RedQuadrant

STREETDOCTORS

StreetDoctors

Final evaluation report

December 2015

Foreword

StreetDoctors is pleased to present this first independent report on our impact, from evaluators, RedQuadrant. In March 2014, StreetDoctors was awarded funding from the Centre for Social Action Innovation Fund to support our growth and this evaluation of our work. This funding has enabled StreetDoctors to significantly increase both our reach and impact across England.

StreetDoctors began in 2008 in Liverpool when two young medical students (now Drs. Nick Rhead and Simon Jackson) were delivering first aid training at a local Youth Offending Centre. They were profoundly shocked when they realised most of the young people they were teaching had witnessed a stabbing or shooting, or had been a victim of violence.

Examining the evidence they found that youth violence is the third leading cause of death for young people in the UK, and that some deaths happen because those present panic, don't act and don't call for help. When someone is bleeding or unconscious they need treatment quickly; the longer they go without help the lower their chance of survival.

With their fellow medical students they set up 'The Liverpool Project', teaching emergency life-saving skills to young people who are most at risk of violence. Young people are taught how to save lives by calling an ambulance, and taking simple actions before medical professionals arrive. At the same time attitudes to violence are challenged, and young people are treated as potential life-savers capable of acting to help others in a medical emergency.

News of the project spread via Facebook to other medical schools. By 2013 there were six teams in five cities and StreetDoctors - the national charity - was founded, led by former volunteer Dr. Charlotte Neary-Bremer. We now have 16 teams in 12 cities across England with 315 volunteers. StreetDoctors volunteers have taught life-saving skills to over 5,000 at risk young people since we began in Liverpool in 2008, and we have eight known cases of young people acting in a medical emergency as a result of what they have learnt in a StreetDoctors session.

StreetDoctors wishes to thank all our volunteers who are active at every level within the charity. Most are between the age of 18 and 25 and so are young people themselves. Not only do they directly deliver our vital training to young people, they liaise with local organisations to ensure we reach those young people most at risk, collect monitoring and evaluation data and fundraise to support StreetDoctors' work. They are represented on our board of trustees and their ideas and energy ensure we stay focused on StreetDoctors' vision of a world free from youth violence.

We also wish to thank our delivery partners, our funders and sponsors, and all those organisations and individuals who give their time, support and expertise to tackling youth violence. Your contributions have enabled StreetDoctors to change the lives of many more vulnerable young people over the last two years.

Jo Broadwood
CEO, StreetDoctors
April 2016

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Contents

Summary

Introduction

This final report provides an overview of the internal monitoring systems and evaluation processes established in collaboration with StreetDoctors to facilitate an assessment of the impact of the teaching sessions on young people and the medical volunteers. It also presents evidence of impact drawn from an analysis of primary data collection and fieldwork across the StreetDoctors teams.

Developing a research and evaluation strategy

An important element of the research approach has been to engage and involve the medical volunteers in all aspects of developing the appropriate monitoring tools and evaluation processes to support an assessment of impact. This commitment to 'co-production' has shaped the resultant research activities and tasks with the medical volunteers developing a clear sense of ownership of the evaluation approach.

Adopting a process of triangulation to capture evidence from the perspectives of the three main stakeholders, namely young people, medical volunteers and the teaching centres, has helped to mitigate the risk of bias in the data collection and produce a more robust assessment of impact. Ensuring consistency of approach in collecting data from all delivered sessions has also helped to alleviate concerns around drawing evidence from a potentially unrepresentative sample.

The monitoring and evaluation processes put in place enable StreetDoctors to more clearly articulate and evidence the outcomes achieved for the young people participating in the teaching sessions as well as the medical volunteers delivering them. The range and depth of qualitative and quantitative data derived through a mixed-method approach enables key themes to be identified and explored in further detail as part of structured programme of research.

The process of developing the research and evaluation strategy has recognised the challenges of measuring longer-term behavioural change for young people attending the teaching sessions. As such intermediate outcomes have been used as proxies for the achievement of the longer-term ultimate goals outlined in the Theories of Change with existing research used to establish causal links between stated outcomes and goals. The results of the ongoing randomised controlled trial have the potential to more clearly evidence these causal links and present further impact evidence.

Impact of the sessions on young people

Evidence collated from the session observations demonstrates the success of the medical volunteers in actively engaging young people in the process of learning first aid skills. The structure of the sessions has facilitated constructive dialogue around participating young people's experiences of violence. The interaction with the young people and their responses to questions posed by the medical volunteers presents evidence of a lack of understanding of the consequences of violence. For some young people there is a perception that it is safe to stab someone in certain areas of the body and many young people are unaware of the potentially life-changing impacts of a non-fatal stabbing.

The sessions also highlight a number of practical barriers (real or perceived) which can prevent young people from helping someone in need of first aid. These include being unsure how to ring for an ambulance or being concerned about implicating themselves by staying on the scene. Young people were also afraid of making the situation worse or facing legal action should they hurt someone in the process of administering first aid. In addition young people generally over-estimated how long it would take someone to lose a fatal amount of blood.

Feedback provided by the young people following their participation points to the positive impact of the sessions on improving their understanding of the consequences of violence and increasing their willingness to use their first aid skills to help others. Emerging evidence from follow-up consultations with young people indicates that their positive interaction with medical volunteers has challenged their views and also encouraged them to make a positive contribution to society.

The feedback from teaching centres is overwhelmingly positive with many integrating the sessions delivered by the medical volunteers into their existing support and/or intervention programmes for young people. Teaching centre staff in particular point to the success of the medical volunteers in making a positive connection with young people and providing them with a sense of achievement associated with learning life saving skills.

Impact of the sessions on medical volunteers

Delivery of the teaching sessions is providing positive outcomes for the medical volunteers with the majority agreeing that their involvement with StreetDoctors has improved their communication and facilitation skills, increased their confidence to deliver training and enhanced their ability to empathise with people from different backgrounds. The experience has also increased their understanding of vulnerable young people and provided them with a sense of achievement. Whilst many of the medical volunteers have found the sessions challenging the vast majority have enjoyed their experience.

The positive feedback from medical volunteers is clearly driving expansion with new teams established and over three hundred volunteers now actively involved in supporting the work of StreetDoctors.

Next steps

The process of co-designing new monitoring and evaluation systems has ensured that StreetDoctors has greater capacity to take forward ongoing research to evidence the impact of teaching sessions on vulnerable young people. Combined with the continued expansion in the number of teams, volunteers and teaching sessions supporting these new systems will generate a rich source of qualitative and quantitative data to facilitate ongoing research and evaluation.

The Research and Evaluation Taskforce group will continue to oversee the process of data collection and research activity, ensuring consistency of approach across teams, compliance with data capture systems and support for individual volunteers wanting to take on specific research projects. Further opportunities will be explored to strengthen research capacity including links with academic institutions, youth crime charities and policy think tanks.

Introduction

In March 2014, StreetDoctors was awarded funding from the Centre for Social Action Innovation Fund to support its growth and this evaluation. The fund was a £14 million partnership between Nesta and the Cabinet Office. Launched in April 2013 and operating for 3 years, it supported the growth of innovations that mobilise people's energy and talents to help each other, working alongside public services.

As a result of the above funding in August 2014 StreetDoctors commissioned us to provide support on the following:

- Building internal capacity and strengthening the approach to evaluation through the development of internal monitoring and evaluation processes; and
- Undertaking an evaluation of impact with regard principally to young people who experience training but also for the medical volunteers

This final report provides an overview of the internal monitoring systems and evaluation processes established in collaboration with StreetDoctors to facilitate an assessment of the impact of the teaching sessions on young people and the medical volunteers. It also presents evidence of impact drawn from an analysis of primary data collection and fieldwork across the StreetDoctors teams.

Production of this final evaluation report has required input from a range of people and their time and contributions are greatly appreciated. We would specifically like to thank StreetDoctors CEO Jo Broadwood, previous Medical Director Michael Andrews, the current Medical Director Dr Rebecca Long and Clare Reeder, the previous Chair of the Research and Evaluation Taskforce and former Liverpool Team Leader.

Thanks is also extended to all of the medical volunteers who have contributed their ideas, experience and enthusiasm throughout the duration of the evaluation and who represent a genuine source of inspiration for anyone looking to make a difference through a programme of social action.

StreetDoctors also wishes to thank all those organisations and individuals who have given their time, support and expertise over the period of the evaluation, a period of substantial growth for the organisation. In particular the Tudor Trust and Trust for London have made significant contributions enabling StreetDoctors to reach many more vulnerable young people.

1. Methodology

An important element of the research approach has been to engage and involve the medical volunteers in all aspects of developing appropriate monitoring tools and evaluation processes. This commitment to 'co-production' has shaped the resultant research activities and tasks, with the medical volunteers developing a clear sense of ownership of the evaluation approach. At each stage of the process our team has presented a series of options regarding the design of the evaluation and sought to achieve a consensus from the medical volunteers as to the preferred option.

This has supported the process of building the skills, knowledge and capacity of the medical volunteers in undertaking social research, and ensured that the approach to monitoring and evaluation delivered is both fit for purpose and practical given that StreetDoctors is nearly entirely delivered by volunteers. We have also ensured that the monitoring tools and evaluation processes are, where appropriate, integrated into the new IT system developed by StreetDoctors.

A summary of the key research tasks and milestones is provided below:

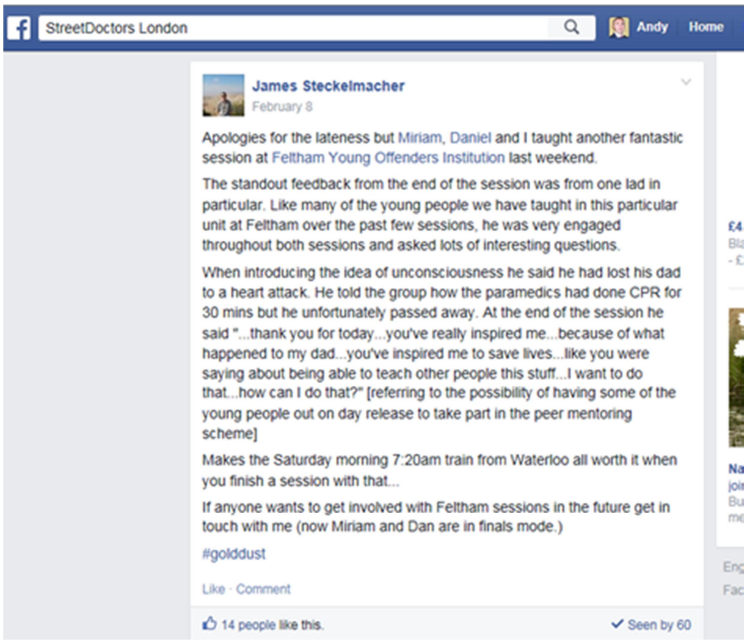
- inception meeting with StreetDoctors HQ on 27 August 2014;
- development of the Research and Evaluation Strategy (see next section);
- presentation at StreetDoctors Conference on 19 October 2014 and 25 October 2015;
- workshop facilitation at Research and Evaluation Taskforce Days held on 13 December 2014, 28 February 2015, 19 September 2015 and 14 November 2015;
- observation of six teaching sessions covering five teams (October 2014 to August 2015);
- design and implementation of an online survey of volunteers (February to March 2015);
- design and implementation of an online survey of teaching centre contacts (February 2015); and
- telephone consultations with teaching centre contacts

We used the StreetDoctors Facebook groups as a platform to enable the medical volunteers to share their experiences of delivering teaching sessions to young people. Facebook is the key communication channel for StreetDoctors with each team having a separate closed group in addition to the national closed group which has 426 members. There is also a specific Facebook group for Research and Evaluation Taskforce leads across the teams which have been used to share ideas, research tools and evidence of impact throughout.

Figure 1- Engaging medical volunteers using social media

This process has maintained the profile of research and evaluation activities. Medical volunteers have been encouraged to share their experiences of delivering teaching sessions to young people and where appropriate we have provided guidance and support for this.

The Facebook post from the London team adjacent provides one example from Feltham Young Offenders Institute of the stories now being captured by the medical volunteers. Collectively these are contributing towards the impact evidence base and story of change for StreetDoctors.



2. Research and evaluation strategy

One of the first activities was to develop and agree a research and evaluation strategy. The process of developing the strategy included the following tasks:

- consultation with StreetDoctors HQ;
- a brief evidence review of knife crime and youth violence literature[1]
- a review of StreetDoctors' existing systems and delivery tools:
    - Playbook;
    - Teaching Plans;
    - Theories of Change;
    - Google Docs;
    - Facebook groups; and
    - Monitoring data collated on Survey Monkey
- consultation with a sample of stakeholders including:
    - StreetDoctors' previous chair of the Research and Evaluation Task Group;
    - Liverpool Youth Offending Service;
    - Leap Confronting Conflict;
    - Violence Reduction Unit (Scotland);
    - Ben Kinsella Trust;
    - Nesta; and
    - Intentionality (commissioned to review data management systems)
- observation of two teaching sessions in September 2014 (South London team) and October 2015 (Newcastle team)

The content of the research and evaluation strategy has been governed by a number of factors including the capacity of StreetDoctors HQ, the existing delivery model which is based on a brief intervention with young people, the budget available for research and evaluation tasks and the functionality of the new data management system.

The delivery of the research and evaluation strategy is reliant on two main factors; firstly the implementation of a new data management system; and secondly the active participation of medical volunteers in supporting and administering monitoring and evaluation tasks.

The research and evaluation strategy proposed a number of amendments to the existing theories of change in order to streamline the data collection process (Appendix 2). It also recommended using intermediate outcomes as proxies for the achievement of longer-term ultimate goals in recognition of the challenges (both practical and ethical) of measuring longer-term behavioural change with the cohort of young people attending the teaching sessions (Appendix 3). This approach uses existing research to establish causal links between the intermediate outcomes evidenced by StreetDoctors to longer-term behavioural change.

[1] see Appendix 1 for summary of key research documents referenced during the course of the evaluation

By way of example, the review of what works with regards to knife-crime interventions published by the Scottish Centre for Criminal Justice Research in 2013[2] highlights that current research suggests that education-based interventions hold the most promise for effectively addressing knife crime and that educational interventions should aim to raise awareness about the dangers and consequences of choosing to carry a knife and engage in knife crime. As such the StreetDoctors programme is, by design, delivering an approach that based on recent evidence is most likely to prove effective in addressing knife crime.

Our team highlighted in the strategy the challenges of delivering an effective process of consultation and engagement with a core audience of young people (including young offenders) as part of brief training sessions. As such the research and evaluation strategy recommended the use of triangulation in order to consider evidence from the three main stakeholders, namely young people, medical volunteers and the teaching centres (delivery partners).

Figure 1- Data collection using triangulation

To support the process of collecting data from a number of sources our team has co-designed a number of research tools with support from the Research and Evaluation Taskforce Leads, including:

- annual volunteer survey (Appendix 4);
- teaching centre survey (Appendix 5);
- young person feedback form (Appendix 6); and
- template for session observations (Appendix 7)

[2] SSJR (2013)- 'Knife Crime interventions: 'What Works'. Report Number 04/2013. Author Rebecca Forster. October 2013.

Evidencing impact on young people

It is important to recognise that StreetDoctors is working with a wide range of young people and in different contexts. This ranges, for example, from young people in their late teens on Youth Offending Team (YOT) intervention programmes to secondary aged children in school. Consequently this has created some challenges in adopting a consistent approach. One of the main challenges in evidencing the impact of the teaching sessions is the difficulty in undertaking follow-up work with young people to ascertain the extent to which their interaction with the medical volunteers has contributed to achieving the positive outcomes outlined in the theory of change.

None of the YOTs consulted during the research routinely undertake follow-up work with their young people, either due to a lack of capacity or simply because of the difficulties of making contact with the young people once they have left an intervention programme. Whilst they do receive data on any repeat offences from the young people that have been on their intervention programme, this doesn't always clarify the nature of the offence (for example it may be for acquisitive crime rather than an offence involving a knife or violence).

Measuring change

Prior to the commencement of the research StreetDoctors had trialled a number of different approaches to assessing the impact of the teaching sessions on participating young people. Initially this had involved administering a pre and post participant questionnaire at the teaching sessions. However this created challenges for the volunteers delivering the sessions, namely the time taken at the start and end of sessions to get the young people to complete the survey and the fact that using a questionnaire ran the risk of the session adopting a classroom focused approach which served to alienate and disengage the young people. This lengthy questionnaire also presented challenges for young people with low literacy levels and ultimately the tool wasn't used consistently across all teaching sessions.

A more interactive and lighter touch approach was trialled which involved the use of a 'Where do you stand' line up game where young people were asked a series of questions and then asked to stand next to numbered sheets which best reflected their answer (e.g. against a number of statements the young people were given options ranging from 1 to 5 where 1 represented 'No' and 5 represented 'Yes'.

Whilst this approach provided some merits as an ice-breaking exercise, it was also difficult to manage in some contexts (i.e. it was easier to administer with children in school than young offenders on a YOT programme) and as a result wasn't being used consistently across all of the teaching sessions. As such the data generated was not representative and was potentially skewed towards sessions where the young people were easier to engage (often not the sessions delivered at the YOTs). In addition the 'pre' and 'post' data recorded using this approach wasn't always accurate due to the way in which the medical volunteers recorded the data or because the young people were often influenced by more dominant members of the group when providing their response. More broadly the limitations of the data management system used by StreetDoctors at the time meant that data generated using this approach was not always collated centrally which further eroded the value of the dataset for the purpose of interrogation and analysis.

Consequently in consultation with the Research and Evaluation Taskforce leads a new approach was piloted. This involves the use of a simplified feedback form which is provided to the young people to complete at the end of sessions. To encourage the young people to provide a response the provision of the certificate of attendance was withheld until these forms were completed.

The feedback form has been designed to collect basic high-level data which corresponds to the outcomes for young people incorporated within the theory of change. Additional space is also provided to allow the young people to provide comments. The Young Person Feedback Form was piloted by the Birmingham and Liverpool teams across twelve teaching sessions delivered in March 2015 including sessions at a YOT, youth centre and school.

Collation of the feedback form responses has been incorporated into the capabilities of the new data management system (Lamplight) rolled out across StreetDoctors. Training has been provided to all volunteers and the Research and Evaluation Taskforce leads have been assigned responsibility for ensuring that the feedback form is used at every session and the data uploaded on Lamplight. This will provide a considerable qualitative and quantitative dataset drawn from the responses provided by young people across all teams and all teaching sessions. By significantly increasing the sample size for this dataset, the new approach will mitigate the effects of an unrepresentative sample that characterised the previous approach.

Follow-up research

Notwithstanding the difficulties of undertaking follow-up research with young people that have participated in the teaching sessions, the research team has established an approach to support the medical volunteers in undertaking more in-depth consultation work with a sample of young people. The approach is centred on two levels of follow-up consultation, namely a lighter touch 'deep debrief[3]' and a more involved 'case study' approach.

The 'deep debrief' approach involves working in partnership with the teaching centres to schedule a consultation with a sample of young people that have attended the teaching sessions to ascertain their views on the structure of the sessions, the key messages and whether their attendance has challenged their views and/or changed their behaviours. The teaching centre survey has been used to determine which teaching centres are able and willing to help convene a group of young people for the purpose of a follow-up consultation session.

At the time of writing one follow-up session has been completed in Leeds with further consultations being organised by individual teams, with oversight from StreetDoctors HQ and members of the Research and Evaluation Taskforce. The StreetDoctors Evaluation Action Plan for 2016 includes a commitment for each team to complete a minimum of two 'deep debriefs' which would equate to thirty-two follow-up consultation sessions across the sixteen teams. A sampling framework will ensure that these follow-up sessions are scheduled across a range of teaching centres thus providing insight into the impact of the teaching sessions across different groups of young people.

[3] The term 'deep debrief' is used to describe a follow-up session (usually a third delivery session) organised in partnership with the teaching centre to provide an opportunity for the medical volunteers to discuss the impact of the training with young people that have participated in the first aid sessions.

The ‘case study’ approach incorporates a detailed investigation into the delivery of the teaching sessions, the contribution of StreetDoctors to support the aims and objectives of teaching centres and an exploration of the impact of the sessions on participating young people. A case study template has been produced to ensure consistency of approach across the teams and to support medical volunteers in undertaking follow-up research. A bank of resources and relevant secondary source material has been collated by StreetDoctors HQ with the help of the research team to assist volunteers in designing their case study. It is envisaged that volunteers may wish to undertake a case study research project as part of a student selected component (SSC) of their undergraduate medical syllabus. An example of an SSC report produced by one of the volunteers from the Bristol StreetDoctors team is provided in Appendix 9.

At the time of writing four case study projects are being progressed by the Research and Evaluation Taskforce leads from Liverpool, Manchester, North London and Sheffield teams. These case studies are involving different teaching centres including the YOTs in Liverpool and Rotherham, Feltham Young Offenders Institution in London and Manchester City Football Club. The findings from the case study of Liverpool YOT are referenced later in this report and provided in the Appendix 10. The other case study reports are ongoing at the time of submitting this evaluation report.

In terms of follow-up we are using a case study approach. Some settings (YOT, youth service, school) are helping us to convene groups of young people that have participated in the sessions to determine a) what they can recall b) whether they have used the skills c) whether the session has changed their views on violence/carrying a knife. This is on-going work. Feedback from some of the initial follow-up sessions we’ve undertaken has been positive with young people being able to recall a lot of the first aid skills they had been taught and had also informed their peer group and family. We are also developing case studies with young people in secure units (obviously follow-up is a bit easier to sort in a secure unit).

Although the issue of selection bias has not been fully resolved, namely because the deep debriefs and case studies are self-selecting based on the willingness of the teaching centres to support follow-up research, the new approach will generate insight from a broader range of teaching centres and thus limit the potential skew associated with a smaller number of case studies.

Capturing #golddust

One of the issues highlighted during the process of developing the research and evaluation strategy was that data collection was largely focused on generated quantitative information using the self-completion questionnaires provided to young people during the teaching sessions. What this approach missed was the considerable insight, experiences and observations of the volunteers. Although the Teaching Plans incorporated some prompts for the volunteers to discuss as part of a session debrief, there was no process for capturing this information within the data management system.

One of our initial tasks therefore was to demonstrate the importance of capturing qualitative feedback from the medical volunteers as part of the evaluation approach. The Research and Evaluation Taskforce Day held on 28 February 2015 focused on gathering anecdotal evidence and observations from the medical volunteers. In advance of the session the Research and Evaluation Taskforce leads were tasked with consulting with their teams about their experiences of delivering sessions and in particular their interactions with the young people.

A key activity at the Taskforce Day involves the medical volunteers using post-it notes to feedback this evidence. Each of the post-it notes is then grouped into either 'process evidence' or 'impact evidence' with clear links made to the theories of change (see figures 2 and 3 below). This approach has showcased to the volunteers the valuable contribution that qualitative data drawn from observations and interactions with young people can provide in assessing the impact of the sessions. The approach provides an opportunity for the volunteers to share ideas and identify common themes that can provide an important source of data for the evaluation. The data has also highlighted areas for development both for the training of future volunteers and for the delivery of the teaching sessions.

Figure 2- Capturing #golddust February 2015

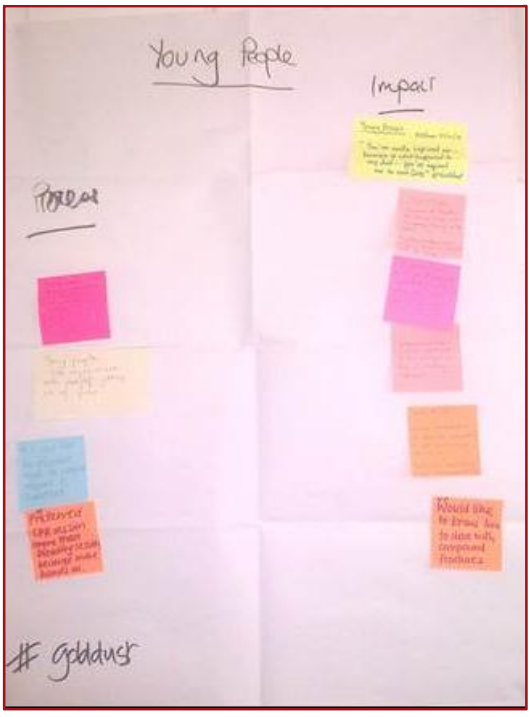


Figure 3- Capturing #golddust September 2015

All medical volunteers are now encouraged to capture direct quotes (anonymised) and feedback from young people and teaching centre staff at each session. This data is collated either directly in to the Lamplight system or emailed to a dedicated email account (golddust@streetdoctors.org) for subsequent coding and analysis.

3. Fieldwork

Session observations

Between October 2014 and August 2015 our research team observed six teaching sessions delivered by the medical volunteers. The purpose of observing these sessions was to assess the existing approach to collecting quantitative impact evidence (the 'Line game') and also to capture qualitative evidence of the interaction between the medical volunteers and the young people. By observing the sessions we have been able to provide an assessment of the extent to which the young people have actively participated in the training as well as consulting with the teaching centre contact and/or other professionals in attendance.

Through capturing their responses to the questions posed by the medical volunteers it has also been possible to identify common themes across the different teaching sessions as well as generating evidence to support the theory of change for the young people. By way of example the following themes have emerged from the sessions observed:

- there is a perception amongst some young people that it is safe to stab someone in certain areas of the body;
- young people are largely unaware of the potentially life-changing impacts of a non-fatal stabbing (e.g. paralysis, loss of limbs, colostomy bag);
- many young people have reservations about helping someone in case they hurt them or the person they are helping takes legal action against them afterwards if they do something wrong (e.g. breaking their ribs when performing CPR);
- the majority of young people attending the sessions had an expectation that you should perform mouth-to-mouth resuscitation during CPR. This is despite high profile campaigns such as the British Heart Foundation 'Hands only CPR' launched in 2012;
- young men have reservations about performing CPR on a female in case they are accused of indecent assault;
- where young people had some knowledge of life saving skills, often their approach and technique was incorrect thus reducing the chances of a successful outcome for the person in need of help;
- many young people thought that it was better to remove a knife if someone has been stabbed rather than leaving it in the victim's body;
- young people generally over-estimate how long it would take for someone to lose a fatal amount of blood;
- many young people are unsure how to ring for an ambulance and also have reservations about making the call for fear of implicating themselves; and
- several young people ask questions about drugs and legal highs as part of the discussion with medical volunteers about why someone may be unconscious.

The session observations have also provided valuable feedback to inform the development of the teaching plans and future expansion plans. The session observations have been written up broadly against the format of the teaching plans for the bleeding and unconscious sessions which provide a template for medical volunteers to follow. The StreetDoctors Evaluation Action Plan for 2016 includes a commitment for each team to complete a minimum of five session observations, which would produce a total of eighty session observations across all teams.

It is evident from observing the sample of teaching sessions that the young people were generally interested in engaging with the subject matter and asked a wide range of questions about how the body works and the experiences of the medical volunteers. The ability of the medical volunteers to establish a rapport with the young people was conducive to creating a relaxed environment where discussion was actively encouraged. Importantly this provided the young people with a 'voice' and aided their active engagement in the sessions, which encouraged some to disclose information about their experiences of youth violence.

The teaching sessions provided opportunities for the young people to practice life saving skills whilst also learning about the medical consequences of violence. Through the use of props (e.g. colostomy bags) and a graphic DVD, the medical volunteers were able to reinforce the key messages of the session around how the body works, the impact of violence and the importance of acting quickly to help someone in need of first aid. Barriers to providing help commonly raised by participating young people included not knowing what to do, a fear of making the situation worse and associated legal consequences, a fear that the assailant might return and stab them too and implicating themselves by remaining at the scene of a crime (in particular concerns around joint criminal enterprise).

Feedback from young people

The young person feedback form was piloted with 91 young people across 12 teaching sessions delivered in Birmingham and Liverpool. The feedback from the young people attending these sessions is summarised below:

- 93% of young people agreed that the session has helped them to understand the consequences of violence;
- 89% of young people agreed that the session has helped them to know what to do when someone is either bleeding or unconscious; and
- 85% of young people agreed that they would be willing and able to act if first aid is needed

Using the feedback form the young people were also able to provide comments on their experiences of attending the session(s). These responses have been overwhelmingly positive and a sample of the comments provided by young people is presented below:

'I loved every bit of it thanks a lot'

'everything was useful and full of information'

‘everything in the session was useful’

‘this was a good session’

‘it was great’

‘don't have nothing to say but it was useful’

‘I thought the session was very good. I learnt a lot. Thank you’

‘I enjoyed this session’

‘today's session was great. I think it's a brilliant idea to bring this kind of information to us"

‘Everything in the session was useful. I learnt how to do the recovery position and chest compressions’

‘this was a really fun session and I also learnt things and I would do it again’

‘very good. I took it serious as it is a serious subject’

‘I found this session really useful and learnt loads from it and now know how to act as a first aider’

‘it was really good, I enjoyed it and now I know what to do when someone has been stabbed’

‘this was fun and interesting in case it happens to someone I know’

The StreetDoctors Evaluation Action Plan for 2016 includes a commitment to complete a feedback form for every young person attending a teaching session. Based on the targets established for the number of young people taught in 2015 this would generate a dataset involving 2,806[4] responses. This large sample size would enable more in-depth analysis of the responses provided by young people, in particular comparison by type of teaching centre.

Evidence generated through #golddust

The Taskforce Days have provided an opportunity to capture ‘golddust’ from the medical volunteers involving informal feedback from young people and teaching centres provided during or immediately following a teaching session. A summary of the qualitative evidence gathered using this approach is presented below.

Young people

‘You’ve really inspired me…because of what happened to my dad…you’ve inspired me to save lives’.

[4] Number of attendances at teaching sessions in 2015 up to 14th December 2015.

‘I think I would help a stranger now I know what to do’.

‘How do I become a doctor….if I can’t be a doctor how else can I help?’.

‘It really makes you realise that there is nowhere safe to stab someone’.

‘I wish I had known this when I found my mum unconscious’.

‘I learnt how to potentially save someone’s life and make a difference’.

‘I’m not taking the piss, I thought you were really good and I think what you’re doing is really important’.

‘I learnt to not use a knife’.

‘I think I would help a stranger now I know what to do’.

‘I wouldn’t want someone’s death on my conscious. I’d help anyone’.

‘It will make me think twice about taking a knife into school’.

The medical volunteers also provided feedback and observations from the delivery of the sessions that provided insight into the interaction with the young people and likely impact on their attitude to violence and their willingness to help if first aid is needed. Specific highlights included:

- At one teaching session a particular girl disengaged until the volunteers asked the young people how they would feel if it was their family member lying on the ground and no-one helped them. The girl began to engage in the session, asking questions and practicing CPR. The medical volunteers later found out that her mother had been an alcoholic who died a few months earlier.

- At one of the teaching sessions only one boy had turned up but the volunteers continued with the delivery. The following week another session was scheduled and more young people attended. The boy that had attended the previous week was really enthusiastic and helped to deliver the session and engage his peers.

- One of the girls participating in a session was so shocked when she learnt the medical volunteers were teaching for free she became really grateful and her attitude changed.

- At one of the sessions a young male was taught how to put someone in the recovery position. He paid attention and was able to demonstrate how to do this to the medical volunteers. After the session he indicated that his mother had epilepsy and she would be really pleased to know he would be able to help her when she has a fit.

- The medical volunteers learned that one of the young people they taught at a secure unit had come to the aid of another young person that had collapsed and put them in the recovery position.

Teaching centre

> ‘Kids were buzzing about the session and couldn’t stop talking about it afterwards’
>
> ‘You’re able to relate very well to the young people as you are young, relatable and a possible role model. I will definitely be booking another session.’
>
> ‘The young people said that the volunteers made the scenarios relevant to themselves’.
>
> ‘My colleagues said that you volunteers were great with the young people, they were really open and didn’t stereotype them at all’.
>
> ‘The young people seemed to react better than expected to getting involved. Just because they don’t think it is ‘cool’ to get involved, don’t automatically assume they don’t want to. More are more interested than they look’.

Encouraging all medical volunteers to capture anecdotes and evidence from the sessions they deliver and to record this in a systematic way will help to produce a rich source of evidence to support an assessment of the impact of the teaching session[5].

The commitment to produce ‘deep debriefs’ and ‘case studies’ by all teams in 2016 will also help to generate more in-depth qualitative evidence of impact and, where possible, facilitate longer-term follow-up with a sample of young people that have participated in the sessions.

Follow up consultations in Harehills and Gipton (Leeds)

The theory of change for young people includes assumptions around the ability of the teaching sessions to provide participants with the knowledge of knowing what to do when someone is bleeding or unconscious and the confidence to act. Whilst the young person feedback form enabled the views of participating young people to be captured at the end of the sessions it was important to undertake some follow-up research to test these assumptions.

A consultation session was scheduled with a group of young people from Leeds youth service that had participated in the teaching sessions at the Henry Barran Centre which is located in the middle of a large housing estate in Gipton. The area suffers from material deprivation with many workless households, and has experienced problems with youth violence and knife crime including the high profile murder of a school teacher at Corpus Christi Catholic College.

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[5] Following the completion of the evaluation report Teaching Centres provided detail of 5 cases of young people assisting in medical emergencies following their participation in the StreetDoctors sessions. These include: one inmate at HMP Liverpool seeing a fellow inmate in a collapsed state and putting him in the recovery position and staying with him until the nurse arrived; one young man known to Wavertree YOT (Liverpool) who was a victim of a knife attack but knew to protect his vital organs so raised his arms and sustained peripheral injuries only. He subsequently went to a local store and used nappies to apply pressure to his wound; one young man sustained a knife injury to his head and as a result of the training knew to apply pressure and felt reassured that he wasn't losing lots of blood based on the visual demo in the StreetDoctors session; one young man helped apply pressure to a female who sustained a knife injury to her hand in Newcastle; and finally one young man who stopped to help a cyclist after witnessing a road traffic accident in Leeds.

Medical volunteers had delivered the bleeding and unconsciousness sessions at the centre within the last two weeks to a mixed gender group of twenty young people. A small group of six young people that had participated in the sessions agreed to take part in an informal follow-up discussion with the medical volunteers and a member of the research team. The following bullet points provide a summary of the key themes from the feedback:

- All of the group could remember attending the sessions and indicated that the sessions were enjoyable. The rapport established between the medical volunteers and the young people was also apparent during the conversations;
- The group were asked what they could remember from the sessions and two young people mentioned the A-ALERT system[6] and were able to recall the key steps. One young person had saved the A-ALERT steps on their mobile phone so they could remember it and another had kept the credit card checklist provided by the medical volunteers at the end of the session in their purse;
- General feedback from the group was that the session was 'interesting' and 'not as boring as I thought it was going to be'. One young person said that they had taken their certificate home to show their mum who was really proud. Another said that they had told their friends and had even practiced some of the life-saving skills with them;
- When discussing what to do when someone is unconscious the group could remember that you had to check if they were breathing. Several of the group were able to demonstrate how you would do this (placing cheek to their mouth or checking their chest). One young person was able to demonstrate how to put someone in the recovery position if they were breathing;
- When discussing CPR the group broadly remember how to do this and a couple starting to sing 'Staying Alive' (compression rate at 100 bpm);
- The group were then asked their views on how StreetDoctors could promote key messages about life-saving skills to other young people. The group agreed that putting something on social media that other young people could follow would be a good idea and one young person suggested developing an app. The group generally indicated that they used Facebook and also suggested hosting a brief video of life-saving skills on this platform would be useful as they could share this with their friends/peers;
- The group said that they would recommend the session to their friends and that they were more confident now in helping someone and would help someone. Whilst none of the group had seen someone unconscious or bleeding they all agreed that life saving skills were important; and
- Three of the group said that they would be interested in helping to teach life-saving skills to other young people in their area or at their school

[6] A – ambulance, A – apply pressure, L – lie down, E – elevate legs, R – reassure and T – temperature

This follow-up consultation provides a useful insight into views of young people who have participated in the teaching sessions and importantly a test of what skills and key messages they could recall. Whilst this represents only a snapshot based on a small number of young people it is nevertheless reassuring that the group were able to discuss and demonstrate life-saving skills a couple of weeks after the session. By expanding the number of follow-up consultations undertaken by medical volunteers during 2016 it will be possible to make stronger statements on the impact of the teaching sessions in delivering longer-term positive outcomes for young people.

Feedback from young people at Liverpool YOT

At the time of writing four case study projects are being progressed by medical volunteers to provide a greater understanding of the impact of the teaching sessions on both participating young people and the teaching centres who are supporting them. One of these case studies has focused on engaging with a sample of young people from the Wavertree area of Liverpool who are supervised by the YOT[7]. See Appendix 10 for the complete write up.

The case study approach included the use of one-to-one interviews with five young offenders[8] who had attended the teaching sessions in early October 2015. The interviews were delivered by a medical volunteer (with supervision and support from the YOT). A small number of research questions were established which were designed to gain an insight into the experiences and perceptions of crime amongst the young offenders as well as assessing their views on the teaching sessions. These are provided below:

- Do you have any experiences of crime you would be willing to share?
- How safe do you feel growing up in Liverpool?
- Have the StreetDoctors teaching sessions made you more likely to help someone who is bleeding or unconscious?
- What are your attitudes towards StreetDoctors?

The responses from the young offenders provide an insight into their lives and their interaction with StreetDoctors. Extracts from these consultations are presented below (the names have been changed to ensure the anonymity of the young people):

> Young person 1 – 'Jack'
>
> Jack was walking down the street with some friends when he saw a shotgun fired out of the window of a passing car, injuring a 19 year old male. Jack and his friends were able to call an ambulance but were unsure as what to do next, and were particularly worried about getting into trouble themselves with the police. Despite this, Jack says he feels safe growing up in Liverpool. When asked if he feels that StreetDoctors has changed his willingness to act, he replied 'Yeah – obviously!' Jack has very positive views towards the charity and feels it is necessary, despite not appearing to engage with the preceding sessions.

[7] Wavertree case study report has been produced by StreetDoctors volunteer Ollie Sunderland who is part of the Liverpool team.
[8] Consent to participate in the research was obtained by Liverpool YOT

Young person 2 – ‘Tom’

Tom had heard about a revenge attack that occurred in an alleyway behind a laundrette, in which a young man was stabbed in the leg with a machete, in which the young man later died. Just like Jack, Tom says he felt safe growing up in Liverpool. He agreed that StreetDoctors had increased his willingness to act in an emergency situation, and had very positive views towards the teaching sessions.

Young person 3 – ‘Chris’

Chris witnessed a friend being held down over a financial dispute, before having fingers cut off. Chris described the event as normal and ‘just what it’s like round here’. Chris said he does not feel safe growing up in Liverpool, and says that some areas, notably Toxteth, Norris Green, are worse than others. Chris says that StreetDoctors did not increase his willingness to act if someone became unconscious or was bleeding as he already would have done before coming to the teaching sessions, however he did elaborate by saying he would not have known what specifically to do, and in that respect he found StreetDoctors to be very informative and enjoyed the session.

Young person 4 – ‘Joel’

Joel had heard reports of a man who had his hand cut off in a revenge attack for an affair. He also knew about three ‘kids’ who had repeatedly kicked a homeless man to death. Joel does not feel Liverpool is a safe place to grow up. He says StreetDoctors greatly increased the chances of him helping someone who is bleeding or unconscious, and that the teaching session was much better that he was expecting.

Young person 5 – ‘Hannah’

Hannah, the youngest of the group, did not have any experiences of violence or crime. She was extremely engaged with the sessions, to the point where she was asked jokingly by a member of the YOT team to let someone else have a go. When asked if she feels safe growing up in Liverpool she was not sure. She said StreetDoctors did make her more likely to act if an emergency presented itself, and that she hopes one day to become a midwife.

The responses provided by the young offenders are frank, honest and revealing, painting a picture of an environment where violence is ‘normalised’ and violent events are regularly witnessed. However what is evident from these consultations is that the teaching sessions have provided the young offenders with the skills and confidence to act if first aid is needed and that they have valued the interaction with the medical volunteers. As such the work of StreetDoctors is helping expand the number of young people that can come to the aid of victims of violent crime and, specifically for young offenders, make a positive contribution to society.

It is also clear that given the context of these young people’s lives that, unfortunately, they may be likely to witness further violent acts in their community. This point has recently been highlighted as one of the young people interviewed as part of this case study was repeatedly stabbed in late November 2015 and incurred mainly defence wounds to his arms. Following the attack the young person was able to draw on their training and remembered to apply pressure to the wounds to stem the loss of blood prior to the arrival of the ambulance.

Following the attack the young person informed their support worker at the YOT that he was glad that he had attended the teaching session with StreetDoctors as he knew what he needed to do and had held his arms up to protect his vital organs.

By encouraging more medical volunteers to undertake case study research, StreetDoctors will develop a resource bank of evidence that is collectively able to present an assessment of the impact that the teaching sessions are having on young people's lives.

Randomised controlled trial

StreetDoctors has established a link with Queen Mary University of London to deliver a randomised controlled trial. The purpose of this research is to investigate the anticipated positive psychological impact of the StreetDoctors first aid training for young offenders using a small pilot randomized controlled trial. It is hypothesized that the first aid training will have positive effects on participants' self-esteem, self-efficacy, resilience, optimism, and attitudes towards violence.

The study features a mixed methods approach with the collection of both quantitative (standardized psychometric tests) and qualitative data (focus group discussion). Self-report measures are being assessed using questionnaires administered before and after the first aid training.

This research is ongoing but it is hoped that it will help to demonstrate causality between the sessions delivered by medical volunteers and the outcomes and impacts described in the Theories of Change.

4. Volunteer survey

To generate the necessary data to support the theory of change for the medical volunteers an online survey was disseminated to all current medical volunteers in order to assess the impact of their volunteering experience. The survey was disseminated directly to each volunteer via an email sent by StreetDoctors HQ. Further details of the survey and reminders were posted on both Facebook and Twitter, and the research and evaluation lead for each team also actively promoted the survey.

The response rate was also boosted by the use of two incentives including a prize draw in which all responses were entered, and also a prize for the team which achieved the highest response rate of their volunteers. The online survey was disseminated on 2 March 2015 and closed on 16 March 2015. A total of 141 responses were received which equates to a healthy response rate of 57% based on 249 registered medical volunteers.

Profile of Respondents

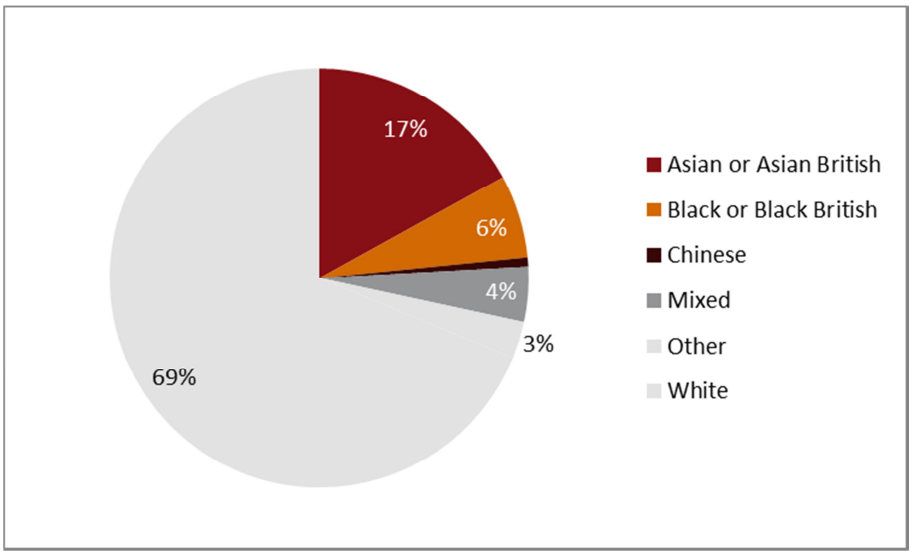
Responses were received from across all of the thirteen StreetDoctors teams with Liverpool recorded the highest number of responses (n=20) and both South and West London the least (n=7).

Table 1- Breakdown of survey responses by team

Team	No. responses	Team	No. responses
Birmingham	14	London West	7
Bristol	13	Manchester	10
Leeds	10	Newcastle	13
Liverpool	20	Nottingham	5
London East	10	Sheffield	13
London North	9	Warwick	10
London South	7	Total	141

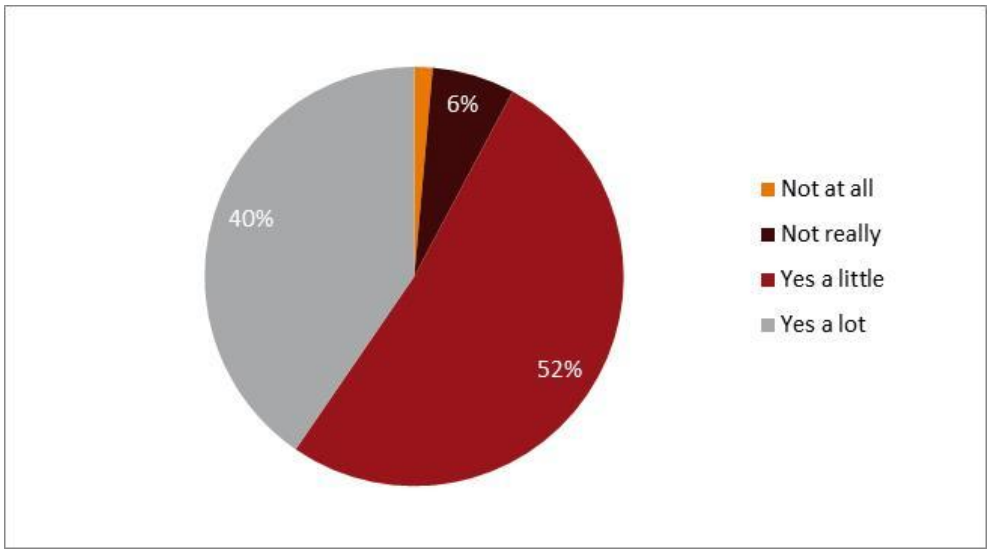
Two thirds of the respondents were female and 51% were aged between 20 to 23 years with 23% aged 25 years and over. The majority of volunteers responding to the survey reported to be White (69%) with Asian or Asian British being the next most frequent response (17%) (Figure 4).

Figure 4- Ethnicity of volunteers



Responses to the survey reveal that 92% of the volunteers had prior experience of volunteering prior to their work with StreetDoctors, including 40% reporting to have a lot of experience (Figure 5). Only 1% of respondents reported to have had no prior experience of volunteering prior to joining StreetDoctors.

Figure 5- Experience of volunteering

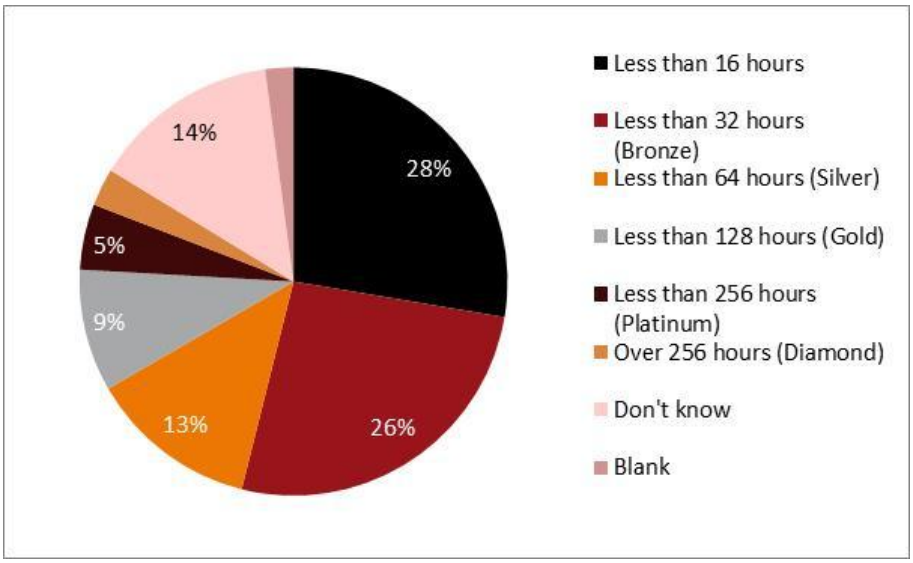


Volunteering role

The majority (59%) of the volunteers responding to the survey indicated that they had commenced their volunteering role within the last year, with 35% having between one and three years of experience and a minority of 6% having volunteered with StreetDoctors for more than 3 years.

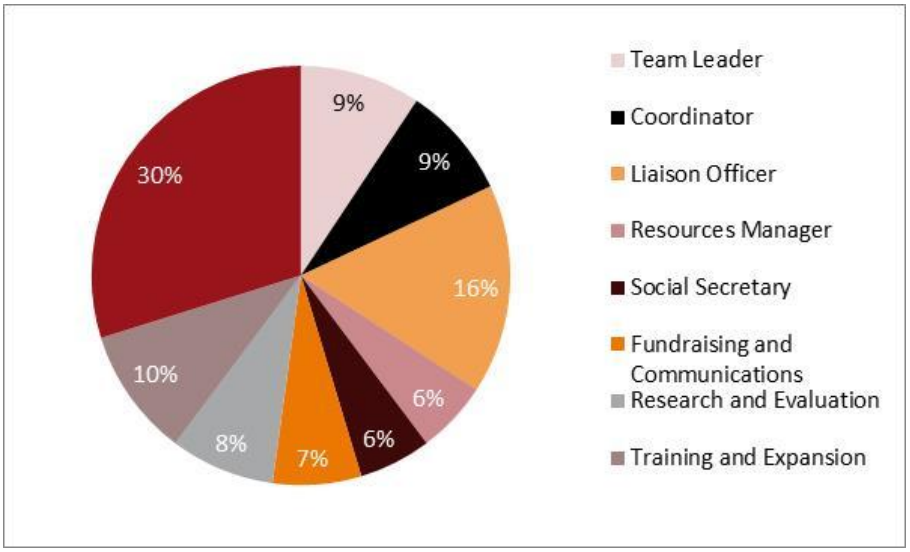
Just over half (54%) of the volunteers responding to the survey had completed less than 32 hours of volunteer time since joining StreetDoctors. A small number of volunteers (n=11) reported that they have completed over 128 volunteer hours since joining StreetDoctors, including four volunteers that had logged an impressive 256 hours or more (Figure 6).

Figure 6- Number of volunteer hours completed



The volunteers responding to the survey currently held a variety of roles and in some cases individual volunteers delivered more than one role. The most common responses were for the standard volunteer role and liaison officer which accounted for just under half of all responses (Figure 7).

Figure 7- Role held by volunteers



The volunteers heard about the volunteering opportunity with StreetDoctors through a number of different routes which can be broadly categorised into the following:

- StreetDoctors website;
- Facebook;
- recommendation from a friend (often an existing volunteer);
- promotional material displayed at the medical school;
- professional membership bodies and conferences (e.g. Royal Society of Medicine, Medsin Global Health Conference);
- publications (e.g. BMJ); and
- Freshers Fair/Medsoc

Motivations for volunteering with StreetDoctors

The survey asked volunteers what motivated or interested them in volunteering with StreetDoctors. Responses can broadly be summarised into the following categories, namely:

- an opportunity to gain teaching experience;
- building on an interest in acute / emergency medicine;
- making a difference to at-risk young people; and
- have a greater understanding of/empathy with people living in areas of deprivation

A sample of responses provided by volunteers is provided below.

What motivated you to volunteer with StreetDoctors?

> 'There are many student-led charities that exist which I feel are done mainly for the benefit of those running it…. StreetDoctors immediately felt different with its central message and the skills taught – I genuinely feel that the charity makes a massive difference to those we teach. I also enjoy teaching and felt the charity would be a good way for me to explore this interest'.
>
> 'I have always enjoyed teaching and thought teaching young people at high risk to violence would give me good skills for the future. I also like how street doctors looks at the bigger picture - aiming to inspire the young people to get involved in health care not just participate in the lesson'.
>
> 'My younger brother has attended a YOT before and so I had a more personal motivation to get involved as I've seen first-hand the struggle the youths go through'.
>
> 'Working with young people and discussing serious issues like knife crime seemed like a very proactive and empowering thing to do for a medical student'.
>
> 'I am passionate about working with young people, and wanted to challenge myself by working in new environments with a diverse group of people. I had some teaching experience which I wanted to further develop and from what I had heard about StreetDoctors I felt that it was a very worthwhile cause to be involved with'.

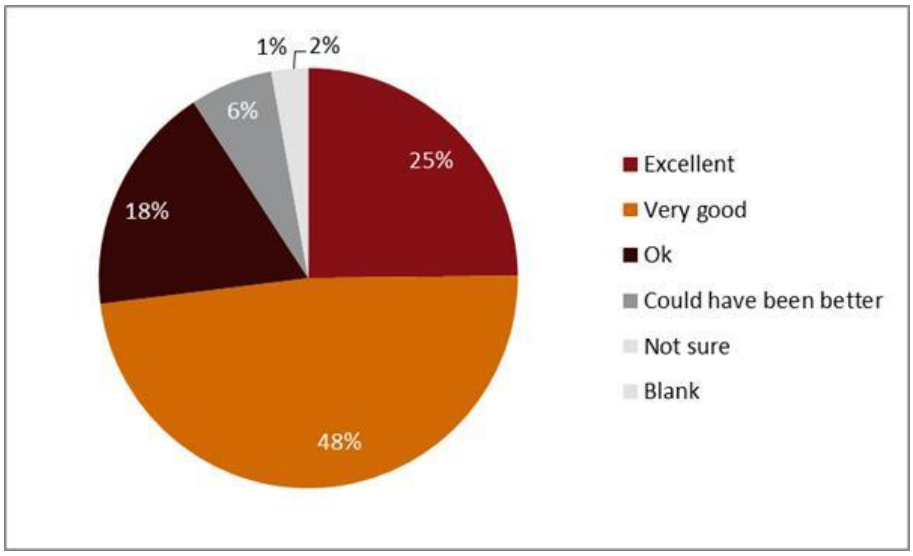
‘I loved the sound of what StreetDoctors did when I looked on the website for the first time. I thought the fact it was growing so fast was exciting yet it's still ‘small’ enough to feel like I have a big active part in the charity and freedom to shape the future of [the charity]. Having moved to Birmingham from another town I was intrigued by the opportunity to experience parts of the city that my patients have come from but I have no exposure to’.

‘It was an opportunity to try to make a difference to young people who may have 'started off on the wrong foot'. We often hear about violence/crime as a 'problem' that should be solved with discipline and authority but StreetDoctors offered the chance to help educate and give the young people a skill that could benefit themselves and others. My experience volunteering over the years has instilled in me a sense that if society continues to 'punish' rather than 'educate', then no long-term rehabilitation of the young people will be achieved’.

Volunteering experience

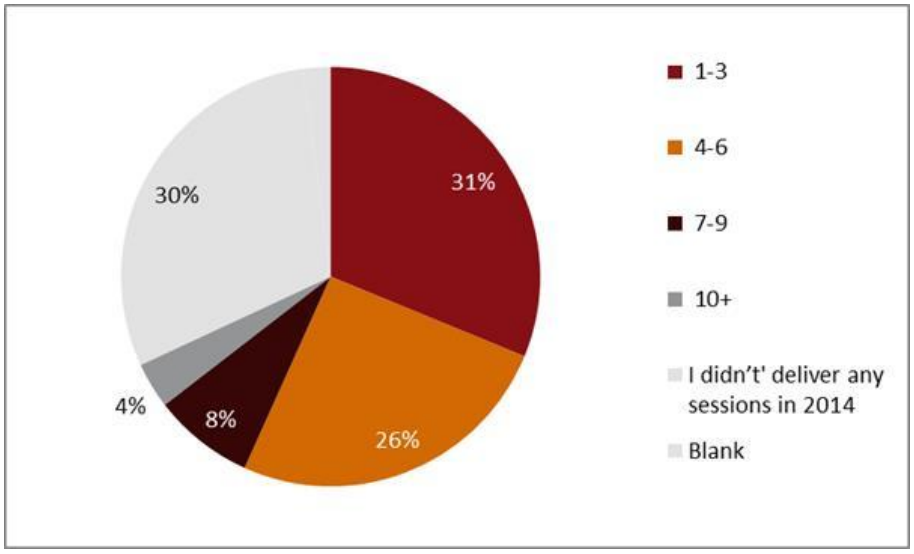
A quarter (25%) of the volunteers responding to the survey reported that their induction was excellent with 48% stating that it was very good and 18% that is was ok. A minority (6%) of respondents indicated that it could have been better (Figure 8).

Figure 8- Quality of the induction



When asked how many teaching sessions they had delivered in 2014, some 30% of respondents hadn’t delivered any sessions (due to the fact that many had joined StreetDoctors in late 2014) and 31% had delivered between 1-3 sessions. A small core of volunteers (n=16) had delivered seven or more sessions during 2014 (Figure 9).

Figure 9- Number of teaching sessions delivered in 2014



Impact of volunteering

The survey asked the volunteers to state whether they agreed with a number of statements about the impact of their volunteering experience. These questions were specifically designed to provide evidence to support the volunteer theory of change. The responses reveal the extent to which the volunteers feel that their participation in social action has provided them with new skills, confidence and a sense of achievement. Overwhelmingly the volunteers report that their volunteering experience has been positive (Table 2 over page).

Headline findings from the survey responses include:

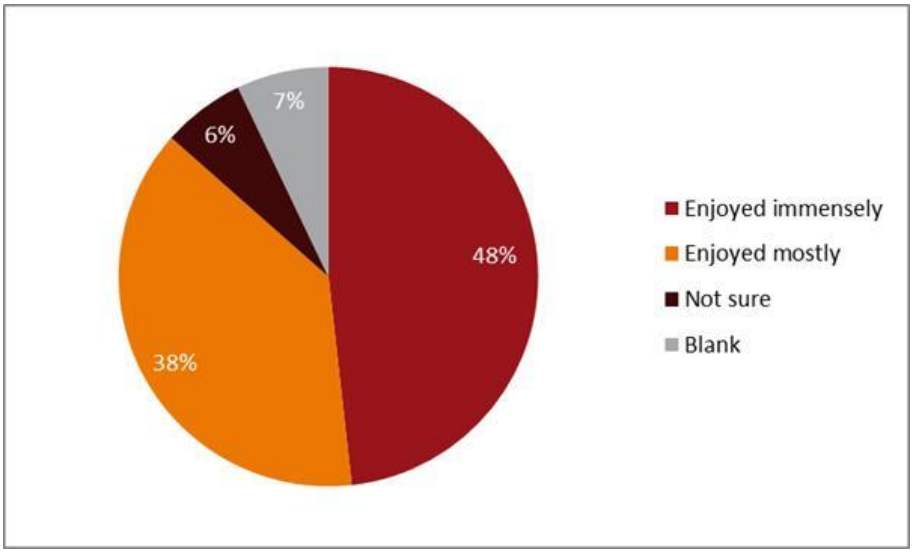
- 91% agreeing that the experience has given them the confidence and skills to deliver life saving first aid sessions to vulnerable young people;
- 90% agreeing that the experience has increased their understanding of vulnerable young people;
- 86% agreeing that the experience has improved their communication and facilitation skills with young people;
- 90% agreeing that the experience has provided them with practical experience of working with vulnerable young people;
- 90% agreeing that the experience has provided them with a sense of achievement and accomplishment;
- 89% agreeing that the experience has improved their ability to empathise with people from a range of different social groups; and
- 88% agreeing that the experience has improved their communication and problem solving skills with a range of different partners

Table 2- Impact of the volunteer experience

	Strongly agree	Agree	Disagree	Strongly disagree	Not sure	Blank	Total
My experience with StreetDoctors has given me the confidence and skills to deliver life saving first aid sessions to vulnerable young people	85 60%	44 31%	0 0%	0 0%	2 1%	10 7%	141
My experience with StreetDoctors has increased my understanding of vulnerable young people	70 50%	57 40%	0 0%	0 0%	4 3%	10 7%	141
My experience with StreetDoctors has improved my communication and facilitation skills with young people	61 43%	61 43%	0 0%	0 0%	9 6%	10 7%	141
My experience with StreetDoctors has provided me with practical experience of working with vulnerable young people	79 56%	48 34%	2 1%	1 1%	1 1%	10 7%	141
My experience with StreetDoctors have provided me with a sense of achievement and accomplishment	74 52%	54 38%	1 1%	0 0%	1 1%	11 8%	141
My experience with StreetDoctors has improved my ability to empathise with people from a range of different social groups	60 43%	65 46%	2 1%	0 0%	4 3%	10 7%	141
My experience with StreetDoctors has improved my communication and problem solving skills with a range of different partners	53 38%	70 50%	3 2%	0 0%	4 3%	11 8%	141

The vast majority (86%) of the volunteers also reported to have enjoyed their experience with 48% stating that they have enjoyed the experience immensely and 38% mostly. Some 6% (n=9) of respondents weren't sure and 10 did not provide a response (Figure 10).

Figure 10- Level of enjoyment of working with young people



The survey asked the volunteers how they would describe the experience to others thinking of volunteering with StreetDoctors. The responses were overwhelmingly positive demonstrating the value and enjoyment that existing volunteers have gained from working with StreetDoctors. A sample of responses is provided below.

How would you describe your experience to others thinking of volunteering?

'I would say that there is so much you can get out of volunteering with this charity. No matter your personality and preferences there is a role for you within the teams, if you only want to teach, then you can only teach, if you want to get involved with delivery partners, or deciding on national policies then you can do that too. StreetDoctors has so much to offer a medical student, and everything you do as a StreetDoctor can only serve to make you a better future doctor.'

'It is a fantastic experience that I would wholly recommend for anyone. The young people can be tough to engage with but by the end of the session you feel that you are reaching out to many of them, which is a feeling I can't describe - it is immensely satisfying. Makes you feel like it was worth it.'

'I really enjoy turning up to sessions not knowing what to expect and having to deal with a group of difficult young people. It brings out all sorts of problem-solving skills and communication skills that I wasn't really confident about before I was a StreetDoctor!'

'Absolutely amazing, eye opening, rewarding, learning curve! I've got to work with some great people so far and have only just begun. If you want to have a big part in something and the only skill you need to start is enthusiasm then go for it. It teaches you things medschool can't!'

‘Very rewarding. You see that everyone has a story. These young people are very misunderstood and it gives you a chance to understand them and make a difference to their life.’

‘The most rewarding thing I have ever done. It has given me confidence speaking in public and also in teaching. It has also provided me with an opportunity to interact with and understand many young people and hopefully make a difference to their lives.’

‘Teaching with StreetDoctors is an excellent way to push yourself out of your comfort zone in terms of teaching difficult to engage groups. Whilst some groups are very receptive, others aren't and it requires resourcefulness to keep people interested in the sessions. Learning not to show your dismay when they lose interest is key, picking up the pace or changing the topic for a while usually gets people involved again if their concentration has drifted. It is also a good way to brush up on CPR and resuscitation skills.’

Personal highlights?

The volunteers were also asked about their personal highlights from volunteering in the last academic year. This question was included to provide insight into the impact on the medical volunteers as well as any observed impact on the young people at the teaching sessions. A sample of responses is provided below.

‘My personal highlight was getting challenging, withdrawn young people to engage with sessions and participate as I feel that validates you as a teacher and is incredibly rewarding.’

‘Gaining confidence in teaching the young children and valuing interactions with the young people. The young people's change in attitude and willingness to cooperate as the teaching session went on and how much they could remember and had learnt from the session.’

‘Doing a teaching session with a young boy who was really anxious to come and he said how much he had enjoyed it after and was glad that he came.’

‘Attending a celebratory event for the 'Knives Means Lives' programme in Birmingham and being told by the Deputy Head of Youth Services for Birmingham Council just how well our sessions were being received and how enthusiastic the young people had been about us afterwards: "I don't know what it is you're doing, but whatever it is, keep doing it because it's certainly working!". Never been prouder of our team! ‘.

‘The February Strategy Day was really productive. Going through the gold dust made me feel really good about this organisation!’

‘I think my highlight was when a student really thanked me at the end of the session. He understood the importance of first aid and that was exactly what we wanted him to gain from the session.’

‘A girl who came to the session and told me at the end: "I hated science at school, but this is really interesting". It's wonderful when you've managed to make that connection and really inspire a young person's confidence’.

Finally the survey asked the medical volunteers to summarise what they felt that they had learnt from their volunteer experience to date. Broadly the responses covered a range of learning points with regards to engaging young people and handling challenging behaviour as well as greater empathy for young people involved in violence.

The medical volunteers also outlined a range of skills that have been developed or learnt through their volunteering role including:

- fundraising;
- communication skills;
- teaching;
- organisation;
- facilitation;
- leadership;
- patience;
- team working;
- creativity;
- delegation; and
- problem solving

A sample of responses is provided below.

What have you learnt from your volunteer experience?

‘That young people that get into trouble don't usually bring it on themselves. It made me far more empathetic towards those who need support’.

‘It is very easy to make assumptions. We should take into consideration the very complex social and psychological backgrounds of this group of people’.

‘This was a completely different experience and has taught me how to adapt my communication style to best deliver information to different groups of people.’

‘Experienced a whole new side of the community I'd never seen before, and learning to empathise more with people of all backgrounds.’

‘I learnt that I had no idea about the diversity of people who live around me and that everyone only needs a little bit of support and encouragement so that they can blossom.’

‘One of the things I've learnt is how to create and establish a new team from scratch, from the ground up! It was a steep learning curve but I have now been able to transfer these skills to other charitable organisations. I've also learned how to sell visions and ideas to others to inspire them to get behind a cause.’

‘I have learnt that being patient and resilient can help me teach any session!’

‘I've learnt that there are many myths amongst young people about stabbings and violence, and how important it is to dispel them. These young people need honesty about the consequences of stabbing or injuring someone, but delivered in a way that makes it interesting for them, because they don't need someone else lecturing them in their life.’

5. Teaching centre survey

The research and evaluation strategy emphasised the importance of obtaining feedback from teaching centres about their experience of working with StreetDoctors. Their feedback can help to improve internal systems and processes such as booking sessions, and also capture their views and observations on the impact of the sessions on the young people.

Following agreement on the survey questions at the February strategy day the online survey was disseminated to the teaching centre contacts by the liaison officer in each team. The survey went live on 2 March 2015 and has been left open as an ongoing tool to capture feedback from across the growing number of teaching centres. To date 21 teaching centres have completed the survey.

A range of responses were provided by the teaching centres on what attracted them to working with StreetDoctors but a common theme was the value of having an interactive session that was able to engage young people and was delivered by other young people. The majority of the teaching centres indicated that they had not previously worked with any other organisations to teach life saving skills although a small number had worked with St John's Ambulance and British Red Cross.

Each teaching centre differs in their approach to selecting which young people would participate in the sessions. For some the sessions were optional or a treat for the best behaved young people whilst for others their attendance was a mandatory part of their court order (for violence and/or carrying knives). The sessions have been well received with the majority of respondents expressing satisfaction with the content, delivery and relevance of the sessions as well as the ability of the volunteers to engage the young people:

> 'Feedback from young people is always positive.'
>
> 'The young people who we brought were very shocked with the content of the video at first which then fuelled the rest of the session. The way the session was laid out was done very well and all young people got involved in the activities.'
>
> 'Young people thoroughly enjoyed the sessions and have referenced back to sessions in youth sessions, the volunteers were friendly, patient and very engaging.'
>
> '[The sessions] educated young people on how to deal with real life emergencies. Our young people regularly use substances and can be associated with gangs'.
>
> 'Once the young people attend the sessions, we then follow this up with reinforcing what they have learnt, we talk about how they felt during the session and what positive steps they will take next'.

The teaching centre contacts were also asked their views on the impact of the sessions on the young people. The responses provide evidence to support the statements included in the theory of change for young people and reinforce the evidence gathered through the session observations as well as the feedback from the medical volunteers (Table 3 over page- note not all of the 21 survey respondents completed the survey in its entirety).

Table 3- Level of agreement on the impact of the sessions on young people

	Helped young people to know what to do when someone is bleeding or unconscious	Provided young people with basic first aid skills	Provided young people with the confidence to administer first aid	Made young people more aware of the medical consequences of violence	Provided young people with a sense of achievement	Young people had a positive interaction with the StreetDoctors volunteers
Strongly agree	12 (75%)	12 (80%)	9 (56%)	14 (88%)	10 (63%)	12 (75%)
Agree	4 (25%)	3 (20%)	7 (44%)	2 (12%)	5 (31%)	4 (25%)
Not sure	0	0	0	0	1 (6%)	0
Disagree	0	0	0	0	0	0
Strongly disagree	0	0	0	0	0	0
Total responses	16	15	16	16	16	16

In summary the survey responses from teaching centres reveal that:

- All of the teaching centres agree that the sessions have helped their young people to know what to do when someone is bleeding or unconscious;
- All of the teaching centres agreed that the sessions have provided their young people with basic first aid skills;
- All of the teaching centres agree that the sessions have provided their young people with the confidence to administer first aid;
- All of the teaching centres agree that the sessions have made their young people more aware of the medical consequences of violence;
- The majority of teaching centres agree that the sessions have provided their young people with a sense of achievement; and
- All of the teaching centres agree that their young people had a positive interaction with the medical volunteers

To obtain further insight from the teaching centres qualitative consultations have been completed with six teaching centre contacts that agreed to be contacted as part of their survey response (see Appendix 8 for details).

It is evident from the consultations with teaching centres that the sessions provided by StreetDoctors often form part of a broader programme of support delivered to at risk / vulnerable young people. In London, Kentish Town Community Centre is delivering

KATALYST[9], a three year engagement programme targeted at young people aged 12-19 years. The programme was established in response to racially motivated youth violence in the area which had served to create and exacerbate divisions between local communities. The sessions provided by medical volunteers has formed part of the interventions delivered through this KATALYST programme and have specifically provided an opportunity for the young people to learn more about the consequences of violence as opposed to simply acquiring first aid skills.

Cheshire West, Halton and Warrington Youth Offending Service has incorporated the sessions provided by StreetDoctors into their six-week Divert Programme which provides an alternative route to appearing before the courts for young people arrested by Cheshire Police for violence offences. In Westminster the Youth Offending Team has embedded the sessions as part of their knife crime programme which is delivered as a six session programme to young people referred to the service from the police, courts and youth services. The programme covers a range of areas including understanding the consequences of using a weapon (both legally and from the perspective of the victim).

Newham Youth Offending Team has also incorporated the sessions into their intervention programme for young people convicted of possession of a knife or offensive weapon. Wakefield Youth Offending Team were attracted to working with StreetDoctors in order to fulfil their safeguarding role and educate young people referred to the service through the conditional caution route on the consequences of violence.

The feedback from the teaching centres has been overwhelmingly positive. Staff at the teaching centres have been impressed, and in some cases surprised, by the ability of the medical volunteers to positively engage young people through the sessions. The interactive approach and structure of the sessions has provided space for the young people to discuss the consequences of youth violence, explore risky behaviours that may result in someone requiring emergency aid (e.g. substance misuse, binge drinking) and importantly to learn first aid skills that would enable them to make a positive contribution in their community.

In combination the survey responses from a sample of teaching centres and the in-depth feedback from services working with vulnerable young people and young offenders provide evidence of the positive impact that StreetDoctors is making to the lives of those participating in the sessions. The evidence also highlights the valuable contribution that StreetDoctors is providing in delivering sessions in the context of broader support and intervention programmes provided by YOTs, youth services, PRUs and schools. The StreetDoctors Evaluation Action Plan for 2016 includes a commitment to continue gathering feedback from teaching centres to support impact assessment and as part of a quality assurance method. As such the evidence base from the perspective of teaching centres will expand in line with growth in the number of centres that StreetDoctors is working with.

[9] http://www.ktcc.org.uk/youth-news/youth-activities

6. Research summary

This final report provides an overview of the internal monitoring systems and evaluation processes established in collaboration with StreetDoctors to facilitate an assessment of the impact of the teaching sessions on young people and the medical volunteers. It also presents evidence of impact drawn from an analysis of primary data collection and fieldwork across the StreetDoctors teams.

Developing a research and evaluation strategy

An important element of the research approach has been to engage and involve the medical volunteers in all aspects of developing the appropriate monitoring tools and evaluation processes to support an assessment of impact. This commitment to 'co-production' has shaped the resultant research activities and tasks with the medical volunteers developing a clear sense of ownership of the evaluation approach.

Adopting a process of triangulation to capture evidence from the perspectives of the three main stakeholders, namely young people, medical volunteers and the teaching centres, has helped to mitigate the risk of bias in the data collection and produce a more robust assessment of impact. Ensuring consistency of approach in collecting data from all delivered sessions has also helped to alleviate concerns around drawing evidence from a potentially unrepresentative sample.

The monitoring and evaluation processes put in place enable StreetDoctors to more clearly articulate and evidence the outcomes achieved for the young people participating in the teaching sessions as well as the medical volunteers delivering them. The range and depth of qualitative and quantitative data derived through a mixed-method approach enables key themes to be identified and explored in further detail as part of structured programme of research.

The process of developing the research and evaluation strategy has recognised the challenges of measuring longer-term behavioural change for young people attending the teaching sessions (methodological, ethical, practical and cost-based). As such intermediate outcomes have been used as proxies for the achievement of the longer-term ultimate goals outlined in the Theories of Change with existing research referred to establish causal links between outcomes and goals. The results of the ongoing randomised controlled trial have the potential to more clearly evidence these causal links and present further impact evidence.

Impact of the sessions on young people

Evidence collated from the session observations demonstrates the success of the medical volunteers in actively engaging young people in the process of learning first aid skills. The structure of the sessions has facilitated constructive dialogue around participating young people's experiences of violence. The interaction with the young people and their responses to questions posed by the medical volunteers presents evidence of a lack of understanding of the consequences of violence. For some young people there is a perception that it is safe to stab someone in certain areas of the body and many young people are unaware of the potentially life-changing impacts of a non-fatal stabbing.

The sessions also highlight a number of practical barriers (real or perceived) which can prevent young people from helping someone in need of first aid. These include being unsure how to ring for an ambulance or being concerned about implicating themselves by staying on the scene. Young people were also afraid of making the situation worse or facing legal action should they hurt someone in the process of administering first aid. In addition young people generally over-estimated how long it would take someone to lose a fatal amount of blood.

Feedback provided by the young people following their participation points to the positive impact of the sessions on improving their understanding of the consequences of violence and increasing their willingness to use their first aid skills to help others. Emerging evidence from follow-up consultations with young people indicates that their positive interaction with medical volunteers has challenged their views and also encouraged them to make a positive contribution to society.

The feedback from teaching centres is overwhelmingly positive with many integrating the sessions delivered by the medical volunteers into their support and/or intervention programmes for young people. Teaching centre staff in particular point to the success of the medical volunteers in making a positive connection with young people and providing them with a sense of achievement associated with learning life saving skills.

Impact of the sessions on medical volunteers

Delivery of the teaching sessions is providing positive outcomes for the medical volunteers with the majority agreeing that their involvement with StreetDoctors has improved their communication and facilitation skills, increased their confidence to deliver training and enhanced their ability to empathise with people from different backgrounds. The experience has also increased their understanding of vulnerable young people and provided them with a sense of achievement. Whilst many of the medical volunteers have found the sessions challenging the vast majority have enjoyed their experience.

The positive feedback from medical volunteers is clearly driving expansion with new teams established and over three hundred volunteers now actively involved in supporting the work of StreetDoctors.

Next steps

The process of co-designing new monitoring and evaluation systems has ensured that StreetDoctors has greater capacity to take forward ongoing research to evidence the impact of teaching sessions on vulnerable young people. Combined with the continued expansion in the number of teams, volunteers and teaching sessions supporting these new systems will generate a rich source of qualitative and quantitative data to facilitate ongoing research and evaluation. The Research and Evaluation Taskforce group will continue to oversee the process of data collection and research activity, ensuring consistency of approach across teams, compliance with data capture systems and support for individual volunteers wanting to take on specific research projects. Further opportunities will be explored to strengthen research capacity including links with academic institutions, youth crime charities and policy think tanks.

Appendix 1 - Research evidence

Brand, S. & Price, R. 'The economic and social costs of crime', Home Office Research Study 217, Economics and Resource Analysis – Research, Development and Statistics Directorate, Home Office, 2000

Brooke Kinsella (2011)- 'Tackling Knife Crime Together: A review of local anti-knife crime projects'.

Centre for Crime and Justice Studies (2007)- 'Knife Crime: A review of evidence and policy'.

Clear Plan (2010)- 'Fear and Fashion Programme Evaluation: Final Report'.

Home Office (2008)- 'Tackling Knives Action Programme (TKAP): Fact Sheet'. December 2008

Home Office (2011)- 'An assessment of the Tackling Knives and Serious Youth Violence Action Programme (TKAP) – Phase ll'. Research Report 53.

Home Office (2015)-'Preventing gangs and youth violence: spotting signals of risk and supporting children and young people'. Report produced by the Early Intervention Foundation.

Iriss (2012)- 'How and why people stop offending: discovering desistance'.

Perpetuity Research & Consultancy International Ltd (2007)- 'Tackling Knife Crime: A Review of Literature on Knife Crime in the UK'.

The Scottish Centre for Crime and Justice Research (2013)- 'Knife Crime Interventions: What Works?'

The University of Huddersfield (2013)- 'Young People's Involvement in Gangs and Guns in Liverpool'.

The Young Foundation (2012)- 'A framework of outcomes for young people'.

Office for National Statistics (2014)- 'Crime in England and Wales, Year Ending March 2014'.

PSSRU (2014)- 'Unit costs of health and social care'. University of Kent.

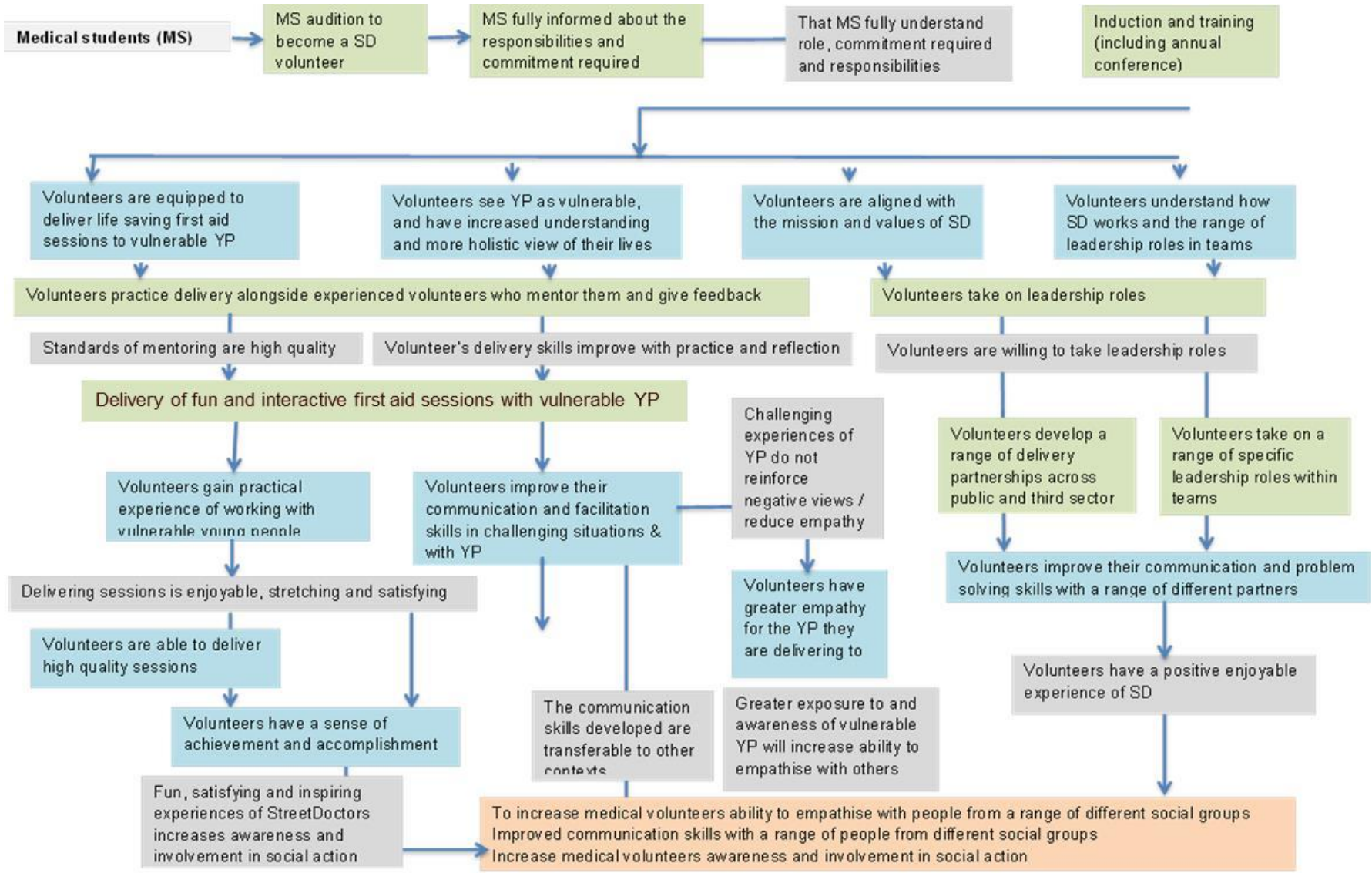
Youth Justice Board (2006)- 'MORI Five-Year Report: An analysis of Youth Survey Data'.

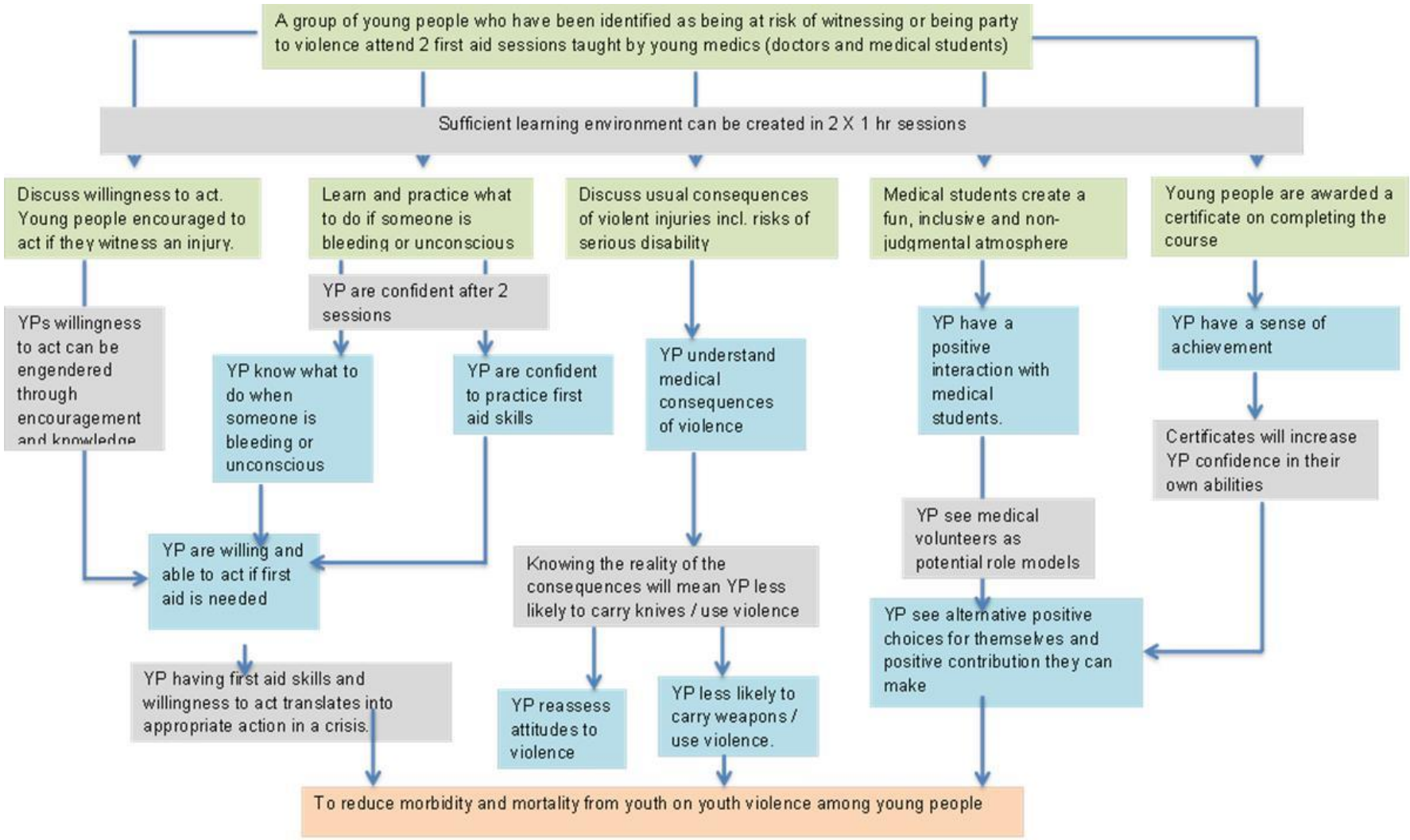
Youth Justice Board (2008)- 'Engaging Young People who Offend'. Source document.

Youth Justice Board (2011)- 'YOT functions and statutory requirements'.

Youth Justice Board (2013)- 'The Knife Crime Prevention Programme: Process Evaluation'.

Appendix 2- Revised Theories of Change


Medical students (MS)
MS audition to become a SD volunteer
MS fully informed about the responsibilities and commitment required
That MS fully understand role, commitment required and responsibilities
Induction and training (including annual conference)
Volunteers are equipped to deliver life saving first aid sessions to vulnerable YP
Volunteers see YP as vulnerable, and have increased understanding and more holistic view of their lives
Volunteers are aligned with the mission and values of SD
Volunteers understand how SD works and the range of leadership roles in teams
Volunteers practice delivery alongside experienced volunteers who mentor them and give feedback
Volunteers take on leadership roles
Standards of mentoring are high quality
Volunteer's delivery skills improve with practice and reflection
Volunteers are willing to take leadership roles
Delivery of fun and interactive first aid sessions with vulnerable YP
Challenging experiences of YP do not reinforce negative views / reduce empathy
Volunteers develop a range of delivery partnerships across public and third sector
Volunteers take on a range of specific leadership roles within teams
Volunteers gain practical experience of working with vulnerable young people
Volunteers improve their communication and facilitation skills in challenging situations & with YP
Volunteers improve their communication and problem solving skills with a range of different partners
Delivering sessions is enjoyable, stretching and satisfying
Volunteers have greater empathy for the YP they are delivering to
Volunteers are able to deliver high quality sessions
Volunteers have a positive enjoyable experience of SD
Volunteers have a sense of achievement and accomplishment
The communication skills developed are transferable to other contexts
Greater exposure to and awareness of vulnerable YP will increase ability to empathise with others
Fun, satisfying and inspiring experiences of StreetDoctors increases awareness and involvement in social action
To increase medical volunteers ability to empathise with people from a range of different social groups
Improved communication skills with a range of people from different social groups
Increase medical volunteers awareness and involvement in social action


A group of young people who have been identified as being at risk of witnessing or being party to violence attend 2 first aid sessions taught by young medics (doctors and medical students)
Sufficient learning environment can be created in 2 X 1 hr sessions
Discuss willingness to act. Young people encouraged to act if they witness an injury.
Learn and practice what to do if someone is bleeding or unconscious
Discuss usual consequences of violent injuries incl. risks of serious disability
Medical students create a fun, inclusive and non-judgmental atmosphere
Young people are awarded a certificate on completing the course
YPs willingness to act can be engendered through encouragement and knowledge
YP are confident after 2 sessions
YP understand medical consequences of violence
YP have a positive interaction with medical students.
YP have a sense of achievement
YP know what to do when someone is bleeding or unconscious
YP are confident to practice first aid skills
Certificates will increase YP confidence in their own abilities
YP see medical volunteers as potential role models
YP are willing and able to act if first aid is needed
Knowing the reality of the consequences will mean YP less likely to carry knives / use violence
YP see alternative positive choices for themselves and positive contribution they can make
YP having first aid skills and willingness to act translates into appropriate action in a crisis.
YP reassess attitudes to violence
YP less likely to carry weapons / use violence.
To reduce morbidity and mortality from youth on youth violence among young people

Appendix 3- Impact Metrics Framework

Young People

Metric type	How will we know it has worked?	Method of collecting the data	Metric	Formula or detail	Responsibility
Ultimate Goal	Reduction in morbidity and mortality from youth on youth violence among young people	Evidence review	Morbidity and mortality rates related to youth on youth violence	Evidence review to identify the potential for a brief education based intervention to contribute to youth on youth violence. Supporting evidence to be drawn from desistance theory.	RedQuadrant and Research and Evaluation Taskforce
Intermediate outcome	Young people will act if first aid is needed	General Feedback form & Interactive Evaluation exercise	% of young people stating they would deliver first aid	General Feedback form - Volunteers to record participant responses to what they will most remember, what was most interesting and what they enjoyed the most - Volunteers to reflect on the level of engagement of the participants throughout the session Rickter Scale - Volunteers record the data from the sticker scale exercise Annual Survey of Referral Partners - Referral partners to provide case study examples / anecdotal evidence of young people's use of first aid following the training	RedQuadrant and Local Research and Evaluation Taskforce representative
Intermediate outcome	Young people know what to do	General Feedback form	% of young people	General Feedback form - Volunteers to record participant responses to	RedQuadrant and Local

	when someone is bleeding or unconscious	& Interactive Evaluation exercise	stating they know how to help someone who is bleeding or unconscious	what they will most remember, what was most interesting and what they enjoyed the most - Volunteers to reflect on the level of engagement of the participants throughout the session Rickter Scale - Volunteers record the data from the interactive evaluation exercise	Research and Evaluation Taskforce representative
Intermediate outcome	Young people reassess attitudes to violence	Quality Assurance form & General Feedback form	Qualitative evidence of impact on young people's attitudes to violence	General Feedback form - Volunteers to record participant responses on the extent to which the sessions led them to reassess attitudes to violence Quality Assurance form completed by referral partner to include the following: - Feedback from young people on the impact of the session on their attitudes to violence	RedQuadrant, Local Research and Evaluation Taskforce representative and local Liaison Officer
Intermediate outcome	Young people less likely to carry weapons and use violence	General Feedback form & knife crime research evidence	Qualitative evidence of impact on young people's likelihood to carry weapons and use violence	General Feedback form - Volunteers to record participant responses on the extent to which understanding the consequences of violence will make them less likely to carry weapons and use violence Desk Research - Knife Crime research evidence to establish causal link between brief intervention and likely impact on carrying and weapon and using violence Annual Survey of Referral Partners - Referral partners to provide case study examples / anecdotal evidence of young people's use of first aid following the training	RedQuadrant and Local Research and Evaluation Taskforce representative

Intermediate outcome	Young people understand medical consequences of violence	General Feedback form & Interactive Evaluation exercise	Qualitative evidence from sessions and volunteer assessment	General Feedback form - Volunteers to record participant responses on the extent to which the sessions increased their understanding of the medical consequences of violence Rickter Scale - Volunteers record the data from the interactive evaluation exercise	RedQuadrant and Local Research and Evaluation Taskforce representative
Intermediate outcome	Young people have a positive interaction with medical students	Quality Assurance form administered as an online survey & General Feedback form	% of referral organisations reporting to be satisfied with the session overall	Annual Survey of Volunteers - Volunteers are asked about the quality of the interaction with young people Quality Assurance form completed by referral partner to include the following: - Overall satisfaction with the quality of the session - Rating of the session content - Rating of the session delivery - Rating of the effectiveness in engaging young people - Feedback from young people on the impact of receiving the certificate on their confidence and skills - Suggestions for improvements Rating questionnaire uses 5 point likert scale for satisfaction with response options 'very satisfied' 'satisfied' 'neutral' 'dissatisfied' and 'very dissatisfied'.	RedQuadrant and Local Liaison Officer

Activity	Delivery of first aid sessions to young people	CRM	Number of sessions and attendance per session	CRM to provide the following: - No. of sessions delivered (by Team and referrer) - No. young people attending sessions - No. young people completing sessions - Profile of young people: Age, gender, ethnicity referral route no. with previous first aid training no. witnessed a violent injury	HQ and local Research and Evaluation Taskforce representative

Medical Volunteers

Metric type	How will we know it has worked?	Method of collecting the data	Metric	Formula or detail	Responsibility
Ultimate Goal	Medical volunteers improve their ability to empathise and communicate with people from a range of different social groups	General Feedback form and Annual Volunteer Survey	% volunteers agreeing their participation has improved their ability to empathise and communicate with people from a range of different social groups	Case study evidence drawn from completed General Feedback forms Qualitative evidence gathered by local Research and Evaluation Taskforce representatives as part of quarterly team meetings Annual Volunteer Survey to include the following questions: - Do you think that your experience of volunteering with StreetDoctors has improved your ability to empathise with people from different social groups? - Do you think that your experience of volunteering with StreetDoctors has improved your ability to communicate with people from different social groups? Rating questionnaire uses 5 point likert scale with response options 'Yes it has improved by empathy a lot' 'Yes it has improved by empathy a little' 'No difference' 'No it has reduced my empathy a little ' and 'No it has reduced my empathy a lot'.	RedQuadrant and local Research and Evaluation Taskforce representatives
Ultimate Goal	Medical volunteers have increased awareness of and involvement in	Annual Volunteer Survey and Alumni Network	% volunteers agreeing their participation has increased their awareness	Annual Volunteer Survey to include the following questions: - Do you think that your experience of volunteering with StreetDoctors has increased your awareness and involvement in social	RedQuadrant and HQ

	social action		of and involvement in social action	action? - Has your experience of volunteering with StreetDoctors motivated you to get involved in other social action activities? Rating questionnaire uses 5 point likert scale HQ to draw case study evidence from Alumni Network highlighting the impact of StreetDoctors on previous volunteers and describing participation in further social action activities	
Intermediate outcome	Volunteers have a sense of achievement and accomplishment	General Feedback form and Annual Volunteer Survey	% volunteers agreeing that their experience of volunteering has provided them with a sense of achievement and accomplishment	Case study evidence drawn from completed General Feedback forms Qualitative evidence gathered by local Research and Evaluation Taskforce representatives Annual Volunteer Survey to include the following questions: - Do you agree that your experience of volunteering with StreetDoctors has provided you with a sense of achievement and accomplishment? Rating questionnaire uses 5 point likert scale with response options 'Strongly agree 'Agree' 'Neither agree or disagree 'Disagree ' and 'Strongly disagree'	RedQuadrant and local Research and Evaluation Taskforce representatives
Intermediate outcome	Volunteers are able to deliver high quality sessions	Quality Assurance form and Annual Volunteer Survey	% referral partners satisfied with the quality of the training session % volunteers	Quality Assurance form completed by referral partner to include the following: - Overall satisfaction with the quality of the session - Rating of the session content - Rating of the session delivery - Rating of the effectiveness in engaging young people	RedQuadrant and local Liaison Officer

			reporting to have confidence in their ability to deliver quality sessions	Rating questionnaire uses 5 point likert scale for satisfaction with response options 'very satisfied' 'satisfied' 'neutral' 'dissatisfied' and 'very dissatisfied' Annual Volunteer Survey to include the following question: - How confident are you in your ability to deliver quality training sessions for young people? Rating questionnaire using 5 point liket scale with response options 'very confident', 'confidence', 'neutral', 'not very confident' and 'not confident at all'	
Intermediate outcome	Volunteers enjoy the experience of working with young people	Annual Volunteer survey	% volunteers reporting to have enjoyed the experience of working with young people	Annual Volunteer Survey to include the following question: - How much would you say you have enjoyed your experience of working with young people? Rating questionnaire using 5 point liket scale with response options 'enjoyed the experience a lot, 'enjoyed the experience a little', 'neutral', 'not really enjoyed the experience and 'not enjoyed the experience at all'	RedQuadrant
Intermediate outcome	Volunteers improve their communication and facilitation skills in challenging situations with young people	Annual Volunteer Survey	% volunteers reporting that their experience has improved their communication and facilitation skills with challenging	Qualitative evidence gathered by local Research and Evaluation Taskforce representatives Annual Volunteer Survey to include the following question: - To what extent do you think that your experience of volunteering with StreetDoctors has improved your communication and facilitation skills in challenging situations with young people?	RedQuadrant and local Research and Evaluation Taskforce representatives

			situations with young people	Rating questionnaire uses 5 point likert scale with response options 'Improved a lot 'Improved a little' 'Stayed the same 'Have got a little worse ' and 'Have got a lot worse	
Intermediate outcome	Volunteers improve their communication and problem solving skills with a range of different partners	Quality Assurance form and Annual Volunteer Survey	% volunteers reporting that their experience has improved their communication and problem solving skills with a range of different partners	Quality Assurance form completed by referral partner to include the following: - Satisfaction with the process of scheduling the training session with the local Liaison Officer - Overall satisfaction with the quality of the session Rating questionnaire uses 5 point likert scale for satisfaction with response options 'very satisfied' 'satisfied' 'neutral' 'dissatisfied' and 'very dissatisfied' Annual Volunteer Survey to include the following question: - To what extent do you think that your experience of volunteering with StreetDoctors has improved your communication and problem solving skills with a range of different partners? Rating questionnaire uses 5 point likert scale with response options 'Improved a lot 'Improved a little' 'Stayed the same 'Have got a little worse ' and 'Have got a lot worse	RedQuadrant
Intermediate outcome	Volunteers are equipped to deliver life saving first aid sessions to vulnerable	Quality Assurance and CRM	Number of volunteers completing induction training	Quality Assurance form completed by referral partner to include the following: - Overall satisfaction with the quality of the session Rating questionnaire uses 5 point likert scale for	HQ, local Research and Evaluation Taskforce representative

	young people		including delivery of a practice session with experienced volunteers	satisfaction with response options 'very satisfied' 'satisfied' 'neutral' 'dissatisfied' and 'very dissatisfied' CRM to provide the following: - No. volunteers completing induction training (by Team)	and local Liaison Officer
Intermediate outcome	Volunteers see young people as vulnerable and have increased understanding and more holistic view of their lives	Annual Volunteer Survey	% volunteers reporting that their experience has increased their awareness of vulnerable young people	Annual Volunteer Survey to include the following question: - To what extent do you think that your experience of volunteering with StreetDoctors has increased your awareness of vulnerable young people? Rating questionnaire uses 5 point likert scale with response options 'Increased a lot 'Increased a little' 'Stayed the same' 'Has made me a little less aware ' and 'Has made me a lot less aware'	RedQuadrant
Intermediate outcome	Volunteers are aligned with the mission and values of StreetDoctors	Induction Training / Conference Feedback form	% volunteers stating that they are aligned with the mission and values of StreetDoctors		RedQuadrant and Research and Evaluation Taskforce representatives
Intermediate outcome	Volunteers understand how StreetDoctors works and the range of leadership roles in teams	Induction Training / Conference Feedback form	% volunteers stating that they understand how StreetDoctors works and the range of leadership roles in teams		RedQuadrant and Research and Evaluation Taskforce representatives

Activity	Delivery of first aid sessions to young people	CRM	Number of sessions and volunteer hours	CRM to provide the following: - No. of sessions delivered (by Team and referral organisation) - No. volunteers delivering sessions - No. volunteer hours donated - Profile of volunteers: age gender ethnicity no. with previous social action experience no. with previous experience of working with vulnerable young people	HQ and local Research and Evaluation Taskforce representative
Activity	Volunteers take on a range of specific leadership roles within teams	CRM	Number of volunteers in leadership roles and volunteer hours	CRM to provide the following breakdown - Total number of volunteers/volunteer hours - No. of Team Leaders/volunteer hours - No. of Resource/Finance Officers/volunteer hours - No. Liaison Officers/volunteer hours - No. Coordinators/volunteer hours - No. Social Secretary/volunteer hours - No. Taskforce Team reps/volunteer hours	HQ

Appendix 4 - Volunteer survey

We are contacting you on behalf of StreetDoctors who would like to find out your views on your experiences of being a volunteer. Your feedback will be used to inform the future development of StreetDoctors and support existing or future volunteers. All responses will be confidential. The survey will take no more than 10 minutes to complete.

If you have any questions or require further details about the research, please contact independent research consultant Andy Parkinson on 07713 357386 or email andy.parkinson@redquadrant.com

Thank you

About You

1. Are you:
   - Male
   - Female
   - Would rather not say
2. Your age:
3. Your ethnicity:
   - White
   - Mixed
   - Asian or Asian British
   - Black or Black British
   - Chinese
   - Other
   - Would rather not say
4. Which team are you in:
   - Birmingham
   - Bristol
   - Leeds
   - Liverpool
   - Manchester
   - Newcastle
   - North London
   - Sheffield
   - South London
   - Warwick
   - East London
   - Nottingham
   - West London
5. How long have you been a volunteer at StreetDoctors?
   - Less than 1 year
   - 1-2 year
   - 2-3 years
   - More than 3 years
6. What is your current role at StreetDoctors? (please tick all that apply)
   - Team Leader
   - Coordinator
   - Liaison Officer
   - Resource Manager
   - Social Secretary
   - Fundraising and Communications Lead
   - Research and Evaluation Lead
   - Teaching and Development Lead
   - Training and Expansion Lead
   - Volunteer
7. How did you hear about StreetDoctors?
8. What motivated/interested you to volunteer with StreetDoctors?

9. Prior to joining StreetDoctors did you have any experience of volunteering?
    - Yes a lot
    - Yes a little
    - Not really
    - Not at all
    - Not sure

About your work with StreetDoctors

10. Approximately how many volunteer hours have you logged?
    - Less than 16 hours
    - Less than 32 hours (Bronze)
    - Less than 64 hours (Silver)
    - Less than 128 hours (Gold)
    - Less than 256 hours (Platinum)
    - Over 256 hours (Diamond)
11. How would you rate the induction and training you received to support you in your volunteer role?
    - Excellent
    - Very good
    - Ok
    - Could have been better
    - Not sure
12. Approximately how many teaching sessions have you delivered in 2014?
    - 1-3
    - 4-6
    - 7-9
    - 10 +
    - I haven't delivered any sessions yet

Your volunteer experience

13. Please indicate your level of agreement with the following statements (strongly agree, agree, disagree, strongly disagree, not sure)
    - My experience with StreetDoctors has given me the confidence and skills to deliver life saving first aid sessions to vulnerable young people
    - My experience with StreetDoctors has increased my understanding of vulnerable young people
    - My experience with StreetDoctors has improved my communication and facilitation skills with young people
    - My experience with StreetDoctors has provided me with practical experience of working with vulnerable young people
    - My experience with StreetDoctors have provided me with a sense of achievement and accomplishment
    - My experience with StreetDoctors has improved my ability to empathise with people from a range of different social groups
    - My experience with StreetDoctors has improved my communication and problem solving skills with a range of different partners
14. How much would you say that you have enjoyed your experience of working with young people?
    - Enjoyed immensely
    - Enjoyed mostly
    - Have not really enjoyed
    - Haven't enjoyed at all
    - Not sure
15. How would you describe your experience to others thinking of volunteering with StreetDoctors?
16. What have been your highlights in 2014?

17. What have been your key learning points from your volunteer experience to date?
18. Please use the space below to provide any further feedback on your volunteer experience with StreetDoctors.
19. Would you be willing to be contacted by a member of the research team at StreetDoctors to discuss your experiences in more detail?
    - Yes please feel free to contact me
    - No thank you

Appendix 5 - Teaching centre survey

We are contacting you on behalf of StreetDoctors who would like to find out your views on the delivery of the teaching sessions for young people. Your feedback will be used to assess the delivery and impact of the teaching sessions. All responses will be confidential. The survey will take no more than 5 minutes to complete.

If you have any questions or require further details about the research, please contact independent research consultant Andy Parkinson on 07713 357386 or email andy.parkinson@redquadrant.com

Thank you

About You

20. Name:
21. Your Role:
22. Name of organisation:
23. What best describes your organisation:
    - Youth Offending Team
    - Pupil Referral Unit
    - School
    - Local Authority Youth Service
    - Community or voluntary group working with young people
    - Police Force
    - Secure unit
    - Other (please state)
24. Local Authority area:

About your work with StreetDoctors

25. How long have you worked with StreetDoctors?
26. How did you hear about StreetDoctors?
27. What attracted you to working with StreetDoctors?
28. Please describe which of your organisational objectives StreetDoctors contributes toward
29. Have you worked with any other organisation to teach life saving skills to the young people you are working with? If so please state.

About the teaching sessions

30. Approximately how many sessions have the StreetDoctors team delivered for you?
    - 1-3
    - 4-6
    - 7-9
    - 10 +
31. How satisfied are you with the following: (very satisfied, satisfied, dissatisfied, very dissatisfied, not sure)
    - Process of booking the teaching sessions
    - Content of the teaching sessions
    - Delivery of the teaching sessions
    - Effectiveness of the volunteers in engaging young people
    - Relevance of the teaching sessions for young people

32. How do you select which young people attend the teaching sessions?

Impact of the teaching sessions

33. Please indicate your level of agreement with the following statements (strongly agree, agree, disagree, strongly disagree, not sure)
    - The sessions have helped young people to know what to do when someone is bleeding or unconscious
    - The sessions have provided young people with basic first aid skills
    - The sessions have provided young people with the confidence to administer first aid
    - The sessions have made young people more aware of the medical consequences of violence
    - The sessions have provided young people with a sense of achievement
    - Young people had a positive interaction with the StreetDoctors volunteers
34. Please use the space below to provide any further detail or case study information on the impact of the sessions on participating young people
35. Please describe briefly what systems you have in place to monitor/measure the progress of young people in meeting agreed goals?
36. What changes, if any, would you like to see to the content or format of the teaching sessions?
37. What do you think is StreetDoctors unique selling point?
38. Please use the space below to provide any further feedback

Giving young people a voice

39. As part of the research StreetDoctors are keen to hear the opinions of young people that have participated in the sessions. Would you be able to identify young people who would be willing to provide their own feedback about the sessions?
    - Yes
    - No
40. Would you be willing to be contacted by a member of the research team at StreetDoctors to discuss your experiences in more detail?
    - Yes please feel free to contact me
    - No thank you

Appendix 6 - Young person feedback form

Bleeding session: What have you learnt today?

1. I understand the consequences of violence (circle your answer)

1 2 3 4 5

2. I know what to do when someone is bleeding (circle your answer)

1 2 3 4 5

3. I would be willing and able to act if first aid is needed (circle your answer)

1 2 3 4 5

Your feedback

Please use the space below to let us have your comments on the session

Unconscious session: What have you learnt today?

1. I understand the consequences of violence (circle your answer)

1 2 3 4 5

2. I know what to do when someone is unconscious (circle your answer)

1 2 3 4 5

3. I would be willing and able to act if first aid is needed (circle your answer)

1 2 3 4 5

Your feedback

Please use the space below to let us have your comments on the session

Joint Session: What have you learnt today?

1. I understand the consequences of violence (circle your answer)

1 2 3 4 5

2. I know what to do when someone is bleeding (circle your answer)

1 2 3 4 5

3. I know what to do when someone is unconscious (circle your answer)

1 2 3 4 5

4. I would be willing and able to act if first aid is needed (circle your answer)

1 2 3 4 5

Your feedback

Please use the space below to let us have your comments on the session

Appendix 7 - Session observations

RedQuadrant

StreetDoctors

Newcastle Team: Bleeding Session

Throckley Community Hall

Session Observation

22nd January 2015

Background

Stephen Drew is a Youth Worker at Northumberland Clubs for Young People (NCYP) and is based at Throckley Community Hall a couple of sessions per week. He received information about StreetDoctors from Joanne Hall, Senior Play and Youth Support Officer at Newcastle City Council who attending a briefing session with the Newcastle StreetDoctors team held on the 19th November 2014. Stephen mentioned that he has been in dialogue with the Dallaglio Foundation who are interested to learn more about StreetDoctors and potentially integrate it into their programme. Stephen Drew will provide StreetDoctors with context information about the young people, their experiences, the nature of the area (Throckley) and relevance/need for the sessions.

Profile of young people

The young people participating in the session are regular attenders at the single gender youth sessions held at Throckley Community Hall. The sessions cover a range of themes including healthy eating, physical activity and arts. The group range in age from 12-17 years and are from the local community.

Session format and layout

For the purpose of the StreetDoctors session the young people were brought together as a mixed group. Whilst the young people knew each other it did affect the dynamic of the group with the lads attending the session trying to dominate at times and generally created more challenges from the StreetDoctors team in maintaining their focus.

The session was delivered in the main hall and the young people were seated around tables arranged in a square in the centre of the room. This helped to ensure that the session adopted a more informal tone and didn't feel like a classroom based delivery. This seating arrangement also enabled the StreetDoctors team to make eye contact with all members of the group and helped to ensure that the young people maintained a focus on what the volunteers were saying.

Audio equipment and flip charts were provided by NCYP and the volunteers were able to discuss a number of practical issues with the team in advance including some practical issues involved in the delivery of the session (e.g. going outside the building to demonstrate how much blood is in the body). The volunteers were also able to confirm that staff from NCYP would manage any behaviour issues within the session.

A total of four youth workers were in attendance at the session and were active participants in the group. This was helpful in both managing behaviour but also clearly demonstrating to the young people that this was an important and interesting subject. The session was also attended by someone from the Streetgames initiative that has been working with young people at the centre. Again this was helpful in maintaining a positive dynamic in the room.

Both volunteers arrived at the session 20 minutes in advance. This ensured that there was sufficient time to discuss practical issues with NCYP but also allowed them to informally meet some of the young people as they arrived.

The young people attending the session were there on a voluntary basis. The session was scheduled to commence at 4pm but the young people arrived at different times with some arriving circa 4:15pm. Indeed three of the lads arrived during the delivery of the session but the informal tone of the meeting meant that they felt comfortable to join in mid-way.

The Line game

The Line game was useful as a warm up session / icebreaker for the young people and to get them talking with each other about some of the themes that would be covered in the session. However it is apparent that several young people didn't take the questions too seriously. Consequently caution should be taken regarding the validity of the data and in particular using exact numbers recorded from the line up game. By way of example:

- One young person stood in the area that was for those who knew what to do when bleeding. However he said that the best thing to do was suck the blood out.
- One young person stated that they definitely wouldn't help their friend if they were bleeding but would definitely help a stranger.
- Several young people moved around dependent on where their friends stood. Some were persuaded to move from their starting position by friends.
- The noise generated by the young people meant that some simply didn't hear the questions or didn't pay enough attention to the task to actually think and respond.

DVD My Knife Story

Following the excitement generated by the Line game the DVD had a very sobering and calming effect. Even the more boisterous lads in the group went quiet. The entire group paid attention to the DVD listening to what the doctors on it were saying and also responding to the images presented. The DVD was helpful in a number of ways:

- Providing context for the subsequent session
- Getting the attention of the young people and giving them focus
- Prompting the young people to ask questions during the DVD that were relevant to the session and could be covered in more detail by the volunteers. For example 'Why don't they take the knife out' and 'How did that happen'.

The DVD presents very severe cases of injuries caused by knife injuries. There is perhaps a need to commission a new DVD that covers other causes of bleeding that the young people may encounter and/or less severe puncture injuries. This will help the young people see the relevance of the session to their own experiences and contexts. This point was also raised by one of the youth workers both during and after the session, in particular based on their own experience as they had a family member that had been slashed across the face with a knife. Whilst this wasn't life threatening it did cause the individual to lose confidence and suffer from depression as well as struggling to find employment due to the scar on their face and the subsequent assumptions made by employers of their character (a useful anecdote about the consequences of knife crime).

How the body works

The section on how the body works led to a discussion initially around where the group thought it was 'safe' to stab someone. Responses included:

- In the leg
- The arse
- Foot
- Elbow

The group were also asked about their experiences of seeing someone bleeding. Responses from the group included:

- Someone with a serious head injury as a consequence of a mugging
- Someone slashed across the face with a knife
- Someone that had cut their hand on a spiked fence

The group were asked about which are the important parts of the body that keep us alive. This led to a discussion and then a number of the young people provided responses. The explanation of the importance of maintaining blood flow to vital organs led to some specific questions, including '*What is in blood*?'

The volunteers provided a simple response about oxygen and asked the group about what happens when you lose blood. The group asked more questions about the difference between arteries and veins. A further comment from one young person was 'Is that why when you die you go pale?'

Ribena/Bottle demo

This section was introduced by a discussion about what happens when you lose different volumes of blood. The volunteers discussed with the group what happens when you lose 1,2,3,4 and 5 pints of blood as well as explaining how much blood we have in the body.

The demonstration on the volume of blood was provided outside. The group participated in throwing the Ribena on the floor and each time there was an instruction from the volunteer as to what would be happening to that person now and how critical the situation was.

Questions and comments during this section included:

- Doesn't a really fat person have more blood?
- How do you produce blood?

The bottle demonstration was introduced referring back to the initial question from one of the young people about why you don't take the knife out. This visual demonstration was engaging for the group.

What would someone look like if they were bleeding

The young people provided the following responses to what happens if you lose blood:

- Feel sick
- Pale
- Shivering
- Panic
- See blood around them
- Dizzy
- Stop breathing
- Could fit

One of the lads asked why you see some people with blood coming out of their mouth when they have been stabbed. One of the girls asked what internal bleeding was.

How can you help someone who is bleeding

The volunteers introduced the A-ALERT response. All of the young people participated in small groups and even though there was a degree of hilarity about the exercise they all managed to recall the key stages. This was particularly evident from a couple of lads that arrived late and didn't appear to be focusing on the discussion but who did manage to follow the tasks and indeed promoted each other.

Questions raised by the young people included (all responded to by the volunteers):

- Why do you raise the legs?
- What if they have been stabbed in the legs?
- What if raising the person's legs hurts them?
- Do you give them a drink?

The volunteers introduced into the discussion what they would do if someone had a bone protruding from their body and was bleeding (in the context of applying pressure). One or two of the girls provided the correct response promptly.

How to call an ambulance

This session stimulated a lot of discussion from the young people. Firstly it was apparent that the young people were initially unsure about the key information to give to the call handler. The volunteers were able to highlight the key information but also the importance of making the call without delay and not spending time looking for an exact location or trying to diagnose the injury / cause of bleeding.

One lad asked what would happen if you were in the countryside and didn't know where you were. The volunteers responded that the ambulance service may be able to track them from the GPS signal in their mobile phone so the priority was to make the call.

Discuss why you might help or not

This section again stimulated a lot of discussion amongst the young people. Specific points raised by the group as to why they might not help included:

- Not knowing what do to
- Concern that if you were the person at the scene the police would assume you stabbed them
- If you knew the person and didn't like them
- Concern that the person that stabbed them may come back
- Concern about having to be a witness in court

The volunteers emphasised the importance of personal safety but stressed that if nothing else they should call an ambulance as soon as possible when they felt safe to do so (in particular given that time was of the essence).

Recap

The group asked a few questions at the end but the session was quite long and the young people had actively asked a lot of questions throughout. The Line game was used again although a few of the young people had left and other young people that had not been there at the start participated. This again reinforces the need to be cautious with the use of the Line game data.

Feedback

The following feedback was provided in the de-brief session from NCYP:

- The session was delivered at the right level for the young people
- They were pleased that the session maintained the engagement of the young people throughout
- The DVD and session could benefit from covering other scenarios that the young people might encounter someone bleeding, most notably around alcohol related crime and perhaps accidents in the home/out and about too.
- The session got the young people talking and the NCYP could follow-up with them to listen what they had learnt
- The Bleeding session nicely set up the subsequent Unconsciousness session the following week

The group size of 12 was probably at the maximum level to function effectively and maintain engagement. Delivering the sessions separately as 'single gender' sessions may have been useful in calming down some of the behaviour (capacity permitting from the StreetDoctors team). It is apparent that with a group of this size the whole session can take longer (e.g. the Line game, taking the group outside and back again, breaking into groups for the A-ALERT practice). This session lasted approximately 1 hr 15 minutes but managed to maintain the engagement of the young people throughout. Any longer would have proven problematic which is why StreetDoctors should try and dissuade from merging the Bleeding and Unconsciousness sessions together as this has the potential to blur the messaging and lessen the impact of the sessions on the young people.

RedQuadrant

StreetDoctors

West London & North London: Unconscious Session

2ndChance

Session Observation

18th February 2015

Background

2nd Chance is a specialist 'education to employment' training course created to support unemployed 18-24 year olds on their journey to a career. Each cohort of thirty-forty young people, referred from a variety of routes (including YOT, Job Centre Plus or self-referral) take part in a free six month career preparation course based at the 2nd Chance London offices in Larcom House, 9 Larcom Street, London, SE17 1RX.

Month 1-3	Full time attendance 9-4pm
	Project based work for 3-6 weeks
	Teaching in the afternoon (ICT, Maths, English)
Month 4-6	Placement 2-days per week
	Teaching 3-days per week (ICT, Maths, English)

2nd Chance is a working environment, the young people will be part of a project team and in each month of the course will be working with 2nd Chance Project Managers to complete an employer-commissioned project. The programme contains five 3-6 week community projects, as follows

- A: Understanding aspiration and success – a 4 week project
- B: Providing a service to a business - a 3 week project
- C: Supporting my community – a 3 week project
- D: Developing a product or service – a 6 week project
- E: Making steps towards my career – a 6 week project

Profile of young people

To be eligible for the 2nd Chance programme you must be: -

- 18-24 years old
- Living or socialising locally, i.e. Camberwell, Southwark Lambeth areas
- Unemployed
- No or few qualifications. Specifically, no more than two of the following qualifications at a level 2 – ICT, English or Maths

The 14 young people participating in the StreetDoctors session were in their fifth week (Month 2). Friendships, alliances and group identities were noticeably being formed. The group was established.

The young people participating are from a range of backgrounds, cultures, interest, family make-up and it is unknown if they have been involved with or have been at risk of being involved in violence.

Their commonality is that they are unemployed, have few or no qualification's, have low levels of learning, living locally and aged 18-24.

All young participants on the 2nd Chance programme are JSA or ESA claimants and to allow the young job seeker to focus on the programme, The Job Centre transfer 2ndChance participants on to the governments Training Allowance. This gives the claimant the space and time to gain the required 'job ready' skills to be meaningfully job seeking in the later stages of the 2nd Chance programme and beyond.

Session format and layout

For the purpose of the StreetDoctors session the 8 young people were split into two equal groups. Annabel and Joe (West London) with one group and Alan and Liam (North London) with the other. Whilst almost half of the young people were attending an awards ceremony and therefore were slightly late, it didn't seem to disrupt the session at all.

The session was delivered in a large airy room, lit well with natural light. Age appropriate art work in an informal space, which most importantly was a known environment to the young people – their space. The young people were seated in horseshoe shape with tables pushed back around the room. This helped to ensure that the session adopted a more informal tone and didn't feel like a classroom based delivery.

Flipcharts were provided by 2nd Chance, wall mounted whiteboards and pens were also available. At least 1, if not 2 members of 2nd Chance staff were present throughout the session. Their presence was helpful in both managing risk (and if required, behaviour) but also to enable any interruptions which did happen, not to affect the impact of training/delivery. Despite all parties (volunteers, young people and staff) being of the same age group, there seemed the upmost respect for everyone, for everyone's role and the StreetDoctors session.

By 2.20pm the session was ready to start (10 minutes early). 2 x 'Little Annie' were visible and available in each group (4 x Little Annie's in total brought by the volunteers). All volunteers arrived, prepared and ready to start. This ensured that there was sufficient time to discuss any issues/queries with 2nd Chance. The volunteers already knew those young people who had attended the bleeding sessions.

Despite lateness of some young people (due to an award ceremony) there was excellent attendance. The session started on time. The StreetDoctors introduced themselves. There was no introduction, boundary setting or explanation to the young people of the format, expectation or timings of the session.

The Line game (west and north)

Despite a known group, the line game was still a useful icebreaker. It got the group moving, talking, and interacting. It set the scene, it familiarised the young people with the topic in hand and for some; it refreshed knowledge and reintroduced/introduced the volunteers to the young people.

Some of the young people didn't take the questions too seriously, some followed the more dominating and some didn't seem sure. This did not mean they didn't have a view and would have liked the opportunity to meaningfully participate, but it seemed a bit 'quick fire' for them and worthwhile learning needed to be measured in a different way. 1 = Yes and 5 = No could work better if 1 = Strongly agree and 5 = strongly disagree which allows for debate.

It feels less finite and allows people to comfortably change their minds, or safely discuss. It also allows for a 'not sure', which could work well or have the complete opposite effect, as it is an easy or 'safe', neutral answer. Consequently caution should be taken regarding the validity of the data and in particular using exact numbers recorded from the line up game. However it did:-

- Generate conversations and opened dialogue
- Refresh, energise and created movement
- Recapped and refreshed topic of lifesaving
- Allowed the volunteers to assess group dynamics

The group of 8 young people split into two equal groups. North London volunteers leading one and West London volunteers leading another. I observed one group at a time and explained this in the titles below. It seemed the groups were alternating between theory (discussion) and practice (demonstration/practical). It seemed to start in this way, but slowly blended into similar delivery in the two groups.

How the body works (West)

For most this was a recap session as they had attended the bleeding session. The volunteers asked direct questions to their group as follows

Q: "What do we need to stay alive" "What's essential to stay alive", when promoted responses included:-

- heart
- lungs
- oxygen
- blood

The young people ruled out kidneys and liver as not as important.

The questions did open up discussion about important organs in the body to stay alive, which expanded to airways and breathing.

Q: "What does unconscious mean". The more dominant responses included:-

- You are dead
- You are not breathing

Q: "Can you be breathing and unconscious"?

- Yes that's when you are asleep

The young people quite noticeably did not know. Their answers and their silence demonstrated their understanding which was very vague and incorrect.

Little discussion was created as the knowledge and experience was very one-sided which forced a great deal of technical explanation from the volunteers. This created a slight glaze over with the young people.

Q: What could cause unconsciousness?

Q: what could someone look like who is unconscious?

This section felt quite directive and could have been helped simply by sitting in a circle of chairs together, rather than volunteers standing talking down. This section needs to be more interactive and consideration should be given to providing the young people with the same information faster, more visually and introduce simple assessment methods into teaching delivery.

Demo and Practice: What to do (North)

One volunteer lay on the floor, pretending to be unconscious but still breathing. The other volunteer explained a scenario which was relevant, light hearted, generated discussion, participation and laughter from the young people.

The description “Shake & Wake” worked well. Snappy explanation that the young people are more likely to remember.

The demonstration began as the volunteer verbally explained every step, then encouraged the young people to take turns individually to ‘have a go’. The young people were obviously shy and not willing to stand up and try. The volunteer continued encouraging in amongst dialogue of the scenario and eventually a young person volunteered. The young person acted out the *3 Step Demo* of what to do when someone is found unconscious and still breathing, he took direct instruction from the volunteer rather than knowing the steps himself.

Questions and comments during this section included:

- How can you stay on the phone and do this?
- Should I phone the ambulance first
- Do you have to give your name to the ambulance
- Should you do this if someone is fitting?

This visual demonstration was engaging for the group and watching their peer take part reinforced learning and participating. ‘You get more out of things when you get involved’.

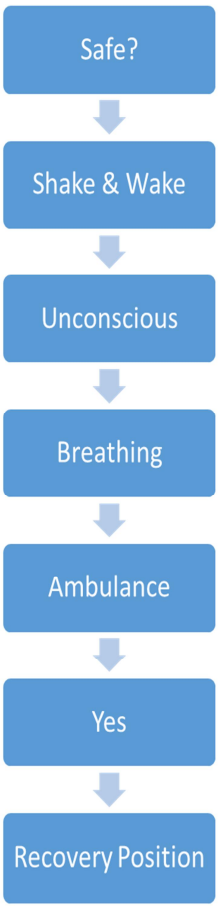
Unconscious and not breathing (North)

The format was repeated with the young people returning to their chairs to discuss:

- Q: What could cause someone to be unconscious and not breathing
- Q: What could someone look like?
- Q: What does it mean if someone isn’t breathing?
- Q: What do we do?

I would suspect for a variety of different reasons the young people generally didn't ask questions. Dialogue was generated by the volunteer making suggestions, 'devil advocate' style questions or explaining.

The volunteer wrote the following process on the whiteboard:-

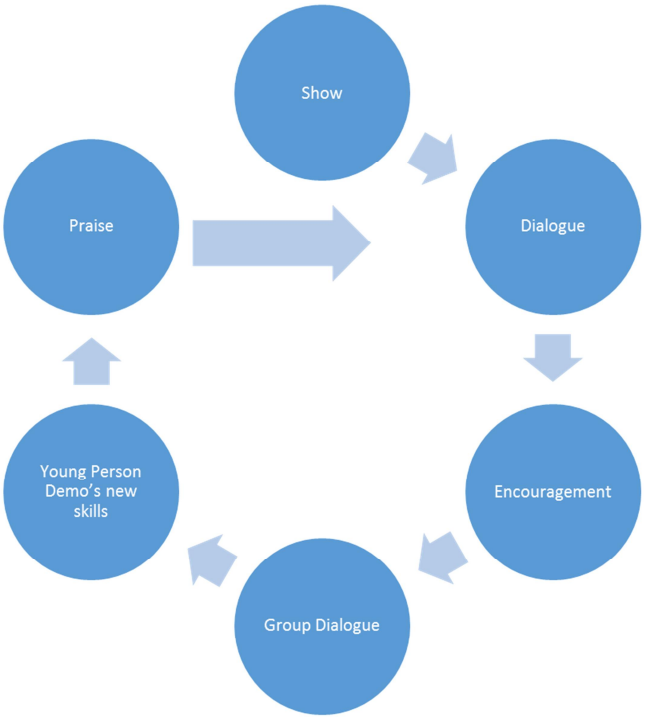


Demo and Practice: What to do (Both)

Using the 'Little Annie's on the floor, pretending to be unconscious but not breathing. The other volunteer explained a scenario which was shaped with the young people, in fact they illustrated it.

The demonstration began as the volunteer verbally explained every step at the same time of demonstrating what to do to administer CPR, then encouraged the young people to take turns individually to 'have a go'. Whilst the young people were still shy they were more receptive and at least three young people from each group demonstrated their new skills. Excellent use of praise from the volunteers. The volunteers gave less directive instruction as the young people were looking at the flow diagram on the white board.

The volunteers demonstrated the following cycle:



Recap/Summary and Certificates

The volunteers stepped through the session, summarising the main points. This generated little discussion or questions. The groups had asked a few questions throughout the session. The line game was used again, this time with more young people from the start of the session. This again reinforces the need to be cautious with the use of the line game data. Data was as follows:-

Questions	**Rating - 1**	**Rating - 2**	**Rating - 3**	**Rating - 4**	**Rating - 5**	**TOTALS**
BEFORE SESSION						
First aid is Easy		3	4	1	2	10
I would freak out if faced with a first aid scenario	5	2	4			11
I am confident to administer first aid	2	4	2	2		10
I would give first aid to a friend			3	4	2	9
I would give first aid to a stranger	2	2	3	3		10
AFTER SESSION						
First aid is Easy			1	4	8	13
I would freak out if faced with a first aid scenario	8	2	3			13
I am confident to administer first aid	1	1	2	5	4	13
I would give first aid to a friend			4		9	13
I would give first aid to a stranger	3	2	3	4	1	13

The line game did generate conversation and a lot of discussion amongst peers. Specific topics of conversations raised by the group were:

- Calling an ambulance: what to say, impact on them, links with the police, is it free
- Some young people just would not help if they didn't know the person
- Concerns about touching another person
- Concern about having to be a witness in court
- Genuine concern and lots of debate about putting their mouth onto another person's mouth, particularly someone they didn't know.

The volunteers emphasised the importance of personal safety, pointing out:

- Check the area is safe for you before helping
- Check the area: move needles with your feet, kicking them away from the person
- Check your own personal safety

The volunteers stressed that if nothing else they should call an ambulance as soon as possible when they felt safe to do so (in particular given that time was of the essence).

The session finished 20 minutes early, which worked well, however some of the young people seemed unsure what to do next. Could there have been extension tasks within the session?

Feedback

The following feedback was provided from a discussion with 2nd Chance.

- The session was positive, informative, well organised
- The session encouraged participation
- Could noticeably see all young people learning and 'trying'.
- Noticeable to see the young people being so polite and respectful
- Excellent attendance
- Good engagement from the young in the Q+A
- They were pleased that the session maintained the engagement of the young people throughout
- Good to notice a few individuals getting so involved and keen to develop their skills further

There was some discussion about embedding the StreetDoctors session into the 2nd Chance programme. To add value and maximise learning it would be more beneficial to all parties for the session to be part of a structured programme, a longer more meaningful package of support. Particularly if this is aimed at more vulnerable young people and young people with a lower level of learning. We discussed the importance of delivering accredited courses, particularly within a wider package of community education.

2nd Chance Project Manager felt the session had great potential and would like to consider the initial session being in 'Supporting My Community' Project featured in Month 3 of the 2nd Chance Programme. We also discussed the Project Managers idea to maximise the young person's new skills by organising a life skills training course within the 'Developing a Product or service' Project in Month four of the 2nd Chance Programme and work along-side a StreetDoctors Volunteer to 'pass on' their new lifesaving skills to a group of twenty learners. A training session coordinated by them.

StreetDoctors met 2nd Chance in November 2014 and began to shape an outline of delivery for January/February 2015. The Project Manager felt it was a great success and looks forward to shaping a more structured offer within the 2nd Chance Programme to be delivered throughout 2015.

Volunteers

A brief discussion was carried out with the four StreetDoctor volunteers, who all felt the session went well. They much preferred sessions with older young people rather than school aged young people. Other points raised were:-

Positive

- Getting the message out to the right audience for StreetDoctors
- Getting the message out to those young people who would not necessarily gain lifesaving skills
- It feels good to get out of the University environment and be part of 'spreading the word'
- To see it all happening
- Supporting other groups. North and West London Groups covering a South London Session.

Points to Consider

- Be realistic with our time – particularly around exam periods.
- More teaching tools needed
- More visuals are needed
- Improved giveaways/merchandise
- Opportunities' to build on existing teaching techniques
- Improved communications

Summary

Often an already formed group of older young people in a safe and established environment, mandated to attend the session will aid good attendance and attentiveness. It can often be difficult for youth trainers to strike an effective presence quickly particularly when their learners are of the same age or younger.

2-way respectful boundaries were established very quickly. All of the young people learnt new skills and were able to demonstrate them and new understanding in the session.

Improvements can be made to delivery, structure and methods. The session would benefit greatly to be more interactive, more visual (needed to reinforce learning) using different teaching tools and resources. The volunteers are using various assessment techniques, however this is not being captured and more robust assessment techniques could be introduced quite simply.

A key strength of delivery are the volunteers themselves. Two volunteers in particular demonstrated outstanding people skills, natural deliverers. All the volunteers kept a good structure, organised with excellent preparation and time management. The session stayed true to the teaching plan.

Improvements could be made to pre-course administration, systems and processes. Albeit simple; some agreements should be in writing. For example, outlining agreed service specifications, purpose, expectations, budget, governance, risk and ownership.

This should also extend to the safety and welfare of the volunteer before and after the session. For example:-

- Is the volunteer able to get to the venue?
- Is the volunteer's journey to the venue safe?
- How do StreetDoctors know if all the volunteers arrive safely to the venue and back to their homes?
- What would happen in the event of an evacuation? How would StreetDoctors know where their volunteers were and what to do? Would the volunteer know what to do?

These questions (and others) can easily be answered in a simple communication strategy supported by a regularly updated risk assessment.

Generally a positive session with all young people learning most of the time – which is excellent.

RedQuadrant

StreetDoctors

Sheffield Team: Bleeding & Unconsciousness Session

Burton Street Foundation

Session Observation

19th February 2015

Background

The session involved a group of young people who had received a conditional caution having brought a knife or dangerous weapon into school. The Youth Justice Officer outlined that they have a separate Knife Crime programme which involves information on a range of related topics including Joint Enterprise and Stop and Search. This is usually delivered over several sessions and can be delivered as a group session or on a one-to-one basis. StreetDoctors fits well within the context of their existing Knife Crime programme.

Profile of young people

The session involved a group of young people ages 12-16. The majority of the group had been together for the week as part of their programme. The group comprised 8 young people (7 males and 1 female).

Session format and layout

The session was delivered in a large room that also included a pool table and AV equipment. The young people all came to the session at different times with some dropped off by parents and others picked up by the youth workers. This staggered attendance provided an opportunity for the StreetDoctors volunteers to introduce themselves to the young people and build up rapport with some of the early attenders. It also allowed the team to have a discussion with the Youth Justice Officer in advance of the session.

The session incorporated both Unconsciousness and Bleeding teaching plans. A total of two hours was allocated for the session with a break in the middle. The session started 15 minutes after the scheduled start time of 1:30pm due to the late arrival of some of the young people.

The Line game

The session started with the Line game. The StreetDoctors volunteers placed laminated numbers (1-5) on the floor and asked the young people the questions and to stand in the corresponding point. All of the young people participated and the exercise was helpful in getting them to think about topics that would be covered in the following couple of hours.

How the body works

An outline of the body was drawn on large sheets of paper and placed in the middle of the circle of chairs. During discussion about the body and the importance of getting oxygen into the body the volunteers talked to the young people about the danger of blocked airways and choking. One of the young people stated that ‘if you were choking you could still breathe through your nose’. This led to an explanation about how the nose and mouth airways are connected.

Another question posed by the volunteers to the young people was around what could happen to stop your lungs from working. Responses included:

‘you could puncture your lung’

‘if you smoked’

The group were asked about whether anyone had seen someone unconscious? Responses included:

- One lad had seen his brother come off this motorbike and hit is head
- One lad fell off a wall and knocked himself out
- The girl in the group said she has previously fainted

Although several of the group were initially quiet this discussion led to the majority talking about their own experiences.

During this section the discussion moved on to when else you might see someone unconscious. The volunteers led a discussion around people being drunk. One lad in the group disclosed that he drank regularly. He asked whether you could wake someone up who was unconscious by 'pissing on them'.

What would someone look like if they were unconscious?

The group were asked how they would check if someone was breathing? Following instruction about shaking them for a response the young people were asked how else you could check. One of the group provided the response of 'look at their chest' and another 'hold your ear to their mouth'.

One of the lads asked what would happen if the person was holding their breath? The volunteers advised him that you couldn't hold your breath that long and so you would find out eventually.

The group were then asked what they would do if someone was unconscious but still breathing. One of the group responded 'push them on their side'. When asked why a couple responded 'so they don't swallow their tongue'. One of the group asked if you could really swallow your tongue.

The group were shown the demonstration of how to move someone into the recovery position. One of the lads in the group was very small and so it was helpful to visually demonstrate that the procedure to move them into the recovery position worked even if the person that was unconscious was much larger than them.

The group practised putting someone in the recovery position. Everyone participated and the key message was reinforced that if they forgot the exact stages they should just get someone on their side.

What would you do if someone wasn't breathing?

The volunteers led the discussion on what to do if the group found someone that wasn't breathing. One of the lads said that he'd seen something (or TV) where they had put a tube down someone's throat and this would work. The volunteers then opened this up to the group as to why this wasn't recommended and what could happen.

The responses included:

'You could make them sick'

'Because of the gag reflex'

The volunteers also told the group that you could end up pushing the tube into their lungs that this would be very dangerous.

As the session on CPR was introduced one of the lads asked whether you had to kiss someone (as he wouldn't do this). The volunteers explained that the recommended action now didn't involve using mouth to mouth resuscitation but focusing on chest compressions. Interestingly all of the young people seemed to recall having to 'kiss' someone which demonstrated the value of the session covering this.

The group were asked why they thought you press the chest. Responses included:

'To push the air up'

'The make the heart beat'

When advised that you need to press really hard the group was asked what they thought might happen. Responses included:

'Would you die?'

'You'd cave their ribs in'

When advised that it was common for someone's ribs to be broken during CPR one of the lads asked whether you would be sued if the person 'woke up'.

The discussion on what else you should do led to the girl in the group to contribute that you should lift up their head to help them to breathe. The group practiced breathing with their chin against their chest and then their head up to demonstrate the difference this made. Further discussion followed a comment from one of the lads about what if they were sleeping. The volunteers explained the difference between sleeping and being unconscious.

As the CPR process was demonstrated one of the lads asked 'what if they had boobs'.

The group were shown how quickly they should compress the chest. They appeared to be blank when asked whether they knew Nelly the Elephant or Staying Alive so were advised that Dizzy Rascal 'Bonkers' was the pace they were looking for.

The group was then asked when they should stop. A couple of the young people responded 'when the ambulance arrives'. The volunteers stressed that they should keep going right up until the paramedics can take over the compressions and not to stop just when they see the ambulance as stopping for 3-4 seconds could prove fatal.

The group was split in two to practice CPR. One member of the group was becoming challenging but eventually all of the group performed CPR including handing over from one person to another. The volunteers posed questions to their smaller groups to enable them to help each other and advice each other what to do and why (peer to peer learning). This was beneficial as it demonstrated that they were listening and it reinforced the process and key messages on a peer to peer basis.

BREAK

DVD My Knife Story

Following the break the entire group watched the DVD. The group were arranged in a semi-circle of chairs facing the screen. The DVD kept the attention of the group throughout and for the most part they remained silent. A couple of the group at times looked away and appeared to be deep in thought before continuing to watch the DVD. None of the group asked any questions about what they had seen although one remarked on how 'gory' it was.

Following the DVD the group were asked about their own experiences of knife crime or bleeding. Responses included:

- One young lad who has witnessed his brother being stabbed and accompanied him in the ambulance. He commented that his brother had blood all over him;
- The young lad whose brother had come off his motorbike said there was a lot of blood from his head injury;
- One young lad had accidentally slashed his hand on a fence spike;
- One young lad had fell off a wall and cut open his head resulting in a lot of blood

What would someone look like if they were bleeding?

The volunteers led a discussion about what someone would look like when they were bleeding and also asked the group whether you would always be able to tell. One of the group mentioned internal bleeding which led to a wider group discussion.

Using the outline of the body the group was asked where they thought it was safe to stab someone. Responses included:

'What about if you stab someone in the foot?'

'Can you die from chopping your finger off?'

The group were asked about what the consequences could be if someone was stabbed in the arm. One of the group responded that you could 'break the bones' and another 'it might need amputating'.

The group was then shown a colostomy bag and a catheter which they hadn't seen before. They asked a lot of questions about how they worked, what they smelt like and the practicalities of having to use them for the rest of your live 'it's like wearing a nappy'.

At this point the young lad that had exhibited challenging prior to the break started to disrupt the session. In particular he started to ask the volunteers lots of questions about what they had seen (for example had they seen someone that had been shot and if so what had they been shot with). This started to slow the momentum of the session and diminished the participation of others in the group.

Ribena/Bottle demo

The demonstration was effective in getting the group to think about what to do if someone has been stabbed and still has the knife/weapon in their body. Not all of the group thought you should leave the knife in and when asked by the StreetDoctors Volunteers whether they thought they should put it back in to stop the bleeding a few of the young people responded 'yes'.

The session on how much blood was in the body also stimulated some comments from the group, with one lad commenting 'that's not a lot [of blood]'. One of the group also commented that your blood doesn't come out as fast as it was coming out of the bottle but was informed by the StreetDoctors Volunteer that the body can lose 2 pints of blood in under a minute.

How can you help someone who is bleeding?

When asked how you could help someone who was bleeding one of the group said you could put something round to stop the bleeding.

At this point the behaviour of the one challenging member of the group became very problematic. Despite repeated and calm requests to focus on the session the young lad couldn't be adequately controlled. The two youth workers in the room did not take a lead in managing the behaviour and in particular decided against removing him from the room.

As a consequence it became very difficult for the volunteers to work through the A-ALERT session. Although the group were split in two to try and remember and practice the steps it was evident that the behaviour of the one individual and also the duration of the session had resulted in a loss of focus. This was also apparent in the Line game that concluded the session.

Feedback

The following feedback was provided in the de-brief session with the Youth Justice Officer.

- The one disruptive member hasn't been with the group all week and was brought it at a later stage. With hindsight it was acknowledged that this changed the dynamic of the group.
- Clearer parameters are required as to the role of the youth workers in particular to use their judgement to remove someone from the group if they are disputing the session for other members through their behaviour.

General observations

- The group as a whole asked a lot of questions and not all of these were directly about the session. It was evident that they were genuinely interested in the work of the doctors and what they had seen and how they had responded to certain situations.
- The one girl in the ground was studying science at school and mentioned that she was hoping to become a vet.

- In light of the increasingly challenging behaviour of the one member of the group (and less challenging behaviour exhibited by others towards the end of the session) there is a need to review the following:
    - The training and support provided to StreetDoctors Volunteers on how to manage challenging behaviour
    - The practicality and value for StreetDoctors in delivering a merged session. Whilst this may be something that the teaching centres would like (and will pay for) there is a danger that the length of the session diminishes the messaging. One option may be to consider producing a suite of teaching plans for different audiences. The Youth Justice Officer indicated that for a group specifically brought together for knife crime offences the haemorrhage control session was probably the most relevant with perhaps a smaller session on CPR at the end.

RedQuadrant

StreetDoctors

Newcastle Team: Unconsciousness Session

Falcons Rugby Club, Kingston Park

Session Observation

24th March 2015

Background

Joe Brown is the Hitz Officer for Newcastle Falcons. The Hitz programme is delivered nationally by Premiership Rugby and funded by partners Barclays, Comic Relief, Land Rover and Wooden Spoon. HITZ uses rugby to increase young people's resilience, self-reliance and confidence. It gives them the skills to get back into education, vocational training, apprenticeships and employment. StreetDoctors made contact with the Hitz programme with a view to delivering sessions as part of their scheduled teaching sessions at Falcons Rugby Club, Kingston Park, Newcastle. The programme used to be called Hard Knocks but has been running at the Hitz programme for approx. 18 months.

The young people spend 32 weeks on the Hitz programme with 2 days a week with the Falcons and 2 days a week at Newcastle College. There are approximately 20 young people on the programme but some have dropped out/moved into other education/employment. The Bleeding session was delivered a couple of weeks previously and involved 14 young people.

Profile of young people

The group were all aged 16 years and above. A total of 9 young people attended the session including 8 males and 1 female. Two of the males arrived late. Not all of the young people had attended the first bleeding session.

Session format and layout

The session was delivered by four volunteers, Lysander, Charlotte, Alex and Kathy and held in a small pitch side box within the rugby ground. The room was quite small but breakout space was available in the larger function room. The young people were arranged in a horseshoe facing the volunteers and the flipchart. The Hitz Officer was in the room throughout.

All of the volunteers arrived approx. 30 minutes prior to the scheduled start of the session. Four resuscitation dolls were used which provided capacity for the group to be split into pairs to practice CPR. As the volunteers arrived early there was space for informal discussion before the session commenced. The volunteers remembered the names of several of the young people (and vice versa) and it was apparent that the young people could recall the previous session and a good level of rapport had already been established.

The Line game

The Line game was administered at the start of the session. The small size of the room made this process a bit more difficult and there was potential for a degree of confusion as to which ends of the scale 1 or 5 represented.

Some visuals may help facilitate the Line game but in this case the small size of the group and the positive level of engagement meant that the exercise provided the information required.

How the body works

As part of the introductory discussion 3 of the young people indicated that they had already undertaken emergency aid training as part of their Hitz programme (related to the sports development work they were studying).

The young people were asked to recall the previous bleeding session and shout out what the important parts of the body were for the body to work. The majority of the group responded 'the heart' and 'your lungs'. The group participated in the discussion about how oxygen was carried around the body.

The SD volunteers asked the group whether they knew what 'unconscious' actually meant. The group paused and it was clearly that although they appeared to know the concept they were unsure of exactly how to define or describe it. One response included 'being knocked out'.

The group was asked the difference between being asleep and being unconscious. This generated a useful discussion amongst the group but without a clear consensus being reached. The SD volunteers explained that if you are unconscious you wouldn't wake-up. One of the young people stated that if you were unconscious you would still be breathing to which the SD volunteers clarified that this wasn't always the case (which nicely set up the following session).

The group was asked what could cause someone to become unconscious. This included a range of responses:

'a head injury'

'an overdose'

'high/low blood pressure'

The response around an overdose provided an opportunity for the SD volunteers to briefly talk about the impact of drug and alcohol and also legal highs. The group responded by sharing some of their own experiences. Only a few reported to have seen someone unconscious although there was some disclosure about witnessing someone that had taken a legal high and appeared to be slipping into unconsciousness.

Helping someone that is unconscious

The group were asked how they could tell if someone was unconscious? Responses included:

'their eyes would be closed'

'they would be lying down'

Following some prompting by the SD volunteers about how you could tell if they are breathing or not the group responses included:

'you could see their chest go up and down'

The SD volunteers also mentioned that when someone is unconscious their body would go floppy and this presented a danger that they could swallow their tongue.

A distinction was made between responding to someone that is unconscious and breathing and a response when someone is unconscious and not breathing.

Unconscious and breathing

The group were aware that you had to move someone into the recovery position but it was apparent that they were unclear about the exact steps to take and none of them were confident enough to provide a demonstration.

The SD volunteers asked the group what they should do first if they found someone unconscious in the street. Responses included:

'Check for safety' and 'Call an ambulance'.

The SD volunteers discussed with the group the importance of checking whether the person was breathing or not prior to calling an ambulance (notably because this would be a question that the operator would ask). When asked how to check if someone was breathing the group suggested putting your ear to their chest or checking that their chest was moving up and down.

The role play of moving someone into the recovery position used the Hitz Officer as the unconscious person. This was helpful as it was clear that none of the young people wanted to play this role (initially) and using the Hitz Officer also generated a degree of humour which maintained the informal tone.

Throughout this section of the session the SD volunteers continued to use open-ended questions with the group to get them talking about what to do (and thus taken ownership of the response). It was apparent through this section that not all of the young people knew what to say to the operator when calling an ambulance and also that several didn't know how to put someone into a recovery position.

In addition the SD volunteers made sure that they listen and responded to each of the contributions made by the group and in this way everyone felt comfortable to engage and ask questions.

One of the young men at the session had a specific query about how you would respond to the situation if you suspected that the unconscious person had spinal injuries (specifically relevant for rugby but also other sporting activities). The SD volunteers discussed the challenge of making life saving decisions and that keeping their airway open was the overriding priority even if this meant potentially incurring further damage to the spine (later in the session the SD volunteers demonstrated how you would move someone you suspected had a spinal injury although they stressed that you couldn't do this on your own).

The young people were split into small groups to practice putting someone into the recovery position. Although a number of the young people had undertaken emergency aid they were still somewhat cautious about what to do and indeed the majority sought further guidance from the SD volunteers on the steps to take.

During this session some of the more confident young people started to support the others with putting someone in the recovery position (i.e. took ownership of the situation) with the SD volunteers facilitating. The SD volunteers provided a recap of the session and reinforced the key message of getting someone on their side to prevent them from swallowing their tongue.

Unconscious and not breathing

The SD volunteers started this part of the session by asking the young people what may cause someone to stop breathing. Responses included:

'Choking'

'Hitting your head'

'Having a heart attack'

'Drowning'

The group were then asked to recall what they had learnt during the Bleeding session about what someone would look like if they had lost a lot of blood (e.g. pale and cold).

The group were then asked how long they thought someone could survive after they had stopped breathing. Responses ranged from 4 minutes to 10 minutes. The SD volunteers informed the group that it was between 3-5 minutes before that person could not be revived and hence stressed the importance of prompt action.

Questions posed by the young people at this stage included:

- A question about damage to your coronary artery- how this occurred, how you addressed this and how this could cause someone to become unconscious following a heart attack;
- Whether you would still incur irreparable damage to the body even after 1 minute of stopping breathing (to which the SD volunteers explained that starving organs/muscles of oxygen was likely to cause them lasting damage).

The SD volunteers demonstrated how to perform CPR and provided the young people with a lot of practical tips, for example getting someone else to help as you'd get tired performing the chest compressions and to keep your arms straight when performing the compressions.

The group were asked why they were compressing the chest with the response provided 'to get the heart pumping blood'.

Questions asked by the group included 'what about if you break their ribs'. The SD volunteers responded that this was common and that the important thing was to keep the persons heart pumping in order to keep them alive.

In terms of the compression rate not all of the young people were familiar with 'Staying Alive' (suggesting that SD volunteers could think about more contemporary songs that also had the same bpm rate).

A couple of the young people asked why the demonstration didn't involve performing mouth to mouth to put air into the lungs (which they thought you had to do). The SD volunteers explained the rationale behind this and that evidence suggested that focusing on compressions was the most important factor in keeping someone alive.

The young people were then split into small groups to practice CPR on the resuscitation dolls. Key observations of the group included:

- The young people (which were mostly male) found it a lot more tiring performing CPR than they expected;
- The young people recognised what a significant difference having the correct technique made in terms of how quickly you tired and how effective the compressions were;
- The young people recognising the importance of asking for help from someone else (given how tiring they found it).

At the end of the session one of the groups initiated a discussion with the SD volunteers about whether you could get into trouble for performing CPR (i.e. if the person died or suffered lasting damage). One young person also asked a question about what difference it would make if the unconscious person had asthma.

Recap

As part of the final recap session the young people asked the SD volunteers about their own experiences and whether they had been required to perform CPR in public.

The Line game was used again and reflected that the young people had learned valuable skills in the session and would be prepared to help someone if they were unconscious (with a caveat that helping a stranger would depend on who the stranger was).

All of the young people indicated that they had enjoyed the session and found it really useful. They suggested that it would be helpful to tailor the messaging so it was more relevant to them and also emphasise that the sessions provided skills across a range of contexts (e.g. someone bleeding may be as a result of violence but also an accident).

The SD volunteers encouraged the young people to go and engage their friends and teach them some of the skills and techniques covered in the session.

Feedback

The following feedback was provided from the Hitz Officer:

- The SD volunteers were effective at engaging the young people, in particular in getting their attention in the first 10 minutes of the session (in particular the first session delivered)
- The tone of the session was good with instruction, participation, opportunities for questions and making it relevant.

RedQuadrant

StreetDoctors

South London Team: double session

Princes Trust, Kennington

Session Observation

17th June 2015

Background

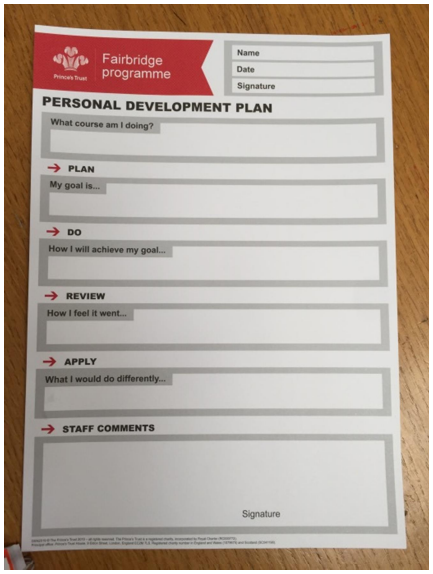
This was a double session covering both bleeding and unconsciousness. It was run by Michael Andrews, the Streetdoctors medical director, and a volunteer, Abi. The latter is a first year student at Kings College and has already been involved in running previous sessions.

It was held at the Princes Trust in Kennington. As well as myself observing there was also Amanda who has just joined the Streetdoctors team to establish their new programme, Stepwise. This will develop a structure to enable interested young people who have attended sessions to get more involved as peers.

Profile of young people

Four young people were scheduled to attend, aged between 13 and 18, and all either excluded from school or at risk of exclusion. In the event however, only two attended: F, aged 13, a very timid girl who took a while to warm up but did engage well with the session once she had done so, and S, an 18 year old boy who was very chatty and confident, and participated well. F is aiming to get back into school while S wants to go to college to study construction. It wasn't clear whether the two already knew each other.

The young people were required by the Princes Trust leader to fill in a Personal Development plan for the session. I observed that F set as her goal, "to stay for the whole session and not leave if something goes wrong" (it didn't and she did stay), whereas for S the focus was on learning some first aid and about the human body. At the end of the sessions they completed their forms with what they had learned and were given a certificate signed by Mike Andrews.



Session format and layout

The session was delivered in a light room of a good size (it might have been a little crowded with a large group). Both trainers and young people sat together in a circle and the table was used only to hold materials and drinks. Amanda, the Streetdoctors observer, also joined the circle but didn't participate except to ask a few questions near the end, for which I also joined the group.

The Princes Trust had provided flip charts and had a TV screen which was used to show the Vinnie Jones "Staying Alive" video from You Tube at the end, but unfortunately don't have a DVD player, so the Knife Story DVD couldn't be shown at this session.

The overall atmosphere was informal and the young people seemed comfortable with the set-up, once F overcame her early nerves. The volunteers were already there and setting up when I arrived about 25 minutes in advance.

The Princes Trust worker joined us soon after and was able to explain a little bit about who would be attending, although as mentioned above only two of those she was expecting actually came. Those two arrived pretty promptly.

There was an initial general introductory session in which the young people were told a little bit about the plans for the morning. The Princes Trust worker got quite involved in this, asking questions about their levels of squeamishness and warning them that they may find the DVD difficult to watch and could leave the room if necessary (although in the event the equipment could not be located to play the DVD).

The Line game

The Line game was useful as a warm up session / icebreaker for the young people and to get them talking with each other about some of the themes that would be covered in the session. They took this very seriously and it was clear that they were carefully considering their positions. S was generally slightly more confident/positive on all the questions than F (but he is five year older). It was noticeable that both felt fairly positive that they would try to help a friend but not a stranger.

How the body works

The volunteers were testing out a modification to this element of the session, using photos of actual organs. These were given to the two participants and they were asked to identify them if they could and place them on the body in the correct positions. S went first; he was able to name and place most of his cards and was confident in asking questions to elicit more information about how the body works. F had perhaps unfortunately (and purely by chance I believe) been given the harder cards. She didn't offer any answers and even when she was asked directly S often jumped in before she could answer. The volunteers tried to engage her but at this stage seemed to be struggling to work with two such different personalities.

S however was already very engaged and asking questions about the different body parts, and gradually F seemed to be taking more interest, leaning forwards to look at the "body" on the floor. Their interest was only in the biology – there was no discussion at this stage about injuries and their impact.

Ribena/Bottle demo

This section was introduced by a discussion about what happens when you lose different volumes of blood. The young people were asked to guess how many pints we have and both joined in. F got the correct answer and was praised, and from this point I felt she started to grow a little in confidence. Although still very quiet she started to respond to some of the questions and by the end of this segment was starting to ask them too.

The volunteers discussed with the group what happens when you lose 1, 2, 3, and 4 pints of blood. They poured the Ribena into a bucket glass by glass, and at each point engaged the young people in a discussion about what might happen. S started with a degree of ghoulish glee, pronouncing that after one pint a person could die. He was surprised to learn that it would have little effect and this led to a brief mention of giving blood and the benefits.

When the point of four pints being lost was reached and the volunteers explained that at 40% blood loss a person could die, S was quite strikingly surprised and became much more serious. He asked a lot of questions, such as whether the body would make more and how long that would take.

The bottle demonstration was introduced and the young people asked to guess what you should do. S was sure you would remove the knife as it could be doing damage and took some convincing that leaving it in was better, even after watching the demonstration. It led to more discussion about why blood loss is so dangerous.

What would someone look like if they were bleeding?

The young people provided the following responses to what happens if you lose blood:

- Pale
- Dizzy
- Would fall over
- Cold

The volunteers introduced the idea that you might not see the blood and asked them why. S said that it might all soak into clothes and F that it could be inside under the skin.

How can you help someone who is bleeding?

The volunteers introduced the A-ALERT response. Both young people joined in trying to guess what the steps were. They practiced well, each working with one of the volunteers. S got very much into role, improvising conversations with the ambulance service for instance. They did it twice with the A-ALERT prompts visible on the flip chart, and a third time without the prompts. Both took the exercise seriously and there was little laughter if any.

Questions raised included:

- How long do ambulances take to arrive once they're called?
- Should I move them?

The young people really engaged with this practical exercise and were clearly trying to absorb and remember the steps.

This was the last part of the bleeding session and there was no recap or discussion at this point as the same young people were going straight into the unconsciousness session. They were given a break to go and get a drink etc., and both returned to the room promptly and still looking interested in the learning.

I used the break to interview the volunteer, Abi – see separate notes at the end of this report

Intro to unconsciousness session

The volunteers reintroduced the body parts exercise, this time making sure there was a more even distribution of easier and more difficult photo cards. The two young people were asked in turn to name and place a card. Both had remembered all but one of the cards they held and joined in willingly.

There was then quite a long discussion about what to do if you find someone unconscious. This section of the morning seemed less engaging in that there were no “fun” demonstrations etc., but both stayed interested throughout. I felt it was good that the two sessions had been arranged in this order as this might not have been the case if this one had come first.

Unconsciousness steps

The volunteers took the young people carefully through each step. They were asked to guess why it might not be safe to approach someone and needed some prompting, but eventually came up with ideas that included traffic and electric wires. The volunteers pointed out that the person themselves might be dangerous, e.g. have a knife.

There seemed to be some confusion from the young people regarding the fact that you could be unconscious but still breathing, but the volunteers explained carefully the relationship between the different organs, how blood supplies them with oxygen and what happens when it doesn’t, and they listened carefully to this. It all seemed fairly theoretical at this stage but they stayed interested.

The young people were asked to say how someone would look if unconscious but breathing and they came up with:

- Probably normal colour
- See chest move
- More like they’re just asleep

They practised again one to one with a volunteer and again S in particular got into the role-playing element. They both found this a little harder than the bleeding practice but after a few repetitions were working through the steps quite well. There seemed to be more for them to remember and the most common mistakes were either to forget to call the ambulance or to forget to “shake and wake”. The former provided a good opportunity for the volunteers to reinforce that if you do nothing else, you call the ambulance. There was also a lot of discussion prompted by the need to turn the person into the recovery position and they asked questions about how someone could swallow their own tongue and squirmed a bit at the notion of swallowing vomit – but this all seemed to make the message more memorable as this was the part of the exercise they both did consistently well.

After the practical exercise there was more discussion, including about what could make someone unconscious. The suggestions included:

- Stabbing
- Heart attack
- Alcohol or drugs
- Fall

This led to a discussion about the effect some drugs can have. Mike explained how beta blockers slow the heart and if you slow it too much it stops. There was a question about how you know how many is too many, which Mike handled very well, explaining why it's hard to be sure but not preaching ("just be cautious").

They were then taken through the "not breathing steps" and shown how to do CPR on the dummies. This led to some discussion about why mouth to mouth is no longer recommended. The volunteers mentioned that you could break a rib but that this was less important than not keeping the heart going, which S seemed to find surprising. Both young people got very interested at this point and asked questions about the process (how hard do you press, for how long, etc.)

Both young people had a go at the practical exercise, although F found it difficult to press hard enough and S couldn't get the rhythm. It helped when a You Tube video of "Staying Alive" was played, but they didn't know this tune (or "Another one bites the dust" which was also suggested). It would be good if a more recent song with the appropriate rhythm could be identified perhaps.

Wrap up

The final session was a revision of the bleeding practical exercise, which both had remembered well, and likewise a final "unconscious but breathing" one. It was evident that they'd taken in most of the learning as they only needed a few prompts.

The session finished by re-running the Line game. F showed increased confidence in her own ability to help. Both said they would be calmer if faced with a situation. Both indicated they now felt more willing to help a stranger although still a little less so than a friend. They found it hard to give a reason for this apart from F saying she would be "scared". This provided another opportunity for the volunteers to reinforce the importance of at least calling an ambulance and what information you should provide when you do so.

I was able to have a brief chat to the two young people about their views on the morning's activities. Both said they had enjoyed them and learned from them. S added that he would have liked it to be longer and cover more things, or that he would come to a follow up if one were offered as he wanted to know more.

As it was the young people had stayed for well over two hours (so F achieved her goal!) and more importantly, stayed interested throughout.

Feedback

In the debrief both volunteers felt it had been one of the better sessions they had run, owing to the high level of engagement of the young people. It was disappointing that more hadn't attended and there was some concern that centres were asking for lots of very small sessions like this, putting pressure on volunteer time.

It was also disappointing that they hadn't been able to show the Knife Story DVD. In future there should be contact with the host centre in advance to check the facilities for doing this, as at least they would have known that it wouldn't be possible. This centre can stream video footage from a tablet to the TV (which was how the "Staying Alive" video was shown) but unfortunately Streetdoctors don't have permission to upload this DVD. I suggested that they might be able to do so to their closed Facebook group, which they will look into.

On reviewing the new photos used for the body parts exercise the other observer suggested that the kidneys be separated into two individual ones which will make it easier to place them, and the volunteers agreed to try this. Otherwise there was little to change following this session as it had gone so well.

The Princes Trust worker was also pleased with how it had gone. She mentioned that both these young people have a number of different but equally challenging issues and that it was good to see them so involved.

A volunteer perspective

Abi is in her first year as a medical student at Kings. She got involved with Streetdoctors when her friend found out about the charity at the Freshers' Fair and joined.

She finds it very rewarding, and it has built her confidence and teaching skills

The first time she ran a session she was stressed and followed the lesson plan like a script, but now she's more relaxed and really enjoys the sessions

It's important not to be too rigid – you need to be able to respond to the young people's interests and be a bit flexible in what you cover

It's important to be confident, able to communicate clearly and speak out

She especially enjoyed the conference ("a highlight of my first year") – she met other young people involved with the programme and got a good sense of its scale, and found the legal talk surprisingly interesting and useful

Some sessions are less rewarding than this one – it can be disheartening if the young people won't engage and don't appear to take anything from it. This was one of the best, but most are good.

StreetDoctors

North London Team: double session

Mary's Youth Club, Islington

Session Observation

19th August 2015

Background

This was a double session covering both bleeding and unconsciousness . It was run by Michael Andrews, the StreetDoctors medical director, who is leaving this week, his replacement Rebecca (a qualified doctor) and a volunteer, Abi. The latter is a first year student at Kings College and has already been involved in running previous sessions.

It was held at St. Mary's Youth Club in Islington on an afternoon in the school holidays, as part of the club's programme of summer activities. There had been another first aid session earlier in the holiday, run by the Red Cross, and the club clearly saw the two as interchangeable.

There was some confusion at the start and it seemed that there had been some miscommunication between Street Doctors and the centre (I wasn't expected and the youth leader running the session was a bit uncertain as to whether I was allowed to be there at first); between the centre and the local council (L. B. Islington) who support them (both centre and council had been taking bookings for the session so there was a risk of over-subscription); and within the StreetDoctors team (Michael hadn't realised that Abi had signed up). In the event it was good that there were three people running the session as it was full (though fortunately not over-full) and there were times when all three were needed.

The session was supervised by one of the youth club leaders, Harriet Burt, and another member of staff, Roisin. They had good rapport with the young people attending but didn't really get involved with the activities, mostly just observing (and Harriet took some photos).

Profile of young people

The centre had set a maximum of twelve to attend the session and despite the mix-up with the council, this was the eventual number, with ten attending from the start and two late arrivals. The session had been advertised for 13-21 years but I spoke to one girl who was twelve. Most seemed to be about 14-17. There was a fairly even mix of boys and girls.

Session format and layout

The session was delivered in a light room of a good size, easily able to accommodate the group. The kitchen opened up off of it and was used for the Ribena demo. The group sat in a horseshoe, already set up by the club, with the trainers in front. The club had set up a computer linked to a projector to play the DVD and provided a flip-chart.

The centre had allocated two hours to the double session and had not been planning to give the young people a break between them, but were persuaded to allow a five minute one by Mike. From my observation this was useful but not quite enough.

It is important to give the participants a breather, and to draw a line between the two sets of activities, and the break also allows those delivering the session to collect their thoughts, clear away some paraphernalia (all the empty glasses and bucket from the Ribena demo, for instance) and set up what is needed for the next session.

The overall atmosphere was informal and the young people were mostly very happy to contribute their ideas and questions. Again, this meant that longer time was really needed as it was hard for the trainers to do their questions justice while also keeping the session to schedule. In practice it over-ran by just over 30 minutes, but there were several contributing factors to this – a late start caused by Mike and Rebecca getting lost and arriving only just before the start time, a short unscheduled break when one participant was taken ill (see below), the relatively large group all needing to be given time at each of the practical role-playing activities, and the high number of questions.

There was an initial general introductory session with everyone giving their name, but they weren't asked for other info (such as age, which I would have found useful). Mike, Rebecca and Abi also introduced themselves.

The Line game

Perhaps because of the size of the group, Mike didn't do the Line game itself but instead just drew lines on the flip-chart and asked the young people to express an opinion. The numbers were noted on the chart to be reviewed at the end of the session. Perhaps because of this less active approach, the young people seemed a bit hesitant and just showing hands didn't produce any levels of debate among them. Nevertheless it was quite useful as a warm up session although with a couple of young people drifting in late it was a bit disjointed. Most took it seriously and gave some thought to the questions, although one girl seemed to delight in being a bit challenging – saying that she'd be far more likely to help a stranger than a friend. Some of the group had also attended the other First Aid course run at the centre earlier in the holiday and seemed more confident of saying that it was relatively easy to learn, although less so when it came to whether they would use it to help.

DVD My Knife Story

The group were warned that the DVD was pretty gory in places and told they could leave if they preferred not to watch, but none chose to. They were also told they could leave at any point if they felt squeamish or were upset by it. Most watched the first part intently – I saw a few squirms but everyone took it seriously. About halfway through however one girl fainted, toppling from her chair. The trainers reacted swiftly. The DVD was stopped, Rebecca was at her side immediately, followed by the others. Rebecca asked the group to step outside and I went with them. They were all very calm and just stood around talking quietly outside the door. I talked with the two nearest me who said that yes, the DVD was rather disturbing in places (they specifically mentioned an image of an almost-severed hand, which I think was the point at which the girl had fainted). One said it was difficult to watch in places even though she had seen similar things around where she lived (I would expect at less close-range however).

After a few minutes the individual was led outside, saying she felt OK but was puzzled about how she had reacted. The youth worker took over and I later learned her mother had been called and came to take her home, but she seemed to be suffering no ill effect and was just a bit sheepish.

The rest of us returned to the room but it was decided not to continue with the DVD. Instead we moved straight into the next activity.

How the body works

The young people were strikingly knowledgeable about this, even those who hadn't attended a First Aid session before (or at least, didn't say that they had). Most could name a number of important organs (and some lesser ones) and all those invited to draw on the body placed the organ correctly and for the most part confidently. The one hesitation came from a girl who knew the heart was on the left side but couldn't work out left from right!

They were shown a colostomy bag which was passed round and provoked a lot of discussion and questioning, e.g. about what injuries could be survived and how.

Ribena/Bottle demo

This session was introduced by a discussion about what happens when you lose different volumes of blood. The young people were asked to guess how many pints we have and several knew the answer.

They poured the Ribena into a bucket glass by glass, and at each point engaged the young people in a discussion about what might happen. Again, many of them were able to make correct suggestions (going pale, feeling dizzy).

The bottle demonstration was introduced and the young people asked to guess what you should do. One was sure you would remove the knife but the others quickly grasped why not. They were curious about what would happen when the person was treated at hospital – at what point could it be removed and how could a doctor do so safely. This was explained to them with a diagram.

What would someone look like if they were bleeding?

The young people provided the following responses to what happens if you lose blood:

- Pale
- Dizzy
- Cold (though one initially said hot, perhaps thinking it would cause a fever)
- Need to sit or lie down
- Go unconscious

The volunteers introduced the idea that you might not see the blood and asked them why. One was quick to suggest internal bleeding, illustrating again that this was a pretty knowledgeable group.

How can you help someone who is bleeding?

The volunteers introduced the A-ALERT response. The young people were encouraged to participate by suggesting what they could to help someone but they weren't (from what I could see where I sat) prompted with the initial letters. Most could suggest at least some of the steps and there were again quite a few questions about the reasons behind them.

When it came to practising themselves this group were a bit less lively, with some of them showing a lot of hesitation in getting involved. Some of the girls in particular seemed somewhat self-conscious. All did eventually have a go however and for the most part remembered the steps and understood them.

Questions raised included:

- Is there much point in calling an ambulance (had heard they can be slow to turn up) – shouldn't I just get on with helping?
- Won't pressing near the wound hurt them too much?
- What if the person is unconscious?
- What if it's a gun-shot would?

This led neatly into the theme of the following session, though one girl was keen to keep that discussion going and had to be persuaded that they would answer the question in that next session.

There was then a brief break although some of the young people stayed in the room chatting or texting. I talked to two girls, one 17 and one 12. The latter described her own experience of witnessing a stabbing near where she lives and said she ran away because the assailant was still on the scene. Both girls said they were finding it interesting but were still nervous that they would panic if faced with a situation in real life.

Intro to unconsciousness session

The next session picked up where the previous one had finished, as there had already been some questioning about unconsciousness. This was a topic that really engaged the group and they asked a lot of questions. They were interested in things like:

- What's the difference between being unconscious and in a coma?
- How comes you can be unconscious but still breathing?
- If you stop breathing, aren't you just dead?

At times they verged on challenging the expert views of Rebecca and Mike, but only through enthusiasm and a desire to understand, and the trainers were patient and explained things clearly. Rebecca explained about the various machines that can keep someone alive, and there was also a little discussion about who decides if a person is alive or dead and how.

Unconsciousness steps

The volunteers took the young people carefully through each step. They were asked to guess why it might not be safe to approach someone and understood that traffic or someone with a weapon could be a threat.

There still seemed to be some confusion from a couple of the young people regarding the fact that you could be unconscious but still breathing, which persisted into the practical exercise. I feel the group size was a factor in some young people not really taking in some of the explanations offered – it's possible their attention was wandering when another person had previously asked the question, or that they simply didn't hear.

The young people were asked to say how someone would look if unconscious but breathing and they came up with:

- Look like they're just asleep
- Maybe a bit pale

They practised in groups of three or four but I felt some were tiring a little at this point – the sessions had been fast-paced and there was a lot to take in. They seemed to find it hard to remember all the steps or to do them in the right order, although most got most of it right. A couple of the girls again seemed self-conscious and unwilling to have a go, which may have been down to the mixed groups and possibly cultural hesitations about touching someone of the opposite sex. One group had a very large burly older boy and two slight and young girls, neither of whom wanted to be the one to roll him into the recovery position. It might be better in a mixed group to ensure the sub-groups are single sex, or to allow them to choose their own partners.

Again there were plenty of questions, many of them jumping ahead to the next part of the session ("What if he's not breathing?") One asked what to do if there was broken glass at the scene – should you still roll the person. They were told how to clear the glass quickly and safely, and this also prompted a discussion about which is the greater harm.

Because some were struggling to remember all the steps the trainers made sure that they understood that if they did nothing else they should call an ambulance and tilt up the chin.

They were then taken through the "not breathing steps" and shown how to do CPR on the dummies. By this time the session was already over-running, but although pressed for time the trainers made sure to demonstrate clearly and explain what to do and how. They also showed how to hand over to another person.

The practical exercise that followed was a bit rushed and I'm not sure everyone had a go, nor that they were really checked to see if they were doing it properly. Certainly I saw at least one hand-over with a long delay between the two participants.

Wrap up

There wasn't time for a lengthy wrap-up but the line game was revisited. There wasn't a marked shift in views apart from a slightly increased tendency to feel they would try to help a friend. The girl who had previously been provocative in saying she would be more likely to help a stranger repeated that position but was pretty obviously just trying to stir things up. This was the only point in the whole afternoon where I felt one of the young people wasn't taking the session seriously.

Feedback

The team decided to have a debrief on the way back, as they were so late leaving, and were going a different direction to my own, but Rebecca has promised to summarise for me and we will have a chat about how she felt the session went. I'm also arranging to talk to Harriet, the youth worker who organised and supervised the session.

Follow-up brief interview with youth worker, Harriette Burt

Harriet described the main differences between the StreetDoctors session and another first aid course delivered earlier in the summer by the Red Cross. The latter was a replacement for a session that StreetDoctors had to cancel when a volunteer was unavailable. The main differences were:

Red Cross	**Street Doctors**
One person delivering (same number of YP)	Three people delivering
More equipment, e.g. three dummies	Only two dummies and less equipment generally
Based more on what YP wanted to know – asked beforehand and built it into programme	Set programme in terms of content although responded well to questions asked by YP
YP invited afterwards to consider volunteering with Red Cross and names taken of those interested	No opportunity to talk with YP after session [over-ran, otherwise I think this would have happened]
Free	Costs the centre £75 so rely on council to fund

The feedback from the young people was very good, with all saying that they had learned from the session and enjoyed it. Harriet herself particularly liked the Ribena demo and thought Mike was especially engaging with the young people.

It was disappointing that there was no opportunity to talk with the young people at the end of the session. Not only did this mean that they weren't offered the opportunity to follow-up with further learning or maybe volunteering (the new StreetDoctors peer-to-peer programme Stepwise might have been of interest to some) but also that Harriet herself was unable to talk to them before they left. She sees such sessions as a useful way to bring more young people into the club – of those that attended this particular one, only one was a club regular known to her.

The session was funded and promoted by Islington Council as part of their “Summerversity” programme. The two first aid courses at St. Mary’s were the first to fill up so there is an obvious appetite among local young people. She would be pleased to host further sessions if the council funded them but the £75 charge means that if the council weren’t paying she would opt for the Red Cross. Although she wasn’t present for the whole session and therefore didn’t get the full picture, it was obvious from our conversation that she sees no real distinction between StreetDoctors and other first aid courses in terms of purpose or content – all are equally valuable.

Appendix 8 – Teaching centre consultations

Gillian Down, Youth Justice Support officer, Newham Youth Offending Team

Halima Begum, Youth Services Manager, Kentish Town Community Centre

Ravinder Kumar, Advanced Youth Work Practitioner, Leeds City Council Youth Service

Rea Barker, Restorative Justice Worker, Cheshire West, Halton & Warrington Youth Offending Service

Samantha Fuller, Team Manager, Wakefield Youth Offending Team

Steffi Thorhauer-White, Group Work Co-ordinator, Westminster Youth Offending Team

Appendix 9- How do we solve a problem like youth violence?

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Year 3 and Year 4 EXTERNAL SSC SUBMISSION FORM & PLAGIARISM STATEMENT

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Title of SSC:
How do we solve a problem like youth violence?

Date of Submission:
31/07/2015

***Word Count:**
3992

Name , email and phone number of Supervisor:

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***** Included in word count:*

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Cover sheet; Contents page (if included); Abbreviations list; Appendixes (but should be reasonable in length); Text that appears in figures; Reference list; Acknowledgements.

STREETDOCTORS

How do you solve a problem like youth violence?

Maud McCutcheon

Supervisor: Dr Knut Schroeder

University of BRISTOL

An approach investigating the opinions of partners heavily involved in the "front line" of youth violence in the UK, gauging their opinions and comparing this to the available evidence, current UK law and guidelines

Contents

Introduction + about this project

StreetDoctors is a national charity comprised mostly of medical students and junior doctors who volunteer their time to teach young people life-saving first aid. The young people with whom StreetDoctors work are identified as being at risk of involvement in youth violence, either because they already have been either a victim or a perpetrator or because they are within a group placing them at high risk. These groups include young people who have been removed from conventional schooling, those already in the youth justice system or those identified as being associated to gangs. The message of the charity is clear- the young people are more likely to be present than healthcare staff when someone falls victim to violence and therefore they can save lives.

The charity's programme also aims to re-direct young people by providing positive role models, achievement certificates and an opportunity to teach other young people themselves. I began work with StreetDoctors in Bristol this year and immediately found the work fascinating. As a result of the sessions I have taught and the results I have seen I believe we are as a charity achieving our aims. I developed this project to explore the extent to which we are on the right track, both in changing the lives of the people we meet, and in contributing head on to knowledge and understanding of the wider issue of youth violence in the UK.

Within the limitations of this project, both by time and resources, I decided to conduct brief interviews with four stakeholders in various roles involved with reducing youth violence in the UK. Initially I had in mind to interview young people themselves. However there is a national evaluation being developed and I did not want my work to cut across this larger programme. My aim is to compare the opinions of some of those on the "front lines" of violence reduction with the available evidence of best practice, and the current UK policies and guidelines.

The interviews were conducted with a police officer seconded to the Youth Offending Service in Northamptonshire (hereafter "Mick"), the Education and Training manager of the Youth Offending Service (YOS) in Northamptonshire (hereafter "Sue"), an Emergency Department consultant with a special interest in Paediatrics from the Homerton Hospital in Hackney, London (hereafter "Niamh")

Interviews

The interviews were standardised in that the set of questions asked was the same for all participants and all participants were encouraged to provide their opinions, regardless of whether this matched current practices or not. Interviews are written up in a generalised manner rather than attempting to transcribe the encounters due to the nature under which some of the interviews were performed (busy hospital departments etc.) however recording have been interpreted and responses described from this.

A copy of the questions asked in order can be seen at Appendix 1.

For the purpose of this project and ease of examination of the data and evidence I have divided the questions into three broad categories:

i. Roles of stakeholders and their views about youth violence

ii. What effect does youth violence have and are we doing enough to protect children and young people?

iii. What would improve outcomes for young people at risk of violence and how should we regard the phenomenon?

i. Roles of stakeholders and their views about youth violence

Question 1: Describe your role, and your day-to day involvement with young people at risk of being either a perpetrator or a victim of violence.

Mick: Police officer to the YOS, has a prevention role, advises young people to stop offences occurring, aiming to prevent high level crime by intervening at low level "stealing from the corner shop". I am also responsible for issuing youth cautions- which prevent a conviction in a criminal court, again with the aim of rehabilitation not criminalisation. I use educational tools: first aid, "one punch" video and a DVD about knife crime to assist in this role.

Sue: I am the manager of education and training for the Northamptonshire Youth Offending Services, I organise and commission programmes of rehabilitation for our young offenders in the county.

Niamh: Consultant in paediatrics and adult trauma in the Emergency Department- Homerton hospital, Hackney, London. I work in a trauma unit not a major trauma centre, but in an area with a high level of gang activity - regularly seeing the effects of street violence.

Question 2: In your opinion are the incidences of youth violence that you are involved in preventable at all?

Mick: Yes. Get the kids onto our books then they reoffend, however when we "get in" early with prevention strategies, we can prevent them reoffending and this is proven by kids who go through our systems who do not reoffend compared to kids who do not have our support who do reoffend. Offences of an individual get more serious over time, so need to intervene as early as possible with high risk families etc. For example begin to intervene when a 12

year old steals sweets from a corner shop, as over time the seriousness progresses and they may become a serious offender.

Sue: was unavailable to answer this question

Niamh: Not from my point of view in the hospitals. Some hospitals have a youth worker employed in the Emergency Department (ED) which enables picking people up at that point- "catching them", on first attendance, could be caught earlier than this though- community groups. Recurrent attenders are common – obviously there is increased risk every time they get stabbed, of worse complications. The ED might be a good opportunity to target those at risk - crisis has peaked and they might be more willing to listen now that something has happened - offer them something different to where they currently are

Question 3: What common factors link together young people who become involved in youth violence?

Mick: Association to others involved in crime. Upbringing, unstable family, divorced parents, "priority families" breaking a family cycle of crime for example many offenders may have parents who either offend themselves or are involved in drugs or drinking heavily.

Sue: Peer pressure, part of a group at school or from the same area. Learnt from parents- familial cycle of crime. The youths who offend are just as likely to be victims of crime as perpetrators of violence.

Niamh: Locality - area with gang association, poverty and socioeconomic deprivation. The prevalence of violence in the area, biopsychosocial model. Lack of family support, lack of parental involvement. "Looked after children" - adopted or fostered children. Lack of engagement at school or learning disabilities may be more prevalent.

ii. What effect does youth violence have and are we doing enough to protect children and young people?

Question 4: What are the consequences for the people you see who are involved in violence as either a perpetrator or a victim?

Mick: we frequently use cautions rather than convictions with young people, this enables them to avoid a criminal record - but they must admit responsibility to receive this concession. A conviction is a big consequence, and will affect them for their whole life, this can hit home for many kids [that they want to avoid a conviction]

Sue: victim's feedback can be a very powerful tool to affect the perpetrator- making the crime they committed personal can make the consequences of their crime sink in

Niamh: There is a huge range, obviously people will die, and I have seen death from stabbings, or suffer injury or ailment, loss of function and so on. They may drop out of education as gangs appear more prosperous than school. They may suffer a lack of emotional development, physical growth or suffer the physical consequences of gang associated sexual exploitation. The criminal consequences may disable them from getting a job for the rest of their life. Psychological impact is also large- Post Traumatic Stress Disorder (PTSD) can affect both victims and perpetrators. The fact that they are younger

people and are still developing, early trauma may lead them to revert to childlike behaviours when away from their gang.

Question 5: Do you think our current policy and system for dealing with young people involved or at risk of violence does enough to protect them from the outcomes described?

Mick: I don't know what more could be done than already is

Sue: schools could be better, there is no uniformity, some schools are better than others and this usually depends on the history of that school, running multiagency sessions in schools used to be good (sadly had to stop). The underlying principle was teaching respect from an early age.

Some laws now to help schools around knife possession in school, minimal, these are helpful but again, involve criminalising young people which can be a huge consequence.

Niamh: No- though there are some great charities doing great work. NHS Trusts should be working with youth workers in the ED this is good and works I have seen it used to good effect in previous jobs. This "good practice" is the exception not the rule and is up to each trust not a uniform policy. Family structure work with social workers- again hospital is a good place to "catch" people who may be realising the serious effects of their involvement in violence for the first time.

iii. What would improve outcomes for young people at risk of violence and how should we regard the phenomenon?

Question 6: What measures would you like to see available to all to reduce either occurrence or consequence of violence?

Mick was unavailable to answer this question

Sue: more of the education side, dealing with whole families, getting in very early - I would like to see violence and respect taught in nursery! Keeping kids out of the system because it only takes 1 incident "one punch" to ruin everyone's life- how do you prevent that one time thing occurring?

Niamh: Youth workers in hospitals. StreetDoctors and similar programmes that are proving that they do work should be more widespread. Workshops in schools- powerful plays etc. especially when involving people who have been involved in violence previously- relatable people not people “telling them off”. School curriculum in all mainstream schools, as early as primary school, should include education about violence, crime and respect. Ultimately I would like to see us taking these kids out of poverty which ultimately means spreading of wealth and resources more evenly. Parenting programmes and support for parents in high risk groups

Question 7: Do you think violence should be treated as a criminal or public health issue? Why?

Mick: was unavailable to answer this question

Sue: Both. Multiagency approach involving the police, health services, education, social services etc. is needed. Often criminalisation occurs but they might be treated by the health sector- Autistic Spectrum Disorder and Learning Disability seem to be increasingly common factors in the lives of the young people who find themselves caught up in violence. There are many kids in our services struggling with mental health issues and therefore will enter the mental health system rather than the criminal justice system but these issues need early recognition and treatment for prevention of violence in the first place.

Niamh: Children- child as a perpetrator is not necessary expressing a high psychological problem but perhaps just frustration or copying. Rehabilitation is hugely important. Children are often using drugs themselves. Building networks and reintegration to good jobs and skills. If they get a record this can hurt them for a long time in life. My answer is both, rehabilitation is the biggest key- we are able to get teenagers to change their behaviours (self-harm study in Australia). Especially with teenagers we can stop the cycle and change the behaviours if you start early- primary schools

Literature Review- what the research says and synergy with views of stakeholders

From talking to my "stakeholders" I determined that some common views were being expressed. Themes that emerged included an association to crime, peer pressure, poverty and family circumstance of young people. All professionals were concerned about the significance of a criminal conviction for these young people and how that could affect the rest of their lives.

Ideas consistent amongst our stakeholders mainly focussed around early intervention to stop criminal behaviours from developing in young people. From as early as nursery school the stakeholders want social education about violence, respect and the dangers when things go wrong. Our stakeholders were all adamant that crime can be prevented and that this can happen before the first serious incident has taken place; to do so we must utilise our opportunities to "catch" our high risk young people before "they fall".

Gang association and peer pressure

Our stakeholders all identified peer pressure and association with gangs or other people involved in violence as a factor contributing to the incidences of violence that they see on a daily basis. It is a reasonable conclusion to draw that if a young person becomes associated with a gang, and that gang is associated to violence then that young person is more likely to become a victim or a perpetrator of violence. But what are the conditions that lead a young person to gang involvement? Some of our stakeholders theorised that poverty, upbringing and instability in the family might have a role to play. These views are reflected in the literature.

The report by the Centre for Social Justice (1) summarises some of the many reasons why young people in modern Britain may become involved in gangs. The ability of the gang to offer a stable, familial structure that has not been provided at home was cited as a major reason. This protection and stability offered in a gang, along with other pressure factors such as the decline of communities or long term residents on housing estates, lack of employment and opportunities all cited by the report, would provide a powerful incentive to a young person to become involved in gang activity. The element of acceptance gained by belonging to a group is a pull for some young people to turn to a gang, perhaps in the absence of a respected adult role model (2).

As noted by our stakeholders young people who are at risk of perpetrating crime are also highly vulnerable to fall victim to crime themselves. While we may believe that young people are carrying knives and weapons in order to inflict violence, evidence demonstrates that 85% of those who carry a weapon believe they are doing so for self-defence (3). This indicates a wider problem of the risk that these young people are at. The report by the NSPCC outlines many of the concerns echoed by our stakeholders(4), and the complexities at the centre of these young people's lives that lead them to becoming involved in violence. These young people, as theorised by our stakeholders, get involved in gangs, or violence, due to lack of housing stability, familial stability, friendship groups and the ability of a gang to offer stable relationships.

Poverty and family circumstance

Young people who witness or who are victims of domestic abuse are more likely to become perpetrators of violence themselves (4). The young people who grow up in deprived areas are also more likely to experience a higher local prevalence of crime. The resulting heightened fear of becoming a victim of crime, in turn leads them to arm themselves for self-defence purposes as referred to earlier. Young people in a deprived socioeconomic community often also lack the realistic prospect of success through conventional means (5). This could cause them to turn to a gang, whose members often have greater economic resources than the young people can see might be available to themselves through school.

Criminal consequences

One area about which all our stakeholders expressed some concern was the consequence of becoming involved in violence for young people. The consequences they were concerned about most were the physical and psychological impact on the young person, and the criminal record they may receive.

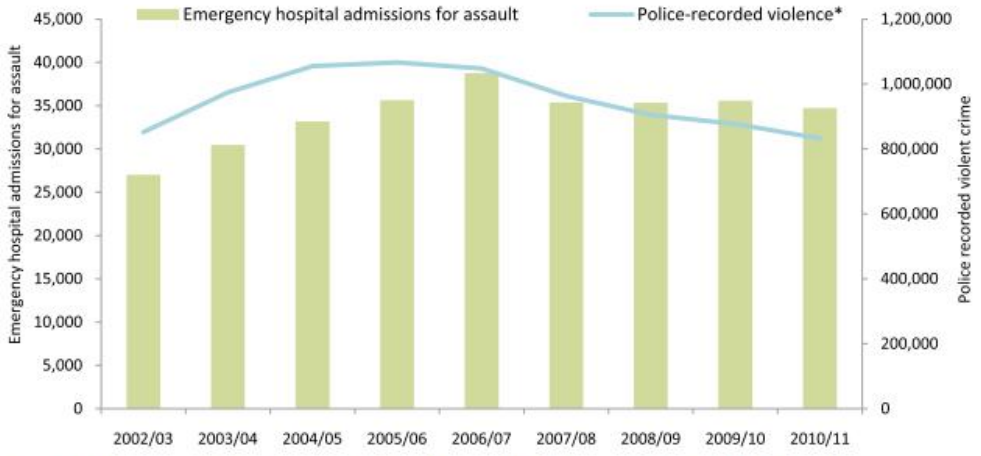
The change in law this year to convict and give a four month custodial sentence (6) to those caught in possession of knives this means more young people will likely pick up convictions for knife possession (7). All of the stakeholders expressed great concerns over the criminalisation of young people, and the effects this could have for their entire adult lives. A criminal record usually renders finding stable employment more difficult for them, and therefore making it less likely they will "break the cycle". The stakeholders were keen to emphasize the importance of tools such as Youth Cautions and the positive effect they have seen through the use of these. While they think they are "serious enough" to have an impact on the young person's behaviour, they are not a conviction and will come with less lifelong consequences.

A case for Public Health?

All of the stakeholders were keen to see measures to reduce youth violence implemented through a multi-agency approach, involving the police and justice system, healthcare, education and social care systems working closely in a co-ordinated way. The breadth of the issues signposted by this brief discussion indicates the wide range of factors at play in the lives of young people at high risk of involvement in violence. Suggestions are beginning to be made for the consideration of violence as a public health issue; to be tackled from this angle would mean a much deeper involvement of health agencies in the lives of those involved.

Strategies and recommendations such as those laid out in a recent report by the charity Catch 22 (8) show that not only is our healthcare service well placed to tackle youth violence but also lays out the economic costs and benefits of doing so. Treating illness caused by violence costs the NHS £2.9 billion (9) a year (2.8% of the NHS budget). This is more than the cost of treating diseases caused by smoking, making it a major public health priority by spending alone. As outlined by the Department of Health (taken from the report(9) below) in recent years, ED attendances for violence related ailments outnumbers the number of reported incidents of violence to the police, perhaps placing healthcare at the front line of the ability to deal with violence, ahead of the police and justice system for the first time.

Figure 2.1: Trends in emergency hospital admissions for violence and police-recorded violence, England



*Violence against the person and sexual offences

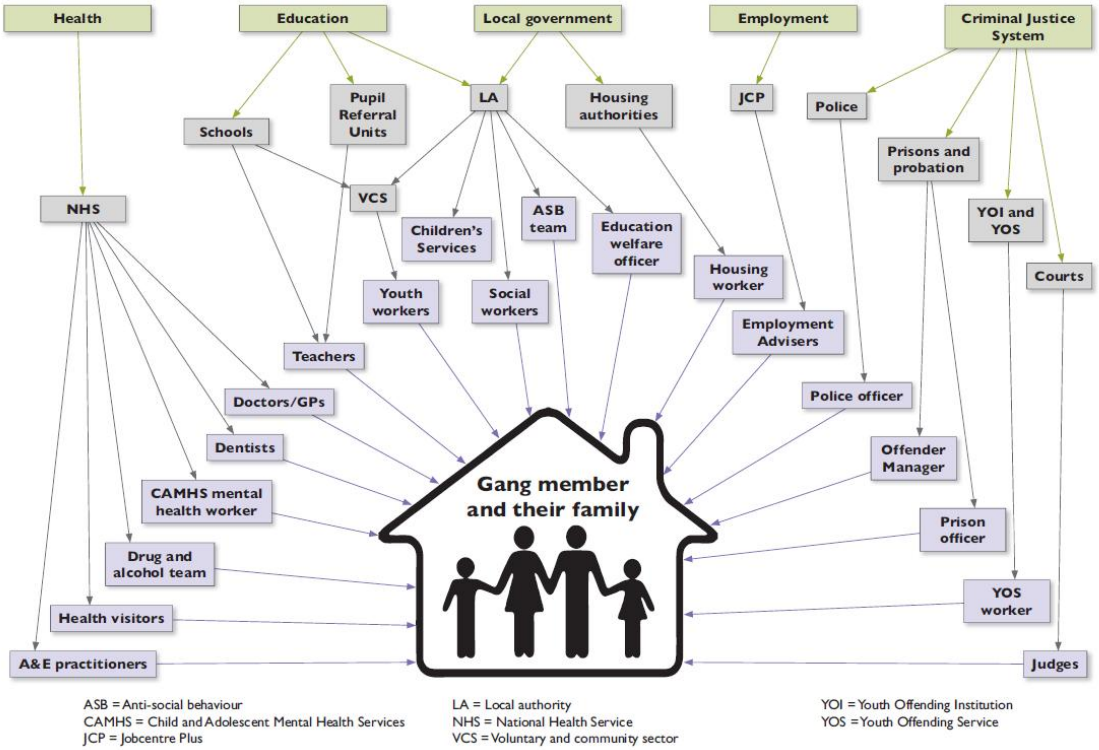
Source: North West Public Health Observatory, Centre for Public Health; Home Office

(9)

Current policy and practices

After the riots across Britain in August 2011 heightened media and government focus was suddenly putting gang culture and youth violence in the UK centre stage of the political agenda. The resulting cross-departmental government report (10) produced a number of recommendations and put into place funding pathways for a multi-agency approach similar in style to what is described by the stakeholders in this report. An image was produced in the report detailing the different people involved in the life of a young person involved in crime and gangs, of which around one-third are NHS or Healthcare workers (below)

Figure 1 Map of local agencies in contact with a typical gang member's family

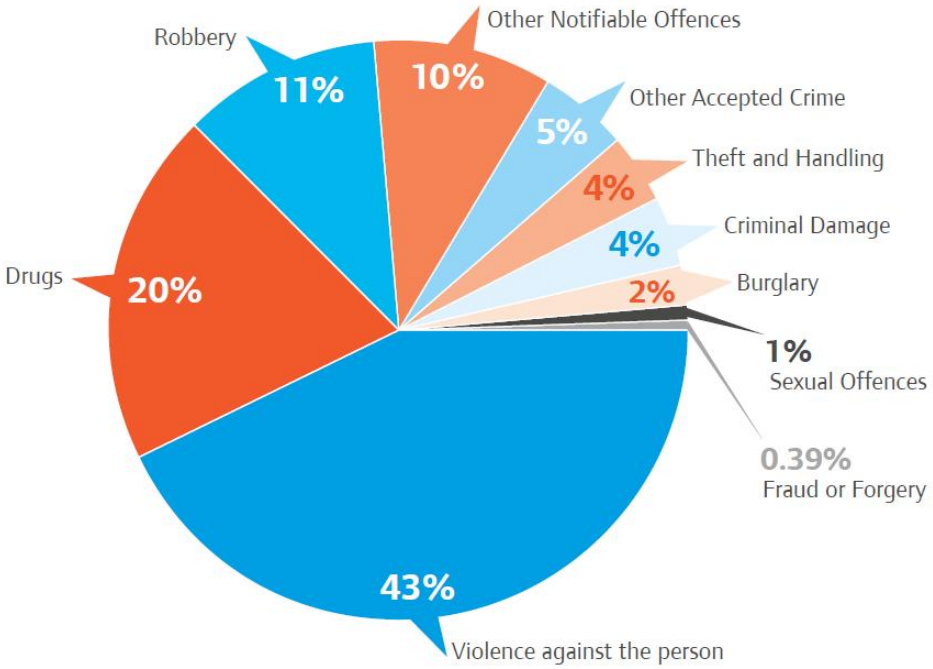


(10)

The report echoes a lot of the sentiment expressed by the stakeholders I spoke to however it often lacks the policies, resources and therefore certainty in the programmes to ensure the outcomes it outlines. The report states that by the end of this parliament (ended in May 2015) the number of young people killed or injured by youth violence will have reduced, but for the first time since the beginning of that parliament, we have just this month seen a rise in Knife crime in the UK (11).

Interestingly this article(12) written a few days before riots broke out across the UK in August 2011, emphasises that cities may see a rise in violence due to funding cuts across youth services, a poignant and timely discussion given the disorder that broke out nation-wide just a week later.

Another report produced in the last year as a strategic plan for London (13) talks about topics raised by the stakeholders, such as early intervention, and prevention of involvement in gangs and violence. However concerning to me and the stakeholders I spoke to it, continues to emphasise that agencies should be using limited resources in a better way. This maintains the rhetoric of funding cuts, which as alluded to in earlier articles may be contributory to the recent rise in violence, or even have been a contributing factor in the 2011 riots. In addition to cuts to services, young people are also penalised through reduced entitlement to Job Seekers Allowance both for length of time and amount paid. The London report also evidences that the most significant crimes related to gangs is that of violence against a person, therefore this should be top of our agenda in tackling gang cultures as a whole (see below)



(13)

Conclusion

In conclusion this short study has demonstrated the complexity that is involved in the life of a young person who is at risk of being caught up in youth violence or gangs. Having spoken to some stakeholders in the area of reducing youth violence I was interested that they all said very similar things and held very similar opinions about what needed to be done. What struck me when researching this for myself was that whilst I can find many reports, especially in the wake of the UK wide riots in 2011, I failed to find any coherent policy, or evidence for the implementation of the report's recommendations.

The recommendations I would make after compiling this report echo those of the stakeholders I spoke to, backed up by the evidence expressed:

1. Youth violence cannot be tackled in a single intervention, repeated and constant interventions must be made by many organisations to have an impact in removing the young person from a high risk lifestyle.
2. Healthcare professionals, available across a range of services, are well placed to intervene and impact on the young person's life due to their lack of involvement with the criminal justice system, and therefore not perceived as a threat to the young person.
3. Funding should be allocated directly to hospital trusts, charities and local authorities as well as the criminal justice system to boost the services available and standardise good practice.
4. Good practice initiatives should be shared and nationalised, data sharing between agencies and areas is vital for this.

The work that individual agencies, workers, trusts and charities are doing in the fight against youth violence is in my opinion often exemplary. The absence of cohesiveness, consistency and funding inhibits significant progress in reduction of youth violence in the UK.

Reflection

From doing this project for my SSC I think I have had a fantastic opportunity to develop my own idea and project into a reality, follow it through and manage my own work. I have enjoyed creating a project that I am very interested in and I now look forward to the ability to progress this work further myself. I have been lucky enough to liaise with experts in their fields, both from StreetDoctors and the wider area of youth violence, emergency medicine and the police. I think I have learnt a lot about public health issues and the complexity of the problem facing the professionals involved every day. I have learnt that the performance of reviews and the constructing of new laws alone do not solve issues like violence. I have seen that an approach must be taken to unite all the agencies involved to rally together behind our young people at risk and give them the support they need. Based on both my experience and those who I have spoken to over the course of this project I believe it is possible to tackle youth violence in this country but that a significant limiting factor in the success of any attempt is budget. Naturally in our society today I know that all pennies must be watched but I personally feel that the impact we could have by solving this issue would be huge, and that alone makes it worth the price.

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Appendix

Appendix 1: Questions asked to stakeholders

1) Describe your role, and your day-to day involvement with young people at risk of being either a perpetrator or a victim of violence.

2) In your opinion are the incidences of youth violence that you are involved in preventable at all?

3) What common factors link together young people who become involved in youth violence?

4) What are the consequences for the people you see who are involved in violence as either a perpetrator or a victim?

5) Do you think our current policy and system for dealing with young people involved or at risk of violence does enough to protect them from the outcomes described?

6) What measures would you like to see available to all to reduce either occurrence or consequence of violence?

7) Do you think violence should be treated as a criminal or public health issue? Why?

References

1. Justice CfS. Dying to Belong: An in-depth review of street gangs in Britain. 2009.

2. Young T, FitzGerald M, Hallsworth S, Joseph I. Groups, Gangs and Weapons. London: Youth Justice Board, 2007.

3. Roe S, Ashe J. Young people and Crime: findings from the 2006 Offending, Crime and Justice survey. The Home Office, 2008.

4. Fitch K. Teenagers at risk. The safeguarding needs of young people in gangs and violent peer groups. NSPCC, 2009.

5. Bramley G, Kofi-Karley N. Homeownership, Poverty and Educational Achievement: School Effects as Neighbourhood Effects. Housing Studies. 2007;22(5):693-721.

6. Repeat knife offenders face new minimum prison term - Press releases - GOV.UK [press release]. www.gov.uk2015.

7. Travis A. People who carry knives to be jailed under 'two strikes' rule. The Guardian. 2015.

8. Unit CD. Violence prevention, Health promotion: A public health approach to tackling youth violence. 2013.

9. Protecting people, Promoting health: A public health approach to violence prevention for England. Department of Health, 2012.

10. Government H. Ending Gang and Youth Violence: A Cross-Government Report. The Home Office, The Department of Work and Pensions, 2011.

11. Travis A. Knife crime in England and Wales up for first time in four years. 2015.

12. Topping A. Knife crime and gang violence on the rise as councils reduce youth services. 2011.

13. London Mo. Strategic Ambitions for London: Gangs and Serious Youth Violence. 2014.

Appendix 10- Wavertree Case Study

The impact of Street Doctors and Liverpool Youth Offending team: a local case study

Introduction

StreetDoctors is a charity registered in the UK. Its aim is to change the lives of high risk young people by giving them the skills they need to deliver life-saving first aid. But as well as saving lives, StreetDoctors uses first aid as a tool to educate and empower young people, giving them confidence and a sense of responsibility for their actions, helping to change their attitude towards violence[1].

In 2008 Nick Rhead and Simon Jackson, two medical students at the University of Liverpool, contacted the Wavertree based Liverpool Youth Offending Team (YOT) to propose a meeting with some at risk young people from across Merseyside, with the aim of gauging the demand for a medical student led intervention to combat youth violence."We had 11 in the group, aged 11 to 17, some in school uniform," Nick says. "We asked who had seen a stabbing or had been stabbed. Every one of them put up their hands. Three had seen shootings. That's what gave us the idea[2]."

Such an emphatic confirmation of the need for effective engagement with young people in high risk areas resulted in the charity steadily expanding across England into other medical schools in 12 cities, with the proposition of international expansion currently being explored.

Wavertree is a Liverpool city council ward to the south east of the city centre[3]. Last year violent crime in the area remained at a relatively stable rate of 9.2 (per 1000 population) between April 2014-March 2015, a slight decrease from 9.4 the previous year. In contrast, the rate of anti social behaviour increased from 31.2 to 34.6 on the previous year. There exists considerable variation in reports of the types of crime prevalent both within wards themselves as well as between neighbouring wards throughout the city. Mossley Hill for example, a district bordering Wavertree demonstrates a considerably lower violent crime rate of 5.6, in addition to anti-social behaviour reports at roughly half the rate of those in Wavertree in 2015. In the same month of this case study's writing, a 17 year old youth from the Wavertree area, with no identified motive, stabbed a gentleman on his way back from a hospital appointment in the thigh using a seven inch blade. Upon questioning, the teenager expressed how he 'felt nothing' towards his victim, and 'did not care' if he died[4]. Such reports highlight the very real issue of youth violence in the area, and the need for crime prevention programmes locally.

The intervention offered by StreetDoctors is comprised of two distinct yet complementary teaching sessions entitled 'What to do when someone is bleeding' and 'What to do when someone is unconscious', which are typically taught one week apart. The interactive teaching sessions delivered by StreetDoctors are designed to be thought-provoking and relevant to the young people, with an emphasis on the practical skills necessary to help people in emergency situations and stressing the human consequences of violence, rather than the dangers of carrying knives.

Aims

There are three key aims to this case study:

- To explore the experiences of violent crime amongst young offenders known to the Liverpool YOT based in Wavertree
- To evaluate the impact StreetDoctors has on the young offenders' willingness to act in an emergency situation, and to explore the attitudes they hold towards StreetDoctors
- To evaluate the attitudes the young people and YOT have towards StreetDoctors and its impact

Methods

Following a 'What to do when someone is unconscious' teaching session at Liverpool YOT on the 9th October 2015, five young offenders between 14-17 were interviewed individually in an informal setting using a set list of questions preselected from a bank generated at a research and evaluation taskforce strategy day in early 2015. These questions were designed to gain an insight into the experiences and perceptions of crime amongst young offenders known to the Liverpool Youth Offending team, as well as evaluate the impact the StreetDoctors teaching session had. Young people's consent was attained through the YOT, and they were assured that any information disclosed would be anonymised and would not be shared with any third parties if they did not wish. The YOT leader was present in the interview room due to the positive relationship had with the young people, as it was felt the YOT leader's presence would create the feeling of a safe and familiar environment for the participants. The identities of the young people have been changed. Following the discussion with the young people, a discussion was had with the YOT leader.

The questions to the young people were as follows:

- Do you have any experiences of crime you would be willing to share?
- How safe do you feel growing up in Liverpool?
- Have the StreetDoctors teaching sessions made you more likely to help someone who is bleeding or unconscious?
- What are your attitudes towards StreetDoctors?

Following the discussions with the young people, the following questions were put to the YOT leader:

- Do you feel enough is being done to combat youth violence in Liverpool?
- To what extent, if any, do you feel StreetDoctors is making an impact on the local young people?

Finally, material regarding youth violence in Liverpool was gathered from a range of sources including journals from relevant medical databases including Medline, Scopus and the University of Liverpool's 'Discover' library feature, as well as websites such as Liverpool.gov.uk and those of national newspapers . When searching academic databases,

by using specific key terms and limiting the results to articles published within the last 5 years, it ensured the journals found were consistent with the current evidence base, as well as having the secondary benefit of reducing the number of search results to a more manageable quantity.

Results

Young person 1 – 'Harry'

Harry was walking down the street with some friends when he saw a shotgun fired out of the window of a passing car, injuring a 19 year old male. Harry and his friends were able to call an ambulance but were unsure as what to do next, and were particularly worried about getting into trouble themselves with the police. Despite this, Harry says he feels safe growing up in Liverpool. When asked if he feels that StreetDoctors has changed his willingness to act, he replied 'Yeah- obviously!'. Harry has very positive views towards the charity and feels it is much needed, despite not appearing to engage with the preceding session.

Young person 2 – 'Tom'

Tom had heard about a revenge attack that occurred in an alleyway behind a laundrette, in which a young man was stabbed in the leg with a machete and later died. Just like Harry, Tom says he felt safe growing up in Liverpool. He agreed that StreetDoctors had increased his willingness to act in an emergency situation, and had very positive views towards the teaching sessions.

Young person 3 – 'Chris'

Chris witnessed a friend being held down over a financial dispute, before having fingers cut off. Chris described the event as normal and 'just what it's like around here'. Chris said he does not feel safe growing up in Liverpool, and feels that some areas, notably Toxteth and Norris Green, are 'worse than others'. Chris says that StreetDoctors did not increase his willingness to act if someone became unconscious or was bleeding as he already would have done so before coming to the teaching sessions, however he did elaborate by saying he would not have known what to do specifically, and in that respect he found StreetDoctors to be very informative and seemed to enjoy the session.

Young person 4 – 'Joel'

Joel had heard reports of a man who had his hand cut off in a revenge attack for an affair. He also knew about 3 'kids' who had repeatedly kicked a homeless man to death. Joel does not feel Liverpool is a safe place to grow up in, but thinks America 'is much worse'. He says StreetDoctors greatly increased the chances of his helping someone who is bleeding or unconscious, and said that the teaching session was much better than he was expecting.

Young person 5 – 'Amber'

Amber, the youngest of the group, did not have any experiences of violence or crime. She was extremely engaged with the sessions, to the point where she was asked jokingly by a member of the YOT team to let someone else have a go. When asked if she feels safe

growing up in Liverpool she was not sure. She said StreetDoctors did make her more likely to act if an emergency presented itself, and that she hopes one day to become a midwife.

YOT leader

- Do you feel enough is being done to combat youth violence in Liverpool?

'Central government funding (NRF/ABG/Crime Reduction Partnership) previously opened up some good initiatives to target youth violence- Offender JAG meetings/City Centre 'hot spot' initiatives- (portable metal detector tunnels etc). If a direct link can be found between lack of availability of diversionary schemes (cuts to LA youth services) and violence then that would further exasperate the situation. Combating youth violence is not a statutory requirement of local authorities or YOT's but if any initiative is to be made it must be evaluated robustly'.

- To what extent, if any, do you feel StreetDoctors is making an impact on local young people?

'StreetDoctors biggest impact comes in the shift they are able to make in young people from 'non-participants' to 'participants' in Emergency First Aid. As far as I am aware nobody has approached this with the same level of confidence or enthusiasm in the ability to change our young people's outlook. Traditional practitioners can get 'jaded' and 'lose the fight'. As far as changing young person's attitude to carrying knives this is a much harder issue to either prove or evaluate. This would take time in building up trust beyond that of the two session input. I feel a secondary impact is starting to emerge- that of recognition that our young people may be suffering from (or at risk of suffering) from the impact of having seen or experienced violent crime. This must be seen in the context of a public health issue. It will need further research but I am confident significant data would emerge'.

Discussion

Perhaps the most apparent finding of the interviews with both the awareness and exposure many of the young people had relating to episodes of violent crime in the locality. Four out of the five young people questioned knew of the perpetrators of such acts, and were able to provide detailed accounts of the events. 'Chris' for example witnessed a shocking act of brutality first hand. Although it is possible that the precise details of the acts of violence may become distorted or exaggerated with time as the accounts are spread throughout the community, the fact the participants are aware of the events at all indicates there is clearly an endemic culture of violence playing an undeniable role in the lives of young people growing up in the area.

Despite the young peoples' awareness of specific violent acts and anti-social behaviour across the region, two of the young people said they felt safe growing up in Liverpool. Two others responded they did not feel safe, whilst 'Amber' was not sure. If any relationship between perceptions of safety and local crime rates is to be established, the sample size of respondents must firstly be increased, and then compared to responses of young people from different regions across Liverpool and the UK.

A common theme raised by the interviews was that many of the young people had normalised violence and considered it a customary part of growing up in Liverpool. 'Chris' believes that violent crime is 'just what it's like around here', an attitude that seemed to underpin many of the young people's replies. Additionally 'Joel' comments that although he was aware of violent activity, citing a revenge attack involving the cutting of an individual's hand as an example, he perceives youth violence to be a bigger problem in the United States which perhaps suggests a minimising attitude towards violence in the area. This point of view also brings into question the influence of news and media on young people's perception of crime, and the extent to which this affects behaviours. Further study would be needed to explore if such a correlation exists.

The interview responses suggest that four out of the five young people were more likely to act in an emergency situation following the teaching session, and that the young person who didn't agree with the statement said he would already have tried to help whether or not he had been exposed to the intervention by StreetDoctors. Furthermore all of the young people displayed positive attitudes towards StreetDoctors as a charity and seemed to identify with its aims, suggesting that the intervention is positively engaging the young people to equip them with the practical skills to act in an emergency, whilst simultaneously highlighting the human consequences of violence and the benefit to be had from knowing first aid.

Discussion with the YOT leader further reinforced many of the themes which the young people alluded to. For example it is not surprising most of the participants did not feel safe growing up in Liverpool when the YOT leader believes there is a 'lack of availability of diversionary schemes'. The YOT leader raised the interesting point concerning cuts to local authority youth services, and whether this links to the rate of violent crime within the area. He also commented that although there is no statutory requirement for local authorities to address youth violence, any new or current intervention must be 'evaluated robustly' to ensure that it is making a positive impact. The current lack of diversionary schemes in combination with the requirement for reliable self-evaluating crime prevention strategies demonstrates the need for intervention in Wavertree that StreetDoctors is designed to meet.

Furthermore the YOT leader observation that StreetDoctors transforms young people from 'non-participants' to 'participants' in scenarios requiring emergency first aid reinforces the findings of the interviews with the young people, in which four out of five participants reported they were willing to act directly due to the impact the StreetDoctors session had on them (acknowledging the caveat of a small sample size). The YOT leader commented that the success of the intervention may be due to the 'confidence' and 'enthusiasm' that the medical students are able to bring to the teaching sessions, which supports the finding that all of the participants interviewed had positive attitudes towards the charity.

It was encouraging to discover that the majority of young people involved in the case study felt that they would be more likely to act in an emergency situation having been exposed to the teaching session (the final student stating he would be just as likely to intervene following the session). The YOT leader stressed there currently exists a need for robust interventions into preventing youth violence due to the financial pressures placed on local authorities, and that StreetDoctors goes some way towards meeting this. In addition to

StreetDoctors successfully motivating this particular group of young people to use their knowledge and practical skills should the situation arise, all of the participants interviewed had positive attitudes towards the teaching sessions and the StreetDoctors charity as a whole.

Key themes identified from the case study

- Most of the young people interviewed had either experienced or were aware of violent crime
- Most of the young people interviewed do not feel safe growing up in Liverpool
- Some of the young people interviewed have normalised violence
- The YOT leader believes initiatives into youth crime prevention have been good but limited, as combating violence is not a statutory requirement of local authorities
- The YOT leader believes StreetDoctors is able to shift young people from 'non-participants' to 'participants' in emergency situations
- Investigating young people's attitudes towards carrying knives is challenging
- The YOT leader considers young people suffering from the impact of seeing or experiencing violence must be treated as a public health issue and is an area in need of further research

Comparison with other youth violence interventions

Although this study did not have the initial aim of exploring the culture of carrying knives, it was a common theme raised by both the young offenders and the YOT leader, and consequently is a topic worthy of investigation. Recent evidence from the Scottish Centre for Crime and Justice Research (SCCJR) comparing the literature on knife crime intervention programmes globally suggests that the most effective interventions are those which address the causes of carrying knives in the first place, of which the two chief contributing factors are the 'acquisition of status' and 'fear of crime'[5]. It was noted that young people attempting to raise their social standing may be discouraged from carrying knives when they discover that fear is one of the primary motives for many others doing so, however in contrast this information may be seen to confirm the beliefs in those young people who are genuinely fearful, in turn perpetuating the behaviour. Although StreetDoctors focuses its teaching sessions on providing practical skills in first aid rather than discussing the motives young people have for carrying knives and other weapons, it may be valuable for volunteers to be aware of the precise reasons young people carry knives in order to better communicate with the young people present at teaching sessions, as well as allowing the volunteers to deliver the sessions in a sensitive manner.

The report from the SCCJR also found that having a 'positive adult role model' and 'mentoring' can act as protective factors against violence, and that mentoring can also exist between peers within the same age bracket. The result is an increase in both the self-confidence and self-esteem amongst the young people involved, which in turn further acts a protective factor with regards to violence[5]. This review of the current literature reinforces the recent developments in the StreetDoctors stepwise programme which aims to prepare some of the individuals receiving the teaching sessions to deliver and lead their own sessions at a later time. Although the findings are reported from knife crime prevention

programmes in Scotland, the results could have very real implications for the rest of the UK. In effect, the stepwise programme may not simply be of educational benefit to the new peer mentors and those present at their sessions, but in fact may go some distance towards acting as a protective component against the cycle of violent crime.

Finally, a health needs assessment for young offenders in the youth justice system in Merseyside in March 2013 noted that although services available to young people were of a 'high quality', the difficulty in young person engagement lay with accessibility to such services[6]. These findings substantiate the beliefs of the YOT leader who believed that there existed some 'previously good initiatives' addressing youth violence. Young people were deemed far more likely to engage with services targeted towards them firstly if the services are offered at a single site, and if the service is convenient to them and their needs. It was additionally noted that improvements could be made in health needs services provided to young offenders during the transition from child to adult services[6]. These findings are particularly relevant to StreetDoctors in terms of expanding into new centres, as it suggests that by scrutinising the presently available services prospective centres offer to young people and the convenience associated, may in turn increase the effectiveness and future engagement of the young people in attendance.

Limitations of the case study

Exploring young offenders' perceptions and experiences of violent crime, as well as measuring the impact of crime prevention strategies can be challenging. Those young people who were willing to openly discuss their backgrounds may not be representative of all young offenders in Wavertree, and as such a degree of selection bias may be present. In addition the young people we spoke were all known to Wavertree YOT, and as such may harbour views different to those of young people in schools, pupil referral units (PRUs) and prisons. Furthermore despite our best efforts to establish a relaxed environment in which the young people would speak candidly with us, there is always a possibility of introducing an element of recall bias in which they young people may answer in a manner that they feel the interviewer wants to hear. Measuring the impact of the teaching session also presents its own difficulties, as individuals known to Youth Offending Teams often rarely receive any follow up and subsequently it can be difficult to ascertain whether the young people have retained the information and principles taught by StreetDoctors in the weeks and months following the teaching sessions. However by triangulating data from various sources (namely the young people, the YOT and the StreetDoctors volunteers present at the sessions), some common themes and evidence were identified with important social implications that can act as a guide for future research[7].

Improvements

This case study uses a small sample size of participants, due to the difficulty in recruiting large numbers of young offenders to attend sessions. Additionally since all of the interviews were carried out individually following a 'What to do when someone is unconscious' teaching session, it was restricted by time pressure and the interview format itself. Future case studies could increase the sample size by carrying out multiple interviews over a longer time frame such as several months rather than restricting the data collection to one evening, as it is likely this would increase the accuracy and reliability of the findings.

It would be useful to compare the responses elicited from Wavertree YOT with young people in other YOTs around Liverpool and the UK in order to identify any common themes and attitudes that such a group may have towards youth violence and the steps StreetDoctors are taking to addressing them. Furthermore it would be valuable to investigate other groups taught by StreeDoctors, notably PRUs, schools and prisons and to compare the findings to those at Wavertree YOT in order to explore whether the attitudes expressed are common to all young people or are specific to Wavertree YOT. The case study could be improved by increasing the sample size of young people questioned in order to increase its validity; however this would be logistically challenging in a YOT where it is inherently more difficult to recruit young people for involvement in a case study in contrast to schools and prisons where a young person's whereabouts and availability is far more predictable.

Conclusion

The experiences of violent crime that the young people interviewed shared demonstrates a background of violence in the Wavertree area that must crucially be addressed. The initial aims of the case study were all met as a more detailed picture of the experiences of the young people attending the teaching sessions was documented, it was found all young people demonstrated a willingness to act in an emergency situation following engagement with the intervention, and finally all participants confirmed attitudes towards StreetDoctors which were generally very positive. Furthermore a discussion with the YOT leader proved particularly encouraging in that he believed StreetDoctors biggest impact was its ability to transform young people from 'non-participants' to 'participants' in providing emergency first aid. The experiences of some of the young people interviewed as well as comments offered by the YOT leader involved the carrying of knives and in particular the motivation to do so, which although wasn't the intention of the study illustrates an issue which may be beneficial for volunteers to be aware of, as the implications can have potentially far reaching and fatal consequences. Comparing the results of the case study with other interventions shows a significant current need for services aimed at youth violence prevention as well as the positive impact mentoring can have in breaking the cycle of youth violence, and how it is important to acknowledge the specific health needs of the young people attending the StreetDoctors teaching sessions. Future research could be aimed at comparing young people's willingness to act in other types of centres such as prisons and PRUs and comparing the results to the findings at Wavertree YOT, as well as exploring the motivation young people have for carrying knives and if this impacts upon behaviour and attitudes.

References

1. StreetDoctors. *Who we are. http://streetdoctors.org/who-we-are/ (accessed 18 December 2015).*
2. Roberts, Y. The Liverpool Project: 'We aren't preaching to people'. http://www.theguardian.com/theobserver/2012/feb/18/liverpool-project-first-aid-offenders-radicals (accessed 18 December 2015)
3. Liverpool City council. *Annual ward crime. http://liverpool.gov.uk/council/key-statistics-and-data/data/crime/ (accessed 20 December 2015)*

4. Humphries, J. *Teen knifed stranger 'for no reason' then told police he 'did not care' if he died. http://www.mirror.co.uk/news/uk-news/teen-knifed-stranger-for-no-6727254 (accessed 20 December 2015).*
5. Foster, R. Knife Crime Intervention 'What works?'. *The Scottish Centre for Crime and Justice Research* 2013; 4, 8-9
6. Lewis C, Scott-Samuel A. Health needs assessment of young offenders in the youth justice system on Merseyside . *Liverpool Public Health Observatory report series* 2013; 92, 31
7. Jacob, E. Alternative Approaches for Studying Naturally Occurring Human Behavior and Thought in Special Education Research. *The Journal of Special Education* 1990; 24(2), 195-211

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