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A&E Community Links Evaluation Summary

April 2022

Contents

Introduction

In November 2021 Wavehill was commissioned by West Yorkshire Combined Authority on behalf of the West Yorkshire Violence Reduction Unit (VRU) to undertake an evaluation of the A&E Navigator and Community Links programme. The evaluation aimed to enable the VRU to better understand the scale and extent of the impact of their flagship programme. The programme is focused on driving improvements to the existing A&E Navigator programme, as well as supporting improvements in future programme implementation across the region.

The evaluation approach involved an in-depth review of all available documentation and monitoring data as well as discussions with delivery leads, Navigators and medical staff where possible. Whilst the evaluation team were unable to directly engage young people owing to the Covid-19 pandemic and limited timescales, feedback was received from young people through the Navigators. It should be noted at this point that there were significant delays with engaging both delivery and medical staff to provide feedback, and thus the number of young people providing feedback were smaller than anticipated.

In line with Home Office measures, the aims of the A&E Navigator programme evaluation were centred around the following metrics:

Evaluation Aims

- Determine causal attribution of the A&E Navigator programme (including Community Links) through establishing the impacts it is having in West Yorkshire.
- Identify whether the programme impacts are positive or negative, whether the programme is having the intended impacts or whether there are also unintended impacts arising from its implementation, as well as casting light on direct or indirect impacts.
- Establish the value for money of the A&E Navigator programme.
- Young People (YP) involved in or at risk of violent crime presenting at A&E (as well as being admitted to acute wards and reviewed in assessment units) will gain access to skilled and knowledgeable Navigators.
- An agreed pathway is put in place from A&E Navigators to Community Links Projects.

Rationale

The programme aimed to support clinical staff by providing increased capacity to explore broader factors contributing to admission, providing a non-threatening solution for at risk youths, that does not differentiate between victim and perpetrator. In addition, Navigators provide a greater knowledge of the community services available and understand that social problems often require longer, more concerted intervention than can be offered at one A&E visit. Involving Navigators in emergency care can provide a holistic approach, which in turn may increase the likelihood of long-term positive change when a referral is made into youth provision services and other support services.

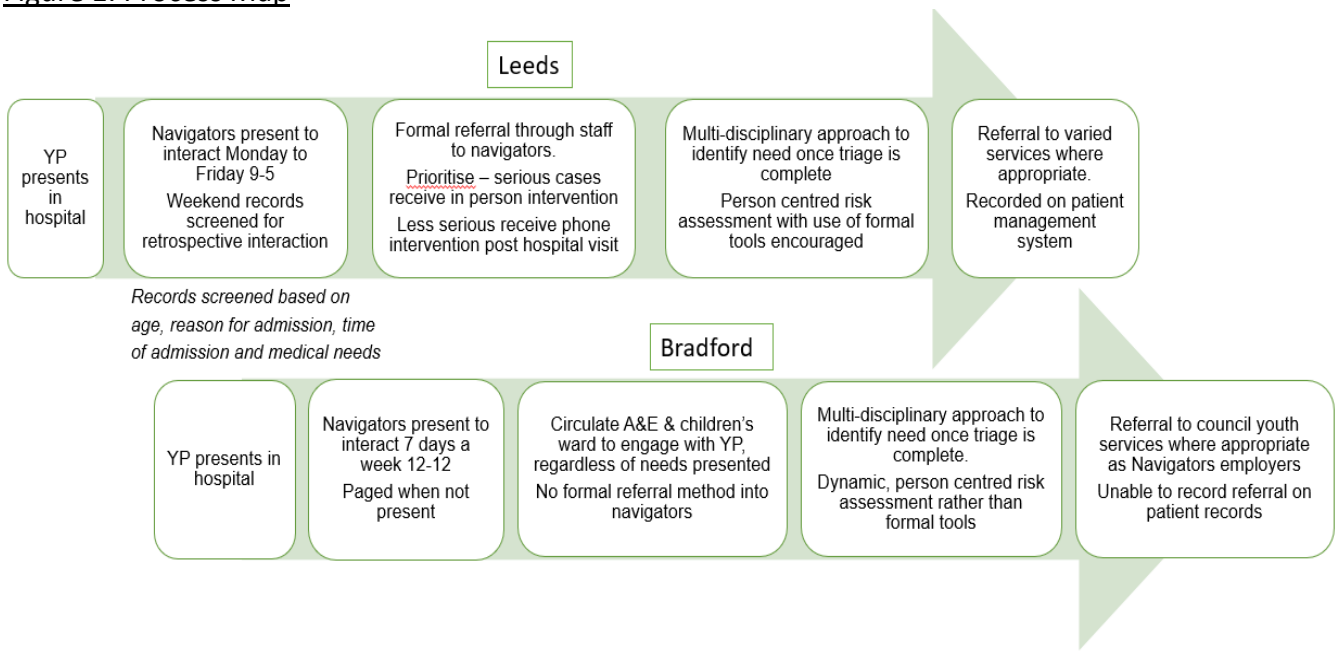
Concept

Process Map

There are slight differences in the process of the Navigator programme between Leeds and Bradford, namely referral processes and hours of operation. In Leeds, Navigators are present to interact Monday to Friday 9am to 5pm and young people attending A&E outside of these times are identified through record screening retrospectively. There is a formal referral process whereby clinical staff identify the individual and refer them to Navigators. Those presenting with serious cases receive in person intervention whereas those deemed less serious receive telephone intervention once they have left hospital. In Bradford, Navigators are present seven days a week 12pm to midnight. With no formal referral process, Navigators circulate both A&E and children's wards, engaging all young people regardless of their need through liaison with the clinical staff involved. Where not present, Navigators receive a pager message regarding individuals that have been identified by clinical staff.

Both areas operate a multi-disciplinary approach, using a person-centred risk assessment to identify need. At the point of referral, Leeds refers young people identified to a number of services whereas Bradford refers young people identified to their own council ran youth service. The benefit of the latter is that young people engage with the same Navigator throughout, providing consistency during the course of their whole journey. Once engaged, Navigators in Leeds are able to record this on the individuals record, whereas this is not possible in Bradford, which increases reliance on information sharing between staff.

Figure 1: Process Map



Context

Comparable examples

The evaluation team engaged in discussions with Greater Manchester and Southampton A&E programmes, highlighting several best practice examples for the identification and engagement of young people. One important point was that of a shift in intervention focus, whereby the emphasis was on the level of vulnerability to capture a wider audience in need rather than a narrow focus on solely knife injuries and violence e.g., self-harm, mental health needs. Another was the importance of embedding the referral pathway within clinical processes to encourage identification, referral and ensure effective information sharing. Within this, training has been offered to clinical staff to enable them to further understand how to identify needs, namely those that may not be immediately present, as well as training around the Navigator programme and how it can complement clinical delivery.

Enablers

There are a number of ways in which the success of the programme is enabled. For example, some young people presenting in hospital have existing relationships with Navigators due to their engagement with youth work and activities taking place in the local area, which encourages positive engagement owing to the pre-existing rapport. Navigators also have expertise in engaging this cohort and supporting interactions that encourage positive change that complements clinical and safeguarding interventions. Importantly, Navigators often also operate a trauma informed approach, providing a wider context of support in a way that is conducive to the needs of that individual.

Barriers

There are several barriers to successful delivery. Firstly, there is no clear definition of engagement, resulting in no set method of engagement and a lack of focus, which leads to monitoring issues as interventions are recorded in different ways. There are also discrepancies around the availability and awareness of different referral services, namely the provision of less specific support and capacity to offer the level of support that may be required. In terms of information sharing, there is overreliance on communication between staff both clinical and youth workers which could limit sustainability, as sharing information is not embedded into clinical processes nor can it always be formally recorded.

Implementation

Process

Building on the process map information, the preferred method of referral is through medical staff, as some engagement and understanding of need has already taken place. Whilst this works when Navigators are present, where they are not, the intervention suffers a delay, which could result in a lower likelihood of referral as the 'teachable moment' may have passed. In addition, this process relies on staff being aware of services and remembering to carry out this process, which may not always be possible, or information may not have been effectively shared to encourage this. Where this does take place, Navigator work can influence clinical decisions and inform conversations around support needs not evident through safeguarding processes carried out by clinical staff. The presence of the Navigators also provides a safety net to pick up those that may not have been identified by clinical staff but would benefit from additional intervention.

Delivery staff and Navigators

In Leeds, Navigators are employed by the hospital trust, which mitigates issues around data sharing and enables them to take part in discussions around safeguarding and referrals with clinical staff. Navigators have found that those that are younger tend to engage better, as parents/guardians are more likely to be involved, however in some cases in Bradford, parent presence hindered engagement as they would speak on behalf of the young person. Whilst some individuals may have prior engagement with youth services, Navigators here found this not to be the case, thus indicating that any engagement shows some success. Effective engagement does not follow a set routine and should be person focused to aid sensitivity and respond to individual need.

Medical staff

Visibility is key for engagement, as whilst Navigators are proactive, having a presence on the ward reduces the need for medical staff to refer retrospectively and encourages interaction at the time. This also creates a bridge between the clinical staff and the patient. Further to this, there is scope for a greater knowledge of the services available to encourage referrals to Navigators and provide a wider offer of support.

Profile of engagement

The profile of those engaging varies, and there are gaps in demographic data that make it more difficult to ascertain trends or commonalities. For both areas, those presenting with knife related injuries is low, however, accurate scope of weapon use is limited owing to gaps in monitoring data, with many engagements not having weapon use specified. Overall, many engagements take place with those that are not presenting with a violence related injury, and often those engaging are presenting mental health needs.

Community links

As Bradford engages with all young people presenting in hospital, the majority (87%) of those engaged do not result in a referral. However, this can be seen as a funnel approach as those that do engage, and thus receive referrals, are in fact individuals with involvement in some sort of criminality or gangs. One notable gap in Bradford is the inability to refer young people into drug and alcohol services, indicating a missed opportunity and gap in provision. As Leeds has a more focused approach, around half (56%) of their engagements were referred to over 30 services, and the remaining required no further action. There is a significant gap in data across both areas whereby referral routes and impact of referrals is not recorded, thus inhibiting the potential to further understand the longer-term impact that interactions are having.

Monitoring

For youth workers it is important to find the right balance between capturing the necessary information and being too intrusive. Youth workers will monitor demographic information but anything else is viewed as a 'nice to know' from more personal conversations. This may account for the inconsistency in the monitoring between categories and significant gaps in the monitoring data provided.

Financial Impacts

Whilst it is difficult to indicate the full effect of the programme financially, any interaction that may lead to a lower involvement in crime and a reduction in violence can indicate that the programme is providing value for money. For example, the cost of A&E treatment on average when a person is stabbed is £7,196 per victim[1]. Thus, successful engagement and prevention per individual on the programme creates a unit cost avoidance.

[1] The Trauma Audit and Research Network (TARN)

Learning

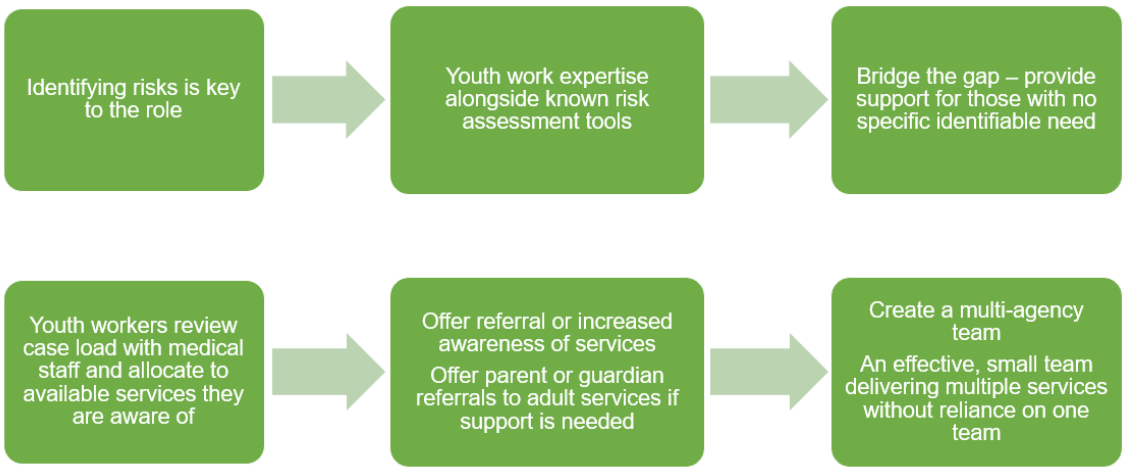
Progress towards targets

As a whole, the programme has exceeded targets against engaging young people under the age of 24. In terms of target groups, there are difficulties in measuring success of those identified as high risk for example as such groups are not specified in the monitoring data. Given the short timeframe of the programme, attributing the A&E Navigator contribution to the three Home Office measures[2] is challenging as longitudinal tracking of participants has not been possible. With that said, it is feasible to determine the factors that are likely to influence each of the Home Office measures. For example, the programme provides opportunities for young people to be referred to support to help reduce risk factors and early intervention that creates prevention towards violence.

Key learning points

The evaluation highlighted several key learning points that can be used to help shape any future delivery. There is a need for improvements regarding information sharing between medical staff, youth work staff and referral services. Without a formal information sharing process, there is overreliance on medical staff buy-in for the programme to be a success. To measure impact further, the programme would benefit from more robust monitoring that highlights evidence of effective and consistent engagement, including detail around the success of referrals and longer-term impact. Further learning points can be seen below.

Figure 2: learning points



In summary, the programme is performing well; effectively engaging the correct cohort and broadly delivering value for money against national indicators. The focus has been wider than only on those involved with violence as the need has been broader than this, including those with ongoing medical conditions and mental health needs, for example.

[2] A reduction in hospital admissions for assaults with a knife or sharp object especially among victims aged under 25, a reduction in knife-enabled serious violence and especially among those victims aged under 25, a reduction in all non-domestic homicides and especially among those victims aged under 25 involving knives.

Recommendations

The following recommendations are provided for the A&E Navigator programme based on the evaluation:

- Define what is meant by engagement, how to understand when this has been effective.
- Streamline monitoring and align closer to definitions in aims and KPIs.
- Potential for missed impact as data recording is limited with many unspecified.
- Monitor demographics of those that do not engage, to create a comparison and identify any demographic trends in engagement.
- Monitor engagement after referral to capture longer term impact.
- Aggregate and synthesise monitoring data.
- Training opportunity around data collection and input – priority questions.
- Training need with youth workers to input monitoring data.
- Value in creating an A&E pathway flowchart to demonstrate the process.

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