Camau Cynnar gyda'n Gilydd
Early Action Together

Rhaglen ACEau yr Heddlu a Phartneriaid
Police & Partners ACEs Programme

Enhancing Resilience and Self-Care Skills (ERAS) training:

A pilot evaluation of the delivery of a psycho-educational training programme within policing.

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A pilot evaluation of the delivery of a psycho-educational training programme within policing.

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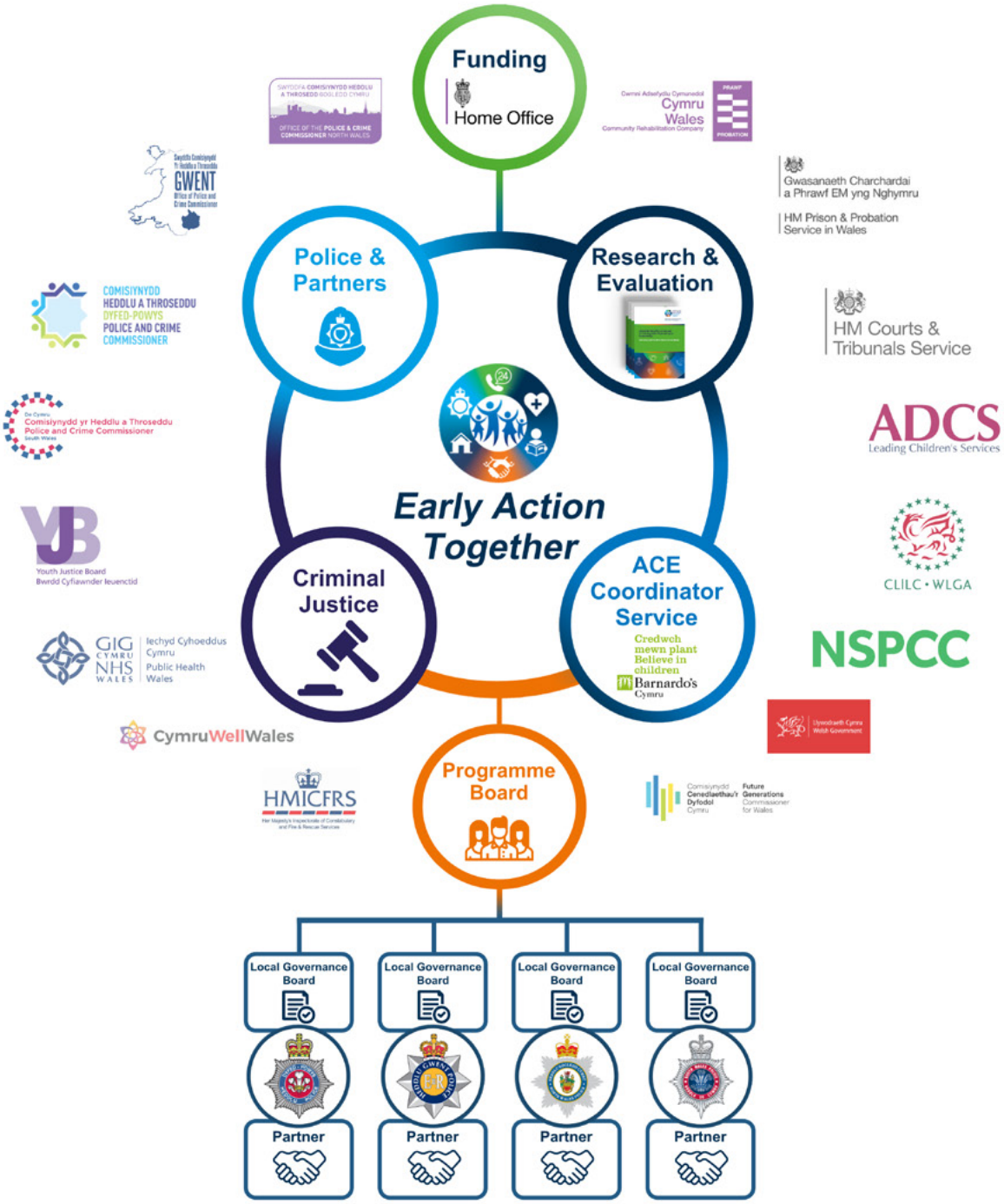
Early Action Together Programme Structure



Overall Programme Aims

To transform police and partner responses to vulnerability, to deliver a multi-agency whole systems approach to enable early intervention and preventative activity when Adverse Childhood Experiences (ACEs) and trauma are evident and families are at risk of poor outcomes.

Overall Programme Objectives

A competent and confident workforce to respond more effectively to vulnerability using an ACE informed approach in both fast and slow time policing.

Organisational capacity and capability, which proactively meets changing demands.

A 24/7 single integrated 'front door' for vulnerability that signposts, supports and safeguards encompassing 'blue light', welfare and health services.

A whole system response to vulnerability by implementing ACE informed approaches for operational policing and key partners.

Enhancing Resilience and Self-Care Skills (ERAS) training:

a pilot evaluation of the delivery of a psycho-educational training programme within policing

ERAS Training

A pro-active resilience building training programme delivered by mental health professionals to police officers and staff

16-hour training programme

once a week for four weeks

four hours per session

Pre-training survey completed

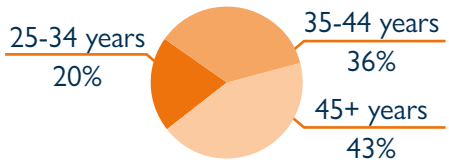
Post-training survey completed at end of training session 4 or 4-weeks apart if control group

Two months post-training survey completed + 13 face-to-face interviews

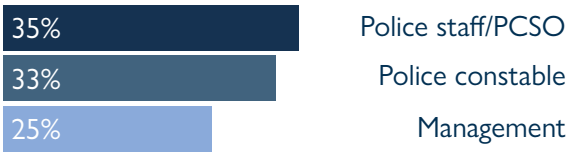
Training cohort: 40 participants

Gender

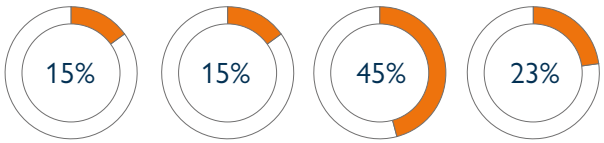
Age



Job Role



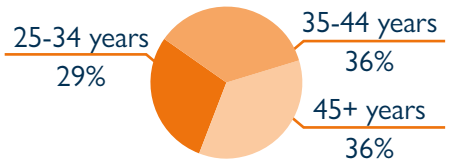
Length of time in service/occupation



Control group: 14 participants

Gender

Age



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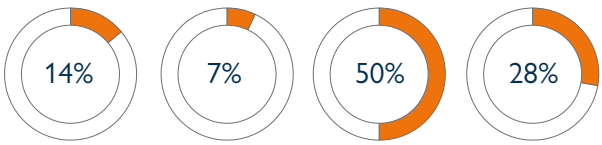


IMPACT

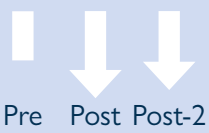
Positive mental well-being increased

No changes seen in control group

Significant positive changes

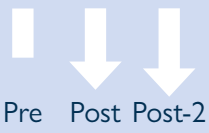
Post-training:
- feeling optimistic about the future
- feeling useful
- feeling relaxed
- dealing with problems well
- thinking clearly

Post-2 training:
- feeling relaxed
- feeling close to others



Overall, perceived stress levels decreased

No changes seen in control group



Overall, operational perceived stress levels decreased

No changes seen in control group

Overall, positive changes in levels of resilience immediately

No changes seen in control group

Change post-training in responses to stress using approach/active coping strategies:

- ✓ Using informational support
- ✓ Positive reframing
- ✓ Planning

FEEDBACK

Two-thirds of participants highly valued the 'preventative' rather than 'reactive' nature of the training.

93% of participants found the training useful

"Learning about trauma and how for 19 years I have been subjected to it at various points in my career without being able to put it into words."

"Thank you really enjoyed the course. It was good to take time out from busy work life to look after myself."

"Excellent course + training that will provide me with additional tools to build upon my resilience and understand when I need help and/or others need help."

51% listed external barriers to accessing support

58% lack of time to attend appointments

"Time, level of support, having to talk to multiple people."

63% listed organisational barriers to accessing support

80% stigma & lack of confidentiality

"There is limited understanding of mental health and well-being within their organisation."

The National Adverse Childhood Experiences Approach to Policing Vulnerability:

Early Action Together (E.A.T) programme

Camau Cynnar gyda'n Gilydd
Early Action Together

Rhaglen ACEau yr Heddlu a Phartneriaid
Police & Partners ACEs Programme

Funded by the Home Office to deliver a national programme of change across Wales (2018-2020), the E.A.T programme is a unique collaboration between Public Health Wales (PHW), the four Welsh Police Forces and Police and Crime Commissioners, in partnership with Criminal Justice, Youth Justice, and third sector organisations.

The programme sets out to address the increasing demand of vulnerability on services to transform how police and partner agencies work together to respond to vulnerability beyond statutory safeguarding. Recognising the importance of early intervention and preventative action, the programme will develop a whole systems response to vulnerability to ensure pathways for support are available for the police when vulnerability falls below thresholds for statutory support. Building into current systems, this work will utilise existing community assets to develop a bank of resources for police and partners to draw upon when supporting people in their communities.

This report is one of a series of research publications that will enable us to understand and evidence the impact of the E.A.T programme:

- Transitioning from police innovation to a national programme of transformation: an overview of the upscaling of Adverse Childhood Experience (ACE) and trauma-informed training and evaluation
- Understanding the landscape of policing when responding to vulnerability: interviews with frontline officers across Wales
- An evaluation of the Adverse Childhood Experience Trauma Informed Multi-agency Early Action Together (ACE TIME) training: national roll out to police and partners
- Enabling early intervention and prevention in the policing of vulnerability: an evaluation of the role of police in multi-agency integrated service delivery
- Police perspectives on the impact of the Adverse Childhood Experience Trauma-Informed Multi-Agency Early Action Together (ACE TIME) training across Wales.

This programme of research investigates the impact of an early intervention and prevention response to vulnerability in policing and the criminal justice system. Research and evaluation is being completed around the ACE TIME training, and how it has been embedded; in addition to the evaluation of the wellbeing of police and partners.

For more information about the E.A.T programme please visit the website: www.aces.me.uk

Contents

Acronyms used in the report

ACEs	Adverse Childhood Experiences
ACE TIME training	Adverse Childhood Experience Trauma-Informed Multi-Agency Early Action Together Training
BCI	Brief COPE Inventory
BRS	Brief Resilience Scale
CBT	Cognitive Behavioural Therapy
DPP	Dyfed Powys Police
E.A.T	Early Action Together
ERAS	Enhanced Resilience and Self-Care Skills
PC	Police Constable
PCSO	Police Community Support Officer
PSQ-Op	Operational Police Stress Questionnaire
PSS	Perceived Stress Scale
PTSD	Post-Traumatic Stress Disorder
SWEMWBS	Short Warwick-Edinburgh Mental Well-being Scale
TRiM	Trauma Risk Management

Executive Summary

The primary function of the police is to protect the public and preserve order. Police officers and staff provide support and assistance to the most vulnerable members of society, yet often the nature of their role can cause harm to their own psychological and physical well-being. While sickness rates do not provide a comprehensive measure of the extent to which officers are struggling with their well-being, research has highlighted there are high levels of poor mental health, fatigue and stress within the workforce. The Welsh police forces have put in place a catalogue of support services and provisions for officers to access when they have physical and mental health needs. However, previous research from the Early Action Together (E.A.T.) Programme, with police officers and staff found that, despite efforts to improve workforce well-being, there are still a number of barriers for police officers and staff to seek the support they need. Organisational culture and perceived stigma prevent police officers and staff from seeking help to address well-being needs, consequently, maladaptive coping techniques and behaviours may develop.

The E.A.T. Programme, funded by the Home Office, has worked to transform police and partner responses to vulnerability by developing a trauma informed workforce. Developing a more resilient workforce better equipped to deal with the challenges of modern policing is pivotal in achieving the aims of the programme. Dyfed Powys Police force worked with mental health specialists in the local health board area to create a psycho-educational programme for police officers and staff to strengthen their resilience and develop the skills to be able to appropriately manage their personal well-being.

The Enhancing Resilience and Self-Care Skills (ERAS) training is a four-week training programme which draws on the principles of Cognitive Behaviour Therapy (CBT). The ERAS training initiative is an early pro-active resilience building programme that provides officers and staff with the knowledge to identify signs of trauma, stress, fatigue and burnout; enhance their awareness of cognitive, behavioural and emotional responses to stressors; and, to identify the need for professional consultation to prevent serious escalation of the consequences of trauma and stress. The ERAS training was piloted September-December 2019 with two cohorts of 20-25 police officers, police staff and local external partners[a] across a range of different operational roles from Dyfed Powys Police Force area. The 16-hour training programme was delivered once a week, for four weeks, with each session lasting four hours.

Public Health Wales carried out an independent evaluation to measure the impact of the training on attendees' health and well-being, and to assess the delivery of the training. The evaluation had the following objectives:

1. To assess the impact of the training on the well-being of police officers and staff and their levels of emotional resilience;
2. To assess the impact of the training on the ability of police officers and staff to manage stress and trauma at work through self-care; and,
3. To explore the implementation and delivery of the training within a policing environment and consider the suitability of the training for wider roll-out.

Data were collected by questionnaire and face-to-face interviews. The questionnaires used pre-validated measures to assess hardiness, mental well-being, perceived stress, operational police stress, coping and

a Local external partners were invited to take part in the training after the main evaluation objectives were set. Additionally, the number of 'partner' participants were too small to group separately, therefore they have been incorporated into 'staff' group.

resilience. Additional questions were included to measure the likelihood of attendees seeking support if needed, barriers to seeking support, and perceptions of the training content and delivery. The training cohort (n=40) was composed of those police and staff who attended the training over two separate sessions. Questionnaires were completed at the first training session pre-training, post-training at the final training session and two months after the training. A control group was also established (n=14). Members of the control group did not receive the training. They completed the pre- and post-training questionnaires four-weeks apart.

Thirteen face-to-face interviews were carried out with a purposeful selection of police and partners in the two training cohorts, as well as the training facilitators and representatives from the police force responsible for workforce well-being (e.g. occupational health). The interviews took place approximately 8 weeks after training completion. Interviews explored participant perceptions of well-being within the organisation, reasons for developing/attending the training, perceptions of training content and delivery, experience of the training, further support police officers and staff may need, and considerations for up-scale and wider roll-out of the training.

Findings

Hardiness

Hardiness is a measure of an individual's trait ability to manage and respond to stressful events. This was measured pre-training and two months post-training. The findings highlighted:

- Prior to receiving the training, participants had moderate levels of hardiness across the three subscales (scores range from 0, low hardiness, to 15, high hardiness): 'sense of control' (Mean=9.8), 'sense of life and work commitment' (Mean=9.6) and 'sense of openness to life changes and challenges' (Mean= 9.6). There were no significant differences in level of hardiness for age, gender, job role or length of service.
- Two months post-training, participants had higher levels of 'sense of control' (M= 10.6, $p < 0.05$), showing improved belief that life changes can be anticipated and controlled. Overall, there were no significant changes in scores for 'sense of life and work commitment' and 'sense of openness to life changes and challenges'.
- Two months post-training, there were significant differences in the level of 'sense of openness to life changes and challenges' and total hardiness scores by length of service or time in occupation. Participants with less than 3 years' service reporting higher sense of openness scores than individuals with 3-9 years' experience (M= 12.4 and 8.0 respectively; $p<0.05$) and overall hardiness scores (M=35.8 and 35.4 respectively; $p<0.05$). All scores remained in the moderate range of hardiness.

Mental and emotional health

The Short Warwick-Edinburgh Mental Well-being Scale (SWEMWBS) was used to measure mental and emotional health pre- and post-training and at 2 months following training, using seven statements about thoughts and feelings. The results demonstrated:

- Pre-training, participants scored a moderate total score for mental well-being (M=21.2), which significantly increased immediately post-training (M=23.2, $p<0.01$). There was a slight decrease in total mean score two months after training; however, the positive shift between the pre- and 2-months post-training results remained significant (M=22.7, $p<0.01$).
- Post-training, there was a significant positive increase across six of the seven subscales, with participants feeling more optimistic about the future, feeling useful, feeling relaxed, dealing with

problems well, thinking clearly ($p<0.01$) and being able to make up their own mind about things ($p<0.05$). There were no significant changes in 'feeling close to other people'.

- This increase in positive mental well-being from pre-training was maintained over time with significant positive change demonstrated two-months post-training for feeling relaxed ($p<0.05$). Additionally, a significant difference was also noted from pre-training to two-months post training in 'feeling close to others' ($p<0.05$).
- For those that had not attended the training (control group) no significant differences were seen across the mental and emotional health subscales or overall mental well-being score over the 4-week period between pre- and post-survey.

Perceived situational and operational stress

Two different measures of stress were used; the Perceived Stress Scale (PSS), which assesses stressful situations in one's life, and the Operational Police Stress (PSQ-Op), which assesses stress specific to the policing role. Both measures were completed pre-and post-training and two months after training. The findings highlighted:

- Participants experienced moderate levels of perceived stress pre-training ($M=18$; scores range from 0-40). The level of stress reduced immediately post-training ($M=13.7$, $p<0.01$), and remained lower than pre-training two months later ($M=15.2$, $p<0.01$). There were no significant differences in total mean scores by gender, age, job role and length of service.
- There was a significant reduction in perceived stress from pre-training levels, both immediately post-training and two-months post-training, for the following items: unable to control important things ($p<0.05$); nervousness associated with feelings of stress ($p<0.01$); believing things will go your way ($p<0.05$); feeling on top of things ($p<0.01$); being angered at things outside of your control ($p<0.05$); and feeling that difficulties are piling up that you cannot overcome ($p<0.05$).
- For police operational stress, there was an overall moderate level of stress pre-training ($M=2.81$, scores range from 0-7), and no significant reduction in overall level of operational stress post-training or after two months.
- Pre-training, the greatest stressors included paperwork ($M=3.9$), time to stay in good physical shape ($M=3.8$), fatigue ($M=3.7$), not enough time to spend with friends/family ($M=3.7$) and social life outside of work ($M=3.3$).
- Types of stressors varied by occupational role and length of service pre-training; police constables reported higher stress for shift work and overtime than police community support officers ($p<0.05$), and those with 10-19 years' experience reported significantly higher stress relating to shift work than those in the job for fewer than 3 years ($p<0.05$).
- Post-training there were no significant differences in individual item scores by age or job role. However, females reported lower levels of stress in relation to performing work related activities on their days off and not having enough time to spend with friends and family ($p<0.05$). Additionally, participants with 3-9 years' experience reported higher stress for lone working at night and working their days off than those with >10 years ($p<0.05$).
- Two-months post-training, participants over 45 years old reported significantly lower levels of stress regarding working alone at night, staying in good physical condition, occupation-related health issues, dealing with negative comments from the public and experiencing limitations to their social life than those who were younger ($p<0.05$).
- The control group saw no significant changes in overall perceived stress levels or across individual items other than being angered at things outside of their control ($p<0.05$) within the 4-week period of completing the pre- and post-survey.

Coping and resilience

Questionnaires included questions on the strategies participants use to cope with stressful situations, and their levels of resilience. These were measured pre-training, immediately post-training and two months later.

- Pre-training, participants in general favoured positive approach coping strategies in responding to stress suggesting that participants are overall appropriately coping with stressful events they may experience. The most favoured coping style was active coping, which focuses on problem solving and seeking professional and social support to manage stress.
- Pre-training, there were significant differences in individual forms of coping by length of time in occupation and gender. More specifically, participants who had been in their job for 3-9 years were more likely to use self-distraction to cope with stress than participants who had only been in the role for up to 3 years, with those early in their policing career more likely to use self-blame to cope. Females were more likely to seek emotional support than males were ($p<0.05$).
- Post-training, there were significant positive shifts in the forms of coping participants would adopt, with participants more likely to use informational support ($p<0.05$), positive reframing ($p<0.01$) and planning strategies ($p<0.01$) when experiencing stress. However, these changes were not maintained two-months after training; rather, participants were more likely to use venting to cope ($p<0.05$).
- Two months after training, there were significant differences in the form of coping across ages, with participants aged 45 and over more likely to employ venting strategies than the younger officers and staff ($p<0.01$).
- Post-training the most favoured coping strategy was planning, followed by active coping. This remained the most preferred coping strategy two-months after training.
- There were significant differences in the level of resilience across demographics. Pre-training, participants who had been in the job for 3-9 years displayed higher resilience in being able to recover quickly from stressful events than participants in the job for up to 3 years. Post-training, participants with up to 10 years' service perceived themselves to be more able to 'snap back' when something bad happens compared to those that had served 10-19 years ($p<0.05$).
- Furthermore males reported higher levels of resilience making it through stressful events than females ($p<0.05$).
- At each time point, participants demonstrated resilience in the 'normal' range, meaning resilience scores ranged between 3.0-4.3. Immediately post-training, there was a significant increase in the overall level of resilience, and significant improvements in participants' perceived ability to make it through stressful events, snap back when something bad happens, come through difficult times with little trouble and get over setbacks ($p<0.05$).
- There was no significant difference seen in overall resilience levels from participants in the control group 4-weeks after completing the pre-survey.
- Post-training the improvements seen in resilience were not maintained two months after the training.

Survey open responses and interviews

The majority (n=27, 67.5%) of participants had not previously received training on well-being and personal resilience. However, almost half of the participants had attended the Adverse Childhood Experiences Trauma Informed Multi-Agency Early Action Together (ACE TIME) training, which led to a small number of officers and staff identifying the potential personal impact of ACEs.

Well-being support within the police was considered accessible, but often only once an individual reaches crisis point. Participants were motivated to attend the training to improve their resilience and manage stress in both a personal and professional capacity. Furthermore, managers attending the training wanted to improve their ability to identify signs of poor well-being within their team and to be able support officers and staff to access help.

Participants identified a range of services available to them. Occupational health was reported to be the first place police and staff would seek help because of their ability to provide different forms of support. Although Trauma Risk Management (TRiM) is widely available to police officers and staff after attending a traumatic incident, this support was considered a risk assessment exercise rather than a form of support. Counselling was preferred despite there being limited capacity to widely deliver this service.

The ERAS training provided officers with a comprehensive review of well-being services and resources available to them. However, following attendance to the training, there continued to be barriers to accessing support from the organisation. Participants reported stigma and concerns for confidentiality as the most often reported barrier, and participants reported being still unwilling to seek support as a result of what they perceived as limited awareness and acceptability of mental health and well-being across the organisation, unsupportive limited uncertainty about support from line management and the potential that seeking support could affect career development. Although the training required a large time commitment, attendees predominately reported to have been supported by management to attend for the four weeks. However, some individuals experienced challenges being granted time away from operational duties to attend.

The training was considered relaxed and informal, which created a safe space for participants to speak openly about their experiences and seek support. The inclusion of CBT into the training was perceived as very beneficial by participants, by highlighting the importance of taking the time to process experiences to prevent distorted thinking. Also, the information on self-care was seen as providing the tools to effectively manage stress.

Participants frequently reported the benefit of receiving the training alongside their colleagues. Peers were highlighted as an important source of support during challenging times; thus, hearing colleagues have similar experience was helpful. This suggests that it may be more beneficial to police officers and staff to receive resilience and well-being training separately to external partners in order to receive support from those they work with directly. Training participants highly valued the expert knowledge and experience of the trainers, which allowed learners to easily understand the potential complexities of experiencing trauma and a greater depth of understanding of the principles of CBT. Furthermore, the use of external trainers provided participants with a sense of safety to speak without concerns about confidentiality. There was universal agreement among those interviewed that future delivery of the training needs to remain with external trainers with specialised mental health training.

Participants suggested few changes to the training itself, but a small number suggested follow-up support of individual 1-2-1 time would be beneficial, to allow participants the opportunity to talk to trainers privately if they have more sensitive information to share. Furthermore, mixed views existed among participants about whether the training should be mandatory or voluntary. On one hand, many people who need the training would be unlikely to volunteer to attend, but it was perceived that participants may not engage with the training if they are required to attend, which could adversely impact the group dynamics. That said, all interview participants reported that the training should be delivered to new recruits as part of induction training.

Conclusions

Developing a more resilient workforce better equipped to deal with the challenges of modern policing is essential in the current climate of high levels of poor mental health, fatigue and stress within the police workforce. The ERAS training programme presents an important step towards equipping police officers and staff to develop strategies to cope with stressful events before escalation and crisis point hit.

The findings from the current evaluation suggest that overall, when compared to control group results post-training, the training increased the mental well-being and emotional resilience of those that participated, while also equipping police officers and staff to employ more positive coping strategies when experiencing stressful events. Furthermore, attendance at the training reduced both personal perceived stress levels and occupational stress associated with policing; again, this was in direct contrast to the control group that saw no changes in stress levels over a four-week period.

Nonetheless, the findings are unclear as to the longer-term benefits of the training and the sustainability of the positive outcomes seen initially, with a number of the positive changes seen immediately post-training not maintained two-months later. The current evaluation was limited to a two-month post-training follow-up period and therefore longer-term impacts of the training over a 12-month period would be useful to capture in further evaluation in order to fully assess the impact of the ERAS training on police officer and staff well-being. Additionally, the evaluation provides some evidence of where there might be barriers to implementing the training at a force wide level.

Recommendations:

- Promotion of the benefits of the training to both individual and organisational well-being should be clearly advertised to all staff across the force, with support from senior management emphasised prior to wider force roll-out of the training.
- Communication is needed around the acceptability of receiving support, in order to enable officers and staff to seek support for both personal and work related stress when required.
- Further evaluation of the impact of the training on other training cohorts such as new recruits, those in different roles and those mandated to attend the training should be considered to inform whether the training should be fully rolled out across the force.
- The current evaluation considered impact over two-months post-training, further evaluation is needed to ascertain the longer-term impact of the ERAS training on police officer and staff well-being.

1.0. Introduction

Policing is one of the most stressful occupations in the UK, in which organisational stressors have a greater impact on physical and psychological well-being than other job roles, resulting in lower rates of job satisfaction.[1] Across the UK, a high proportion of police officers and staff have reported exposure to traumatic events in the line of duty (~90%),[2,3] including incidents involving harm to others (e.g. sexual assaults and violence), and those resulting in personal injury and threats to life.[3] While exposure to traumatic events can have a significant impact on the well-being of police officers and staff, other occupational stressors have been identified to have a greater effect, including high work load, long hours, shift patterns, work-life balance and organisational bureaucracy.[4,5]

The Police Federation has highlighted that nationally, officers report concerning levels of mental health and well-being, including poor life satisfaction and high levels of fatigue, stress, low mood and anxiety.[3] The Cambridge survey 'The Job and The Life' highlighted that 66% of the police workforce experience psychological or mental health issues as a result of their police work.[2] While rates of long-term sickness are low (≤2%)[b],[6] research has evidenced high levels of 'presenteeism' among police, with 93% of police officers and staff stating that they would go into work even if they were suffering from a psychological condition.[2] Similarly, it is not uncommon for police to use rest days or annual leave instead of sick days, with 'leavism' reported by 42% of police.[7,8]

In Wales, research with police officers and staff across the four police forces have further highlighted that a heavy persistent workload and unfavourable shift patterns can have the biggest impact on officer well-being due to the effect it has on their ability to maintain a healthy lifestyle and a work-life balance.[9] Furthermore, exposure to traumatic events and materials can have a significant impact on staff well-being, but it is the inability to take time to process these experiences which can impact their well-being.[9] Across the four police forces police officers and staff identified improvements in the management of workforce well-being, with the provision of a wide range of support for police to access, including occupational health, Trauma Risk Management (TRiM) and counselling services. However, colleagues and management were considered integral in helping officers deal with difficult incidents and stress because of the shared understanding and ability to relate with each other. That said, cultural barriers and perceived stigma were the most frequently reported barriers to accessing support, including concerns about being perceived as 'weak' for needing support and career progression being inhibited if management are aware of well-being concerns.[9] This is supported by research which has highlighted that 8 in 10 emergency workers would not seek help from occupational health, and only 16% of police who have previously sought help did so from within their force.[10]

1.1. The Enhancing Resilience and Self-Care Skills (ERAS) training programme

The Home Office funded the Early Action Together (E.A.T) programme to transform police and partner responses to vulnerability in Wales. The programme aimed to support the Welsh police forces to adopt trauma-informed practice in response to vulnerability, and to enable access to early intervention and prevention for those affected by adversity. In supporting the most vulnerable individuals within society, the programme aimed to develop a more resilient workforce that is better equipped to deal with the challenges of modern policing.

To achieve this, Dyfed Powys Police (DPP) Force has worked collaboratively with specialist mental health practitioners in Hywel Dda University Health Board to develop and pilot a psycho-educational training package for bespoke delivery to the police.

b National data on short term sickness is not available

The Enhancing Resilience and Self-Care Skills (ERAS) training has been developed for delivery to groups of up to 25 police officers and staff over 16 hours of training spread across four training days. The training draws on principles of Cognitive Behaviour Therapy (CBT) to help attendees develop skills to manage their emotional vulnerability and build resilience. The ERAS training initiative is an early pro-active resilience building programme that looks to prevent the serious escalation of the consequences of trauma and stress in an individual's life through the following learning objectives:

1. **Recognise signs and symptoms of work-related trauma, stress, fatigue and burnout;**
2. **Build emotional resilience as a result of enhanced knowledge and awareness of our cognitive, behavioural and emotional responses; and,**
3. **Identify need for professional consultation.**

1.2. Current Study

Public Health Wales carried out an independent evaluation to assess the impact of the ERAS training on police officers and staff, and the suitability of its delivery. In line with the training aims, the evaluation has the following objectives:

1. **To assess the impact of the training on the well-being of police officers and staff and their levels of emotional resilience;**
2. **To assess the impact of the training on the ability of police officers and staff to manage stress and trauma at work through self-care; and**
3. **To explore the implementation and delivery of the training within a policing environment and consider the suitability of the training for wider roll-out.**

2.0. Methodology

A mixed methodology was used to evaluate the ERAS training, utilising surveys and one-to-one interviews. The evaluation was reviewed and approved by Health and Care Research Wales and Public Health Wales Research and Development (IRAS ref: 2535898).

2.1. Evaluation survey and validated measures

Piloted with two cohorts, the 16-hour training programme was delivered once a week, for four weeks, with each session lasting four hours (Sept-Dec 2019). Both police and local partners attended the training on a voluntary basis, having responded to a force-wide email invitation, and were provided with protected time away from operational duties to attend each week. At the start of the first training session, a member of the research team informed attendees of the evaluation and invited them to take part in the study. Once informed consent was obtained, participants were provided with a survey, at the beginning of the first training session, to capture baseline measures of their well-being. The survey was repeated four-weeks later at the end of the final training session to capture any immediate impact, and again two months after completion of the training to capture the longer-term impact.

In addition, police officers and staff were recruited as a control group for the evaluation in order to increase the validity of the research. This will allow results of those that have not attended the training to be compared with those who did, to determine any impact the training may have. Control group participants were asked to volunteer in the study via email, which was sent by the Dyfed Powys Police Force to officers and staff on the waiting list to attend the next training cohort. Participants were provided with a link to complete an electronic survey, which was followed by a second survey link sent by the research team four weeks later. The post-training survey was completed four weeks after the initial survey to ensure the same time period had elapsed between surveys for both the control group and the training groups. All surveys were anonymised and participants were provided with a unique ID code to allow the pre- and post-surveys to be matched. As the control group was identified after the second training cohort had completed the training, they were only provided with the pre-training survey and post-training survey due to overall time limitations of the E.A.T. programme.

The following pre-validated measures were used:

1. **Hardiness scale** [11] Assesses hardiness, a personality trait associated with a person's ability to manage and respond to stressful life events. The scale comprises of 15 items across three subscales: control, commitment and challenge. Participants are asked to rate how true the statements are on a 4-point Likert scale, ranging from (0) *Not at all true* to (3) *completely true* (e.g. *"How things go in my life depends on my own actions"*). This scale has excellent psychometric properties, with a Cronbach alpha coefficient of 0.83 (scale facets coefficients range from 0.70 to 0.77).
2. **Short Warwick Edinburgh Mental Well-being scale** [12] (SWEMWBS) Measures both mental and emotional health and psychological functioning. Respondents are asked to rate their experiences over the last two weeks for 7 statements using a 5-point Likert scale (1) *none of the time* to (5) *all the time* (e.g. *"I've been dealing with problems well"*). This scale is widely used to assess the well-being of police in the UK as part of the 'Officer Demand, Capacity and Welfare Survey'.
3. **Perceived Stress Scale** [13] Measures the degree to which situations in one's life are appraised as stressful over the past month. This assesses general stress over ten items, which are scored on a 5-point Likert scale (0) *Never* to (4) *Very often*, (e.g. *"In the last month, how often have you felt confident about your ability to handle your personal problems?"*)
4. **The Operational Police Stress Questionnaire** [14] (PSQ-Op) Tests operational stress for police officers. This consists of 20 items (e.g. shift work, fatigue, traumatic events) for officers to score on a 7-point Likert scale (1) *no stress at all* to (7) *a lot of stress.*

5. **Brief COPE Inventory** [15] Assesses a broad range of coping responses across 28 items experienced over the last month. Items measure 14 factors across two subscales: avoidant coping *(self-distraction, denial, substance use, behavioural disengagement, venting, self-blame)* and approach coping *(active coping, emotional support, informational support, positive reframing, planning, acceptance)* with 2 further items *(humour, religion)* crossing over both subscales.
6. **Brief Resilience Scale** [16] Assesses the ability to bounce back or recover from stressful events across 6 items, (e.g. *"It does not take me long to recover from a stressful event"*). Respondents are asked to rate 6 items across a 5-point Likert scale.

Furthermore, a number of single item questions and open responses were developed to explore specific areas, including willingness to seek internal and external support and perceptions of the content and delivery of the training.

2.2. Interviews

Two-months after the training, semi-structured interviews were conducted with a selection of participants across the two training cohorts, as well as the training facilitators and police force representatives responsible for the well-being of staff and training delivery. A sample of training participants across a range of roles, ranks and genders were selected by the research team and invited to be interviewed. Interview participants were provided with a participant information sheet, and informed that all responses would be anonymised and remain confidential. Prior to interview commencement, informed consent was obtained from all participants.

In total, 13 one-to-one interviews were conducted with training attendees (n=7) and training facilitators and police force representatives (n=6). The sample consists of five males and eight females, including police staff, Police Community Support Officers (PCSOs), sergeants, and inspectors. The average length of interviews was 43 minutes, and ranged from 29 minutes to 59 minutes.

Interview schedules were adapted for each group to facilitate a more precise line of enquiry.

Training attendees

The interviews explored perceptions of organisational well-being, motivation for attending the ERAS training, experience of attending the training, perceptions of the content and delivery, impact of the training on well-being, and considerations for future delivery and wider roll-out.

Training facilitators and police representatives

The interviews explored participants' experience of working with a policing population, perceptions of organisational well-being and the need for a well-being input, role in the development and delivery of the training, the perceived impact of the training, and future delivery and wider roll-out.

2.3. Data Analysis

Quantitative data analysis was conducted using IBM SPSS Statistics for Windows Version 24. Analyses used descriptive statistics, one-way analysis of variance (ANOVA) and Wilcoxon signed-rank test. Wilcoxon signed-rank test was used as the data was not normally distributed, therefore the non-parametric Wilcoxon test was used to compare the paired pre- and post-training scores for personality hardiness, mental and emotional health and well-being, and stress and resilience levels. The test was used to investigate any changes in scores across the different time points.

Qualitative data from the interviews and survey open responses were analysed using ATLAS.ti Version 8. A thematic approach was used to identify key themes from the transcripts.

3.0. Findings

Sample demographics

All 40 professionals who attended the ERAS training participated in the evaluation. Table 1 presents the demographics of evaluation participants. Approximately two thirds of the training cohort participants were female compared to male (65% and 35% respectively). The age of the training cohort ranged from 25-59 years, with a mean age of 42.2 years and over 42% aged 45 years or over. Approximately one third of participants (35%) worked as a PCSO or police staff role, a further third (32.5%) worked as a Police Constable (PC). Management roles such as Police Inspectors and Sergeants accounted for a quarter (25%) of participants. Length of service ranged from 6 months to 28.5 years, with the average service length for the training cohort being 13.2 years. In addition, 14 police staff members who had not attended the training made up a control group, completing both the pre- and initial post-training surveys over the same time period as the training cohort. Control group demographics can be found in table 1.

Table 1. Demographic overview of evaluation participants

Demographic		Training cohort		Control group		Total	
		n	%	n	%	n	%
Total participants		40	100	14	100	54	100
Gender	Male	14	35.0	3	21.4	17	31.5
	Female	26	65.0	11	78.6	37	68.5
Age range		25 - 59 years		29 - 51 years		25 - 59 years	
Mean age		42.2 years		40 years		41.6 years	
Age	25-34 years	8	20.0	4	28.6	12	22.2
	35-44 years	15	37.5	5	35.7	20	37.0
	45+ years	17	42.5	5	35.7	22	40.7
Job role	Police Staff/PCSO	14	35.0	5	35.7	19	35.2
	Police Constable	13	32.5	6	42.9	19	35.2
	Management	10	25.0	3	21.4	13	24.1
	Other	3	7.5	-	-	3	5.6
Range of length of service		0.5 - 28.5 years		1.75 - 24.3 years		0.5 - 28.5 years	
Mean length of service		13.2 years		14.1 years		13.5 years	
Length of service/time in occupation	<3 years	6	15.0	2	14.3	8	14.8
	3-9 years	6	15.0	1	7.1	7	13.0
	10-19 years	18	45.0	7	50	25	46.3
	20+ years	9	22.5	4	28.6	13	24.1
	Missing	1	2.5	-	-	1	1.9

3.1. Personality 'hardiness'

Individuals with high hardiness scores tend to have a greater sense of life and work commitment, feel in control and are more open to change and challenges experienced in life, often viewing stressful and painful experiences as a normal part of life possible to overcome. Hardy individuals tend to experience stressful life events positively and deem them controllable.[12] Understanding participant levels of 'hardiness' and their ability to manage and respond to stressful events may act as a stress or health moderating variable and cause an amplifying or weakening effect between the impact of participants receiving the ERAS training and their ability to manage stress and trauma at work through self-care.

The pre- and two-months post-training survey (hereafter referred to as post-2) examined the change in personality hardiness following the training. The hardiness scale contains three subscales, which assessed participant's ability to manage and respond to stressful events through determining their sense of control, sense of life and work commitment and their sense of openness to life changes and challenges. Hardiness was rated using a 4-point Likert scale that ranged from (0) *not at all true* to (3) *completely true*.

Prior to the first training session participants (n=40) completed the hardiness scale; two-months post-training participants were invited to complete it again (n=32). The mean hardiness scores for each subscale pre- and post-2 training are shown in table 2. Total hardiness scores for each subscale ranged from 3 to 15 (possible range 0 to 15), the higher the score indicating the more hardy the individual and therefore more capable of enduring stressful situations than those with lower scores.

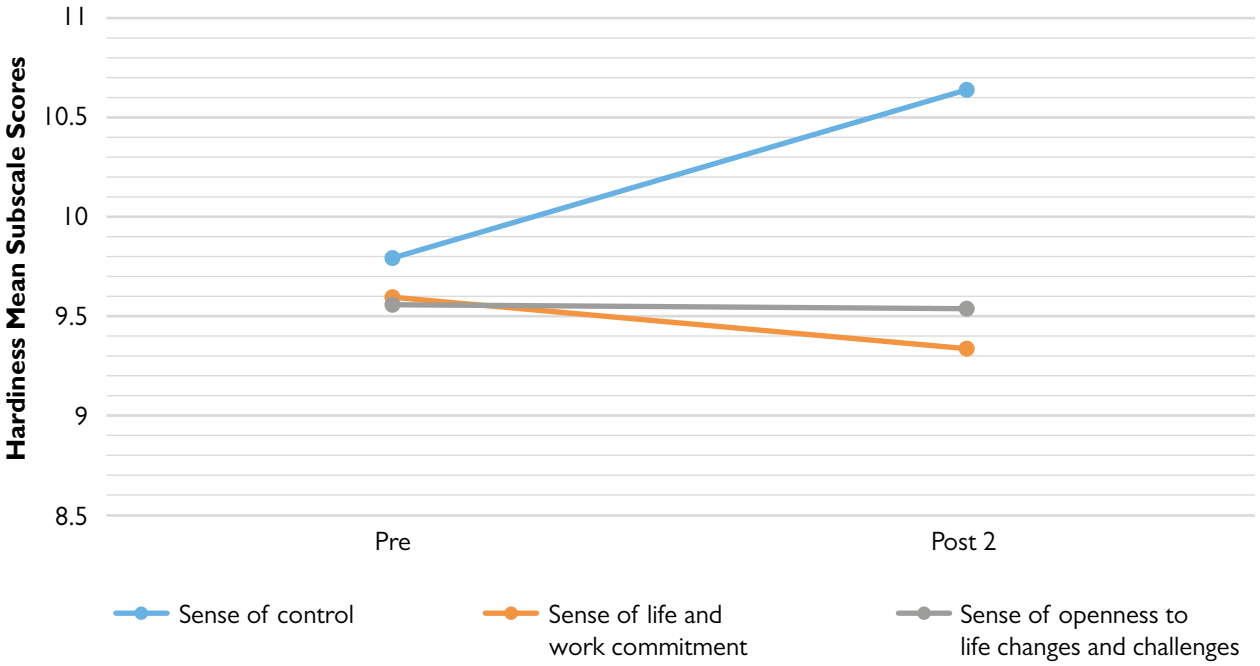
Table 2. Personality hardiness scores pre- and post-2 training by gender, age, job role and length of service.

Demographics		Sense of control		Sense of life and work commitment		Sense of openness to life changes and challenges		Total Hardiness score	
		Pre-training n=40	Post-2 training n=32	Pre-training n=40	Post-2 training n=32	Pre-training n=40	Post-2 training n=32	Pre-training n=40	Post-2 training n=32
All	**Mean**	9.8	10.6	9.6	9.3	9.6	9.5	28.9	29.5
	SD	2.3	2.3	1.9	2.9	2.6	2.9	4.4	6.4
Gender	Male	9.6	10.5	9.2	8.7	9.5	8.4	28.4	27.6
	Female	9.9	10.7	9.8	9.8	9.6	10.2	29.2	30.7
	p	NS	NS	NS	NS	NS	NS	NS	NS
Age	25-34 years	10.4	10.3	9.6	9.3	9.0	8.3	28.1	27.9
	35-44 years	9.9	10.4	9.8	9.7	9.3	9.6	29.7	29.7
	45+ years	8.9	11.0	9.3	9.1	10.1	10.2	28.6	30.2
	p	NS	NS	NS	NS	NS	NS	NS	NS
Job Role									
	Police Staff/PCSO	9.9	10.4	9.1	9.0	9.9	10.5	29.0	30.7
	Police Constable	9.5	10.4	9.5	9.1	8.3	8.1	27.2	27.3
	Management	9.7	10.7	10.1	9.6	9.0	9.3	29.7	29.8
	Other	11.0	10.0	10.7	13.0	12.0	11.0	33.7	34.0
	p	NS	NS	NS	NS	NS	NS	NS	NS
Length of Service									
	<3 years	11.0	12.0	9.7	11.4	10.7	12.4	31.3	35.8
	3-9 years	10.0	10.6	9.5	6.8	8.7	8.0	28.2	25.4
	10-19 years	9.4	10.0	9.5	9.1	8.7	8.3	27.6	27.4
	20+ years	9.2	10.9	9.6	10.1	10.9	10.9	29.7	31.9
	p	NS	NS	NS	NS	NS	<0.05	NS	<0.05

n = sample size; NS = not significant

Pre-training there was no significant difference for subscales by gender, age, job role or length of service. A significant difference was found two-months post training for a *'sense of openness to life changes and challenges'* by length of service, with participants with fewer than 3 years' service reporting higher scores for this subscale than individuals with 3-9 years' experience (12.4; 8.0, $p<0.05$ see table 2). This significant difference at two-months post-training was also evident by length of service for total hardiness score with individual's with fewer than 3 years' service reporting higher overall hardiness scores than individuals with 3-9 years' experience (35.8; 25.4, $p<00.05$ see table 2).

Figure 1. Overall mean personality hardiness change from pre- to 2-month post- training



Overall, two-months following training, mean hardiness scores increased for '*sense of control'* subscale, showing improved belief that life changes can be anticipated and controlled (figure 1). A Wilcoxon signed-rank test showed that the ERAS training produced a significant positive change in participant sense of control ($Z = -2.5$, $p<0.05$; table 3) two months after receiving the training.

Table 3. Personality hardiness change pre- to 2-month post-training [Wilcoxon signed-rank test]

	Negative rank			Positive rank			Test Statistics			
	n	Mean rank	Sum of Ranks	n	Mean rank	Sum of Ranks	Ties	Z	*p*	*Sig.*
Sense of control										
(Post 2)-(Pre)	6	12.1	72.5	19.0	13.3	252.5	7.0	-2.5	0.01	<0.05
Sense of life and work commitment										
(Post 2)-(Pre)	13	14.8	192.0	13.0	12.2	159.0	6.0	-4.4	0.67	NS
Sense of openness to life changes and challenges										
(Post 2)-(Pre)	13	15.8	205.5	15.0	13.4	200.5	4.0	-0.1	0.95	NS
Total hardiness										
(Post 2)-(Pre)	13	16.2	210.0	19.0	16.7	318.0	0.0	-1.0	0.31	NS

n = sample size; NS = not significant

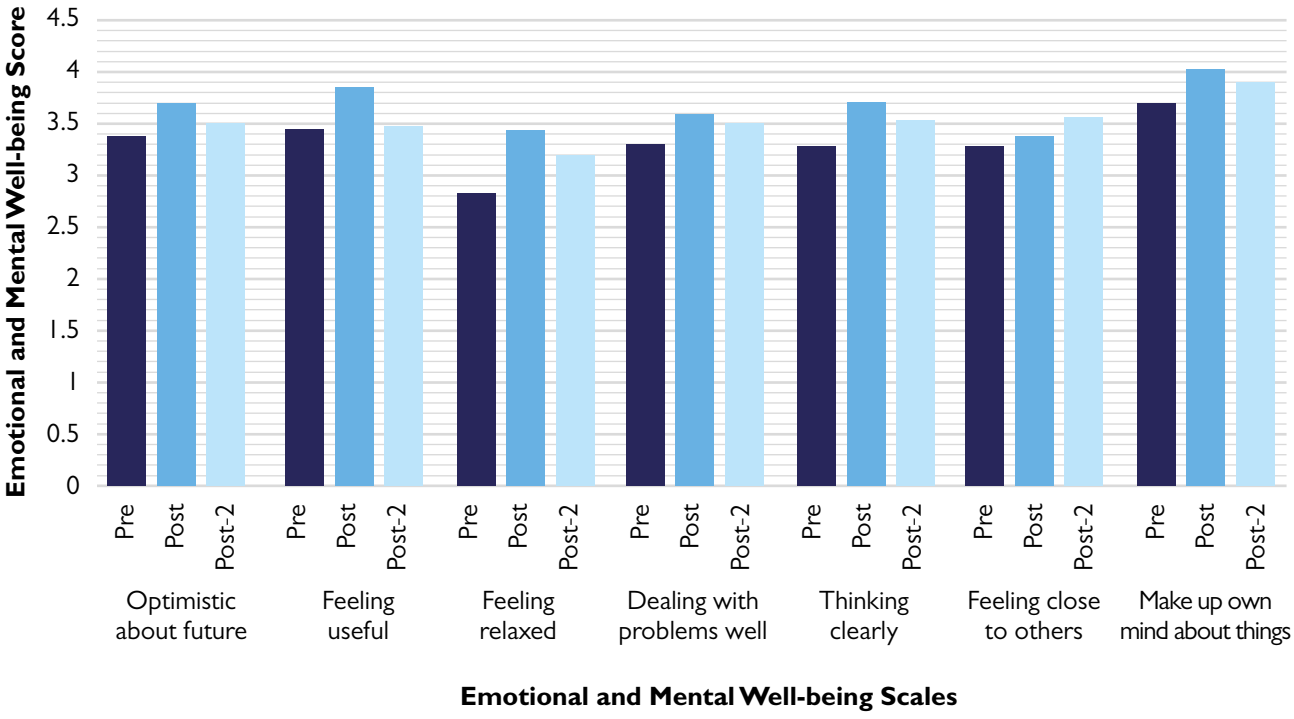
3.2. Mental and emotional health and well-being

Participant mental well-being was measured using the Short Warwick-Edinburgh Mental Well-being scale (SWEMWBS) at three points: pre-, post- and post-2 training.[12] The scale considers both mental and emotional health and psychological functioning across seven statements using a 5-point Likert scale (1) *none of the time* to (5) *all the time*. Participants were asked to rate how often over the past two weeks they have been: *feeling optimistic about the future; feeling useful; feeling relaxed; dealing with problems well; thinking clearly; feeling close to other people; able to make up their own mind about things*. The total score ranges from 7-35; for the purpose of this study the following cut off points are used: low (7-19), moderate (20-27) and high (28-35) mental well-being.[13]

Overall, participants had a moderate level of mental well-being pre-training (M=21.2, see Appendix, table A1). There was a significant positive shift in overall mental well-being for the training group cohort immediately following completion of the training (Z = -4.0, p<0.01) and two-months post-training (Z = -3.0, p<0.01; see table 4). However, across all three times points mental well-being scores remained at a moderate level (post-training, M=23.2, 2 months post-training, M=22.7, see table A1).

Furthermore, following attendance at the training, mean SWEMWBS scores increased across all seven statements (see figure 2 and Appendix, table A1), indicating higher positive mental well-being among participants. While mean scores reduced slightly two-months post-training across all but one statement, higher positive mental well-being remained higher than pre-training (see figure 2).

Figure 2. Overall mean SWEMWBS scores pre-, post- and two-months post-training



A Wilcoxon signed-rank test showed that the ERAS training produced a significant positive change in participants feeling optimistic about the future (Z = -3.1, p<0.01; table 4); feeling useful (Z = -2.9, p<0.01); feeling relaxed (Z = -4.1, p<0.01); dealing with problems well (Z = -2.7, p<0.01); thinking clearly (Z = -3.4, p<0.01) and being able to make up their own mind about things (Z = -3.0, p<0.05) immediately after completing the training course. This increase in positive mental well-being from pre-training was maintained over time with significant positive change demonstrated two-month post-training

for feeling relaxed and close to others (Z = -3.0 and -2.3 respectively, p<0.05; table 4). There were no significant changes seen in the control group in overall mental well-being scores or within individual factors in the pre- and 4-weeks post completion of the SWEMWBS (table 4).

Table 4. Short Warwick-Edinburgh Mental Well-being scale (SWEMWBS) change pre- to post- and 2-month post-training [Wilcoxon signed-rank test]

		Negative rank			Positive rank			Test Statistics			
		n	Mean rank	Sum of Ranks	n	Mean rank	Sum of Ranks	Ties	Z	*p*	*Sig.*
Optimistic about the future											
Training group	(Post SWEMWBS)-(Pre SWEMWBS)	2	7.5	15	15	9.2	138	19	-3.1	0	<0.01
	(Post-2 SWEMWBS)-(Pre SWEMWBS)	5	8	40	12	9.4	113	15	-1.9	0.1	NS
Control	(Post SWEMWBS)-(Pre SWEMWBS)	1	1.5	1.5	1	1.5	1.5	9	0	1	NS
Feeling useful											
Training group	(Post SWEMWBS)-(Pre SWEMWBS)	3	8.5	25.5	15	9.7	145.5	18	-2.9	0	<.0.01
	(Post-2 SWEMWBS)-(Pre SWEMWBS)	6	9.2	55	10	8.1	81	16	-0.7	0.5	NS
Control	(Post SWEMWBS)-(Pre SWEMWBS)	1	4	4	3	2	6	7	-0.4	0.7	NS
Feeling relaxed											
Training group	(Post SWEMWBS)-(Pre SWEMWBS)	1	10	10	21	11.6	243	14	-4.1	0	<0.01
	(Post-2 SWEMWBS)-(Pre SWEMWBS)	3	9	27	16	10.2	163	13	-3	0	<0.01
Control	(Post SWEMWBS)-(Pre SWEMWBS)	1	3.5	3.5	5	3.5	17.5	5	-1.6	0.1	NS
Dealing with problems well											
Training group	(Post SWEMWBS)-(Pre SWEMWBS)	4	10	40	16	10.6	170	16	-2.7	0	<0.01
	(Post-2 SWEMWBS)-(Pre SWEMWBS)	5	8	40	12	9.4	113	15	-1.9	0.1	NS
Control	(Post SWEMWBS)-(Pre SWEMWBS)	1	2	2	3	2.7	8	7	-1.1	0.3	NS
Thinking clearly											
Training group	(Post SWEMWBS)-(Pre SWEMWBS)	3	11.5	34.5	19	11.5	218.5	13	-3.4	0	<0.01
	(Post-2 SWEMWBS)-(Pre SWEMWBS)	4	9.6	38.5	13	8.8	114.5	15	-1.9	0.1	NS
Control	(Post SWEMWBS)-(Pre SWEMWBS)	2	2.5	5	2	2.5	5	7	0	1	NS
Feeling close to others											
Training group	(Post SWEMWBS)-(Pre SWEMWBS)	8	11.3	90.5	13	10.8	140.5	15	-1	0.3	NS
	(Post-2 SWEMWBS)-(Pre SWEMWBS)	5	7	35	13	10.5	136	14	-2.3	0	<0.05
Control	(Post SWEMWBS)-(Pre SWEMWBS)	3	2.5	7.5	1	2.5	2.5	7	-1	0.3	NS
Making up own mind about things											
Training group	(Post SWEMWBS)-(Pre SWEMWBS)	4	8	32	13	9.3	11	18	-3	0	<0.05
	(Post-2 SWEMWBS)-(Pre SWEMWBS)	4	8.8	35	10	7	70	18	-1.1	0.3	NS
Control	(Post SWEMWBS)-(Pre SWEMWBS)	1	2.5	2.5	3	2.5	7.5	7	-1	0.3	NS
Total SWEMWBS score (metric score)											
Training group	(Post SWEMWBS)-(Pre SWEMWBS)	6	6	36	24	17.9	429	4	-4	0	<0.01
	(Post-2 SWEMWBS)-(Pre SWEMWBS)	9	10.7	96.5	22	18.2	399.5	1	-3	0	<0.01
Control	(Post SWEMWBS)-(Pre SWEMWBS)	4	4.75	19	6	19	36	1	-0.9	0.4	NS

n = sample size; NS = not significant

3.3. Perceived situational and operational stresses

3.3.1. Perceived stress scale

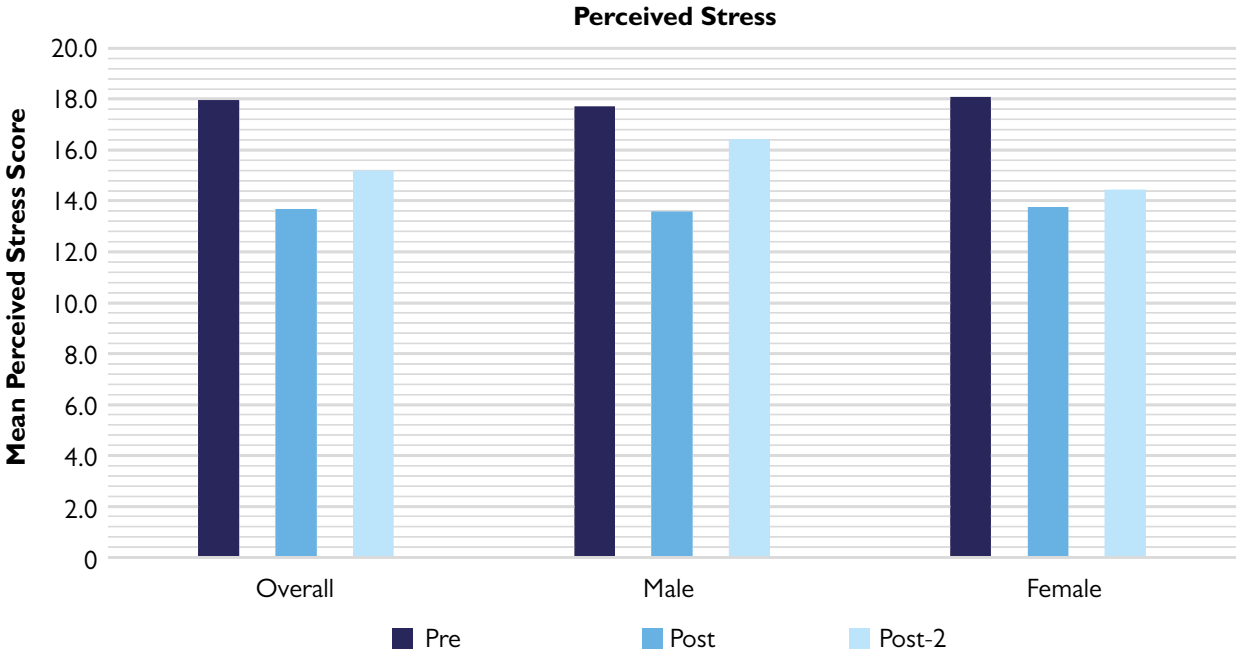
Participants were asked a number of questions to measure their own perceptions of stress; scores were collected at pre-, post- and two-months post-training. The Perceived Stress Scale (PSS) was used to measure the degree to which situations in one's life are appraised as stressful over the course of the last month across ten items scored on a 5-point Likert scale (0) *never* to (4) *very often*. The scale also incorporates a number of direct queries regarding current levels of experienced stress.

Individual scores on the PSS can range from 0 to 40 with higher scores indicating higher perceived stress. Scores ranging from 0-13 would be considered as low stress, 14-26 as moderate stress and 27-40 as high perceived stress.[14]

Before receiving the training, participants considered themselves to be moderately stressed, with a mean overall PSS score of 18 (see Appendix, table A2), with scores ranging from 15 to 32. There were no significant differences for individual perceived stress statement scores or overall perceived stress score pre-training by gender, age, role or length of service.

After receiving the training the mean overall PSS score decreased immediately post-training to 13.7. When re-tested two-months post-training, lower than pre-training PSS scores had been maintained (15.2, see figure 3).

Figure 3. Mean perceived stress scores pre-, post- and two-months post-training overall and by gender



Overall, PSS scores of those in management roles were consistently lower pre-, post- and two-months post-training compared with police constables and staff (table A2). Furthermore, while the mean total PSS scores reduced post-training, those that had fewer than 3 years' service or were aged between 25-34 years old, were more likely to see a greater reduction in their perceived stress levels than those who were older or had served longer (table A2).

A Wilcoxon signed-rank test showed a significant positive change in training participants' overall perceived stress levels immediately post-training and two-months post-training ($Z = -4.4$, $p<0.01$ and $Z = -3.2$, $p<0.01$ respectively, see table 5).

When considering the individual items used to assess perceived stress levels, a significant change in the reduction of perceived stress levels was seen, both immediately after training completion and two-months post-training for the following items: in relation to feelings of control; nervousness associated with feelings of stress; believing things will go your way; feeling on top of things; being angered at things outside of your control; and feeling that difficulties are piling up that you cannot overcome (table 5). The control group saw no significant changes in overall perceived stress levels or of individual items other than being angered at things outside of their control ($Z = -2.5$, $p<0.05$, see table 5) within the 4-week period of completing the pre- and post-survey.

3.3.2. Operational stresses

Policing-specific stress was measured using the Operational Police Stress Questionnaire (PSQ-Op) which assesses stressors associated with performing the job of policing. The questionnaire consists of 20 items (e.g. shift work, fatigue, traumatic events) and asks police officers and staff to score on a 7-point Likert scale (1) *no stress at all* to (7) *a lot of stress* on how much each item has caused them stress over the previous month. Low stress is defined as scores <2.0, moderate stress ranges from 2.1-3.4 and high stress are scores of 3.5 or greater.

Pre-training

Pre-training there was an overall moderate level of occupational stress (M=2.81, see figure 4). Participants rated the highest operational stressors to be paperwork (M=3.9; see table A3), time to stay in good physical shape (M=3.8), fatigue (M=3.7), not enough time to spend with friends/family (M=3.7) and social life outside of work (M=3.3) There was no significant difference for individual item scores and total PSQ-Op scores by gender or age pre-training (see Appendix, table A3). A significant difference was found by job role, with PCs reporting higher levels of stress related to shift work (3.1; PCSOs, 1.5; $p<0.05$ see Appendix table A3) and overtime (3.0; PCSOs, 1.2; $p<0.05$) than PCSOs. Those that had been in a policing role for between 10-19 years reported significantly higher levels of stress in relation to shift work than those that had been in the job fewer than three years (3.1 and 1.5 respectively, $p<0.05$ see Appendix table A3).

Post-training

Post-training, overall mean PSQ Op scores decreased (see figure 4). There was no significant difference for individual item scores by age or job role. However, post-training a significant difference was found by gender, with females reporting lower levels of stress in relation to performing work related activities on their days off (1.6; Males 2.8; $p<0.01$ see Appendix table A4) and not having enough time to spend with friends and family (3.0; Males 4.6; $p<0.05$). Additionally, participants with 3-9 years of service were significantly more likely to report higher levels of stress associated with working alone at night and performing work related activities on their days off than those in a police role for over 10 years.

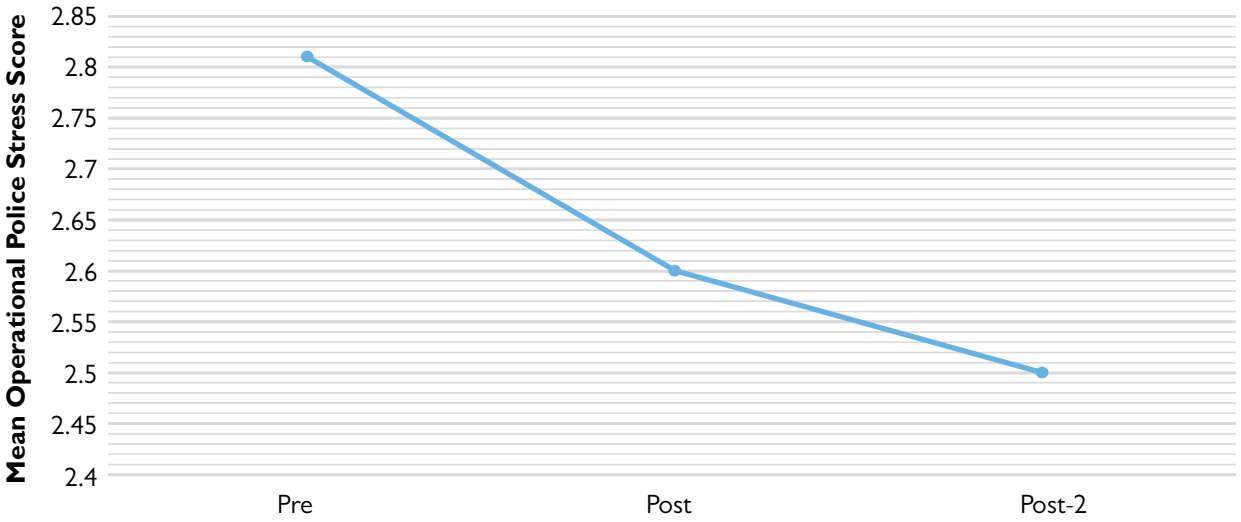
Two-months post-training those over 45 years old reported significantly lower levels of stress regarding working alone at night, staying in good physical condition, occupation-related health issues, dealing with negative comments from the public and experiencing limitations to their social life, than those who were younger (see Appendix table A5).

Table 5. Perceived stress change pre- to post- and 2-months post-training [Wilcoxon signed-rank test]

		Negative rank			Positive rank			Test Statistics			
		n	Mean rank	Sum of Ranks	n	Mean rank	Sum of Ranks	Ties	Z	*p*	Sig.
Upset about unexpected things											
Training group	(Post PSS)-(Pre PSS)	15	13.5	203	10	12.2	122	11	-1.2	0.2	NS
	(Post 2 PSS)-(Pre PSS)	8	6.8	54	4	6	24	20	-1.3	0.2	NS
Control	(Post PSS)-(Pre PSS)	1	2	2	2	2	4	8	-0.6	0.6	NS
Unable to control important things											
Training group	(Post PSS)-(Pre PSS)	17	12.2	208	5	9	45	14	-2.8	0	<0.01
	(Post 2 PSS)-(Pre PSS)	15	11.3	169.5	6	10.3	61.5	11	-2	0	<0.05
Control	(Post PSS)-(Pre PSS)	3	3	9	2	3	6	6	-0.4	0.7	NS
Felt nervous or stressed											
Training group	(Post PSS)-(Pre PSS)	1	10	10	21	11.6	243	14	-4.1	0	<0.01
	(Post 2 PSS)-(Pre PSS)	19	15.7	298.5	8	9.9	79.5	4	-2.7	0	<0.01
Control	(Post PSS)-(Pre PSS)	4	3.5	14	2	3.5	7	5	-0.8	0.4	NS
Confident in ability to handle personal problems											
Training group	(Post PSS)-(Pre PSS)	12	8.5	102.5	4	8.4	33.5	19	-1.9	0.1	NS
	(Post 2 PSS)-(Pre PSS)	11	8.2	90.5	5	9.1	45.5	16	-1.3	0.2	NS
Control	(Post PSS)-(Pre PSS)	1	4	4	3	2	6	7	-0.4	0.7	NS
Felt that things are going your way											
Training group	(Post PSS)-(Pre PSS)	14	8.1	114	1	6	6	21	-3.2	0	<0.01
	(Post 2 PSS)-(Pre PSS)	13	8.2	107	3	9.7	29	15	-2.2	0	<0.05
Control	(Post PSS)-(Pre PSS)	5	3.5	17.5	2	5.25	10.5	4	-0.6	0.5	NS
Felt could not cope with everything you had to do											
Training group	(Post PSS)-(Pre PSS)	17	12.9	218.5	7	11.6	81.5	12	-2.1	0	<0.05
	(Post 2 PSS)-(Pre PSS)	10	7	69.5	4	8.9	35.5	18	-1.1	0.3	NS
Control	(Post PSS)-(Pre PSS)	2	2.25	4.5	1	1.5	1.5	8	-0.8	0.4	NS
Able to control irritations											
Training group	(Post PSS)-(Pre PSS)	16	9.8	156	2	7.5	15	18	-3.3	0	<0.01
	(Post 2 PSS)-(Pre PSS)	12	9.7	116	7	10.6	74	13	-0.9	0.4	NS
Control	(Post PSS)-(Pre PSS)	3	3	9	2	3	6	6	-0.4	0.7	NS
Felt that you were on top of things											
Training group	(Post PSS)-(Pre PSS)	16	9.1	145.5	1	7.5	7.5	19	-3.5	0	<0.01
	(Post 2 PSS)-(Pre PSS)	13	8.3	108	2	6	12	17	-2.9	0	<0.01
Control	(Post PSS)-(Pre PSS)	2	2.5	5	2	2.5	5	7	0	1	NS
Angered at things outside of your control											
Training group	(Post PSS)-(Pre PSS)	22	13.7	301	4	12.5	50	10	-3.5	0	<0.01
	(Post 2 PSS)-(Pre PSS)	16	12.6	202	6	8.5	51	10	-2.6	0	<0.05
Control	(Post PSS)-(Pre PSS)	7	4	28	0	0	0	4	-2.5	0.01	<0.05
Felt difficulties piling up that you cannot overcome											
Training group	(Post PSS)-(Pre PSS)	14	10.9	153	6	9.5	57	16	-2	0	<0.05
	(Post 2 PSS)-(Pre PSS)	15	8.8	131.5	2	10.8	21.5	15	-2.7	0	<0.01
Control	(Post PSS)-(Pre PSS)	5	3.6	18	2	5	10	4	-0.7	0.5	NS
Overall perceived stress											
Training group	(Post PSS)-(Pre PSS)	31	19.7	610	5	11.2	56	0	-4.4	0	<0.01
	(Post 2 PSS)-(Pre PSS)	23	14.9	343	5	12.6	63	4	-3.2	0	<0.01
Control	(Post PSS)-(Pre PSS)	5	6.9	34.5	4	2.6	10.5	2	-1.4	0.2	NS

n = sample size; NS = not significant

Figure 4. Overall mean operational police stress score change from pre-, to post- and 2-month post-training



A Wilcoxon signed-rank test showed no significant change in training participants' operational police stress levels immediately post or two-months post-training (see Appendix table A6). Additionally, no significant differences were seen within the control group over the four-week survey period.

3.4. Coping strategies and resilience

3.4.1. Coping strategies

Participants were asked to complete a number of self-reported measures developed to assess the frequency with which a broad range of coping strategies are used in response to stress across 28 items experienced over the last month. There are two main components to the Coping Orientations to Problems Experienced (COPE) inventory, which consider problem-focused coping and emotion-focused coping. The 'Brief COPE Inventory' (BCI) measures 14 factors across two subscales: avoidant coping (*self-distraction, denial, substance use, behavioural disengagement, venting, self-blame)* and approach coping (*active coping, emotional support, informational support, positive reframing, planning, acceptance)* with two further items (*humour, religion)* crossing over both subscales. Participants were asked to rate how often they would use a certain coping style using a 4-point Likert scale that ranged from (1) *I haven't been doing this at all* to (4) *I have been doing this a lot.*

Individual scores on the BCI can range from 2 to 8 on each factor and 4 to 16 across each subscale with higher scores indicating an individual is more likely to employ that particular coping response.

Pre-training

In general, participants favoured positive approach coping strategies in responding to stress pre-training suggesting that participants were overall appropriately coping with stressful events they may experience before completing the training. The most favoured coping style was active coping, which focuses on problem solving and seeking professional and social support to manage stress.

There was no significant difference for individual factor scores by age or job role pre-training (see Appendix, table A7 and A8). A significant difference was found by length of service, with those that had been in a policing role for 3-9 years reporting that they were more likely to employ self-distraction strategies (6.3; <3 years service, 4.0; $p<0.05$ see Appendix table A7) than those that had been in service

for less time. Additionally, those in service for fewer than three years were significantly more likely to respond to stress using self-blame than those who had been in a policing role for longer. A significant difference was found by gender, with females reporting that they were more likely to seek emotional support as a response to stress (5.5; Males 4.1; $p<0.05$ see Appendix table A8).

Post-training

Post-training the most favoured coping strategy was planning, followed by active coping. This remained the most preferred coping strategy 2-months post-training. Post-training a significant difference was found by age with those aged 45 years or over more likely use acceptance strategies when dealing with stress than those who are younger (45+ years 6.3; 25-34 years 4.9; $p<0.05$ see Appendix table A8).

A Wilcoxon signed-rank test showed that immediately post-training a significant positive change was found in participants' response to stress using informational support ($Z = -2.5$, $p<0.05$, see table 7); positive reframing ($Z = -3.1$, $p<0.01$) and planning strategies ($Z = -3.0$, $p<0.01$). However, these significant positive changes were not seen two-months post-training suggesting the changes had not been maintained longer-term. While these forms of coping were not maintained, there was a significant positive change in participants employing venting strategies in a response to stress two-months post-training ($Z = -2.0$, $p<0.05$,see table 6).

Table 6. Avoidant coping brief COPE response change pre- to post- and 2-month post-training [Wilcoxon signed-rank test]

		Negative rank			Positive rank			Test Statistics			
		n	Mean rank	Sum of Ranks	n	Mean rank	Sum of Ranks	Ties	Z	*p*	Sig.
Self-distraction											
Training group	(Post COPE)-(Pre COPE)	11	14.5	159	14	11.9	166	10	-0.1	0.9	NS
	(Post 2 COPE)-(Pre Cope)	16	15.2	242.5	11	12.3	135	4	-1.3	0.2	NS
Control	(Post COPE)-(Pre COPE)	3	3	9	3	4	12	5	-0.3	0.7	NS
Denial											
Training group	(Post COPE)-(Pre COPE)	3	4.3	13	8	6.6	53	24	-1.8	0.1	NS
	(Post 2 COPE)-(Pre COPE)	2	7.5	15	7	4.3	30	22	-0.9	0.4	NS
Control	(Post COPE)-(Pre COPE)	2	4.5	9	3	2	6	6	-0.4	0.7	NS
Substance use											
Training group	(Post COPE)-(Pre COPE)	4	3.3	13	3	5	15	28	-0.2	0.9	NS
	(Post 2 COPE)-(Pre COPE)	5	5.4	27	4	4.5	18	22	-0.6	0.6	NS
Control	(Post COPE)-(Pre COPE)	0	0	0	0	0	0	11	0	1	NS
Behavioural disengagement											
Training group	(Post COPE)-(Pre COPE)	7	8	56	7	8	64	20	-0.2	0.8	NS
	(Post 2 COPE)-(Pre COPE)	7	8.5	59.5	8	7.6	60.5	16	0	1	NS
Control	(Post COPE)-(Pre COPE)	3	3	9	1	1	1	7	-1.5	0.1	NS
Venting											
Training group	(Post COPE)-(Pre COPE)	11	13.6	149.5	16	14.3	228.5	8	-1	0.3	NS
	(Post 2 COPE)-(Pre COPE)	16	10.7	171	5	12	60	10	-2	0.1	<0.05
Control	(Post COPE)-(Pre COPE)	2	3.75	7.5	3	2.5	7.5	6	0	1	NS
Self-blame											
Training group	(Post COPE)-(Pre COPE)	15	17.3	259.5	12	9.9	118.5	8	-1.7	0.1	NS
	(Post 2 COPE)-(Pre COPE)	12	12.8	154	8	7	56	11	-1.9	0.1	NS
Control	(Post COPE)-(Pre COPE)	5	3.5	17.5	1	3.5	3.5	5	-1.5	0.1	NS

Table 7. Approach coping brief COPE response change pre- to post- and 2-month post-training [Wilcoxon signed-rank test]

		Negative rank			Positive rank			Test Statistics			
		n	Mean rank	Sum of Ranks	n	Mean rank	Sum of Ranks	Ties	Z	*p*	Sig.
Active coping											
Training group	(Post COPE)-(Pre COPE)	11	10.5	115	11	12.6	138	13	-0.4	0.7	NS
	(Post 2 COPE)-(Pre COPE)	17	13	221.5	10	15.7	156.5	4	-0.8	0.4	NS
Control	(Post COPE)-(Pre COPE)	1	2	2	3	2.7	8	7	-1.1	0.3	NS
Emotional support											
Training group	(Post COPE)-(Pre COPE)	10	14.8	147.5	16	12.7	203.5	9	-0.7	0.5	NS
	(Post 2 COPE)-(Pre COPE)	10	10.9	108.5	8	7.8	62.5	13	-1	0.3	NS
Control	(Post COPE)-(Pre COPE)	4	3	12	1	3	3	6	-1.3	0.2	NS
Use of informational support											
Training group	(Post COPE)-(Pre COPE)	6	8.6	51.5	16	12.6	201.5	13	-2.5	0	<0.05
	(Post 2 COPE)-(Pre COPE)	13	12.2	159	10	11.7	117	8	-0.7	0.5	NS
Control	(Post COPE)-(Pre COPE)	3	3.5	10.5	3	3.5	10.5	5	0	1	NS
Positive reframing											
Training group	(Post COPE)-(Pre COPE)	7	9.7	68	21	16.1	338	7	-3.1	0	<0.01
	(Post 2 COPE)-(Pre COPE)	8	11.5	92	13	10.7	139	14	-0.8	0.4	NS
Control	(Post COPE)-(Pre COPE)	3	2.7	8	1	2	2	7	-1.1	0.3	NS
Planning											
Training group	(Post COPE)-(Pre COPE)	3	9.8	29.5	18	11.2	201.5	14	-3	0	<0.01
	(Post 2 COPE)-(Pre COPE)	12	8.3	100	8	13.8	110	11	-0.2	0.8	NS
Control	(Post COPE)-(Pre COPE)	4	3.5	14	2	3.5	7	5	-0.8	0.4	NS
Acceptance											
Training group	(Post COPE)-(Pre COPE)	13	14.9	193	16	15.1	242	6	-0.5	0.6	NS
	(Post 2 COPE)-(Pre COPE)	15	14.5	217	11	12.2	134	5	-1.1	0.3	NS
Control	(Post COPE)-(Pre COPE)	4	4	16	2	2.5	5	5	-1.2	0.2	NS

3.4.2. Resilience

Participant resilience was measured pre- and post-training using the Brief Resilience Scale (BRS), which assesses the ability of an individual to bounce back or recover from stressful events. Participants were asked to indicate the extent to which they agreed with six items according to a 5-point Likert scale ranging from (1) ***strongly disagree*** to (5) ***strongly agree***. The BRS was scored by reverse-coding items 2, 4 and 6 and calculating the sum of all six items. BRS scores can be interpreted as: 1.0-2.99 ***low resilience,*** 3.0-4.3 ***normal resilience*** and 4.31-5.0 ***high resilience***.[20]

Across all demographics pre-, post- and two-months post-training all participants remained in the 'normal resilience' range. Mean overall average ranged from 3.2 to 3.8 (see Appendix table A9). There was no significant difference for individual item scores or total BRS score by age or job role pre-, post-, or two-month post-training (see Appendix, table A9).

Pre-training

A significant difference was found by length of service, with those that had been in a policing role for 3-9 years reporting higher resilience in being able to recover quickly from stressful events (4.3; <3 years' service, 3.0; $p<0.05$ see Appendix table A9) than those in service for less time.

Post-training

Post-training a significant difference was found by gender with males reporting higher levels of resilience making it through stressful events (4.2; Females, 3.5; $p<0.05$ see Appendix table A9). Participants that had been in service for fewer than 10 years showed higher levels of resilience in being able to 'snap back' when something bad happens (<3 years, 4.2; 3-9 years, 4.4; 10-19 years, 3.3; $p<0.05$) immediately post-training compared to those that had served 10-19 years.

A Wilcoxon signed-rank test showed a significant positive change in training participants' overall resilience levels post-training ($Z = -3.1$, $p<0.01$, see table 8), this change was not seen in the control group 4-weeks after completing the pre-survey. Specific items where a significant positive change was seen included *making it through stressful events, being able to 'snap back' following a negative experience, coming through challenges with little trouble, not taking long to get over setbacks*. However, these significant positive changes were not maintained two-months post-training.

Table 8. Brief resilience scale change pre- to post- and 2-month post-training [Wilcoxon signed-rank test]

		Negative rank			Positive rank			Test Statistics			
		n	Mean rank	Sum of Ranks	n	Mean rank	Sum of Ranks	Ties	Z	*p*	Sig.
Bounce back quickly after hard times											
Training group	(Post BRS)-(Pre BRS)	5	8.5	42.5	12	9.2	111	19	-1.8	0.7	NS
	(Post 2 BRS)-(Pre BRS)	7	7.1	49.5	8	8.8	70.5	19	-0.6	0.5	NS
Control	(Post BRS)-(Pre BRS)	3	3.3	10	2	2.5	5	6	-0.7	0.5	NS
Hard time making it through stressful events											
Training group	(Post BRS)-(Pre BRS)	5	8.5	42.5	17	12.4	211	14	-2.9	0	<0.01
	(Post 2 BRS)-(Pre BRS)	5	9.2	46	11	8.2	90	16	-1.2	0.2	NS
Control	(Post BRS)-(Pre BRS)	1	3	3	5	3.6	18	5	-1.7	0.1	NS
Does not take long to recover from stressful events											
Training group	(Post BRS)-(Pre BRS)	10	12.4	124	15	13.4	201	11	-1.1	0.3	NS
	(Post 2 BRS)-(Pre BRS)	7	7.9	55	6	6	36	16	-0.7	0.5	NS
Control	(Post BRS)-(Pre BRS)	4	2.5	10	0	0	0	7	-2	0.05	<0.05
Hard to snap back when something bad happens											
Training group	(Post BRS)-(Pre BRS)	4	8.5	34	15	10.4	156	17	-2.6	0	<0.01
	(Post 2 BRS)-(Pre BRS)	4	8.9	35.5	12	8.4	101	16	-1.8	0.1	NS
Control	(Post BRS)-(Pre BRS)	3	3.17	9.5	2	2.75	5.5	6	-0.6	0.6	NS
Usually come through difficult times with little trouble											
Training group	(Post BRS)-(Pre BRS)	4	8	32	14	9.9	139	18	-2.5	0	<0.05
	(Post 2 BRS)-(Pre BRS)	5	6.5	32.5	8	7.3	58.5	19	-1	0.3	NS
Control	(Post BRS)-(Pre BRS)	6	3.75	22.5	1	5.5	5.5	4	-1.5	0.1	NS
Take a long time to get over setbacks											
Training group	(Post BRS)-(Pre BRS)	5	8.5	42.5	14	10.5	148	17	-2.3	0	<0.05
	(Post 2 BRS)-(Pre BRS)	7	6	42	7	9	63	18	-0.7	0.5	NS
Control	(Post BRS)-(Pre BRS)	3	3	9	2	3	6	6	-0.4	0.6	NS
Overall Brief Resilience											
Training group	(Post BRS)-(Pre BRS)	7	13.9	97.5	25	17.2	431	4	-3.1	0	<0.01
	(Post 2 BRS)-(Pre BRS)	9	16.7	151	20	14.2	285	3	-1.5	0.1	NS
Control	(Post BRS)-(Pre BRS)	6	5.33	32	3	4.33	13	2	-1.1	0.3	NS

n = sample size; NS = not significant

3.5. Qualitative findings from surveys and follow-up interviews post-ERAS training

Qualitative findings on the impact the training were derived from open-ended survey responses and one-to-one interviews.

3.5.1. Well-being provision

Participants were asked whether they had previously received any training on well-being and personal resilience. A large proportion of respondents reported they had not (67.5%, n=27). Of those who had received training (n=13), six stated they had received Springboard training from Academi Wales[c], whilst six reported they had received either CBT (cognitive behavioural therapy), resilience, emotional intelligence, crisis management or mindfulness training: *"lots of well-being & CBT courses, coping with low mood, stress management, dealing with anxiety, combat stress"* (ERAS34).

In the year preceding delivery of the ERAS training, each police force in Wales started to roll-out 'Adverse Childhood Experience Trauma-Informed Multi-agency Early Action Together (ACE TIME)' training. The ACE TIME training aims to provide police officers and staff with the knowledge and understanding of trauma, the lifelong impact of ACEs, and the role of resilience in mitigating the impact of trauma. This training also covers staff well-being, managing work related-stress and trauma, and seeking help. Of those who attended the ERAS training, 19 participants had also attended the ACE TIME training (47.5%). During the interviews, participants reflected on the ACEs training, highlighting that many officers have been able to identify ACEs in themselves "*everybody has been subject to some degree to one or two [ACEs]"* (DPP04).

During the interviews, a diverse range of well-being provisions were identified by participants, with occupational health, TRiM (Trauma Risk Management), counselling, Care First and Police Federation being the most frequently discussed: "*Occupational health is normally the first port of call which I have used personally and found them good"* (DPP13). Participants reported that occupational health can offer support for a range of physical and psychological needs, including health assessments and counselling provisions: *"the professional can recommend different forms of intervention for that individual, be it counselling, be it sometimes for those members of staff who have suffered a lot of trauma, we provide CBT sessions"* (DPP01). Participants particularly valued the counselling services available to them, which many reported personal experience of using: *"they have got an excellent array of support from counselling so they've got their own external psychotherapists that they refer their officers to if there's a need"* (DPP11). Although counselling is less available than TRiM, it was considered more beneficial; participants explained that TRiM is a peer-led provision which only allows for individuals to be risk assessed for symptoms of post-traumatic stress disorder (PTSD):

> *"the thing about TRIM is we're not meant to discuss people's feelings. So, like when you go through it it's a question of you know, "what do you do, have you had any of these symptoms"? If they start saying, "well, I was feeling like this" you're not meant to go into feelings because we're not counsellors if that makes sense"* (DPP13).

3.5.2. Accessibility of support

Overall, there were mixed views on the accessibility of support for well-being within the organisation. It was reported that "*there's a lot of support there available for people"* (DPP05), but one participant felt too much support can inhibit people's access *"there's so many different things there but that's probably a symptom, is that there is a lot of stuff there and it's confusing"* (DPP01).

Participants who have previously accessed support felt they had done so with relative ease. However, some participants felt it was only accessibly during traditional office hours (9am-5pm), which was not suitable for frontline officers who work unsociable shift patterns. Others felt that support is only

c Springboard is a programme designed to support females working in public and third sector organisations to become managers.

accessible once they hit crisis point: "*I think from personal experience you have to hit rock bottom before it gets identified, I think sometimes it gets a bit covered up, "Oh, you'll be fine, you'll be fine," until something really does go bad and then they support you"* (DPP02).

3.5.3. Barriers to seeking support

Barriers to seeking support within the organisation

Post-training, participants were asked whether there were any barriers to accessing support within their organisation. In total, 14 respondents stated there were barriers (45% of sample). In the open response, 25 respondents listed barriers, of which 20 respondents reported stigma and confidentiality as a barrier (80% of respondents). Participants reported that there is limited understanding of mental health and well-being within their organisation, stating there is *"still a huge stigma around MH* [mental health]*"* (ERAS16). Participants reported concerns of judgement from peers and colleagues, and both police and staff partners reported feeling unable to speak openly to their line manager: *"I know first-hand how some managers respond to mental health issues*" (ERAS07). Furthermore, participants expressed concern about the confidentiality of their information and how that information would be used, with many perceiving that needing well-being support would reflect badly on them, and as a result they will be *"less likely for promotion and career opportunities"* (ERAS12).

Other barriers listed included awareness and accessibility of services available, capacity to have time away from operational duties to receive support *"letting down colleagues"* (ERAS12), the distance required to travel to receive support which is often centralised to police headquarters, and the misconception that they are unable to access occupational support for problems they experience in their personal life: *"My event happened before I joined DPP and is personal"* (ERAS05). The interviews further highlighted this point, with one participant explaining:

> *"I tried to access support through supervision and they were sort of saying, "well is it work related stress"? And I was like, "no", "well, there's not much we can really do about it", "okay". But at that time, I was in a frontline position as well"* (DPP04).

Two months following completion of the training, participants continued to report barriers to seeking support internal to the organisation (n=15, 47% of sample). In total, 14 respondents listed barriers, of which 12 reported stigma and confidentiality as a barrier "*Having on your record that you are not coping and the information not being kept confidential*" (ERAS 41); only half of which had initially reported these barriers in the immediate post-survey.

Barriers to seeking support outside the organisation

Post-training, participants were asked whether there were any barriers to accessing support outside their organisation. In total, 19 respondents reported barriers to accessing external support (51% of sample). Eleven participants listed barriers, with time available for them to attend appointments the most frequently reported barrier: *"Times clash with working hours e.g. counselling sessions externally"* (ERAS37). Stigma and concerns over confidentiality were also reported as barriers to accessing support externally, as well as the cost for services and being required to share their problems with multiple professionals: *"Time, level of support, having to talk to multiple people"* (ERAS32).

Two months post-training, 8 of the 31 respondents reported barriers to accessing support (26%). Time to attend appointments remained the most frequently reported barrier to accessing support, while others reported concerns with opening up and sharing personal information about themselves, stating *"I don't find it easy to open up to people"* (ERAS35) and *"people knowing personal business and being a police officer"* (ERAS36). Furthermore, two people commented that NHS resource constraint was a barrier:

> *"Availability of resource within the NHS. You will generally end up paying for any outside support and this gives an additional financial burden"* (ERAS43).

3.5.4. Accessibility of the training

Participants were invited to attend the ERAS training via an email, which was sent out force-wide to all staff and officers. The email included a brief description of the training, and advised them to inform the police lead if they would like to attend the training. Some attendees reported that the process of signing up for the training was fairly simple, but for a small number of attendees there were some challenges being able to take time away from their operational duties, with a reluctance from line managers to free up officers. However, the police lead responsible for the development and delivery of the training was reported to have advocated for staff to be supported to attend the training: "*there was a little bit of friction to get there because maybe the sergeant in custody weren't really fully aware of the importance of this course and the importance to have to stay for all four sessions"* (DPP02).

The primary motivation for attending was to improve personal well-being and manage their own mental health. Participants reported that they wished to attend the training to improve their resilience and manage stress in both a personal and professional capacity. Some attendees had experienced traumatic incidents or stressful periods at work, which have had an impact on their well-being, whilst others had a difficult home life they were trying to manage.

> *"Just to be able to manage my own sort of mental health and mental well-being, I get really stressed at particular times of the year so I thought if I attend this I may be able to then find, you know, pointers to see how I'd be able to manage those things"* (DPP02).

Furthermore, reflecting on the challenges of their roles (e.g. high demand, exposure to trauma, staff turnaround), participants reported that they wanted to equip themselves with the knowledge and skills to cope with their operational duties. One participant reported that while they have not yet been exposed to adverse incidents, they anticipated they would face trauma in the future that they wanted to prepare themselves for: "*Mentally armour yourself and prepare yourself to whatever you might come across during – not just the course of working for the police - but also in your personal life as well"* (DPP03).

Furthermore, participants in a management role reported that, in addition to managing their own well-being, they wanted to develop their knowledge and understanding of trauma to be able to identify signs with their staff and support them to access support: "*I'm personally interested in my own welfare and also, trying to gain my knowledge to be able to support my team"* (DPP06).

3.5.5. Content and delivery of the training

During the interviews, participants were asked to share their thoughts on the content of the training. Overall, participants felt the content was appropriate and relevant to their roles, providing useful information on the impact their operational duties may have on their well-being, and how to manage this. It was felt that the training was pitched at the right level, and provided them with information they could practically use:

> *"The content I think was appropriate, obviously it gave skills to deal with things, but it also gave you practical knowledge on what to look for in you know PTSD. So, it was informative as well as practical, so I thought the programme was well structured and the topic areas were really relevant"* (DPP06).

> *"I think the content was good you know it taught, it did teach me. You know I learnt about different types of trauma and the effect. And although I probably knew loosely what it was you know, it broke it down so that I had a proper understanding of it and the effect. The effect that it will have had on my brain and the effect that it will then have on my behaviours. And then put in place, a plan as to how you know identifying your own behaviours that are problematic."* (DPP12).

Homework

As part of the training, participants were given homework to complete each week, which they were asked to feedback on during the start of each training session. This included tasks on how they manage well-being, self-care and goal setting. Overall participants felt the homework was a really helpful activity to complete, which reinforced the learning and acted as a refresher of the course content.

> *"The homework element it just refreshed your memory as to what you had covered, there was a helicopter one I remember, we had another one then for what you're expected to do in the next month, year, five years- Yeah, they were good just to give yourself sort of aims and goals as well"* (DPP02).

> *"I think the exercises you know the homework weren't particularly onerous as in they were quite you know, they weren't overly difficult, were they? So, it wasn't like there was a lot of work to do in your own time and you're there for yourself really aren't you so that was fine"* (DPP13).

Although the content of the homework was personal, participants reported that they were reassured that they did not have to feedback anything they did not want to: "*It was okay, some bits were a bit daunting because some bits were quite personal to you but the trainers were like 'if you don't want to explain, you know, say it out loud, it's fine' and it wasn't a case of you had to. There was no pressure to say it out loud type of thing"* (DPP02)

3.5.6. Most useful elements of the training

Immediately following completion of the four-week training, participants were asked which elements they found most useful. In total 37 participants responded, of which nine participants stated they found every element of the training useful "*I have found it all incredibly useful and will benefit from it"* (ERAS03). Participants reported that the training was most useful in providing them with the awareness of trauma and the impact this can have on their well-being:

> *"Learning about trauma and how for 19 years I have been subjected to it at various points in my career without being able to put it into words"* (ERAS16).

The first training sessions provided attendees with information on conditions officers may experience, including vicarious trauma, PTSD, compassion fatigue and burn out. Respondents reported that this information gave them a better awareness of the impact of trauma and stress on their thoughts, feelings and behaviours, made possible through the principles of CBT, which *"helped me understand some emotional and behavioural concerns that I have been experiencing"* (ERAS06). The CBT elements were also considered one of the most useful element of the training. Participants reported they found it helpful to learn the importance of processing their experiences, how to 'file-away' their negative experiences and recognise distorted thinking.

Participants also found the self-care a useful element of the training. Managing stress using techniques, such as relaxation, was considered helpful:

> *"A good insight into the conditions of stress and the impact it can have. I've learnt management techniques which I aim to put into practice and thereafter support my team"* (ERAS20).

Participants reported that it was particularly useful to receive the training alongside their peers from different roles and teams within the organisation. They reported that the training provided a safe environment for them to speak openly with their colleagues about their experiences and to listen to others share their stories:

> *"...It made me think that I'm not the only person feeling a particular way"* (ERAS39).

> *"Learning that everyone has issues, and that there are coping strategies as well as support networks, and that it's not a weakness to ask for help"* (ERAS11).

Trainers

From the survey, of those who responded, 12 participants reported the knowledge and skills of the trainers to be the most useful part of the training. More specifically, respondents felt the expert knowledge and skills of the trainers made the training content easy to understand, and created a positive environment for attendees to share experiences without feeling judged. The respondents described the trainers as kind, patient, understanding, well informed and relaxed:

> *"The kindness and understanding shown by the trainers to everyone when personal issues were discussed"* (ERAS04).

> *"All of the content delivered by the trainers was fantastic and hugely beneficial to me personally. These two lovely professionals contributed entirely to the success of the course"* (ERAS26).

During the interviews, participants further reported that expert trainers strengthened their learning and allowed them to have a greater depth of understanding. Learning from their experiences was reported to have made the training more enjoyable:

> *"I just think it's just more interesting and their experiences are more interesting to listen to as well. You know, because if it's the same trainers over and over again actually, I know what their experiences are"* (DPP04).

> *"I think it was a good thing that mental health nurses had developed the programme because they've got the best insight as to how to deal with stress management and mental health and mental well-being"* (DPP02).

Furthermore, participants reported that receiving the training from professionals external to the organisation gave them the sense of safety needed to be able to talk openly, with less concerns of negative judgement and a greater trust in the confidentiality agreement. The facilitators reported that at the start of each training course, they very clearly explained confidentiality:

> *"I think the benefit for the training is that the attendees obviously didn't know them [trainers] to start off with. So there was a bit of confidentiality within the group then, so they were free to express how they felt"* (DPP07).

During interviews, facilitators reported that there were a small number of attendees who were struggling with their well-being and in need of extra support. Prior agreement was made with the force that, unless there were concerns for the safety of the attendee, they would maintain confidentiality of the officer/ staff member and support them to seek support to address their well-being needs.

Least useful elements of the training

Immediately following attendance of the four week training, participants were asked in the survey to list any elements of the training they considered least useful. There were 28 responses to the questions, of which 24 participants (87%) stated there were no elements, which they considered to not be useful:

> *"All aspects of training were useful and I cannot think of any which were least useful as I find that everything was beneficial to me"* (ERAS26).

In both the open responses and interviews, some participants felt the first training session was the least interesting. It was reported that this was because there was a lot of theory to be delivered by presentation. Whilst attendees who had experienced trauma and have struggled with their well-being found this element of the training the most useful, other attendees considered it to be the least interesting.

> *"The first session probably wasn't that interesting and I think that was probably the opinion felt by a lot of people. Certainly, when I was travelling down with another member of staff they weren't too sure whether it was the course that they wanted or wanted to get out of it from the first session"* (Int07).

3.5.7. Experience of attending the training

During the interviews, it was reported that traditionally police training is formal and disciplined. However, the local delivery team and facilitators created a friendly, informal environment for the ERAS training. Given the sensitive nature of the content of the training, it was reported that this enabled officers and staff to open up about their experiences and discuss their well-being:

> *"everyone there were all friendly, welcoming, easy to talk to, the two ladies that were taking the course, really friendly, approachable and really informative as well"* (DPP02).

The training was positively received, with all participants expressing the appreciation towards the force for providing them with the opportunity to learn about stress and trauma, and providing them with the time to focus on themselves. This was highlighted both during interviews and within the open responses:

"Thank you for the opportunity to learn about trauma and everyday stresses, and how better to deal with them. Diolch." (ERAS 11)

"Excellent course and great to see Dyfed-Powys investing in courses of this nature, which I feel would only happen recently" (ERAS27).

"The course has benefitted me immensely to work through situations within work/home and be more aware of coping strategies along with gaining new knowledge to deal with what life has to throw at us!! Thank you very much." (ERAS18).

"Excellent course + training that will provide me with additional tools to build upon my resilience and understand when I need help and/ or others need help." (ERAS10)

"Thank you for an excellent course. It has helped me accept my feelings and finally be honest with myself". (ERAS28).

"Thank you really enjoyed the course. It was good to take time out from busy work life to look after myself". (ERAS42).

3.5.8. Future delivery of the training

Trainers

Furthermore, it was reported that future trainers should be external trainers who have the expert knowledge and experience working with trauma. The current facilitators of the training felt the trainers need to have training in CBT given that the training is grounded in the theory and principles of its delivery: "*using the CBT based approach you need to be a CBT therapist"* (DPP11). In addition, the trainers need to have the skills to be able to respond to the needs of the attendees and address any well-being concerns that are raised:

> *"I think they need to be experienced psychotherapists. Who are able to not only from a kind of academic and you know, kind of quality point of view but I think also on a personal level. Because you need to be able to hold the information that you hear, and you need to be able to kind of manage that in a sensitive way"* (DPP11).

The need for trainers to have expertise and knowledge in the subject area was further reflected in the police interviews. It was felt it would not be sufficient for police trainers to be trained up to deliver the training themselves because they would not have the background knowledge and experience to support the delivery of the content:

> *"I think if we'd have trained a trainer internally it would not have had the same effect. Because they're not a specialist in that area, you know having people that deal with mental health day in, day out"* (DPP06).

Two attendees suggested the training could be delivered by an internal police trainer alongside an expert, which would provide the understanding of policing as well as well-being:

> *"the internal training has more of an impact if that makes sense. Because there's a very thorough awareness of the culture, of the organisation, of what people are exposed to"* (DPP05).

The trainers further discussed the need for the facilitators to have an understanding of the police. During the interviews, the trainers reflected on their positive feelings towards the police and the respect they have for the work they do. Subsequently, it was perceived that in addition to knowledge on trauma, future trainers would benefit from having knowledge of policing and police roles, which would allow the trainers to understand the experiences of police officers and staff.

> *"I don't think it should be delivered by police officers, I think there's a potential for it to be delivered by one on one, one expert in there and one non expert in there who's probably better at facilitating training. I think it's best done by external people because when you've got internal people, then when you're talking about emotional stuff you may have had interaction with that individual"* (DPP01).

> *"I think a real passion and some knowledge of how the force works as well. But knowledge of what each role is you know, what their objectives are of their role. I think that helped a lot, but I think the time I spent in force helped me develop this passion for, I'm like a bull at a gate with it"* (DPP11).

Changes to content and delivery

The trainers reported that they felt no changes were needed to the content or delivery of the training: *"I think if it aint broke don't kind of fix it"* (DPP10), but stated they would look to review it in light of the evaluation findings. This was reflected in the interviews with attendees, with many reporting that they did not have any changes to suggest because the training worked well and covered the content needed: *"Not for me, I think they covered all bases"* (DPP02).

While delivering the training over four consecutive weeks is not practical, every participant felt the length of each training session was appropriate and the delivery suited the content of the training:

> *"The timescale of the course was sufficient as well. I think if it was any longer then maybe you wouldn't have absorbed as much information as I probably did"* (DPP02).

Within the survey, participants were asked to write any changes they would make to the training. The majority of participants reported that there were no changes to be made: *"there is no reason to remove anything from the training as far as I can see"* (ERAS10). However, there were some suggestions made on things to add, including more videos (e.g. black dog depression video): "*If there are any videos relevant to the training this may be helpful*" (ERAS10), or providing them with resources to take home "*Maybe something to take away to refer to in the future*" (ERAS37).

> *"Maybe more pictures and diagrams to remember certain topics. Follow up session to see how the training has helped over time in real life"* (ERAS40).

The respondents suggested follow-up training would be beneficial to act as a refresher "*Follow up training, to ensure information is refreshed annually*" (ERAS12). Furthermore, a small number felt it would be helpful to receive some one-to-one time with the trainers or to receive an input in smaller groups to allow them to address specific well-being needs:

> *"Extra time to have a private one-to-one session with the trainers to discuss the most traumatic event in our life"* (ERAS26).

> *"Opportunity to talk one to one for advice/ information not comfortable talking about in small group"* (ERAS32).

> *"I came to the training thinking it would all be common sense and thinking I didn't need to be taught it. I considered myself to be very resilient. But - the training has been so useful and helpful. I really do think this has been very worthwhile".* (ERAS08)

Voluntary versus mandatory training

The training was delivered to police officers and staff who had volunteered to attend. This was considered to have had a positive impact on the delivery of the training, with the trainers and attendees both reporting that this allowed for maximum engagement:

> *"It was an opportunity not to have people there you know, who just kind of felt sent. Because that's not often the best, I think what would be more powerful is that those volunteers, the impact that they'll have on the people coming after"* (DPP10).

There were mixed views on whether the training should be delivered as mandatory going forward. It is widely recognised that individuals who struggle with their well-being and experience barriers to seeking support are not likely to attend the training voluntarily, but would benefit from the learning. However, it is felt that mandating people to attend the training would impact the dynamics within the training room, which are considered integral in allowing officers to open up about their experiences:

> *"I strongly feel that this training only works if it is willing volunteers. If made mandatory it would not be very effective"* (ERAS29).

> *"If you haven't volunteered yourself and you've been told to go it's not conducive to the programme. So, I think it should be voluntary but hopefully the more people that go on it voluntary and spread the word more people will want to come on it"* (DPP06).

It was suggested that further evaluation could test the impact of the training when delivered to officers as mandatory training:

> *"I think mandatory for people because we know that there may be sometimes perhaps the people who need to most whether you get the best. And I suppose until we've tried that it's hard to answer it if I'm honest"* (ERAS10).

Training cohorts

Although there were mixed views about whether the training should be delivered as mandatory, there was a strong consensus that the training needs to be delivered to new recruits. Participants reflected that they would have benefitted from receiving the training at the start of their service: *"A great course which should have been available to me 19 years ago. All recruits should have this!"* (ERAS16). A couple of participants reported that new officers often misjudge the nature of the role and fail to realise the challenges of the role. Receiving the training at induction would give them the tools to manage their well-being, and the information needed to seek support at the earliest opportunity:

> *"This needs to be part of initial training on first joining in order to give you tools on how to cope with stressful and traumatic situations"* (ERAS19).

It was recognised that the training may not be practical to deliver given the length of the course, but it is a valuable investment to make:

> *"I don't think like I said the timings are not practical to expect a 16 hour. I don't know, maybe it would work, I don't know. But I think it needs to be mandated into the recruitment training timetable."* (DPP05).

> *"I mean for the organisation it's probably the time investment isn't it, the pulling everybody off to do it. But then, like I said if you haven't got any staff looking after themselves then you're not getting any jobs done are you"* (DPP13) .

Other attendees felt the training needs to be delivered force wide or to a more diverse staff sample: *"I think this training would be beneficial to all officers in DPP"* (ERAS13). This included officers in roles with regular exposure to traumatic incidents or materials, as well as management:

> *"Get line managers and other bosses to attend. Looking after your health, is not just a tick box exercise"* (ERAS28).

> *"Great course, I believe that this course [should be] run within many specialist roles where on-going exposure to trauma is part of the role, such as DCCU (Digital Communications and Cybercrime Unit), CSI (Crime Scene Investigator) etc., as well as front line officers & FCC (Force Control Centre) staff"* (ERAS32).

4.0. Discussion and Recommendations

The relationship between stress and health, both physical health and psychological well-being, has been much debated [12], with research suggesting a correlation between the two. In considering that policing has been found to be one of the most stressful jobs in the UK, resulting in poor physical and psychological well-being, and poor job satisfaction rates among staff compared to other professions [1], it is more important than ever to support and equip police officers and staff with the skills to build resilience to alleviate the impact of stress on their well-being. This is particularly pertinent, in light of recent evidence that highlights that many police staff are reluctant to seek help due to the perceived stigma associated with seeking mental health support. Concerns also exist over the quality and accessibility of both formal and informal mechanisms of support within policing for those needing to access such support.[17,18]

Many commentators assert there is a moral, ethical and legal duty to protect the well-being of officers [19], while further suggesting there is a need for pre-incident preparedness, early intervention and post-incident peer and organisational support to address potential impacts of trauma for individual officers and staff [19].

In response to this and as part of the E.A.T programme, Enhanced Resilience and Self-Care Skills (ERAS) training was developed collaboratively between Dyfed Powys Police Force and specialist mental health practitioners in Hywel Dda University Health Board. The ERAS training aimed to provide police with the knowledge to recognise the signs and symptoms of work-related trauma and stress and to develop skills to manage their emotional vulnerability and build resilience to help prevent the escalation of work-related stress reaching levels that require the seeking of specialist support.

The key aims of the current evaluation were to capture the impact of the ERAS training on the well-being of police officers and staff, as well as any changes to levels of emotional resilience and on their ability to manage stress and trauma at work through self-care. The evaluation also sought to explore the implementation and delivery of the training within a policing environment and consider the suitability of the training for wider roll-out.

Key findings:

Personality hardiness

Overall, there was a significant increase in participant's sense of control two-months after completing the ERAS training (table 3, pg 19), showing that the training helped improve individual's belief that life changes can be anticipated and controlled. However, this increase was not reflected in the change in overall levels of hardiness. Additionally, participants with fewer than 3 years' service reported significant increases in a sense of openness to life changes and challenges compared to those that had served longer (table 2, pg 18). The idea that personality hardiness can be improved through such courses as the ERAS training supports previous research that shows direct training and education programmes work to increase individual hardiness [21]. Increasing hardiness levels allows individuals to see change as a positive challenge and deem stressful events as controllable, enabling them to potentially cope better. Thus, it makes sense to invest in programmes that will better equip those that inevitable experience high levels of stress within their working environment. The findings re-enforce the importance of equipping officers and staff early in their career to develop strategies to be prepared to experience trauma pre-incident by being given tools to manage their well-being earlier in their career.

This significant difference at two-months post-training was also evident by length of service for total hardiness score with individual's with fewer than 3 years' service reporting higher overall hardiness scores that individuals with 3-9 years' experience (35.8; 25.4, $p<00.05$, table 2, pg 18).

The evidence suggests, that immediately post-training the ERAS training enables individuals to increase their levels of resilience and therefore their ability to cope more effectively with stressful events.

Mental and emotional health and well-being

Well-being scores increased for participants immediately post-training. Overall, higher positive mental well-being was maintained among participants two-months post-training compared to pre-training levels (figure 2, pg 20). Findings showed that training produced a significant change in participants feeling optimistic about the future, feeling useful, feeling relaxed, dealing with problems well, thinking clearly and being able to make up their own mind about things immediately after completing the training course. This increase in positive mental well-being from pre-training was maintained over time with significant positive change demonstrated two-months post-training for feeling relaxed and close to others (table 4, pg 21). In contrast, there were no significant increases observed in mental well-being scores across any factors for control group four weeks after initial survey completion, suggesting that training content may have supported the improvement in participants mental and emotional health and well-being.

Situational and operational stresses

Stress is an invariable accompaniment of policing. While some amount of stress is required for optimum performance, it is well known that excessive stress has adverse psychological and physical consequences. Additionally, an individual's perception of what is happening to them is important. Individuals could experience the exact same event, however, depending on their own perception could find that experience generating low or high levels of stress and anxiety. There was a clear motivation from participants to improve personal well-being and manage their own mental health, with many demonstrating awareness of the challenges of their roles. This was reflected in the operational stress scores pre-training which showed, participants considered themselves to be moderately stressed; however, findings demonstrate a significant change in participants reduced PSS immediately post- and two-months post-training (table 5, pg 24). Again, there were no significant changes to perceived stress levels of control group participants, within the four week period.

In regards to specifically known operational stresses among police, while there was no significant change in operational police stress levels post-training, a reduction was noted. Pre-training, shift work and overtime were the causes of high levels of stress for some, with PCs and those in post for more than 10 years reporting higher levels of operational stress in these areas compared to PCSOs and those that had been in post for less than 3 years (table A3, pg 46). Immediately post-training overall mean operational police stress decreased. Females reported significantly lower levels of stress compared to males in the areas of performing work related activities on their days off and not having enough time to spend with friends and family. Two-months post-training those over 45 years old reported significantly lower levels of stress regarding working alone at night, staying in good physical condition, occupation-related health issues, dealing with negative comments from the public and experiencing limitations to their social life than those who were younger (table A5, pg 48).

Coping strategies and resilience

Coping strategies are psychological patterns that individuals use to manage and tolerate thoughts, feelings, and actions encountered during stressful experiences and traumatic events. Managing stress well can help physical and psychological well-being and impact on an individual's ability to perform well. Two types of coping strategies were considered within this evaluation. Avoidant coping strategies considered primarily to be a maladaptive form of coping that involves changing behaviour to try to avoid stressors rather than dealing with them; and approach or active coping strategies that enable an individual to address stress through either changing how you think about the stressor or addressing the problem directly.

In general, at pre-training participants favoured positive approach coping strategies in responding to stress suggesting that participants were overall appropriately coping with stressful events they may

experience before completing the training. The most favoured coping style was active coping, which focuses on problem solving and seeking professional and social support to manage stress. Active coping strategies are associated with more helpful responses to adversity, including being able to positively adapting to circumstances, better physical health outcomes and a more stable emotional response. However, following the training, a positive change was found among participants in their response to stress with individuals more likely to employ a greater range of positive coping strategies such as using informational support, positive framing and planning. A significant reduction in participants who were likely to use venting as a way of coping with stress was also observed. However, these changes were not seen two-months post-training suggesting that the changes in coping strategies had not been maintained longer-term.

In addition to this, a significant change in participants' overall resilience levels post-training was seen. Specific items where a significant positive change was seen included *making it through stressful events, being able to 'snap back' following a negative experience, coming through challenges with little trouble, not taking long to get over setbacks*. However, as with the change in positive coping strategies, these significant positive changes were not maintained two-months post-training. While, there was no significant change in overall resilience within the control group over the four-week survey period a significant positive shift in scores was observed amongst the control group belief that it 'does not take long to recover from stressful events'.

Well-being provision and accessibility of support

Pre-training, a small number of participants had already received some form of well-being training, including topics incorporated into the ERAS training (e.g. CBT and resilience). Almost half of the participants had attended the adverse childhood experiences (ACEs) and trauma training, which led to a number of officers and staff identifying the potential impact of ACEs on themselves.

Participants recognised a range of services available to them, and in some cases had already utilised those services. Occupational health was reported to be the first place police and staff would seek help because of their ability to provide different forms of support. Although TRiM is widely available to police officers and staff after attending a traumatic incident, this support was considered limited. Counselling was preferred despite there being limited capacity to widely deliver this service. Support was considered accessible, but often only once an individual reaches crisis point. A key objective of the ERAS training is to enable participants to develop strategies to cope before things escalate and to seek help for themselves, by providing officers with a comprehensive review of well-being services and resources available to them. Indeed, one of the elements of the training that was valued by the majority of participants is that the training is offered to staff before 'crisis' is reached, being preventative rather than reactive, looking to build resilience, develop coping strategies and promote continuous self-care.

Barriers to seeking support

Barriers to accessing support identified by participants included stigma around mental health, with limited understanding of mental health and well-being within the organisation and concerns regarding confidentiality, supporting wider findings from previous research [9], judgement by colleagues and issues around confidentiality. In general, participants felt supported by management to attend the training, but barriers around accessing the training were reported. It is evident that while efforts were made to ensure officers and staff wanting to engage with the training felt supported and enabled to participate there remains an ongoing need to further promote the benefits of the training for both individual and organisational well-being across the force. Support from senior management needs to be accentuated prior to wider force roll-out of the training.

Delivery of the training

The training was considered relaxed and informal and a safe space for attendees to speak openly about their experiences and seek support. The training was described as informative, practical and appropriately pitched to the audience. In particular, participants found the information on trauma the most useful, including the different conditions that exist (e.g. PTSD), and how to spot them. The inclusion of CBT into the training was considered by some very beneficial, with participants reporting this to have highlighted the importance of taking the time to process their experiences to prevent distorted thinking. This was further supplemented by information on self-care, whereby participants reported to have been provided with the tools to effectively manage stress.

Most notably, participants frequently reported the benefit of receiving the training alongside their colleagues. Peers were highlighted as an important source of support during challenging times, thus, hearing colleagues having similar experience was helpful. The expert trainers were considered pivotal in creating the right environment for attendees to share difficult experiences with the group.

Reflected by both the current external training facilitators and by police recipients of the training, emphasis is placed on the need for future trainers of the programme to be suitably trained in CBT, with the expertise and knowledge of working with trauma in a police setting to support content delivery.

Participants suggested very few changes to the training, with the majority reporting the training to be appropriate in its current format. A small number suggested adding additional videos or providing resources and prompt sheets for participants to take home. Potentially, this may support participants to maintain learning and continue to develop appropriate coping strategies.

Additionally, participants suggested follow-up support of individual one-to-one time would be beneficial, to give individuals the opportunity to talk to trainers privately if they have more sensitive information to share.

It should be acknowledged that all participants within both the training cohort and control group volunteered to attend the training, and those in the control group will be given opportunity to attend the training at a later date. Participants recognised the challenges of their role and wanted to better equip themselves to manage well-being and trauma for themselves and their colleagues, therefore they were highly motivated to attend the training to improve their resilience and manage stress in both a personal and professional capacity. Furthermore, managers attending the training wanted to improve their ability to identify signs of poor well-being within their team and to be able to support officers and staff to access help. It is worth considering that voluntary participation may have positively skewed the results and therefore to fully understand the potential benefits gained from attending the training further evaluation is required to consider the effects on participants if the training was mandatory.

Conclusion:

Developing a more resilient workforce better equipped to deal with the challenges of modern policing is essential in the current climate of high levels of poor mental health, fatigue and stress within the police workforce. The ERAS training programme presents an important step towards equipping police officers and staff to develop strategies to cope with stressful events before escalation and crisis point hit.

The findings from the current evaluation suggest that overall, when compared to control group results post-training, the training increased the mental well-being and emotional resilience of those that participated, while also equipping police officers and staff to employ more positive coping strategies when experiencing stressful events. Furthermore, attendance at the training reduced both personal perceived stress levels and occupational stress associated with policing; again, this was in direct contrast to the control group that saw no changes in stress levels over a four-week period.

Nonetheless, the findings are unclear as to the longer-term benefits of the training and the sustainability

of the positive outcomes seen initially, with a number of the positive changes seen immediately post-training not maintained two-months later. The current evaluation was limited to a two-month post-training follow-up period and therefore longer-term impacts of the training over a 12-month period would be useful to capture in further evaluation in order to fully assess the impact of the ERAS training on police officer and staff well-being. Additionally, the evaluation provides some evidence of where there might be barriers to implementing the training at a force wide level.

Recommendations:

- Promotion of the benefits of the training to both individual and organisational well-being should be clearly advertised to all staff across the force, with support from senior management emphasised prior to wider force roll-out of the training.
- Communication is needed around the acceptability of receiving support, in order to enable officers and staff to seek support for both personal and work related stress when required.
- Further evaluation of the impact of the training on other training cohorts such as new recruits, those in different roles and those mandated to attend the training should be considered to inform whether the training should be fully rolled out across the force.
- The current evaluation considered impact over two-months post-training, further evaluation is needed to ascertain the longer-term impact of the ERAS training on police officer and staff well-being.

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Appendix 1- Data tables

Table A1: Mean SWEMWBS scores pre, post and post-2 training by gender, age, job role and length of service

	Optimistic about future			Feeling useful			Feeling relaxed			Dealing with problems well			Thinking clearly			Feeling close to others			Make up own mind about things			Total SWEMWBS score		
	Pre	Post	Post-2	Pre	Post	Post-2	Pre	Post	Post-2	Pre	Post	Post-2	Pre	Post	Post-2	Pre	Post	Post-2	Pre	Post	Post-2	Pre	Post	Post-2
All																								
Mean	3.38	3.70	3.50	3.45	3.85	3.47	2.83	3.44	3.19	3.30	3.59	3.50	3.28	3.71	3.53	3.28	3.38	3.56	3.70	4.03	3.91	21.2	23.2	22.7
SD	0.87	0.64	0.84	0.71	0.61	0.80	0.84	0.71	0.93	0.69	0.66	0.92	0.72	0.63	0.84	0.91	0.78	0.95	0.72	0.52	0.82	3.0	2.9	4.4
Gender																								
Male	3.36	3.64	3.42	3.43	3.91	3.25	3.00	3.36	3.25	3.36	3.45	3.42	3.36	3.64	3.42	3.07	3.27	3.33	3.93	4.09	3.83	21.3	22.8	22.0
Female	3.38	3.87	3.55	3.46	3.83	3.60	2.73	3.48	3.15	3.27	3.65	3.55	3.23	3.74	3.60	3.38	3.43	3.70	3.58	4.00	3.95	21.1	23.5	23.1
p	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*
Age																								
25-34 years	3.88	3.83	3.71	3.50	4.00	3.43	2.88	3.33	3.29	3.38	3.67	3.43	3.13	3.67	3.43	3.38	3.17	3.57	3.50	3.83	3.86	21.3	22.8	22.5
35-44 years	3.33	4.00	3.33	3.40	3.71	3.25	2.67	3.36	2.92	3.33	3.71	3.42	3.40	3.86	3.42	3.20	3.50	3.58	3.73	4.07	3.92	21.3	23.7	21.9
45+ years	3.18	3.57	3.54	3.47	3.93	3.69	2.94	3.57	3.38	3.24	3.43	3.62	3.24	3.57	3.69	3.29	3.36	3.54	3.76	4.07	3.92	21.0	23.0	23.4
p	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*
Job Role																								
Police Staff/PCSO	3.43	3.45	3.54	3.29	3.77	3.46	2.57	3.23	3.08	3.14	3.54	3.23	3.00	3.69	3.54	3.14	3.31	3.46	3.64	3.92	3.85	20.3	22.7	22.6
Police Constable	3.15	3.90	3.30	3.31	3.80	3.40	2.77	3.40	2.90	3.23	3.60	3.50	3.31	3.60	3.40	3.15	3.50	3.80	3.62	4.10	3.90	20.7	23.2	22.1
Management	3.50	3.89	3.63	3.80	3.89	3.50	3.20	3.89	3.75	3.60	3.67	3.88	3.50	3.89	3.63	3.60	3.33	3.38	3.70	4.11	4.00	22.5	23.9	23.2
Other	3.67	4.50	4.00	3.67	4.50	4.00	3.00	3.00	3.00	3.33	3.50	4.00	3.67	3.50	4.00	3.33	3.38	4.00	4.33	4.00	4.00	22.5	23.7	24.1
p	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*
Length of Service																								
<3 years	4.00	4.00	3.80	3.33	3.80	3.80	2.83	3.20	3.20	3.33	3.60	3.40	3.17	3.80	3.40	3.50	3.80	4.00	3.50	4.20	4.00	21.1	23.9	23.5
3-9 years	3.33	3.25	3.20	3.67	4.00	2.80	2.33	3.00	3.00	3.17	3.25	2.80	2.83	3.00	2.80	2.83	3.00	3.00	3.67	3.75	3.40	20.1	21.1	19.8
10-19 years	3.22	3.81	3.36	3.39	3.75	3.29	2.83	3.44	3.00	3.33	3.63	3.57	3.44	3.88	3.71	3.28	3.25	3.57	3.78	4.13	4.07	21.4	23.3	22.5
20+ years	3.11	3.75	3.75	3.44	4.00	4.00	3.11	3.88	3.63	3.33	3.75	3.88	3.22	3.75	3.75	3.33	3.50	3.63	3.56	3.88	3.88	20.9	23.9	24.3
p	*NS*	*NS*	*NS*	*NS*	*NS*	*<0.05*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*

NS = not significant

Table A2: Mean perceived stress scores pre, post and post-2 training by gender, age, job role and length of service

	Upset about unexpected incident			Unable to control important things			Felt nervous and stressed			Confident in ability to handle personal problems			Felt things going your way			Felt could not cope with everything you had to do			Able to control irritations			Felt that you were on top of things			Angered at things outside of your control			Felt difficulties piling up that you cannot overcome them			Total PSS score		
	Pre	Post	Post-2	Pre	Post	Post-2	Pre	Post	Post-2	Pre	Post	Post-2	Pre	Post	Post-2	Pre	Post	Post-2	Pre	Post	Post-2	Pre	Post	Post-2	Pre	Post	Post-2	Pre	Post	Post-2	Pre	Post	Post-2
All																																	
Mean	1.7	1.5	1.5	2.0	1.5	1.7	2.5	1.8	1.9	1.5	1.1	1.3	1.8	1.3	1.6	1.7	1.4	1.5	1.7	1.2	1.6	1.8	1.3	1.4	2.1	1.6	1.7	1.4	1.1	1.0	18.0	13.7	15.2
SD	1.0	0.7	0.9	0.8	0.8	1.1	1.1	0.8	0.9	0.8	0.7	0.9	0.9	0.7	0.9	1.1	0.8	0.9	0.9	0.6	1.1	0.9	0.8	0.8	0.9	0.8	1.1	1.0	0.8	0.8	5.2	5.2	6.8
Gender																																	
Male	1.4	1.4	1.6	2.2	1.5	2.1	2.4	1.7	2.1	1.6	1.2	1.4	1.9	1.4	1.9	1.4	1.4	1.7	1.7	1.1	2.2	1.8	1.4	1.6	2.2	1.6	2.0	1.1	1.1	1.0	17.7	13.6	16.4
Female	1.8	1.5	1.5	1.8	1.5	1.5	2.5	1.8	1.8	1.4	1.0	1.3	1.7	1.3	1.4	1.9	1.4	1.5	1.7	1.3	1.3	1.7	1.3	1.4	2.0	1.6	1.5	1.6	1.2	1.0	18.1	13.8	14.5
p	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS<0.05*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*
Age																																	
25-34 years	1.1	1.3	1.4	2.1	1.3	1.7	2.8	1.6	2.0	1.8	1.3	1.0	1.8	1.3	1.6	1.4	1.0	1.3	2.0	1.0	1.9	2.1	1.3	1.4	2.1	1.7	1.7	1.1	1.0	0.9	18.3	12.7	14.9
35-44 years	1.9	1.4	1.4	1.6	1.4	1.6	2.6	1.9	1.8	1.4	0.9	1.1	1.6	1.3	1.4	1.9	1.4	1.8	1.4	1.4	1.6	1.7	1.2	1.6	2.0	1.6	1.5	1.7	1.1	1.1	17.7	13.5	14.8
45+ years	1.7	1.6	1.6	2.2	1.7	1.8	1.2	1.8	1.9	1.4	1.2	1.6	1.9	1.4	1.7	1.8	1.5	1.5	1.8	1.1	1.5	1.6	1.4	1.3	2.2	1.5	1.8	1.4	1.3	1.0	18.0	14.3	15.7
p	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS<0.05*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*
Job Role																																	
Police Staff/ PCSO	1.5	1.3	1.5	2.1	1.8	1.8	2.8	1.9	2.1	1.5	1.1	1.3	2.1	1.5	1.7	1.8	1.2	1.4	1.7	1.3	1.6	2.0	1.4	1.5	2.0	1.5	1.6	1.5	1.1	1.0	19.0	13.9	15.7
Police Constable	2.2	1.6	1.8	2.0	1.7	1.9	2.7	1.9	2.0	1.6	1.1	1.6	1.8	1.4	1.6	2.0	1.7	1.6	1.9	1.3	1.8	1.9	1.4	1.5	2.5	1.9	1.9	1.8	1.3	1.1	20.2	15.1	16.8
Management	1.1	1.5	1.1	1.8	1.0	1.1	1.9	1.6	1.6	1.3	1.1	1.0	1.2	1.0	1.3	1.4	1.3	1.6	1.4	0.9	1.7	1.4	0.9	1.4	1.7	1.4	1.4	1.1	1.1	0.9	14.3	11.8	12.8
Other	2.0	1.5	1.0	1.7	1.0	2.0	1.7	1.5	1.0	1.0	1.0	1.0	2.0	1.5	2.0	1.3	1.0	2.0	1.3	1.5		1.3	1.5		2.3	2.0	2.0	0.7	1.0	1.0	15.3	14.0	12.0
p	*<0.05*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*
Length of Service																																	
<3 years	1.7	1.4	1.4	2.0	1.6	1.8	2.8	1.8	1.8	1.8	0.8	0.8	2.0	1.2	1.2	1.7	1.2	1.2	1.7	1.0	1.2	1.7	1.0	1.2	1.3	1.6	1.8	1.8	1.0	1.0	18.5	12.6	13.4
3-9 years	1.3	0.8	1.8	2.3	1.8	2.6	2.7	1.6	2.4	1.5	1.6	1.4	2.0	1.6	2.4	1.8	1.2	1.6	2.0	1.2	2.4	2.0	1.6	1.8	2.7	1.4	2.0	1.3	1.4	1.0	19.7	14.2	19.4
10-19 years	1.7	1.6	1.6	1.8	1.4	1.6	2.6	1.9	2.0	1.4	0.9	1.3	1.6	1.3	1.5	1.6	1.5	1.7	1.6	1.3	1.8	1.7	1.3	1.6	2.1	1.6	1.8	1.4	1.1	1.1	17.6	13.7	15.7
20+ years	1.8	1.8	1.3	2.1	1.5	1.3	2.0	1.8	1.5	1.3	1.3	1.5	1.9	1.4	1.4	2.0	1.5	1.5	1.6	1.3	1.1	1.8	1.4	1.1	2.1	1.6	1.3	1.3	1.4	0.9	17.9	14.8	12.8
p	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS<0.05*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*

NS = not significant

Table A3: Mean operational police stress scores pre-training by gender, age, job role and length of service

	Shift work	Working alone at night	Over-time	Risk of being injured on the job	Work related activities on days off	Traumatic events	Social life outside of work	Not enough time to spend with friends / family	Paper-work	Eating healthy at work	Time to stay in good physical shape	Fatigue	Job-related health issues	Lack of understanding from family / friends about work	Making friends outside of job	Need to uphold a 'higher image' in public	Negative comments from public	Lack of social life	Feeling like you are always on the job	Stigma linked to job
All																				
Mean	2.3	2.3	2.4	2.1	2.2	2.6	3.3	3.7	3.9	2.9	3.8	3.7	2.4	2.6	2.3	2.1	2.1	2.3	2.2	1.7
SD	1.7	1.9	1.9	1.6	1.6	1.6	1.7	2.0	2.1	1.5	1.7	2.0	1.6	1.6	1.7	1.4	1.2	1.4	1.3	1.4
Gender																				
Male	2.8	2.5	2.5	2.3	2.3	2.6	3.5	3.9	4.4	2.5	3.4	3.9	2.1	2.6	2.7	2.3	2.2	2.4	2.4	1.7
Female	2.0	2.2	2.4	2.0	2.2	2.6	3.2	3.5	3.6	3.2	4.0	3.5	2.6	2.6	2.1	2.0	2.0	2.2	2.1	1.8
p	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*
Age																				
25-34 years	2.9	3.5	2.4	2.5	2.4	2.1	3.1	4.3	4.3	3.5	4.4	4.9	1.5	3.3	2.5	2.4	2.0	2.9	2.3	1.9
35-44 years	2.3	2.0	2.7	2.5	2.4	3.1	3.2	3.4	3.9	2.6	4.1	3.3	2.7	2.3	2.2	1.6	1.9	2.1	2.1	1.6
45+ years	1.9	2.1	2.2	1.5	2.0	2.4	3.5	3.6	3.6	2.9	3.1	3.4	2.5	2.7	2.4	2.5	2.2	2.1	2.3	1.8
p	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*
Job Role																				
Police Staff/PCSO	1.5	2.2	1.2	2.2	1.9	2.2	3.6	3.5	3.6	3.6	3.9	4.1	2.5	2.6	2.6	2.5	1.9	2.5	2.3	1.8
Police Constable	3.1	2.6	3.0	2.2	2.2	2.6	3.5	3.6	3.8	2.4	3.5	3.3	2.5	2.6	2.5	1.9	2.6	2.0	2.1	1.8
Management	2.6	2.5	3.0	1.9	2.7	3.3	2.9	3.9	4.1	2.7	3.8	3.8	2.2	2.3	1.4	2.0	1.9	2.4	2.2	1.9
Other	1.0	1.0	3.7	1.7	2.3	1.7	2.7	4.0	4.3	3.0	4.0	3.0	2.3	4.0	3.7	2.0	1.9	2.0	2.3	1.0
p	*<0.05*	*NS*	*<0.05*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*
Length of Service																				
<3 years	1.5	2.3	1.5	2.2	1.2	1.7	2.5	2.5	3.3	2.7	3.3	2.8	1.7	1.8	2.0	1.8	1.5	1.7	2.2	1.5
3-9 years	2.0	3.0	2.7	2.3	2.8	2.5	4.3	4.8	4.2	3.5	4.3	5.2	1.8	3.8	3.0	3.2	2.5	3.0	2.8	2.2
10-19 years	3.1	2.3	2.5	2.2	2.4	3.2	3.6	3.6	4.2	2.8	3.8	4.1	2.8	2.3	2.2	1.8	2.2	2.3	1.9	1.7
20+ years	1.4	2.4	2.6	1.8	2.0	2.3	2.8	3.8	3.1	2.8	3.4	2.5	2.5	2.9	2.0	2.5	1.9	2.1	2.3	1.9
p	*<0.05*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*<0.05*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*

NS = not significant

Table A4: Mean operational police stress scores post-training by gender, age, job role and length of service

	Shift work	Working alone at night	Over-time	Risk of being injured on the job	Work related activities on days off	Traumatic events	Social life outside of work	Not enough time to spend with friends / family	Paper-work	Eating healthy at work	Time to stay in good physical shape	Fatigue	Job-related health issues	Lack of understanding from family / friends about work	Making friends outside of job	Need to uphold a 'higher image' in public	Negative comments from public	Lack of social life	Feeling like you are always on the job	Stigma linked to job
All																				
Mean	2.1	1.8	2.3	1.9	2.0	2.0	2.3	3.6	3.4	2.9	3.3	3.2	3.4	2.5	2.6	2.3	1.9	2.4	2.8	2.1
SD	1.5	1.4	1.6	1.3	1.2	1.2	1.5	1.8	1.5	1.1	1.2	1.7	1.3	1.2	1.7	1.6	0.9	1.3	1.5	1.4
Gender																				
Male	2.5	2.1	2.8	2.4	2.8	2.0	3.6	4.6	4.0	2.9	3.8	3.8	2.4	2.7	3.1	2.8	2.2	2.8	3.3	2.4
Female	1.9	1.6	2.0	1.6	1.6	2.0	2.6	3.0	3.2	2.9	3.1	3.0	2.3	2.4	2.3	2.0	1.8	2.3	2.5	2.0
p	*NS*	*NS*	*NS*	*NS*	*<0.01*	*NS*	*NS*	*<0.05*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*
Age																				
25-34 years	2.6	2.9	2.7	2.6	2.6	2.1	3.6	4.3	3.3	3.1	3.1	3.9	2.1	2.7	2.9	2.9	2.2	2.9	3.1	2.0
35-44 years	2.1	1.6	1.9	2.1	1.9	2.0	2.8	3.2	3.5	2.7	3.4	3.3	2.6	2.6	2.4	2.4	1.9	2.4	2.6	2.2
45+ years	1.9	1.4	2.5	1.4	1.8	2.0	2.7	3.5	3.5	2.9	3.3	2.9	2.2	2.3	2.5	2.5	1.8	2.2	2.8	2.1
p	NS	NS	NS	NS	NS	NS	NS	NS	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*
Job Role																				
Police Staff/PCSO	2.0	2.3	1.9	2.1	2.0	2.0	2.9	3.4	2.8	2.9	3.3	2.7	3.3	2.3	2.5	2.4	1.9	2.6	3.1	2.6
Police Constable	2.6	1.9	2.2	1.9	2.0	1.8	3.1	3.7	3.4	3.0	3.4	3.3	2.5	2.8	2.5	2.0	2.0	2.4	2.6	1.9
Management	2.0	1.1	2.6	1.7	1.9	2.3	2.9	3.5	4.2	2.6	3.1	3.8	2.2	2.2	2.2	2.1	2.1	2.2	2.6	2.0
Other	1.0	1.0	4.0	1.5	2.5	2.0	2.5	4.0	4.5	3.5	4.0	3.5	3.0	3.5	5.0	3.5	1.0	2.5	2.5	1.0
p	*NS*	*NS*	*NS*	NS	*NS*	*NS*	*NS*	NS	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*
Length of Service																				
<3 years	1.6	2.0	1.6	2.0	1.4	2.0	2.4	2.4	2.6	2.8	2.6	2.4	1.6	1.6	2.0	2.0	1.4	1.8	2.4	1.4
3-9 years	2.2	3.4	3.4	2.8	3.6	1.8	4.0	4.8	4.0	2.4	3.6	3.6	1.8	2.8	3.4	3.6	2.2	3.4	4.4	3.0
10-19 years	2.7	1.6	2.0	1.9	1.9	2.6	3.1	3.7	3.7	3.1	3.6	3.7	2.7	2.7	2.7	1.9	2.2	2.5	2.6	2.2
20+ years	1.3	1.1	2.5	1.3	1.5	2.0	2.4	3.4	3.1	2.8	3.0	2.6	2.5	2.5	1.9	2.4	1.5	1.9	2.5	2.0
p	*NS*	*<0.05*	*NS*	*NS*	*<0.05*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*

NS = not significant

Table A5: Mean operational police stress scores two-months post-training by gender, age, job role and length of service

	Shift work	Working alone at night	Over-time	Risk of being injured on the job	Work related activities on days off	Traumatic events	Social life outside of work	Not enough time to spend with friends / family	Paper-work	Eating healthy at work	Time to stay in good physical shape	Fatigue	Job-related health issues	Lack of understanding from family / friends about work	Making friends outside of job	Need to uphold a 'higher image' in public	Negative comments from public	Lack of social life	Feeling like you are always on the job	Stigma linked to job
All																				
Mean	2.1	2.0	2.2	2.1	1.9	2.2	2.9	3.2	3.3	3.2	3.3	3.3	2.3	2.5	2.4	2.2	1.9	2.4	2.6	2.0
SD	1.5	1.8	1.8	1.6	1.5	1.5	1.8	1.8	1.9	1.8	1.6	2.1	1.7	1.6	1.6	1.4	1.1	1.6	1.7	1.5
Gender																				
Male	2.4	2.1	2.3	2.3	2.5	2.2	3.4	3.7	3.8	3.1	2.9	2.9	1.8	2.6	2.8	1.8	1.6	3.1	2.6	1.9
Female	1.8	1.9	2.1	2.0	1.5	2.2	2.6	3.0	2.9	3.3	3.6	3.5	2.6	2.5	2.2	2.5	2.1	2.0	2.6	2.1
p	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*<0.05*	*NS*	*NS*
Age																				
25-34 years	2.1	2.9	2.9	2.7	2.9	2.9	4.1	3.7	3.4	4.3	3.9	3.6	1.9	2.9	3.3	1.9	2.1	3.7	2.1	1.6
35-44 years	2.7	2.4	2.3	2.6	1.7	2.3	2.8	3.3	3.3	3.4	4.0	4.1	3.3	2.8	2.2	2.6	2.3	2.2	2.8	2.3
45+ years	1.4	1.0	1.7	1.2	1.5	1.7	2.4	2.8	3.2	2.3	2.3	2.3	1.6	2.0	2.1	2.1	1.3	1.8	2.7	2.0
p	*NS*	*<0.05*	*NS*	*<0.05*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*<0.05*	*NS*	*<0.05*	*NS*	*NS*	*NS*	*<0.05*	*<0.05*	*NS*	*NS*
Job Role																				
Police Staff/PCSO	1.5	2.0	1.5	2.1	1.7	2.1	2.6	2.4	2.8	3.5	3.3	3.3	2.6	2.5	2.6	2.2	1.8	2.2	2.5	2.2
Police Constable	2.9	2.7	2.3	2.1	1.9	1.8	3.4	3.8	3.4	2.9	2.9	3.0	2.2	2.2	2.3	1.9	1.9	2.9	2.4	2.2
Management	2.3	1.3	2.8	2.1	2.3	2.8	2.9	3.9	3.8	3.1	3.9	3.4	1.8	2.6	2.0	2.4	2.1	2.3	2.8	1.8
Other	1.0	1.0	4.0	1.0	1.0	3.0	3.0	4.0	4.0	3.0	3.0	4.0	3.0	4.0	3.0	4.0	1.0	1.0	3.0	1.0
p	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*
Length of Service																				
<3 years	1.6	2.4	1.2	1.6	1.8	2.0	2.4	2.6	1.8	3.0	2.8	2.6	1.4	1.8	1.4	1.6	2.0	1.8	2.2	1.2
3-9 years	2.0	3.0	3.4	2.6	2.8	2.4	3.8	3.0	4.2	3.8	3.0	4.0	1.8	3.2	3.8	2.2	1.6	3.4	2.4	2.6
10-19 years	2.7	1.9	1.8	2.4	1.7	2.2	3.1	3.6	3.6	3.6	3.9	3.5	3.0	2.5	2.6	2.4	2.1	2.8	2.8	2.2
20+ years	1.1	1.0	2.7	1.3	1.6	2.1	2.3	3.1	2.9	2.0	2.9	2.7	1.9	2.6	1.6	2.4	1.4	1.3	2.6	1.9
p	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*<0.05*	*NS*	*NS*	*NS*	*NS*	*NS*

NS = not significant

Table A6: Operational police stress change pre to post and 2-month post training [Wilcoxon signed-rank test]

		Negative rank			Positive rank			Test Statistics			
		n	Mean rank	Sum of Ranks	n	Mean rank	Sum of Ranks	Ties	Z	P	Sig.
Overall PSQ-Op											
Training group	(Post PSQ-Op)-(Pre PSQ Op)	23	18.4	424	12	17.2	206	0	-1.8	0.1	NS
	(Post 2 PSQ Op)-(Pre PSQ Op)	24	16.2	3.9	15	26.1	392	0	0	1	NS
Control	(Post PSQ-Op)-(Pre PSQ Op)	6	6.58	39.5	5	5.3	26.5	0	-0.6	0.6	NS

n = sample size; NS = not significant

Table A7: Mean brief coping response scores pre, post and two-months post-training by gender, age, job role and length of service: Avoidant Coping

Avoidant Coping	Self-distraction			Denial			Substance use			Behavioural disengagement			Venting			Self-blame		
	Pre	Post	Post-2	Pre	Post	Post-2	Pre	Post	Post-2	Pre	Post	Post-2	Pre	Post	Post-2	Pre	Post	Post-2
All																		
Mean	4.7	4.6	4.3	2.3	2.6	2.5	2.6	2.6	2.6	2.6	2.6	2.6	4.2	4.4	3.6	4.2	3.7	3.8
SD	1.6	1.6	1.5	0.7	1.1	0.8	1.2	0.9	1.1	0.9	1.0	1.0	1.5	1.4	1.4	1.9	1.5	1.5
Gender																		
Male	4.6	4.8	4.3	2.1	2.4	2.3	2.7	2.8	2.5	2.5	2.5	2.4	4.0	4.3	3.3	3.8	3.6	3.5
Female	4.7	4.5	4.3	2.4	2.7	2.6	2.5	2.5	2.7	2.7	2.7	2.8	4.2	4.4	3.7	4.4	3.8	3.9
p	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*
Age																		
25-34 years	4.6	5.3	4.1	2.1	2.4	2.3	2.0	2.6	2.3	2.5	2.9	2.1	4.5	4.6	3.3	4.0	3.9	2.7
35-44 years	4.2	4.3	4.4	2.4	2.4	2.5	2.6	2.7	2.8	2.6	2.9	2.9	3.8	4.1	3.2	4.5	3.7	4.1
45+ years	5.1	4.7	4.2	2.2	2.9	2.5	2.8	2.5	2.6	2.7	2.3	2.6	4.3	4.5	4.1	4.1	3.7	4.0
p	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*
Job Role																		
Police Staff/PCSO	4.5	4.9	4.5	2.4	2.9	2.5	2.4	2.5	2.2	2.9	2.7	2.2	3.9	3.9	3.2	4.5	4.1	3.7
Police Constable	5.2	4.2	4.3	2.3	2.5	2.3	3.2	2.9	3.2	2.5	2.8	3.2	4.9	4.9	3.8	4.9	4.0	4.1
Management	4.2	4.6	3.6	2.2	2.6	2.6	2.2	2.6	2.5	2.5	2.4	2.5	3.6	4.2	3.4	3.0	3.2	3.6
Other	4.7	5.5	6.0	2.0	2.0	2.0	2.3	2.0	2.0	2.3	2.0	2.0	4.0	5.0	8.0	3.7	2.5	2.0
p	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*<0.01*	*NS*	*NS*	*NS*
Length of Service																		
<3 years	4.0	4.4	4.0	2.6	3.0	2.0	2.6	2.4	2.2	3.0	2.8	2.4	5.2	4.2	3.2	6.6	4.8	4.2
3-9 years	6.3	6.8	5.2	2.3	2.4	2.6	2.3	2.8	2.8	2.8	2.4	2.8	4.5	4.0	3.2	3.5	3.4	2.6
10-19 years	4.2	4.1	4.3	2.1	2.5	2.5	2.7	2.8	2.7	2.3	2.7	2.7	3.5	4.5	3.6	3.8	3.8	4.1
20+ years	5.0	4.6	3.9	2.4	2.8	2.6	2.6	2.3	2.5	2.9	2.5	2.5	4.4	4.3	4.0	4.0	3.1	3.5
p	*<0.05*	*<0.05*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*<0.05*	*NS*	*NS*

NS = not significant

Table A8: Mean brief coping response scores pre, post and two-months post-training by gender, age, job role and length of service: Approach Coping

Approach Coping	Active coping			Emotional support			Informational support			Positive reframing			Planning			Acceptance		
	Pre	Post	Post-2	Pre	Post	Post-2	Pre	Post	Post-2	Pre	Post	Post-2	Pre	Post	Post-2	Pre	Post	Post-2
All																		
Mean	5.6	6.0	5.7	5.0	5.2	4.7	4.6	5.2	4.3	4.9	5.9	5.3	5.4	6.3	5.6	5.3	5.6	5.0
SD	1.7	1.4	1.9	1.8	1.6	1.5	1.6	1.4	1.8	1.4	1.4	1.5	1.7	1.2	1.7	1.2	1.4	1.6
Gender																		
Male	5.1	6.0	5.7	4.1	4.7	4.5	4.1	4.8	3.8	4.7	5.9	5.3	5.5	6.4	5.8	5.1	5.1	4.7
Female	5.9	6.0	5.8	5.5	5.4	4.8	5.0	5.5	4.6	5.0	5.9	5.3	5.4	6.3	5.5	5.4	5.8	5.2
p	*NS*	*NS*	*NS*	*<0.05*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*
Age																		
25-34 years	5.6	5.9	5.6	5.0	4.9	4.0	4.4	4.9	4.1	5.1	6.7	5.1	4.9	6.3	5.4	4.8	4.9	4.3
35-44 years	5.9	5.8	5.8	4.8	5.0	4.7	4.6	5.4	4.3	4.8	5.7	5.3	5.4	5.9	5.3	5.1	5.2	4.7
45+ years	5.5	6.2	5.7	5.2	5.5	5.0	4.8	5.3	4.3	4.9	5.7	5.5	5.7	6.7	6.0	5.7	6.3	5.7
p	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*<0.05*	*NS*
Job Role																		
Police Staff/PCSO	6.0	6.2	5.8	5.2	5.1	4.4	4.4	5.2	4.3	5.2	5.7	5.5	4.9	6.2	5.5	5.5	5.7	5.9
Police Constable	5.3	5.6	6.0	5.3	5.4	5.1	5.2	5.5	4.2	4.3	6.1	5.3	5.6	6.4	6.0	4.8	5.6	4.6
Management	5.7	6.0	5.0	4.9	5.1	4.5	4.8	5.1	4.3	5.1	6.0	5.0	5.9	6.3	5.1	5.7	5.3	3.9
Other	5.3	7.0	8.0	3.3	5.0	5.0	3.0	5.0	6.0	5.7	5.5	6.0	5.4	6.5	8.0	5.3	6.0	7.0
p	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*<0.05*
Length of Service																		
<3 years	6.0	7.2	6.2	5.6	5.8	5.2	4.2	5.2	4.2	5.0	6.6	6.6	5.6	6.6	6.2	5.0	5.6	6.4
3-9 years	5.7	5.6	5.8	4.3	3.4	3.4	4.8	4.6	4.2	5.0	5.8	4.8	5.3	6.8	6.0	4.7	5.0	4.8
10-19 years	5.4	5.6	5.7	4.9	5.2	4.8	4.7	5.2	4.1	4.6	5.7	5.1	5.3	6.1	5.4	5.5	5.5	4.4
20+ years	5.7	6.0	5.4	5.3	5.6	4.9	4.8	5.6	4.9	5.3	6.0	5.3	5.8	6.1	5.5	5.4	6.3	5.3
p	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*

NS = not significant

Table A9: Mean brief resilience scores pre, post and two-months post-training by gender, age, job role and length of service

	Bounce back quickly after hard times			Hard time making it through stressful events			Does not take me long to recover from stressful events			Hard to snap back when something bad happens			Usually come through difficult times with little trouble			Take a long time to get over set backs			Overall BRS		
	Pre	Post	Post-2	Pre	Post	Post-2	Pre	Post	Post-2	Pre	Post	Post-2	Pre	Post	Post-2	Pre	Post	Post-2	Pre	Post	Post-2
All																					
Mean	3.6	3.8	3.6	3.3	3.7	3.4	3.4	3.6	3.3	3.2	3.6	3.4	3.3	3.6	3.3	3.3	3.6	3.3	3.3	3.7	3.4
SD	0.8	0.8	0.9	1.7	0.9	1.0	1.0	0.9	1.0	1.1	0.9	1.0	0.9	0.8	1.0	1.0	0.9	1.0	0.8	0.7	0.8
Gender																					
Male	3.6	3.9	3.8	3.4	4.2	3.6	3.7	3.4	3.4	3.4	4.0	3.7	3.3	3.8	3.7	3.6	3.8	3.5	3.5	3.8	3.6
Female	3.5	3.7	3.5	3.2	3.5	3.3	3.3	3.7	3.2	3.1	3.5	3.3	3.3	3.5	3.1	3.2	3.6	3.3	3.3	3.6	3.3
p	*NS*	*NS*	*NS*	*NS*	*<0.05*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*
Age																					
25-34 years	3.4	3.9	3.6	3.0	3.9	3.1	3.3	3.7	3.6	3.1	3.9	3.3	2.9	3.7	3.3	3.4	4.0	3.1	3.2	3.8	3.3
35-44 years	3.5	3.6	3.3	3.3	3.9	3.4	3.3	3.6	3.2	3.1	3.5	3.6	3.3	3.6	3.2	3.4	3.8	3.3	3.3	3.7	3.3
45+ years	3.7	3.9	3.9	3.3	3.5	3.5	3.7	3.5	3.2	3.4	3.7	3.4	3.4	3.5	3.4	3.2	3.3	3.5	3.4	3.6	3.5
p	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*
Job Role																					
Police Staff/PCSO	3.5	3.7	3.5	3.2	3.7	3.5	3.4	3.6	3.2	2.9	3.6	3.5	3.0	3.5	3.2	3.1	3.5	3.2	3.2	3.6	3.4
Police Constable	3.5	3.5	3.3	2.9	3.6	2.8	3.2	3.1	2.8	3.1	3.6	3.2	3.2	3.5	3.1	3.1	3.6	3.1	3.1	3.5	3.0
Management	3.6	4.1	4.0	3.6	3.9	3.9	3.6	3.9	3.9	3.6	3.7	3.5	3.7	3.8	3.8	3.7	3.8	3.8	3.6	3.9	3.8
Other	4.0	4.5	4.0	3.7	3.5	4.0	4.3	4.5	4.0	4.0	4.0	4.0	3.7	4.0	2.0	4.0	4.0	4.0	3.9	4.1	3.7
p	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*
Length of Service																					
<3 years	3.5	4.0	4.2	3.2	3.8	3.6	3.0	3.6	4.0	3.5	4.2	4.2	3.0	3.8	3.8	3.5	3.8	3.4	3.3	3.9	3.9
3-9 years	4.0	4.4	3.8	4.0	4.2	3.8	4.3	4.0	3.4	3.7	4.4	3.2	3.3	3.8	3.6	3.7	4.4	3.4	3.8	4.2	3.5
10-19 years	3.4	3.4	3.1	3.2	4.2	3.1	3.2	3.2	2.9	2.9	3.3	3.3	3.3	3.5	3.1	3.2	3.4	3.3	3.2	3.4	3.1
20+ years	3.6	4.0	3.9	2.9	3.7	3.4	3.6	4.0	3.5	3.3	3.5	3.4	3.3	3.5	3.1	3.2	3.5	3.4	3.3	3.6	3.4
p	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*<0.05*	*NS*	*NS*	*NS*	*<0.05*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*	*NS*

NS = not significant

Camau Cynnar gyda'n Gilydd

Early Action Together

Rhaglen ACEau yr Heddlu a Phartneriaid
Police & Partners ACEs Programme

Early Action Together is a partnership between Public Health Wales, the four Wales Police Forces and Police and Crime Commissioners, Barnardo's, HM Prison and Probation Service Wales, Community Rehabilitation Company Wales and Youth Justice Board Wales.

Contact information

If you have any questions or require any further information, please contact the national team at

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Early Action Together Police & Partners ACEs

GIG CYMRU NHS WALES | Iechyd Cyhoeddus Cymru Public Health Wales

Credwch mewn plant Believe in children Barnardo's Cymru

De Cymru Comisiynydd yr Heddlu a Throseddu Police and Crime Commissioner South Wales

Swyddfa Comisiynydd Heddlu a Throseddu Gogledd Cymru Office of the Police & Crime Commissioner North Wales

Gwent Office of Police and Crime Commissioner

Comisiynydd Heddlu a Throseddu Dyfed-Powys Police and Crime Commissioner

HM Prison & Probation Service

Seetec Justice

Youth Justice Board Bwrdd Cyfiawnder Ieuenctid

Cymru Wales Probation