

Recommended Key Priorities for the Next Fire and Rescue Health and Wellbeing Strategy

Written by Nottingham Trent University as part of Mapping the Health and Wellbeing Across the Firefighting Career and Assessing the Current Demands

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Details

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Thank you

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Foreword

This key strategic document intends to build upon the evidence and recommendations made within the academic research report, [*Mapping the Health and Wellbeing across the Firefighting Career and Assessing the Current Demands*](#) to guide the development of a future national health and wellbeing framework for the fire and rescue sector.

Supporting our staff to look after their health and wellbeing is of vital importance and a key focus for all UK fire and rescue services. Nationally, we have been working with each other (health and wellbeing experts within and outside fire services and our staff) to improve the health and wellbeing offer. However, the changing nature of society and the evolving nature of fire and rescue service activity has impacted on the roles, responsibilities, and pressures in the service, and has redefined how the future challenges faced by our staff, can be demanding both physically and psychologically.

To understand and develop a response to these challenges the National Fire Chief's Council (NFCC) and the Fire Fighters Charity commissioned a research team from Nottingham Trent University (NTU), led by Professor Rowena Hill, to provide and build a robust evidence base to assess the impact of fire service career trajectories on the health and wellbeing of all staff.

The academic research surveyed fire and rescue colleagues, synthesised the available evidence and engaged stakeholders to develop 31 key recommendations to bridge the gap between the current approach to health and wellbeing in the fire and rescue sector with the ideal future state. These recommendations covered the broader thematic areas of governance, data, review, implementation of leading practice, and necessary enhancements.

The 31 recommendations aligned with the 13 recommended key strategic priorities within this publication will form the foundation for

the future development of a national framework and focus on ensuring that the governance, provision, approach and strategies across organisations in the sector are aligned to good practice and have the capacity to respond to changes in demand.

The strategic framework is intended to set the future shape of health and wellbeing in the fire and rescue service with the ultimate effect of building better employee wellbeing and positive physical, psychological, and social health among the people working in the sector.

However, this development journey cannot be achieved alone or in isolation, we need to work together and engage with all fire and rescue services and other stakeholders to develop strategies and policies, good practice guidance, and intervention techniques and tools. This collaborative delivery model will work towards a shift in organisational culture to one that prioritises health and wellbeing, focus on protecting and promoting health and wellbeing for all fire and rescue service staff, and provide timely access to evidence-based support for those in need.

This document sets out the 13 priority recommendations for action to create a sector that allows people to prepare for and manage wellbeing issues that occur in and around their workplace and home life, creating the ideal situation that both pre-empts and manages wellbeing for all.

It takes forward the 31 recommendations made in the associated publication, [*Mapping the Health and Wellbeing across the Firefighting Career and Assessing the Current Demands*](#) which are based on the findings from reviewing the evidence and engaging with stakeholders.

Finally, we are committed to supporting fire and rescue services to lead change and guide further improvements in health and wellbeing

for all staff.



Ian Hayton

Chair, National Fire Chief Council's Health and Wellbeing Board



NFCC
National Fire
Chiefs Council

Executive Summary

This document presents key priorities to consider for the next strategy for health and wellness in the fire sector. It presents 13 strategic priorities, followed by its vision and aims before offering specific priorities and recommended practices to achieve and maintain health throughout the sector.

These priorities in this document are based on the three key positions in our approach:

- Health and wellbeing is the responsibility of everyone in the fire sector across all organisations and levels of influence - this strategy is for everyone at every level in the fire sector.
- The strategy should prioritise health over productivity, ensuring that people have as healthy and flourishing a life as they can, rather than supporting them only to maximise their productivity at work. A healthy life course will offer productivity at work, but health and wellbeing are the drivers for this strategy.
- Investing resources (energy, time, money, structures) in maintaining good health and preventing ill health is significantly preferable (in terms of quality of life, ethics and value, as well as financial spend) than resourcing reactive responses and processes to aid recovery from health and wellbeing events and needs.

This report builds upon the evidence and recommendations made within [*Mapping the Health and Wellbeing Across the Firefighting Career and Assessing the Current Demands*](#). This commissioned research brought together available evidence and staff views to understand the wellbeing requirements for the United Kingdom's fire and rescue sector staff and volunteers. Following a full suite of recommendations and a gap analysis, this document outlines key priorities for the vision and objectives of the next fire and rescue sector health and wellbeing strategy before discussing the thirteen core priorities.

Strategy

The Vision

The fire sector health and wellbeing strategic vision should be: *Our staff and volunteers across the sector will work together so that they and all members of our community will live in a state of positive physical, psychological, and social health and wellbeing in all domains of their life through all stages of their life from joining us.*

The Objective

The fire sectors' health and wellbeing strategy should ensure that the sector, services, and staff in all roles are aware of the resources and responsibilities required to create a sector that allows people to prepare for and manage wellbeing issues that occur in and around their workplace and home life, creating a situation that both pre-empts and manages wellbeing for all.

Acknowledging challenges in the sector

We acknowledge that across the fire sector there are services and organisations with different:

- budgets
- diversity of workforce
- employment or governance models
- geographies
- accesses to health and wellbeing support

These will be overcome through using principles and priorities contained within this strategy rather than prescriptive actions.

Principles and priorities of the strategy

This strategy priorities aim to provide clear principles and priorities to deliver a positive environment promoting health and wellbeing, to support all our people to be healthy in all domains of their life, throughout their life. The thirteen principles and priorities are outlined below.

Supporting individuals to own their own wellbeing

Supporting the health and wellbeing of both yourself and those around you is a key capability and quality. The future strategy should support role-modelling of self-awareness, self-care, and emotional literacy to understand and maintain your own wellbeing; and ability to seek support should anything change relating to either your employment or personal situation and you recognise that you may need support. This should be operating at all levels in every organisation across the sector including through open, strong and supportive leadership with clear boundaries. Having clear boundaries facilitates relationships in all contexts and is an important aspect of good support provision. It is the balance between providing supportive leadership or supervision whilst respecting the edges of appropriate practice, reflecting the procedural (policies and procedures) and relational dynamics (professional relationship between the staff member and supervisor); it also involves the assessment of risk.

The holistic approach from new starter through career and into retirement

Providing the support for each individual to have the knowledge and understanding to support their own wellbeing and for every supervisor to be supportive as a starting point, will create an inclusive and supportive environment. The next strategy should set out the framework to establish how we will achieve this, and how we will discontinue the outdated approaches of a clear staged approach to 'fixing people' through overly medicalising and relying only on process orientated top-down strategies. This environment will support our

people to live and work to their highest attainable levels of health and wellbeing from when they join our community, throughout their career, and into their retirement. The National Fire Chiefs Council (NFCC) and the Fire Fighters Charity will continue to work collaboratively and coherently with services, external partners, key stakeholders, and other bodies to map the offers of support along that timeline so each member of our community knows what transition points and strains they may experience and where they can find support should they need it.

The sector should engage in scaffolding emotional literacy and empathy. By understanding transition points, we can all be aware that we may experience them and identify a normal reaction compared to strain. We can then use this identification knowledge to ensure learning and support are developed and implemented for all staff and volunteers which allows individuals to move through these experiences in the best way for them.

Applying our prevention talents to ourselves

We have demonstrated over the last 15 years that our sector is knowledgeable about approaches to prevention and talented at reducing harm and protecting safety. We need to pivot those skills to protect ourselves and others by promoting good and preventing poor health and wellbeing through early and effective interventions. This makes economic sense and is morally right. As people are impacted by events or strains, they go through a process of trying to work through things or reacting before they experience mental ill health. Through early intervention these processes can be interrupted and reversed through appropriate support.

Making it everything we do

We should formally adopt an evidenced and holistic approach to health and wellbeing and will no longer have a separate mental health strategy. Instead, we should consider physical, psychological, and

social health and wellbeing as one and recognise the critical influences of lifestyle, environment, and society, not just people factors. We must improve our knowledge and culture surrounding wellbeing, to ensure that everybody at every level is educated and empowered to improve and maintain the health and wellbeing of themselves and those around them.

Creating shared language across the sector

The strategy should promote and champion a shared language across the sector to wellbeing and mental health that is understood and shared by all. Mental health exists on a continuum from good health to poor health, and wellbeing includes physical, psychological, and social abilities to cope with stressors and strain. By establishing a clear terminology and definitions we will be able to communicate our intentions and ambitions across our work and policy areas more effectively. This requires the sector to use a holistic wellbeing narrative that integrates mental health alongside other aspects of health and wellbeing.

The World Health Organisations' definition provides an overview of mental health and the start point that the sector should build from. It states that "Mental health is an integral and essential component of health. [The WHO constitution states:](#)

"Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity...A state of wellbeing in which an individual realizes their own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to their community."

The measures of impact

Strategic progress would be demonstrated through improvement in the newly established wellbeing and employment trend data. This should include an increase in the sharing of data following the establishment of robust data sharing protocols, as well as the

development of data collection across the data to inform the national strategy and priorities/resource allocation. The data collection across the sector should inform local and national understanding of the health and wellbeing of the fire sector. Coordinated collection and sharing of health and wellbeing data needs would create a longitudinal evidence base to inform strategic priorities and highlight where offers of support or supportive structures need reviewing.

Across the different role clusters and career trajectories there are transition points and strain that those in the fire sector might come in to contact with. These would be explored through the NFCC Health and Wellbeing Board in order to establish clear themes to align metrics with what we feel are fair outcome measures to monitor our performance in achieving our aims.

Scaling our data to identify and support our future needs from local to national

Work to achieve the identified outcomes could be driven by the NFCC Health and Wellbeing Board who may wish to draw in other elements of the NFCC People Programme and the Fire Fighters Charity. These tasking groups would be charged with prioritising and coordinating relevant activities. The metrics used to monitor progress against those activities should be gathered either as part of the existing reporting process such as sickness and absence data, or they should be part of our annual health and wellbeing survey sent out to all staff. This increase in sector health data should span across physical, social and psychological indicators and is essential for informing the future development of the strategy. This data would be anonymised, quality assured, and shared with the sector to add to the intelligence available to make evidence-based decisions at the right level for the sector, services and service personnel.

The next strategy should include a systematic and comparable processes for monitoring of all wellbeing activities and programmes.

Examples of these should/could include:

- decreased reported instances of factors such as musculoskeletal injury,
- increased levels of personal resilience,
- addressing health and social inequalities seen in the wider population (e.g. identifying and removing gender and ethnicity barriers to support),
- reported rates of fire sector occupation related death by suicide prevention and postvention,
- decreasing the reported rates of occupational injuries and poor mental health.

Improving health and wellbeing maximises talent and productivity, aids retention and ensures return of training investment, whilst delivering an engaged workforce and increases public safety.

Flexibility of approach

Roles within the sector have challenges unique to them, and also share common challenges. These are detailed in our accompanying report. There is a broad demographic across the roles, with diverse health and wellbeing needs, different employment models and different access to welfare and healthcare support not only within the service of that employee but also the wider public and acute health services in their health service locality. Health and wellbeing are relevant to all staff and all activities and so a level of national coordination is necessary, as well as the ability for services to develop their own solutions to challenges their staff might face with evidence-based approaches prioritised and promoted for use at scale across the UK.

Social return on investment

There are many challenges to demonstrating the effectiveness of health and wellbeing promotion and prevention initiatives. Many costs and benefits are intangible or have unclear budget lines and may also take years to realise or evidence. Whilst we aim to estimate them and

develop national aggregated data sets to inform strategic decisions and coordination, the sector is still challenged by poor data maturity, lack of baseline data, minimal analytical capacity, and the challenge of gaining strategic priority and oversight across the UK cadre of senior leaders due to competing demands, and the longer timeline of potential returns. These challenges need solutions to achieve the strategic effect. A dedicated analytical group/body should be established to undertake the health economy modelling and leadership to ensure the investment prioritisation argument can be made and secured internally and with external stakeholders (UK Government and Devolved Administrations).

The Framework

The NFCC should adopt a framework that acknowledges the influence of lifestyles and environmental factors. This will acknowledge other strategies or workplace commitments within this area, but should also ensure that health and wellbeing datasets are built and used effectively to ensure:

- all activities are evidence-based and evaluated, activities and stakeholders are coordinated,
- good and leading practice is identified and shared,
- that health and wellbeing is a key leadership and management priority,
- feedback processes are used to inform and refresh the framework and strategy in their cycles of redesign and implementation in to the future.

Governance structure

Under the governance of the NFCC People Programme, the NFCC Health and Wellbeing Board should refresh its membership aligned to a new strategy, inviting key stakeholders and experts from across the health and wellbeing landscape to deliver the strategy and framework. This does not preclude the creation of roundtable invited expertise when necessary to deliver specialist advice, challenge,

practitioner insight or to quality assure resources.

As per the existing governance structure, the NFCC People Programme would be advised by the NFCC Health and Wellbeing Board of outcomes or outputs which need application across policy and frameworks throughout people issues (e.g. relating to promotion, training, culture or resource packages) and across other portfolios in recognition of wellbeing transcending every area, and should be appraised as per the existing governance structure.

The NFCC Health and Wellbeing Board should have designated contacts from FRS Service and the Fire Fighters Charity, senior enough to be able to steer national strategy, with leadership responsibilities for improving health and wellbeing. We also suggest that equality and deep diversity is considered with all appointments. The NFCC Health and Wellbeing Board is already responsible for identifying existing and emerging trends and patterns of health and wellbeing. It should also include in its duties the ability to prioritise and coordinate health and wellbeing activity at national level and deliver supporting policy and advise on quality assured resources.

Every 12 months the NFCC Health and Wellbeing Board should produce a health and wellbeing needs assessment. This would be reflective of the current landscape, support offers, data trends and future predictions. This will prioritise plans of work for the tasking groups, roundtables and work plans. The needs identified within the plan would also be taken to other key stakeholder groups for resource or delivery if necessary.

Sharing of resources

The NFCC Health and Wellbeing Board should be responsible for disseminating the fire related health and wellbeing resources. Dissemination should be tailored by recognising the diversity of presentation and communication methods required for the broad audience and diverse profiles within the sector.

Tasking groups

The NFCC Health and Wellbeing Board should be the governance and reporting mechanism for the tasking groups that will have responsibility for specific aspects of the health and wellbeing needs assessment. This group would feed into the NFCC People Programme Board and then on to the Service Delivery and Improvement Board. The tasking groups should review and adapt evidence-based resources to be implemented by the sector and identify gaps. The action plans of the tasking groups should be accountable to the NFCC Health and Wellbeing Board; this would include the agreed approach to evaluation and data collection.

Membership of these tasking groups can include: those responsible for recruiting, training and sustaining fire staff, members of the family support groups of the Fire Fighters Charity, managers in the fire or relevant sector, those with lived experience of the topic in focus, academics, practitioner experts from outside the fire sector, representative bodies, employers, Home Office, UK Health Security Agency (UKHSA), Office for Health Improvement and Disparities (OHID), representatives of the retired community, staff groups from across the breadth of roles.

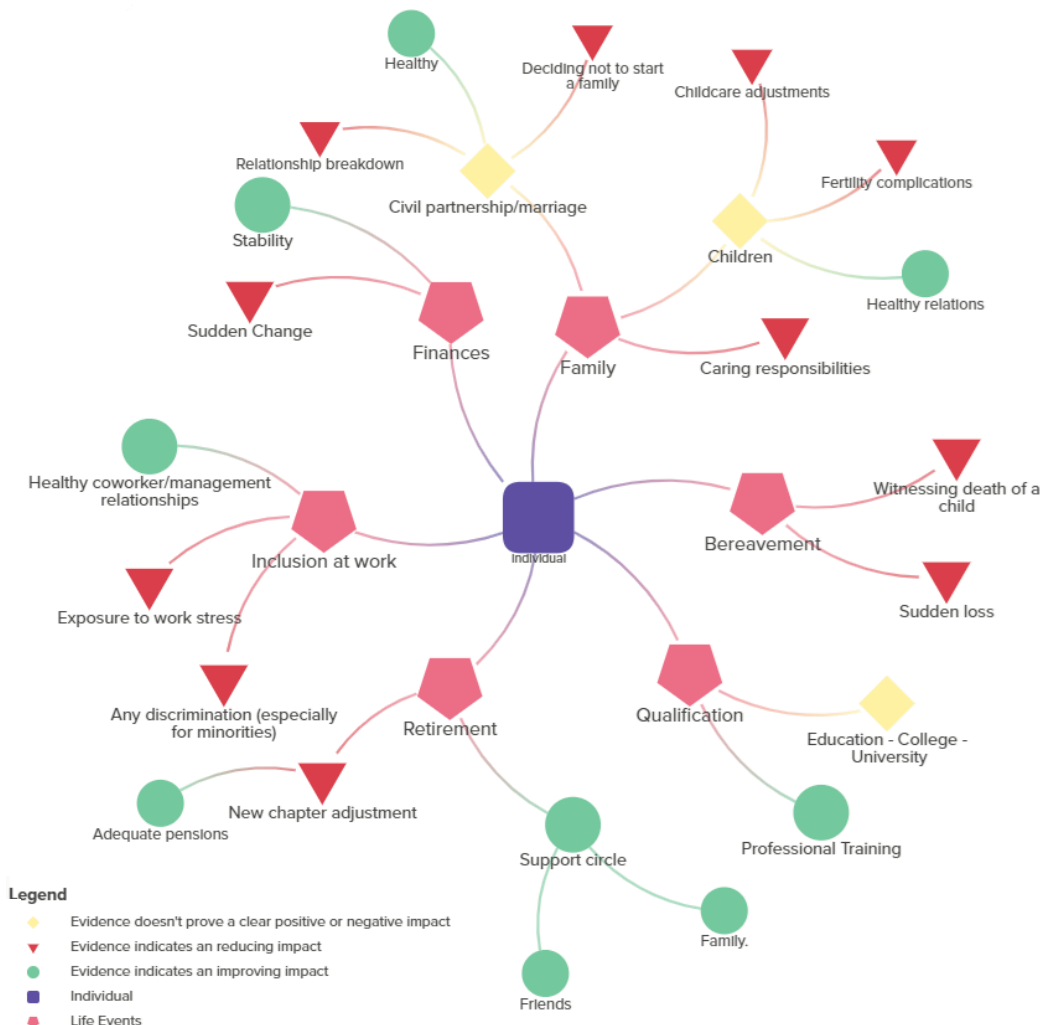
Summary

By implementing these strategic priorities in the next strategy there should be a demonstrable positive influence on wellbeing across the sector within the next five years. This requires a governance system that is flexible and inclusive. This system would have to facilitate two-way feedback and action programmes of work with appropriate quality assurance and evaluation plans. This would ensure the fire and rescue sector provides its staff and volunteers with an environment that helps them undertake their role whilst making choices that support them to lead positive and fulfilling lives.

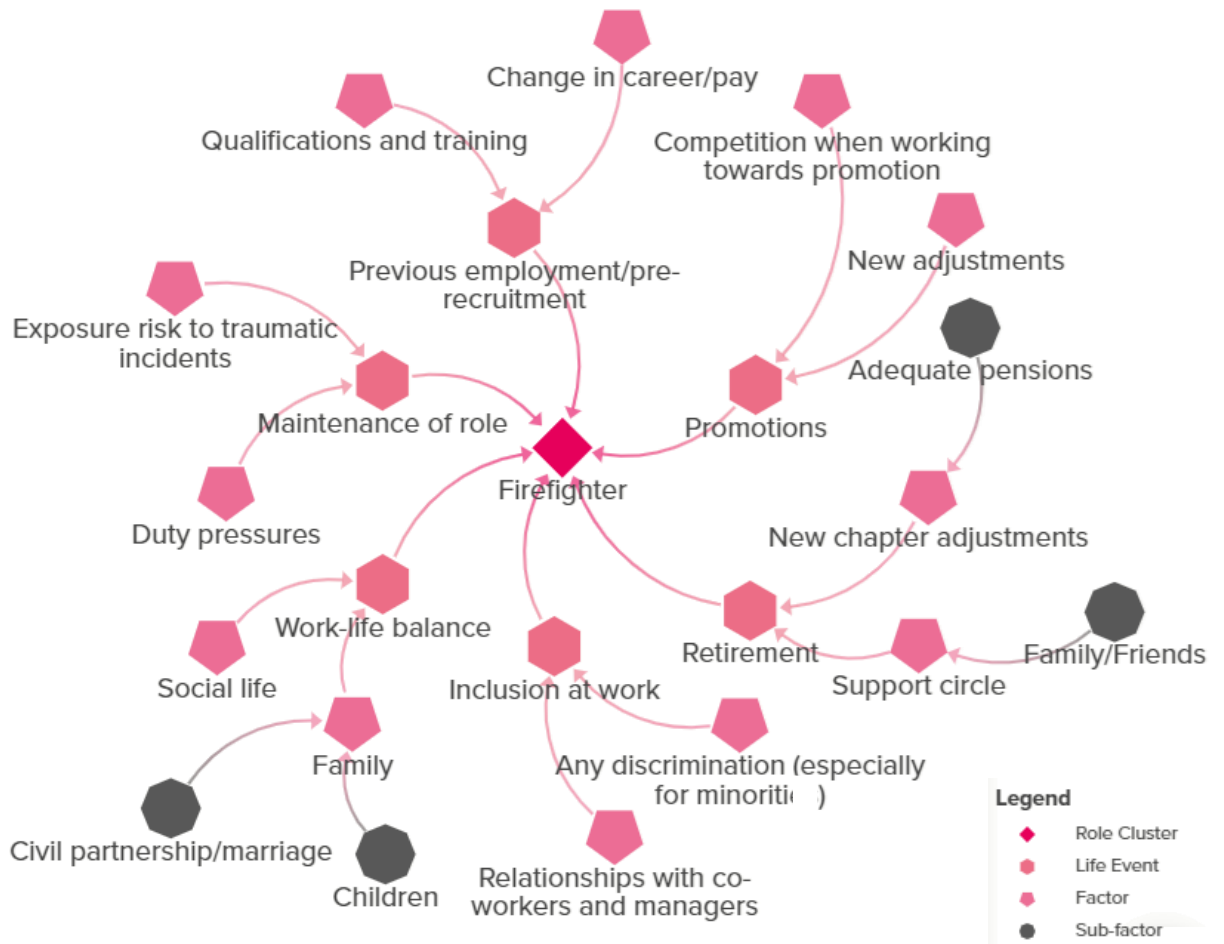
Illustrations of the common transitions experienced by different career groups

The clusters of job roles with similar lived experience are presented here with their associated life and work stressors as an aid memoir for the reader and as a tool with which to build packages of support or communications. Each role cluster experiences a series of common and specific transitions and factors that the strategy must consider and engage with to ensure it provides a holistic and integrated programme for all. Full explanations of these diagrams can be located in [Mapping the Health and Wellbeing Across the Firefighting Career and Assessing the Current Demands](#).

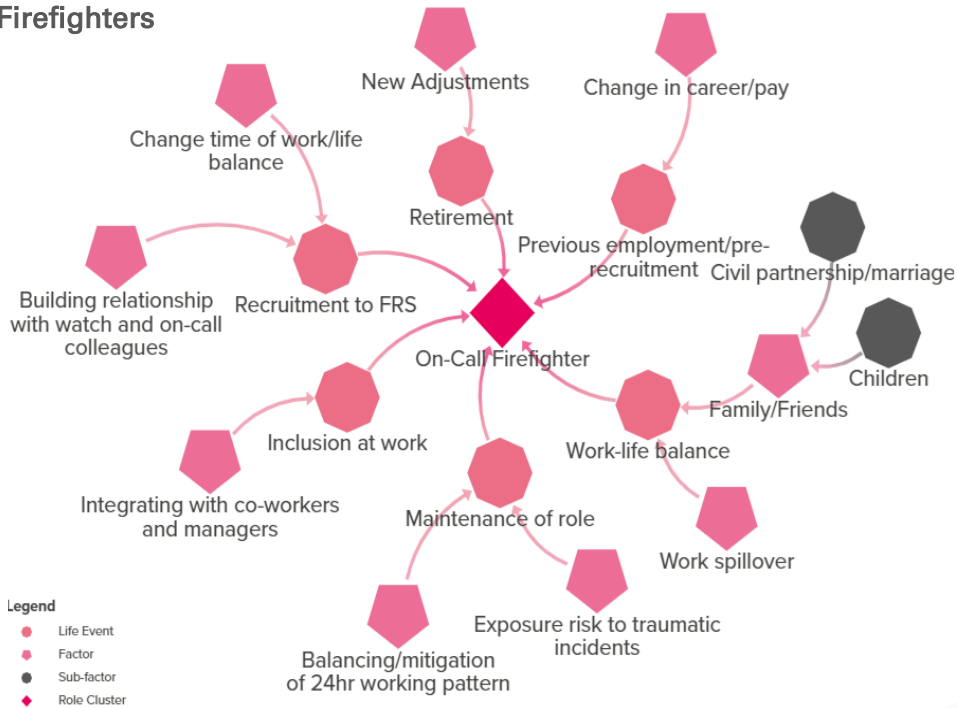
Common General Life and Work Stressors



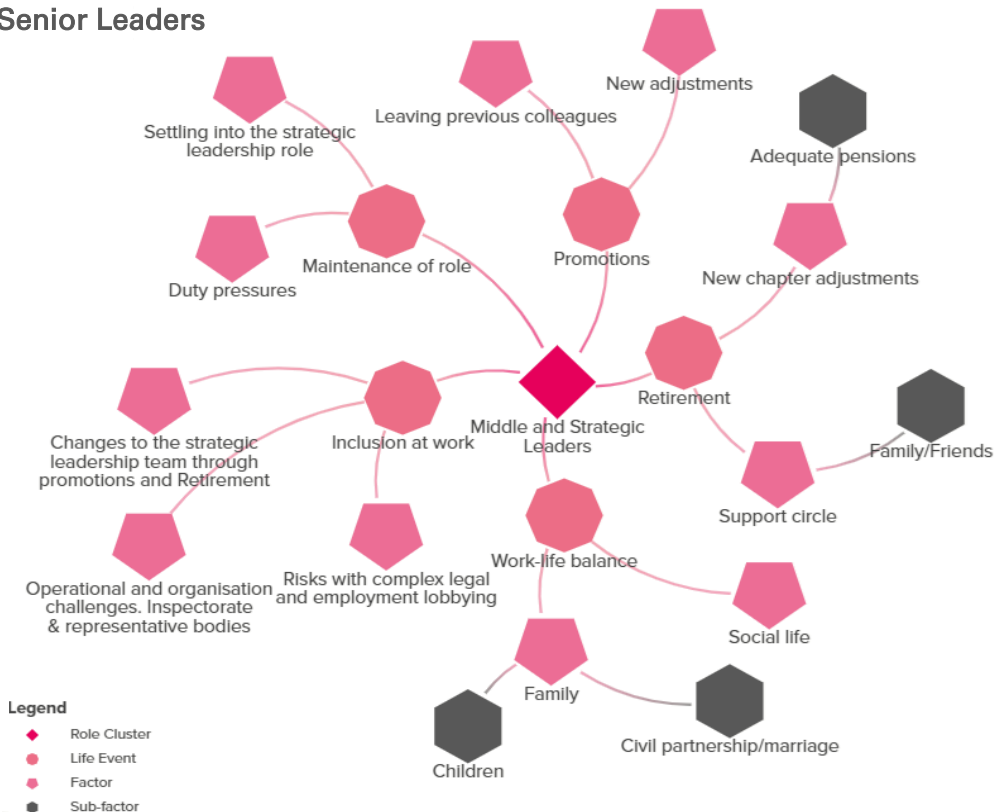
Common Transition Points and Strain Experienced by Firefighters



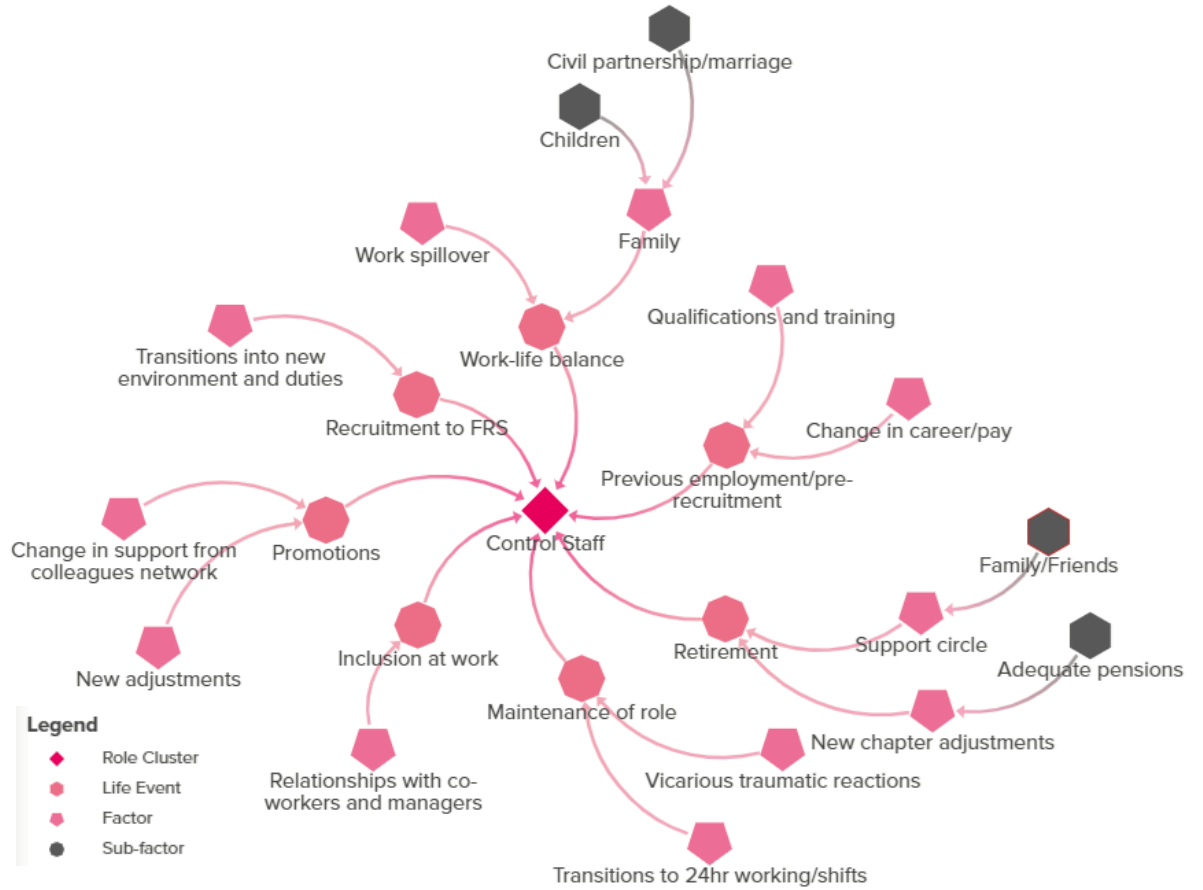
Common Transition Points and Strain Experienced by On-Call Firefighters



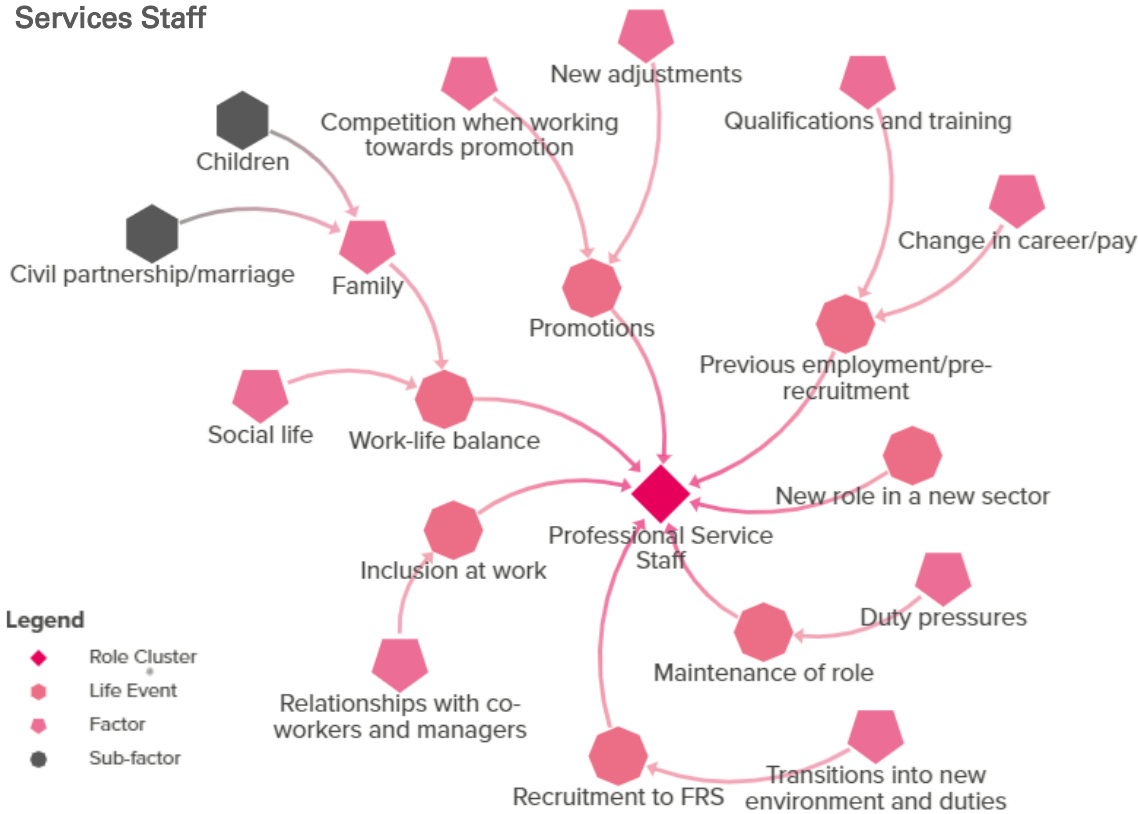
Common Transition Points and Strain Experienced by Middle and Senior Leaders



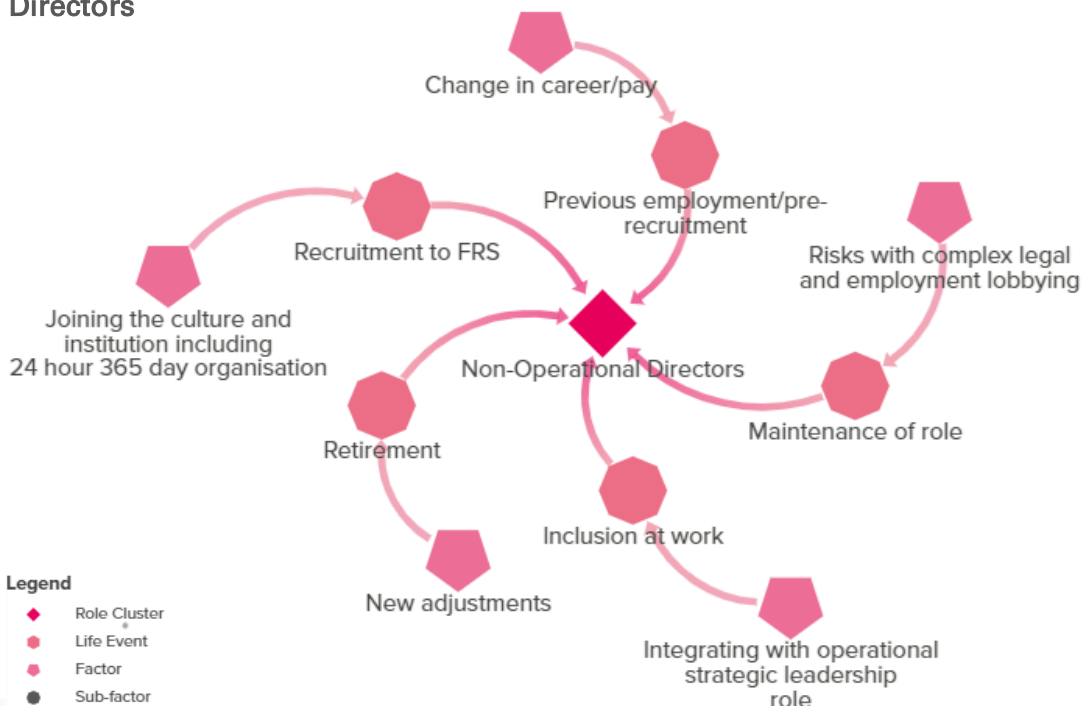
Common Transition Points and Strain Experienced by Control Staff



Common Transition Points and Strain Experienced by Professional Services Staff



Common Transition Points and Strain Experienced by Non-Operational Directors



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