 <b>Warwickshire POLICE</b>		<b>POLICY / PROCEDURE</b>
Security Classification	<b>OFFICIAL</b>	
Disclosable under Freedom of Information Act 2000	Yes	

<b>POLICY TITLE</b>	<b>Welfare Services</b>
REFERENCE NUMBER	<b>WP149</b>
Version	<b>1.3</b>

<b>POLICY OWNERSHIP</b>	
DIRECTORATE	ENABLING SERVICES
BUSINESS AREA	OCCUPATIONAL HEALTH

INITIAL IMPLEMENTATION DATE	<b>November 2022</b>
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RISK RATING	<b>HIGH</b>
EQUALITY ANALYSIS	<b>LOW</b>

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## 1.0 POLICY OUTLINE

This policy has been developed to define the Warwickshire Police Welfare Service that will provide specialist support and expertise to the alliance forces and OPCC's. The service aims to assist in maintaining the emotional well-being and resilience of the workforce and to protect, as far as possible, all personnel from psychological harm.

The policy should be read in conjunction with the Stress Management Policy and guidance.

## 2.0 PURPOSE OF POLICY

The work of police officers and staff routinely exposes them to the sorts of traumatic events that the general population would rarely encounter – violent assaults, sudden fatalities, road accidents, murder, body recovery etc. as well as the regular tensions and pressures inherent in any workplace setting. The organization relies on the resilience of the personnel who continue to attend the workplace regularly and perform effectively *despite* the sometimes traumatic nature of their work activity.

The policy applies to police officers; special constables; PCSOs; police staff volunteers; and police and OPCC staff, but does not cover contractors; casual workers; or workers employed by an agency.

## 3.0 PRINCIPLES OF THE POLICY

The work of the Welfare Service can be divided in to four main activities:-

1. The provision of a confidential counselling service.
2. Specialist trauma support following involvement in potentially disturbing incidents.
3. Pro-active psychological support for specialist roles.
4. Education and awareness on stress and mental health issues.

The facilities provided by the Welfare Service are designed to:

- Support individuals and the alliance by providing confidential counselling interventions that will facilitate effectiveness at work
- To protect, as far as possible, all alliance personnel from psychological harm from traumatic incidents
- To provide pro-active routine debriefing and support to individuals assigned to “high risk” roles

## 4.0 IMPLICATIONS OF THE POLICY

The Health, Safety and Welfare at Work etc. Act 1974 places a duty on employers, so far as is reasonably practicable, to safeguard the health, safety and welfare of their employees whilst they are at work.

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This policy complies with best practice as defined by the National Association of Police Welfare Advisors and has been drafted in accordance with the principles of human rights legislation.

Public disclosure is approved unless otherwise indicated and justified.

### 5.0 CONSULTATION

Health and Wellbeing Board and Critical Friends Group

Critical Friends group consulted for version 1.2 amendments

### 6.0 DOCUMENT HISTORY

The history and rationale for change to policy will be recorded using the below chart:

Date	Author / Reviewer	Amendment(s) & Rationale	Approval / Adoption
Dec 2015	Clive Griffiths – H & S Manager	Harmonisation v1.0	JNCC 27/01/2016
Jan 2017	Clive Griffiths – H & S Manager Reviewers Amanda Teague, Allan Hand, Catherine Friend	Reviewed to encompass the new Employee Assistance Programme, added at section 7.1. v1.1, also combining policy/procedure together.	31/03/2017
Dec 2017	Amber Threapleton, Amanda Teague	Reviewed to reflect new CIDB process	16/01/2018
Apr 2019	Amanda Teague	Reviewed – No Changes	29/04/2019
Nov 2022	Elysia Harvey	Reference to The Alliance removed	Nov 2022

### 7.0 PROCEDURE

#### 7.1 Employee Assistance Programme (Counselling Service)

The Employee Assistance Programme (EAP) will provide initial telephone support for individuals seeking assistance on both work related and non work related issues. Anyone who works for the alliance is able to access the EAP service by contacting the telephone number featured on the intranet and keyfobs. **The number is 0800 882 4102**

Counselling is provided with the aim of either:-

- Enabling an individual to continue working effectively despite whatever difficulties they are encountering thus preventing a sickness absence or
- Assisting in the recovery from illness and facilitating an earlier return to work than would otherwise have been possible.

The purpose of the counselling service is to provide initial support and therefore provides a limited number of counselling sessions (typically no more than 6 sessions) with signposting provided to individuals who require longer term therapy or support that can best be provided by the NHS.

### Confidentiality

All counsellors are bound by their governing body's Code of Ethics to contain all the information that is disclosed in absolute confidence, subject to these two exceptions:-

1. An individual discloses criminal activity.
2. In exceptional circumstances involving severe psychological disturbance, disclosure may be made where an individual is considered to be a serious threat to his/her own safety or the safety of others.

Apart from these two highly unusual exceptions, EAP provide **completely confidential** counselling interventions. In some circumstances a report to Occupational Health may be thought to be appropriate, however disclosure of information **will be subject to your consent.**

## **7.2 Trauma support - Post Critical Incident Welfare Process**

The alliance has a legal obligation under Health and Safety (H&S) legislation to safeguard the health, safety and welfare of the workforce. This includes protection against adverse psychological reactions to traumatic incidents. A well organised Post Critical Incident Welfare Process not only enables the organisation to fulfil its legal obligation but also ensures that it's valued staff to continue their careers and lives without suffering

**Post Critical Incident Welfare Defusing and Debriefing (CIDB)** is designed to reduce stress in emergency service and military personnel after exposure to traumatic incidents; however its principles are now applied in industry, commercial operations and community groups .

The focus of a CIDB is the relief of stress in normal, emotionally, healthy people who have experienced traumatic events, and the prevention of post trauma disorders. CIDB in itself is not a form of counselling.

The programme is delivered as a group process by a team of fully trained and committed Critical Incident Debriefers (CI Debriefers), representing all staff groups.

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Their rank or position in service is of no consequence thereby avoiding the stigma, sometimes associated with accessing support from specialist counselling advisors.

The CIDB process will involve two key stages (see [Appendix 1](#) for a diagram of the process):-

a. Psychological defusing (see [Appendix 2](#))

Senior officers at the scene should ensure provision of psychological defusing for staff after a traumatic event before the end of shift.

b. Critical Incident Debriefing

It is the responsibility of every sergeant / first line supervisor to review incidents and to put a CIDB in place To arrange this please refer to [Appendix 3](#) following the links for further details. Please refer to the [Post Incident Management Procedure](#).

All alliance staff need to be aware of the availability of the service, and that any member of staff can request a CIDB.

There does need to be some operational oversight at local command team level to ensure that CIDBs are arranged in appropriate cases, and that the arrangements are effective. This means the local command team will need to understand when CIDB would be the appropriate response to an operational incident on their area, and that they should enquire whether the arrangements are in hand when such an incident happens. The local command team does not have to do the arranging however they do need to ensure that it happens.

c. Specialist therapeutic interventions

Written notes are not taken at CIDB, however all attendees are issued with information on how to contact Welfare Officers or the EAP should further intervention be required.

### **7.3 Suicidal Staff**

Individuals thought to be at risk of suicide will need to be supported by the appropriate NHS agencies, for example the crisis team. Details for whom can be obtained through the Welfare Officers/individual's GP or individual's mental healthcare team where appropriate.

### **7.4 Pro-active psychological support for 'high risk' roles (mandatory support)**

Mandatory support is a mechanism to monitor teams who may be at risk of psychological harm or distress, **it is not counselling**. It follows the guidance and format of the Management Standards as recommended by the Health and Safety Executive. These standards cover six key areas of work that can be associated with poor health and well-being, lower productivity and increased sickness absence. (<http://www.hse.gov.uk/stress/standards>). Certain roles within the police service have been identified at national and/or local levels as involving a potentially high risk – for example, roles within:-

- High Tech Crime
- Family Liaison

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- Scene of Crime
- Collision Investigators
- Coroners Officers
- Child sex exploitation
- Disaster Victim Identification

This list is not exhaustive. In each case the staff member will typically be subjected to distressing material or circumstances on a frequent basis, accompanied by significant levels of demand and time pressures.

Within the alliance, officers and staff in such roles will be offered customised support from the Welfare Service, either in groups or individually, to help them to maintain psychological resilience. It is the responsibility of supervisors to ensure that teams that fit the criteria receive the mandatory support and keep the appropriate records.

Appropriately trained practitioners will meet with these teams on an annual basis to discuss any issues that concern the team or individuals. The practitioners will provide an assessment report on the well being of the team to enable management to take any remedial action required. The format of this report will be aligned to the HSE stress management standards.

Should the practitioner identify that an individual requires more intensive one to one support, they will be referred to Welfare to arrange confidential counselling for that individual or be given details of the EAP.

### **Individuals**

When an individual in such a role suffers a traumatic episode and seeks a meeting with a Welfare Officer, the Welfare Officer would typically encourage reflection on the role and responsibilities plus consideration of aspects of the work that may be particularly challenging as well as those that are satisfying and fulfilling. Time would also be spent on encouraging self-care through exercise, nutrition, maintaining boundaries between work and domestic life, managing expectations and potentially, exit strategies.

### **Managers**

Any managers who feel that they have responsibility for personnel who may be at unusually high risk of psychological harm from their work environment should contact a Welfare Officer to discuss their concerns.

## **7.5 Education and awareness on stress and mental health issues**

Welfare Officers fulfil the roles of 'subject matter experts' on mental health issues and stress; they can provide input into the material for a wide variety of training courses including induction courses for all newly appointed officers and PCSO's. They can also provide customised input on specialist roles training including FLO, SOC, DVRI, etc training and management courses.

Welfare Officers are also available to all staff within the alliance that may require information or advice about mental health issues or the effects of the illnesses being suffered by their staff.

Please also see the [Stress Management](#) policy and guidance for further information.

## **7.6 Maintenance and disposal of records**

Decisions regarding record keeping in Welfare Services are made in compliance with BACP ethical guidelines and the recommendations in the specially commissioned report for the National Association of Police Welfare Advisors – *Jenkins, P (2006) Guidelines on Record Keeping in Counselling Practice: NAPWA*.

### Counselling

No detailed case notes are prepared nor any individual files retained. The only records of interventions provided by the Welfare Officers are their individual diary entries and journal notes. These notes are not a comprehensive record of discussions but record the Welfare Officers activity. As such the notes have no value to any other parties.

When individuals are referred to external counsellors via the Welfare Service, Occupational Health or the EAP provider the client enters into a separate confidentially contact with the therapist. The arrangements entered into by the alliance and the external counsellors specify that the organisation does not require detailed feedback or copies of any case notes. In some cases the counsellor may advise on adjustments or

support that the organisation can provide the individual to assist in them remaining at or returning to work in which case consent would be sought from the individual to provide this information to the individual's line manager.

### Trauma support

A record of each CIDB intervention is maintained within HR Services containing names of attendees, incident numbers and dates.

### Pro-active psychological support for 'high risk' roles

It is recognised that certain roles have a particularly high level of psychological risk, and require expert pro-active monitoring to ensure the well being of the staff involved.

As described above, the external counsellor will provide an assessment report on the wellbeing of the team to enable the management to take any remedial action required. The format of this report will be aligned to the HSE stress management standards.

Should the counsellor identify that an individual requires more intensive one to one support, they will be referred to Welfare to arrange confidential counselling for that individual. Records will not be kept of personal discussions.

## **7.7 Roles and Responsibilities**



### Individuals

Individuals have a responsibility to raise concerns and tell their Line Manager about possible problems and sources of stress and trauma. If the organisation is not aware of a problem it can be difficult for action to be taken. Individual's roles and responsibilities include:

- To learn how to recognise when they or their colleagues are beginning to experience excessive pressure and raise this with their Line Manager or HR as early as possible in order that underlying issues can be identified and dealt with.
- To be aware of the organisation's policies and procedures on this issue.

### Line Managers / Supervisors

Line managers are responsible for protecting the well-being of personnel and need to monitor the wellbeing of their staff. They can make referrals to Welfare Services on behalf of a member of their staff after consultation with the individual.

Line Managers are required to encourage, support and facilitate personnel in accessing Welfare Services.

Following a traumatic incident, line managers are responsible for 'defusing' personnel before they complete their shift. (See [Appendix 2](#)).

### Senior Managers Responsibilities

Chief Constables, Chief Officers, Chief Superintendents, Superintendents and Senior Police Staff are accountable to the Police and Crime Commissioner for the forces' Health and Safety policy in areas under their control. They are responsible for the health and safety of their staff whilst on duty and for others who may be affected by their work activities. They should ensure that local managers are aware of the support available to them from Welfare Services.

### Occupational Health

The Occupational Health Manager will be responsible for ensuring access to Welfare Services is available and monitoring service delivery.

When an employee seeks support from the Welfare Officer or EAP their information is treated in the strictest of confidence. In some instances the Welfare Officer or EAP may advise that a referral to Occupational Health would be appropriate given they are a multi-disciplinary team responsible for ensuring police officers and police staff are supported to undertake their duties in the most appropriate and timely manner. This would be subject to the individual's consent following which a referral would need to be initiated by the line manager (refer to the Attendance Management guidance).

As part of the sickness absence case management process Occupational Health may recommend counselling support. Should this be the case, Occupational Health

will provide the employee with the appropriate contact details enabling them to access suitable counselling.

### Welfare Officers

Welfare Officers will be responsible for:

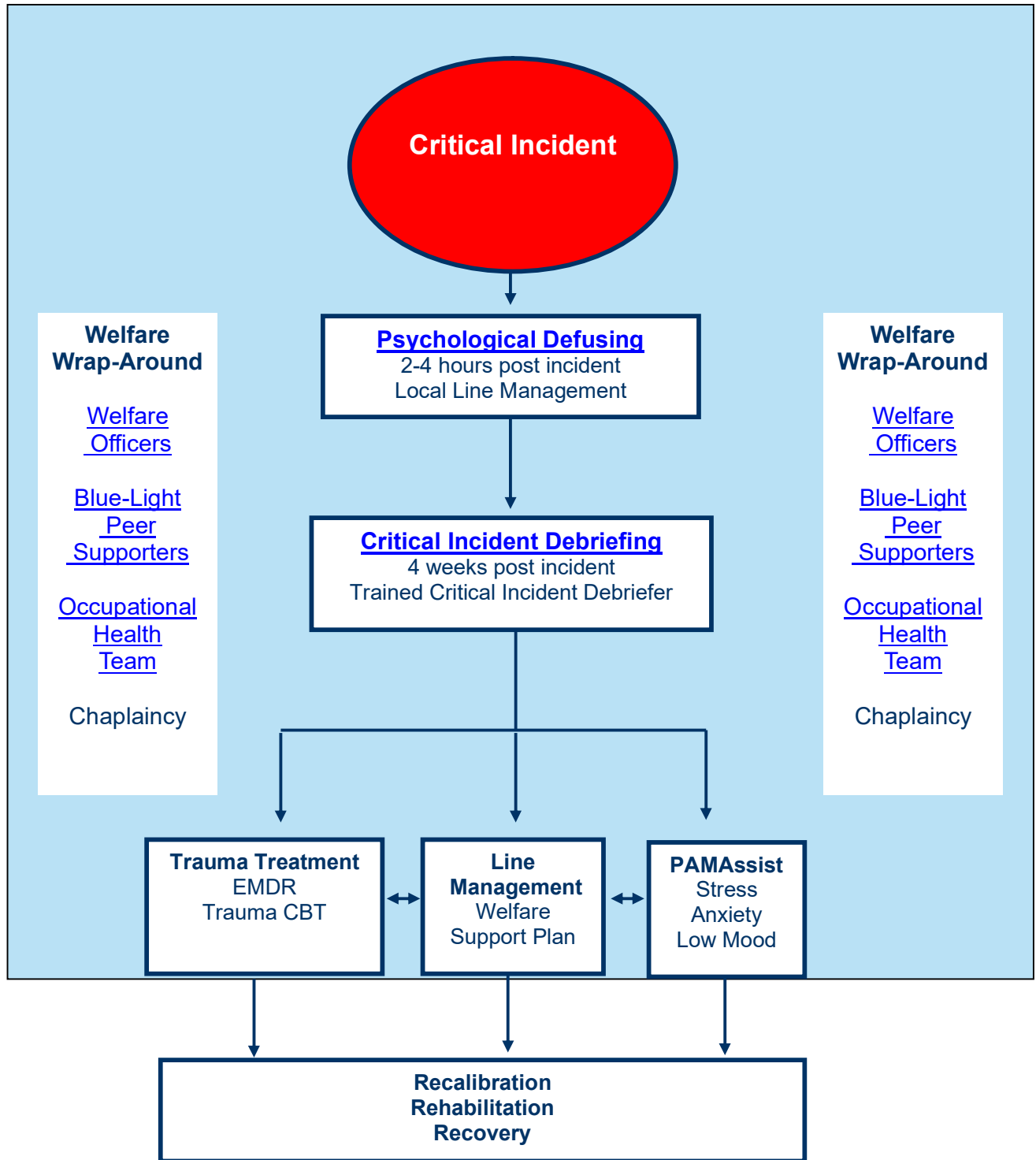
- Recruiting sufficient numbers of Critical Incident Debriefers and organising their initial training – subject to the availability of funding.
- Ensuring volunteers remain skilled, informed and engaged in the Debriefing role via refresher training, networking meetings, publicity material and other relevant methods.
- Raising awareness amongst operational managers to initiate the CIDB response appropriately.
- Encouraging Divisional Commanders and Heads of Department to support CIDB by allowing debriefers time off both for responding to incident and for initial and refresher training. Local managers are also asked to cover the cost of the facilitators' incidental travel expenses.
- Providing assistance with education and awareness on stress and mental health issues.

## **8.0 ASSESSMENT AND ANALYSIS**

The Equality Analysis (EA), Health & Safety Assessment (HAS) and Risk Assessment (RA) associated with this document are available on request.

Appendix 1

### Post Critical Incident Welfare Process



## Appendix 2

### Post Critical Incident Psychological Defusing

#### What is Critical Incident Psychological Defusing?

Critical incident defusing is a specific form of immediate support given by line managers to their officers and staff after they have been involved in or attended an incident that is described as critical i.e. where there has been an occurrence of or the threat of: loss of life, catastrophic injury and or harm to the public or to colleagues.

It is a way of assisting the brain in effectively processing the normal thought and feeling reactions to an abnormal event. In addition it increases camaraderie, acceptance and support which are all proven to reduce the likelihood of the development of trauma, stress, depression and anxiety.

Critical Incident psychological defusing is well researched and documented across many sectors including the armed forces as being an effective first line of trauma prevention and key to helping individuals regain their mental equilibrium.

It forms part of the Alliance's post [Critical Incident Welfare Debriefing](#) Process.

#### How to set up & conduct a defusing session?

##### To be conducted within 2-4 hours post incident

##### Prior to the session:

1. Line managers to liaise with one another where multiple teams are involved to decide if separate or joint defusing sessions are the most appropriate.
2. Line managers inform all team members that they intend to hold a welfare defusing session so that no one goes home without being seen or spoken to post incident.
3. Decide if your defusing session needs to be conducted face to face or via telephone conferencing.
4. Set the time for the session & organise a room including refreshments and or telephone conferencing services.
5. Communicate all the details to those affected and ensure that they and you will not be interrupted during this session.

6. Also be mindful that there may be disclosure implications under the Criminal Procedure and Investigations Act 1996 arising from your debrief. Make sure you tell those at the session this.

### **During the Session:**

#### **1. Exploring initial reaction - Concentrate on here and now**

Ask open questions about how people have been involved, their thoughts around this and how they are feeling right now.

When someone shares ask who else has some of those thoughts and feelings as this encourages sharing and a 'we've all been in this together' acceptance.

Just acknowledge and register the feelings – you don't need to overly explore these or try to make the person feel better or solve anything – it's enough to listen and let their own minds take it in.

Be aware of those who seem to have no reactions or thoughts or feelings but don't try to force sharing – they may just be feeling shocked or numb. They will get a lot out of just being there and hearing others' experience.

#### **2. Supporting - Respond and allow others to respond**

Reassure – give reassurance that the feelings and reactions are normal, that support is available and that all of them will be okay.

Praise and recognition: Give praise and recognition for actions that have been done, for the way individuals have carried out their role and for the way they are supporting each other and sharing in the session.

#### **3. Educate – Tell them what they can expect**

Advise them about how they might be affected in the next few days – repetitive thoughts, sleep pattern interruption, alteration of appetite and alteration in mood and tolerance.

Give them the details of who is available to support them – You, other line managers, and [Welfare officers](#), [PAM Assist](#), Chaplaincy and [Occupational Health](#).

Give them the details of where on the intranet they can find assistance (Go to [Mental Health Assistance](#))

Give them the [Critical Incident Debrief Leaflet](#) or the link so they can download it to their SMART phones.

### **End of the Session**

#### **Checking & Closing – Making sure they are Okay to go home**

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Make a point of checking the level of support available at home that day and in the next few days – pay special attention to those who live alone or who have recently gone through bereavement, divorce or who you know are in an additional caring role of someone else e.g. a family member with dementia. Ask them what they feel they would do if they needed support over the next few days.

Make yourself available for follow up.

Tell them the [next step in the process](#) – A Critical Incident Debrief. Go to the intranet page for [Critical Incident Debrief](#) under [Mental Health Assistance](#) and download the [Flow chart](#).

Look after yourself – be aware of the impact on you as a line manager. [Welfare Officers](#) are available to you for advice about running a defusing session, practical assistance in supporting the welfare of your team and providing a confidential defusing and off loading point for line managers.

**This now brings to a close your psychological defusing session. The next stage is to request a [Critical Incident Debrief](#) if this has not already been arranged**

Appendix 3

# How to arrange Critical Incident Debrief (4 weeks post incident)

