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The Trust for Developing Communities Hospital Youth Work Evaluation 2022

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for Education
& Youth



Summary

Summary of findings

We draw together findings from the young people's survey, hospital staff survey, and interviews with young people. It appears that overall the programme had a positive impact on the young people who had been supported by the HYW. Other staff working within the ED also reported seeing a positive impact from the service.



- Survey data collected with young people suggests that young people attending the emergency department engaged well with the support provided by the HYW.
- Young people's survey data suggests that the HYW was able to make and support links between young people and other services.
- Case study data suggests that the HYW had a positive impact on young people's:
 - ability to seek medical help and other support,
 - likelihood of engaging in risky behaviours,
 - perception of youth workers and other professionals, including the police.
- The HYW service was highly valued by practitioners working within the ED.
 - The majority of survey respondents reported finding the service 'extremely useful' and would recommend it to colleagues in other hospitals
 - ED practitioners wanted to see more capacity within the service, and increased feedback on the impact of support provided on young people's journeys.

Methodology and sample

Methods

Between April and September 2022, the Hospital Youth Worker took on 196 referrals. Of these, 44 young people received 1:1 support.

Evaluation data was collected with 33 of the 44 young people who had received support.



The methods used for this evaluation were co-designed by researchers from CfEY and youth practitioners from TDC, including the Hospital Youth Worker (HYW) who delivered the project. The tools needed to collect robust data while also being straightforward and simple for use in the emergency department.

This evaluation is based on data collected using three tools:

- **A co-designed quantitative survey**, completed by the HYW during and after interactions with young people.
 - The survey gathered data on young people's histories of accessing healthcare and other support, as well as the interaction between young person and HYW.
 - It also recorded the Manchester Triage Scale rating given to each young person by emergency department staff, allowing the HYW to capture data on the severity of the injury or illness.
- **Interviews with two young people who had accessed support from the HYW**
 - These were conducted by a CfEY researcher, in settings chosen by the young people.
- **An anonymous survey, completed by 11 staff working in the emergency department, co-designed with TDC.**

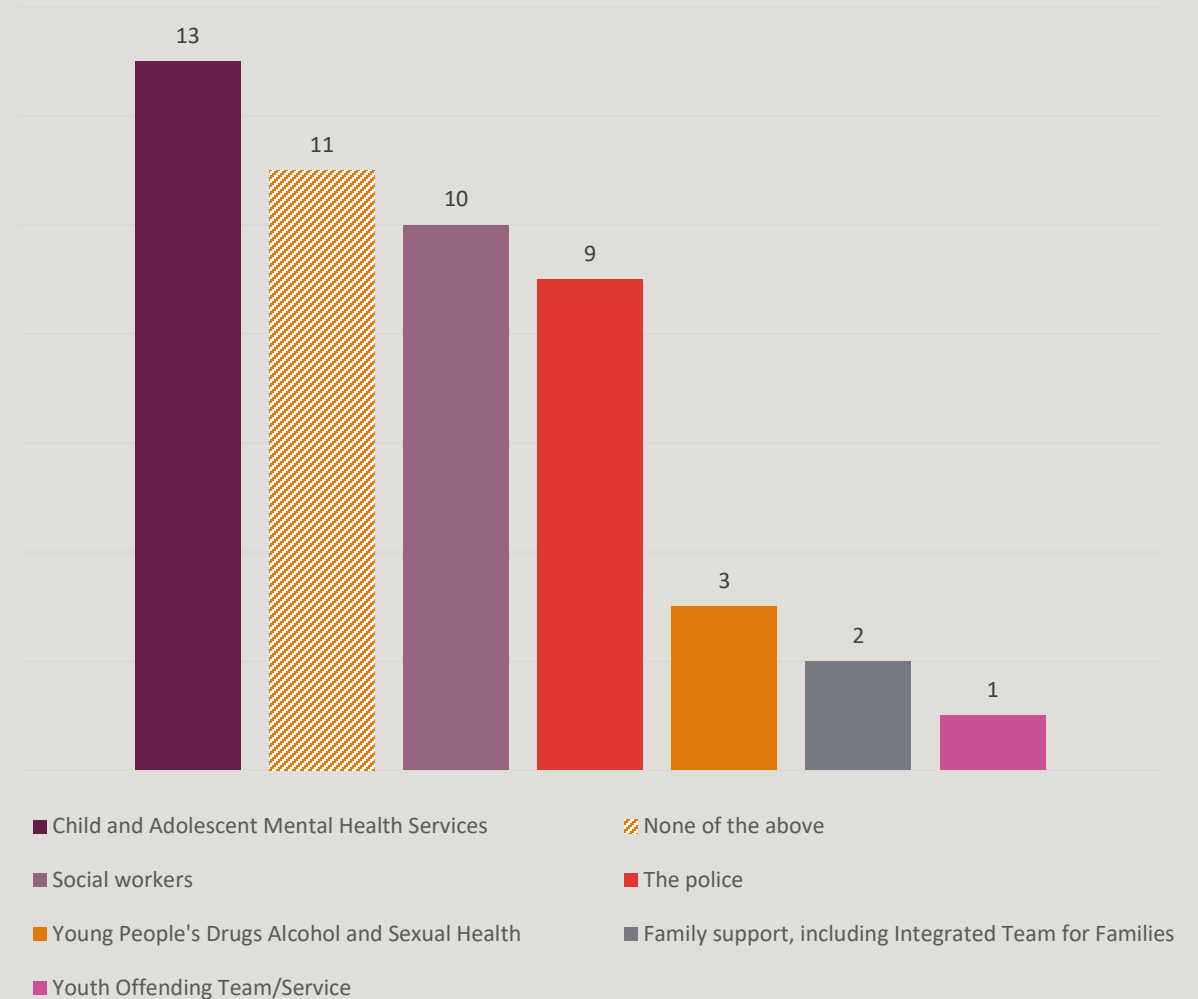
Who accessed this service?

Among the young people included in the evaluation sample:

All were aged between 12 and 17 years

- The majority (21) were aged 15-17 years old
- **Two thirds (22) had accessed support, or been in contact with, specialist services while a third (11) had not been in contact with any listed services (see figure).**
 - half (12) of these young people reported being in contact with just one of the services on the list
 - a few (5) named 3 or 4 services that they had been in contact with
- **The most common types of support previously accessed were Child and Adolescent Mental Health Services (CAMHS) (13), social workers (10) or the police (9).**

Services that young people had been in contact with, or supported by (n=33)



Injuries and admissions

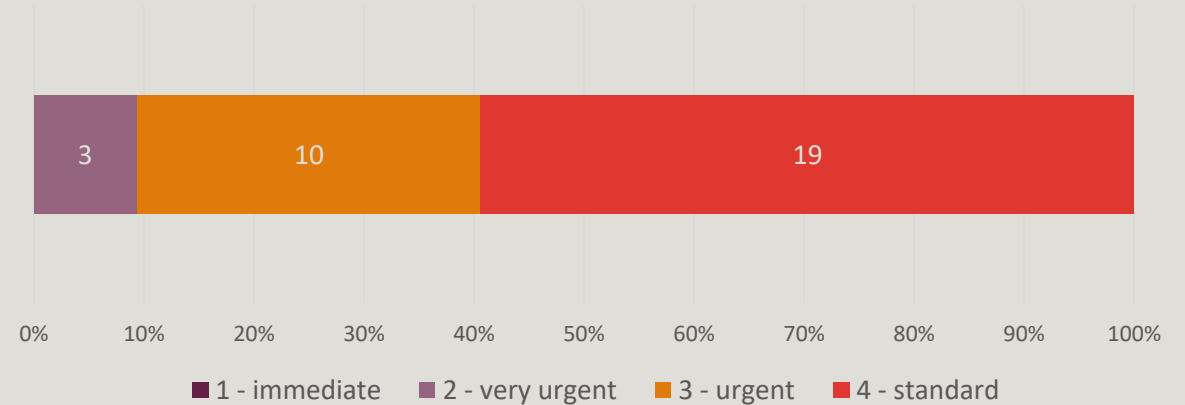
Among the young people who provided data for the evaluation:

- Around a third (13) were seeking treatment for an injury categorised as 'urgent' or 'very urgent' by emergency department staff
 - These categories include serious illness or injury, and patients with serious problems who were in a stable condition
- Half (16) were admitted to hospital following their treatment in A&E

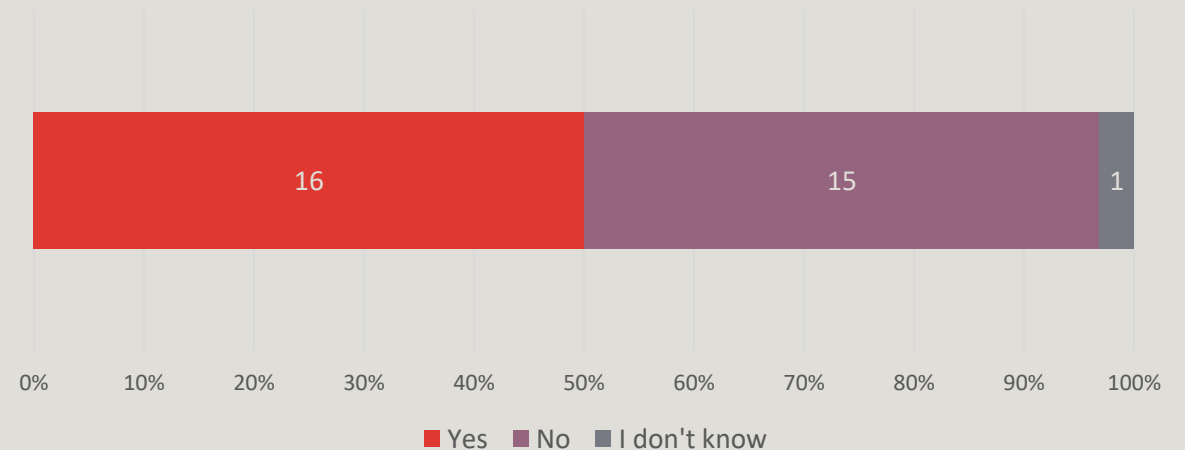
Manchester Triage System scores

Level	Urgency category
1	Immediate
2	Very urgent
3	Urgent
4	Standard
5	Non urgent

How severe was the injury that this young person was seeking treatment for in A&E?
(Using the Manchester Triage System priority score given in A&E) (n=32)



Was this young person admitted into hospital as a result of their A&E presentation? (n=32)



Engagement and signposting

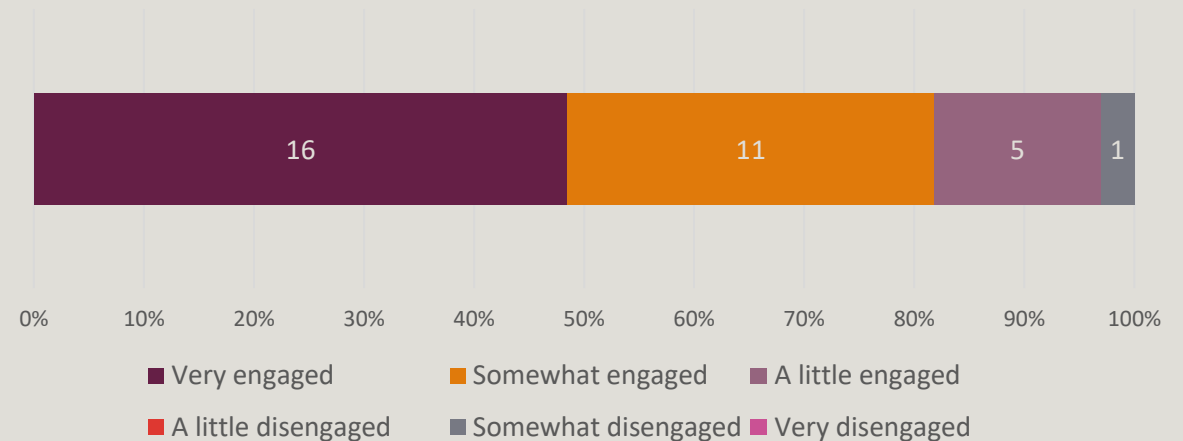
Data collected on the length and nature of the interactions with the 33 young people suggests that the HYW was able to have sufficiently substantial conversations which the young people were engaged in.

- Interactions between the HWY and young people in the emergency department ranged between 10 – 45 minutes, with an **average length of 25 minutes**
- **Almost all young people engaged in conversation with the HYW**, with just under half (16) of the young people perceived to be 'very engaged', and a further third (11) 'somewhat engaged'.

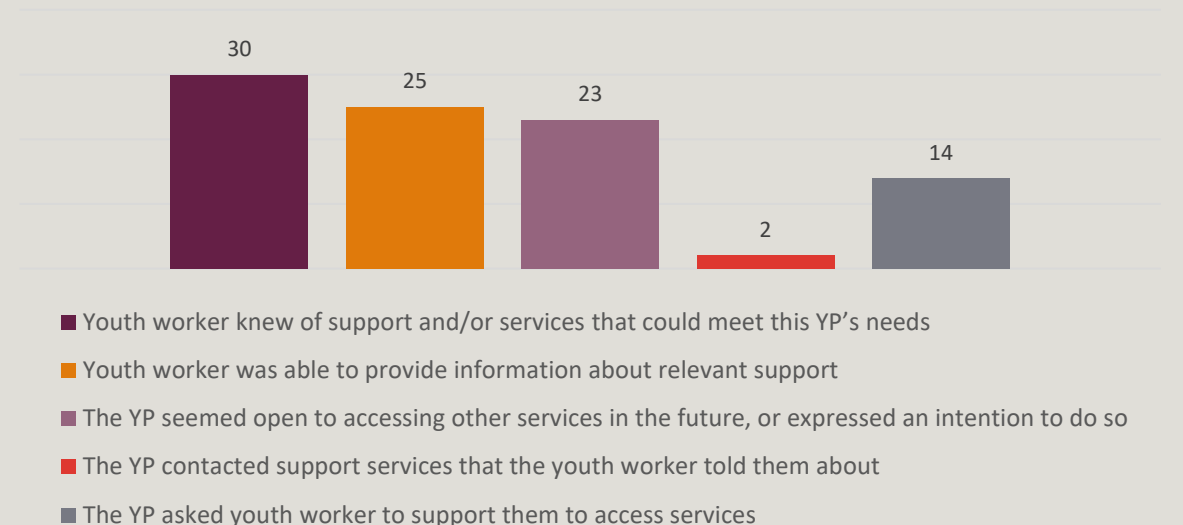
Data on the follow up support provided shows that the HYW were able to signpost most young people to further support, suggesting that the programme may have increased the likelihood of young people accessing the support they need.

- **The HYW knew of available support or services that could meet the majority (30) of young people's needs**, and was able to provide this information to over two thirds (25) of the young people they spoke to
- However, **almost half (14) of the young people who were given information on services did not feel able to access them on their own**, and asked the HYW for support getting in touch with these services.

Perceived level of engagement shown by each young person when interacting with youth worker (n=33)



Success signposting young people to other services (n=32)



Case studies

Young people's perspective on the service

The young people we interviewed spoke very positively about the support they had received from the HYW, and felt that having someone to support young people in emergency departments was useful.

The young people spoke about the skills demonstrated by the HYW specifically, and how this encouraged them to engage in the support offered:

“He's a very friendly person, and he's a very chilled person. It doesn't feel pressuring to talk. He doesn't make you feel like you have to tell him something. But I don't know. In a way, it feels like it's better if you do tell him because he's quite a helpful person.”

They also told us about how having a youth worker in hospital can make accessing healthcare a more positive experience for young people:

Interviewer: ***“Do you think in the future, if you're in a situation where you were weighing up if you needed to go to A&E or not, do you think knowing that there was a youth worker there might change your decision at all?”***

Young person: ***“Yeah, it would... [I would] feel more comfortable that [support is] actually going to be there, like someone there to be supportive and that's not going to just be a doctor. It's nice to have someone to talk to.”***

“[To a young person thinking they might need to go to A&E,] I would say go. Go if it's a situation where it's going to be better for you ... If it's something that's not going to benefit you and you don't want to do it, then maybe don't. But I think if it's going to benefit you, help you, or if there's someone like [the HYW] or something that's going to help you, then do it. Because you can talk to them about it. Yeah. That's a benefit of it.”

Lukas' story

- Seeking treatment for an injury categorised as 'very urgent' by emergency department staff
- Interacted with the youth worker for around 10 minutes in A&E
- Admitted to hospital for treatment after receiving care in A&E
- Had previously been in contact with police, social services and CAMHS

I'd taken quite a heavy amount of Xanax just before I was getting arrested. I don't really understand what was going on... I didn't want to get caught with the Xanax... so I ended up doing more all at once. And when I was in the back of the [police] car ... This is what I've been told. I don't even remember it. But when I was in the back of the car, I started overdosing.

Previous medical care

Had been to A&E three times and admitted to hospital twice since the age of 13, but not in the 12 months before this time.

Support from youth worker

The HYW spoke to Lukas briefly while they were in the emergency department and followed up with a phone call once they had been discharged from hospital.

After meeting to discuss what support they might like to receive, Lukas chose to engage in 1:1 sessions that included mapping out and contacting relevant support services in the area.

Lukas' story- Impact of support received

Interacting with the HYW appears to have had a positive impact on Lukas, with Lukas explaining that as a result of working with the HYW they have been able to access specialist support and have reduced their involvement in risky behaviours.

Lukas told us that they have previously struggled to engage with youth workers, but had been able to open up to the HYW about what was going on in their life:

“I never really thought speaking to people was a good idea about stuff that was going on. But I don't know, [The HYW] changed that idea because I speak to him about quite a lot.”

Since working with the HYW, Lukas has accessed ongoing support from specialist services, including CAMHS, family mediation and a substance misuse worker. Lukas appeared to value the support and presence of the HYW in particular as they supported them when meeting other new support workers and building these relationships.

“[The HYW] set up a meeting with one of the people [at RU-OK?]. I think RU-OK? is mainly for drugs... if you're using, stuff like that. The person I'm with.. she's quite easy to talk to, as well. But yeah, me and [the HYW] went there for a meeting and he was with me in the room. It was easy. And then from then, it's just I'm signed up with them. Met them a couple more times.”

Reflecting on previous experiences together, including the situation that led them to being admitted to the emergency department, has given Lukas space to consider new perspectives. Lukas specifically referenced the influence of the HYW on their ability to rethink their attitude towards the police:

“[The police] can still be annoying people, but they're doing their job. I think when I spoke to [the HYW] previously, he was telling me about stuff like that. We were talking about stuff like me being arrested. Like, ‘It's what their job is. They're just doing their job. They're not choosing to pick on you over anyone else’, kind of thing.”

Lukas told us about how they had made changes to keep themselves safer since working alongside the HYW:

“[After spending time with the HYW] I've been staying out of trouble, to be fair. Yeah. It's just been better than what it was before I overdosed and all. Yeah. Haven't been doing as many drugs. Haven't been getting in fights and all that. Haven't been getting arrested.”

Charlie's story

- Seeking treatment for an injury categorised as 'standard' by emergency department staff
- Interacted with the youth worker for around 25 minutes in A&E
- Not admitted to hospital after receiving care in A&E
- Had not previously been in contact with local support services



I became really ill with stage three or four tonsillitis, and my body shut down on me and I just got really ill. So I had to go to hospital...



Previous medical care

Could not recall going to A&E seeking treatment before this time.

Since the first visit, Charlie has been back to the emergency department to seek treatment for different healthcare issues.

Support from youth worker

The HYW spent time with Charlie in the emergency department, and then arranged a 1:1 meeting after they had been discharged.

After meeting to discuss what support they might like to access, Charlie engaged in further sessions that included opportunities to reflect on support they would like to receive, as well as positive activities that they would like to take part in.

Charlie's story- Impact of support received

Interacting with the HYW appears to have had a positive impact on Charlie. As a result of working with the HYW, Charlie explained that they have been able to find out more about support available to them, and now feels less anxious about seeking medical care.

Charlie told us that they had previously found it difficult to engage with support, but that they felt able to share their experiences with the HYW:

Interviewer: *“How did you feel when you found out there was a youth worker [in A&E]?”*

Charlie: *“Shocked, at first. I don't have a good history with youth workers, but he seems like he actually wants to change things around places. It was shocking... Cause I was like, well, you've woke up in [hospital], it's nice to see that someone wants to make a change to something that don't seem so good.”*

“He seems like he can make a difference and he actually listens and he tries to change things for the best.”

This positive experience of youth work has changed how Charlie feels about accessing medical care, reducing some of their anxiety around attending the emergency department:

“I'm not so scared to go [to A&E now], because [before], obviously, it was my first ever time going to that hospital, so I was really scared and now, I know I don't have to be because they're actually nice there and they want to support and help you.”

The support provided by the HYW has also given Charlie the confidence to access support from other organisations and re-engage in activities including boxing, a hobby they had not practised since moving away from their old gym. Charlie told us about the support they hoped to get from substance misuse workers they had recently met with:

“I've had difficulties with substances and drinking and stuff. So [the HYW] introduced me to a lot of different things to help me out with that. There's RU-OK?, the website. There is this worker thing, I don't really know much about it right now, but there's this person that I can get to know that's going to help me stay sober.”

Potential cost benefit of this intervention

Does the hospital youth work programme represent a cost benefit?



It is not possible at this stage in the pilot to conduct a full cost benefit analysis as the impact evidence is based on a small sample of young people.

However, the literature provides an indication of the cost of not acting and our data suggests that the young people supported are at risk of repeat admissions. If we consider, based on the leading indicators of impact, that the support they received reduces this risk we can consider the potential cost benefit of this intervention.

Therefore, in this section we examine:

1. The cost of young people attending A&E and being admitted to hospital
2. Indicators of the risk that the young people supported in the pilot would attend A&E on repeat occasions or be re-admitted to hospital in future.
3. Whether the programme appeared to reduce this risk.
4. The cost of this programme and how this compares to the cost of 'not acting'.

Financial cost of unplanned hospital admissions relating to youth violence

To estimate the average cost of emergency department attendance relating to violent incidents we have used two sources of data:

- Calculations made within an evaluation of a hospital youth work programme designed to reduce young people's risks of involvement in violent crime (REFERENCE),
- Average costs of NHS treatments as calculated by The King's Fund.

Based on this evidence we estimate an average cost of a young person attending hospital to be £218, rising to £510 if the young person is taken to hospital by an ambulance.

	Cost (per incident)	Calculation/source
The average cost of attending an urgent care centre and receiving the lowest level of investigation and treatment	£77	The Kings Fund, 2022
The lowest cost of attending a major emergency department and receiving complex investigation and treatment	£359	The Kings Fund, 2022
The estimated average cost of attending a city hospital emergency department and receiving investigation and treatment	£218	The mean average of the lowest level of investigation and the complex investigation costs. $(£77 + £359) / 2$
The average cost of a patient being taken to emergency department by ambulance in 2017/18	£292	The Kings Fund, 2022
The estimated average cost of being taken to a city hospital emergency department by ambulance and receiving investigation and treatment	£510	The average cost of being taken to an emergency department by ambulance (£292), <u>plus</u> the estimated average cost of investigation/treatment $£218 + £292$

Other costs related to youth violence incidents

There are other, additional costs that are associated with youth violence that could be reduced through preventative approaches, but may not apply to every young person the programme supports.

Incident	Cost	Source/calculation
The estimated cost of a violent incident (including unit costs related to Arrest & Court proceedings and Hospital costs)	£18,000	King's calculation, made using New Economy Manchester's Unit Cost Database
Average cost of a hospital stay	£3196	An average length of a hospital stay of 4 days (based on the average length for adults, 6.2 days and children 1.9 days, (OECD, 2019)) multiplied by the average cost per day of £799.17.
Cost of youth offending per young person, per year	£8000	Estimated average cost of youth offending from The Ministry of Justice. £342 million across 37,946 young people.

Please note, the listed costs above are not an exhaustive analysis of the cost of youth violence. We do not reference or include those costs which are associated with youth violence but are likely to be part of an effective preventative approach e.g. CAMHS support, as the hospital youth work programme does not explicitly seek to reduce access to these services.

Indicators of risk

- Of the young people included in this pilot programme evaluation:
 - All presented to A&E
 - Half (17 of 33) were admitted to hospital (representing a higher cost)
 - Two thirds had been to A&E at least once since turning 13 with some having attended up to 8 times.
 - Nearly half (15) had been admitted to hospital at least once since turning 13, with some having been admitted up to 7 times.

From this data, we can conclude that at least half of the young people who accessed support through the hospital youth work programme were at high risk of presenting to A&E again in the future, possibly multiple times and likely within the year.

Therefore, as a cohort, these young people represent a significant potential cost to the health service, as well as other services e.g. the police.

While it is not possible to use this small sample of young people in a reliable financial calculation, we can conclude that given that they represent a potential ongoing financial cost to the health service, a preventative approach could reduce this cost, if effective at preventing repeat A&E attendance and readmission.

On the next slide, we use leading indicators to examine whether the programme appears to have reduced their risk of reattendance.

Did the programme appear to reduce this risk?

- Of the young people included in this pilot programme evaluation:
 - Four-fifths (81%, 27) engaged well with the support offered by the hospital youth work
 - 7 in 10 (70%, 23) intended to contact support services they were signposted to
 - Half were supported to contact support services by the youth worker.
- In addition, the case studies indicate that where young people engaged with the hospital youth worker, they experienced a benefit of this, including the intention to seek support from other services, a change in their attitude towards support services, changes in their behaviour regarding risky behaviour and drugs and alcohol.

Without longitudinal evaluation, it is not yet possible to say whether these intentions were carried through and whether changes in behaviour were maintained.

However, the evidence available indicates that the programme had a positive impact on young people and reduced the (high) risk of presenting in A&E again by:

- Reducing risky behaviours, including fighting, taking drugs and alcohol misuse.
- Increasing young people's willingness to seek and engage with support

Conclusions

While it is not yet possible to conduct a full cost-benefit analysis, taking the available data and indicators together, we can conclude:

1. The financial cost of unplanned A&E admissions is high.
2. Unplanned A&E admissions are also associated with high financial costs to other services e.g. the police
3. At least half of the cohort of young people included in this pilot were at very high risk of repeated presentations to A&E and repeated hospital admissions
4. The programme appeared to reduce the risk of repeated admissions among the majority of young people included in the pilot via a reduction in risky behaviour and an increased willingness to engage with support services, including preventative support services.

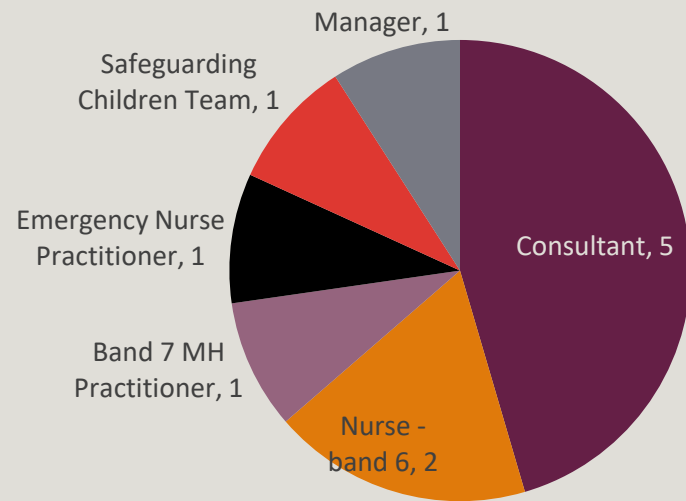
Thus, we conclude that the hospital youth worker programme has the potential to contribute to reduced unplanned A&E admissions among high-risk young people and therefore could represent a cost saving to the healthcare system, as well as other services.

Practitioner survey findings

Survey methodology and sample

The survey was designed to collect feedback from practitioners working alongside the Hospital Youth Workers in the Emergency Department (ED).

Roles of survey respondents (n=11)



- The survey was co-designed with the HYW team, drawing on a similar survey used in a HYW programme in a different city.
- The online survey link was shared across the ED team where the HYW was working, over a period of 3 weeks in April 2023.
- We received 11 responses in total.
- We asked staff to share their job roles:
 - Just under half (5) were from ED Consultants
 - Four responses came from Nurses, including Mental Health and emergency nurses
 - The remaining two responses were from team members holding safeguarding or managerial roles.

Value of the HYW service

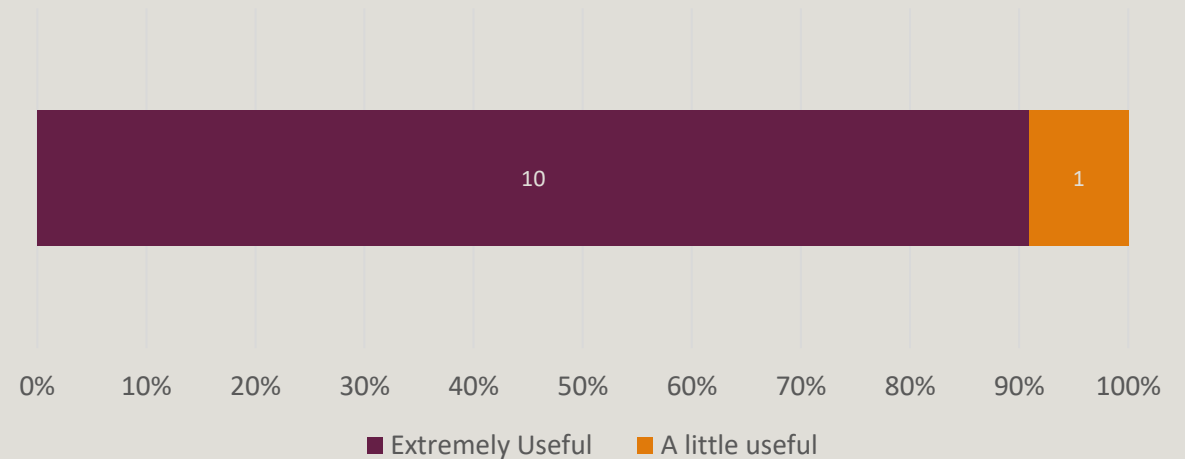
The majority (10) of survey respondents reported that they find the HYW service 'extremely useful'.

Respondents most valued the HYW's support on the 'shop floor' of the ED, as well as support provided to young people in navigating different support and services after leaving the hospital. The training offered by HYW staff was ranked least valued of the five examples of support provided.

In open text responses, ED staff spoke about the value of having a practitioner available with a deep knowledge of YP's lives, and an ability to engage with them even in difficult and stressful situations:

“[Young People] present to CED with a whole host of clinical conditions but often it is the things beyond the medical remit which are the most important . It is the things which as doctors that we have no knowledge of [and] no ability to support in which are the exact things [young people] need.”

"Please rate the usefulness of the support offered by the TDC hospital youth worker?" (n=11)



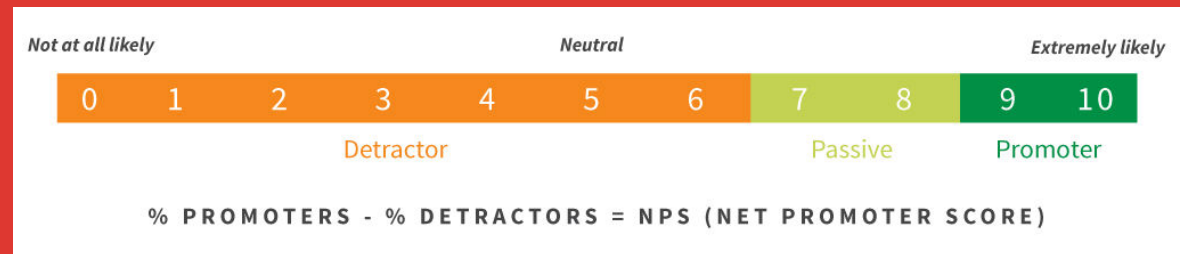
Most valued	
	1. Work on the shop floor
	2. Community navigation (signposting and referrals)
	3. Follow up Telephone Triage
	4. Casework support
	5. Training organised by the HYW staff
Least valued	

Net Promotor score

We asked respondents to complete an adapted net-promotor score question, used to measure how happy service users are.

When asked to rate how likely they would be to recommend the service to colleagues working at other hospitals, the average score across all respondents was **9.27** out of 10.

The Net Promotor validated scale would describe these respondents as promoters of the service (see image below).



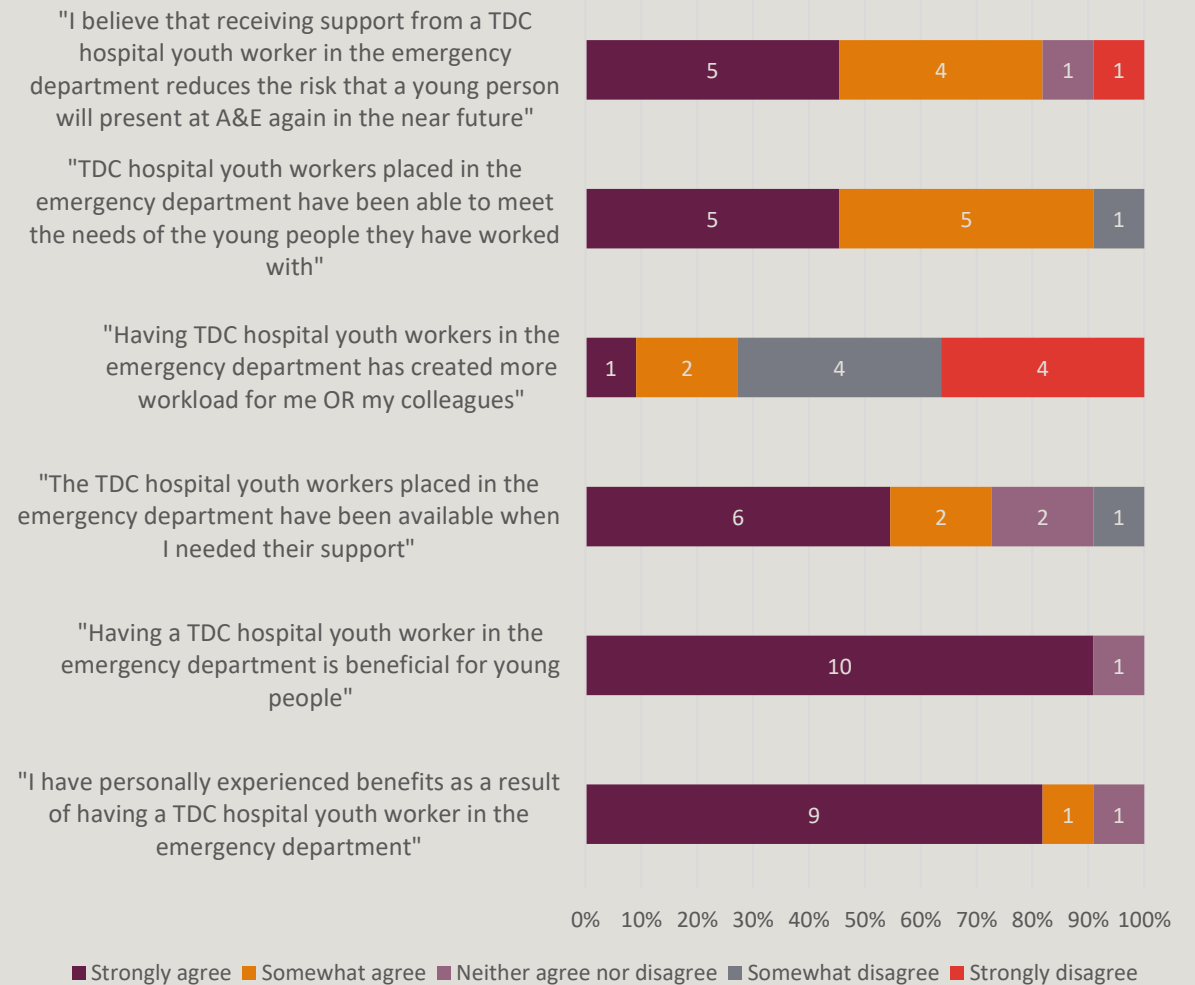
Support provided in the ED

Survey respondents were given a series of statements about the HYW service, and asked to indicate the extent to which they agreed or disagreed.

The majority of respondents:

- Believed that support from the HYW reduced young people’s risks of readmission in the near future (9)
- Felt that the HYW was able to meet the needs of the young people they had supported (10)
- Did not feel that the HYW programme had increased medical practitioners’ workloads (8)
- Felt that the HYW had been available when needed (8)
- Strongly believed that having a HYW was beneficial for young people accessing medical care in the ED (10)
- Stated that they had personally experienced benefits from working alongside the HYW (10)

Hospital staffs' perceptions of support provided by the HYW service (n=11)



Examples of the impact of HYW service

We asked survey respondents to tell us about a time when the youth worker's support had a positive impact on either the A&E department, a young person or both. Eight respondents provided examples, of which five spoke about occasions where the HYW was able to provide specialist support to young people facing situations involving drug and alcohol misuse, assault or poor mental health:

An example of where the HWY has a positive impact is when they: "support children who are troubled in their life experiences and have lots of ACES, [I think that] to able to speak to someone who is not in authority or has different expectations is extremely valuable. For example, a young boy who has been stabbed wouldn't open up to Dr, nurse, police or parents [but] felt able to chat [to the HWY] and receive guidance and was signposted to help from other youth workers."

"One example of many is when a YP presented with MH issues... It was clear in triage that the YP and their parent were both highly distressed. I was able to tell them about the HYW and they were both interested in something that they could see as a potential positive source of support. Once they were triaged the HYW was made aware of them and came to sit and talk to them while they were waiting for medical assessment... By the time the YP was assessed they were less anxious and more willing to engage appropriately, knowing that they would be receiving support in the community."

Five respondents spoke about the value of having a practitioner with youth work skills in the hospital setting. They reported that they valued 1:1 support for young people in the ED, as well as the HYW's ability to identify and signpost to support and youth groups in the community, particularly when young people may not be eligible for other services.

HYW is: "particularly useful in cases [with young people] who would otherwise not meet criteria for further support - e.g. not meeting criteria for the Pediatric Mental Health Liaison Team or social care intervention but [who] feel like they are not getting anywhere [finding support] in the community."

"It is reassuring to know we aren't just discharging [young people] into a void."

Challenges to service delivery

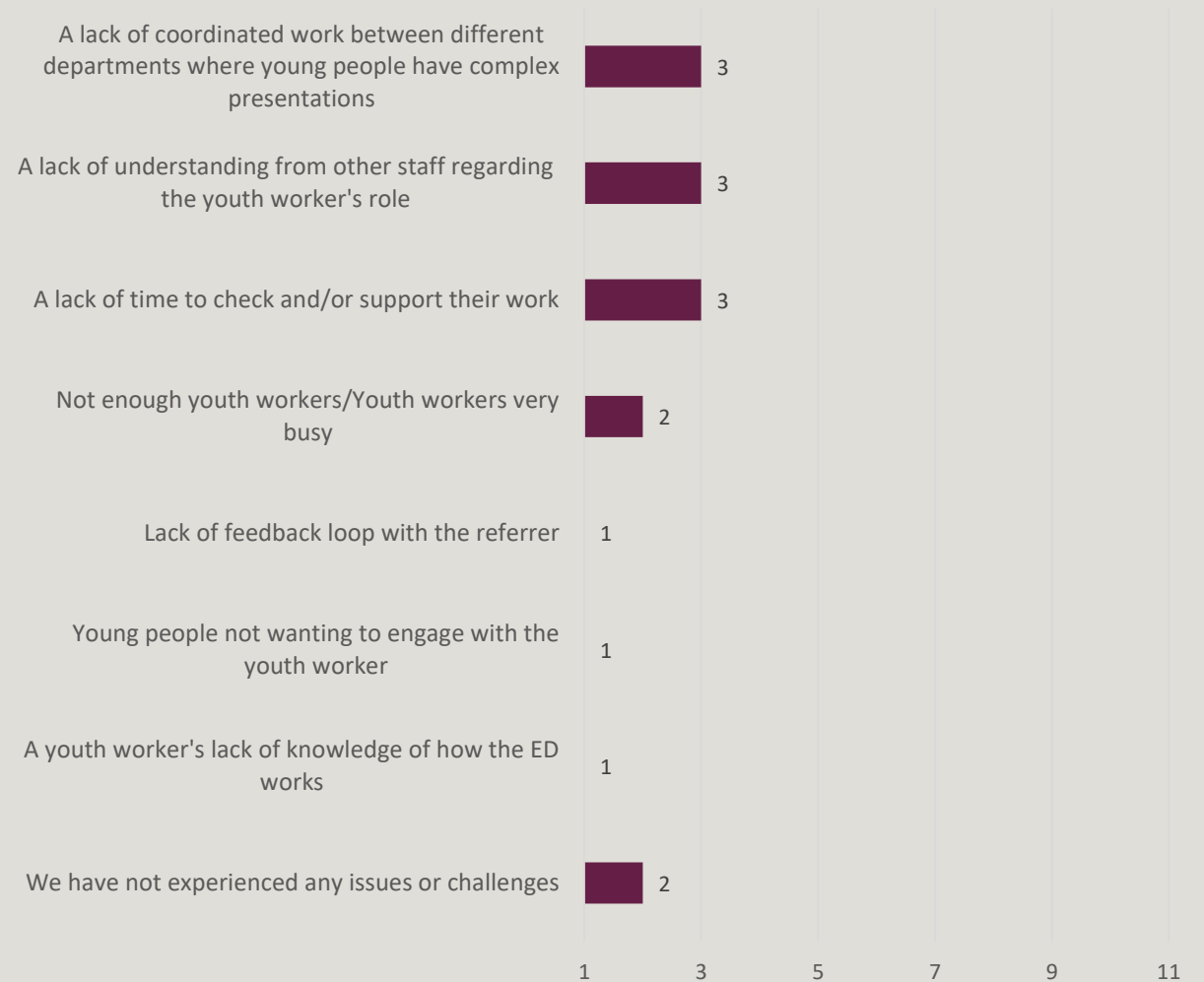
Respondents were asked to select the challenges or issues they had experienced with working alongside a HYW from a list of potential challenges identified by the HYW team.

All but two practitioners selected at least one barrier, however there was not a consensus about what the main challenges are.

2-3 respondents highlighted each of the following challenges:

- A lack of coordination between teams when supporting young people with complex presentations,
- A lack of understanding about the support the HYW can provide,
- A lack of time to play a role in the HYW service, and,
- A lack of capacity within the HYW team.

Challenges faced by staff with having a youth worker placed in the ED (n=11)



Additional challenges faced

We asked respondents to tell us in their own words about some of the other challenges faced when working alongside the HYW service.

Eight respondents provided examples of challenges, of which half (4) spoke about the need for a more joined-up approach between the hospital youth work team and other teams in and around the ED, such as the Pediatric Mental Health Liaison Team (PMHLT).

“It can be difficult navigating mental health presentations and rules of the different teams. It would be nice if the two teams (PMHLT and HYW) could be more joined-up in their approach.”

Around a third of responses (3) suggested that making more information available to ED staff may be useful in making the most of the support offered by the HYW.

“[A challenge is] definitely differing levels of knowledge and engagement from team members.”

Another respondent highlighted that the HYW efforts to share information about their role with the ED staff had enabled a productive working relationship and avoided the above challenge.

“[The HYW] had taken the time to ensure that they are known to the wider team - this has ensured that there is 'buy in' from all parties and a cohesive, fruitful working relationship.”

Additional challenges faced (cont.)

One respondent, who had scored the programme more negatively throughout the survey compared to the majority, shared concerns regarding the HYW taking cases where young people may have a higher level of need:

“Getting involved with complex young people [where] there are multiple agencies involved is not helpful, nor appropriate & should be left to professionals with the correct training. i.e. lower level risk & complexity. Where there is no other service involvement [for young people, this] would be a more appropriate use of skill.”

However, this concern did not appear to be shared by other respondents who spoke positively about the HYW’s ability to support young people experiencing a range of challenges (see slide 26 on impact of HYW service).

Suggested areas for improvement

We asked respondents to provide suggestions would support improvements in the service, and received 10 responses. Respondents called for three main things to improve the impact of the programme:

1. An expansion of the programme and increased capacity

2. A feedback loop from young people

3. Training for ED staff

Suggested areas for improvement

Programme expansion

The vast majority of respondents (8) suggested a need to increase the capacity of the service. Respondents called for increased HYW hours, or additional team members, in order to increase the impact of the service.

“More consistent presence in the department [would improve the service]. More funded hours and better admin support to free up [the] HYW for face-to-face work.”

[The service would be improved by] more hospital youth workers, [who can] get in early to help young people... To have a non-threatening youth worker to speak to with confidence is invaluable [for young people].”

Feedback from young people

Two respondents suggested that building a way to share anonymous feedback from young people on cases might support the ED team to better understand the support the HYW can provide, and the impact of support where ED staff have made referrals.

“I feel it is difficult to follow up or find out if the young people reached out and I would like to know how they responded or if we helped in any way.”

Training for ED staff to help them work with young people

While training for ED staff was ranked lowest in value compared to other support provided by the HYW team, one respondent mentioned where they believed more training would be useful:

“[The service would be improved if we could] have another HYW in post! Failing that - provide some regular training to our CED staff on communications skills / basic CBT etc to employ with our YP. It is a shameful fact that there is not much training on YP during pre-registration courses for doctors and nurses.”

Conclusions

- Almost all survey respondents reported finding the support provided by the HYW extremely useful. They reported that the work with young people ‘on the shop floor’ and the provision of support and signposting in the community were particularly useful.
- ED staff strongly believe that support from the HYW is beneficial to young people attending the ED, and that this support reduces young people’s risks of re-admission in the future.
- ED staff did not believe that the HYW project had increased their own workloads, and felt that the service had been beneficial to them personally.
- ED staff who answered the survey suggested three ways that the service could be improved in the future:
 - through increasing the HYW’s capacity,
 - by providing more feedback on young people’s journeys after receiving support, and,
 - by continuing to offer training for ED staff.