WE ASKED FOR WORKERS, THEY SENT US HUMANS

Examining trauma informed supervision for police officers

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EXECUTIVE SUMMARY AND KEY RECOMMENDATIONS

There is emerging evidence and awareness that repeated exposure to trauma and vicarious trauma is having a direct impact on the wellbeing and response of Met Police Officers when dealing with serious youth violence, conflict and wider distressing situations.

This awareness resulted in Camden and Islington NHS Trust in partnership with Camden Council and the Central North Basic Command Unit co-producing a model of reflective supervision. The primary focus of the model was to support police officers to process and make sense of their daily lived experience at work and how this impacted on their interactions with the public. This work has continued in Achieving for Children and discussions with the Met Police regarding application of the model in other policing units.

The pilot offered 10 sessions of trauma informed training and supervision for officers from the Central North Basic Command Unit Gangs Team (CNBCU). These sessions were co-produced in terms of content and included the following subject areas.

- Understanding and working with trauma: Trauma and ACEs
- Understanding and working with trauma: Attachment Theory
- Trauma informed care
- Restorative practice
- Policing and trauma
- Trauma informed work with gang-involved young people
- Voice of the child: mentalising in policing
- Initial results and evaluation of the pilot
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- Endings and trauma: review of the programme

The pilot saw quantitative reductions in stress and burnout compared to cohort scores pre-pilot and also saw qualitative feedback from officers demonstrating impact on wellbeing and practice as a result of the training.

The pilot was shortlisted as a finalist at the World Class Policing Awards in 2019. This demonstrates how modern day policing is developing. There is increasing awareness of how policing can be a profession that requires specialist clinical support, similar to psychology or social care.

The evaluation of this pilot has made a series of recommendations for consideration and next steps which are as follows.

RECOMMENDATIONS FOR PRACTICE

COLLEGE OF POLICING AND NATIONAL POLICE WELLBEING SERVICE

It is recommended that the College of Policing consider trauma informed practice with reflective supervision as a core element for police training and consider models of practice integration via reflective supervision.

It is recommended that the National Police Wellbeing Service consider how this pilot could be publicised, shared and tested further via the wellbeing service network and the Oscar Kilo platform.

HER MAJESTY'S INSPECTORATE OF CONSTABULARY, FIRE AND RESCUE SERVICES (HMICFRS)

It is recommended that HMICFRS consider the value of reflective supervision within inspection methodologies where officer wellbeing is examined.

POLICE FORCES

It is recommended that police forces consider how reflective supervision can be factored into officer shift patterns to support the processing of trauma and dealing with chronic, frequent incidents of distress, trauma and abuse.

It is recommended that a particular focus is given to considering how emergency response officers can access trauma informed supervision in order to process frequent exposure to trauma and the impact this has on their ability to respond and their long term wellbeing.

It is recommended that police forces consider how this model could proactively target officers who are on long term sickness or restricted duties due to stress related illness.

VIOLENCE REDUCTION UNITS (VRUs)

It is recommended that VRUs consider this model to support officers seeking to address serious youth violence and child criminal exploitation, providing officers with the ability and space to reflect upon lived experiences and the impact these have on how they respond in traumatic and dangerous situations.

It is recommended that this model is considered to proactively address disproportionality in the criminal justice system, and support officers to reflect upon heuristics and issues such as confirmation bias.

MET POLICE

It is recommended that the original pilot is expanded via centralised funding streams and piloted across various policing commands to greater understand impact on outcomes for officers, staff and the wider police regarding reduction of crime and serious youth violence.

It is recommended that the original pilot is expanded to explicitly address issues of disproportionality, confirmation bias and community cohesion between the police and minority communities.

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INTRODUCTION AND CONTEXT

In recent years, demand for policing in the UK has increased for occurrences relating to threat, harm, risk and vulnerability. This has resulted in an expectation on police officers to be able to manage challenging interpersonal situations, often without knowing whether the situation requires an enforcement response due to, say, a risk to life, or requires a gentle, compassionate response for a vulnerable individual. Indeed, in many complex cases, the reality is that there is a requirement for a response that comprises elements of both enforcement and compassion – thus the pressure on modern police officers to be 'compassionate warriors'.

An added complication is that these growing expectations exist within a period of austerity, which means that police forces nationwide are facing pressure to carry out their responsibilities with diminishing resources and minimal support.

In June 2020, the National Police Wellbeing Service published the findings from the first ever national police wellbeing survey. Over 34,000 people responded and key findings included:

- 67% of police officers and 50% of staff reporting feeling symptoms of post traumatic stress
- 45% of police officers frequently having less than six hours sleep
- police constables reporting the lowest levels of wellbeing

Police officers are often exposed to multiple traumatic experiences during their working day, and although attempts are made to support officers to access emotional or mental health support around this, the effects of the experiences are still present, often resulting in officers experiencing exhaustion or burnout:

'In 2017, a police workforce report showed that there were 2,358 full-time officers on long-term sick, a further 4,426 on recuperative duties and 4,111 in adjusted or restricted duty posts (Home Office 2017). These figures do not include short and medium-term sickness, sickness, presenteeism (coming to work while unwell) or leaveism (taking annual leave or flexi-time when sick).' (Extract from the College of Policing report, 2018).

'We asked for workers, they sent us humans'

CC Rhodes, National Police Wellbeing Service

'Faced with periods of sustained change and cuts in resources, UK police need to manage a rising volume of demands. At the same time, they handle increasingly complex and emotionally demanding tasks in circumstances where the numbers of officers and staff have been dramatically reduced. In parallel with these structural changes, there have also been significant changes in the policing role. These require police officers and staff to take on what in the past would have been regarded as a social welfare role, while still being expected to deliver their traditional policing functions and activities.'
National Wellbeing Survey, June 2020

EVIDENCE BASE AND SUPPORT

Trauma

Trauma is a well researched topic in psychology. It is thought to occur when an individual or group encounters an overwhelming experience of stress that exceeds their ability to cope in their usual way – effectively the intensity of the traumatic experience outweighs the individual's typical coping response, and so the brain is forced to respond in an extreme, survival-based way. This psychological survival response results in a disruption of normal processing, as more attention and energy needs to be directed towards the perceived threat. Following this experience, there can be problematic after effects that may be distressing and prevent individuals from being able to move on and function as they once would have.

These responses are observed in individuals independent of whether the trauma happened to them, or whether they directly, or even indirectly, witnessed someone else's traumatic experience. The process whereby one experiences a trauma response when exposed to another's traumatic experience that has been retold is known as vicarious traumatisation. This phenomenon was first observed in therapists working with survivors of traumatic events, however in later years it has been identified in many professions including healthcare workers and first responders.

The impact of trauma on a person is well documented, and can often result in symptoms that become normalised into one's routine, such as using alcohol or other substances, particularly in relation to not feeling able to 'switch off' or relax. Some people may experience increased irritability, angry outbursts, or difficulty concentrating or remembering, which can perpetuate feelings of low mood and anxiety. In some cases, individuals will experience flashbacks and nightmares about a traumatic event, they may dissociate, or experience a pervasive 'numb' feeling, and this can have a significant impact on their interpersonal relationships.

'You wouldn't send a builder on to a building site without a hard hat'

Dez Holmes,
Director of Research in Practice

Support

Whilst treatment options are available to individuals who decide to seek help for their personal experience of trauma, in many professions in which employees are exposed, directly or indirectly, to potentially traumatising experiences there are limited options that can help support the worker to process their feelings about the traumatic experience. In Health and Social Care teams, the use of reflective practice is well established as a necessary component of safe and effective working, and it is used as standard nationally to support social workers, psychologists, mental health workers, health care workers, nurses and many others to process the emotional demands of their work.

In order to do their job safely, psychologists have clinical supervision regularly, which provides them with a space to reflect on how they are working with a client to help them and keep them safe; however crucially, it also provides them with an opportunity to reflect on the impact their work has on them personally. This process of reflection about one's work and oneself has been shown to contribute to increased confidence and self-efficacy (Christensen & Kline, 2000). Clinical supervision is also associated with effective practice (Ray & Altekruse, 2000) and increased work satisfaction (Begat, Ellefsen & Severinsson, 2005). Whilst not all professions may be suited to building in clinical supervision, there are other models that investigate whether an adapted form of reflective practice could be helpful in supporting professions that are new to this.

In one model designed to address the emotional demands of staff working in health, reflective supervision sessions were carried out with a staff team who had only been receiving management supervision prior to this. Following reflective supervision being built into their working week, the staff team reported an increased compassion satisfaction (the pleasure one derives from doing their job) as well as a reduction in burnout and stress by over 40%. It offered professionals their first opportunity to process their experiences and restore their capacity to think clearly. (Wallbank, 2017)

When considering the current pressures of policing alongside the impact of trauma, the present study aimed to work with police officers to establish what the current offer of support is for officers who may be experiencing stress or possibly common responses to trauma, and discover whether there is a space to pilot a course of reflective supervision. The intention of this pilot would be to find out whether police officers are able to benefit from a similar support structure that is provided to health and social care workers often working with the same cohorts from communities.

SUMMARY OF THE WORK

Our team was made up of a clinical psychologist, the team lead for a community psychology project working with young people affected by gang involvement, and a social worker, the service manager for the Youth Offending Service and Associate Inspector for HMICFRS.

Initial conversations – building relationships and trust

The present study began with informal discussions with police officers about their experiences at work. It was quickly established that police officers are often emotionally affected by the experiences they have, in the same way that a social worker, youth worker, or psychologist would be. However, when these officers were asked how they were supported to manage their emotions, the emphasis was on their personal strategies and resources, rather than any support that was built into their professional organisation. Officers did say that they would often talk with colleagues about incidents, and that senior officers would check in with them to see they were OK, however the onus was often on the officer in question to bring up the issue.

Officers told us that there were established routes of support following significant traumatic incidents, for example witnessing a death and the trauma risk management model (TRiM), but that there was a culture of 'keep calm and carry on' that meant there was unavoidable stigma attached to taking the offer of emotional or psychological support. Officers went as far to say that asking for help may even be seen as a sign of weakness and impact on future career progression.

Following these early discussions, the officers we spoke to identified senior officers who would be interested in exploring a 'trauma informed' pilot project, and facilitated us meeting with them. We discussed with the senior officers how the application of knowledge from psychology and social work, in particular around trauma and adverse childhood experiences, could have a beneficial impact on police interactions with young people who had experienced trauma. We also posited that an understanding of how traumatic experiences can affect us in our jobs, and a dedicated time and space to process and explore this, could reduce burnout and work-related stress. We agreed to work together with the Central North BCU Gangs Team to develop a training package that included space for reflective practice.

Development of the training and practice model

Working in conjunction with the Gangs Team, we met in small groups to discuss what the training package would consist of. We then took this foundation, and presented our idea to the full team, asking them what they wanted to learn about, and how they felt we could best use the time we had together. We used the feedback provided to us in this large group session to develop a 10 session programme of training.

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The sessions took place at a local community centre so as to maximise the sense of the work as something co-owned and co-delivered by a community, and consisted of half an hour of didactic teaching, half an hour of reflective practice, and half an hour of lunch (provided by the community centre) and further discussion. Group rules were agreed with the officers in the planning meeting, and were revisited at the beginning of each session. In particular, due to the sensitive nature of their work, officers agreed not to discuss confidential information or information pertaining to investigations or crimes. Furthermore, as the officers and the facilitators worked with some of the same cohort of young people, there was an agreement to avoid speaking about anything that could possibly identify a young person and to anonymise anything they wished to share. We also agreed that the group space would be a confidential space, and nothing would be shared with anyone outside the group, unless the owner's permission was gained, or unless there were concerns about the safety of an individual. We agreed to follow the safeguarding procedures in place for the Camden Safeguarding Children Partnership. Officers were also provided with information about access to further support, inside or outside their organisation.

Key themes from the pilot

Working in partnership

Through the pilot there was evidence that a partnership of police participants, social work with a youth justice lens, and clinical psychology provided the appropriate balance between relationship and strengths-based practice and clinical support. It was evident that the social work or youth justice involvement in the pilot provided a bridge between the worlds of policing and psychology.

There was evidence that the pilot was also successful as a result of a co-produced model that was able to flex and morph as the group formed. This was most evident in the shift from design focused on training to mid-way through the pilot when officers were requesting longer periods of semi-structured reflection and less didactic teaching.

It is hypothesised that this was a result of officers initially feeling uncertain about engaging in reflective supervision and their perception of therapy vs the safety of attending training. This shifted over time as officers began to feel safe within the group dynamic and relationship with the pilot leads. This led to officers bringing 'self' to the sessions and sharing personal stories, experiences and their learning from previous weeks.

Connection and empathy

A fundamental element of the model was the proactive and tangible efforts to make connections and show empathy to the officers engaging in the pilot. This ranged from simple activities such as making tea and coffees on arrival to proactively remembering something about an individual officer to hold them in mind. Our roles as facilitators of a group of police officers was to own our positions of not knowing what it is like to do their job. As the pilot progressed, facilitators were able to share their reflections on some of the experiences the officers disclosed, and maintained a stance of open curiosity and gratitude for the officers bringing them into their world. This stance allowed for the formation of a trusting relationship, in which officers could share experiences without fear of being judged.

Same goal 'different ends of the telescope'– validation

Within the pilot, validation of lived experience was key. Early acknowledgement of having the same goals of keeping people safe and improving outcomes for children, families, and communities enabled open and honest conversations and reflection on lived experience and the impact this had on how we responded. It also enabled non-judgmental conversations and constructive challenge without fear of possible reprisal or reprimand. For example, open and safe conversations about race, gangs, and issues such as confirmation bias.

Building trust

Another fundamental element of the model was to build a shared group identity with the officers, embarking on a journey of discovery with them. In doing so, our intention was to promote the development of trusting relationships between facilitators and group members, in order to enrich the group sessions to be a safe space. To do this we were informed by theories of group dynamics, and so the structure of the group (aims, rules, confidentiality principles) were regularly revisited, and the facilitators modelled an open, transparent, and non-judgmental stance. This led to a culture of open discussion in sessions that promoted reflection on the self, personal relationships and the impact of trauma on these.

Officers began reflecting on their personal relationships with others, drawing on ideas covered in the training element of the pilot, such as attachment theory. Developing this trusted space became about sitting with uncomfortable discussions and being able to tolerate 'not-knowing' on a variety of topics including masculine or macho culture, difference and diversity, and attitudes to seeking mental health support.

Bridging the gap – policing, psychology and social work

One aim for the pilot was that it would be co-produced between all invested parties, so that rather than this being received by the police officers as something being 'done to' them, instead we built a shared idea of the space and how it could be helpful working 'with' each other. As part of this, it was important to find a common ground between all professions, and to examine and reflect on the beliefs and stereotypes we may be coming with. From the very first discussions about the pilot, police officers made it clear that they were uncomfortable with the prospect of meeting with a psychologist. For them, this conjured up ideas about sitting awkwardly in silence, being forced to speak about 'feelings', or being 'analysed', all of which are common fears in this scenario, and therefore they are common barriers to engagement.

It was important in the early discussions of the pilot that these concerns were aired, and that the psychologist and the social worker were able to present a more accessible and friendly approach to the sessions. This allowed us to then co-create a shared space that did not quite resemble a traditional psychotherapy group, or a social care meeting, or a police team debrief, but instead formed its own norms and structures and helped build a trusting working relationship between facilitators and participants.

As the pilot progressed, there was evidence that the tripartite approach to the programme had significant importance. The youth justice, social work lens gave balance and a 'bridge' between policing and the fundamental principles of providing a reflective space, underpinned by psychology.

Training vs reflective space

Within the pilot it was acknowledged by both the officers and facilitators that training provided the 'key to the door' and permission for officers to engage in an open reflective space. It was important that the model drew a distinction between the training element and the reflective space. Therefore, during the sessions, we proactively removed tables and paperwork for the reflective supervision element of each week. This became the part of the sessions most valued by officers, and there was an open dialogue about this shift from learning to reflecting. There was clear evidence of officers bringing 'self' to the reflective element of the programme and reflecting on how their lived experience shaped behaviour and interactions with young people and the wider public.

Breaking bread and relationships

An important aspect of the pilot was in creating a shared group identity that comprised both participants and facilitators. This shared identity was key in initiating and incubating trust, fuelled by compassion, curiosity, and empathy for the officers' positions. To drive home the message that we were embarking on a journey of discovery as a team, we thought it important to schedule lunch each week in the last half an hour of our allotted time. Breaking bread, or in our case sharing curries freshly cooked by the local Bengali Community Centre, has long been realised as an important psychosocial experience and has been used to great effect working therapeutically with communities that would not ordinarily access mainstream support.

Endings

Based on theories of group process or dynamics, a consideration of the ending of the work was built into the model, with the ending spoken about from the beginning, and with more time spent reflecting on the journey and engaging in the 'ceremony' of ending in the final few sessions. It was important to reflect on the feelings the ending brought up in officers, and think together about how we may typically avoid endings by denying them (dropping out before the last session) or prolonging them (continuing relationships with facilitators). In identifying the ways in which we may all respond to endings, the group was able to think together about what they had been through together, and speak openly about what they would miss or had lost. Group members were then able to make an informed choice to continue to hold a similar space for officers on a monthly basis without facilitators being present, thus indicating the potential for sustainability in the organisation.

The end of the programme and group achievements were recognised with a small presentation and the giving of a symbolic gift to demonstrate the journey of exploration that many of the police officers had been on. The graphic below was presented to officers in individual frames to highlight the many qualities and values that were evidenced during the pilot, which in daily policing are not routinely recognised by members of the public or indeed police officers themselves.

Practise what you preach

An important part of the model of the pilot was to ensure that the facilitators were appropriately supported to manage the group dynamics in a helpful and effective way. For this reason, facilitators accessed their own clinical supervision from a highly experienced group analyst working for C&I NHS Foundation Trust. Supervision sessions were monthly, and the facilitators were given the space to reflect upon the dynamics of the group and their own reactions and responses to being part of the group. This enabled a safe and contained space to process the progress of the group and ensure the sessions continued to provide a non-judgemental and open forum for reflection.

It is important to note that the group analyst devoted time to this pilot without payment because he believed in supporting the idea. He commented that this pilot "was a most important and timely project, given the duress the police are under and the consistent questioning of their behaviour."

FEEDBACK FROM OFFICERS

I actually missed week 4-7 due to annual leave, work commitments I couldn't get out, of but being able to discuss things in a safe environment was very important. It felt safe, mature, approachable and thought provoking. Discussing topics which never would have been covered otherwise was good.

(I) feel it has brought the group closer together... Allows people to reflect.

Very much enjoyed it and would've attended without the curry...this [supervision pilot] caused me to think of the causes and effects that my actions had and whether I was actually 'helping'.

The group discussion, space for us all to talk and share our thoughts, especially with someone none police (sic) in the room to listen and input.

The programme will need the assistance of police officers who have been involved in various traumatic incidents to help run it as it will provide the external agencies a better perspective.

Interpretation and meaning from officer feedback

As can be seen by the quotations above, the officers reported the pilot as being a positive experience. The officers valued a space for group discussion on issues or topics that would not have otherwise been discussed, and there was a common theme of feeling more connected or close to other group members. Officers expressed gratitude for the time together, and when asked how they would improve the pilot many responded that they would have had more time devoted to the reflective practice element. Some officers explained that it took a few sessions to understand that this space was for them to reflect on themselves, as they are so used to training sessions focusing on how to respond to or support others. One officer suggested that the model could be developed to include officers as facilitators.

EVALUATION

The pilot used the Professional Qualities of Life Scale (ProQOL), routine outcome measure to help us evaluate the effectiveness of the model on improving police officer wellbeing.

The ProQOL is the most commonly used measure of the negative and positive effects of helping others who experience suffering and trauma. The ProQOL has sub-scales for compassion satisfaction, burnout and compassion fatigue.

Compassion satisfaction

Compassion satisfaction is about the pleasure you derive from being able to do your work well. For example, you may feel like it is a pleasure to help others through your work. You may feel positively about your colleagues or your ability to contribute to the work setting or even the greater good of society.

Compassion fatigue

Professional quality of life incorporates two aspects, the positive (compassion satisfaction) and the negative (compassion fatigue). Compassion fatigue breaks into two parts. The first part concerns things such as exhaustion, frustration, anger and depression typical of burnout. Secondary traumatic stress is a negative feeling driven by fear and work-related trauma. It is important to remember that some trauma at work can be direct (primary) trauma. Work-related trauma can be a combination of both primary and secondary trauma.

Burnout

Burnout is one element of the negative effects of caring that is known as compassion fatigue. Most people have an intuitive idea of what burnout is. From the research perspective, burnout is associated with feelings of hopelessness and difficulties in dealing with work or in doing your job effectively. These negative feelings usually have a gradual onset. They can reflect the feeling that your efforts make no difference, or they can be associated with a very high workload or a non-supportive work environment.

Secondary Traumatic Stress

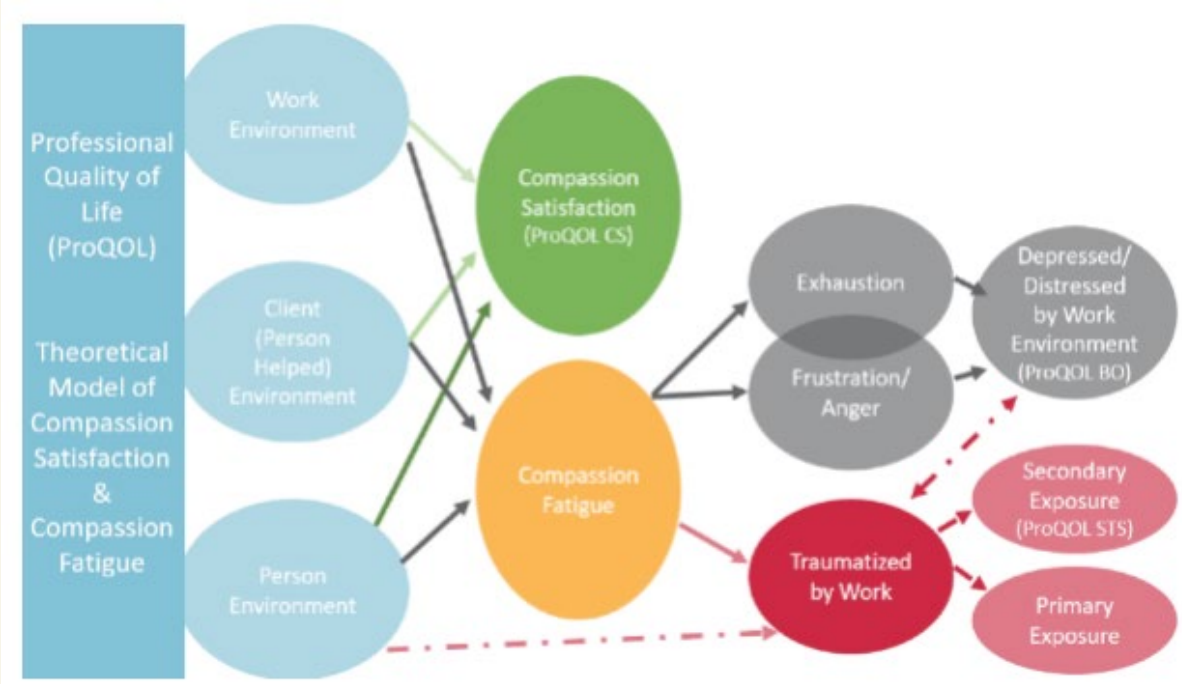
Secondary traumatic stress (STS) is an element of compassion fatigue (CF). STS is about work-related, secondary exposure to people who have experienced extremely or traumatically stressful events. The negative effects of STS may include fear, sleep difficulties, intrusive images, or avoiding reminders of the person's traumatic experiences. STS is related to vicarious trauma as it shares many similar characteristics.

ProQOLManual

The measure has been in use since 1995. There have been several revisions. The ProQOL 5 is the current version.

ProQOL framework

The model below shows how three key environments feed into the positive and negative aspects of helping others. These three environments are the actual work situation itself, the environment of the person or people with whom we are providing care or assistance and the personal environment that we bring to the work we do.



ProQOL model

Scores

The ProQOL tool was used with all participants during the initial co-production session with 30 officers in attendance. Scores were seen against the following areas:

Compassion satisfaction

34.2 indicating MODERATE levels of compassion satisfaction within the starting cohort

Stress

19.95 indicating LOW levels of stress within the starting cohort

Burnout

24.3 Indicating MODERATE levels of burnout within the starting cohort

The intention was to complete a review of the measure at session five (10 weeks into the programme and at the midway point) and at session 10 (20 weeks and at the end of the programme). Due to various operational constraints and concerns regarding how sensitive the measure was to change after session five, the measure was used for session seven (14 weeks into the programme).

At session seven (14 weeks), the following scores from 18 officers were seen against the following.

Compassion satisfaction

20 indicating LOW levels of compassion satisfaction within the cohort that completed seven sessions (14 weeks) of the programme

Stress

12.85 indicating LOW levels of stress within the cohort that completed seven sessions (14 weeks) of the programme

Burnout

17.05 Indicating LOW levels of burnout within the cohort that completed seven sessions (14 weeks) of the programme

Interpretation and meaning

Initial screening

The initial screening and benchmarking of officers highlighted the following themes.

Officers during the initial screening presented with moderation levels of compassion satisfaction and moderate levels of burnout, but presented with low levels of stress.

Hypothesis at initial screening

It is hypothesised that officer screening at baseline is likely to have been skewed by numerous competing factors. The authors have considered the following factors which may have influenced the baseline scores.

- A new experience and process for officers
- Although anonymous, fear of ratings being reviewed and addressed directly with officers
- An overly positive outlook on their roles, based on models of coping that had been developed over time to mask trauma and distress, such as drinking alcohol with peers after work, use of nicknames to separate personal and professional life
- Enjoyment of their job based on a linear model of 'good and bad', without deep reflection on the complexities of police and the impact this may have on self

Second screening

The second screening and review of officers highlighted the following themes.

- **Reduced stress:** Reductions were seen in stress levels for the officers who participated in the group work sessions and reflective practice.
- **Reduced burnout:** Reductions were seen in levels of burnout for the officers who participated in the group work sessions and reflective practice
- **Reduced compassion satisfaction:** In contrast to the above two measures, reductions were also seen in compassion satisfaction 'how much the officers enjoyed their job'

Hypothesis at second screening and end of course semi-structured interviews

It is hypothesised, from both the quantitative screening data and qualitative, semi-structured feedback data, that officers experienced a shift in wellbeing and psychological wellness during the trauma informed supervision pilot. Officers were able to reflect on how the programme had helped them understand the children and adults they dealt with on a daily basis, and how the programme has helped them consider how to manage dealing with trauma at work and the impact that this had on their civilian life and relationships.

There was evidence of officers reflecting on the evidence base surrounding trauma in relation to their own care histories and how this then influenced their responses at work when dealing with trauma.

It is hypothesised that the reduction in compassion satisfaction 'how much the officers enjoyed their job' directly related to a greater awareness of the impact of trauma in the responses and behaviour of many of the children and adults that they were dealing with on a daily basis. This increased the ethical dilemma, which faced officers on a daily basis, of whether children and adults at risk of offending and serious youth violence should be treated as victims or perpetrators. The challenge of thinking 'what has happened to you?' rather than 'what is wrong with you?' presents officers with a far greater challenge than assuming a 'linear, right and wrong position'. In many respects this reflects the challenges of modern day policing, as officers are expected to be able to deal with more complexity both in the nature of the calls they are asked to attend (eg, someone experiencing an episode of psychosis), and also in the quality of the interaction with someone who has committed a crime (eg, the perpetrator-victim cycle).

We argue that as the landscape for officers has changed and is continuing to do so, the more training that officers receive about trauma and its derivatives will result in complex emotional reactions, some of which may make their job even harder to do. It is clear that officers need to be supported as well as trained, and we argue an effective way of doing both is to embed trauma-informed supervision across policing.

Gaps in analysis and evaluation

It is acknowledged that the programme and evaluation involved small numbers of officers, did not track officers who decided not to continue with the programme after the first session and did not track impact over an extended period after the pilot had finished. The outcomes measures and qualitative feedback from semi-structured interviews provide positive indicators regarding impact on outcomes and it is proposed that a large scale pilot and evaluation is considered as a result of this evaluation.

CONCLUSION

Benefits of the model

This pilot has provided good evidence to suggest that trauma training with the addition of a regular space for reflection and processing can be a helpful addition to modern day policing. The feedback from officers has demonstrated that the reach of this pilot goes beyond the 20 week period, and instead extends to their professional and personal relationships, their emotional and psychological wellbeing, and also challenges wider organisational or societal stigma attached to speaking about feelings, and thus mental health.

The pilot showed that by attending a 10 session course of 'trauma training' and reflective supervision, there was a reduction in work-related stress and burnout levels. This indicates that the model has the potential to improve wellbeing at work, reduce sickness rates, and therefore impact directly on service capacity and continuity. From the responses of the participants it can be posited that the model has the capacity to improve awareness and understanding of trauma, and therefore increase officers' abilities to manage situations with individuals who may be experiencing trauma-related symptoms more effectively. This could be most applicable when attending to emergency calls relating to mental health concerns, and in particular when working with children and young people.

There was evidence from the approach and modelling throughout the pilot, that police officers recognised the value in the space to reflect and regulate and recognised how the approach could be subsequently modelled when engaging with members of the public who may have experienced trauma. The programme demonstrated a model of interaction that began to directly influence officers' approaches to members of the public who presented in distress (Davies and Day, 2008).

There has developed a distance between police and the communities they serve, and we are a world away from the 'neighbourhood bobby' who would bring a sense of fairness and reassurance to locals. Of course, the landscape of policing has changed and the challenges are greater, however some communities are now in a state of opposition to the police, and trust is all but nonexistent.

> *The programme has given me training which not only has provided me with an insight into the people I deal with, but it has given me information and models which I have applied to myself. For the past year I have tried to on (sic) reflective practice as a method of self improvement but I've not had much success, in part because I now realise I lack the tools to properly self analyse.*

This pilot has successfully demonstrated how health, social care, and police colleagues can work together to pioneer a new age of collective responsibility for the effectiveness and wellbeing of police officers. During the months that followed this pilot, policing in the west has been under a necessary spotlight, and questions are being asked about the failings and abuses perpetrated by police officers.

One important legacy of the Black Lives Matter movement will be in revolutionising how police forces are funded, structured and managed, and how police and communities interact. This pilot seeks to make the argument that in order to effectively solve the problem of harmful policing, we must look at it as a community problem; one of trauma and responses to trauma. We argue that system change in the police is necessary, and it must come with an understanding that the job police officers are charged with is more often than not hugely complex, and traumatising.

As such, any inquest into the failings of the police must take a mature approach, and veer away from 'bad egg syndrome' where failings and abuses are blamed on an individual or group who could not 'hack it'. Instead, a more complete understanding of these failings and abuses as systemic problems, with systemic solutions, must be sought.

Following this pilot, we have been contacted by colleagues from Lancashire VRU, West Midlands VRU, and other police forces from around the country interested in the model we developed and wanting to do their own pilots. We are in the midst of a national movement that is recognising that police officers must be afforded more support to do their jobs effectively, and improving their access to reflective supervision, trauma training, and peer support is one way that we strongly believe our police forces, our communities, will be improved.

Power the fight

In September 2020, Power the Fight published a report called Therapeutic Intervention for Peace (TIP). This report looked at the provisions on offer for young people at risk of, or involved in, serious youth violence, and it garnered the views of young people, families and youth workers to make a list of findings and recommendations. The findings indicate that therapeutic services have failed to engage with this cohort of young people, and there is a need to adapt these services to meet young people where they are at. Young people are more likely to see youth workers or indeed police officers in their daily lives, and there is an argument that for that reason support is more likely to come from these professionals, rather than a mental health professional.

The TIP report put forward findings that demonstrate how marginalised groups of young people are inhibited from trusting professionals and mainstream support services, reinforcing their disadvantage and marginalisation. This can often result in challenging interactions with these young people when they do come into contact with a police officer, for example. It is argued that in order to appropriately deal with the issue of serious youth violence in our communities, all parts of our communities must be trained and supported to manage difficult interactions, and our own responses to these.

Two key findings from the TIP report are:

'In maintaining trusted and supportive relationships with socially marginalised young people and families, frontline practitioners are often risking their own mental health and wellbeing by becoming emotionally embedded in communities and feeling accountable for their safety.'

'There is a fundamental lack of clinical supervision for these high-risk roles, with many organisations having no internal referral process for their employees despite the harm their workers are continuously exposed to. This profession has a high 'burnout' rate.'

These findings have led to the recommendation that all 'frontline practitioners' receive clinical supervision in order to effectively support young people. In many cases, frontline practitioners are youth workers, but we must not shy away from the fact that they are also very often police officers - indeed the same police officers who arrest a young person the week before could very well be their saviours as first responders to a stabbing. For this reason, it is important to consider this recommendation as supporting the calls for the kind of support for police officers trialled in this pilot.

RECOMMENDATIONS FOR PRACTICE

The following recommendations from the pilot have been made for consideration and next steps.

COLLEGE OF POLICING AND NATIONAL POLICE WELLBEING SERVICE

It is recommended that the College of Policing consider trauma informed practice with reflective supervision as a core element for police training and consider models of practice integration via reflective supervision,

It is recommended that the National Police Wellbeing Service consider how this pilot could be publicised, shared and tested further via the wellbeing service network and the Oscar Kilo platform.

HMICFRS

It is recommended that HMICFRS consider the value of reflective supervision within inspection methodologies where officer wellbeing is examined.

POLICE FORCES

It is recommended that police forces consider how reflective supervision can be factored into officer shift patterns to support the processing of trauma and dealing with chronic, frequent incidents of distress, trauma and abuse.

It is recommended that a particular focus is given to considering how emergency response officers can access trauma informed supervision in order to process frequent exposure to trauma and the impact this has on their ability to respond and their long term wellbeing,

It is recommended that police forces consider how this model could proactively target officers who are on long term sickness or restricted duties due to stress-related illness.

VRUs

It is recommended that VRUs consider this model to support officers who are seeking to address serious youth violence and child criminal exploitation, providing officers with the ability and space to reflect upon lived experiences and the impact these have on how they respond in traumatic and dangerous situations.

It is recommended that this model is considered to proactively address disproportionality in the criminal justice system, and support officers to reflect upon heuristics and issues such as confirmation bias.

MET POLICE

It is recommended that the original pilot is expanded via centralised funding streams and piloted across various policing commands to greater understand impact on outcomes for officers, staff and the wider police re reduction of crime and serious youth violence.

It is recommended that the original pilot is expanded to explicitly address issues of disproportionality, confirmation bias and community cohesion between the police and minority communities.

CONTACT DETAILS AND FUTURE DEVELOPMENTS

It is hoped that this paper will stimulate policy makers, senior officers and strategic partnerships to consider the implementation of trauma informed supervision for police officers in their local area. If this is something that you are interested in implementing in your local area, please do not hesitate to make contact with the report authors at the below contact details.

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