NEEDS OF EMERGENCY SERVICE PERSONNEL AND THEIR FAMILIES

Background

In the Autumn Statement (5 December 2013) it was announced that LIBOR fines will be invested in providing support for emergency services personnel and their dependents who are injured, suffering ill-health, or bereaved, as a result of active service for the public. £8 million will be sustainably invested in England through Voluntary, Community, and Social Enterprise organisations.

For the purposes of this work *emergency services* is deemed to include Police, Ambulance, Fire and Search and Rescue. *Personnel* includes both the paid and volunteer workforce.

This is a complicated area and to help ensure that the money is invested fairly, equitably and sustainably, Cabinet Office has engaged New Philanthropy Capital (NPC) to help them consult regarding the best use of the money. NPC and Cabinet Office are bringing together the government departments, individuals and organisations with the expertise to contribute to the development of the approach to using this investment.

Cabinet Office's guiding principle is to invest this money fairly and equitably on the basis of the needs of personnel across the emergency services. This is a one-off cash injection which must be allocated in a way that can deliver sustainable results for the long-term benefit of personnel in all the emergency services.

Engagement so far

Cabinet Office wants to develop a clear and thorough picture of the needs of personnel across the emergency services before deciding how to allocate funding. To do this, Cabinet Office and NPC have been consulting with various stakeholders who have expertise in these areas including government departments, charities and academics. This document summarises what we have learnt so far. Individuals and organisations with expertise and experience are invited to comment on it to offer further guidance about the issues in this sector.

Information available on needs and provision is not consistent across the emergency services and there is little public research in this area. Cabinet Office has conducted a literature review of available data, and invites further submissions of information about the needs of emergency service personnel, and existing provision of services.

Emergency service personnel

There are estimated to be around a quarter of a million staff and volunteers across the emergency services in England. This includes front-line staff and support staff, such as call handlers. The majority of these staff (62%) work in the police. We do not have figures for the number of people who have stopped working in the emergency services but who may experience needs arising from their time in service. Nor do we have figures for the number of dependents of people working or formerly working in the emergency services.

Engagement activities have highlighted the importance of volunteers to the emergency services; it is clear that solutions must recognise these valuable voluntary roles, and not discriminate between paid and unpaid staff in the provision of support.

Needs

The engagement activities revealed that while there are a number of needs that are specific to each emergency service, there is also a great deal of commonality amongst the needs. Physical health needs, including serious and accumulated injuries, mental health needs, debt, family strain, and death in service were needs that could be experienced by personnel in any of the emergency services. Stakeholders also said that there was commonality in the culture of the emergency services, in particular that people were reluctant to seek help early for issues.

This document first outlines those needs specific to each of the services, and goes on to draw out the needs that are common to all the emergency services in more detail. The specific factors affecting each of the services are vital to understand, but we have been struck by the level of consensus among services over the key issues needing to be addressed. We would appreciate any feedback you can offer on the needs discussed below.

Service specific needs

Police

Police workers includes police officers, police community support officers, civilian detention officers and special constables amongst others. There are a large number of volunteers working in the police force.

Needs

Stakeholders from the police raised those issues that are common to the all the emergency services: death, serious physical injury, mental health problems and issues which arise as a result of these. These issues and their impact on people's lives are discussed in more detail in the section below *Needs across all the emergency services.* Here we discuss the specific issues or nuances of issues that relate to the police force.

Within the police, the most common cause of life-changing or disabling injuries is motor vehicle accidents on the way to or from work, with stakeholders suggesting this is partly caused by exhaustion. Aside from motor vehicle accidents, injuries can range from physical attack, to firearms injuries gained in training, to injuries from walking large distances each day. There are also a number of specific injuries, such as firearms officers suffering from hearing deterioration.

Paid staff who suffer a physical injury that results in a disability during their work are entitled to Industrial Injury Benefit. However, special constables and other volunteers who suffer the same injury are not judged as being at work and do not get this benefit. Stakeholders felt that this means that some of the knock-on effects of an injury can potentially be worse for volunteers than for paid staff—they may be more likely to get into debt as a result of not being able to work in their main employment.

As well as the mental health needs that arise from repeatedly seeing traumatic and stressful events, there are also some features of working practice that some stakeholders thought might cause people to suffer stress. For example, call handlers who work in call centres can find that atmosphere stressful. Roles within the police service are often stressful in themselves, but stress can also result from internal processes, such as involvement in internal investigations. Stakeholders felt that high levels of stress could lead to depression. Feedback to date has indicated that a few police workers have committed suicide in recent years, but stakeholders said that mental health charities have seen an increase in the number of calls from police workers in the past year.

In terms of social problems, financial issues, particularly amongst volunteers who may have lost their job, was mentioned. Alcohol and drug problems were also thought to arise from the stress that police workers are under. However, this is a hidden problem, and any further information on the scale of it would be appreciated.

Stakeholders thought there were a number of features in the culture or regulations of the police in particular, compared to other service personnel, that potentially make it more difficult for them to seek help. Police officers might worry that they would be judged as not fit for work if they disclosed mental health worries during their annual fitness to work tests. Similarly debt, alcohol and drug problems can all be reasons for discharge from the police force, potentially making it less likely that people would admit problems to an employer.

It was also mentioned that changes in the way that the police service operates means needs are experienced differently. Previously, if a police officer had been injured in the line of duty, they would have been given a desk job; however, as the number of desk jobs is reducing, many may have to find jobs outside of the police force. For police officers who may have a graduate equivalent job, but not have gained graduate qualifications, this can sometimes be a difficult transition for which they will need support.

The families of police officers can suffer if the police worker has been under a lot of stress. Some stakeholders noted that where police officers become desensitised to violence, there may be an increased risk of domestic violence. Again we would be interested in any further evidence on this issue.

Fire

Fire service personnel includes fire officers (paid and volunteers), fire control staff and non-uniformed staff.

The fire service collects information on the number of injuries and fatalities amongst the force. From this we know that in 2012-13, there was one fatality, 74 major injuries (although not necessarily a life-changing injury) and 521 injuries that lasted more than three days. In 2012-13 a total of 109 staff left under medical discharge.

Needs

Stakeholders from fire personnel said that fire service personnel experienced many needs common to all emergency services personnel such as physical injury, mental health problems and death (discussed in more detail below in the section on *Needs across all the emergency services).* Stakeholders from the fire services described these needs as being on a spectrum of physical, psychological and social needs and that most people presented with a least two of these three. For example, a physical injury commonly leads to a mental health problem which then leads to a social need. The social needs that fire service personnel require support for could be quite wide ranging:

- Debt—especially among volunteers who might have lost their job. As with the police, if a paid member of staff suffers an injury they receive some financial compensation, but a volunteer will not receive that compensation.
- Social isolation—the shift nature of the job meant that people could become isolated from friends, and family life comes under strain leading to family breakdown, and potentially further consequences including homelessness.
- Loss of identity—like other emergency services, people strongly identify with their job. The ‘watch culture’ of a fire station is very strong: it becomes an important community for fire service personnel, and when people leave the fire service they can suffer a loss of identity because they can no longer define themselves by their role and their relations to colleagues.

There was also a feeling that changes to the watch culture might reduce some of the positive behaviours that help people deal with stressful incidents. As this is a recent change, any feedback on how this is affecting how the fire service copes with traumatic incidents would be appreciated.

Ambulance

Ambulance staff include paramedics, call handlers, call dispatchers amongst others.

Needs

Stakeholders from the ambulance service thought that muscular-skeletal problems and mental health problems were the biggest issues facing ambulance personnel, although they too could suffer from the range of issues discussed below in the section *Needs across all the emergency services.*

A study in 2003 found that as many as 22% of ambulance staff suffered from Post Traumatic Stress Disorder (PTSD). These issues can last a long-time or take a long time to develop to a stage where people seek help, and stakeholders report an increase in the number of retired ambulance staff presenting with illnesses. The scale of need amongst former ambulance staff is not well-understood and more information about this would be helpful. In common with other emergency services, stakeholders felt that ambulance service personnel were unlikely to seek help early for stress, possibly because they are not aware of the signs of stress.

Stakeholders highlighted that recent increases in the number of call outs means that there is less down time, which potentially reduces opportunity for natural recovery from stress, anxiety and PTSD symptoms. In addition, ambulance workers do not have a team of people who have responded to the same incidents in each shift, with whom they can discuss and mentally process a traumatic event.

Search and Rescue

The *search and rescue services* are made up in the most part of volunteers who staff the lifeboats, coastguards, the land, mountain and cave search and rescue.

Needs

Search and rescue personnel face similar needs as the other services—including death, serious physical injury, muscular skeletal problems, mental health problems and a strain on family life (discussed in detail later in *Needs across all the emergency services)*. Stakeholders from search and rescue said that personnel working in lifeboats are particularly subject to muscular-skeletal injuries arising from the physical stress of the vibrations of the boat at high speed.

Search and rescue stakeholders also stressed that there are some social needs that arise from how the service operates. These include constraints about being close to the lifeboat when on call, which may make people more socially isolated or put pressure on relationships.

The search and rescue stakeholders thought there were some features of their sector which exacerbated peoples' needs. As the service largely consists of volunteers it was felt people who are suffering from mental or physical health problems can easily leave, rather than going to the service to get help. Therefore stakeholders believe that there is a lot of undiagnosed need in this area. Any information that would help to understand the scale of need here would be appreciated. Furthermore, as search and rescue services are charitably funded, volunteers can be very reluctant to ask for help if they think that this will divert money from the front line service—meaning they are less likely to claim on the organisation's insurance policy. Organisations that employed both staff and volunteers noted that staff were more aware of their rights than the volunteers.

Needs across all the emergency services

Physical needs

The nature of the roles in the emergency services pose the risk of serious physical injury. Emergency service personnel can be attacked, or suffer injuries during the course of their duty. Some of these injuries could be life-changing. The engagement highlighted that serious injuries may then trigger another need—for example the need to retrain and find another job, or the psychological effects of an injury experience may lead to a mental health problem.

Stakeholders said that a common need was support to cope with physical injuries that are accumulated over the time. This especially includes back injuries, but more generally muscular-skeletal injuries that come from the heavy nature of the emergency services work. A widespread issue raised was the reluctance of people in the emergency services to seek help for issues early, before they became more serious. This reluctance to seek help early is common to both physical and mental health needs: a '*hero, not victim'* self-image seemed to stakeholders to be inhibiting emergency service personnel from recognising their own support needs, or acting on these needs if recognised.

Stakeholders highlighted that the impact of injuries could sometimes be worse for volunteers in the emergency services rather than paid staff. Volunteers might suffer especially if an injury gained during their voluntary service affects their ability to work as their employer might not be as understanding as the emergency services. They are not entitled to Industrial Injury Benefit as paid staff are. As part of this engagement, we are keen to make sure the needs of the voluntary workforce are well understood, so any further information about their needs would be welcomed.

As retirement ages increase, people are expected to remain in active roles until an older age, and stakeholders mentioned this has a particular affect on emergency services personnel. Emergency services personnel risk accumulating further injuries due to long exposure to the roles regular stresses and strains, and are likely to become increasingly unsuited to a physically demanding role. It was also mentioned that most of the emergency services no longer have the facility to transfer individuals to less physically demanding roles within the service. Therefore people experiencing physical needs sustained on the frontline may have to secure a job outside of the emergency services.

Mental health needs

The traumatic nature of the work of the emergency services means that mental health problems were an issue mentioned across all the services. Research shows that most people show some symptoms of PTSD soon after traumatic events, with depression and anxiety also common. Depression and anxiety can also develop from prolonged periods of stress. Many stakeholders talked about an accumulation of stressful and traumatic incidents leading to mental health problems rather than one specific trigger. Stakeholders also felt that personnel in many of the services would be reluctant to seek help early for a mental health problem, possibly because of the '*hero, not victim*' culture in the services.

An established body of research now links PTSD and depression to secondary problems such as substance misuse and longer-term health consequences, in particular: cardiovascular disease, diabetes, Alzheimer's and early death. US data shows emergency service personnel who develop PTSD also experience significant weight gain and are more likely to be at an increased risk of further health problems, including diabetes and cardiovascular disease.

Although stakeholders felt the needs were most severe or most common in front-line fire officers (including volunteers) they said that mental health needs could also affect the entire range of personnel working in the emergency services. Call handlers, or managers who have had to make difficult decisions may suffer from mental health problems. This engagement is keen to make sure that the needs of all personnel are well understood, so any information about the needs affecting staff in roles where they do not attended incidents would be welcomed.

Further issues were felt to both contribute to, and result from mental health needs.

Family breakdown might occur as a result of the stress of the job, including the unsocial shift work: it will certainly increase the strain on family life. The scale of need in this area is not well understood, and further information and evidence would be appreciated. An important challenge stakeholders raised was how far emergency service personnel were able to share the emotional stresses of their role with families: many chose not to talk about traumatic events with their partners, preferring to protect them but denying themselves an outlet

to process their experiences and appearing closed to their partner. Some people felt that when emergency service personnel were more open about their experiences, this created an emotional burden for the partner and family, also causing strain.

Debt was felt to be a major challenge, including as a result of gambling, which stakeholders felt was a common form of escapism for people who were dealing with high levels of stress and unaddressed mental health needs. Debt might also result from issues discussed elsewhere—such as a need to retire from frontline service for reasons of mental and physical health, and inability to find appropriate alternative employment within or external to the emergency services.

Support to bereaved families

A rare, but tragic, issue is the risk of people dying while on service: fewer than five people die while on duty each year. This might include a death in a fire, as a result of an accident during training, or death by drowning. Feedback was that when a death occurs the dependents of the service personnel often have short-term cash flow needs before any death-in-service benefit payment comes through. They will also have social and psychological needs in the long-term, and many stakeholders talked of the need to continue to make the families feel part of the service.

The commonality of issues with the military experience was commented on by many stakeholders, and successful models of support developed for use in military contexts may offer pointers to potential solutions for the emergency services.

Level of provision for these needs

The level of provision for these needs is an important consideration of Cabinet Office when deciding upon a suitable use of this funding. However, information about provision is patchy. Any feedback on existing levels of provision would be very useful.

Generally, stakeholders felt that some of the more serious, but rarer, incidents were quite visible, unambiguous, and support was reasonably available to help those affected. By comparison, there was far less provision for injuries and conditions that had accumulated over a number of years.

Support is not evenly provided across the different emergency services. Some emergency services have strengths in one area, while some have strengths in another. For example, the impression of stakeholders was that police were better at providing support for bereaved families, while fire workers had more rehabilitation support available to them. Provision is also not be uniform across England as it is often arranged according to the police, fire or ambulance local trust. Given the level of commonality among the needs discussed, stakeholders noted a lack of collaborative working or sharing of good practice regarding the most effective ways to support people facing these challenges. Stakeholders felt that any support provided to for people from the emergency services needed to be aware of the culture of the emergency services.

All services have a liability as an employer to provide financial support for the care and rehabilitation of employees who have been seriously injured in the line of service, and some financial support for the families of those who have died. Terms of support will vary depending on the service. Also, employers will have occupational health services or employee assistance programmes which should provide support to address mental health, and physical health needs that prevent people from working productively. It was felt that some of the follow-on needs such as family stress and help to retrain for another job were less well met.

The charitable support sector varies across the different emergency services:

Police: a range of many, small, local benevolent charities support police workers in their local area: these are not centrally coordinated and it is difficult to generalise about the type of support provided. There are also many local charities set up to provide support to the families of police officers who have died in service, providing birthday presents and other support. The Police Treatment Centre has two rehabilitation centres (one of which is in Scotland) which provide physiotherapy for physical injuries and help with stress related conditions.

Fire: There are a few charities helping current or former fire personnel. This includes the Fire Fighters Charity, which offers a range of support to help people recover from physical and other injuries. There is also the Firefighters' Memorial Trust which honours the memory of those fire fighters who have died in line of duty. There are also local benevolent charities which give grants to people in their area.

Ambulance: There is less charitable provision for ambulance personnel than police or fire. The Ambulance Benevolent fund has an income of approximately £0.5m each year, and provides small grants to those who apply, for example to buy medical equipment. There are also twelve small regional ambulance benevolent funds, which do similar work in their local area.

Search and Rescue: Support for current or former search and rescue staff from the charitable sector is limited, partly because many search and rescue functions themselves are run by charities. The RNLI provides some support to current and former staff. Other search and rescue charities are often tiny, volunteer run, and struggle to fundraise for operational costs—making it very difficult to fundraise for benevolent purposes. The Coastguard Association provides benevolent services for current and former coastguards who have fallen on difficult times.

The charitable sector provides support in many of the needs identified here (family breakdown, mental health, debt), but there does not seem to be a strong sector of support here with a dedicated focus on emergency service personnel.

Workers who are directly employed by the emergency services were felt to have a better level of provision (from both employers and charities) than those who were volunteers or who might work for an outsourced element of the emergency services.

How to respond

We are keen to gather views from as wide a variety of sources as possible about the emergency services personnel and their dependents who are injured, suffering ill-health, or bereaved as a result of active service for the public, and where possible the level of provision to meet these needs. We would be particularly interested in evidence to back up those views where this exists. If you would like to respond to this document, please do so by answering this survey: https://www.surveymonkey.com/s/emergencyservicespersonnel.