Co-producing an emergency services well-being strategy in the UK

INTRODUCTION

Perhaps it is important to firstly outline a few of the multiple sources of pressure that emergency service responders (ESRs) are experiencing in the UK. This may well be and seems reasonable to assume, the status quo throughout the US, Canada, and Austrailia. Primarily, they inhabit a world in which their safety and success requires them to be constantly alert and attentive to the smallest indication of a hazardous situation or an important piece of information. The pressure to remain constantly vigilant and engaged, while challenging and exciting, can lead to psychological exhaustion and burnout if not managed correctly. Furthermore, the pressure to remain constantly vigilant and engaged, while challenging and exciting, can lead to medical conditions such as stress and trauma. The pressure to remain constantly vigilant and engaged, while challenging and exciting, can lead to various medical conditions such as stress and trauma. The pressure to remain constantly vigilant and engaged, while challenging and exciting, can lead to various medical conditions such as stress and trauma. The pressure to remain constantly vigilant and engaged, while challenging and exciting, can lead to various medical conditions such as stress and trauma. The pressure to remain constantly vigilant and engaged, while challenging and exciting, can lead to various medical conditions such as stress and trauma.

Co-production

All the guidance documents produced in response to this requirement have been co-produced by collaborations between practitioners, academics, and experts in the fields. This suggests by Hartley, Hesketh & Chase (2017), the optimum approach to informing and guiding front-line practitioners is through co-production. In this context, co-production is a capability based on identifiable competences of those who are contributing. It is the bringing together of thinking and practice with multiple stakeholders to co-produce knowledge and the underpinnings of workplace well-being and purpose. The underpinnings of workplace well-being and purpose is interesting as secondary — as it should be. One of the most self-interested aspects of the ESR-academic relationship is the shared desire for their research to be cited and used by their peers (Hartley et al., 2017). With a focus on working with the better of the ESRs, the collaborators in this case, working with the better of the ESRs, the collaborators in this case, working with the better of the ESRs, the collaborators in this case, working with the better of the ESRs, the collaborators in this case, working with the better of the ESRs.

As the research evolves on ESRs and their well-being, it is increasingly obvious that there are subtle differences in the way ESRs operate, have led to increases in reported stress (Tehrani & Hesketh, 2018), and have contributed to a hyperarousal. The pressure to remain constantly vigilant and engaged, while challenging and exciting, can lead to medical conditions such as stress and trauma. The pressure to remain constantly vigilant and engaged, while challenging and exciting, can lead to medical conditions such as stress and trauma. The pressure to remain constantly vigilant and engaged, while challenging and exciting, can lead to medical conditions such as stress and trauma. The pressure to remain constantly vigilant and engaged, while challenging and exciting, can lead to medical conditions such as stress and trauma. The pressure to remain constantly vigilant and engaged, while challenging and exciting, can lead to medical conditions such as stress and trauma.

It must be noted that such co-production is not always plan-sitting. The bringing together of thinking and practice with multiple stakeholders has to be carefully considered. As suggested by Gray (1989) as finding a “common ground” — in this case, working with the better of the ESRs, the collaborators in this case, working with the better of the ESRs, the collaborators in this case, working with the better of the ESRs, the collaborators in this case, working with the better of the ESRs, the collaborators in this case, working with the better of the ESRs. This is described by Gily (2019) as finding a “common ground” — in this case, working with the better of the ESRs, the collaborators in this case, working with the better of the ESRs, the collaborators in this case, working with the better of the ESRs, the collaborators in this case, working with the better of the ESRs, the collaborators in this case, working with the better of the ESRs.
lifestyle. This includes levels of coping, attitudes towards risk, physical conditioning and, to some extent, living with what most would describe as a chaotic lifestyle. All of these impact on resilience, described by Paton et al. (2008, p.96) as, "... the capacity of agencies and officers to draw upon their own individual, collective, and institutional resources and competencies to cope with, adapt to, and develop from the demands, challenges, and changes encountered during and after a critical incident, mass emergency, or disaster."

This helps to clarify that the well-being needs of ESRs can be fundamentally different to the general populous and, as such, it is often not particularly useful to provide general working population comparisons as evidence of physical or psychological functionality. For example, ESRs usually work unsociable hours, deal with deranged and/or violent individuals, regularly put themselves in harm’s way and more generally deal with incidents that are high on emotional labour. It is oft said they are running towards situations that most are fleeing.

Therefore, some of the avoidance options open to others just simply do not apply to ESRs. However, the resilience of ESRs is not inexhaustible, and the Blue Light Framework and associated publications make that crystal clear. ESRs need to be well-led, they need to understand personal resilience. Furthermore, ESR organizations need to be cognizant of the working environment, maintaining meaning and purpose in the working life of ESRs. Figure 1 below outlines these key components.

The work involved with the conception, consultation, construction, and delivery of the Blue Light Wellbeing Framework called upon multiple parties. These included Public Health policy makers, medical practitioners, clinical practitioners, neuropsychologists, ESRs themselves, senior and executive stakeholders, ESR charities, and occupational health practitioners. A full range of collaborators is recommended; however, caution is advised against having too many contributors. As with earlier assertions, there has to be compromise and a mutual understanding of the problems to be solved.

**Closing Remarks**

Coordinating key data on the health and well-being of ESRs supports both improved research and more effective practice, from national initiatives to the front line. This is critical to success, as are the Key Performance Indicators (KPIs) for well-being, which drive a consistent understanding of well-being needs. With the current landscape increasingly complex and ambiguous, ESRs find themselves experiencing increasing levels of emotional labour. To that extent, the Blue Light Wellbeing Framework has been welcomed by ESR practitioners.

Bringing numerous stakeholders together is always challenging, however the subsequent outcomes make this well worth the effort. The Blue Light Framework, at the time of writing (November 2018) has full sign up from the UK Police and Fire Services, and a burgeoning interest from the Paramedic Services. These services do not always work as one in the UK, with varying agreements found around the country. With no sign of abating, the demand for ESRs is rising, and their work grows ever more complex. In this

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**FIGURE 1** The key facets to well-being in ESRs.
respect, coming together to agree an appropriate well-being strategy appears optimal for organizations, supervisors, and the ESRs themselves.

Whilst written in the context of the UK Emergency Services, this collaborative framework has received a burgeoning amount of attention from overseas ESRs and appears, prima facie, to be applicable throughout global emergency service settings. A focus on ESRs well-being has surely to be a critical element to any strategic decision-making. Having an evidence-based, cross-discipline guide to inform and steer strategy provides decision makers with a valuable resource to influence their thinking and ultimate courses of action, wherever in the world that may be.

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CONFLICT OF INTEREST DISCLOSURES
The author declares there are no conflicts of interest.

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REFERENCES