional pressures such as discrimination, exclusion, or lack of representation. Inclusive wellbeing strategies must address these inequalities to ensure that all members of the Force feel safe and supported. Of note, is the significant increase in the number of individuals with diagnosed neurodiverse needs within policing. The National Police Autism Association (NPAA) was set up as a national group for those in policing with, or supporting those affected by, neurodivergent conditions such as autism, dyslexia, dyspraxia and attention deficit hyperactivity disorder (ADHD). While the number of those within policing with neurodiverse needs is not currently known, in August 2024, the NPAA had around 2800 members across UK policing.

Treatment and Society

5.7. Dorset Police, like any employer, is affected by not only the general health and wellbeing of the wider population, but also the quality and timeliness of treatment. As detailed in this paper, the Force has implemented strategies and plans to not only help prevent injury and illness, but to identify health and wellbeing issues as soon as possible. And, while the Force

also funds several treatment initiatives, delivered by the private sector, this is clearly limited in scope. The Panel will be aware that NHS waiting lists are considerably higher today than in previous years, with over seven million cases (over six million unique patients) waiting to start treatment as of April 2025[15] and 59.7% of patients waiting 18 weeks or less to start consultant-led elective treatment[16]. There are also well-publicised delays in mental health treatment and support[17]. Naturally, access to swifter treatment represents a considerable opportunity for all employers, the Force included.

6. CONCLUSION

6.1. As set out within this document, there is a considerable and sustained focus on health and wellbeing within policing. This is demonstrated through activity, plans and strategies from the local through to the national level.

6.2. The PCC is clear that the health and wellbeing of those who keep our communities safe is of paramount importance and has set out his approach within the Dorset Police and Crime Plan. He recognises the many benefits that improvements in this area can bring to officers, staff, volunteers, and, naturally, the wider public.

6.3. The PCC, along with his office, will continue to scrutinise Force performance in this area to ensure delivery of the commitments within the Police and Crime Plan.

7. RECOMMENDATION

7.1. Members are recommended to note the paper.

ADAM HARROLD
DIRECTOR OF OPERATIONS

Members' Enquiries to: Adam Harrold, Director of Operations (01202) 229084
Media Enquiries to: Sue Bloss, Head of Communications and Engagement (01202) 229084

[15] Nuffield Trust NHS Performance Dashboard
[16] Nuffield Trust NHS Performance Dashboard
[17] Rethink Mental Illness, New Analysis of NHS Data on Mental Health Waiting Times