College of Policing

The National Police Wellbeing Service
OSCAR KILO

# Stress and trauma-informed care and treatment (STRICT) guidance

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# Executive summary

This document was produced in response to the need for police forces to achieve minimum standards when considering the provision of psychological services. It guides occupational health (OH) and wellbeing teams in delivering services. The National Police Wellbeing Service (NPWS) has developed a four-part approach to psychological wellbeing, which aims to give forces an understanding of the main elements and how to consider and tailor them to their organisational needs. In addition, this document aims to ensure that all police forces understand the risks of providing inadequate or incompetent psychological wellbeing activities. It should be noted that responsibility for the delivery, monitoring and effectiveness of mental health programmes, support and interventions rests with each police force.

The four interventions in the NPWS programme are safe and can be used in the situations and circumstances set out in training.

## Part one – Assess the risk

This section examines the assessment of role risk, individuals and situations. The process always begins with hazard identification and risk assessment. The objective of risk assessment is to eliminate risk. However, this cannot always be achieved. The NPWS psychological surveillance process is detailed, together with the levels of competence required.

## Part two – Train and educate

The NPWS training programme aims to create stress and trauma-informed police forces. The standardised training of OH practitioners and peers allows for the delivery of clearly defined support and interventions. This programme ensures that police officers and staff can receive the same quality of support or intervention. This section describes the training packages the NPWS provides, including the trauma support programme, wellbeing training and professional training. Descriptions of trainee competency levels are provided.

## Part three – Respond and support

Identifying the most appropriate level of response is essential. While a manager is the best provider of support, complex issues may need specialist skills. The wellbeing peer support process is explained, which includes demobilising, defusing and post-incident support. This section also covers the psychological surveillance and structured interview model.

## Part four – Treat and refer

Where appropriate, some interventions can be provided to support officers and staff. However, there are times when it is more appropriate to refer to more specialist resources. Whether to offer a further specialist intervention beyond those described in part three is an important decision. These decisions must be directed to OH or a GP. This section also references the NPWS guidance 'A Staged Approach to Major Incidents' (2020) and the role of OH in responding to major incidents.

## Record, monitor and evaluate

Any deviation from the intervention models could put the whole programme at risk.

When introducing any NPWS programmes, the levels of resources within the forces' OH team must be considered. The final section of this guide details responsibilities for psychological surveillance, structured interviews, psychological assessments and referrals, wellbeing peers, demobilisers and defusers, and post-incident supporters.

Two checklists have been provided to ensure that forces are aware of the requirements in this guidance and are fully able to participate.

- Force preparedness checklist (psychological surveillance)
- Force preparedness checklist (stress and wellbeing training)

# Background

The NPWS was launched in 2019 to support and guide police forces across England and Wales to improve and build organisational wellbeing. It is an evidence-based, sector-specific service developed for policing by policing and is designed to meet the unique needs of police forces, officers and staff.

Working closely with the College of Policing, the National Police Chiefs' Council and the Home Office, we want to:

- help police forces build world-class wellbeing support for everyone who works for them
- improve knowledge and understanding of the wellbeing help and support available
- reduce stigma around seeking support or help for stress and mental health difficulties
- encourage people to support themselves and realise their potential
- improve personal and organisational resilience and self-help skills

The NPWS provides practical psychological support in several areas.

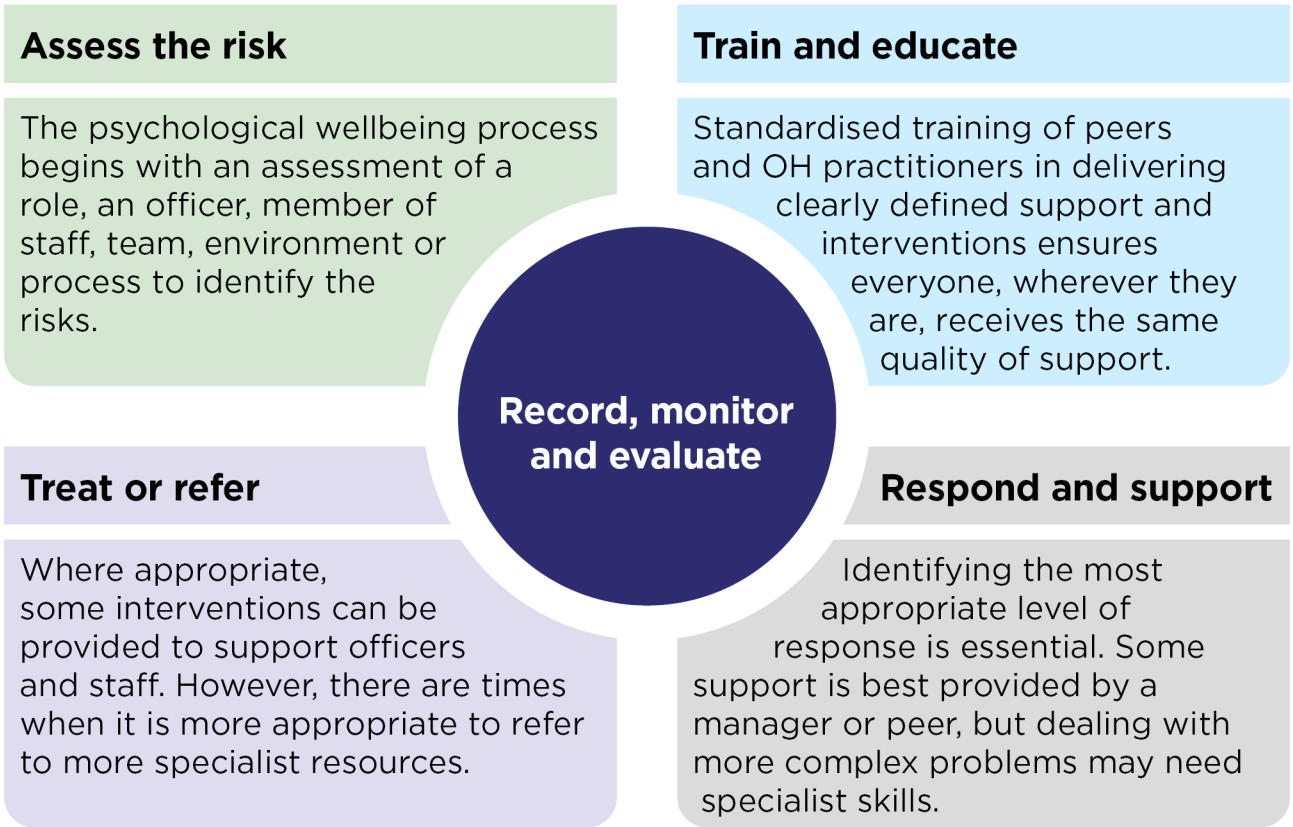
1. **Psychological and trauma risk management** – role risk assessments, psychological surveillance, psychologist assessments, structured interviews and management information reporting.
2. **Emergency services trauma intervention programme (ESTIP)** – demobilising and defusing, post-incident support programme (PISP).
3. **Wellbeing peer support** – wellbeing peer support, supervisor wellbeing assessments, Operation Hampshire, OK9 dogs.
4. **Stress and trauma training** – structured interviews, demobilising and defusing, post-incident support, wellbeing peer, supervisor wellbeing.
5. **Research** – each programme is evidence-based and the NPWS actively seeks opportunities to publish peer-reviewed research into the effectiveness of its programmes.
6. **OH standards** – the NPWS has OH standards, including those involving psychological interventions and support.

The NPWS is based on learning and continuous improvement.
The NPWS offering will grow and change over time.

# The approach

There are five parts to the NPWS approach to psychological wellbeing. These are the foundations on which the services and interventions have been developed. The process starts with a complete understanding and assessment of the risks. Only when the risk is understood is there an opportunity to provide an appropriate and effective response. There needs to be an awareness that those undertaking risk assessments, training, advice, guidance and treatments require Level Three specialist skills and competence (for example, trained OH practitioners, accredited counsellors and Health and Care Professions Council (HCPC)-registered health practitioners). Support needs to be carefully tailored to individual and organisational needs. The NPWS aims to ensure that police forces understand the personal and corporate risks of providing inadequate or incompetent wellbeing activities.

### NPWS approach to psychological wellbeing



Knowledge creates the opportunity to bring about changes in behaviours or attitudes. Sharing evidence-based information can dispel fears and support recovery. The NPWS believes in providing training and education at all levels. There is sponsored training for peers, supervisors and specialist groups such as OH nurses and counsellors. NPWS courses include an assessment of the trainee's skills and knowledge.

Where authorised and overseen by OH, some psychological interventions can be undertaken by OH practitioners, supervisors and peers. The training includes demobilising and defusing, post-incident support and supervisor wellbeing for trained supervisors and peers.

The NPWS sponsors structured interview training for OH practitioners. Some forces offer psychological assessments, general counselling and trauma therapy delivered by registered and accredited psychologists, OH counsellors (OHCs) and therapists. Where trainee OH advisors (OHAs) and OHCs have been appointed, they should be clinically supervised by a qualified supervisor. The supervisor is responsible for the trainee's practice and should ensure that the work allocated is within their capability.

This guidance has been designed to assist OH and wellbeing services to meet the OH professional standards (Foundation, Enhanced and Advanced) required when delivering services. The NPWS has worked hard to ensure a solid evidence base for everything it offers. However, the force OH must provide oversight and monitoring of mental health-related practitioners, trainers, peers and interventions on behalf of the chief constable.

Responsibility for the delivery, monitoring and effectiveness of mental health programmes, support and interventions rests with each police force. The NPWS will provide guidance and training to assist internal and outsourced OH teams meet this duty.

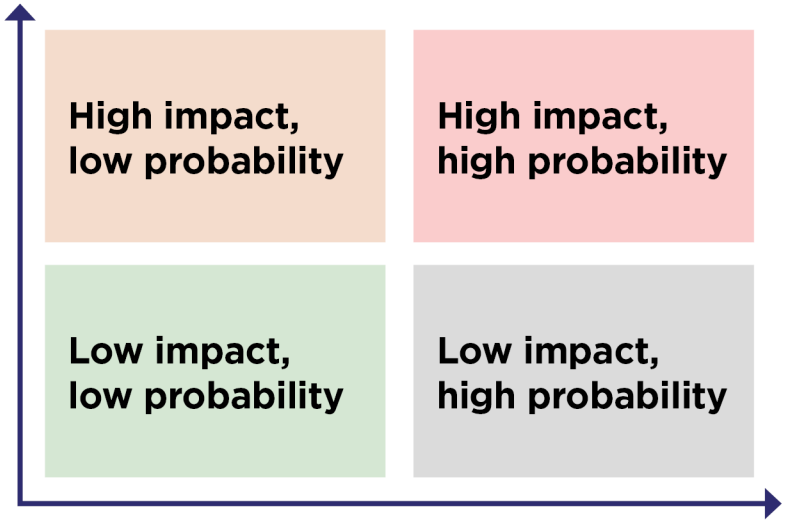
## Part 1: Assess the risk

An OH risk assessment is a careful examination of what could cause harm in the workplace. Organisations are legally required to assess the health risks in the workplace ('Management of Health & Safety at Work' (1999)[1]) . The ability to undertake risk assessments is a crucial skill for all practitioners working in OH. It is important to decide whether a health hazard is significant and whether precautionary measures sufficiently cover it, meaning the risk is small.

Risk assessment is a term used to describe the process and method used to:

- identify hazards and risk factors that have the potential to cause harm (hazard identification)
- analyse and evaluate the risk associated with that hazard (risk analysis and evaluation)
- determine appropriate ways to eliminate the hazard or control the risk when the hazard cannot be eliminated (risk control)

### The risk matrix

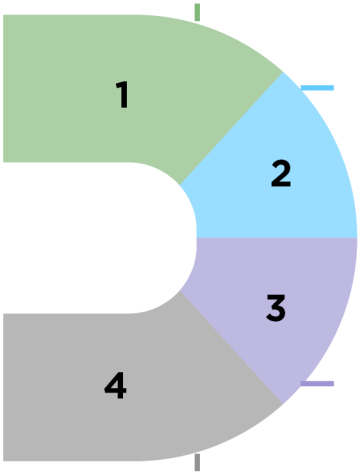



1 Management of Health and Safety at Work Regulations. (1999). 'Management of health and safety at work – Approved code of practice and guidance L21' (second edition). HSE Books (2000).

A risk assessment involves looking at the workplace and employees to identify things, situations and processes that may cause harm. When a risk is identified, there is a need to analyse and evaluate the likelihood and impact of the risk (the risk matrix). The risk assessment process involves assessing the impact and the likelihood of the harmful events. The next step is to identify the measures that should be in place to eliminate or control the harm.

The working environment involves three types of risks or hazards: physical, psychological and social. Health and safety legislation requires organisations to identify, analyse and control these three areas of risk to protect the health and wellbeing of employees.

## Assessing the risk




### Role risk assessment

The role risk assessment is used to identify high-risk roles which require regular psychological surveillance to identify level of wellbeing, identify hazards and improve coping.

### Individual risk assessment

The individual risk assessment is used following a traumatic exposure to identify people who may need additional support.

### Situational risk assessment

The situational risk assessment looks at the nature of the traumatic exposure and can be used to decide if there is a need for a team defusing or other support.

### Psychological surveillance

Psychological surveillance is a way of monitoring the risk of a psychological problem in a team or group. The results establish the nature of the risks and the harm caused by the risks.

## Role risk assessment

Many roles in policing expose officers and staff to hazards detrimental to their health and wellbeing. Many specialist roles involve known psychological hazards that cannot be removed and occur regularly. The NPWS role risk assessment tool provides a way to assess the seriousness and frequency of the role-related risks. The NPWS OH team have undertaken role risk assessments for several policing roles and identified nine high-risk roles:

- paedophile online investigation teams (POLIT)/ internet child abuse teams
- family liaison officers
- offender managers
- forensic collision investigators
- digital forensics officers
- scene of crimes officers
- counter-terrorism intelligence
- firearms and source handlers

The NPWS list is not exhaustive, meaning that each force needs to consider undertaking its own risk assessments to identify other roles that pose a risk to the psychological wellbeing of officers and staff. Advice on undertaking role risk assessments can be obtained from the NPWS OH team.

## Individual and situational assessments

For many policing roles, the hazards are unpredictable. Officers and staff in these roles need education and skills in recognising and responding to the impact of a crisis, disaster and traumatising event. The NPWS has made training and assessment tools available to assess the effects of traumatic exposure and the long-term effects of trauma, stress and burnout. These two sets of assessments provide trained supervisors and peers with a means to identify the levels of vulnerability to the development of psychological symptoms which require additional support and referrals.

## Psychological surveillance

Where a hazard cannot be eliminated or reduced, there is a need to undertake regular health surveillance. Surveillance involves identifying the personal and organisational risks together with any mitigating resilience or coping factors.

The NPWS has selected a surveillance tool and is resourcing a national programme of psychological surveillance for the high-risk roles identified in the role risk assessment. This programme involves the regular completion of an online psychological screening questionnaire, the feedback of individual results and management information. The NPWS is keen to help police forces develop their capacity to undertake effective psychological surveillance, but it is unable to fund psychological surveillance for all high-risk roles.

The clinical results identify those with concerning or clinical mental health problems. It is possible to use simple clinical measures of mental health symptoms. However, using additional questionnaires to identify hazards and resilience factors is very useful. The questionnaires that identify hazards, coping and resilience help identify interventions and treatments by finding likely causes of issues and the areas where improvements can be made.

## The Noreen Tehrani Associates Psychological Services (NTAPS) family of questionnaires

| Questionnaires | Initial | Ongoing | Referral | |
|---|---|---|---|---|
| Goldberg anxiety/ depression | X | X | X | Clinical symptoms |
| Impact of events | X | X | X | |
| Professional quality of life | X | X | X | |
| ITQ complex trauma | | | X | |
| Adverse childhood experiences | X | | X | Psychological hazards |
| Adverse adult experiences | X | | X | |
| Recent adverse events | X | | X | |
| Addictive behaviours | X | | X | |
| Current stressors | X | | X | |
| Overtime and sickness | X | X | X | |
| Organisational support | X | X | X | |
| Health beliefs | X | X | X | |
| Workability | X | X | X | |
| Negative acts | | X | X | |
| Holmes Rahe | | X | | |
| Sense of coherence | X | X | X | Coping and resilience |
| Lifestyle | X | X | X | |
| Coping skills | X | X | X | |
| COPE | X | | | |
| Eysenck personality | X | | X | Personal factors |
| Emotional awareness | X | | | |
| Belbin team type | | | X | |
| Irrational beliefs | | | X | |
| Locus of control | | | X | |
| Behavioural style | | | X | |
| Psychosomatic complaints | | | X | |

Many psychological assessment questionnaires can be used for this purpose (Tehrani and Hesketh, 2018), and it would be possible (although highly time-consuming) to undertake pen and paper screening. However, the online surveillance programme is quick, accurate and more economical regarding financial and people resources. The tool provides comprehensive surveillance of large numbers of officers and staff with the added benefits of automatically generated reports and fitness notes, benchmarking, management information and deep-dive analysis of a database with over 40,000 subjects.

If an OH service considers the NPWS-funded psychological surveillance programme unsuited to their needs and introduces a different approach, they will be responsible for demonstrating that their alternative approach is appropriate.

## Competent persons

Health and safety legislation emphasises the importance of those undertaking risk assessments being competent. The following guidance will help OH services understand the level of competence required for a range of risk assessments.

**Psychological tests**: There are limitations on who is competent in developing, administering and interpreting the psychometric test. The development of screening tools for assessing mental health conditions, personality, resilience and other psychological factors should only be undertaken by an occupational or clinical psychologist or psychiatrist qualified and registered with their professional body. Before tools can be used clinically, the developers need to test their validity and reliability and they need to be put through rigorous scrutiny by users.

While some questionnaires can be used by suitably trained OH practitioners, such as PHQ9, HADS and GAD7[2], other results including personality, aptitudes, intelligence and neurodiverse conditions require the practitioner to have training in psychometric testing.

**Role risk assessments**: The NPWS model of role risk assessments should be led by a competent OH practitioner (registered OHA or accredited

2 PHQ9 – Patient Health Questionnaire 9 (depression test); HADS – Hospital Anxiety and Depression Scale, GAD7 – Generalised Anxiety Disorder Assessment.

OHC) supported by officers/staff with a working knowledge of the role or situation being studied. OH services can develop their role risk assessment tools but will need evidence. This could include the traumatic events checklist[3]. The NPWS OH team can provide guidance on undertaking role risk assessments.

**Trauma situational and personal risk assessments**: These NPWS assessments can be carried out by supervisors or peers who have completed the demobilising and defusing training. In addition, OH practitioners who have had training in trauma and personal risk assessments could lead these assessments.

**Wellbeing organisational and personal risk assessments**: These NPWS assessments can be carried out by supervisors or peers who have completed the supervisor wellbeing training or the peer wellbeing training.

**Structured interviews and assessments**: The structured interviews should only be undertaken by a Level 3 OH practitioner, accredited counsellor or HCPC-registered psychologist. There are initial, refresher and advanced level courses.

## Force OH role in delivering risk assessment

Force OH professional staff should:

- ensure the competence of those undertaking risk assessments of policing roles
- lead in identifying and undertaking role risk assessments for all high-risk specialist roles
- ensure regular psychological surveillance for officers and staff in high-risk roles
- adhere to data protection legislation concerning risk assessments
- ensure that only clinically validated health and wellbeing questionnaires are used in the screening and surveillance of officers and staff

3 **JK Miller and others. (2022). 'The development of a UK police traumatic events checklist'. The Police Journal, 95(1), pp 207-223.**

- protect the confidentiality of personal information
- adhere to the British Psychological Society Good Practice Guide for psychometric testing
- feed in psychological risks to the central force risk register

Force OH administrators should:

- maintain records of role risk assessments for inspection
- create lists of email addresses for officers and staff requiring psychological surveillance
- accept the surveillance reports and distribute them to officers and staff
- arrange structured interviews and psychological assessments
- maintain records of officers and staff going through the PISP process
- ensure that confidentiality and data protection standards are maintained

# Part 2: Train and educate

## NPWS education

The Wellbeing at Work area on the Oscar Kilo site focuses on providing support for policing. The NPWS has commissioned education webinars, online training and guidance to support officers and staff in maintaining their wellbeing. The educational programme includes dealing with assaults on staff, tackling sleep and fatigue, mindfulness, the wellbeing dog network, physical fitness and much more. The aim is to embed cultures and practices which facilitate positive wellbeing at work.

Education and training should always be evidence-based. It is for each police force to ensure that whenever any wellbeing or trauma educational material is produced or wellbeing roadshows, seminars or workshops are organised, the information provided is based on the best clinical evidence.

Where OH wishes to procure or develop their own mental health and wellbeing education and training, they should identify practitioners and programmes which use the best clinical evidence. OH practitioners, supervisors and peer supporters should consider recommending NPWS resources to officers and staff wherever possible. If in doubt about the quality of an educational programme, advice can be sought from the NPWS.

Where an external person has been asked to provide an educational presentation or workshop, they must be suitably trained and experienced. Their background and credentials should be checked and approved by the force OH service. Where 'experts by experience' are used for undertaking presentations, an appropriate clinician should be available to provide clinical information, background and support for the speaker and audience, where indicated.

## Stress and trauma-informed care and treatment (STRICT)

The objective of the NPWS programme of training is to create stress and trauma-informed police forces. The NPWS provides training and education for peers and supervisors/managers to address stress and trauma in the workforce and is committed to developing a culture in

policing which is stress and trauma-informed. To meet the aims of STRICT, police officers and staff should be able to recognise the signs of stress and trauma in themselves, their colleagues and the people they engage with in their communities.

The NPWS has developed evidence-based training to respond to common psychological conditions, including stress, burnout, anxiety, depression and traumatic stress. All these courses are available free of charge to officers and staff. The courses have been delivered face to face via Microsoft Teams and may become available as e-learning modules. There are also peer and supervisor wellbeing support programmes and ESTIP training, including demobilising and defusing and the PISP. The dates and booking details for these courses can be found on the Oscar Kilo site.

## Stress and trauma-informed care and treatment (STRICT) training

### Stress

Stress is the response to demands that exceed response capacity.

**Stress-related training**

- Wellbeing peer supporter
- Supervisor wellbeing


### Trauma

Trauma can involve a single event or the drip-drip of daily distress.

**Trauma-related training**

- Demobilising and defusing
- Post-incident support

The Oscar Kilo Blue Light Wellbeing Framework is aspirational in setting up the essential knowledge and skills required at all organisational levels involving peers, supervisors, senior management and clinical and technical experts from OH, psychology, human resources (HR) and other disciplines. The focus of the framework is employee wellbeing. However, there is a recognition that a healthy workforce, knowledgeable

in recognising and responding to stress and trauma is more likely to work in a more sensitive and attuned way. The workforce will be able to recognise and respond to the needs of community members experiencing social or mental health problems.

## Level 1 Wellbeing and trauma-informed

At Level 1, all police officers and staff should be aware of the incidents or situations that can cause anxiety, depression, burnout and traumatic stress in themselves, their colleagues and the community members with whom they interact. They should know how to recognise common signs of distress and have the skills to listen and respond with sensitivity when someone speaks about experiencing stress or trauma. Developing a wellbeing and trauma-informed strategy is the responsibility of each police force's senior management. Stress and trauma awareness should be included in basic police training, supported by local OH services providing information and support. The NPWS offers information and support through its website, educational webinars and programmes.

## Level 2 Wellbeing and trauma-skilled

The second level of STRICT involves training supervisors and peers to deliver immediate stress and trauma support to their teams and colleagues on the front line.

Wellbeing peer supporters are officers and staff at all levels who have been trained to recognise stress-related conditions and provide immediate support, acknowledgement and signposting to appropriate specialist support as required. The goal of Oscar Kilo is for **wellbeing peer support** to be widely available throughout all police forces.

Peers and supervisors can also provide initial **demobilising and defusing** to deal with the emotional response to frequently occurring distressing events such as cot deaths, suicides, child abuse and major events such as murders, major transport crashes and terrorist attacks. This involves checking in with officers or staff as soon as possible after an event and again shortly afterwards (see ESTIP). It addresses immediate health and safety needs and attempts to normalise the emotional responses to something that is upsetting. It allows people to talk about how they are feeling but does not involve debriefing, which is replaying the event.

Demobilising and defusing is an essential skill for anyone providing support during post-incident management (PIM) investigations. Demobilising is the initial wellbeing check on those involved in the PIM process. Defusing occurs after post-incident process (PIP) stage two. The **PISP** was designed to help officers involved in traumatic incidents which may require investigation by the Independent Office for Police Conduct (IOPC) or professional standards departments (PSD). The PISP is also useful where the nature of the traumatic exposure has caused phobic responses, making it difficult to return to a particular aspect of their job without experiencing flashbacks, intense fear, phobias or panic attacks. The PISP course requires force OHAs to attend the training as they play a vital role in the sign-off of traumatised officers and staff needing to go through the programme. This training builds on the demobilisation and defusing training, which must be completed before the PISP is attempted.

Supervisors also have the opportunity to undertake **supervisor wellbeing assessment and support**. Using the simple individual and organisational assessment tool, supervisors use their team supervisory role to identify opportunities to make changes and adjust how the work within their team is undertaken. The supervisor should provide managerial and personal support to officers or staff experiencing difficulties. The training gives additional tools, skills and support to help supervisors have positive conversations with their team on team morale and wellbeing and with individual team members when they are struggling or returning to work after a period of sickness. The training also looks to the sources of support available to them from the NPWS and their organisation, HR, OH and NHS.

## Level 3 Wellbeing and trauma-enhanced

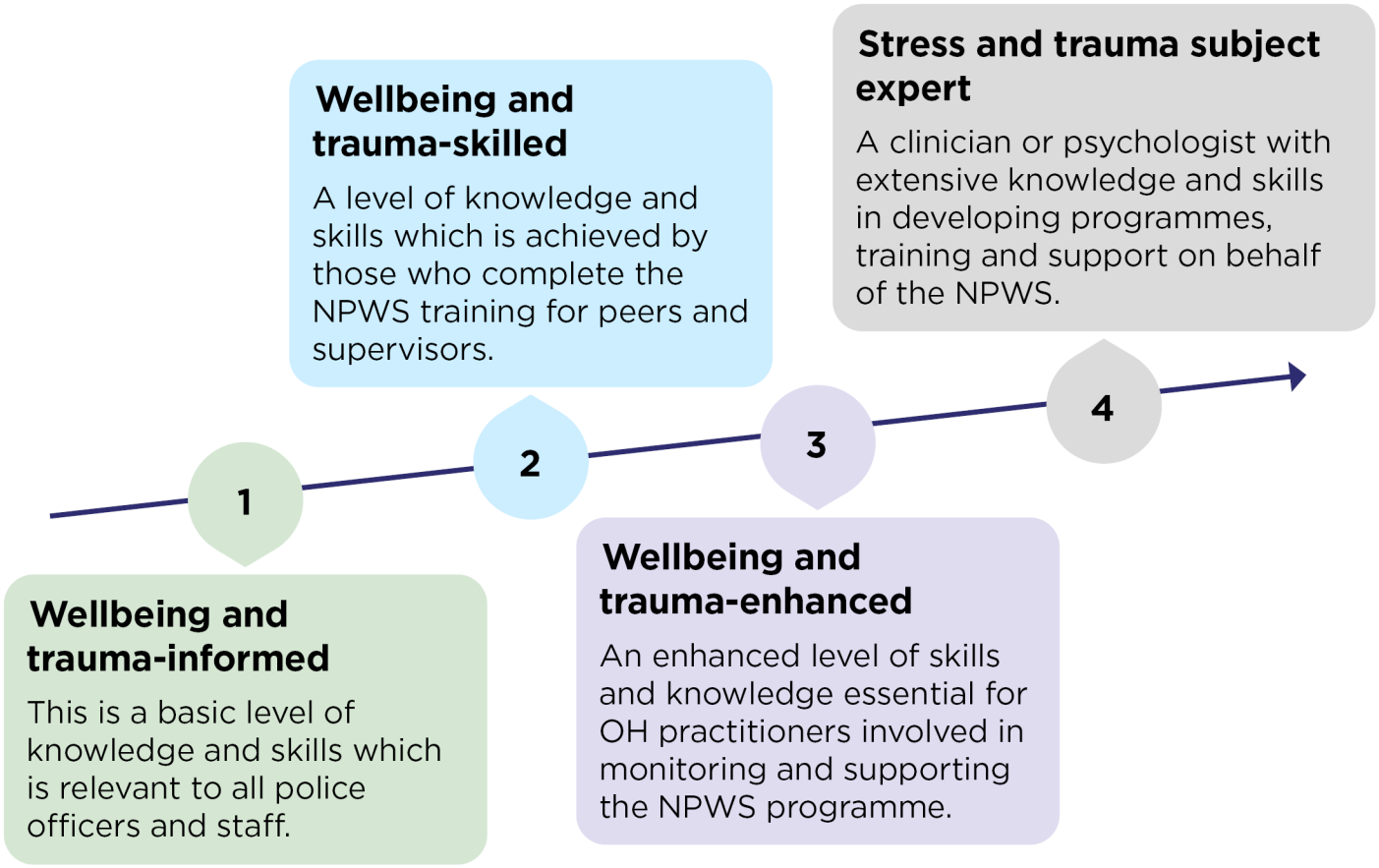
The third level of skills is restricted to professional groups (OHAs, accredited counsellors and other health professionals). The NPWS has created a list of recognised health professions that identifies the competency levels required for registration with their professional body and the areas of work their professional liability insurance covers (see list available from NPWS, created by Zoe Davenport, the psychological surveillance programme lead).

This group of health professionals must maintain their continuing professional development (CPD), keep records of their interventions, have their work clinically audited and have regular personal and professional supervision. In addition, these professionals need to be part of the NPWS's trained STRICT group and undertake all the Level 2 STRICT training. Their duties to the programme are to oversee and support officers and staff at Levels 1 and 2 of the STRICT programme and report back to their OH manager any concerns regarding the quality of services provided by peers or supervisors at Level 1 or 2 of the STRICT programme.

## Level 4 Stress and trauma subject expert

Stress and trauma subject experts will be recognised for their expertise in providing evidence-based programmes. They should have a well-established reputation in delivering wellbeing and trauma interventions. Stress and trauma subject experts may include practitioners who are widely published (quantitative and/or qualitative research in peer-reviewed journals) and who have presented at national or international conferences. The NPWS engages highly experienced subject matter experts in the development of evidence-based psycho-social training programmes and guidance.

### Levels of awareness




## Wellbeing and trauma support training courses

**Education**: The information on the Oscar Kilo website has been checked for its evidence base. Educational material from this source is credible and can be used freely. Educational material from other websites, including NHS, GOV.UK, health-related professional bodies and mental health charities, can also be used confidently. Where OH services are outsourced, and wellbeing education is being organised by mental health first aiders, wellbeing ambassadors or wellbeing champions who are not registered with a professional body, clinical advice can be sought from the NPWS OH team. In all cases, it is essential to reference or credit the source of information.

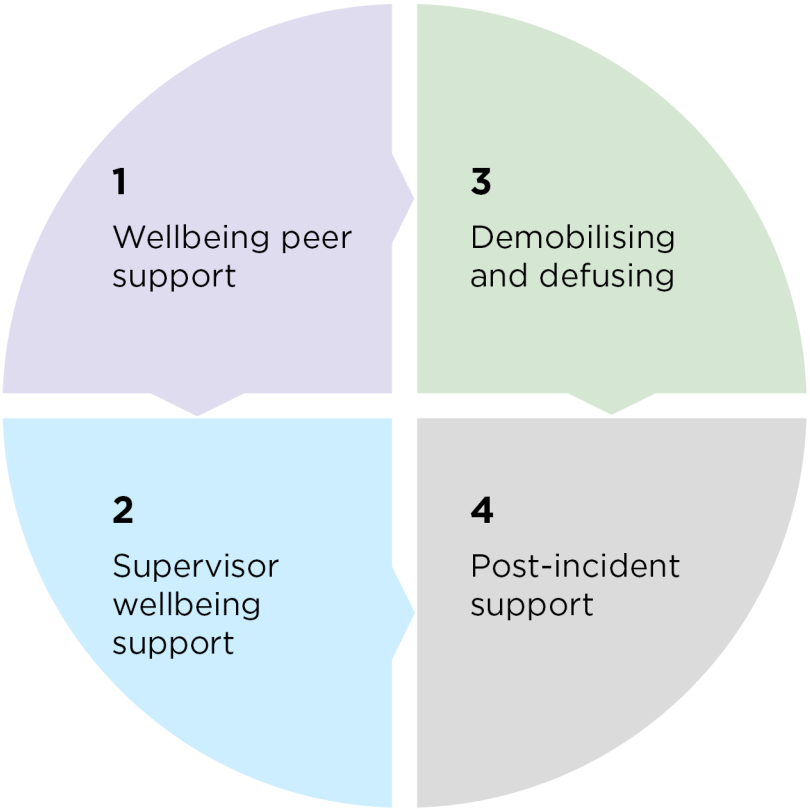
Competent sources of educational material include professionals who are registered with their professional body, including the General Medical Council (for medical doctors), Nursing and Midwifery Council (NMC) (nurses), HCPC (psychologists, art therapists, occupational therapists, physiotherapists, psychological wellbeing practitioners),

British Association of Counselling and Psychotherapy or UK Council for Psychotherapy.

**Training**: There are two strands for the NPWS training. The wellbeing strand deals with the stresses and pressures of personal and working life, and the trauma support strand deals with work-related traumatic stress. The training can be adapted for peer supporters, managers and supervisors. The following diagram shows how wellbeing peers can progress to deliver crisis management, demobilising and defusing through the trauma route or provide support for officers going through a post-incident process (PIP) and IOPC/PSD investigation, and provide support in their return to work.

The NPWS training is delivered by a combination of registered mental health subject experts (Level 3 or 4) and 'experts by experience' (Level 2). Where other health-related training is undertaken, the local police force should ensure that the psychological wellbeing input is undertaken by Level 3 trainers and the content is based on evidence or best practice.

## NPWS training for peers and supervisors



## Emergency services trauma support programme (ESTIP)

The trauma support programme is built around several stages, collectively called the ESTIP. A brief description of each element is described below.

### Phase 1: Crisis management

During a traumatic incident, it is important to consider the potential risks to the organisation. These may include the risks, such as the level of exposure, the lack of resources or support and the potential impact of social media coverage. The assessment should also examine the potential impact on the officers and staff involved.

### Phase 2: Demobilising

Demobilisation is a primary stress prevention conversation following traumatic exposure. It involves a short conversation, which lasts around five to 10 minutes. A supervisor usually carries out demobilisation. Following a major incident, the role may fall to a suitably trained peer supporter.

### Phase 3: Defusing

Defusing is provided three days after exposure to a traumatic incident. It helps to assess who may need further help and support. Defusing is an individual or small group process; less structured and aimed at the core group affected the most by the incident. Groups of up to a maximum of eight meet with a defuser (a line manager or peer supporter) to hold a defusing session. Individual one-to-one sessions can be conducted if required.

### Phase 4: Post-incident support programme (PISP)

The PISP is an OH-based and peer-supported programme to support officers and staff subject to a post-incident process (PIP) and an investigation by the IOPC or PSD. The training provides knowledge and skills in dealing with incidents involving the discharge of firearms, Tasers, deaths in custody, pursuit and suicides following police involvement.

The training helps OHAs and peers take officers through the PIM process and how to work together in providing support during investigations and a safe return to work.

## Wellbeing support programme

This programme provides training in recognition of the signs of mental health problems and develops skills in engaging with troubled employees and how to respond to their issues. The wellbeing support training is built around a belief in the importance of peers and supervisors involved in the immediate support of colleagues. This programme helps peers to identify the best sources of support and how to signpost or refer to more specialist support or resources. The wellbeing support peers and supervisors are overseen by their local OH service, who can advise on sources of credible support where there is a solid evidence base.

### Course 1: Peer wellbeing support

The peer wellbeing support training is the foundation training for peers. It looks at the impact of common mental health problems in policing and identifies everyday personal stressors. The training recognises a range of coping styles and uses a problem assessment model to identify issues, valued outcomes and actions. During the training, the peers will have opportunities to practise their skills and recognise the need for signposting and referrals.

### Course 2: Supervisor wellbeing

Supervisors have a responsibility to look after the wellbeing of their teams. This training gives them the tools and the skills to recognise the nature and causes of common mental health conditions and how to recognise the signs that a team member is having difficulties. This training goes beyond peer skills by looking for team and organisational solutions that can be resolved or influenced by the supervisor and identifying possible adjustments to roles where there is a disability or rehabilitation need.

## Professional training

The NPWS provides clinical training for Level 3 OH practitioners. Three courses prepare OH practitioners to undertake structured interviews, assessments and feedback on results. When forces take advantage

of the NPWS's offer to undertake psychological surveillance for high-risk roles, there is a requirement for the force's OH service to have the resources to undertake the structured interviews and feed back the results to line and senior management. The number of OH practitioners required to undertake structured interviews is determined by the number of screenings undertaken. Historical surveillance results consistently show that, on average, 80% of officers and staff will be fit, 15% will need a structured interview and 5% need to be seen by a Level 4 psychologist or psychiatrist as they have clinically significant results.

The following table will help OH services calculate how many OH practitioners they need to train to undertake the projected numbers of structured interviews and assessments for their force within six weeks following the delivery of surveillance reports.

| Number of surveillances completed | Projected number of structured interviews | Approx. number of OH practitioner days | Suggested number of OH practitioners for training |
|---|---|---|---|
| 100 | 15 | 4 | 2 |
| 200 | 30 | 8 | 2 |
| 500 | 75 | 19 | 4 |
| 1,000 | 150 | 38 | 6 |

It is suggested that there should always be at least two trained OH practitioners to undertake structured interview sessions in forces. As the number of surveillance sessions increases, this number will need to rise. Actual numbers will be contingent on competing work demands.

## Structured interview and assessment

This training is designed for OHAs, OHCs and other professionals to undertake structured psychological interviews and prepare reports for employees and management. The training will involve opportunities to ask questions and to clarify understanding.

Trainees must complete the online questionnaires and work with the results during the training.

**Aims of the day**

By the end of the day, trainees will:

- understand the needs and difficulties faced by officers in high-risk roles
- be familiar with employers' duty of care
- evaluate screening results
- understand the reason for the choice of questionnaires used in the screening
- undertake a structured interview
- recognise the importance of critical thinking

## Structured interview and assessment (refresher)

This two-and-a-half-hour seminar is designed for OHAs, OHCs and other professionals to refresh and remind themselves of how to read initial and ongoing questionnaires and write effective structured interview reports.

**Aims of the day**

To provide a supportive environment to encourage discussion on psychological surveillance programmes and build skills in undertaking structured interviews. There will be no role-plays or assessments during this seminar.

By the end of the session, trainees will:

- gain an understanding of the latest research into mental health problems in policing
- refresh awareness of the purpose of surveillance
- undertake a result blending exercise
- identify where there is a need for ongoing and follow-up structured interviews
- practice report writing skills

### Advanced screening, structured interviews and data presentation

**About the training**

This training is designed for experienced OHAs and OHCs who have undertaken the structured interview training and have had experience in undertaking at least 20 structured interviews.

Attendees will need to have completed a referral screening questionnaire to take part in this training.

**Aims of the day**

By the end of the day, trainees will have:

- refreshed their skills in undertaking initial, ongoing and follow-up structured interviews
- determined how and when to use a referral screening questionnaire
- demonstrated advanced awareness of skills in structured interviews and feedback sessions
- delivered an effective presentation of screening results with recommendations for management actions and interventions
- the knowledge on how to commission and undertake research/ evaluations, which could be published or support an academic qualification

## Competent persons at the four STRICT levels

### Level 1

All peers and supervisors should have been trained and updated on workplace stress and trauma. This training does not give them the skills or knowledge to undertake any stress or trauma intervention without training and support from OH.

Peers can be supportive to their colleagues in practical ways, such as offering support with a particular task or showing concern for their wellbeing. But they should signpost them to OH, their GP or the NPWS site for evidence-based guidance and support.

Supervisors must support their team members and fulfil their roles by providing operational support, guidance and flexibility when responding to personal or organisational concerns.

A competent Level 1 peer or supervisor will recognise the limits of their knowledge and signpost to Level 2 or Level 3 qualified practitioners.

## Level 2

The Level 2 trained and OH supported peers and supervisors have successfully completed one or more of the peer, supervisor wellbeing or ESTIP courses. If they maintain their knowledge and skills and attend regular update training, they are competent to deliver the intervention their training prepared them to undertake. They need to maintain the boundaries of the intervention and refrain from 'intervention creep' where they alter, adjust or augment the intervention.

A competent Level 1 peer or supervisor will recognise the limits of their knowledge and signpost to Level 3 qualified practitioners for further support. Level 2 peers and supervisors must engage with regular continuing development and update training. They must also adhere to the intervention guidelines, which require them to give OH access to and oversight of their work.

## Level 3

At Level 3, practitioners must have a recognised health-related professional qualification.  This includes registered OH nurses, accredited counsellors, registered mental health nurses, psychological wellbeing practitioners and registered clinical or counselling psychologists.

The registration of these practitioners needs to be recognised by one of the government recognised registration bodies. These include the NMC, the Professional Standards Authority for Health and Social Care (PSA) and the HCPC.

**Please note**: Counsellors need PSA registration, psychologists need HCPC registration and nurses require NMC registration. A diploma or certificate alone does not provide adequate evidence of competence to practice.

Registration bodies require their members to adhere to a code of conduct and ethics and provide evidence of ongoing professional development. They are subject to disciplinary action should they work outside their area of competence or behave in a way that fails to meet their duties under the bodies' code of conduct and ethics.

The NPWS strongly recommends that police forces ensure that all practitioners providing Level 3 interventions, including counselling, coaching, debriefing, clinical assessments, clinical supervision and occupational advice and guidance are registered with one of the above bodies.

Competent Level 3 practitioners should be aware of their professional duties and adhere to professional standards. They will recognise that, should they fail in their duties, their clients or organisation can make a complaint to their professional body. Professional complaints are very serious as they can result in the practitioner being struck off the register or required to undertake remedial training before returning to practice.

### Level 4

The wellbeing and trauma subject expert is a psychologist competent to treat trauma-affected personnel and develop wellbeing and trauma policies, procedures, guidance and training. They will also need a background in evaluations and research into organisational stress and trauma.

The STRICT expert will have HCPC registration (or equivalent) and professional liability insurance. A stress and trauma subject expert appointed by the NPWS will maintain the clinical governance and responsibility for the effectiveness of the programmes they develop. However, should changes be made to the programmes or training which have not been authorised, the responsibility and liability would rest with the police force that allowed these changes to take place.

## Force OH role in delivery of education and training

Force OH services should:

- appoint a lead OH professional to lead on creating and maintaining STRICT

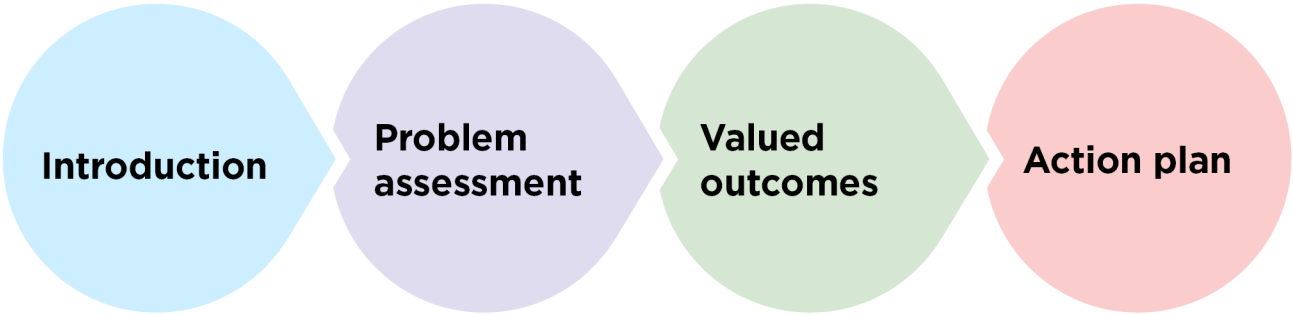
- provide oversight, monitoring and support for peers undertaking peer support, demobilising, defusing and post-incident support
- offer supervision for wellbeing and trauma peer supporters
- ensure that OH practitioners attend peer wellbeing support, supervisor wellbeing, demobilising, defusing and post-incident support training
- promote Oscar Kilo training for peers, supervisors and senior management
- review locally produced training, dealing with mental health or wellbeing elements
- check locally sourced wellbeing trainers are registered with a relevant professional body
- undertake assessments for officers and staff going through the PISP programme

# Part 3: Respond and support

## Outline of the NPWS wellbeing and trauma interventions

### Wellbeing peer support

The wellbeing peer support intervention comprises four steps: an introduction that explains the approach, the nature and limitations of confidentiality and the process. The problem assessments involve listening to the story and working out what is happening. The third stage helps the person work out what they want to achieve. Finally, the action planning could be a referral for specialist needs, signposting to an internal group, resource or guidance, or perhaps a charity or other support group.




Wellbeing peer supporters must complete the training and demonstrate their knowledge and competence in completing the exercises and multiple-choice questionnaire. If a peer does not achieve the required level, they will be allowed to seek additional support arranged by their local OH trauma and wellbeing lead.

**Wellbeing peers must not:**

- work beyond the boundaries of their role; which includes not:
  - taking on more than three people to support a month
  - seeing people for more than two sessions without agreement from the wellbeing coordinator
  - breaching confidentiality unless there is a risk to life or a crime has been committed
  - giving financial, legal or other professional advice

**Wellbeing peers must:**

- attend at least one CPD session per year
- take part in psychological surveillance as arranged by the OH
- report to the wellbeing and trauma coordinator
- maintain records of sessions
- make referrals to GP, OH or other specialist services for interventions

## Supervisor wellbeing assessors

The supervisor wellbeing assessment training was designed primarily for supervisors to use with their teams. However, the model can also be used by skilled peers who have completed the wellbeing peer training. The supervisor wellbeing assessment tool can be used in several ways, for example:

- as part of a return-to-work interview
- following a referral from a wellbeing peer
- if there are concerns about a team member
- as a team wellbeing monitoring tool

The wellbeing tool is essential even in groups with psychological surveillance, as it can be used throughout the year. The tool has cut-off levels, which indicate to the supervisor when there may be a need for a referral to OH, HR or there is a need for management action.

The tool can be used for self-assessment, with the officer or staff member identifying the areas they wish to work on during their wellbeing session.

## Personal wellbeing assessment

The personal wellbeing assessment examines five domains, each with five items. The items cover a range, with a score of five being positive wellbeing and one being negative wellbeing. There are descriptors at the end of the range. For example, in the physical health domain, a positive descriptor would describe what it is like to be healthy, with the negative descriptor giving signs of sickness. Each domain has five

physical items related to sleeping, eating, alcohol consumption, fitness and physical activity.

A total wellbeing score can be calculated for each domain and a total score when completed. When wellbeing scores fall below a cut-off level, recommendations are provided on making referrals.

## Organisational wellbeing assessment

| Domain | Positive wellbeing | | Negative wellbeing |
|---|---|---|---|
| Physical | Healthy | ⟷ | Sick |
| Social | Engaged | ⟷ | Isolated |
| Emotion | Contented | ⟷ | Distressed |
| Psychological | Flourishing | ⟷ | Despairing |
| Meaning | Committed | ⟷ | Dispirited |

The second part of the training looks at organisational wellbeing and uses the same framework adopted by the Health and Safety Executive's (HSE) management standards. However, like the personal wellbeing assessment, the model is built on defining the positive and negative descriptions of the items related to the organisational wellbeing domains.

The organisational wellbeing assessment has six domains.

| Domain | Positive wellbeing | | Negative wellbeing |
|---|---|---|---|
| Demands | Reasonable | ⟷ | Impossible |
| Control | Choice | ⟷ | Dominated |
| Support | Helped | ⟷ | Obstructed |
| Relationships | Warm | ⟷ | Cool |
| Role | Clear | ⟷ | Ambiguous |
| Change | Managed | ⟷ | Confused |

As with the personal wellbeing assessment, there is a range between the two descriptors for each dimension. This tool is easy to use and is preferred by the NPWS to the standard HSE stress assessment tool due to its simplicity and linkages to other support.

The half-day training provides supervisors with information and a range of learning opportunities to build their confidence in dealing with personal issues. There is also clear guidance on referring cases to senior management, HR or OH.

### Future developments

This training is currently being developed for delivery on an e-learning platform but, where a force prefers, it can be delivered via Microsoft Teams or face to face. This can be arranged via the NPWS.

## Demobilisers and defusers

This course has been designed to train peer supporters on demobilising and defusing. Demobilising and defusing aims to support individuals and teams in dealing with and recovering from traumatic experiences.

## Crisis management

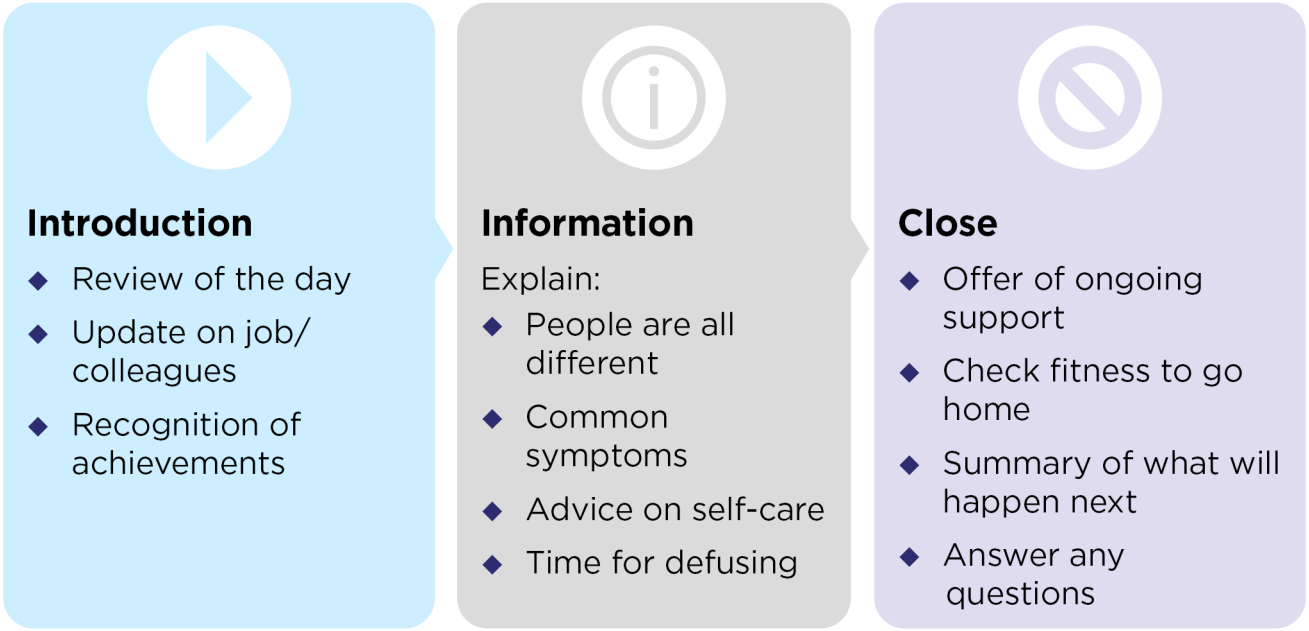
Knowing what to do to ensure a crisis does not escalate into a disaster is essential. During this training, the participants learn how to identify the potential signs and symptoms of trauma and how to manage or reduce the impact.

### Operational risk assessment

## Demobilisation

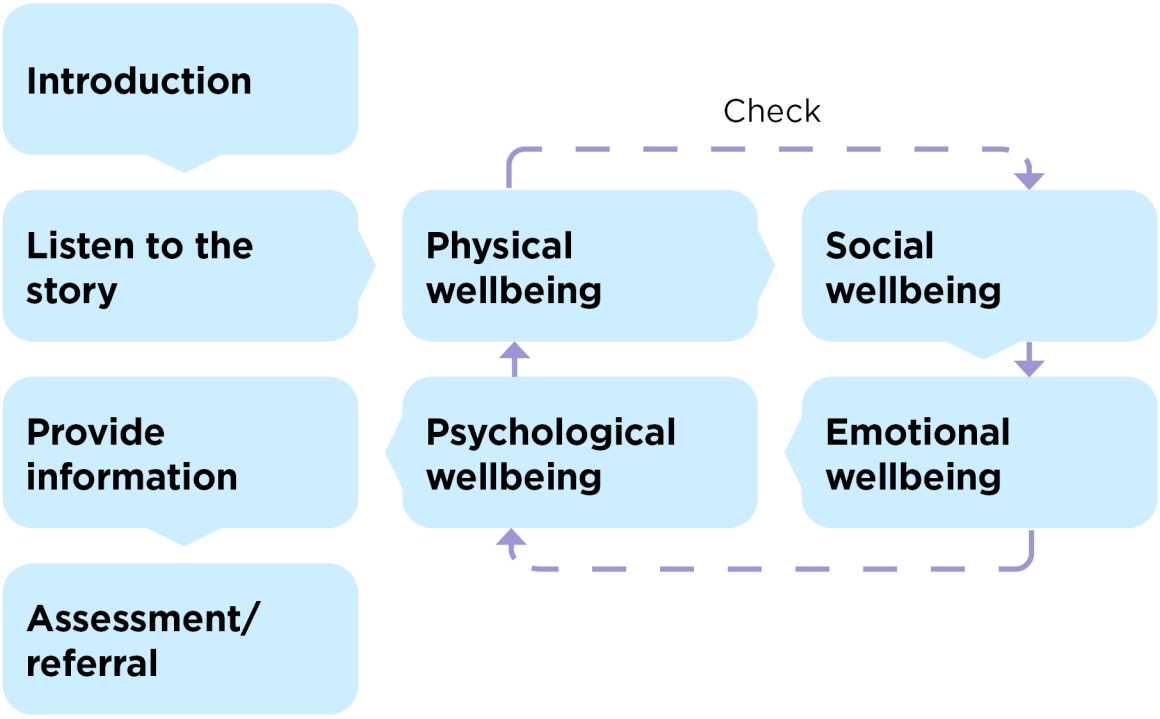
Demobilisation is a primary stress prevention technique that occurs immediately after a traumatic incident and before employees return to regular duties or go home. The demobilisation session is short and should not last longer than five to 10 minutes. Officers and staff in high-risk roles should be demobilised at the end of every shift.

### Demobilising




## Defusing

Defusing is a psychological first aid tool that should be available in the first few days following a traumatic incident. This procedure helps assess who might need further help and support. Defusing can be delivered as a small group process and is usually aimed at the core working group most affected by an incident. Typically, six to eight people can be brought together with a defuser. If only one person is involved, an individual session can last up to 20 minutes.




Everyone attending a defusing session should receive follow-up a week later. If there is no improvement, individuals develop increased symptoms or there are concerns, they should be referred to OH for a psychological assessment and the possibility of a referral for the next level of support.

### Future developments

This training is being developed for delivery on an e-learning platform. If a force prefers, the training can be delivered via Teams or face to face with arrangements via the NPWS.

## Post-incident support programme (PISP)

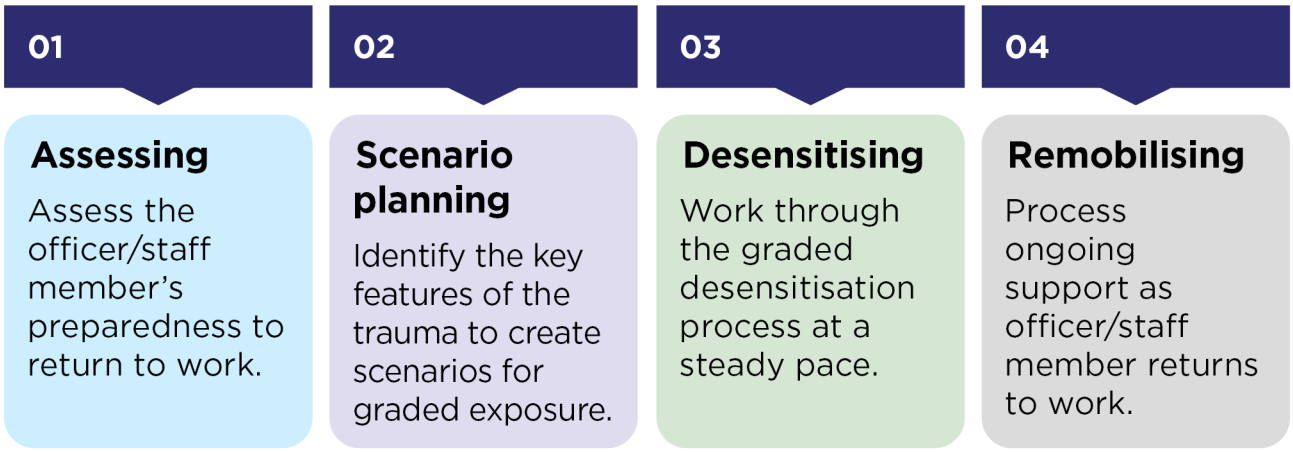
The role of the post-incident supporter is to provide support for colleagues under the IOPC or police standards investigation. The PISP is an essential service that requires a range of skills, including a high level of interpersonal sensitivity and communication skills, together with an understanding of the signs and symptoms of post-traumatic stress.

Before attending the PISP course, all candidates must have completed demobilising and defusing training as these interventions are the first stage of the PISP.

The PISP aims to ensure the safety and wellbeing of the officer or staff member, support them during any gardening leave/suspension period and ensure that they can safely return to operational duties.

Prior to entering the programme, the officer or staff member will have been assessed by OH and, where necessary, will have gone through trauma therapy. If during the PISP process there are any concerns, the post-incident supporter will refer back to OH for additional trauma therapy or assessments.

### Desensitisation process




The role of the post-incident supporter is to:

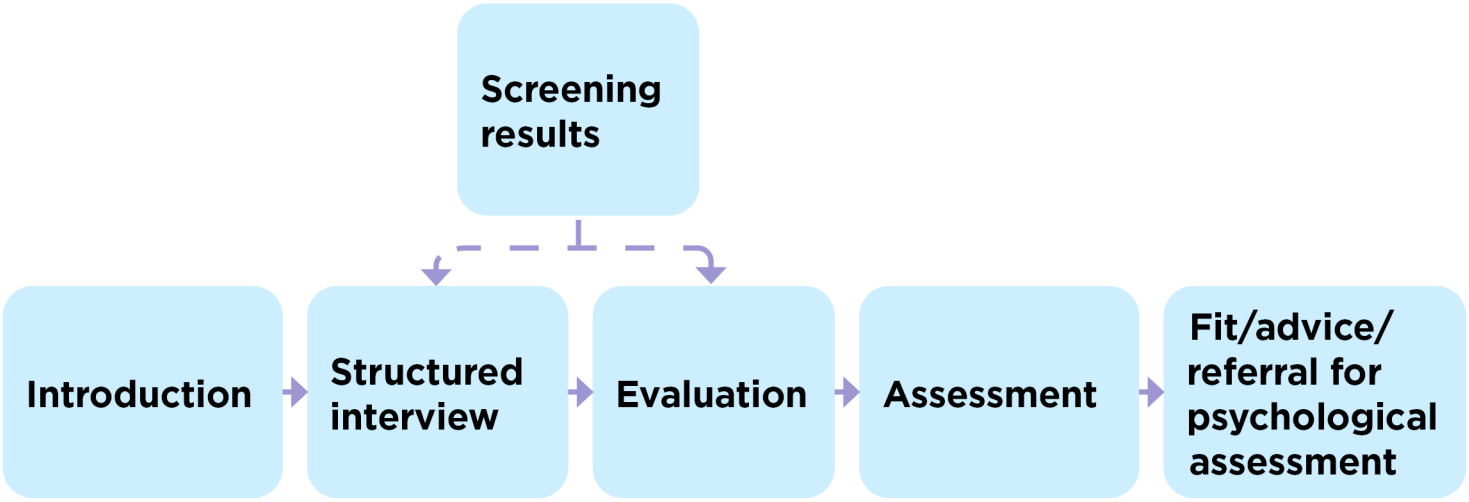
- assist the post-incident manager in providing support to officers and staff involved in an investigation of death following police contact (or similar circumstances)
- normalise the emotional reactions of an officer or staff member to a critical incident using demobilisation and defusing
- provide long-term wellbeing support for officers placed on gardening leave or suspension
- develop a tailored programme of desensitisation to assist in a return to work and remobilisation to operational duties
- liaise with OH with regards to the timing and terms for the commencement and closure of the desensitisation procedures
- follow up progress in engagement with the return to operational duties

# Professional training for OH

## Assessment and structured interviews

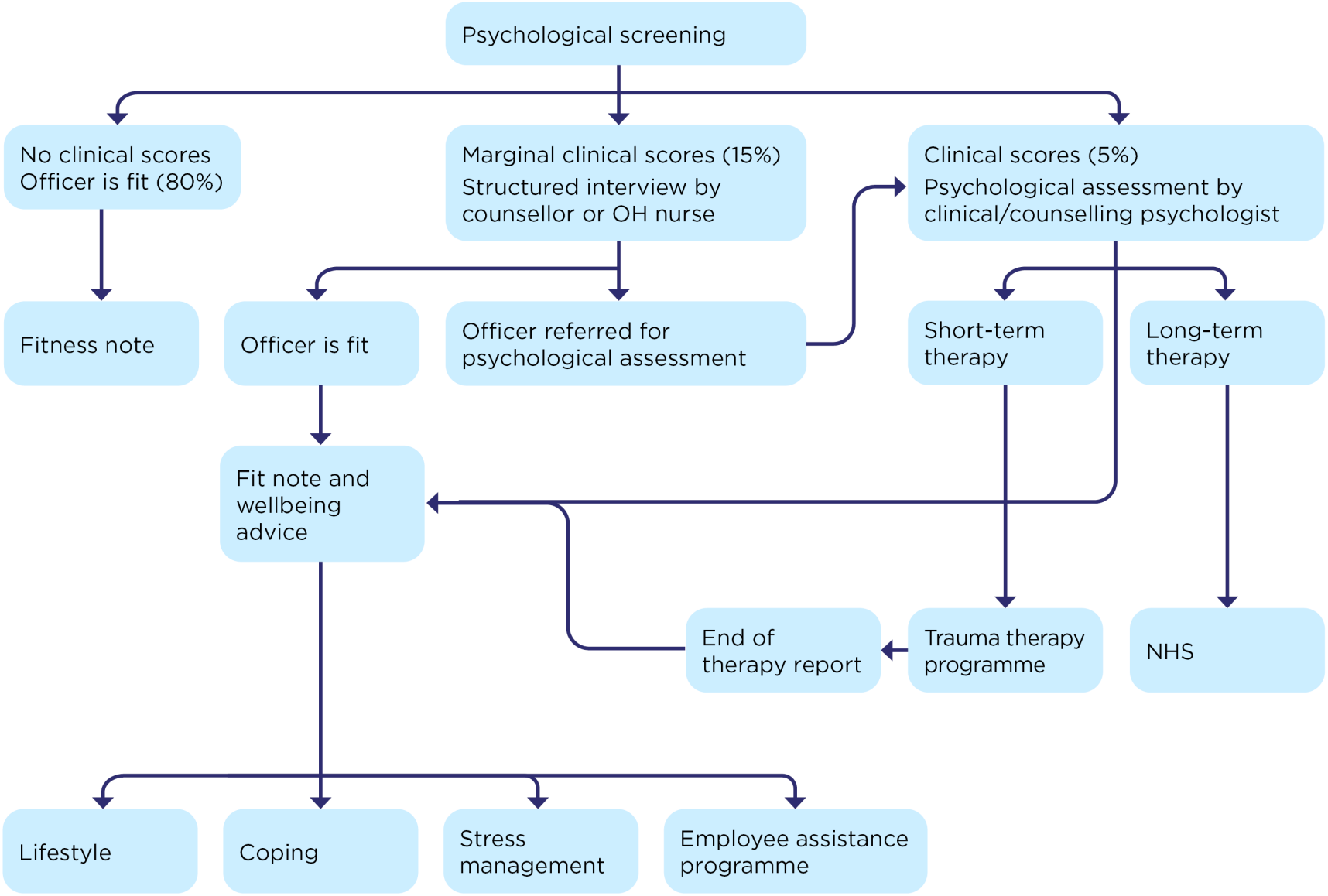
One of the essential roles of OH and wellbeing professionals is the ability to undertake accurate and effective assessments. The assessment and structured interview training provide these practitioners with the tools to use the results of the psychological screening programme to inform their assessment of the health and wellbeing of police officers and staff. The structured interview looks at personal history, signs and symptoms of common mental health conditions, personal and work relationships and current stresses and strains of life.

### The assessment and structured interview model




The assessment provides an opportunity for OH professionals to spend time with officers and staff experiencing concerning levels of stress and trauma and to offer tools and support to help them deal with their issues. Structured interviews and assessments are part of the NPWS comprehensive trauma management process.

## Screening, assessment and referrals in UK policing (Tehrani, 2019)



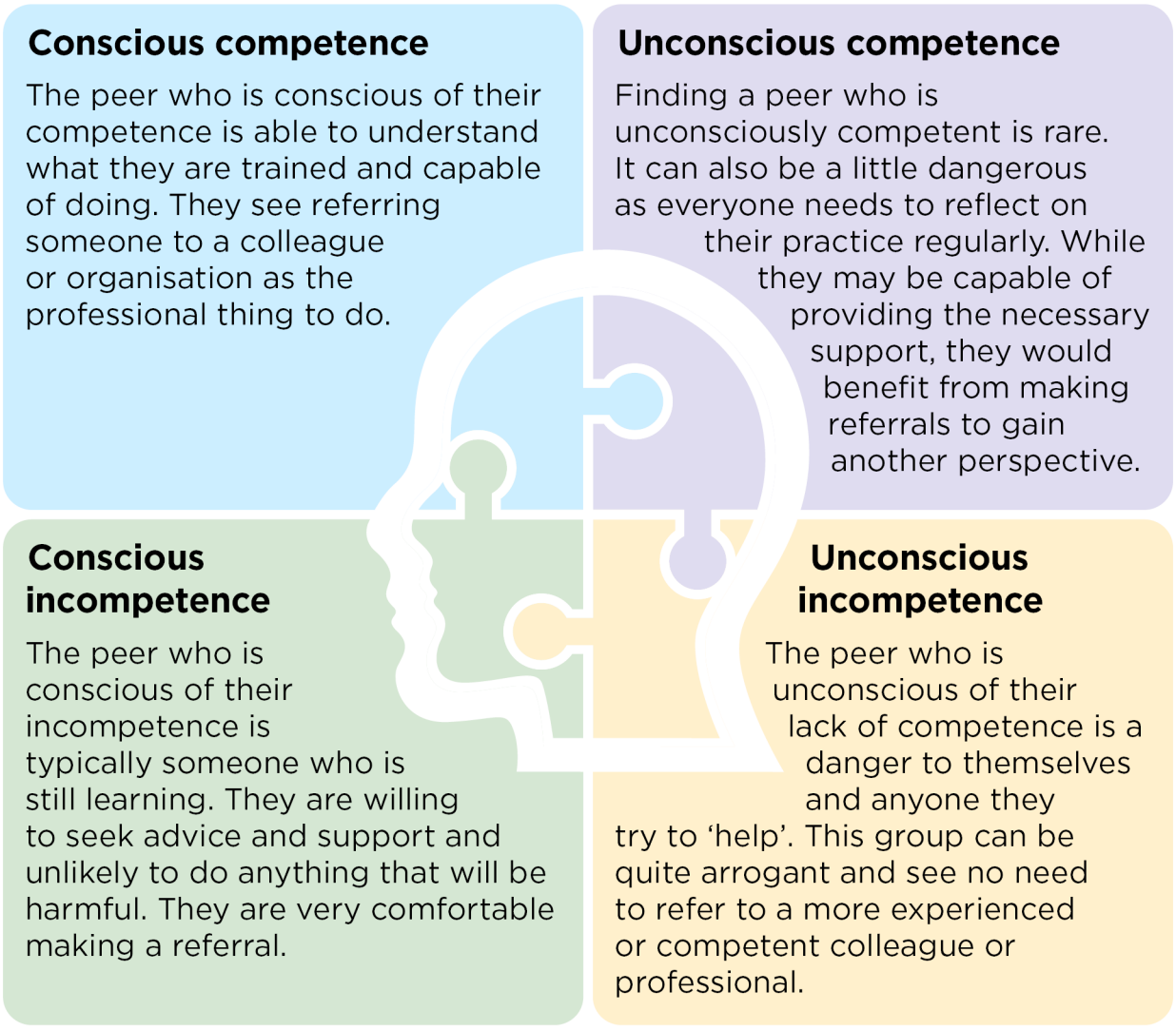
# Part 4: Treat and refer

One of the most important decisions is whether to provide intervention, ongoing support or make a referral. All the peer and supervisor training courses emphasise the need to recognise the limitations of knowledge and skills. Being wellbeing and trauma skilled does not mean that a peer or supervisor can do more than the intervention outlined in their training.

Any creep in what is delivered or deviation from the intervention models puts the whole programme at risk. Even if peers and supervisors have attended other training and believe they have the competency to go further, this is not permitted and can lead to the person being liable for any harm or injury their actions have created.

The guidance in all courses is to refer the person to OH or their GP whenever there are concerns. The four interventions in the NPWS programme are safe and can be used in the situations and circumstances set out in training.

## Competence and referrals



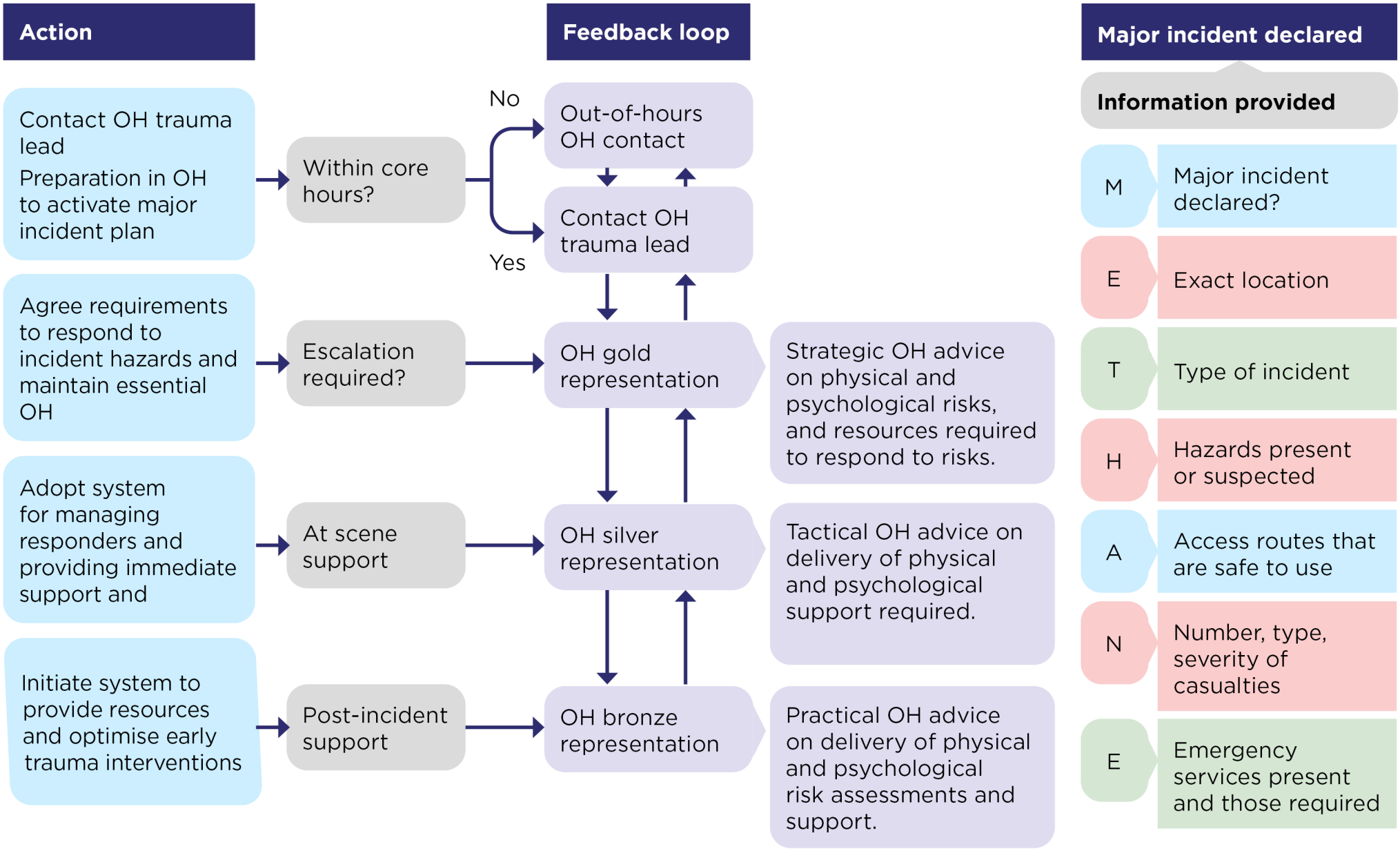

Identifying local resources, such as self-help groups, charities and organisations is essential. Most forces have developed their intranet services, but these need to be regularly checked to assess the quality of their services.

One of the key principles of any intervention is to do no harm. OH is essential in ensuring that their force provides nothing in the wellbeing and trauma areas that is not evidence-based. Reminding peers to stay within their sphere of competence is a vital role for an OH professional. Enthusiasm for a role or task is not the same as being competent. Well-meaning amateurs can do harm. This diagram identifies four types of peer responses to make a referral based on levels of competence. In your monitoring role, make sure that peers are working within the boundaries of the programmes and their competence.

## OH role in major incidents

OH has a major role to play whenever a major incident occurs. It is vital that when a major incident is declared, the OH lead for trauma is informed, so they have an opportunity to plan how they will meet the requirements. The NPWS document, 'A Staged Response to Major Incidence Guidance' (Tehrani, Hesketh and Eades, 2020), sets out the principles. The **flow chart on page 46** shows OH's role in providing input and advice at gold, silver and bronze levels. Many forces have introduced bronze wellbeing leads who work closely with the major incident team and OH, ensuring that the level of resources and support are adequate to deal with the incident. The advice may involve the whole range of OH skills, including the need to look for injuries involving hearing, infections and other physical injuries.

## OH role in providing input and advice at gold, silver and bronze levels



The OH trauma lead should work with the demobilising and defusing coordinator to ensure sufficient peers are available to support officers and staff.

## Monitor, evaluate, review

When introducing any NPWS programmes, the levels of resources in forces' OH teams must be considered. Each programme has slightly different needs.

### Responsibilities for psychological surveillance, structured interviews, psychological assessments and referrals

Where a force has adopted the NPWS psychological surveillance programme, there are responsibilities to:

- have access to an HCPC-registered clinical or counselling psychologist or a psychiatrist to undertake psychological assessments of officers and staff with clinical level scores
- ensure that at least two OHAs/OHCs are trained in assessment and structured interviewing and have attended refresher training at least every three years to the standards outlined by the NPWS:
- appoint a senior OHA/OHC to manage and oversee the psychological surveillance programme, which involves:
  - attending the advanced screening, structured interviews and management information training
  - supporting practitioners and maintaining standards of the structured interviews
  - guiding the administration team to receive reports, arrange sessions, distribute reports and respond to queries on the programme
  - engaging with operational management to ensure the smooth running of the programme
  - presenting the management results to the teams and senior management
  - commissioning additional data analysis from the service provider on behalf of the force

  - ensuring all new groups to the screening programme have seen a presentation on the programme and have been provided with promotional material
  - OHAs/OHCs should be able to undertake four to five structured interviews a day, including producing, writing and filing structured interview reports and fit notes
  - officers and staff should be offered an appointment within a month of the ending of screening
  - OHAs/OHCs should escalate any concerning cases to a psychologist/OH physician for a clinical psychological assessment when necessary
  - OHAs/OHCs to complete personal-psychological surveillance each year
- In addition, a dedicated psychological surveillance administrator will help to create the surveillance lists, organise the clinics and make sure that reports are distributed to officers and staff, as well as the following:
  - set up an annual screening plan to help maintain a manageable level of structured interviews
  - ensure the lists of officers and staff to be screened have been checked
  - liaise with the surveillance service provider
  - receive reports on completion levels and alert operational managers of the completion levels with a request to follow up with individuals/groups where screening responses are missing
  - respond to queries from operational management directly or by escalating to the senior psychological surveillance lead, OHA or service provider
  - pick up reports from the Egnyte encrypted secure mailbox and inform the senior OHA/OHC how many structured interview and psychological assessment sessions are required
  - provide access to the screening reports to the designated OHA/OHC

- distribute fit notes/fit note tables to the responsible line manager
- distribute and file screening reports, fit notes, structured interview reports, psychological assessments and management advice as directed by the OH service lead

## Responsibilities for the wellbeing peers, demobiliser and defusers and post-incident supporters

There are three levels of role in the NPWS programmes. Firstly, there are the demobilising and defusing, wellbeing and post-incident peers. The number of peers will depend on the needs of the force. In conjunction with the wellbeing peer support coordinator, OH should look at the level of need in the force and determine how many peers should be trained.

The wellbeing peer support coordinator's role is to help select peers for training, provide support and CPD.

The OH trauma and wellbeing lead monitors the force's peer wellbeing programme.

## Role of the OH wellbeing and trauma lead(s)

The OH trauma lead is an OH practitioner (nurse or doctor) with significant mental health training and experience working with psychological stress, trauma and wellbeing. Their tasks include:

- monitoring and oversight of the peer and supervisor programme and interventions
- supporting bronze and silver wellbeing leads in a major incident
- guiding and supporting the wellbeing peer support coordinator
- working with health and safety to ensure compliance with legal obligations
- recording and monitoring clinical scores and measures

## Role of the peer coordinator(s)

The peer coordinator is experienced as a demobiliser and defuser, wellbeing and post-incident peer with policing knowledge, leadership and coordination ability, who reports to the OH stress trauma and wellbeing lead. They are responsible for:

- selecting, training and maintaining an adequate number of wellbeing peers and defusers
- ensuring all wellbeing peers and defusers have access to consultative support and CPD opportunities
- monitoring and auditing adherence to the stress, trauma and wellbeing models
- measuring the effectiveness of the programme
- advising on the deployment of peers and defusers
- working with wellbeing bronze command/coordinator to meet the operational demand
- supporting supervisors in developing their skills
- ensuring that each wellbeing peer/defuser does not take on more than three cases a month

## Peer wellbeing supporter, demobiliser and defuser, post-incident supporter

A police officer or staff member of any rank can undertake the two peer roles. The main characteristics are their ability to undertake their role at a standard required by the College of Policing. Peers are volunteers and applicants need to be aware of the level of commitment to the role. Peers are responsible for:

- undertaking peer wellbeing support, demobilising and defusing or post-incident support as requested by the peer coordinator
- making referrals to OH where appropriate
- recording attendees' sessions
- attending annual CPD events
- not undertaking more than three sessions a month
- maintaining confidentiality of personal information
- making immediate referrals to NHS crisis teams where there is a threat to life, serious self-harming or psychosis
- making immediate referrals to social services, public protection units or PSDs if there are safeguarding or domestic violence issues, or illegal activities

- making appropriate referrals to OH or other internal and external support

## Self-care for peers

As peers provide care and support for colleagues, they can forget their need to protect their wellbeing. The following checklist of questions can help assess the peer coordinator and check the wellbeing of a peer before undertaking the role.

- Does the nature of the issue in the session have any significant triggers for me?
- Have any stressful/personal events in my private life lately made me vulnerable and sensitive to hearing about distressing events?
- Are my professional workload and commitments such that being asked to organise a wellbeing session will cause overload?
- How have I been feeling this week?

If for any reason a peer feels unable to take part in the wellbeing programme, inform the peer coordinator.

Wellbeing peers are encouraged to negotiate breaks with the coordinator if they feel overloaded or burnt out. Coordinators should keep accurate records on the frequency of individuals participating in wellbeing sessions to help prevent burnout and compassion fatigue.

## Force preparedness checklist (psychological surveillance)

This checklist ensures you are prepared to introduce psychological surveillance.

If you wish to access the NPWS psychological surveillance programme, please complete this checklist and return it to **Zoe.davenport@college.police.uk**

| Requirements for NPWS surveillance | Achieved | Required action/ comment |
|---|---|---|
| A minimum of two trained OH practitioners (OHP) to undertake structured interviews | | |
| Booked update training for OHPs who were structured interview trained more than two years ago | | |
| Appointed an OH surveillance lead trained in structured interviewing and advanced surveillance, clinical auditing and presentations to senior management | | |
| Access to a psychologist to undertake psychological assessments | | |
| An OH administrator to manage the programme's administration | | |

| Requirements for NPWS surveillance | Achieved | Required action/ comment |
|---|---|---|
| A senior police manager responsible for each of the teams to be screened | | |
| An operational single point of contact (SPoC) for each team screened | | |
| An electronic case management system (cohort or similar) to maintain records | | |
| Promotional material, such as Q&As, presentations, briefings for team leaders, senior managers, the federation and unions (available from NPWS) | | |
| Arranged psychological surveillance for OH professionals/staff | | |
| Seen and downloaded the psychological surveillance film from Oscar Kilo | | |

## Force preparedness checklist (stress and wellbeing training)

This checklist ensures you are prepared to support peer and supervisor stress and wellbeing training. If you wish to engage with the NPWS stress and wellbeing training courses, please complete this checklist and return it to Zoe.davenport@college.police.uk

| Requirements for NPWS STRICT training | Achieved | Required action/ comment |
|---|---|---|
| Peer wellbeing support: have you...<br>■ identified and selected peers?<br>■ appointed a coordinator?<br>■ organised access to a range of wellbeing materials?<br>■ developed promotional material?<br>■ provided a list of support organisations and charities?<br>■ set up CPD/supervision sessions?<br>■ organised psychological screening for peers?<br>■ arranged for at least two OH practitioners to attend training? | | |

| Requirements for NPWS STRICT training | Achieved | Required action/ comment |
|---|---|---|
| Demobilising and defusing: have you...<br>■ identified supervisors and peers to undertake the training?<br>■ appointed a coordinator (can be the same person as used for peers)?<br>■ arranged for follow-up sessions?<br>■ maintained records of defusings?<br>■ provided access to trauma therapy (in-house, associates, charities or via NHS)<br>■ set up CPD/supervision sessions?<br>■ organised psychological screening for peers?<br>■ arranged for at least two OH practitioners to attend training? | | |

| Requirements for NPWS STRICT training | Achieved | Required action/ comment |
|---|---|---|
| Supervisor wellbeing: have you...<br>■ identified supervisors requiring this training?<br>■ offered support in organising team wellbeing assessments?<br>■ appointed a wellbeing support SPoC for supervisors?<br>■ involved HR in training?<br>■ provided a list of support organisations and charities?<br>■ arranged for at least two OH practitioners to attend the session? | | |

| Requirements for NPWS STRICT training | Achieved | Required action/ comment |
|---|---|---|
| Post-incident support: have you...<br>■ identified peer trainers in the vulnerable groups (firearms, custody, roads/ response, POLIT)?<br>■ ensured all the trainees have been trained in demobilising and defusing?<br>■ ensured at least two OHAs are attending the training?<br>■ set up the reporting processes to approve the desensitisation process?<br>■ agreed the return to duties process? | | |
| Major incident support: have you?<br>■ taken part in the major incident planning process?<br>■ developed an OH emergency plan to deal with a major incident?<br>■ provided training for bronze and silver major incident leads?<br>■ organised access to additional OH resources to deal with an incident?<br>■ undertaken a desktop disaster management exercise? | | |

## About the College

We're the professional body for the police service in England and Wales.

Working together with everyone in policing, we share the skills and knowledge officers and staff need to prevent crime and keep people safe.

We set the standards in policing to build and preserve public trust and we help those in policing develop the expertise needed to meet the demands of today and prepare for the challenges of the future.

**college.police.uk**

## About the National Police Wellbeing Service

The National Police Wellbeing Service (NPWS) was launched in 2019 to provide support and guidance for police forces across England and Wales to improve and build organisational wellbeing.

It is an evidence based, sector specific service which has been developed for policing, by policing, and is designed to meet the unique needs of police forces, officers and staff.

Sitting with the College of Policing, and working closely with the National Police Chiefs' Council and the Home Office, we want to:

- help police forces build world–class wellbeing support for everyone who works for them
- improve knowledge and understanding of help and support available
- reduce stigma around seeking support or help
- encourage people to support themselves and realise their own potential
- improve personal resilience and self-help skills

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