A glimpse into the realm of police wellbeing charities

Other

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A GLIMPSE INTO THE REALM OF POLICE WELLBEING CHARITIES

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INTRODUCTION

Policing wellbeing is of concern to us all. The health of individual officers and staff is key to the effectiveness of the forces that protect society.

Within the portfolio of wellbeing support available for police are those services provided by charities. Little is known about the overall contribution these charities play, or the public value they deliver as a sector.

This report outlines results from qualitative scoping research that aims to gain a broad understanding of the role charities play in supporting police wellbeing in England and Wales. It gives insight into the different types of charity, their origins and approach to delivering services, the current status of the sector, the policing need for services, and challenges faced.

The report draws on detailed information collected from:
- sixteen semi-structured interviews with senior charity managers (2019)
- a one-day research workshop (2019)
- analysis of Charity Commission records (Financial Year End (FYE) 2018)
- police workforce statistics (Home Office, 2018)

All information contained within this report is taken from these data collection activities. Interviewees have a perspective that is independent from the police but based on exclusive access into the unfettered stories of policing employees in need. This report reflects the unique perspective of those charity managers, and incorporates (in italics) anonymised quotations from interview participants to illustrate key points.

For inclusion in the study, police wellbeing charities needed to be i) registered with the Charity Commission and ii) delivering wellbeing-type services to police officers or staff (including retirees) within the last 12 months. For further information on the methodology for this scoping project please contact the research team or visit the project website.

FIND OUT MORE

Web: www.open.ac.uk/police-wellbeing-charities
Email: OUPC@open.ac.uk
WHAT ARE POLICE WELLBEING CHARITIES?

Police wellbeing charities are not-for-profit organisations which exist to maintain or improve the health and wellbeing of current or former policing personnel. They are a form of occupational charity.

The What Works Centre for Wellbeing website (2020) advises there are 7 broad dimensions to individual wellbeing:

- **HEALTH**
- **PERSONAL WELL-BEING**
- **RELATIONSHIPS**
- **WHAT WE DO**
- **WHERE WE LIVE**
- **PERSONAL FINANCE**
- **EDUCATION AND SKILLS**

Police wellbeing charities engage in activities which enhance or improve these different dimensions. Some provide services directly, whilst others fund the provision of services from a third party. Examples of police wellbeing charity activities include physiotherapy, counselling, debt advice, interest-free loans, peer support, research and training.

Broadly speaking there are three main types of police wellbeing charity:

- National policing charities providing direct services to police
- Benevolent and welfare charities serving specific police forces
- National charities supporting emergency responders

Police wellbeing charities (PWC) differ from each other in a variety of ways, such as:

- Beneficiary groups served
- Eligibility criteria for assistance
- Application processes
- Activities undertaken and services provided
- Direct vs indirect nature of the support offered
- Relationships with other organisations
- Assets and income generation
- Staffing and involvement of volunteers
OVERVIEW OF THE POLICE WELLBEING CHARITY SECTOR

This study has found that, in England and Wales, as of January 2020:

- There are 29 police benevolent and welfare funds registered with the charity commission
- One of these is a ‘super fund’ that supports five regional police forces
- Four police forces have multiple police wellbeing charities serving them
- 16 police forces have no benevolent or welfare funds with charitable status

At least nine of the forces without a police wellbeing charity have a welfare-type fund administered by either the Police Federation, National Association of Retired Police Officers (NARPO), or operating as a friendly society. Twelve police forces have charities registered that are unrelated to police wellbeing and thus outside the scope of this study.

In addition to these local force funds there are a number of ‘national’ police wellbeing charities:
- Police Care UK
- Police Treatment Centres (serving northern forces)
- Police Rehabilitation Centre (serving southern forces)
- PC Rathband’s Blue Lamp Foundation
- Police Firearms Officers Association Ltd
- Call4Backup

The total income for the sector (FYE 2018) is £25,814,026. However, this figure includes the Civil Service Benevolent Fund which supports non-police occupations (in addition to the staff of Metropolitan Police Service and Police Service of Northern Ireland). Without the inclusion of this fund we estimate:

The total income for the police wellbeing charity sector (FYE 2018) was £19,429,029

These charities, together, support a serving policing workforce of almost 220,000 individuals – a figure which does not include retired police.
Grouping police wellbeing charities according to their income (Table 1) shows that most benevolent and welfare funds are micro or small sized charities. National charities’ income is spread over a greater range. Broadly speaking, the older more established national policing charities have a higher income than those established more recently.

<table>
<thead>
<tr>
<th>Income bracket (as per CCEW, 2018)</th>
<th>Size category (designated by income as per CCEW, 2018)</th>
<th>Number of benevolent and welfare funds</th>
<th>Number of national charities providing direct support (FYE 2018)</th>
</tr>
</thead>
<tbody>
<tr>
<td>£0 to £10,000</td>
<td>Micro</td>
<td>10</td>
<td>0</td>
</tr>
<tr>
<td>£10,000 to £100,000</td>
<td>Small</td>
<td>12</td>
<td>2</td>
</tr>
<tr>
<td>£100,000 to £500,000</td>
<td>Lower-medium</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>£500,000 to £5 million</td>
<td>Upper-medium</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>£5 million plus</td>
<td>Large</td>
<td>1*</td>
<td>2</td>
</tr>
</tbody>
</table>

*Civil Service Benevolent Fund

The two graphs below show that while large charities account for 9% of police wellbeing charity sector (in terms of organisation numbers) they generate 70% of the sector’s income. Three charities in this category contribute just over £18 million pa (FYE 2018). Conversely, 68% of the police charities classed as small or micro charities generate only 2% of the sector’s total income- just over £450k pa (FYE 2018).
WHO DO POLICE WELLBEING CHARITIES HELP?

The criteria for who may access different police wellbeing charities are diverse, and within the sector there is considerable variability. Many have a basic principle to support members of the police force in ‘need, hardship or distress’. Some restrict their support to injuries (physical and psychological) incurred on-duty, whilst others are broad, extending to meet the needs of police officers’ immediate families.

Most benevolent and welfare funds and large charities apply a membership model, whereby only donating individuals can access charity services. Some charities will however be “a little lenient” letting non-members access charity support in the case of emergency or crisis (“that’s not to say we don’t provide if you’re not in”). Time periods between joining and being eligible for support may also be waived (“if somebody’s in crisis we’re not going to deny them the support they need, so they can sign up straight away and we can support them straight away”). Some charities such as the Police Treatment Centres are primarily for police members but will accept non-members who have been referred and funded by other charities.

A few charities offer services to individuals in specific circumstances. The Police Firearms Officers Association charity offers support to member firearms officers and their families, and also (in collaboration with the Police Federation) support for any serving police officer who meets specific ‘misconduct investigation’ criteria. PC Rathband’s Blue Lamp Foundation is open to any emergency services personnel injured while on duty. Some police forces such as Thames Valley have separate charities for police officers and staff. Other charities do not use a membership model at all. For example, North Wales Police Benevolent Fund serves all retired officers and their families in conditions of need, whilst accessing support from the Civil Service Benevolent Fund (which serves the Metropolitan Police Service and Police Service of Northern Ireland) requires only that the applicant is an employee of either force.

In this study, two charities were identified who offer support to serving officers, staff, special constables and volunteers across the UK. These were Police Care UK and Call4Backup. Police Care UK appears to be the only charity who support these groups, their families and retired police employees nationally. There are fewer charities that cater for police staff, and (in this study) only Dorset Police Benevolent Fund and Call4Backup stated they served special constabulary.
<table>
<thead>
<tr>
<th>Name of registered police wellbeing charity*</th>
<th>Members only</th>
<th>Serving officers</th>
<th>Police staff</th>
<th>Retirees/veterans</th>
<th>Families</th>
<th>Special Constables</th>
<th>Volunteers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Call4Backup</td>
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<tr>
<td>PC David Rathband’s Blue Lamp Foundation</td>
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<td>Police Care UK</td>
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<td>Police Firearms Officers Association Ltd</td>
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<tr>
<td>Police Rehabilitation Centre</td>
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<td>● ●</td>
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<tr>
<td>Police Treatment Centres</td>
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<td>●</td>
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<td>● ●</td>
<td></td>
<td>● ●</td>
</tr>
<tr>
<td>Sussex Police Charitable Trust</td>
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<td>●</td>
<td>●</td>
<td>● ●</td>
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<td>● ●</td>
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<tr>
<td>Thames Valley Police Benevolent Fund</td>
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</tbody>
</table>

*Current service delivery charities only
The oldest police wellbeing charities are over 100 years old, and are “philanthropic, typically Victorian (charities)” that were “at that time, it was for the aim of, mainly for financial relief, and what they called despair”. The origins may have been a situation where “somebody dies. In the Victorian age, they would have been the breadwinner, they leave a widow and a dependent. So, a lot of the charities started out as the need to support those bits of family that were left when someone suddenly died or died early or something like that”. Some were “what used to be called in the old days The Widows and Orphans Fund, where police officers voluntarily contributed a small sum of money to help other serving officers during times of difficulty”.

At least two police wellbeing charities were set up from the donation of a legacy, such as Sussex Police Charitable Trust, or Northumbria Police (Lilian Eve Memorial) Charitable Trust “left a sum of money by a lady called Lillian Eve”.

A number of police wellbeing charities have been initiated following a tragedy, such as the Blue Lamp Foundation initiated by PC David Rathband after he was “shot and blinded on duty... he didn't want anyone injured in the future and have to incur expenses”. The Police Firearms Officers Association phoneline was set up in a year when “three police firearms officers killed themselves on duty with their own guns”. The charity Call4Backup was founded “as a result of an officer who took his own life who was very close to a lot of us. We decided to support each other and provide each other with a bit of a shoulder if there was anything they felt they needed to get off their chest. And that very quickly grew”.

One of the larger charities, Police Care UK, was the result of a merger between two smaller charities: the Police Dependents Trust, and the National Police Fund. The latter was set up following the UK general strike in 1926 “in response to the fact of the work that the police service had to do during that strike... helping families of officers, really, who have been injured and medically retired, or died on duty”. The Police Dependents Trust was “set up in 1966 following the murder of three police officers in Shepherds Bush”.

Other charities were set up or merged in the 1970s when the “regional boundaries changed”. For example in 1974 “a lot of the police services, the smaller ones, amalgamated into what is basically the police services 43 forces as you see today... they had benevolent funds... And a group of well-minded police personnel decided that, let’s see if we can amalgamate them all together... That resulted in the setting up of the North West Police Benevolent Fund”.

In memory of PC Nicola Hughes (GMP)
Nicola was tragically murdered in the line of duty on the 18th September 2012.
Nicola's family have assisted this Charity with significant funding in her memory and this area is dedicated to Nicola.

NORTHWEST POLICE BENEVOLENT FUND
Changes in modern society have created a different operating environment for police wellbeing charities and their beneficiaries. Pressures on the NHS can mean “police officers can get injured in the line of duty” and have to wait long time periods for treatment. The NHS is also perceived to have “limited capacity to help”, with “bit of a formulaic approach... that is not designed for what they (police) need”.

The impacts of budget cuts on social services mean applications for social care support can take time and be limited in scope (“they’ll say well we’ll put some hand rails in and that’s all you’re going to get”). There is “a big gap in provision, in statutory funding for mental health projects now” and economic changes have meant “some charities got absolutely swamped”. Policing is overtly affected by “safeguarding issues” as police are “dealing with the sharp end of people in crisis, and that’s often when they get called”. Participants report their beneficiaries finding it difficult to access support from the Samaritans and Citizens Advice.

Participants report that public perception of the police impacts on the wellbeing of personnel and public sector treatment availability. “What the public expect of the police... (has) changed vastly”, and there is considerable media interest in “high profile cases”. Police subject to IPOC investigations are particularly under pressure, and anti-authority sentiment has increased in some demographics.

“With in-patient psychiatric care... we’ve had instances with officers where they’re released early because the other patients become aware that they are a police officer. And they are, therefore, no longer safe in that environment”

“Police officers do have an underlying feeling and the need for safety and security because of what they do... we’ve had officers who’ve found themselves presented at hospital or going through physiotherapy... and in the waiting room, because of the area they work, there’s somebody they’ve arrested, and they’ve found themselves trying to avoid a confrontational situation... (so) there’s a fear or an underlying apprehension...some people present with a psychological trauma of the fear of being in the public”

“There is a concern within firearms... there’s concern about their families. The safety of their families... And also don’t forget some of the firearms roles are quite sensitive in terrorism. We don’t want everyone to know that your next-door neighbour’s a counter-terrorism specialist firearms officer”
Personal issues
Participants spoke of various personal issues being initiators of individuals contacting the charity, when people are at the “absolute point of desperation”, or “point of crisis”. Housing issues ("we’ve had officers sofa surfing"), legal issues, addiction, and bereavement were also mentioned.

Debt and financial problems were frequently cited, with examples such as “staff members turn up on the doorstep who can’t afford to feed their children that evening”, and sudden drops in income or unexpected expenses which “just blast people out of the water for money, suddenly they’re in a crisis... it can be anything that just tips people over the edge”. Relationship breakdowns and divorce were also mentioned by interviewees, in addition to people seeking support to escape domestic violence – “the moment they’re fleeing, they’re most vulnerable”.

According to some participants the most common reason for individuals approaching police wellbeing charities is physical or mental health problems. Illnesses such as cancer, strokes and MS initiated requests for support, along with musculoskeletal injuries which may or may not have been sustained whilst on duty. Retired police employees sometimes face “problems associated with old age... and mobility” and the effects of injuries gained whilst in employment. The effect on police families of seriously ill children, those with “learning difficulties like autism”, or elderly parents in ill health are also initiators of approaches to charities. In respect of psychological health, post-traumatic stress disorder (PTSD) was referred to more frequently than common mental disorders (such as anxiety and depression), and may be work-related or caused by an unrelated traumatic experience. Whilst PTSD was noted to be an “extremely serious condition” more than one participant expressed concern at its potential overuse, saying “when I’m reading things around (PTSD)...quite often the word ‘diagnosis’ is missing, and that’s a formal clinical diagnosis of PTSD".
Work related issues
Policing organisational issues such as lone working, shift working, not having “access to unions”, and the requirement to “declare any debt... because it can leave them vulnerable” were reasons given for individuals needing charity assistance. Being assaulted or injured on duty and subsequently forced to change role or leave the force could cause “massive disappointment”, leaving individuals needing urgent support.

Police operational duties such as “routine exposure to... multiple car accidents, multiple suicides, multiple viewing indecent images” was noted to require higher level support. It was observed that whilst certain roles (e.g. child protection) are known to be traumatic and hence well-supported, others such as “crime officers, call handlers... people in media teams left traumatised by having to deal with... material that’s been in front of them” also require help. Interacting with vulnerable members of the public could similarly take a toll on officer wellbeing. The effect of fatal road traffic accidents on police was observed to be “very traumatic”, with one individual being “in a terrible place, she couldn’t get into a car. She couldn’t go for her treatment because she couldn’t go in a car”.

Organisational and operational issues converged around the issue of debriefing, and police not having enough time to process difficult experiences. One participant explained how police are “seeing the worst of the worst in people. But then as soon as they leave there, they’re told to go to another job, and it may be something where they can’t immediately process what they’ve seen... or get support for what they’ve seen”.

Trauma in combination with operational and organisational pressures can be linked to the onset of complex PTSD which itself is then a risk factor for "cardiovascular disease... gastrointestinal problems... (and) autoimmune diseases”. Participants explained how trauma could be gradual and cumulative rather than caused by a one-off event. The “drip, drip” of chronic stress “on top of a demanding role can tip the balance for some people” and being in “that chronic state for a long period of time... has a physical impact”.

The negative health impacts of disciplinary processes upon police employees was explained by multiple participants. The length of time under investigation, the isolation from colleagues, being suspended from duties, and the pressure of being investigated by your employing police force could lead to a “higher risk of suicide”, indicating the need for an independent source of support.
Complexities around issues
Overwhelmingly participants observed the interconnectedness of health-related problems. Individuals frequently approach charities with complex interrelated physical, psychological, emotional, social and financial issues as a result of the unique pressure policing employees are under.

“There’s a lot of scrutiny when police get it wrong... the police force is a very disciplined organisation... there’s lots of regulations in place. So, it very much seems like rather than being supported, you’re being possibly criticised or beaten at every available opportunity...so obviously, you’re already suffering from having that heightened amount of stress. If you’ve got something which causes you a bit more stress, then you haven’t got that resilience to deal with all the extra stress.”

Charities work with police forces to provide care when this is possible. Indeed, interconnected ways of working between the voluntary and public sector is intrinsic to police wellbeing interventions. However, in many cases force occupational health services were perceived as not having capacity to assist individuals. In-force services were described as “overwhelmed” with some individuals “not getting the level of treatment they require because the force can’t afford it”.

“I’ve had occupation health managers or Police Federation reps come to me and say, so-and-so, officer A, requires treatment but they can’t get it, because there’s no money in the budget.”

Furthermore, some individuals “stay in the workplace right until the point they are just about to break”, and feel they cannot ask their employer for help due to fear of negative repercussions.

“Part of the reason that people don’t want to go to occupational health is because in many cases occupational health will say, whatever you tell me is not a protected conversation... not a confidential conversation... Some forces may choose to operate in a different way, but it’s not a protected conversation, so...that means that it can be fed back to their line manager.”
Stigma and disconnect
Participants spoke frequently of instances where individuals seeking charity help had a “personal belief that they may have been unfairly treated or unjustly treated...And that resulted in them feeling a sense of disconnect from their own force. And with disconnect comes disbelief or distrust in their own organisations”. Some participants described individual “being frightened to go back on front line duties” following a traumatic experience, and this being “treated as a disciplinary case rather than a clinical case”.

A “culture of not opening up in the police” was described, where “police officers didn’t want to admit that they might be experiencing challenges”, “because it’s seen as a weakness”. While participants admitted policing culture is changing, many recounted stories of individuals that were not able to obtain support in-force “because they know they might be alienated in some way. They might be viewed as being weak and not up for the job, and, in fact, bullied”.

Many participants observed that stigma prevents individuals seeking support from their employing forces:

“stigma to be seen by their colleagues going into the occupational health department”

“a stigma that if you say you’re struggling, then it’s going to affect your career prospects”

“a real stigma that they don’t want to tell their employer they’ve got mental health issues”

“in the police world, everyone sees themselves or most people see themselves as this big rufty tufty person who can deal with anything, so it’s an even greater stigma to come forward and say look, I need a bit of help here or I’m struggling”
This study identified a series of themes underpinning the approach taken by the police wellbeing charity sector.

‘COMPLETELY INDEPENDENT’
“someone being a step removed, maybe not working for their force. They prefer that and a bit of anonymity”
“somewhere else that isn’t part of their workplace”
“it is completely independent”

‘PRE-EMPT AND PREVENT’
“financial support to prevent a loop of debt”
“what we’re trying to aim for is trying to pre-empt and prevent, or at least help people cope and be more resilient”
“the more that we can do to avoid people having to leave the service and keep them in employment the better for them”

‘CONFIDENTIALITY’
“we treat your confidentiality with the utmost respect. We do not tell the employer, you do not have to go through the employer”
“It’s as confidential as we can make it, and the employer will never know”
“...it’s just referred to as a ‘case’, person as ‘the officer’... it’s all personal, and it’s all confidential”

‘AT THE TIME THAT THEY NEED IT’
“It’s trying to provide what people need at the time that they need it, and not just send them away”
“to get on the ladder quickly, we have paid for them to see a consultant or have a particular test, and then in one sense they’ve got whatever treatment quicker”

‘DOVETAILING’
“charities work in slightly different ways, but we all work and dovetail where there are the programmes”
“the force pays for the employment assistance programme. I see nothing wrong in dovetailing with that”
‘THAT SHARED EXPERIENCE’

“we are people who have been police officers, have been in police forces. We know the environment. We know the stresses…. we know what it’s like to do that job. And I think for police, probably more than any other organisation, police employees have comfort and solace in the fact that these people who they may be speaking to know what they do, because it’s unlike any other job really”

“because it’s very specialised, because it’s protective within police officers, what they say, and that shared experience is very different”

‘SYMBIOTIC RELATIONSHIP’

“I’ve always called it a symbiotic relationship”

“social services … some of their exemptions or exceptions are very complex…we would step into the breach if they couldn’t access it”

“we’re in the process of change at the moment to be… more up to date with the needs of the individuals”

“we do have exceptions to the rule quite regularly where we say ‘this is the only way we can help this person- let’s do it! And that’s where we’ve got the freedom”

‘IT IS TAILORED’

“it is tailored. We look at the person”

“it’s not a one size fits all”

“it’s bespoke”

“we will take on whatever issues people have”

‘BACK TO FULLY FUNCTIONAL’

“what we’re keen to do is get the member back to good health”

“our whole point is getting the officer back to fully functional… keeping them strong, robust and feeling supported”

“as quick as we can, we’ll mend them to get them back on the frontline”

‘IN THE LINE OF DUTY’

“we’re servants of the crown”

“a duty of public benefit”

“in the line of duty”
Police wellbeing charities engage in a diverse array of activities. All provide some form of support direct to individuals, ranging from informal emotional support or crisis loans through to residential treatment breaks and home adaptations for people with disabilities. Some also provide support to other charities and funding for police force wellbeing initiatives. A few deliver therapeutic treatments directly to police. The range of activities undertaken by police wellbeing charities includes:

- signposting
- advice
- information and welfare support phone lines
- counselling,
- emotional support
- online health and wellbeing information assessments
- debt advice
- training and education
- convalescent and respite breaks
- residential psychological and physiological treatment programmes
- day patient physio facilities, alternative therapies
- interest free loans
- crisis grants
- wellbeing project/programme funding
- mentoring
- peer support
- advocacy and facilitation.
- research
- horizon scanning
- campaigning
- stakeholder convening and heritage curation.

The process by which individuals obtain support differs between charities. However, some commonalities exist amongst application processes.

REFER

Individuals can self-refer to charities. Referrals also come through line managers, occupational health, welfare, Police Federation reps, NARPO reps, and charity committee members. Smaller charities often refer into larger ones. Many (but not all) charities require individuals to be a member to obtain help.

A wide variety of psychological interventions are provided across police wellbeing charities, including Cognitive Behaviour Therapy (CBT), Neuro Linguistic Programming (NLP), Trauma Risk Management (TRiM), Clinical Hypnotherapy, relationship counselling, open-ended psychotherapy, Solution-Focused Brief Therapy (SFBT), and Eye Movement Desensitization and Reprocessing (EMDR).

However, the support available from police wellbeing charities differs according to:

- the geographical region individuals are employed within
- the individual's employment status (e.g. officer, staff, volunteer, retiree etc.).
- the support provided by an employing force or local Clinical Commissioning Group
- the resources and charitable objectives of the charity.
**APPLY**

Most charities offer multiple formats and routes to seeking help. Larger charities tend to have both phone lines and online routes. Smaller and local charities have a mixture of paper forms, online, and verbal application routes. Some charities offer an informal initial approach and/or one which supports an in-depth conversation to understand reasons behind applications. Many charities (large and small) ask if applicants have accessed support from their force. In a minority this is a requirement, in others it is a recommendation, whilst others do not require this.

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**EVIDENCE**

Almost all charities, without exception, require professional recommendation for routes into psychological treatment. Many also require this for physical health interventions. Larger charities have capacity to carry out their own assessments (sometimes outsourced). Smaller charities require GP or other health professional (including occupational health) sign-off. Almost all charities that provide grants and loans for 'relief in need' require a financial statement. Some charities provide grants that are not means-tested and so do not require a financial statement.

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**DECIDE**

Local welfare, benevolent and charitable trusts almost all make decisions by committee. The size of panels varies and escalated decision-making processes for different value awards occur in some charities. In almost all cases individual names are replaced with case numbers to uphold. Many charities have an expedited decision process for urgent or emergency application which involved a sub-committee. Large charities’ decisions about whether to proceed with treatment are made as part of the assessment. Very few charities have appeal processes.

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This means that no individual has access to the full range of support on offer across England/Wales, and some individuals have access to considerably more services and treatments than others.

To show this in practice, the next two pages show the breadth of activities undertaken by police wellbeing charities who have participated in this study.

Charities have been categorised as one of three classes:
- Police treatment provider
- Benevolent and welfare funder
- Emergency responder supporter

Charity size relates to Charity Commission for England and Wales income brackets:
- £0 to £10,000
- £10,000 to £100,000
- £100,000 to £500,000
- £500,000 to £5 million
- £5 million plus

The geographical area of benefit for police wellbeing charities does not necessarily correspond to the area where beneficiaries live. The reason for this is that the area of benefit relates to police force boroughs or districts, but beneficiaries may live outside those areas.
## OVERVIEW OF PARTICIPANT POLICE WELLBEING CHARITY ACTIVITIES

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<thead>
<tr>
<th>Name</th>
<th>Size</th>
<th>Type</th>
<th>Area</th>
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</thead>
<tbody>
<tr>
<td>Call4Backup</td>
<td>Small</td>
<td>Police treatment provider</td>
<td>National</td>
</tr>
<tr>
<td>Peer support, crisis support phone line, out-sourced counselling, health/legal/debt signposting, emotional support</td>
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<tr>
<td>Civil Service Benevolent Fund</td>
<td>Large</td>
<td>Benevolent and welfare funder</td>
<td>Greater London (&amp; N. Ireland)</td>
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<tr>
<td>Online wellbeing hub, counselling, debt advice, signposting, horizon scanning, grants for therapies, scans, disability equip, living costs etc.</td>
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<tr>
<td>Dorset Police Welfare Fund</td>
<td>Small</td>
<td>Benevolent and welfare provider</td>
<td>Dorset</td>
</tr>
<tr>
<td>Emergency accommodation, sick leave vouchers, interest free crisis loans, grants for travel, disability equip etc.</td>
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<tr>
<td>Mind</td>
<td>Large</td>
<td>Emergency responder supporter</td>
<td>National</td>
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<tr>
<td>Blue Light Information line, subsided police training, emergency responder mental health resources/research</td>
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<tr>
<td>North Wales Police Benevolent Fund</td>
<td>Micro</td>
<td>Benevolent and welfare funder</td>
<td>Isle of Anglesey, Gwynedd, Conwy, Denbighshire, Flintshire, Wrexham</td>
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<tr>
<td>Grants for disability equipment, house modifications, travel costs, respite care (exceptional circumstances)</td>
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<tr>
<td>North West Police Benevolent Fund</td>
<td>Upper-medium</td>
<td>Police treatment provider</td>
<td>Counties of Cheshire, Greater Manchester Police, Merseyside, Lancashire, Cumbria (and National Crime Agency areas)</td>
</tr>
<tr>
<td>Interest free loans, grants for disability equipment, convalescent holiday homes, day patient physio facilities, specialised residential treatment facility offering alternative therapies, counselling, and physiotherapy, education</td>
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<tr>
<td>Northumbria Police (Lilian Eve) Trust</td>
<td>Large</td>
<td>Benevolent and welfare funder</td>
<td>Northumbria</td>
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<tr>
<td>Debt advice, signposting, respite holiday home, loans, grants for disability equip/ adaptations, travel costs etc.</td>
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<tr>
<td>PC David Rathband's Blue Lamp Foundation</td>
<td>Small</td>
<td>Emergency responder supporter</td>
<td>National</td>
</tr>
<tr>
<td>Grants for on-duty injury-related expenses/ 3rd party healthcare, strategic funding for police wellbeing charities</td>
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<tr>
<td>Police Care UK</td>
<td>Upper-medium</td>
<td>Police treatment provider</td>
<td>National</td>
</tr>
<tr>
<td>Counselling, education, peer support, mentoring, horizon scanning, information, signposting, research, training, campaigning, grants for police force wellbeing initiatives, individual grants for household essentials, accommodation set-up costs, disability equipment etc.</td>
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<tr>
<td>Name</td>
<td>Type</td>
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<tr>
<td><strong>Police Firearms Officers Association</strong></td>
<td>Police treatment provider</td>
<td>Lower-medium</td>
<td>National</td>
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<tr>
<td>Counselling, welfare support programme, training for forces, TRiM practitioners, physiotherapy support, advice, signposting, firearms museum, grants for respite breaks, travel costs, rehab equip etc.</td>
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<tr>
<td><strong>The Police Rehabilitation Centre</strong></td>
<td>Police treatment provider</td>
<td>Large</td>
<td>Southern England and Wales</td>
</tr>
<tr>
<td>2 week holistic residential course (i) psychological ii) physiological) at specialist facility including health checks, mental health education, coping strategies, self-compassion, group exercise, mental health one-on-ones, sleep hygiene, hydro &amp; physio therapy, nutrition classes, alternative therapies, health walks, disability one-on-ones</td>
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<tr>
<td><strong>The Police Treatment Centres</strong></td>
<td>Police treatment provider</td>
<td>Large</td>
<td>Northern England and Wales (and Scotland)</td>
</tr>
<tr>
<td>2 week holistic residential course (i) psychological ii) physiological) at 2 specialists facilities including health checks, counselling, stress awareness, coping strategies, mindfulness, group exercise, mental health one-on-ones, sleep hygiene, hydro &amp; physio therapy and rehabilitation, nutrition classes, alternative therapies</td>
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<tr>
<td><strong>The Royal Foundation of the Duke and Duchess of Cambridge</strong></td>
<td>Emergency responder supporter</td>
<td>Large</td>
<td>International</td>
</tr>
<tr>
<td>Awareness raising activities, mental health campaigning, project seedcorn funding, programme convening, emergency responder stakeholder facilitation and research</td>
<td></td>
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<tr>
<td><strong>St John and Red Cross Defence Medical Welfare Service</strong></td>
<td>Police treatment provider</td>
<td>Upper-medium</td>
<td>Hampshire, Somerset, Bristol, South Gloucestershire</td>
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<tr>
<td>(Historic – Police Medical Welfare Service programme has now ended) emotional support, home visits, hospital appointment escort, employer advocacy, support for personnel under investigation</td>
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<tr>
<td><strong>The Sussex Police Charitable Trust</strong></td>
<td>Benevolent and welfare funder</td>
<td>Lower-medium</td>
<td>East Sussex, West Sussex, Brighton and Hove</td>
</tr>
<tr>
<td>Respite holiday home, debt advice, home visits, advocacy, benefits advice, loans (including IVF), grants for counselling, alternative therapies, crisis travel/ accommodation, childcare, disability equipment/ adaptations, medical scans, solicitor fees etc.</td>
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<tr>
<td><strong>Thames Valley Police Benevolent Fund</strong></td>
<td>Benevolent and welfare funder</td>
<td>Lower-medium</td>
<td>Berkshire, Buckinghamshire, Oxfordshire</td>
</tr>
<tr>
<td>Emotional support, employer facilitation, loans, sickness gift cards, grants for non-NHS medical care, travel etc.</td>
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</table>
Police wellbeing charities are organised, managed and administered in different ways. This section provides an overview of charities’ marketing, fundraising, and compliance activities, their staffing arrangements, and collaboration with other organisations.

Marketing, communication and recruitment
Marketing and communication activities in smaller charities are broadly undertaken to encourage members to join (where relevant) or inform individuals of the support that charities offer. In the larger charities and those with emergency responder interests, communication serves a wider purpose to “provide information, campaign… (and for) individuals who want to become champions- give them advice and information”. One participant spoke of the importance of “branding”, and the charity’s “reputation” as being “the reason people come to us”.

In terms of encouraging members to join, charity communications occur at key transition points, such as new police officer/staff recruitment, retirement, or when a staff member is in crisis (related to work or personal issues). One participant advised “if there’s a major traumatic incident, we tend to have a rush of applications then…. they can apply for a thing that’s just happened, but the priority would be given to people that had already been members before the event.”

Publicity is undertaken in a variety of ways. Internal mechanisms include police force intranets, publicity leaflets, posters, newsletters, notices on noticeboards, email-shots, coffee morning meetings and word-of-mouth through champions, charity representatives, occupational health advisors and welfare staff. Externally, charities use social media, their own and other organisation websites (such as Oscar Kilo), articles (such as in Police Federation and NARPO newsletters), research publications (where relevant) and exhibition stands to publicise their activities. However marketing tends to be aimed at the policing sector and does not usually extend to the general public.

Participants mentioned that raising awareness about that support offered to the police can be challenging, and that “all the other occupational charities are in the same boat, where actually getting the message across can be quite difficult in different workplaces”. In many police wellbeing charities, there has “been a reduction in recruitment over several years…. a reluctance to see the benefits of what is in fact, insurance”.

“I speak to officers in the first week when they join the job. We express what the ben fund is. They come into the job thinking, I’ve seen this on telly, it looks great. Yes, there’s a bit of rough and tumble, but they don’t realise it, and we give them some stated cases of officers who been seriously injured and how we’ve had to rebuild them. So, for student officers, we give them, the first year, if they say they’ll become a member, we give them the first year free, and they can access our (support) straight away. Because police officers within five months of joining are now on the front line, facing the same dangers as the rest of their colleagues.”
Fundraising

Many police wellbeing charities receive funding through membership donation schemes. Income is generally collected through payroll giving or give-as-you-earn arrangements, or occasionally via direct debit. The recommended donation varied considerably between benevolent and welfare charities, with the range being 50p to £7.40 per month. These small amounts could soon mount up as “a thousand people provide £2...that’s every month...you’re getting £2,000 coming in”.

Multiple participants mentioned donations “running at the same rate for a long time”, and a reluctance to increase these as police are on low incomes and staff turnover is frequent. Member donations for the Police Rehabilitation Centre varied between forces (rates for Police Treatment Centres are unknown) and were in some cases bundled together with benevolent membership funds.

Whilst most police wellbeing charities receive donations from their local communities, very few actively fundraise. Those that are most active in fundraising were those with dedicated staff or sufficient volunteer support. Examples of active fundraising included a force lottery, online shop, digital fundraising, summer ball, charity dinner with a local force, comedy night, memorial rugby match, fun day, sponsored runs and skydiving. Some confusion existed as to whether community fundraising might “…cause the fund to be less specific. We are restricted to serving police officers. If we go and get funds from elsewhere, I can’t see how we can restrict it to serving police officers”.

Some charities have good funding relationships with corporate sponsors and have been awarded ‘charity of the year’ status. Only one case of major donor funding was described. No evidence was found of recent philanthropic or statutory grant funding in any police wellbeing charity. Few charities have received legacies, and those that did consequently had considerable financial assets. Money can be “put into an account that’s managed by a financial company”, meaning for some charities “the investments have provided enough interest (to cover normal costs)”, and despite years of spending, they have “virtually got the same money as what we were given”.

<table>
<thead>
<tr>
<th>Charity</th>
<th>Member monthly donation</th>
<th>Major donors</th>
<th>Individual donations</th>
<th>Charity shop</th>
<th>Corporates</th>
<th>Events</th>
<th>Digital / online</th>
<th>Legacy</th>
<th>Investments</th>
<th>Charity / force lottery</th>
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<tr>
<td>Call4Backup</td>
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<td>Civil Service Benevolent Fund</td>
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<td>Dorset Police Welfare Fund</td>
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<td>North Wales Police Ben Fund</td>
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<td>North West Police Ben Fund</td>
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<td>Northumbria Police Trust</td>
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<td>Blue Lamp Foundation</td>
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<td>Police Firearms Officers Assoc</td>
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<tr>
<td>Police Rehabilitation Centre</td>
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<tr>
<td>Police Treatment Centres</td>
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<td>Sussex Police Charitable Trust</td>
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<tr>
<td>Thames Valley Police Ben Fund</td>
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Outcomes and impact
There appears to be a direct link between police wellbeing charity size (denoted by income) and whether monitoring of outcomes (i.e. identification of impact on charity beneficiaries) takes place. All the medium and larger charities carry out some form of outcome measurement and impact monitoring. They subsequently have the ability to “share... lots of different outcomes, depending on what (is) needed, because we do measure the outcomes and benefits of attending our mental health programme. We have lots of outcome measures for physiotherapy as well. It can be based on actually how somebody feels, having done programme, down to actual measurements of percentages of movement, based on someone’s mobility”. One charity sets KPI targets for its projects, another carries out extensive evaluations, and yet another is in the process of developing an “outcomes framework where we can value things against each other in terms of wellbeing”.

For smaller charities, evidence of programme effective was for the most part “anecdotal, but it is based on speaking to individuals who have directly experienced it”. Most charities collected quantitative information on numbers of cases supported, and some also categorised these according to support type (e.g. “11 were with psychological support, 2 were bereavement... 9 were for physical rehabilitation...”). One medium sized charity produced a 'service provision' report as part of their annual reporting activities. Few said that they actively collected data or undertook any monitoring of their services. The work of police wellbeing charities was, however, shown to be effective through multiple narrated good-news case studies and “nice letters of compliment”.

“Massive effect. People really thank you forever...it’s quite a small fund, but people who get assisted by it, really really you know, they find benefit. And they really are eternally grateful if we can assist them.”
Compliance

While we’re doing all this paperwork, nearly two officers a month are killing themselves... I know there’s a place for it, the paperwork, but let’s not spend more on the bloody papers than we do on the actual support for the officers.

Police wellbeing charities have internally and externally imposed rules to follow. Internally, charities must follow their ‘articles of association’, and “funds are set up in certain ways with certain criteria about eligibility and so on”. Rules such as ‘members only’, ‘no loans whilst still on probation’, and ‘no repeat applications’ are in existence, and charitable objectives were perceived as “notoriously hard to change”.

A near-universal rule was a requirement for “physician’s authority” to support requests for psychological and physical health interventions. Some charities conduct assessments themselves, and those that don’t require a professional recommendation from either GP, occupational health practitioner, or other medically trained person.

Practitioners providing psychological or physiological interventions to policing personnel also need to have current insurance and professional registrations which means they are for example “governed by the rules and regulations of the BACP, the British Association of Counselling and Psychotherapy”.

One charity providing money and debt advice has their advisors “trained... to be Financial Conduct Authority compliant”, whilst another with a phone support line has their “call takers DBS checked”. Another, which plays a conveying role in the sector, carries out “due diligence... around the projects that we work on, and the organisations that we work with”. Compliance for facilities providing in-patient care were comparable to hospital settings.

It’s very different though to a hospital setting, but lots of similarities too... You’re still working with the same compliance that you need to work with when you’re working with patients. So, making sure that in terms of the care and treatment that you’re offering, that it’s audited, that there’s health and safety things in place, things are carefully risk assessed. So overall the same criteria ... the same principles to in-patient hospital setting.

Externally, all police wellbeing charities have to meet their obligations to the Charity Commission, such as explaining “why we have such a large fund in contingency... you don’t know whether there’s going to be a Hillsborough or something like that with a major event, with a large number of police officers requiring assistance”. Financial reporting obligations are different for micro and very small charities, which can incur higher costs for charities “we were getting up to the point where we would, instead of just having a normal review of our financial obligations, we’d have to do an in-depth one, which would cost a lot of money”.

""
Staffing and volunteer support
As might be expected, only police wellbeing charities in higher income brackets employ full-time dedicated staff. Those with residential facilities have the most staff, including counsellors, physiotherapists, holistic therapists, core staff and research staff. Micro and small charities tend to be run either by volunteers, by staff employed within police forces or undertake charity responsibilities as a portfolio of welfare work. In the smaller charities there was overlap between staff working in Police Federation or welfare roles and those engaged in the running of charities. Almost all participants interviewed for this study (in their capacity as senior managers of police wellbeing charities) have a direct link to policing, and many were current or former officers. Most police wellbeing charities have serving or former police officers on their boards of trustees.

Volunteers are, for many charities, crucial to operations. Typically, roles undertaken by volunteers include:

- Helping with marketing and communications
- Raising awareness of the charity
- Feeding news back to charity managers
- Organising events
- Running wellbeing stands at local events
- Fundraising
- Visiting applicants’ houses

Charities with strong volunteer support may have “a network of volunteers who are busy trying to raise awareness locally” who are considered “our eyes, ears, mouth, everything else, really”, and “brilliant champions”. Some charities (particularly those with peer mentoring as a core activity) are run entirely by volunteers which means that “outgoings are rather minimal... no one takes a wage”. However, given the sensitive nature of policing work, some roles are unsuitable for volunteers, as one participant explained “... when the bomb went off in Manchester... our welfare officers accompanied the bereaved relatives of those killed and drove them to the mortuary and supported those folk. That level of... you can’t let volunteers do that sort of stuff. Professional welfare people need to do that”.

“We’ve got about 120 champions who have varying levels of activity... if they hear of something happening, if they know somebody wants to do a sponsored run, or get involved, or they’re involved of a colleague who’s been injured, or might fit the criteria, they’ll contact us and we’ll get involved at that stage where it’s appropriate... To me, that’s where it’s going to work. Get in at the front, the coal face.”
Inter-organisational collaboration

Some police wellbeing charities, especially those administered by current employees of police forces, work synergistically with force occupational health and welfare departments. Charities are “of the police service, but not belonging to the police service. So, we’ve got the direct inter-relationship between the benevolent fund and the service itself, without the service owning the benevolent fund”. These charities often offer “wrap-around” provision which enhances support that forces are able to provide (such as through employee assistance programmes).

Whilst some will only provide support outside the criteria of EAP provision (for example “we don’t provide for counselling because that’s funded by the EAP”) others will build on EAP provision (“if your EAP does six sessions of relationship counselling, well, that’s great. But when you get to the end of six, and then you need to do more because that’s been recommended, then we’ll say come to us...we will complement”).

Some benevolent funds are also closely tied through management systems, such as having “access to payroll so that we can check to see if an applicant is a contributing member”. Their accounts are frequently maintained by force finance departments, and in many cases the deputy chief constable and/or other senior police staff sit on fund committees.

However, other charities “don’t work with OH”. One participant explained “we don’t ordinarily work with the OH, and it’s not through us, it’s through them. They don’t want to work with us... they think that we’re some sort of threat”. Another participant described how “quite often there is conflict with Occupational Health, where they’re not prepared to fund further sessions”, adding that “it’s frustrating that we seem to be subsidising elements of treatment that the force should be paying for”. One of the larger charities also offered that “there’s no link with occupational health, because we’ve not got any authority to do that, and actually the reason (officers are) coming to us is because they don’t want to go to occupational health”. Reasons for not wishing to go to occupational health are largely connected to confidentiality and concerns about negative effects on careers.

Police wellbeing charities work with other third sector organisations, including NARPO, the Police Federation. Only one charity mentioned having links to the Blue Light Pledge and Oscar Kilo programmes. No participants mentioned the National Police Wellbeing Service. Two charities described being part of the Specialist Clinical Independent Rehabilitation Network (SCIRN), a forum for rehabilitation professionals from healthcare charities who exchange information on therapeutic interventions.

Charities also described programmes they were running in collaboration with another police wellbeing charity. However there does not appear to be any overarching organisation assisting the collaboration of such programme, and one participant described the current situation with police wellbeing charities as “hotchpotch”. At least four organisations have generated materials they are willing to share with other providers, such as digital psychological wellbeing products, emergency responder mental health information and resources, project evaluations of ‘what works’ in different scenarios, preventative measures, raw data such as detailed case histories and survey findings, and police health and wellbeing training products, demonstrating a willingness for collaborative support.
Participants were invited to identify significant challenges that their organisation is facing. Responses show four broad areas of difficulty: awareness, access, bureaucracy and funding.

**Awareness of charity support and policing need**
- “People recognising the good work you’re doing. Acknowledgement of the good work we’re doing i.e. proactive support for the officers. Acknowledgement of that…”
- “Our aim for this year, is to try and get ourselves out there more, put a bit more funding into promoting the charity and what we can do and go from there really…”
- “Most definitely awareness, and awareness on a number of different levels. So awareness amongst the police service of the help and support that we can give to officers…. and then awareness of the issues. So that understanding of the fact that there is an issue here. There is a problem and there is a need. And getting that consciousness, both within the political arena and within the public arena, that awareness is the big, big problem.”

**Ensuring access for all who need it**
- “Providing support for non-members…”
- “Our alignment with (a bordering force) and the fact that they don’t have any similar charity set up. And where we’re trying to harmonise processes between the two forces… do they need to have a charity?”

**Bureaucratic issues**
- “Due diligence, I suppose, around the projects that we work on, and the organisations that we work with, that’s quite a considerable challenge.”
- “The greatest challenge facing our charity is getting people to join… We’ve tried all ways, but it’s very difficult to get police officers to contribute.”
- “Greatest challenge, it’s probably internal. It’s just resources, and help. Bureaucracy to try and fill the gap… I did go out to voluntary organisations, but it’s actually quite difficult to formally get a volunteer, now, because, you need to have safeguarding policies. You need health and safety policies. You need all sorts of other things. And, we don’t have that…”
- “Clearly, there’s a problem of giving up things and the problem of territory and ownership that people encounter when they’re trying to do these kinds of things apart from the legal bits. I think there’s a kind of, this is my baby, I don’t want to give it up attitude about some bits of it.”
- “The biggest challenge we have, I must admit, is to make sure- is to just spend the money… you will find a lot of the committee sort of voting for, ‘no- don’t give them much, because we want to keep it for a rainy day this money. The rainy day is never going to come. The rainy day is here already. People are struggling…”

**Finance**
- “Looking at the long-term sustainability and the financial sustainability, long term. We have been here 30 years, but yes, that’s really one of our main things that we need to look at.”
- “At the moment we’re running on a deficit… it’s very difficult.”
- “Reaching income generation for the future sustainability. At the moment, we’ve got good reserves, but that won’t keep on in the future.”
SUMMARY OF STUDY FINDINGS

- Police wellbeing charities exist to maintain and improve the health and wellbeing of current or former policing personnel. They are a form of occupational charity.
- The oldest police wellbeing charities are over 100 years old and are rooted in Victorian philanthropy, whilst others have been initiated as a response to a tragedy.
- Changes in society have increased the current need for health and wellbeing support outside that provided by police employers and the NHS. Personal and work-related issues can lead police personnel to seek help, whilst in-force stigma can present a barrier to help seeking.
- Police wellbeing charities employ an approach which is independent, occupation-orientated, preventative, timely, bespoke and confidential. Support dovetails with statutory assistance and has developed in symbiosis with police forces, the public sector and the needs of individuals.
- An incredibly diverse array of holistic services are offered by the sector such as physiotherapy, counselling, debt advice, peer support, research and training, and the provision of grants and interest-free loans.
- Most benevolent and welfare funds are micro or small sized charities. Large police wellbeing charities currently generate almost three-quarters of the total income for the sector.
- Police wellbeing charities are organised, managed and administered in differences ways. They are experiencing challenges around awareness raising, access to services, bureaucracy, and financial sustainability of their activities.
- Individual differences exist between charities according to geography, the job role of beneficiaries and alternative provision. This means that there is unequal provision across England/Wales.

The authors would like to express their gratitude to all police wellbeing charities that have participated in this study:

Call4Backup
The Civil Service Benevolent Fund
Dorset Police Welfare Fund
Mind (the National Association for Mental Health)
North Wales Police Benevolent Fund
The North West Police Benevolent Fund
The Northumbria Police (Lilian Eve Memorial) Trust
PC David Rathband’s Blue Lamp Foundation
Police Care UK
Police Firearms Officers Association Ltd
The Police Rehabilitation Centre
The Police Treatment Centres
The Royal Foundation of the Duke and Duchess of Cambridge
St John and Red Cross Defence Medical Welfare Service
The Sussex Police Charitable Trust
The Thames Valley Police Benevolent Fund

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