

POLICE COVENANT

ANNUAL REPORT 2025/26

Executive Summary

The Police Covenant is a commitment by the government to recognise the service and sacrifice of those working in policing in England and Wales. It aims to ensure that current and former police officers, staff, and their families are supported and treated with fairness and respect. The Covenant focuses on three key areas: health and wellbeing, physical protection, and support for families. It is intended to improve outcomes for the policing workforce, acknowledging the unique pressures and risks associated with their roles.

Since the introduction of the Police Covenant in 2022, the Home Office and our partners in policing have made strides to address disadvantages relating to the health and wellbeing experienced by the police workforce, their families and those who have left policing.

Under the new Government, the Police Covenant Oversight Board (PCOB) has reassessed the priorities for delivery to ensure the work is focussed on the needs of the workforce, and to reflect the evolving realities of policing. This means that, as the Covenant progresses further, there will be a greater emphasis on supporting forces to enact policies, support systems, setting a minimum standard of provision, and a renewed focus on how the actions taken address specific identified disadvantages.

When considering the priorities and their potential impact on the police workforce, the implications for the British Transport Police, the Civil Nuclear Constabulary, the Ministry of Defence Police and the National Crime Agency were also considered, as were the representations of government departments and other policing organisations. Input from these departments was sought when composing the report, in line with the Memorandum of Understanding, to ensure their experiences and achievements are represented.

Refocusing the Actions on Addressing Detriments

In the first two years of the Covenant, six initial priorities, identified by the Board, were marked as completed. These were specific areas of work with a clear end point which was achieved through the joint efforts of the Home Office, the National Police Wellbeing Service (NPWS), the Chief Medical Officer for Policing (CMO), His Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS) and the forces themselves.

This includes recent successes in creating a new strategy for health and wellbeing; and the work within the Home Office and the College of Policing to better integrate wellbeing into wider police leadership training and development. Families have also seen the introduction of a toolkit to help support them and their loved ones who have

left policing are now able to access resources to prepare them for the next stage of their lives.

As the Covenant has progressed, an increasing number of actions are necessarily ongoing and focus on medium to long term completion. This means that, to provide clarity on progress, the focus of the annual report needs to shift to better reflect the benefits these ongoing actions will create.

These, and the many other pieces of work delivered by the National Police Wellbeing Service and others through the Police Covenant workstreams, can be utilised by individuals, leaders and forces to help improve wellbeing standards in forces.

Ensuring forces are supported to deliver consistent leadership standards at all levels continues to be vital. The Covenant's initial focus on boosting existing activity and raising basic wellbeing and leadership standards in forces has begun to pay dividends, with more people getting support and more services being in place than at any other time in the history of policing in England and Wales. This work can now be built upon to ensure the Covenant can fulfil its potential as a strategic lever at national level, to corral and prioritise resources and focus them on addressing specific disadvantages directly linked to the policing role.

As the Covenant moves into a new phase under a new Government, this Annual Report will focus on how the actions address specific disadvantages. The term 'disadvantage' refers to areas where police officers and staff may be more likely to experience harm, unfair treatment, or poorer outcomes compared to other professions or within the organisation itself. These disadvantages can relate to mental or physical health, workplace culture, or access to support for example. By identifying and addressing these areas, this will help highlight not only the progress made, but also how the work of the Covenant can improve health and wellbeing.

Summary of Progress

The work of the Covenant has continued over the last year with several areas seeing significant progress.

Following the appointment of a CMO for Policing, there has been greater cohesion between the work of the Covenant and the work of the NHS. This includes early successes in driving forward training for GPs as covered in previous reports. The now well-established Clinical Governance Group (CGG) has defined several areas of focus and has begun to deliver improvements in health and wellbeing provision (see pages 34-49 for further details).

Following the work of the NPWS, the Home Office and forces, the Covenant has seen significant developments over the last two years including:

- Establishment of a CMO for Policing
- Setting and monitoring foundation Occupational Health (OH) standards, with some forces achieving enhanced standards and most other forces working towards enhanced standards

- Integration of police assaults data, OH standards and other elements of wellbeing into HMICFRS's Police Effectiveness, Efficiency and Legitimacy (PEEL) inspections
- Establishment of the posthumous Elizabeth Emblem
- Proof of concept completed for national rollout of a dedicated mental health crisis line for police
- Creation and supply of family and leavers resources
- Introduction of a specialist bereavement counselling service
- National suicide prevention and postvention action plan
- Research and action on fatigue management
- NHS engagement pilots
- A new Health and Wellbeing Strategy for policing
- Development of Prioritisation Guidance to deliver the strategy

Further details on these areas can be found in the Annual reports from 2023^{[\[footnote 1\]](#)} and 2024.^{[\[footnote 2\]](#)}

Planned Activity

There is still much to do if we are to live up to the purpose of the Police Covenant, to ensure that the police and their families suffer no disadvantage because of their work in policing. Subject to funding, the following projects are presented to the PCOB as being achievable over the next two years:

- National roll out of Mental Health Crisis Line to include families and leavers
- Increase provision of psychological risk assessments from 75,000 to 140,000
- Sleep Fatigue and Recovery coaching, education and peer support app provided to 40,000 individuals per year up to 120,000 over 3 years. Combined with Fatigue Risk Management training
- Taking forward the CMO's NHS Engagement work to unlock Integrated Commissioning Board (ICB) support for all forces
- Development and provision of a national trauma support model with a debriefing training course provided to all forces
- Develop a national police leavers capability, with a focus on post service employment

Organisational stressors within the workforce are factors that cause stress which come from how policing is structured and managed, rather than from the situations faced by the workforce in the course of their duties. These can include high workloads, long or irregular hours, lack of support, poor communication, or limited opportunities for development. These stressors can have a significant impact on the wellbeing, morale, and retention of officers and staff.

The Service Improvement & Stress Reduction (SISR) programme addressed organisational stressors.^[footnote 3] Three main types have been identified: hindrance stressors, emotional stressors and wellbeing stressors. This work sits alongside actions coming out of the comprehensive Productivity Review^[footnote 4] concluded by the National Police Chiefs' Council (NPCC). Initial feedback on the programme, attended by 27 forces, has been excellent and a full evaluation will be completed by the National Police Wellbeing Service (NPWS) to determine if another programme should be funded in future.

The next phase of the plans to better communicate the aims and offer from the Police Covenant has now begun. Three videos relating to peer support during different stages of an officer's career created by the NPWS to highlight the importance of wellbeing in policing are now available online.^[footnote 5]

A meta-analysis capturing consistent issues across a wide range of police officer and staff surveys, carried out by Professor Les Graham at Durham University has informed the work of the Covenant. This includes recognising the levels of poor mental health in workforces and how this influences productivity and retention, and some wider work on tackling workplace incivility.

Tackling extreme fatigue is a growing area of concern as our understanding develops on how changing pressures on our officers and staff affect them. In response to this, the Home Office funded the NPWS to launch an innovative project to provide insight and support for officers experiencing symptoms of fatigue in August 2023. The anonymised data provided by the study allowed the NPWS to develop new guidance for forces and individuals.

The original priority on assaults against the police was closed in 2023 with the rollout of Operation Hampshire. However, subsequent issues relating to how assaults data is monitored and the provision of appropriate compensation have emerged. The Home Office has been working with the NPWS, the Police Federation of England and Wales (PFEW) and others to identify how much additional information can be captured by forces when an assault is recorded. This work will lead to improved data collections enabling forces, staff associations and Trade Unions to better understand and address the issue of violence perpetrated against the police.

A National Police Health and Wellbeing Strategy^[footnote 6] has been launched and introduces an action-orientated wellbeing model centred around five key areas; join well, train well, work well, live well and leave well. The strategy identifies the critical issues forces need to tackle and provides an evidence-based framework for doing so.

To deliver the strategy, the Workforce Prioritisation Guidance has also been published. This provides a comprehensive framework for police forces to enhance the wellbeing of their officers and staff. It consolidates over a decade of research and feedback to offer clear, evidence-based strategies and priority interventions aimed at improving physical and mental health within the police workforce.

Both the Workforce Prioritisation Guidance and the Health and Wellbeing Strategy complement each other to support an enhanced approach to wellbeing across the workforce. The strategy sets out the strategic framework for addressing wellbeing with specified delivery areas and evidence-based priorities. The guidance explains how to do this, including signposting to resources and toolkits.

Improving Health and Wellbeing

We support the Police Covenant, and we are determined to work with you to ensure it delivers for all officers, staff and volunteers, recognising that wellbeing and mental health support is vital in maintaining a healthy and engaged police workforce who can effectively serve and protect the public.

The Rt Hon Dame Diana Johnson DBE MP, Crime and Policing Minister at the Police Superintendents' Association Conference 2024

The core purpose of the Police Covenant is to improve the health and wellbeing of the workforce. Recognising the impact policing has on the individuals who carry out policing roles is the single most important step towards improving the lives of the workforce. The current areas of focus are:

- Organisational Stressors
- Communicating the Covenant
- Engaging with the Workforce
- Honours and Memorials
- Suicide Prevention
- Psychological Risk Management
- Trauma Prevention
- Tackling Fatigue

Organisational Stressors

Summary of Disadvantage

Organisational stressors are proven to lie behind every negative indicator of workforce wellbeing, driving recognised strategic issues such as retention, deployability and productivity.^{[\[footnote 7\]](#)}

Cultural and systemic issues need to be addressed to remove avoidable detriments which the workforce face.

Summary of Activity

NPWS and the CMO are providing support to ensure there is an evidence based, affordable capability in every force to address work related external risks (such as trauma exposure and being assaulted) through a National Police Health and Wellbeing Strategy^{[\[footnote 8\]](#)}, and Workforce prioritisation guidance.^{[\[footnote 9\]](#)}

The NPWS ran a programme for policing leaders in 2023/24 as a proof of concept focused on tackling internal stressors within existing budgets. It was well received and evaluated positively.

A new refreshed police workforce national survey launched in May 2025, with a focus on internal hindrance stressors such as bureaucratic barriers, administrative difficulties and poorly designed work processes. This will provide insights into what progress is being made on addressing issues, in addition to gauging feedback from the workforce.

Progress to Date

A four-day residential course for force leaders was delivered in April 2023 at the Open University (OU) Centre for Policing Research and Learning facilitated by Andy Rhodes and Professor Jean Hartley. National and local projects were presented alongside innovative solutions relevant to this issue. Six webinars were delivered to the attendees by the final residential module in October 2023.

In 2024, learning from the events was fed into work carried out by the College of Policing to integrate the strategy and prioritisation guidance into existing training programmes for forces.

Planned Activity

Further work is required to embed the new national workforce strategy working with stakeholder to ensure the maximum number of respondents. A new national police staff survey, designed to more accurately capture internal stressors, has been launched this year. It will require strong stakeholder support to ensure the maximum number of respondents and the NPWS and NPCC will work with forces to promote the survey.

Communicating the Covenant

Summary of Disadvantage

As the work of the Covenant continues to develop, there is a need to proactively communicate the aims of the Covenant and the support that is available to all those who would benefit from accessing the additional resources and support.

Staff associations have identified that there is more to do to communicate and engage with the workforce on the Covenant to generate knowledge of the work, so that the workforce are aware of what progress is being made, what services are available to access, and the Covenant's relevance to them as individuals. For the next stage of communications, we will need all parts of the sector to work together to ensure that the messaging is relevant to and can reach everyone.

Summary of Activity

To address the challenges in raising awareness and engagement with the Covenant, the Home Office have been working with the College, the NPCC and the NPWS to develop a coordinated communications plan, and to find innovative ways to increase the profile of the Covenant.

Progress to Date

Phase 2 of the communications plan, with a focus on increasing knowledge and awareness of specific resources available under the Covenant, began last year. A new joint communications plan between the NPWS, the Home Office and the NPCC is being prepared to help drive forward this work.

Planned Activity

Following direction from the PCOB, the Home Office agreed to establish how communications about the Covenant could feed into more positive reports about the work of police and what Government is doing to support officers and staff. This includes reframing the actions set out within this Annual Report to make clear the disadvantage that is being addressed by the work.

As the work in other priorities progress, including on fatigue and the work of the CMO, further communications will be developed to ensure that the police workforce and their families will be aware of, and therefore able to access, the support available to them.

Given the importance of improving awareness of the Covenant, and the specific support and recognition available to the workforce, there may be scope to use existing communication structures available to staff associations to make sure those that need support get the help they need. The NPWS and the staff associations will work together to identify what more can be done.

Engaging with the Workforce

Summary of Disadvantage

For the Covenant to be effective in tackling disadvantages experienced by the police workforce and families, it is important to maintain an updated understanding of the current policing context and for the workforce to have clarity on what support is available to them and where different issues are dealt with and by which organisation. This is vital to ensure that the Covenant will pick up or address evolving disadvantages over time.

Summary of Activity

There are a range of issues that are outside of the remit of the Covenant that, nevertheless, interact with issues within scope and have an impact on the police workforce and their families. These may include, but are not limited to, remuneration, diversity and inclusion and the handling of police conduct issues. A summary of the key issues raised by staff associations and unions should be captured so that accountability for addressing them is clearly set out and visible to the workforce.

Progress to Date

A roundtable was held at PFEW HQ in September 2022 with a paper presented at the January 2023 PCOB setting out issues and opportunities. This led to two actions being taken forward by the NPWS.

The NPWS has identified good practice in several forces relating to tracking trauma and the Chief Scientific Officer has granted West Yorkshire Police funding to develop

a standard operating model for trauma tracking in 2025/26. This will be made available to all forces from 2026 at no cost and will feature as a requirement of the prioritisation guidance.

The paper also raised questions around access to Criminal Injuries Compensation, where officers and staff associations report a lack of understanding of the police eligibility context in compensation caseworkers. This work has been included under the priority related to assaults against the police (see page 31).

Concerns were also raised relating to the impact of non-police demand on the workforce. The NPCC and the NPWS built a link between the Covenant and the productivity review, and information on the impact on wellbeing has been included in the productivity report.^{[\[footnote 10\]](#)}

Planned Activity

As directed by the Oversight Board, selected suggestions have been added within the appropriate existing workstreams, to ensure they can be most effectively incorporated into the Police Covenant.

Where further work is needed to either fully understand the implications of implementing one of the suggestions, or more detail is needed to maximise the benefits, the Home Office will work closely with the relevant organisations, including charities, policing bodies and other government departments to ensure they deliver for policing.

Staff Associations have also highlighted comments from the Chief Inspector of Constabulary on the funding and investment in police treatment centres (PTCs). In his recent report of the disorder over the summer of 2024^{[\[footnote 11\]](#)} HMCIC Sir Andy Cooke expressed concern about the lack of force level funding and central support for PTCs. This has highlighted a need to clarify the work of the PTCs and set out where these charities fit within the case management of rehabilitation. Though they are an important part of the landscape, PTCs are not a replacement for standard OH or wider healthcare provision and are not currently staffed to provide ongoing support, for example, for trauma-related mental ill health. There is an opportunity to explore how ongoing care can be included within the NHS Engagement work to position this function as part of collaborative work between the NHS and the police.

Honours and Memorials

Summary of Disadvantage

Extraordinary acts by officers and staff are often normalised as an everyday part of policing. This can lead to individuals not being fully recognised for their work through formal awards processes.

Summary of Activity

A review is being undertaken of the awards landscape and the support in place for nominators to make sure we are making the best use of existing awards while identifying any gaps in provision. This work is ongoing, including engagement with relevant partners.

Progress to Date

Initial research to understand areas of interest and forces' usage of awarding medals and honours has found a lack of awareness and a lack of time as the main reason for cases not being brought forward.

As a result, the Home Office has begun providing additional support to forces as well as increased training for honours leads.

The Home Office has also identified a specific issue with the number of honour nominations received for police staff. This has led to the Honours leads working with the Senior Police Staff Network (SPSN) to increase the profile of existing staff awards, and training staff in citation writing.

Planned Activity

The Home Office will continue to organise regular workshops for forces and other bodies to attend.

The proposal for a new long service award for police staff has now been developed by the Home Office. The Home Office will work through the established process to see if such an award is viable. Similarly, a public petition for a medal for injured officers is also being considered by the Home Office.

The Home Office continues to be the assessing government department with the largest number of individuals eligible for the Elizabeth Emblem. Further outreach work is being conducted with forces to encourage families to come forward with applications where a named next of kin is identifiable.

Suicide Prevention

Summary of Disadvantage

The Office for National Statistics does not identify police officers as an occupation at specific risk of suicide in England and Wales. However, feedback/engagement across the sector often reflects concerns that the unique factors of the job may heighten the risk of suicide for officers and staff. These factors include frequent and unpredictable exposure to traumatic incidents, relationship breakdowns, post-traumatic stress disorder or other mental issues, shift work, long working hours, sleep problems and refusal of help at early stages.

Unlike other emergency services, the police have lacked a consistent, well-advertised, confidential and specialist mental health support service across all forces, which allows all those who need it to seek help without any perception of stigma.

Summary of Activity

The national strategy identified a range of activities for addressing this issue, with an immediate focus on providing better support for individuals in crisis. This led to the NPWS working to deliver a pilot for a police-specific 24/7 crisis line.

Progress to Date

Initial funding was provided to run a 'proof of concept' for a crisis line in 2023 to establish both the demand and the usage prior to a national roll out. This line opened in June 2024 using an existing service provider for paramedics and fire, focused in the Northeast of England.

During 10 months of operation, NPWS report that the line has received 50 calls from both officers and staff and 41 of those calls were crisis calls. Whilst the line is completely confidential, the provider can summarise themes from the calls received. Current themes include enduring mental health issues, relationship breakdown and the effects of work-related trauma.

An all-force annual National Suicide Action Plan self-assessment process has been implemented as of May 2025.

Planned Activity

A fully costed business case to stand up a national crisis line has been provided by NPWS based on the pilot work. The lessons learned from the tested model will allow for the proposed line to be made available to all serving officers and staff, with an ambition to also include families and leavers in the future.

The upcoming 24/7 crisis line is a positive step, and further work will be carried out to improve data collection to inform prevention activity, address cultural barriers to seeking support, and ensure that support is consistent and well-advertised. The Home Office and NPWS will continue to work with the rest of the sector to drive this forward. The PFEW has also highlighted this as a critical area of focus for the Covenant.

Psychological Risk Management

Summary of Disadvantage

There is evidence of complex post-traumatic stress disorder and other trauma related mental health injuries in the police workforce. [\[footnote 12\]](#)

The NPWS proposes (based on international research and practice) that a form of health surveillance, potentially including psychological risk assessments (PRAs) for every member of the workforce should be a basic duty of care requirement for forces.

Summary of Activity

Due to the elevated levels of trauma exposure faced by most operational and public facing officers and staff, the NPWS are hoping to expand annual PRAs from 50,000 per year to circa 140,000 over the next 3 years.

This activity proposes the creation of a national solution which will enable all forces to expand access to PRAs in a way that is affordable to them.

Progress to Date

Initial work has identified an appetite within forces to adopt a consistent national approach to PRAs.

The NPWS assesses that approximately 50-60,000 PRAs are conducted annually. To take in all operationally facing roles, this needs to expand significantly. To achieve this affordably, the NPWS are planning to develop a national PRA system which all forces can buy into.

Planned Activity

The NPWS is producing a costed proposal to create a national PRA solution. Planned activity will also include an assessment of whether additional capacity may be required to provide follow-up interventions where risk assessments flag issues, to ensure forces are able to manage an increase in interventions effectively and consistently.

Trauma Prevention

Summary of Disadvantage

The nature of police work involves frequent exposure to traumatic events, such as violence, accidents, and fatalities. This can increase the risk of the police workforce developing PTSD and other mental health issues^{[\[footnote 13\]](#)} and can significantly affect their personal lives. Exacerbating this is the stigma often associated with seeking help for mental health support within police culture.

Summary of Activity

Demobilising and defusing are recognised as an effective tool to prevent mental health escalation and are used by many forces to good effect, though measures are not consistently applied. To address this, NPWS will introduce a national training programme for forces, promoting a holistic 'life cycle' trauma support model which has been developed with leading experts and the most advanced forces.

Progress to Date

Discussions within policing have highlighted that, though exposure to trauma is inevitable in policing roles^{[\[footnote 14\]](#)} and occurs at a significantly higher rate than the general population, research has indicated that steps can be taken to reduce the risks and to prevent the development of PTSD by providing the right support at the right time.

The Police Trauma Events Checklist (PTEC) can be used by individuals themselves, or with their managers, to keep track of their levels of exposure to traumatic incidents over time. It enables supervisors and managers to have early conversations with those who are exposed to psychological trauma.

Planned Activity

There are plans to develop the national Trauma Support Model as a key deliverable within the Workforce Prioritisation Guidance (WPG), supplemented by a scalable debriefing training course accessible to all forces.

Tackling Fatigue

Summary of Disadvantage

Officers and staff in policing are often asked, at short notice, to work unsociable hours, have leave cancelled and carry out other tasks on top of what is often an already time consuming and intense role. This can lead to fatigue in the workforce.

Summary of Activity

This workstream aims to establish sleep fatigue and recovery support for everyone in policing and a fatigue risk management strategy in all forces to reduce the impact and maintain a happier, healthier and more effective workforce.

Progress to Date

The Home Office funded two studies with Liverpool John Moores University to provide new insights and support for officers and staff experiencing poor sleep and fatigue. The Chief Scientific Advisor funded study utilised wearable technology and concluded in December 2024 with very encouraging findings. In parallel to the studies, NPWS have fed the learning from the study into their sleep, fatigue and recovery biometrics programme which has involved 37 forces and over 1000 frontline staff.

The evidence base has been used to develop a scalable, affordable and personalised solution as well as the NPWS training package for fatigue risk management which was launched in 2024.

Planned Activity

The insights from the studies and frontline user feedback have been built into a new fatigue risk management application with an ambition to provide it to everyone who works in policing over the next 3 years. Smaller innovation projects using the latest wearable technology are ongoing aimed at improving health outcomes in key areas such as menopause and trauma exposure.

Staff associations have also highlighted the need to consider what more can be done to share best practice in this area.

Supporting Family Members and Leavers

Thank you, to all of the partners, all of the relatives, all of the families, because the work that your partners do, that I know you will feel so proud of, is actually only possible because of your love and support. And I know sometimes that can be the hardest of things to do and to deal with.

The Rt Hon Yvette Cooper MP, Home Secretary at the Police Bravery Awards 2024

Supporting families and leavers is a key requirement of the Police Covenant. These groups have specific needs and specific disadvantages that the Home Office will seek to address through the Covenant. The current areas of focus are:

- Developing, launching and updating a family support model
- Developing, launching and updating a leavers support model

Family Support Model

Summary of Disadvantage

Research commissioned by NPWS suggests that there is a detrimental impact on the families of those working in policing compared to other professions. This is related to the high-pressure nature of the work, level of accountability and unpredictable nature of the demands of the job. [\[footnote 15\]](#)

Summary of Activity

This research provides a starting point to address that impact and forces are starting to build an improved family offer using NPWS products, via the Oscar Kilo brand. The NPWS has created a practitioner family network to reduce the inconsistencies of provision in forces.

Two phases of research into the needs of families were undertaken and completed by April 2023. A families lead was appointed in the NPWS, supported by a national coordinator. A suite of digital family resources has been made available and a toolkit for forces to use, to deepen their relationship with the families of officers and staff.

Reaching out to family members via social media is a vital part of the NPWS family strategy. This is why a “thank you” film was developed, recognising their vital contribution. The film has now been viewed over 100,000 times.

Progress to Date

The NPWS produced and launched a Families Hub and Toolkit for 2024/25. This included activities and actions for forces to take in relation to supporting policing families. A children’s literacy campaign was launched using a book written by a police officer. The book improved the understanding of policing for young family members.

Further family resources have now been launched and are available at the online hub. [\[footnote 16\]](#)

A provision for a bereavement counselling service has also been launched and is available via the Oscar Kilo website [\[footnote 17\]](#) to families and immediate colleagues if a serving officer or member of staff should tragically die in the execution of their duties or by suicide.

Planned Activity

The continuous development approach to the family resources means that regular updates to the materials will happen over the coming year. In the 2025/26 plan the creation of a network for those who can influence the family experience ensures that best practice can be identified and communicated. A family handbook will be developed akin to those already provided to Ambulance and Fire families, to ensure important questions can be answered quickly and easily. More will be done for those families with young children, especially those returning to work and finally research will be undertaken to identify the support available to the families of those undergoing investigation.

Leavers Support Model

Summary of Disadvantage

There is no post service employment gateway for police officers and staff in place. However, police leavers often intend to work full time up to national retirement age. Force provision is inconsistent and for key groups of people there is limited support available. This can be detrimental to the individual causing stress, a lack of recognition and potential financial challenge. It can also impact the sector in terms of morale, retention opportunities and being an employer of choice. Society may also lose the opportunity to utilise the vital skills of those who leave policing in roles outside policing.

Summary of Activity

The development of suite of national digital resources and a leavers toolkit forms the foundation of this priority.

Progress to Date

The NPWS has created a leavers' practitioner network to reduce the inconsistencies of provision across forces and to ensure that the transition for all leavers is smoother. This will make sure that the previous inconsistent experiences of leavers in different forces will become a thing of the past.

The NPWS, under the Oscar Kilo brand, has compiled a leavers package aimed primarily at those who retire, focusing on supporting officers and staff to transition from a career in policing. It has tools that help officers and staff navigate next steps including, preparation of a CV, how to create digital profiles, interview preparation, the benefits of volunteering and, most importantly, how to manage the specific mental health challenges potentially faced by those transitioning out of the service. The guide has been available to download from the Oscar Kilo website since Spring 2024.

Research has been undertaken to better understand the support currently provided by forces and to ascertain the employment routes that current leavers are taking. This research fed into the piloting of the The Police Leavers Gateway which offers both emotional and practical support to those leaving policing. The digital platform provides resources, tools, and AI-powered functionality to help people navigate their transition with confidence and purpose.

Through the development of a toolkit and the Leavers network, forces now have guidance on what support for a good transition out of policing looks like and good practice can be shared quickly and easily. [\[footnote 18\]](#)

A pilot of the Leavers Employment Gateway ran until 31 March 2025 and invited officers and staff to visit the gateway and provide feedback. The resources are specifically aimed at those approaching retirement or within the last 18 months of service through to retirement or voluntary leaving. The gateway will include specific packages for police staff and those who retire from policing due to ill health.

Planned Activity

A short paper setting out the business case for a national police leavers capability, with a focus on post service employment has been prepared with estimated pilot and future costs to be determined by demand.

Retired Workforce

Summary of Disadvantage

Research conducted by the National Association of Retired Police Officers (NARPO) and other organisations has raised concerns around suitable support and treatment for retired officers who may have ongoing mental or physical health needs arising from their work in policing.

Summary of Activity

The CMO and the CGG, supported by NARPO, are working towards a dedicated strategy to support the mental health and wellbeing of retired police officers.

Progress to Date

The CMO has led work to create an accreditation system so that GPs are aware of the needs of the police workforce through internal NHS processes. This accreditation will lead to improved healthcare for police officers and staff with complex mental health needs.

Further engagement with NARPO representatives to discuss the work of the National Police Wellbeing Service in general and the families and leavers work in particular has taken place. The CMO has provided NARPO with an outline of the aims of the NHS Engagement workstream and how this will impact specifically on retired officers.

Planned Work

The new National Police Health and Wellbeing Strategy, which has at its core the mental health of police personnel, has a pillar focussed on 'leaving well' which will directly work on the issues identified. NARPO will be included as a key stakeholder in the leaver delivery area as this is progressed.

In addition, the commissioning of police-aware healthcare is being progressed. This mirrors the approach taken by the Armed Forces Covenant.

Improving Physical Protection

Policing is a challenging but immensely rewarding career and we must look after our people, so they are best able to look after the public. The products and services we'll offer will be tangible, evidence-based and proven to improve the physical and mental health of those working in policing.

Oscar Kilo and the National Police Wellbeing Service already provides significant resources for officers and staff, and we will continue to identify the best ways for the College to support those working to keep our communities safe every day.

Sir Andy Marsh, CEO of the College of Policing, 2022

Due to the nature of their roles, the police are sometimes placed at risk of physical harm. The highest risks, though not all of them, are faced by officers and staff on the front line and this has therefore been the initial focus of the Covenant. The current areas of focus are:

- Recording and supporting victims of assaults against officers and staff

Assaults Against Officers and Staff

Summary of Disadvantage

Based on the information currently available, approximately 115 police officers and staff are assaulted every day, resulting in over 42,000 incidents every year across England and Wales.

These assaults can have immediate impacts, especially where physical injuries are incurred, and/or ongoing or long-term psychological impacts.^{[\[footnote 19\]](#)} This can result in poor outcomes both for the individuals assaulted and for the forces.^{[\[footnote 20\]](#)}

Summary of Activity

There are three main activities which every force must deliver under Operation Hampshire:

- Executive level ownership
- Deliver the 7-point plan
- Collect accurate assault data

The Home Office and the NPWS work with forces, staff associations and other organisations to drive forward these activities.

The NPWS has identified specific issues relating to assaults:

- A full and accurate picture of the scale of assaults is not known due to problems with the collection of data
- There is a need to ensure that legislation is being used appropriately and that prosecutors are selecting the appropriate charge to deliver swift justice that reflects the seriousness of the crime
- Officers and staff who are eligible for Criminal Injuries Compensation struggle to apply due to confusion around what constitutes expected outcomes from policing work

Progress to Date

The National Operation Hampshire network is now live, providing forces with a structured framework, process, and guidance to ensure effective responses to assaults on the police workforce.

The bespoke Police Assaults & Injuries Reporting App is now also available to forces giving the workforce easier access to reporting tools and to improvements towards real-time data gathering. Assaults data covering the year to March 2023 and the year to March 2024 have been provided by forces. Though this data indicated increases in the number of cases reported, this is beginning to show a truer picture of the circumstances faced by the police daily. This means forces will have a greater understanding of assaults against officers and staff to inform prevention and support.

Management of assaults on police officers is included in HMICFRS PEEL inspections under the broader category of police effectiveness, efficiency, and legitimacy. These inspections assess how well police forces manage and respond to assaults on their personnel, including the support provided to those affected and the measures in place to prevent such incidents.

Planned Activity

Work will continue towards including a full set of mandated assaults-related questions in the Home Office Annual Data Requirement (ADR). This work will balance the need for full data to understand and address assaults with the burdens for recording on officers and staff.

Chief Medical Officer Priorities

A culture of wellbeing - promoting health, protecting workplaces, and safeguarding the workforce - will give all police personnel the ability to adapt, self-manage, and thrive in the face of work and life challenges. In addition, best practice rehabilitation will facilitate effective and timely return to full deployability and productivity. We ask a lot of our people; they expect a lot of us in return.

Professor John Harrison, Chief Medical Officer for Policing, 2025.

Delivering on the promise of the Covenant requires understanding and use of the existing systems in health and in the OH requirements for the police. The CMO has taken on a series of actions to drive these areas forward. These are currently focussed on:

- The creation of a National Health and Wellbeing Strategy
- Ongoing NHS Engagement
- Developing an evidence base to understand cancer risks
- Work to support the provision of relevant vaccinations
- Improving the visibility of Police OH
- Running and evaluating healthcare commissioning pilots
- Developing accreditation of healthcare provision to the police

National Police Health and Wellbeing Strategy

Summary of Disadvantage

There has been little coordination of healthcare provision for the police, with forces, treatment centres and even individuals forced to work on a case-by-case basis. This has led to a fragmented approach.

The challenge for provision is that, despite efforts by the police, it remains likely that there could be different approaches adopted in each force covered by the Covenant. This could result in different approaches to wellbeing and a perception that implementation of the strategy is optional. Whilst accepting that there may be local issues in forces that would be assigned different levels of priority, the wellbeing priorities identified in the strategy are based on national evidence and are deemed to be important across policing.

Summary of Activity

Mirroring the approach taken by the Armed Forces, the new National Police Health and Wellbeing Strategy describes the health needs and priorities for resilient policing and sets out roles and responsibilities to support the process of engagement with healthcare providers.

Progress to Date

The new National Police Health and Wellbeing Strategy^{[\[footnote 21\]](#)}, which pulls together evidence-based priorities for forces to address, was published in March 2025. Published alongside the strategy, the Workforce Prioritisation Guidance provides clarity on how to achieve the priority activities which are essential to support the police workforce which are affordable and accompanied by advice and support from the CMO and NPWS.

In March 2025, the strategy was approved by the NPCC Workforce Coordination Committee and at regional meetings of Chief Constables, before being signed off at Chief Constables' Council.

Planned Activity

Engagement with healthcare, is arguably the essential component in addressing the health needs of the police workforce, will continue under the strategy because the NHS has the responsibility for the continuing healthcare of the police workforce.

NHS Engagement

Summary of Disadvantage

There is no single guiding document for the provision of wellbeing in forces, and how they should engage with the NHS to deliver for their workforce. This can lead to different forces prioritising different areas of wellbeing or neglecting it altogether.

Summary of Activity

Two pilots have established the potential for policing to unlock commissioning support from each force's NHS Integrated Commissioning Board (ICB) if they present a compelling proposal based on the wealth of evidence on the detrimental health impact of police work.

Based on the evidence available, a significant number of officers and staff suffer a health detriment / inequality relating to:

- Trauma exposure
- Shift working
- Physical assaults
- Stress

The appointment of a CMO, Professor John Harrison, was completed in May 2023. Since taking up the role, Professor Harrison has made progress on several fronts, establishing and driving the work of the Clinical Governance Group (CGG).

There are four current ongoing activities in this area:

- Trauma related NHS services
- Seeking OH capacity and capability support through Integrated Care Systems (ICS) commissioning Integrated Care Board (ICB)
- Blood Borne Virus (BBV) A&E protocols to be consistently applied
- Development of a Police Health Observatory to accurately assess the health needs of the police workforce

Progress to Date

Thanks to the work of the CMO and the CGG, the work to engage the NHS on the needs of the police workforce has progressed to the extent that both the medical profession and the police are more united in working to improve provision and recognise specific detriment. The CMO has driven a system wide approach to health and wellbeing, ensuring that provision is more coherent across England and Wales.

Resources aimed at supporting chief officer and senior leadership teams have been published to assist them in engaging with local healthcare commissioners to work towards better police-informed healthcare. [\[footnote 22\]](#)

Planned Activity

Where health conditions develop, especially work-related health conditions, there can be significant detriments to the individual, the force and for society. To identify, where possible, early signs of such health problems the CMO will continue to work with forces to create a system for identifying and intervening at an early stage so that more serious conditions can be prevented from developing. Any system will need to be able to effect timely and appropriate interventions – assessment, diagnosis, treatment and rehabilitation.

Work is underway to develop a national model for assessing health needs for policing. The development of the model will continue to be overseen by the NPCC Health and Wellbeing Board, reporting to the NPCC.

The NPWS is developing a 'Police Health Observatory' capability within the CGG to provide evidence-based, data driven analysis to inform strategic workforce health

challenges and priorities. Using available data, the Observatory aims to identify trends and provide organisational insights by combining force data with Office for National Statistics (ONS) public health data.

The Oversight Board has pushed for a more targeted approach to provision, focussed on evidence-based disadvantage. The CMO and CGG have therefore identified trauma related ill health as a key area of focus. The CMO will work towards gathering the existing evidence base to present a tangible programme of support under the Police Covenant. This will help to develop an overarching approach that would begin with prevention, address early intervention and ensure effective treatment and support for those who are adversely affected.

A costed proposal has been completed to progress this workstream led by the CMO.

Understanding Cancer Risks

Summary of Disadvantage

Significant research has increased our understanding of the cancer risks associated with working in other emergency services, particularly the Fire and Rescue Service^{[\[footnote 23\]](#)}, but there has been little learning transferred from this understanding to the policing context.

Summary of Activity

The CMO seek to identify and assess the risks for cancer associated with police work in line with the research already undertaken for the Fire and Rescue Service, and other emergency services.

Progress to Date

The CMO has worked with the health and safety leads for fire contaminants, discussing their contaminants project to understand the international evidence base regarding chemical and particulate exposure and the occurrence of certain cancers amongst fire fighters. This identified nine key work packages specific to the Fire and Rescue Service, with work on estates and contamination at fires having relevance to policing.

Planned Work

Immediate work linked to the Fire and Rescue Service's estates package can begin immediately as some Fire and Rescue Services are co-located with police services. However, there needs to be some more consideration given to other areas of estates work and the potential risks of cross-contamination.

Coding used by the NHS is being trialled with the Fire and Rescue Service as part of the health surveillance programme. This coding, known as SNOMED CT^{[\[footnote 24\]](#)}, is described as the most comprehensive and internationally validated system to record clinical information in patient records. Use within policing could help link the risks to officers and staff (and by extension their families) and allow for better monitoring of cancer risks in the workforce. The CMO will explore this further with the NHS.

Vaccinations

Summary of Disadvantage

As police personnel do not work in a clinical environment, the risks of acquiring an occupational infection are very low in most circumstances. Where specific roles are associated with the risk of infection, individual risk assessments must be carried out to determine whether vaccination would be considered a required component of risk control.

Summary of Activity

Vaccination against an infectious disease for occupational purposes should be based on risk assessment. This meets the legal duty as defined in the Control of Substances Hazardous to Health Regulations 2002^{[\[footnote 25\]](#)} (C.O.S.H.H.). The NHS provides vaccinations against a number of infections via NHS OH services. Chapter 12 of the Green Book sets out the vaccination requirements for healthcare and laboratory staff. The rationale for vaccine provision is:

- Protect the individual and their family from an occupationally acquired infection
- Protect patients and service users, including vulnerable patients who may not respond well to their own immunisation programmes^{[\[footnote 26\]](#)}
- Protect other healthcare and laboratory staff
- Allow for the efficient running of services without disruption^{[\[footnote 27\]](#)}

NHS clinical healthcare and laboratory staff are routinely vaccinated against tetanus, diphtheria, polio, mumps, measles, rubella, tuberculosis, influenza, varicella, and hepatitis B.

Risk assessments should be made for officers and staff in line with existing policies to ensure the health of the workforce is proportionately protective.

Progress to Date

Police officer Public and Personal Safety Training (PPST) includes the ability to perform first aid. Adherence to safe practices, including the use of personal protective equipment, means that the risk of acquiring an occupational infection as a result of performing first aid is very low. However, it is recognised that there may be circumstances of exposure to blood or another body fluid. Consequently, routine vaccination against hepatitis B infection is regarded as good practice for front line police officers.

Annual influenza vaccination is offered by some police forces. The rationale is the prevention of upper respiratory tract infections during the winter months. The assumption is that this will reduce absences from work. Research evidence to back this up is mixed. A 2018 Cochrane review of published studies concluded that with a vaccine efficacy of 62%, vaccination of healthy adults would prevent 2.5 episodes of influenza for every 100 people vaccinated.^{[\[footnote 28\]](#)} Vaccine efficacy varies from year to year as it is dependent on predicting the likely strains of virus that will be in circulation. Vaccine efficacy for 2023/24 in the UK is reported as between 36% and 55% in adults aged 18 – 64 years.^{[\[footnote 29\]](#)} The Cochrane review concluded that influenza vaccination may have little or no effect on the number of working days lost.

A conservative effect of 4 working days saved per 100 people vaccinated, due to influenza or influenza-like illnesses, was suggested.

During the COVID-19 pandemic, free influenza vaccination was extended beyond the usual at-risk categories. Experience showed that the uptake of vaccine by police personnel in one force during this period was about 50%. This was despite extensive advertising and promotion of the service.

Planned Work

It is good practice to offer hepatitis B vaccination to all new police officer recruits. This should be coordinated by police OH services to ensure that there is a high uptake and good clinical governance of the process.

The organisational benefits of offering annual influenza vaccination are estimated to be marginal. Notwithstanding this, the provision of influenza vaccination to specific groups, such as police control centres, is worth considering where even small benefits might be important to service continuity.

Visibility of Police Occupational Health

Summary of Disadvantage

Police OH is currently in a transition period as forces gear up to compliance with the enhanced OH standards. This means there are gaps in awareness around what support OH can provide and on what the requirements are for forces.

Summary of Activity

OH standards remain the most important guarantee of consistent, and quality-assured practice. Compliance with the standards across all 43 forces will achieve greater consistency in the care of the police workforce and reduce health inequalities.

The establishment of OH standards in the police was an initial priority for the PCOB. Considerable success has been achieved in launching foundation and then enhanced standards and this is now inspected by HMICFRS as part of their PEEL inspection programme.

Progress to Date

As the work from the Covenant has highlighted, consistency in enhanced OH standards have not yet been achieved and there is therefore a need to improve significantly the current and future provision of OH in forces to ensure a healthier and more motivated workforce.

To help drive greater convergence HMICFRS agreed to further develop their PEEL Assessment Framework and began increasing the prominence of their inspection questions around OH standards from Spring 2023.^{[\[footnote 30\]](#)} Implementation is ongoing and should, in time, lead to improvements and consistency in provision.

The CGG has developed an OH Practitioner Network and a Good Practice Hub, with OH regional workshops. Achieving foundation standards, rather than being an end point, will serve as the baseline from which further improvements can be made.

As part of the transition to enhanced standards, forces are being encouraged to sign up for external accreditation by the Faculty of Occupational Medicine, which is part of the Royal College of Physicians of London. Compliance with the enhanced standards will be expected during 2025.

Planned Work

In reviewing models of delivery, the need to consider regional or even national elements of delivery has arisen. This will require a different mindset from force leaders and a willingness to work collaboratively.

A significant threat to this is the uncertain viability of police OH services. Most, if not all, forces report carrying vacancies for OH practitioners and/or an inability to retain staff. Forces are having to rely on short term and expensive use of agency staff. The CMOs reports that vacancies can be hard to fill for several reasons including pay, rates, negative perceptions of police OH and lack of clear career progression. It goes without saying that effective police OH services are an essential component of the wellbeing offer as well as part of the core capability that underpins force resilience and police legitimacy. They are an essential component of care pathways to be established as part of any memorandum of understanding with the NHS in the future.

A police OH workforce strategy is addressing these issues. A prospectus for change has been published and circulated to key stakeholders. It will look at marketing of police OH across policing systems and better data capture and analysis, particularly rationalising the use of OH IT systems.

Following the CMO development of enhanced OH standards aligned to Safe Effective Quality Occupational Health Service (SEQOHS), forces are provided with continuous support to move towards delivering enhanced standards in all forces by the end of 2025.

Healthcare Commissioning Pilots

Summary of Disadvantage

Police officers and staff need timely access to relevant clinical expertise and treatment to address police-specific health conditions. This is particularly important for assaults, work-related mental ill health and job-related physical illness.

Summary of Activity

The Clinical Governance Group, chaired by the CMO, aims to develop a national health and wellbeing strategy for policing and an accredited healthcare provision.

Progress to Date

The 2023 Police Covenant Annual Report^{[footnote 31](#)} contained the 'NHS Engagement' priority workstream which set out the aim of scoping the current support in place in relation to healthcare pathways for the police workforce; identifying where the gaps

are across a number of health and wellbeing issues; and establishing a proposal for ensuring consistent support nationally. The CGG workstream was established in November 2022 by the CMO and forms a key part of the original 'NHS Engagement' priority. The CGG has continued its remit to drive systems change and to ensure that clinical interventions based on what is needed and what works. Care pathways for the police workforce are dependent on timely access to appropriate healthcare provision. This will be mainly from the NHS, although the voluntary sector and private healthcare has a role to play.

The CGG, chaired by the CMO, has met every 6 weeks over the last year, engaging with the health sector to work through challenges identified by members of the group. The Group has also agreed to deliver a national health and wellbeing strategy, a national framework for healthcare NHS commissioning and toolkits for local NHS commissioning. To help implement these initiatives, an accreditation system of healthcare providers will support this work. The Home Office will continue to advocate across Government for this work to be progressed.

A commissioning toolkit has been developed which will underpin the engagement between police chief officer teams and local NHS commissioning bodies to explore the existing support provided by local healthcare providers to the police workforce. To ensure the toolkit is effective, the CMO commissioned pilots in three forces (two in England and one in Wales), which ran through 2023/24, with a view to being adopted in all forces in the future.

The pilots were a proof of concept: that it is possible to create a toolkit for use by police chief officer teams to engage with local healthcare commissioner (Integrated Health Board / Welsh Health Boards) to discuss and implement police-aware healthcare delivery. The desired outcome was improved healthcare delivery for police personnel in areas of high concern: mental health, care when attending Emergency Departments / care pathways for personnel exposed to blood and body fluids and emergency dentistry.

The pilots concluded in March 2024. Although the desired outcomes were not all achieved, a toolkit was produced, and important lessons were learned. There is now a resource on the Oscar Kilo website that may be accessed by all forces. [\[footnote 32\]](#)

Planned Work

There is a desire to complete the pilot work in the South Wales area to continue to develop the benefits and ensure best practice is clearly defined. For example, there was particularly successful engagement with the Cwm Taf Morgannwg University Health Board. A new Chief Executive for the Swansea Bay Health Board could lead to the signing of a memorandum of understanding with the police on the management of blood-borne viruses in Accident and Emergency departments. There is a possibility of a similar engagement with the Health Board that covers the North Wales Police area - Betsi Cadwaladr University Health Board. The possibility of collaboration between the police OH and the NHS OH could present opportunities for service improvement and will be explored by the CMO.

This nascent national healthcare commissioning workstream will develop further with collaboration between the Home Office and the Department of Health and Social

Care, in England, and the Department of Health in Wales over the course of 2025/26.

There is a lack of data about the access to healthcare of police officers, police staff and their families. However, published waiting times for NHS Talking Therapies indicates a strong likelihood that current service provision needed to meet the needs of many police officers and staff may not be being met. Anecdotal evidence collected from across policing in England and Wales suggests that there are problems with prompt access to see GPs, to mental health services and to diagnostic imaging / consultant opinions to optimise care plans for police specific issues.

Partnership working between the police and healthcare commissioners will be sponsored by the Home Office, in conjunction with the respective Departments of Health in England and Wales.

Work is underway to develop a national model for assessing health needs for policing. The development of the model will continue to be overseen by the NPCC Health and Wellbeing Board.

The NPWS is developing a 'Police Health Observatory' capability within the CGG to provide evidence-based, data driven analysis to inform strategic workforce health challenges and priorities. Using available data, the Observatory aims to identify trends and provide organisational insights by combining force data with Office for National Statistics (ONS) public health data.

With the support of the NHS England and the National Commissioning Board for Wales, further engagement is planned with the respective Royal Colleges for GPs and Psychiatry to further raise awareness of the health needs of the police workforce and to explore an accreditation process akin to that available for military veterans. Scoping and development have begun with a delivery target for later in 2025.

Further future outputs planned for the CGG include: an e-learning package for GPs, an e-learning package for mental health clinicians and organisational care standards for primary care and mental health services.

Accreditation of Healthcare Provision to the Police

Summary of Disadvantage

Central to the healthcare aspect of the Covenant is the role of primary care and GPs. Unlike members of the Armed Forces, there is no marker on GP records that indicates a police context to consultations with patients. This needs to be addressed to ensure that the right questions are asked, and the police context is considered in clinical decision making.

Summary of Activity

Education of GPs about the health needs of members of the police workforce, in collaboration with the Royal College of GPs.

Progress to Date

Work on this aspect of NHS Engagement ceased at the end of March 2024. In the preceding year work was done to research existing accreditation frameworks in primary care and secondary care.

An existing accreditation framework in general practice for military veterans has the potential for replication for the police. It has been set up by the Royal College of General Practitioners in association with NHS England. Veteran-friendly practices have at least one GP who has additional training in the health needs of veterans. Practice record systems tag patients who are veterans so that consultations may be suitably informed.

Work was carried out in collaboration with the Royal College of General Practitioners, in 2022, to create learning resources for GPs and other primary care staff about the health needs of the police. These resources may be found on the Royal College website. The CMO has recommended that police-friendly practices and further work towards an accreditation scheme are piloted, pending a national roll out.

Planned Work

Several possible accreditation frameworks were identified for secondary care. It is suggested that this work be progressed in the same locations as for local healthcare commissioning.

Non-Home Office Forces

Summary of Disadvantage

Due to the unique roles of the organisations, individuals working in Non-Home Office Forces can experience different challenges and disadvantages from their colleagues in the 43 Home Office forces.

Summary of Activity

The Non-Home Office Forces have created a proactive working group, feeding into the wider Covenant Delivery Group, to address these issues, to ensure they are actively involved in Covenant projects, and driving forward specific work related to their workforce.

Progress to Date

The Non-Home Office forces have played an active part in the national Policing Occupational Health Practitioners' network, to share best practice in supporting police healthcare and creating OH standards for policing.

The Non-Home Office forces are actively involved in project groups to support different reviews of medical standards; this includes Colour Vision Standards for fire-arms officers and Auditory Fitness for Duty.

As one of the few forces with a national footprint, BTP has played a key role in the ongoing Covenant research with Liverpool John Moores University and the College of Policing into the effects of fatigue on decision making, health and driving standards.

The Non-Home Office forces have worked together to develop a number of initiatives which can be used by any of the forces, one recent example being the development of a carers policy.

Planned Work

The forces will continue to meet regularly to explore ways to collaborate to share best practice and resources including:

- Sharing experiences of in-sourcing occupational health services and the introduction of medical records systems with the OH Practitioners network
- Working with NARPO, on potential opportunities to create a proposal for coordinated support for retired officers who suffer from PTSD
- Contributing on the development of a possible Authorised Professional Practice for wellbeing, putting it on the same footing as operational standards. This would build on the work of CNC and BTP to wellbeing models with a view to achieve standardisation across forces
- BTP working with the Delivery Group on the planned inclusion of OH performance and wellbeing standards into HMICFRS PEEL inspections (which is not applicable to CNC)
- Working with the CMO and the Nursing and Midwifery Council on the creation of an OH nursing apprenticeship. BTP has offered to trial this once the Universities are in position to develop an apprenticeship course

Suggestions for the national Covenant

Building on the family support priority, a need has been identified to develop the veteran support programme. It is acknowledged that trauma encountered within a policing career can have long lasting effects long after leaving and this can be compounded by difficulties in adjusting to life after policing. It is acknowledged that there is significant work ongoing in the creation of support to police leavers at the point of leaving but more could be done to support those that have left on an ongoing basis.

Some ideas which could be included in future work includes:

- Pin badge for 'retirees' to be able to wear to indicate previous service
- Review of the term 'retirement': many people who leave policing go on to work in other careers
- Review of role of forces and staff associations to support certain groups of police leavers on an ongoing basis - what is the duty of care?

- What ongoing support can people access when adjusting to life after policing
- Work with HMRC to recognise an exemption to the tax rules on Employee Assistance Programmes to enable family members and those who have left policing to use them without benefit-in-kind taxation
- Look to standardise taxation (VAT) on wellbeing services for non-home office police forces when compared to home office forces

Welsh Emergency Services Covenant

Delivering the Covenant in Wales

Partners in Wales had been exploring work on a broader Emergency Services Covenant in Wales, to consolidate and complement the specific work on the Police Covenant across England and Wales as a whole.

Following discussions and an initial wave of exploration activity, partners have agreed to pause this work for now and to focus on supporting the implementation of the Police Covenant itself. Any further work on a broader Emergency Services Covenant will take place once the Police Covenant is fully embedded in both England and Wales.

Welsh police forces and their families will continue to be covered by the work of the Covenant under the Home Office. This will include specific work to ensure devolved areas of responsibility, such as health, have parity in England and Wales and reflect the responsibilities of Welsh Ministers. The Welsh Government is closely linked into the work of the Covenant through the Oversight Board.

Review of Memorandum of Understanding

The Government Departments involved in the implementation of the Police Covenant agreed a memorandum of understanding (MoU) in March 2023. This lays out the evidence gathering process for the annual report relating to the specialised experiences of the British Transport Police, the Civil Nuclear Constabulary and the Ministry of Defence Police. The Devolved Administrations will also be consulted throughout.

The signed MoU can be accessed here:

[Police Covenant Memorandum of Understanding \(MoU\) - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/118444/police-covenant-mou-2023.pdf)

The MoU has been reviewed by relevant departments, organisations and devolved governments for this Annual Report with no amendments proposed.

Annex A: Relevant Links

Police Covenant Legislation

- [Police, Crime, Sentencing and Courts Act 2022 \(legislation.gov.uk\)](https://legislation.gov.uk)

Police Covenant Webpage / Links

- [Police Covenant - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

Police Covenant Pledge

- [Police Covenant pledge - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

Memorandum Of Understanding (MOU)

- [Police Covenant Memorandum of Understanding \(MoU\) - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

Police Covenant Origins

- [Response to the consultation on a Police Covenant for England and Wales \(accessible version\) - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

The National Police Wellbeing Service (NPWS)

- [The National Police Wellbeing Service, Oscar Kilo](#)
- [Wellbeing, College of Policing](#)

Productivity Review

- [Policing Productivity Review - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

Police Covenant Report (2023)

- [Police Covenant annual report 2023 - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

Police Covenant Report (2024)

- [Police Covenant annual report 2024 - GOV.UK](https://www.gov.uk)

Support options available

- [Toolkits and campaigns, Oscar Kilo](#)
- [Find help, Oscar Kilo](#)
- [Police charities and services, Oscar Kilo](#)
- [Police Charities UK](#)
- [Help For - Police Care UK](#)
- [Call4Backup – UK Police Peer Support Charity](#)
- [Home - Thin Blue Line UK](#)
- [The Police Treatment Centres](#)

- [Home - Flint House Police Rehabilitation](#)
- [The Police Children's Charity \(thepolicechildrenscharity.org\)](#)
- [Backup Buddy UK – The Mental Health Support App for Police](#)
- [Care of Police Survivors - Support for Bereaved Families, COPS UK \(ukcops.org\)](#)
- [Police Remembrance Trust – Incorporated by Royal Charter \(policememorial.org.uk\)](#)
- [Home - The Police Memorial Trust](#)

Annex B: Acronym Glossary

APP **Authorised Professional Practice**

ADR Annual Data Requirement

CC Chief Constable

CGG Clinical Governance Group

CMO Chief Medical Officer

CoP College of Policing

CPS Crown Prosecution Service

GP General Practitioner

HMICFRS His Majesty's Inspectorate of Constabulary and Fire and Rescue Services

APP	Authorised Professional Practice
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JESG	Joint Emergency Services Group
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LSGCM	[Police] Long Service and Good Conduct Medal
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MoU	Memorandum of Understanding
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NHS	National Health Service
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NPCC	National Police Chiefs' Council
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NPWS	The National Police Wellbeing Service (also known as, Oscar Kilo)
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OH	Occupational Health
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ONS	Office for National Statistics
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OSSR	Officer and Staff Safety Review
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PCOB	Police Covenant Oversight Board
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PEEL	Police Effectiveness, Efficiency, and Legitimacy
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PFEW	Police Federation of England and Wales
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APP Authorised Professional Practice

PTC	Police Treatment Centre
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PTSD	Post-Traumatic Stress Disorder
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RCGP	Royal College of General Practitioners
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SEQOHS	Safe Effective Quality Occupational Health Service
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SISR	Service Improvement Stress Reduction
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Annex C: Police Covenant Background

The Police Covenant is a pledge to do more as a nation to help those who serve this country and specifically to recognise the bravery, commitment, and sacrifices of those who work or have worked in policing. [\[footnote 33\]](#)

The Covenant aims to ensure that members or former members of the police workforce in England and Wales are not disadvantaged as a result of working in policing.

The Covenant is a recognition by government, policing and society, acknowledging the sacrifices made by those who work or have previously worked in our police forces.

It is intended to ensure that officers, staff, volunteers and their families are not disadvantaged because of their service in the police and seeks to mitigate the impact that this may have on day-to-day life.

In practical terms the Covenant will:

- place a legal requirement on the government to report annually to Parliament on issues relating to police welfare, wellbeing and support
- aim to improve the working experience of people in policing
- help smooth the transition out of policing for police leavers
- provide support to the families of those working in policing

In July 2022, chief officers from every force in England and Wales came together to agree a 'Police Covenant Pledge'. "This pledge confirms their ongoing support for the aims of the Covenant and work that comes with it."^[footnote 34]

1. [Police Covenant annual report 2023 \(accessible\) - GOV.UK](#) ↵
2. [Police Covenant annual report 2024 - GOV.UK](#) ↵
3. [Police Covenant annual report 2024 - GOV.UK](#) ↵
4. [Policing Productivity Review - GOV.UK](#) ↵
5. [Mental health awareness films: Oscar Kilo](#) ↵
6. [National Police Health and Wellbeing Strategy 2024 - 2026.](#) ↵
7. [The relationship between organisational stressors and mental wellbeing within police officers: a systematic review, BMC Public Health, Full Text](#) ↵
8. [National Police Health and Wellbeing Strategy](#) ↵
9. [Workforce prioritisation guidance](#) ↵
10. [Policing Productivity Review - GOV.UK](#) ↵
11. [An inspection of the police response to the public disorder in July and August 2024: Tranche 1 - His Majesty's Inspectorate of Constabulary and Fire & Rescue Services](#) ↵
12. UK policing: psychological damage among officers heightened by bad working conditions, University of Cambridge](https://www.cam.ac.uk/research/news/uk-policing-psychological-damage-among-officers-heightened-by-bad-working-conditions); [Brewin Final accepted version PTSD and Complex PTSD in UK Police Officers.pdf](#) ↵
13. [UK policing: psychological damage among officers heightened by bad working conditions, University of Cambridge](#) ↵
14. [The living evidence base: 'Policing: The Job & The Life', Trauma Resilience in UK Policing](#) ↵
15. [Researching police wellbeing - Durham University Business School](#) ↵
16. [OK family life, Oscar Kilo](#) ↵
17. [Bereavement counselling service now available to all forces, Oscar Kilo](#) ↵
18. [Leaving the police: How to navigate the change, Oscar Kilo](#) ↵
19. [Violence against the police – an exploration of how officers navigate the challenges posed by violence, College of Policing](#) ↵
20. [Developments in UK police wellbeing: A review of blue light wellbeing frameworks - Rebecca Phythian, Nathan Birdsall, Stuart Kirby, Emily Cooper, Zoe Posner, Laura Boulton, 2022](#) ↵
21. [National Police Health and Wellbeing Strategy 2024 - 2026, Oscar Kilo](#) ↵

22. [Local healthcare engagement resources, Oscar Kilo](#) ↵
23. For example, [Cancer risk and mortality among firefighters: a meta-analytic review - PMC](#) ↵
24. [NHS England » Clinical coding – SNOMED CT](#) ↵
25. [The Control of Substances Hazardous to Health Regulations 2002](#) ↵
26. [Immunisations & Vaccinations - Cardiff and Vale University Health Board.](#) ↵
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