First aid as a model for community defusing skills

A response to the Woolwich Model

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Introduction

Antisocial behaviour has long been a destructive force within communities throughout the UK. Eighty-two percent of citizens surveyed believe that they should do more to help the police with tackling antisocial behaviour and crime[1] yet there is little focus on empowering the communities affected to take action themselves.

The police recorded 3.3 million incidents of anti-social behaviour in 2010/11[2]. Many incidents of antisocial behaviour do require police attention. However incidents such as noisy, rowdy behaviour and vandalism could be dealt with or prevented by the community and involve the police only when it is necessary. Additionally, with skills to manage conflict effectively, issues between neighbours, for example, are less likely to escalate into violence, thus reducing the need for police attention.

The Woolwich Model[3] pamphlet poses the question 'can citizens tackle antisocial behaviour?' It argues that while public concern for low-level disorder remains high, citizens have withdrawn from day-to-day intervention. At the same time, policy has tended to focus on top-down, professionally centred approaches to tackling the problem.

The Woolwich model identifies the teaching of first aid skills as a template for coproduction. It suggests that if people had the capacity to respond to anti-social behaviour and defuse conflict many community issues, including low-level disorder, could then be reduced.

Key features of the model, using first aid as a parallel, include: training should be skills based, designed by professional experts and revised in light of expert knowledge. There should be a simple curriculum which is aimed primarily at adults.

Dfuse is a registered charity whose mission is to create a critical mass of individuals willing to act to reduce the occurrence, and mitigate the consequences of anti-social

behaviour. Through training and other forms of education Dfuse helps people to deal with challenging and anti-social behaviour wherever they encounter it, at work, at home, in their community or at school. Dfuse welcomes the Woolwich model as it highlights the purpose and approach of the organisation.

First aid does provide a useful model for developing a cadre of the population with skills to respond to anti social behaviour. However in order to apply the Woolwich model successfully an understanding is required of the more contemporary developments which have contributed to the popularisation of first aid.

This paper outlines some of the key features that have influenced first aid and how Dfuse, as a relatively young organisation, is preparing to replicate the developmental steps and overcome the challenges.

Agreed standards, informed by evidence

Post the Second World War the continued joint working between St John Ambulance, St Andrew's Ambulance and the British Red Cross provided a natural home for the expert leadership of first aid knowledge. The Tripartite committee led the debates on defining the 'best ways' in emergency aid.

When joined by the Resuscitation Council UK this cadre of expert bodies set the definitive skill set for first aid that became recognised both in statute and in practice, with every first aider following the practice stated within the Tripartite First Aid Manual. Today the manual is updated regularly based on new medical evidence and research into the retention and application of skills.

No such collaborative leadership exists for defusing skills. Dfuse training is evidence informed as it draws on tried and tested techniques from Met Police Officer Safety Trainers and hostage negotiators, although many organisations and professions,

such as counsellors, psychologists, mediators and management consultants use skills that are on the same continuum. However Dfuse is relatively unique in its application of the skills - to assist the public to respond to their own concerns around antisocial behaviour.

Dfuse is seeking to bring together experts from across the range of disciplines to define and jointly endorse a set of approaches and skills in order to provide the equivalent of a first aid manual for defusing antisocial behaviour.

Policy and advocates

First aid is a well understood concept and features in many parts of day to day life. Its symbol, a white cross on a green background, is well known. First aid is embedded in policy and has many advocates within civil society.

The Health and Safety (First Aid) Regulations came into force in 1982 and stipulated that "an employer shall provide or ensure that there are provided, such equipment and facilities as are adequate and appropriate in the circumstances for enabling first aid to be rendered to his employees if they are injured or become ill at work." Employers were also required to inform employees about the arrangements in place for providing first-aid, including the location of facilities, personnel and equipment[4].

The statutory requirement for first aid in the workplace promoted a wide scale understanding of the subject and furthered the debate on what the essential first aid skills should be. A cohort of people developed first aid skills that, while meant for the workplace, were also deployed in community settings. This helped to create public awareness and acceptance of the importance of first aid skills. It also meant that, given the commercial incentive, a range of training providers entered the market.

The increased competition led to further developments in training, resources and materials.

Long before the Health and Safety at Work Act movements such as the Scouts recognised the value of teaching first aid to citizens. In Baden Powell's 'Scouting for Boys: a handbook for instruction in good citizenship', published in 1908, he included life saving and first aid. Since the Health and Safety at Work Act other areas of policy have also promoted first aid. For example the Highway Code and theory driving test includes first aid knowledge.

Whilst in the current policy climate it is unlikely that defusing skills will be made a statutory requirement much can and is being done to raise the importance of these skills within business and communities. Dfuse is continuing to develop its commercial workplace offer which: helps manage risks as part of duty of care; skills front line workers to deal with conflict and aggression; and improves communication between staff and with customers.

Dfuse aims to bring together interested individuals from relevant membership organisations to identify for which groups defusing skills would be most valuable and to consider lobbying around the professional qualifications of these areas of work. Dfuse also seeks partners to test the impact of defusing skills on issues that matter to employers such as income, customer relations and meeting health and safety requirements.

Dfuse has no desire to become a training monolith; rather it is seeking to grow the overall market for defusing skills by proactively building the capacity of other organisations to deliver education and training to their own constituents. Dfuse is currently developing tailored packages for Victim Support, local councils and youth and residents organisations to embed defusing skills into their existing offers.

Everybody has a role

With skills based education, particularly skills that have been heavily professionalised, there is often a tension between skilled experts and trained lay practitioners. First aid has been embedded in communities since The National Health Service Act which came into effect in 1948 which created a statutory requirement for ambulances to be made available for anyone who needed them.

As first aid skills became more complex, with the use of equipment such defibrillators and airways, there was an increased concern from health professionals about the competence of lay practitioners providing first aid (i.e. do we really want volunteers and the public interfering?) and around the security of professional roles (i.e. if volunteers can do first aid will it reduce need for specialist skills?). This latter point became especially poignant following the voluntary sector response to the 1989 ambulance dispute.

Key to supporting relationships between the 'lay' first aider and expert medical professional was the body of medical evidence that showed that first aid was a skill that needed to be deployed quickly. In the case of cardiac arrest, for example, outcomes improve exponentially the earlier CPR and defibrillation is applied. Similar patterns could also be seen for the treatment of bleeding and burns.

Even the best resourced ambulance services cannot arrive at all cardiac arrests within a minute of the heart stopping and it became clear that first aid was the key part of the continuum of care necessary for the professionals to achieve better outcomes. There was no longer room for the 'them and us' mentality. The 'chain of survival' now forms part of all paramedic and medical training and ambulance services and hospitals provide training to the public to ensure that lay people have these essential skills.

The chain of survival was pioneered in Seattle, USA through the One Medic System. The system is described as "*the best of its kind, not for the heroics of the staff, but for*

the active participation of the citizens of our region. The system literally begins and ends with the citizens of the community. Seattle and King County citizens have made the choice to be active participants in the lives of the people around them by helping their neighbour or loved one at the time of their greatest need. The Medic One System requires citizens to be active participants in the system by supporting it and by helping the people in our community by:

- *Recognizing when a fellow citizen needs medical care.*
- *Calling 911 to activate the Medic One System.*
- *Helping a family member, or neighbour, until Medic One arrives.*

The real difference in patient care is made in the first 10 minutes. The citizens make the first and greatest difference. This is a unique endeavour that would not work in other areas of the country. Our culture and lifestyle is dependent on our ability to look out for the well being of one another. Active citizen participants in the Medic One System are a vital link in the "Chain of Survival"[5].

First aid therefore needed to be taught in a way to assist the lay person to understand the skills quickly and deliver them effectively – but not necessarily perfectly. It is often preferable for the lay public to do something rather than nothing. If nobody acts a person lying unconscious on their back will die from a blocked airway in minutes – if all the lay first aider did was gently tilt the head backwards and call '999' then there is a significant chance that the person will still be alive when the ambulance crew arrives. Training providers must ensure that a wide section of the lay public understand the few key actions that will make the difference in an emergency.

Similar work needs to be done with police and other professional staff with a responsibility for managing anti social behaviour to create an equivalent 'chain of intervention'. This should draw on evidence of how situations can escalate without effective early input from lay public and on how low level antisocial behaviour incidents, that are currently reported to the police, councils or landlords could have been dealt with, or at least mitigated by community intervention.

The core Dfuse training programme originally presented two skill sets based on police officer safety training and hostage negotiation. Whilst participants reported that the skills were useful some thought that they would have difficulty applying them in a real life situation. In response to this Dfuse now teaches skills through scenarios that are bespoke to each group and based on the types of antisocial behaviour or conflict situations they most often encounter (or fear encountering).

The scenario based approach has provided vital feedback on what participants feel their role is in responding to antisocial behaviour which has helped to shape the beginning of a defusing 'chain of intervention.' In a situation where one person does something that another perceives is antisocial or in conflict the aim is to resolve the situation without escalating into anger or aggression. The chain of intervention for lay defusers could therefore be:

1. Understand their own perception of what has occurred/ is going on and choose an appropriate emotional response - don't allow their initial emotional response to dictate their responses.
2. Begin dialogue in a manner that reduces the chances of the other person escalating the situation.
3. Seek to understand what is driving the behaviours and thereby how to come to an acceptable and safe resolution.
4. Defuse or withdraw quickly and safely from escalating situations,
5. In irresolvable or unacceptably escalated situations refer to or call in the appropriate authorities (i.e. landlord or local council in neighbour disputes or the police for aggressive or illegal actions),
6. Prepare to be a witness if necessary.

To build competence and confidence to undertake the chain of intervention Dfuse programmes include:

- The origins of conflict and how situations escalate,
- Managing emotional responses and assess whether an intervention is necessary,

- How to build rapport with others in stressful situations,
- Techniques to keep conversations going and influence the outcome of the situation,
- How to mitigate risks and respond to aggression and violence,
- The law surrounding typical antisocial behaviour scenarios, outlining what is a reasonable intervention.

Making education accessible

Within the voluntary sector the traditional approach to learning first aid (a didactic course leading to a final assessment with unnecessary attention given to pedantic details) was protected, and winning over the standard bearers to embrace new forms of educations was a challenge. However in the last ten years the Red Cross began to realise that those who were trained in first aid were often the easy targets: the employed (through first aid at work) and the willing public. It became clear that those most likely to need skills because of lifestyle risk factors and unwillingness to call for prompt professional help were not accessing training.

This led the Red Cross to develop a range of approaches (using lottery, corporate and EU funding) to reach specific at risk groups such as the homeless, South Asian communities (due to disproportionately high rates of death from coronary heart disease), people with disabilities, the elderly and young people (particularly around road traffic accidents and alcohol use).

These programmes challenged the status quo – they used non traditional training techniques for example moving away from sixteen week courses to: video game simulations; ten minute skills training on the beach; working through intermediaries; and making training and materials accessible.

This approach was not without significant pain for an organisation used to teaching the white middle class through traditional didactic training approaches. The evidence however was difficult to ignore. Young people wanted to pass on their new skills to peers. People who would have never learnt first aid did so. Hundreds of people could learn basic skills in one day. Many trainers preferred meeting the community rather than being restricted to the classroom. People with relatively little first aid knowledge could teach other people key skills. Participants saved lives after only fifteen minutes instruction.

These approaches now run through the core of the Red Cross approach to first aid education. Reach to vulnerable groups continues to rise and first aid training for the entire population has changed with these new techniques being applied regularly alongside traditional course based approaches.

The Dfuse Director of Programme Development led the initial stage of this work nationally for the British Red Cross, along with the paper's co-author, and is applying a similar approach to the development of programmes to reach those most in need of Dfuse skills, for example:

- The Victim Support partnership is teaching much about framing defusing skills sensitively and appropriately to victims of low-level antisocial behaviour and domestic violence.
- A model for packaging the defusing skills for young offenders is under consideration in partnership with the children's special educational needs charity The Communication Trust.
- A project in development with Shropshire Council and OPM (Office for Public Management) aims to examine the impact of Dfuse skills on social norms and incidences of reported antisocial behaviour when spread widely across a small neighbourhood.
- A partnership with The U, the Citizen's University, to develop a ninety minute interactive training offer, delivered by lay volunteers to the public, which

provides individuals with confidence to intervene, whilst maintaining the integrity of the skills and encouraging safe responses.

New routes to communicate key educational messages, in ways that are accessible and appropriate to new and diverse audiences, are in development, including:

- Using social media to create awareness of the skills and issues. Those interested can follow Dfuse on Twitter, or keep up to date with Dfuse news through Facebook.
- A series of videos highlighting the use of key skills in conflict and antisocial behaviour scenarios.
- Easy to use educational materials to enable teachers and community leaders to deliver key messages and skills to groups.
- Trainer-less resources and online training to enable individuals and groups to learn the skills, without the need to attend a training course.

Overcoming barriers to action

The Red Cross realised that even though first aid education was more available there was still no guarantee that people would apply their skills in an emergency. This is particularly the case for emergencies involving strangers. Some people will always try to help, even without training. Some may be encouraged to help through training. Others would never help a stranger.

This phenomenon is called the bystander effect. Not limited to first aid scenarios, experiments have shown that the more witnesses there are to a situation the less likely it is that anyone will intervene. The explanations for this include:

- Pluralistic ignorance – a form of social proof where people take their cue from the reactions of others, and are less likely to react if others do not.
- Diffusion of responsibility – where people assume that someone else will help or that others are more experienced and able to help.

- Situational ambiguity – where the scenario is unclear; it may not be possible to identify who the protagonist is or to understand what is going on.
- Fear of: looking foolish by offering an unwanted intervention or being superseded by a more superior intervener; doing the wrong thing; or being hurt.
- Not having the time to intervene or not knowing how long they will be in the situation if they do intervene.

The Red Cross developed a programme of humanitarian education which explores concepts around willingness to act and to overcoming barriers to action. Often having a conversation with someone about the existence of the bystander effect can help them to overcome it when faced with a situation requiring an intervention.

In March 2011 a Dorset Counsellor did not intervene when he saw small children picking daffodils from a public park near his home. Instead the police were called to inform the family that picking flowers from council managed parks was illegal.

Often people will not approach their neighbour directly to deal with an antisocial behaviour issue, such as noise, parking or dog fouling. During an interview conducted by The U one mediation service reported "Often people don't approach their neighbours directly because they are afraid. But when the neighbour receives the letter of complaint they are offended that they weren't spoken with first. People can handle these situations themselves, and you don't need much training to do it."

Many people prefer not to initiate difficult conversations and would rather someone else act on their behalf, such as councils, police or landlords. Only 30% of British people say they would intervene to stop a gang of children vandalising a bus shelter, compared to 60% in Germany[6]. The reasons for not getting involved are similar to the bystander effect – yet incidents of antisocial behaviour have a direct impact on an individual's satisfaction of their local area as a place to live.

Of those who want to intervene many are too frightened, lack confidence or do not know what to do.

For some people their impulse to intervene leads them to rush in without thinking. This can often escalate a situation or place them at risk of serious injury or death. The media often reports the death of a 'good Samaritan' which exacerbates the fear.

Dfuse training builds the confidence of individuals to act by discussing the potential barriers to action and teaching the skills to intervene in scenarios relevant to their situation. Dfuse training also covers how to assess the risks of a situation before entering it and how to get away should the situation become aggressive or violent.

Some people do not intervene as they are not clear about the law surrounding the situation. For example a noisy neighbour: what is unreasonable noise? How late is too late for load music? When is it appropriate to involve other agencies? Dfuse training clarifies the legal perspective; outlines how interventions dovetail with other services and what the next steps might be for antisocial behaviour that requires a co-ordinated intervention, from the community, local authority, police and other partners, such as problematic drug taking in a local park.

Dfuse is constantly listening to the feedback of participants so that the programmes can improve how they encourage more people to overcome their barriers to intervene – and intervene in a safe and appropriate way.

Conclusion

There is much to be learnt from first aid about enhancing skills and willingness to form a ‘chain of intervention’ where community members are part of a ‘team’ which also includes the professional services.

However first aid has been honed and developed for over a hundred years benefitting from the hands on experience of organisations such as British Red Cross and supported by legislation. There is much to do to raise the profile and importance of defusing skills in the minds of policy makers, commissioners and the public.

Dfuse is seeking to create a ‘chain of intervention’ movement, of people from across the range of related disciplines, who are willing to inform the debate and define the key elements that will form an agreed approach to defusing antisocial behavior.

References

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About Dfuse

Dfuse is a registered charity whose mission is to create a critical mass of individuals willing to act to reduce the occurrence, and mitigate the consequences, of anti-social behaviour. Since 2007 Dfuse has provided training to deal with antisocial, confrontational, and aggressive behaviour, for businesses, charities, the public sector communities and young people.

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