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

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This article is related directly to the recent Law Enforcement Public Health (LEPH) Conference in Toronto, Canada, October 2018

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 Australasia. 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. These demands can lead to a chronic state of hyperarousal. The pressure to remain constantly vigilant and engaged, while challenging and exciting, can lead to psychological exhaustion and burnout if not managed correctly. Furthermore, and as alluded to in the seminal work by Gilmartin (2002), ESRs post-duty can experience detachment, tiredness, isolation, and apathy in what he refers to as "the hypervigilance recovery period" (p.49). Additionally, there are hindrance stressors that emanate from government-imposed austerity measures. By way of example, in the UK these measures have resulted in reductions in services across the ESR piste (Her Majesty's Inspectorate of Constabulary and Fire and Rescue Services [HMICFRS], 2017; National Audit Office Report on NHS Ambulance Services, 2017). The challenges of all this, together with technological advances in the way ESRs operate, have led to increases in reported stress (Tehrani & Hesketh, 2018), and have contributed to a landscape that requires more effective well-being interventions to help the workforce.

To address this critical wellbeing requirement, the Blue Light Wellbeing Framework (Hesketh & Williams, 2017) was introduced in the UK. This framework helps ESR organizations to become cognizant of good practice in relation to six key areas known to impact on the well-being of ESRs. The framework is sector-specific, and is grounded in academic research together with Public Health England expert guidance. The framework clearly demonstrates the UK police service's commitment to officer and staff well-being, focusing on six key areas: Absence Management, Leadership, Creating the Environment, Mental Health, Protecting the Workforce, and Personal Resilience. To supplement these six aspects, which are included within the framework, further guidance was provided to fill a lacuna in the areas of Psychological Risk Management (Hesketh, Tehrani & Harrison, 2017), Responding to Trauma (Hesketh & Tehrani, 2018) and PTSD (Hesketh, Brewin, Tehrani, Harrison & Miller, 2018). The overarching focus is on creating a positive working environment, one in which both officers and staff can draw meaning and purpose—the underpinnings of workplace well-being.

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. Co-production, in this context, is a capability based on identifiable competences of those who are contributing. This approach to informing and guiding front-line practitioners is wholly appropriate for ESRs, as it takes account of empirical evidence and theoretical knowledge, resulting in evidence-based practice.

It must be noted that such co-production is not always plain sailing. The bringing together of thinking and practice with multiple stakeholders has to be carefully considered. As suggested by Hartley, Hesketh & Chase (2017), the optimum working zone exists when there is creative tension, situated somewhere between cohesive or cozy working and conflictual working (p.160). This is described by Gray (1989) as "finding common ground". With a focus on making life better for ESRs, the collaborators, in this case, worked with their own self-interest as secondary—as it should be. One of the most interesting aspects of the ESR—academic relationship is the speed at which the expectation for change is considered; academics eager to take time, crosscheck, validate, and so on; practitioners eager to get something out there to help employees—adding weight to the assertion of creative tension, discussed further in Hartley, Hesketh et al. (2017).

Involved Parties

As the research evolves on ESRs and their well-being, it is increasingly obvious that there are subtle differences in

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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

KEY FACETS TO WELLBEING

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Environment → **Leadership** → **Resilience** → **Employee Wellbeing**

Create an environment in which all employees can lead a meaningful and purposeful life

Know enough about your staff to be able to recognise when things are not right, and have the skills to intervene

The ability to cope with adversity and to be able to 'bounce back'. Being able to deal with the stressors of everyday life

- Psychological
- Physiological
- Sociological
- Financial

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.

ACKNOWLEDGMENTS

CONFLICT OF INTEREST DISCLOSURES

The author declares there are no conflicts of interest.

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