



STREETDOCTORS

Changing lives by giving young people the skills and confidence to deliver life-saving first aid



Strategic Plan 2018 - 2022



“ So basically I was at a friend’s birthday party, she is younger than me.... then I heard a bang coming from the back of the garden like one of the big balloons got popped. Everyone started screaming about 5 seconds after and they all started to run towards where I was standing. So I stepped outside looked to the right of me. I see a young boy on the floor by himself. So I’ve just gone over to him and immediately saw his leg covered in blood. ... He showed me his leg, so I asked some other boy to put pressure on that whilst I put pressure on his hand as he had also been stabbed in the hand to the point where I could see flesh. I then got someone’s jacket, so I could cover him, so he stayed warm. I just kept talking to him. Asked where he was from. How old he was. His name. Who did he come with etc. I just stayed with him until the ambulance arrived. Just kept telling him to stay awake and to let me know if he feels tired as I didn’t want him to close his eyes. I just kept reassuring him that everything was gonna be ok. I managed to get hold of his mum. He was 16yrs old as well. He is still alive.

Case study from a young woman who used what she had learnt from StreetDoctors

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Introduction

Since first registering as a charity in 2013, StreetDoctors has grown from 6 teams in 5 cities teaching 600 young people a year, to 19 teams in 16 cities teaching over 3500 young people a year by 2017.

StreetDoctors is now a UK wide youth social action movement of trainee healthcare practitioners dedicated to preventing youth violence.

Youth violence continues to be a major cause of death, life-changing injuries and long-term conditions for young people in the UK, and the subsequent suffering and distress for victims’ families, friends and the local community is deep and lasting and impossible to measure. Rates of violence affecting young people have risen significantly in recent years. We simply must do more.

In 2017, StreetDoctors set up a working group of trustees, staff and volunteers to explore how best to increase our reach and impact. Consultations were held with volunteers and our funders, to inform this, our 2018 – 2022 Strategic Plan.

This plan represents a bold and ambitious step change for StreetDoctors. In it we lay out our plans to increase our reach and impact to better support those young people who are most affected by youth violence in our society.

Our Key Goals

- ✎ We want every area with a high incidence of youth violence to have a locally supported and resourced StreetDoctors team, so that every young person at risk has access to our sessions. We want those young people to know what to do if they are at the scene of a medical emergency, and as importantly to see themselves as the lifesavers in their community, capable of acting responsibly and helping others.
- ✎ We want to expand our volunteer cohort to include other emergency healthcare professionals, for example trainee paramedics and nurses.
- ✎ We will substantially increase our capacity to teach in locations with a high level of need.
- ✎ We will increase the voice, influence and opportunities for young people with lived experience of violence within the organisation. Informed by their lived experience we will develop our advocacy for a public health approach to tackling violence affecting young people.
- ✎ Underlying this growth we will maintain and strengthen the StreetDoctors culture of being volunteer-led at a local level and volunteer-influenced nationally.
- ✎ Finally we will continue to build for future sustainability, diversifying and growing our income streams, and ensuring we have an efficient, resilient and effective organisation in place.

By executing this plan we hope to reach more young people than ever before.

The context

Violence is a major cause of death, life-changing injuries and long-term conditions for young people in the UK and there is evidence to indicate that the problem is worsening

The scale of the problem

Knife crime offences are at the highest level since 2010.¹

- ✎ **1 in 20 young people** know someone who carries a weapon,³ and in many areas that figure is much higher.
- ✎ In 2017 the largest increase in proven offences by young people was in violence against the person (increased by 8 percentage points to 26% of all offences).¹
- ✎ The Metropolitan Police report that the majority of young people carrying weapons do so out of fear for their own safety and not because they are gang affiliated.²

What we know about violence and how it affects young people

A recent large-scale study into the public health impacts of violence⁴ revealed:

- ✎ There are **2.5 million violent incidents** in England and Wales each year. They result in 300,000 emergency department attendances and 35,000 emergency admissions into hospital.
- ✎ Violence is estimated to cost the NHS £2.9 billion every year. This figure underestimates the total impact of violence on health as, for instance, exposure to violence as a child can increase risks of substance abuse, obesity and illnesses such as cancer and heart disease in later life. **The total costs of violence to society are estimated at £29.9 billion per year.**
- ✎ Much like many infections, violence is contagious. For instance, exposure to violence, especially as a child, makes individuals more likely to be involved in violence in later life.
- ✎ Violence shows one of the strongest inequality gradients with emergency hospital admission rates for violence being around five times higher in the most deprived communities than in the most affluent.
- ✎ Violence impacts on mental well-being and quality of life, prevents people using outdoor space and public transport and inhibits the development of community cohesion.



Therefore this means that violence prevention is a critical element in tackling other longer term public health issues that often don't show themselves until adulthood.

There is an emerging body of research⁵ that demonstrates the experiences we have during infancy are fundamental to our life chances. Adverse Childhood Experiences (ACEs) are associated with the development of a wide range of harmful behaviours including smoking, excess alcohol use, drug taking, risky sexual behaviour, violence and crime. Young people who have experienced **4** or more ACEs as children are **10** times more likely to be involved in violence by adulthood.

From our own delivery with young people we know that:

- ✎ Many young people do not know the basics of first aid. For example, how to call an ambulance. This is even if they say they have had first aid training in the past.
- ✎ They think there are 'safe' places to stab someone and do not understand the life-changing consequences of non-fatal stabbings such as incontinence, disability and long-term physical and psychological issues.
- ✎ For some young people violence has become normalised. They see it as part of growing up.

“ Yeah, it's given me self-confidence. I wouldn't have been confident before. I wouldn't know anything. I'd just stand there and freeze. I would freeze up. After this if I see someone on the road unconscious or conscious but needs help, I feel like I could apply everything I've learnt towards them and help them. I've taught my little brother, yeah, I've used him as a little crash dummy. I've taught my mum as well.

Young person, West London youth centre

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¹ NHS A&E data <https://www.theguardian.com/uk-news/2017/jan/19/crime-figures-show-and-knife-offences-rising-ons-england-wales>

² MOPC, the London Knife Crime Strategy, June 2017

³ Crime Survey in England and Wales, Office for National Statistics (March 2015)

⁴ Bellis, Hughes, Perkins, Barnett (2012) *Protecting People, Promoting Health – A Public Health Approach to Violence Prevention for England* <http://www.cph.org.uk/wp-content/uploads/2012/11/ProtectingPeoplePromotingHealthAPublicHealthApproachToViolencePreventionForEngland.pdf>

⁵ <https://www.cdc.gov/violenceprevention/acestudy/index.html>

Solutions to youth violence

We believe youth violence needs to be seen not as a series of isolated incidents or just a police enforcement or criminal justice problem. Youth violence needs to be viewed as a preventable consequence of a range of factors. This requires an approach that works across systems and Government departments, and takes a public health approach to reducing its incidence and impact.

For StreetDoctors a public health approach:

- ✔ Recognises that young people need to be at the heart of solutions and seeks to actively engage with them in designing, developing and delivering interventions.
- ✔ Sees education as vital – targeted work with young people who are at most risk of being affected by violence may be most effective in reducing violence overall.¹
- ✔ Gives young people information about the medical consequences of violence; essential lifesaving skills and the confidence to use them, can be lifechanging.
- ✔ Acknowledges the longer term public health benefit to early and prompt intervention in order that violence does not become habitual and embedded behaviour for young people.

- ✔ Is trauma-informed; the reasons why young people get involved in violence are complex, and we need to understand that violence is often a response to trauma. Young people may be perpetrators of violence, they may also be victims of violence, and often they are both. Therefore, they need holistic care.
- ✔ Reframes violence as something which affects us all. The psychological and emotional impact on individuals, families and communities directly affected by violence are devastating and violence erodes community safety and neighbourly trust.
- ✔ Involves challenging the normalisation of violence.
- ✔ Means collaborating with others – no single organisation can solve this issue alone. Partnership at a local, regional and national level is vital in order to utilise a range of different interventions to stop the transmission of violence. To effect longer-term change collaboration is needed between grassroots community organisations and a range of actors across the public, third, health, social and political sectors.
- ✔ Violence requires addressing social inequality. Emergency hospital admission rates for violence are around five times higher in the most deprived communities when compared to the most affluent.

“ Thank you for today, you’ve really inspired me, because of what happened to my dad. You’ve inspired me to save lives. . . . like you were saying about being able to teach other people this stuff, I want to do that. ”
Young person at Feltham Young Offender Institute

¹ KnifeCrime interventions, what works? Scottish Centre for Criminal Justice (2013)
Global status report on violence prevention, World Health Organisation (2014)

What we do

When someone is stabbed, or collapses it is vital they receive treatment quickly. The more blood lost, the lower the chance of survival. People tend to panic and fail to undertake basic tasks such as calling for help. We teach young people what to do: that they can save lives by calling an ambulance and delivering simple first aid immediately, before professional help arrives.

Our sessions are simple, clear, interactive and inclusive. Typically, two to three healthcare volunteers teach two 60-90 minute sessions to 6-12 young people. Our sessions include practical skills training such as how to call an ambulance, what to do when someone is bleeding or unconscious, and we discuss the medical consequences of violence with young people including their willingness to help.



Why our approach works

- ✔ Our intervention is brief but significant – we give young people the information and practical skills they need to be able to act when someone is bleeding or unconscious.
- ✔ We discuss the medical consequences of violence, supporting young people to recognise that there is no ‘safe place to stab someone’. As importantly, we treat them as trainee ‘lifesavers’ with the potential to make a positive contribution to someone else’s life.
- ✔ Our teaching is memorable, straightforward, fun, interactive and practical – we get young people on their feet practicing what to do.
- ✔ StreetDoctors volunteers are non-judgmental and friendly – most of our volunteers are under 25 and are therefore young people themselves. This unique peer to peer approach means that positive relationships are built between young people at risk of violence and young healthcare practitioners in a mutually beneficial partnership.
- ✔ Our sessions are specifically designed for those young people who are at an increased risk of violence.
- ✔ We empower young people to become StreetDoctors in their own communities helping to keep themselves and others safe.

Most importantly, we treat young people as potential lifesavers who can make a positive difference to their community.

Reach and impact

In 2014 StreetDoctors embarked on an ambitious programme to increase the number of young people we reached, by replicating our model in areas close to medical schools where youth violence needed urgently addressing.



End of session evaluations from young people demonstrate that:

93% understand the medical consequences of violence

93% know what to do when someone bleeding and / or unconscious

86% would be willing to act in a medical emergency

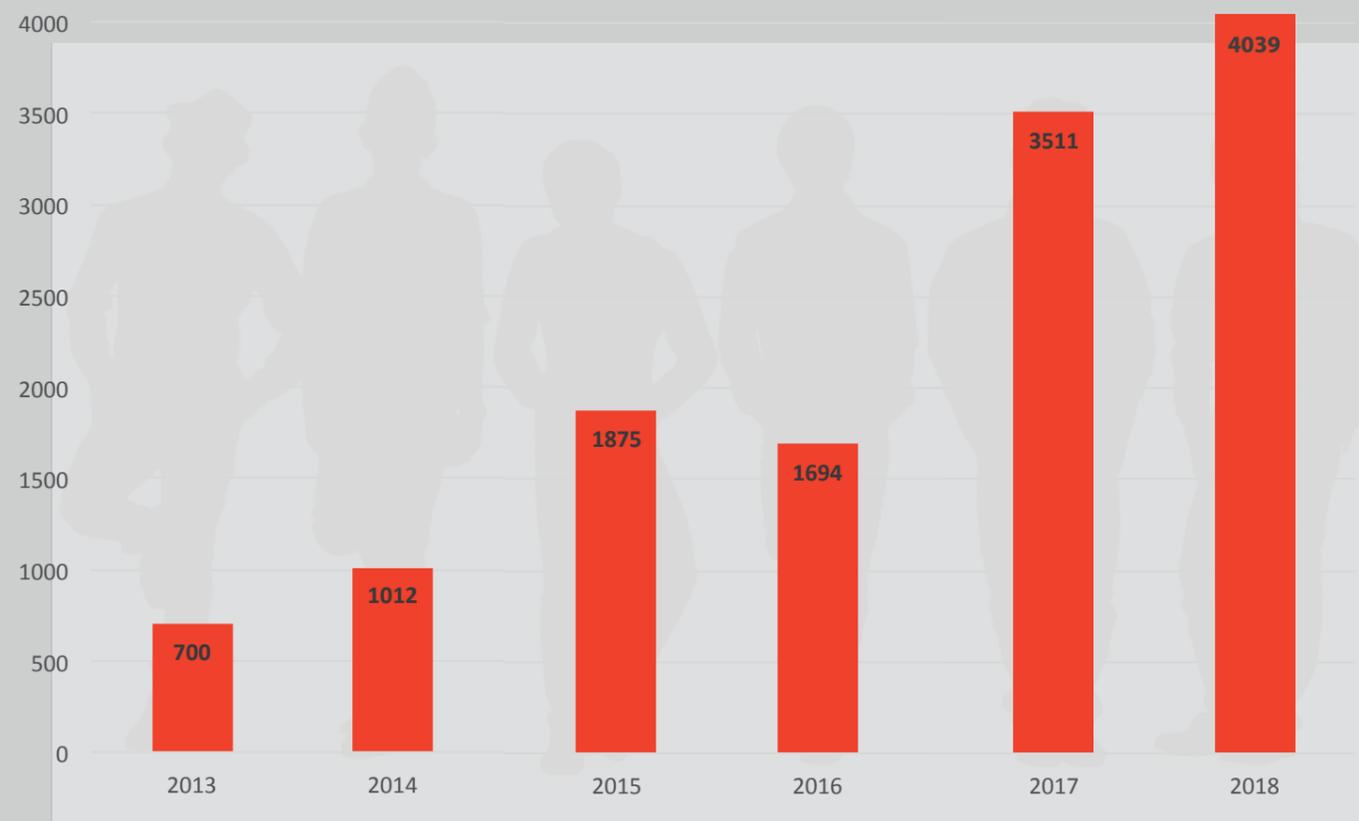
Since then we have tripled in size to 19 teams in 16 cities, including expansion to Scotland and Wales in 2016. We currently have teams in these locations: Birmingham, Bristol, Cardiff, Glasgow, Keele, Leeds, Leicester, Liverpool, Manchester, Newcastle, Nottingham, Sheffield, Southampton, Warwick (serving Coventry) and 6 teams in London. In 2017 there were over 300 active medical student volunteers. In 2018 StreetDoctors will pilot the inclusion of nursing and paramedic students as volunteers.

We have increased the number of young people taught year on year; from 600 young people in 2013 by 483% to over 3500 young people in 2017.

Since 2013, we have equipped 8839 young people with the skills and confidence they need to be the lifesavers in their communities.

Investment in research and evaluation means that StreetDoctors has robust systems in place for monitoring and evaluation. We collect quantitative and qualitative data against our theory of change from three different sources; young people, delivery partners and volunteers. Learning is fed back to teams via our national specialist groups for Impact and Quality, and to Team Leaders through monthly support sessions from the staff team.

Annual number of young people taught



In our most recent survey of delivery partners, 100% of respondents (n = 36) rated StreetDoctors' content; delivery; relevance and engagement of young people as good to excellent.

Despite the difficulty of undertaking longitudinal follow up with young people who often lead chaotic lives we know of 18 known cases of young people acting in a medical emergency following a StreetDoctors teaching session.

In 2017, young people helped on the scene of a double shooting. In another case a young offender who had recently attended a session was the only person to help at the scene of a life-threatening stabbing. He called the ambulance, staunched the bleeding and waited with the victim until the ambulance arrived. We have many more stories of young people going on to teach their family and friends these essential lifesaving skills.

In 2016, our impact evidence was recognised with a NESTA Level 2 Standards of Evidence and a Project Oracle Level 2 Standards of Evidence. (Project Oracle is the Children and Youth Evidence hub of the London Mayors' Office for Police and Crime and is widely seen as the industry standard).

Strategic Goals 2018-22

What success looks like in 2022?

We want to reach more young people at risk of violence, and to deepen and strengthen StreetDoctors impact. Therefore we will continue to deliver our services to those young people who are at highest risk of youth violence.

1
GIVE YOUNG PEOPLE MOST LIKELY TO BE DIRECTLY AFFECTED BY VIOLENCE THE MEDICAL SKILLS AND CONFIDENCE TO SAVE LIVES; REDUCE VIOLENCE; AND PASS ON THEIR SKILLS AND LEARNING TO OTHERS.

We want every area with a high incidence of youth violence to have a locally supported and resourced StreetDoctors team so that **every** young person at risk has access to our sessions.

We will do this by:

- Adapting and expanding our existing team model so that we can increase our capacity to deliver.
- Expanding our volunteer pool to include other healthcare professionals such as nurses and paramedics.
- Further develop local multi-agency partnerships increasing the frequency and regularity of sessions.

1

8000 young people a year equipped with the skills and confidence to act in a medical emergency.

Locally supported and resourced StreetDoctors teams in more areas with a high incidence of youth violence.

A multi-disciplinary UK wide network and social movement of young people and trainee volunteer healthcare practitioners committed to tackling youth violence.

2
STRENGTHEN OUR ENGAGEMENT WITH YOUNG PEOPLE WITH LIVED EXPERIENCE OF VIOLENCE SO THAT THEY GAIN GREATER BENEFIT FROM THAT ENGAGEMENT AND SO THAT THEY BETTER INFORM AND INFLUENCE OUR WORK.

We are committed to strengthening our engagement with the young people we teach recognising that they are a part of the solution to reducing youth violence and in line with best practice in the youth sector. To this end we will:

- Increase the engagement of young people in StreetDoctors at every level so that young people with lived experience of violence can inform and influence the development and delivery of our service.
- Strengthen the impact of StreetDoctors sessions through developing interventions whereby young people are actively engaged in passing on their skills and learning to other young people at risk.

2

Young people with lived experience of violence are deeply engaged in the charity as influencers and educators passing on their skills to others, and informing and developing our content and delivery.

Young people at risk receive recognition for their learning and opportunities to teach others.

More young people at risk actively contributing to eradicating youth on youth violence through teaching others lifesaving skills.

3
ACHIEVE EXCELLENCE IN DELIVERY AND EVALUATION OF IMPACT, LEARNING FROM WHAT WE DO AND SHARING IT ACROSS THE ORGANISATION TO EMBED BEST PRACTICE.

- We will ensure that all of our volunteers are properly trained and equipped to deliver StreetDoctors sessions learning from experts in the youth, training and medical sectors.
- We will provide a range of opportunities and progression routes for volunteers so that they remain inspired, engaged and excited to be a part of the social movement that is StreetDoctors.
- We will continue to learn from young people, our delivery partners, our volunteer delivery teams and evidence of best practice elsewhere about how to best impact violence in the lives of the young people we teach.
- We continue to maintain a focus on a robust approach to monitoring and impact evaluation across all volunteer teams and will strengthen quality assurance structures and feedback mechanisms to ensure that growth is not at the expense of quality.

3

Excellent volunteer leadership and training programmes established with links to external accreditation and providing value for our volunteers in their future careers.

A continuous learning culture within the organisation embedded across teams and via local volunteer Impact and Quality Specialists supported by expertise in the staff team.

Our learning is shared widely and we continue to learn from others and draw on the latest research, evidence and best practice.

4

DEVELOP OUR INFLUENCE ON POLICY, ADVOCATING FOR A PUBLIC HEALTH, TRAUMA INFORMED APPROACH TO TACKLING YOUTH ON YOUTH VIOLENCE.

We will use the increased quantitative and qualitative data collected to influence understanding and better communicate the needs of young people affected by youth on youth violence. The expansion of our services will give us unique insight into youth violence and a data set that is extremely valuable to the debate and policy direction.

As an organization of trainee healthcare professionals we will build partnerships in order to collaborate across sectors to advocate for a public health, trauma informed approach for working with young people affected by violence.

4

StreetDoctors learning from the experiences of the young people we teach and our impact evaluation informs and influences policy on youth violence prevention.

StreetDoctors is part of a broad coalition of academics, politicians, policy makers and practitioners advocating for a trauma informed public health approach to violence.

5

INVEST IN DEVELOPING STREETDOCTORS VOLUNTEER CULTURE, AND ORGANISATIONAL SYSTEMS, KNOWLEDGE AND SKILLS.

StreetDoctors biggest asset is our young volunteers. Their passion, dedication and commitment to make a difference to the lives of young people affected by violence is a huge inspiration.

- We want to continue to invest in StreetDoctors as a youth and volunteer-led social movement and ensure that the culture, organisational systems, knowledge and skills are in place to allow them to do what they do best – enabling young people at risk of violence to be the lifesavers in their communities.
- We will expand our volunteer cohort to include other trainee and junior healthcare professionals.
- We will increase and expand the opportunities for volunteer leadership throughout the organisation.

5

StreetDoctors remains volunteer led at a local level. Volunteers are represented at all levels within the charity and contribute to the strategic direction.

A volunteer leadership programme which provides them with experiences and qualifications that are of value in their healthcare careers.

A strong infrastructure with robust organisational systems and processes in place to support volunteer activity and a resourced and expert staff team.

6

SUSTAINABLE INCOME STREAMS TO FUND STREETDOCTORS WORK WITH YOUNG PEOPLE

As we continue to scale we want to diversify our sources of income through strengthening our relationships with partners, supporters, stakeholders, funders, local trusts and foundations and individual donors.

We aim to decrease our overall reliance on major trusts and foundations in the longer term, as other sources of income grow.

6

Diversified income streams ensuring future sustainability and financial stability.

Thank you

Our work would not be possible without the ongoing support and dedication of all those involved in StreetDoctors.

We particularly would like to express our thanks to:

- ✎ The enthusiastic young people to whom we deliver our training
- ✎ Our fantastic volunteers who willingly give their time to StreetDoctors
- ✎ Delivery partners and young people who have participated in research
- ✎ Specialists who have generously donated their skills and expertise
- ✎ Our major funders who provide essential financial support, and all our smaller funders and donors who enable us to continue our lifesaving work

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