

StreetDoctors—teaching first aid to young offenders

StreetDoctors is a voluntary organisation that teaches young offenders what to do at the scene of a stabbing

“It varies between groups, but usually when they come in they’re hoods up, headphones in, arms folded, and you’re thinking ‘uh oh,’” says Charlotte Neary-Bremer, a doctor and chief executive officer of the voluntary organisation StreetDoctors. She is describing those attending StreetDoctors’ first aid classes. She goes on to say that when you tell the class who you are and why you are there things change. “Once they know that they could save a friend’s life or one of their family they generally engage really well.”

The classes Neary-Bremer describes are run by three volunteer doctors or medical students, who teach six to 12 young people from youth offender groups. StreetDoctors began classes in Liverpool but now runs sessions in Manchester, Nottingham, Sheffield, and London. The organisation has taught more than 1400 young offenders how to save lives.

Young offenders are often witnesses to violent attacks

The class begins by asking the group about their experiences—if they’ve ever seen someone bleeding. How open the group are about their experiences varies, says Neary-Bremer. “Some of them will come out with quite horrifying stories about someone witnessing a violent attack.”

Hearing about the experiences of these young people was how StreetDoctors began. In 2008 the cofounders of the organisation, Nick Rhead and Simon Jackson, were medical students at Liverpool University and members of the student charity Medsin. They taught cardiopulmonary resuscitation (CPR) at local schools and on one occasion went to teach in a youth offending team. One of the coordinators remarked that teaching CPR was all very well, but what the kids really needed to know was how to stop bleeding. As Neary-Bremer explains, “They asked if any of them [the young offenders in the group] had seen a stabbing and all of them had, which was shocking because some of them were only 11 or 12.

“From then on Nick and Simon started teaching young offenders in Wavertree



StreetDoctors—find out more

Streetdoctors is in the process of taking on staff and consolidating and formalising its procedures and models so that they can be replicated in other cities. If you are interested in getting involved, take a look at their page on Facebook and their Twitter account. You can register your interest and any opportunities will be advertised there.

<http://www.facebook.com/streetdoctors.org> and twitter @StreetDoctors

[about how to deal with a stabbing] informally—just a few times a year. After a year they thought it would be better to build a team of people . . . and that’s when I joined. We had a team of about 10 of us, and we gradually formalised our teaching . . . and from there it just grew organically.”

“Phone an ambulance”

StreetDoctors run two classes that are between an hour and 90 minutes long.

The first class is on what to do when someone is bleeding, and the second is about what to do when someone collapses. Neary-Bremer tells us how the volunteers “explain really simply how the blood works and why it is important. We also talk about why the heart and brain are important and rehearse scenarios with them [the young people]. We get them to practise phoning an ambulance, applying pressure [to a wound], and raising legs, and some bandaging as well.”

Neary-Bremer says that it is important for the volunteers not to simply tell the young offenders what to do. They need to know why you should do it. She says, “We have a bottle of Ribena [blackcurrent cordial], get some scissors and put a hole in the Ribena [bottle] to demonstrate that if you keep the scissors in less juice comes out than if you take them out so the juice spurts out. We can also show that if you lie the bottle down there is less blood loss.”

Intervening in youth violence



Emer Sutherland is the lead consultant for children in the emergency department at King's College Hospital, London. King's has one of the busiest emergency departments in Britain, and sees many injuries related to teenage knife crime.

Originally from Ireland, Sutherland qualified at Edinburgh and specialised in paediatrics before training in emergency medicine. She and her staff at King's College Hospital have set up the Youth Violence Project, which aims to offer young people a route out of gang violence.

What does a day at work look like?

There is no typical day. A day at work in a busy London emergency department—which is a hyperacute stroke centre, a major trauma centre, and a cardiac arrest centre—is quite unpredictable. Often days start quiet[ly], but usually by lunchtime or early afternoon we will be getting full. We can be seeing seriously ill patients on trolleys, or ambulant patients with minor injuries, or we can be looking after children in the paediatric emergency department. Every day has new surprises.

Why emergency medicine?

I love the breadth of the clinical problems that you see and the diagnostic challenges of working out what's wrong with someone. I also enjoy the large element of communication that is important in reassuring those that have more minor injuries and illnesses. Emergency medicine crosses everything, from resuscitation to communication. To students, I'd like to say: when you go to your emergency medicine attachment, throw yourself into it and enjoy it. This is medicine in action.

What are the most demanding and the most rewarding parts of your job?

The most demanding part probably is the communication element. You can learn the medicine, you can learn the resuscitation, and you can learn the conditions, but if you don't communicate effectively with your patient or with their family, then you're not going to be able to treat your patients as well as you might. However, to see patients improve before your eyes, either through treatment or through reassurance, is rewarding.

How big is the problem of youth violence?

It's difficult to assess youth violence, because different statistics

measure this issue in different ways, but I think it is prevalent. From personal experience, we continue to see a large number of young people who have been victims of serious violence in our emergency department. We have also become aware that these victims, at another time, could be a perpetrator of crime. They may feel that they have to carry a knife for their own safety, for instance, or they may be involved in some gang activity. This concept is called the "victim-perpetrator cycle."

What is the Youth Violence Project?

Some evidence has come out of the United States to show that at the time that young people are injured, they may be much more likely to accept an offer of an intervention. This has come to be called the "teachable moment." So when someone is here who has been assaulted, stabbed, or shot, we ask a youth worker to come and meet with them. Together, they can start looking at ways of reconsidering some of the life choices the person has made. Our youth workers continue to meet with some of the young people as a mentor. For others, it is more appropriate to be embedded within projects that are already active in their own areas.

Does it work?

Very much so, yes. We did an evaluation of our youth worker presence on the trauma ward for the young people who had been admitted after major trauma, and we found that 70% of them were open to consulting with the youth worker, if we saw them in the hospital. Only 40% reacted positively if we tried to contact them after they'd left. We are pushing to have youth workers present at more times in the department, so that there's always someone who they feel they can talk to.

How do you handle violent and aggressive behaviour in patients?

I think that situation is always challenging, but it's part of the professionalism of the role that you have to regard that person at that time as vulnerable. These young people ended up in a position of violence often because they don't have the opportunities that are available to you and [me], for example. They come from broken homes, they may have educational problems, or mental health problems. Once you are aware of these issues, you understand that they're vulnerable rather than bad. It makes it much easier to look after them and to cope better with them when they present to you with challenging behaviour. And one of the things that we always have to remember is that if someone is behaving in a particularly aggressive way, that could reflect how badly injured or ill they are. At the end of the day, I go home and I'm grateful for the fact that my children don't have to deal with these adversities.

Shannon Plaxton, Clegg scholar, *BMJ*, splaxton@bmj.com

And blood loss is key. In the sessions StreetDoctor volunteers explain what happens if you've been stabbed and you've lost a pint of blood, and then what happens as you lose more. Neary-Bremer says, "If you're losing blood the only place you get blood is a hospital so the first thing they need to do is phone an ambulance. Our absolute take home message is 'phone an ambulance.'"

Do the classes work?

Teaching young offenders first aid sounds like a good idea, but is there any evidence that the sessions work? Neary-Bremer says that they have heard several accounts of how the classes have helped the young people deal with difficult situations successfully. She gives an example: "The teaching sessions are a week apart. The kids had come to the first session on controlling bleeding, and returned for the second session. Within that week one of their friends had been stabbed, and they'd delivered first aid to their friend, who [had]

arrived at hospital quickly and not lost much blood."

StreetDoctors is starting to measure what it's doing. Neary-Bremer is excited at the prospect of being able to quantify its work. She says, "The organisation has a research and evaluation team that is made up of volunteers from all the branches. They are piloting a project that will test young people's skills in first aid before the sessions, immediately after, and three months afterwards. At the three month stage we will also have an informal chat with the kids to ask if they've used the skills."

Why do it?

Many of the volunteers at StreetDoctors are medical students. But why would they want to get involved? Neary-Bremer explains that the volunteers take on all sorts of roles—not just that of a teacher. "What we've achieved is really a credit to our volunteers because they don't just take on teaching the young people. They also take on management of

relations with the youth offending teams and with other local partners. They project manage, and they're involved in making strategies for how we evaluate and research our teaching."

Medical students can find the teaching challenging initially. As Neary-Bremer says, the students "tend to come from different backgrounds to the young people we teach so sometimes they can be a bit apprehensive about going to teach. What we usually do is have one or two experienced volunteers with inexperienced volunteers. After they've done a couple of sessions then they know the young offenders are only kids who put on a front, which can be a bit intimidating, but underneath they are just children who have chaotic lives. They're usually good fun to work with, and a lot of them are bright and pick up what we're teaching so it's quite satisfying."

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