



THAMES VALLEY HOSPITAL NAVIGATOR SCHEME

PHASE II
EVALUATION REPORT
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DR SARAH BEKAERT
DR GEORGIA COOK
OXFORD BROOKES UNIVERSITY

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Introduction

What is the Thames Valley Hospital Navigator Scheme?

The Hospital Navigator Scheme (HNS) is commissioned by Thames Valley Violence Reduction Unit (TVVRU) as part of a public health approach to violence reduction within the community. The scheme involves a Hospital Navigator Co-ordinator with a team of volunteer Navigators based in five local Emergency Departments (ED) across the Thames Valley. The Navigators engage with young people¹ who present for emergency treatment - either as a direct experience of violence, or the possible root causes of violence, such as substance abuse or mental health crisis. Whilst a specific incident may bring young people to the ED, the cause may be an intersection of wider issues requiring holistic support that spans psycho-social and economic considerations in addition to emergency medical and nursing care. Hospital based Navigator support integrated into the ED delivers early intervention that can identify and begin to address these needs.

What is the Navigator role?

The Navigator connects with vulnerable young people in the ED. This can lead to ongoing support beyond the hospital to obtain necessary specialist input from community services (such as housing, counselling, substance misuse support, long term mentorship). By providing ongoing support, and direction to community-based resources, Navigator support and/or mentorship aims to prevent the progression of underlying vulnerabilities, and mitigate the impact of difficult circumstances in the young person's life. The pathway, and duration of engagement, for each young person responds to their individual needs and priorities.

Who are the partners in the scheme?

The scheme partners 5 Hospital Trusts and 5 local Voluntary and Community Sector Organisations (VCSOs) (see page 4). The VCSO recruits and supports the hospital Navigators who are present in the ED and provide follow-up support in the community.

¹ In this report 'young people' refers to those who consented to scheme support. Whilst most were under 25 years, some were older (see section 2 for further detail).



The Thames Valley Hospital Navigator Scheme partners



Milton Keynes Hospital
& Milton Keynes YMCA



The Royal Berkshire Hospital
& Starting Point



Wexham Park Hospital
& Together as One



Stoke Mandeville Hospital
& 7 RoadLight



The John Radcliffe Hospital &
Connection Support Oxfordshire



¹ Connection Support withdrew from the scheme in Autumn 2023



The evaluation

Evaluation of the post-implementation phase of the scheme illustrates how the Navigator model provides a valuable early intervention pathway for young people presenting in the ED with a range of challenging issues.

There are four aspects to the evaluation: a document review, a scheme-wide audit, a case description review, and interviews with stakeholders across the scheme: commissioners, hospital managers, ED staff, VCSO managers, Navigator Co-ordinators, Navigator Volunteers, young people, and parents.

This report

This report provides brief summaries of the key findings from the evaluation datasets. There are 8 sections in the report:

Section 1 sets the scene for the scheme.

Section 2 presents the quantitative findings from an audit across the 5 sites.

Section 3 foregrounds accounts from young people who have benefitted from the scheme.

Section 4 presents an integrated delivery model that can inform the implementation of similar schemes.

Sections 5 and 6 consider the unique aspects of the scheme: co-locating Navigator Volunteers in the ED, and using a volunteer model.

Sections 7 and 8 present key findings and considers the potential cost benefits of the scheme.

Illustrative quotes from stakeholders are presented throughout the report to provide different perspectives of the scheme. There are five longer 'stories' included across the reports; an account from each of the stakeholder groups participating in the scheme.



1. Setting the Scene



1. Setting the Scene

Why a hospital based Navigator scheme?

In 2019, the UK Home Office commissioned 18 VRUs to develop effective ways of tackling violent crime and its causes. One approach adopted by some VRUs has been to provide support to vulnerable young people in specific settings, such as healthcare, as an early intervention approach. There is a growing recognition in the UK of the benefits of schemes able to reach young people at a moment of crisis and/or injury. Attendance at the ED through trauma and injury can be a moment when a patient may respond positively to intervention, considered as a 'reachable moment'.¹

Why violence?

The World Health Organisation has recognised violence as an increasing international public health concern. In the Crime Survey for England and Wales figures, 1.1 million violent offences were recorded for the year ending December 2022.² These occurrences of violence often result in hospital care.

Consequences of violence have implications for the individual, community, and society. These include anxiety, depression, drug and alcohol use, the likelihood of reactive perpetration, and hospital re-attendance. Wider impacts include the financial cost for community health and rehabilitation services. For example, the economic annual cost in Wales (UK) for providing short term health care linked with the consequences of violence is £46.6 million. Longer term costs are estimated to be £158.8 million per year, which included treatment for illicit drug use, harmful alcohol use, and anxiety and depression.³

Why young people?

A Youth Endowment Fund report states that for young people there was a 12% increase in violence against the person (offences such as harassment, common assault, actual or grievous bodily harm) in 2021.⁴ A focus on young people is an opportunity for early intervention and support to interrupt the cycle of violence, and promote positive pathways into adulthood.

¹ Weinstein, Z. M., & Englander, H. (2021). Reachable moment: hospital-based interventions. In: Wakeman, S. E., & Rich, J. D., editors. Treating opioid use disorder in general medical settings. Cham: Springer; 2021. pp. 43-56.

² Office for National Statistics. 2023. Crime in England and Wales: year ending December 2022. <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/crimeinenglandandwales/yearendingdecember2022#violence>

³ Jones, L., Bigland, C., Quigg, Z. 2020. Cost of violence to the healthcare system in Wales. A report for the Wales violence prevention unit 2020. Public Health Institute, John Moores University. <https://www.violencepreventionwales.co.uk/cms-assets/research/Costs-of-violence-to-the-healthcare-system-in-Wales.pdf>

⁴ Youth Endowment Fund. 2022. Statistics update: The latest data on crime and violence affecting young people. <https://youthendowmentfund.org.uk/wp-content/uploads/2022/02/YEF-Statistics-update-February-2022-FINAL.pdf>

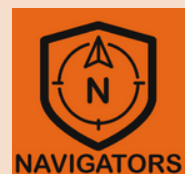
A Scheme Commissioner

'The scheme leads to positive outcomes because it's person focused. Every response is tailored to the individual. The Voluntary Community Sector Organisations use mentoring as a follow-up longer term strategy. They journey alongside these young people to a point of stability and thriving beyond.

The ED staff that refer into the Hospital Navigator Scheme are pleased there's some follow-up with these young people. This is a demand reduction scheme. If you've got less people coming in as a result of violence, committing violence, or linked to violence, you're reducing demand on your already busy teams.

Volunteers get a huge amount out of it. They are doing something for their community, they feel privileged to listen to people's personal stories, and helping young people in difficult situations. The volunteer model adds merit. Running the scheme with people from the community, some of whom have really rich relevant lived-experience, they're going to have better understanding of what the young person's going through. It's completely in line with the serious violence strategy, working with communities, building resilience from within.

All five community sites are so passionate about what they do. When I review the last 24 hours knife crime statistics the demand is going up not going down. We need these services to be at key points for young people. We need the option for people to have an alternative pathway from the difficulties that then lead them to getting involved in violence'.



2. The Numbers



2. The Numbers

592

young people took part in the scheme^{1,2}

The number of referrals into the Hospital Navigator Scheme suggests the ED is a valuable location for beginning to work with vulnerable young people.

29% were 17 years old or younger

35% were 18-24 years old

36% were over 25 years old

Average age in years for HNS referral

24 Violence related

23 Substance misuse

23 Mental health

30 Multiple reasons³

Young adults were more likely to be referred into the HNS for multiple reasons. This could be the result of vulnerability through cumulative life events and challenges.

¹ 489 included in the final analysis, extreme young and old age removed as outliers

² 'Young people' is used to refer to those who consented to scheme support, majority 25 years or younger, up to 50 years

³ Where there was more than one reason given for referral to the scheme



Attendance in the Emergency Department

40%

Violence

The majority of those seen by the scheme attended the ED for a violence related reason. This highlights the ED as an effective location for the Hospital Navigator Scheme.

A significant number of young people seen by the scheme originally attended the ED for a mental health crisis and for substance misuse.

29%

Mental health

18%

Substance misuse

Other referral reasons included:

7%

Medical reasons

3%

Multiple reasons

2%

Partner violence

The Hospital Navigator Scheme has highlighted young people's need for support with vulnerabilities that extend beyond violence.



Referral into the Hospital Navigator Scheme

37%

Violence

27%

Mental health

16%

Substance misuse

11%

Multiple reasons

For many young people additional issues beyond the reason for attendance in the ED were identified during their time in the ED.

A significant proportion of referrals into the scheme were for multiple reasons.

Other issues included:

2%

Partner violence

1%

Homelessness

0.2%

Unemployment

0.2%

Medical reasons



Engagement

70% of young people who accepted Hospital Navigator Scheme support through the ED positively engaged with the scheme. Of these:

24% received **signposting support**
A conversation in the ED or in the community around the young person's needs; explaining services that may be helpful going forwards.

52% received a **brief intervention**
A discrete therapeutic intervention, that might include signposting, but also support in accessing community support services.

24% received **ongoing support**
Support of varied duration which includes mentoring, signposting and/or support to access community support services.

Most young people who engaged with the scheme received a brief intervention. This goes beyond signposting in the ED yet only requires short term support in the community.



Re-attendance in the Emergency Department

77% of young people who accepted HNS support **did not** re-attend the ED.¹

ED re-attendance rates were a debated indicator of violence reduction scheme success amongst stakeholders. Young people may re-attend for a reason unrelated to the index attendance, may view the ED as a place to access support, and complex issues tend not to be immediately resolvable. For example, whilst older individuals were more likely to re-attend the ED, they were also more likely to have multiple issues, and more likely to engage positively with the scheme.

Reasons for ED re-attendance:

40% Mental health

25% Medical

14% Substance misuse

4% Violence

Notably, the least common reason for re-attendance in the ED was for violence or a violence-related issue and the most common was for acute mental health episodes.

¹ Reattendance analysis was based on data available from 399 participants

NB: Descriptive statistics from audit data collected from young people who consented to take part in the TVRS for the period March 2021-December 2022 across the five delivery sites.

Percentages are rounded up or down for clarity.

'Other' not reported.

Due to multi-site delivery and local remit adaptation it is possible that there were site differences in delivery, interpretation and monitoring, which may have impacted the overall findings.



A Hospital Trust Manager

'For the Hospital Navigator Scheme to work the right people at the right level need to be involved. It's vital to get it right at the beginning.

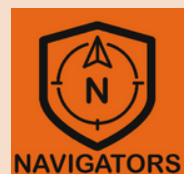
For us, everyone was happy that this was safe. Because of this early work, everybody sees where it fits. We haven't had any professional defensiveness about having the Navigators in.

The way the Navigators work in the ED is about a kind person, sitting down with a frightened young person, and gaining their trust. They fill a gap that the ED nurses and doctors want to do, but can't. When you've got a 4-hour target to achieve, and patient flow like you've never known it coming through it's just not possible.

The Navigators also go into the paediatric wards and the acute medical unit. We were missing young people who were more badly affected, they weren't being turned around in the ED, they were actually being admitted.

The community organisation gave a monthly update to the ED team. It was good to hear about the impact, the data, how many seen, the powerful stories... We fell on our feet with this partner organisation, they are really established in the community. They're trusted by other organisations. They know what works best in the community.

Working with them really fits with the Integrated Care Board Strategy: early help strategies, early intervention, this is a service that brings that into reality'.



3. Powerful Stories



3. Powerful Stories

Many powerful stories were shared by stakeholders that attest to how the Hospital Navigator Scheme positively impacts young people's lives.

Three main dimensions within these powerful stories have been identified:

1. Developing a **trusting relationship** with the young person
2. Supporting the young person to **engage with wider services**
3. **Positive outcomes** for young people.

Quotes in this section are from case descriptions shared by Navigator Co-ordinators in scheme-wide monitoring and cross-site learning from practice meetings.

1. Developing a trusting relationship with the young person

Establishing a relationship

When young people and Navigators connect in the ED the Navigator is able to offer 'normality' and informal conversation. This relationship, established in the ED, can carry on in the community and develops over time, as and when needed.

'Sharon, aged 16, attended the ED after taking an overdose. She had a difficult upbringing with traumatic situations at home. The Navigator met with Sharon and her mum in Costa. They discussed ongoing mentoring which Sharon was really up for. The change in mood even over a couple of weeks has been massive. Sharon continues to engage with mentoring and talking to a trusted adult'.



Informal and flexible follow up in the community

The Navigator offers informal and flexible follow-up in the community. They can provide extended support in one session; or ongoing support to build confidence, change behaviour, and encourage engagement with specialist services.

‘Her mentor gave space for Jo (aged 17) to talk about what was worrying her and come up with what a realistic study/work/social life/rest balance would be...it was the simplicity of meeting every week for a coffee, a chat, and having clear goals to work towards, that was having a positive impact for Jo’.

Talking support with the Navigator

The opportunity to focus on specific aspects of their life in confidence with a trusted adult is often cited by young people as a unique and valuable aspect of the Navigator offer.

‘Amber, aged 13, was admitted to the ED for attempted suicide. She has opened up about her current struggles. She is really open to mentoring and having a trusted adult she can talk to about what’s going on in life and all the things she feels she can’t talk to her friends or mum about’.



Working with a complex picture

Navigators often identify additional vulnerabilities through spending time with the young person. This contributes to understanding the circumstances beyond those that led the young person to attend the ED, and areas of support that could improve the young person's life circumstances.

'One of the Navigators had an in-depth conversation for over an hour with Ben and found out that he had lost his job that day, which acted as a trigger for his breakdown and risk of harming himself'.

Through informal and flexible contact and support, offered over time by Navigators, trusting relationships are developed with the young people engaging with the scheme.

2. Supporting the young person to engage with wider services

Motivational engagement

One-to-one discussion and engagement with the Navigator provides emotional support that builds confidence, motivates the young person toward change, and encourages engagement with further services.

'The Navigator mentioned a local programme which mentors young people in education, employment, and training. A few weeks after engaging with mentoring John secured a job interview. The project bought some smart clothes for John through their support fund'.

Facilitative approaches

The Navigators engage in a range of supportive roles to facilitate access to appropriate services:

Accompanying to services i.e. counselling support.

Advocacy with services i.e. housing support, or their General Practitioner (GP).

Working with the young person in liaising with agencies i.e. police statements.

Formal referral to a service is also undertaken i.e. mental health services or in-house mentorship programmes.

'Lottie, aged 17, was admitted to the ED due to being burnt by her boyfriend with a household object... she met her Navigator for coffee on three occasions and is feeling much stronger. She has consequently made the decision to make a police statement about her experience'.



3. Positive outcomes for young people

The young people experience a range of positive outcomes as a result of Navigator support. These include securing employment, housing support, and positive emotional and psychological growth.

'Jenny, a vulnerable 22 year old young woman, was referred to the scheme for mental health, social isolation, and domestic violence. She has bonded well with her allocated Navigator. She has attended the partner site and is involved with arts and crafts clubs. This has helped with her confidence and anxiety levels'.

For some young people Navigator support is life-changing. An example is given of one young person who was suicidal on admission to the ED:

'Jim said that he would have followed through with it if it weren't for the support he received that day'.

Findings suggests that an acute episode requiring attendance in the ED is a **'reachable moment'** where a vulnerable young person can be engaged and offered ongoing support. Also, that the Thames Valley Hospital Navigator Scheme is functioning as intended: to support young people at risk, reduce vulnerabilities and encourage positive pathways.



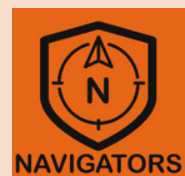
A Young Person's Story

'I was in the hospital. I was really struggling mentally. I wasn't able to stop self-harming and it was getting dangerous.

My mentor would take me out for coffee and we talked in a place that isn't so formal. She doesn't treat you like a child, she treats you like an adult and a friend. She suggested the group. It was a bit nerve wracking because mixing in groups of people wasn't really my thing and I was at a really low point, but everyone was really welcoming. They made sure to tell me I could speak to them but not push it on me, it was in my own time. Now I have confidence and it has literally ended up saving my life, it's incredible being there.

We do a mix of everything really, we have visitors in, we do sessions on mental health. Today they're doing yoga. I got my GCSE results today. I have all the grades I need for A levels. The group has helped with that as well. My mentor told me about a scholarship. I applied for a medical course and I got it.

The scheme adds that layer of support. Going to the group made me realise that I wasn't alone, there were other people in my situation. It really did benefit me. It doesn't even feel like a group, you come once a week to meet your friends'.



4. An Integrated Delivery Model



4. An Integrated Delivery Model

An integrated delivery model has been developed from this Hospital Navigator Scheme evaluation across the five sites.

The model illustrates the core scheme offer and acknowledges variation between sites in the local ED, the scope of the VCSO, and how the scheme was embedded and implemented on an ongoing basis.

The model is mapped across three stages:

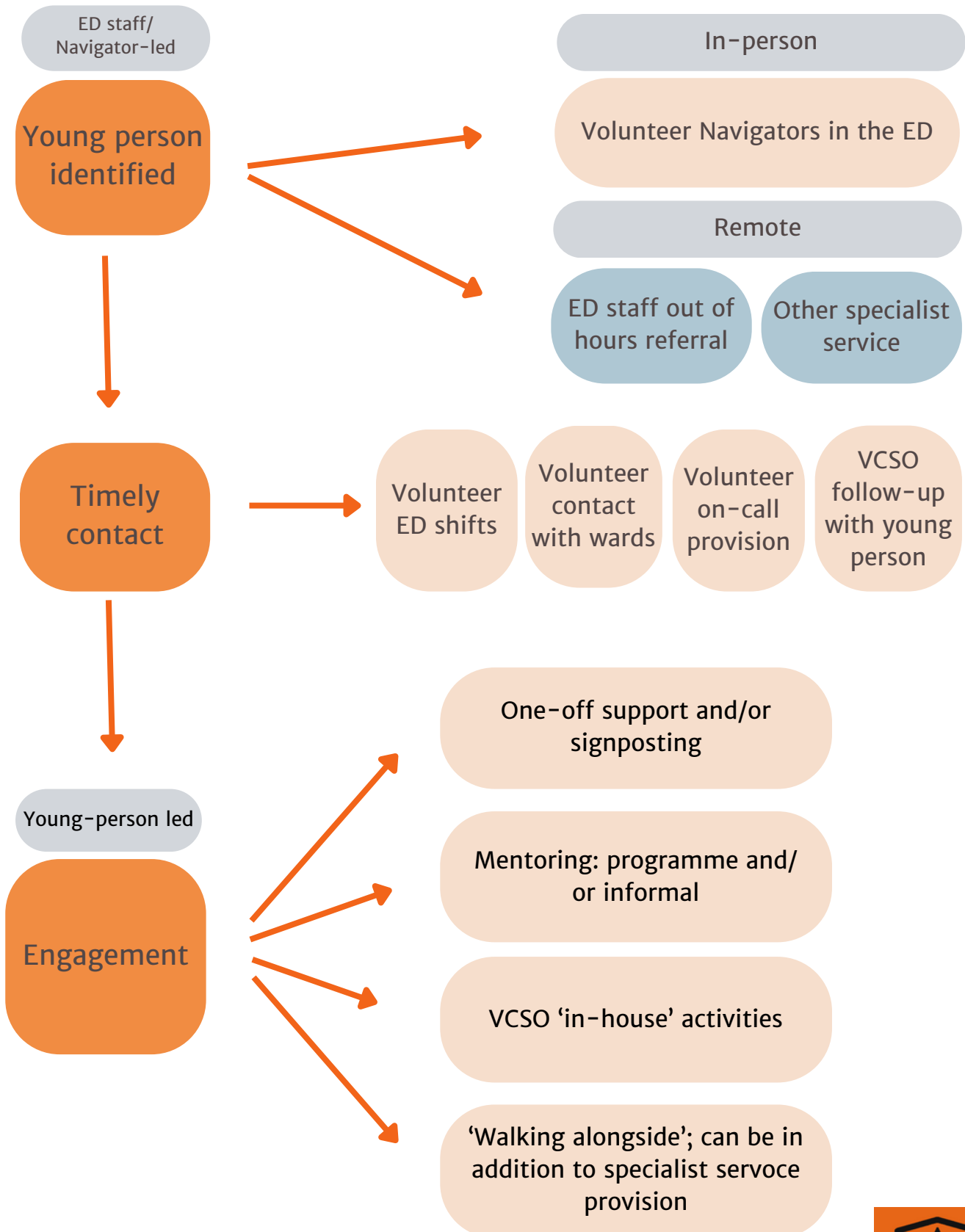
1. **Identifying** young people who may benefit from the scheme
2. **Making timely contact** with vulnerable young people
3. **Engagement** with the young person.

The model also considers the underpinning values of the scheme that contribute to its success.

‘The Navigator approach, it’s flexible, you can put it in any hospital and it can be done over and over again. You can apply it anywhere and it will be consistent with how it works.’ (Co-ordinator)



The Integrated Delivery Model



1. Identifying young people who may benefit from the scheme

In-person

In the ED and hospital wards.

‘It’s that extra safe pair of hands that we can sit with someone and listen to them, see if there’s any relevant support beyond the hospital doors that we can connect them with, and do that follow up.’ (Co-ordinator)

Remotely

Through out of hours pathways. The Navigator contacts the young person after they are discharged from, or admitted to, the hospital. From the ED, hospital wards, systematic review of young people’s ED attendance, or other professionals ie CAMHS.

‘They do out of hours referrals. As the Navigators have such a presence, staff don’t forget them. The scheme gets into their psyche, otherwise they wouldn’t remember to do it!’ (ED staff)

Focus age range

Age range varies per site. This was identified through review of existing provision in the ED, the remit of the partner agency, and identified need i.e. older teens:

‘Transition is a massive concern, with a gap in services. There is particular concern around safeguarding in this group, the 16 to 19 year olds. They are vulnerable, there is a gap’.
(ED staff)

Remit

A range of specific vulnerabilities have been identified beyond violence-related for referral into the scheme. There was site specific variation according to existing ED provision and assessment of need.

‘Navigator support is really helpful with first time attendances, those who have come in through alcohol or illicit drug use. Those who are on a wobbly pathway, with risky behaviours’. (ED staff)



2. Making timely contact with vulnerable young people

Through timely contact the Hospital Navigator Scheme is able to capitalise on the reachable moment, which suggest young people are open to support in the ED following a crisis. The reachable moment extends to follow up soon after discharge from the ED, or admission to the hospital.

‘That reachable moment, it is there. There’s a period in the ED, on the ward, and a couple of days afterwards when they are in a hospital bed with their chest tubes from their stabbing, where you can say this isn’t great is it? Is this how you want things to be? You can control who is coming to see them, no phones, no police, no influence. ...’
(ED staff)

‘I think if you put it out there to that young person, and then catch up with them later it works, because you’ve got them at the time when you really need them but may not want to talk at that moment, but then knowing that you can call them later. The Navigators are very good at keeping that going...’
(Navigator)

Timely contact is made through Navigator presence in the hospital, through out of hours referrals, and in one area an innovative ‘on-call’ pathway was developed:

‘We get out of hours referrals when the young person is still in the ED, so then I go in. This is quicker, more efficient. I get an email and everything can be done in twenty minutes...’
(Navigator)



3. Engagement with the young person

One-off support in the ED/hospital or community

‘I thought it was the bit after the A&E that was the most crucial bit because that long-term support is needed, although I still think that’s true, I was blown away by just how much impact a conversation in the A&E had.’ (VCSO manager)

Ongoing engagement

Walking alongside the young person in addition to specialist services.

‘It’s a long-term relational support with a trusted adult where we journey alongside them to a point of stability and thriving beyond.’ (VCSO manager)

Mentoring (either informal or a mentorship programme within the VCSO).

‘Meet up afterwards, follow-up, get them a mentor, get them into work, help them onto an apprenticeship, not stress so much about A-levels, whatever it may be, the cause for attending A&E.’ (Co-ordinator)

VCSO partner activities such as cooking workshops, young women’s group etc.

‘I’ve got more on my CV now. I’m going to take part in a first aid course, and we did a session by the canal on safety by water. There’s a lot of extra things I’ve done now that I wouldn’t have done before.’ (Young Person)



An ED Manager

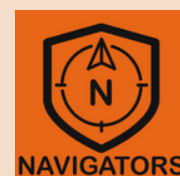
'The Navigators started with a narrow remit but it's broadened out because of what they were seeing in the ED. They identified patients that they could get involved with that perhaps weren't in the original criteria, but who really benefitted from the offer.

It's rewarding for the ED staff too to know that the Navigators have caught the young people and given them some guidance. They need someone to talk to, and support to understand that there are different paths to take.

The Navigators are based in the department, two to four evenings a week. Most of their referrals happen when they are there. They have their orange T-shirts on so they are very visible, everyone knows who they are. The Navigators see the young people in the department, then catch up with them later to fully engage.

I can see the good in the long term. Knowing that they're going in to that service you just know that they're going to get support. I guess it just breaks the circle for some people and that's key.

Everyone I've worked with from the community organisation are just really passionate about it as well, it makes you think, ok yes, I really want to make this work!'



5. Co-location



5. Co-location

Co-location in the hospital is one of the unique aspects of the Hospital Navigator Scheme. Navigator volunteers work alongside hospital staff in the ED. The VCSO initiates the scheme offer in the hospital but remains independent of the hospital. Co-location facilitates timely contact/the reachable moment, where the Navigator makes initial contact with the young person, and acts as a bridge to support in the community.

Co-location is a dynamic process and has three main aspects:

1. **Embedding** the Navigator Scheme in the hospital
2. **Working with** vulnerable young people in the hospital
3. The **added value** of Navigator presence in the ED

1. Embedding the Navigator service in the ED

Being a 'guest' in the ED

In the early stages of the project there was a feeling of being a guest in the ED. Space in the ED was often limited and Navigators were mindful of being a burden within a very busy department. VCSO workers have worked hard to forge positive relationships with hospital staff, and EDs have become used to Navigator support. ED staff experience the added value of Navigator presence, and respond positively when Navigators are on shift, and proactively refer into the scheme.

'Oh great we've got a Navigator today, we've got loads for them to do!'
(ED staff)



Maintaining visibility

Visibility in the ED is key to raising and maintaining the scheme profile and prompting referrals. This is ensured through: signature orange T-shirts, ensuring Navigators are present for regular shifts, attending staff meetings, and visiting wards.

A positive link is observed between Navigator presence in the ED and referral rate.

‘The Navigators were based in the department, two to four evenings a week, and the biggest chunk of referrals happened when they were there...’

(ED staff)

Building trust

With changing staff in the ED and varied shifts offered by the Navigators, there is a need for ongoing explanation and demonstration of the scheme and the Navigator role to maintain their profile.

‘Every month I do a presentation for the team with the new doctors and nurses about the scheme. Who we are, how we do it. Let them know where the referral form is in the drive, so they are all aware...’

(Co-ordinator)

Communication is vital to build confidence in the scheme.

‘There needs to be very clear governance, understanding of what each party needs, information flow, accountability. A connectivity between systems.’

(ED staff)



Co-location: beyond the ED

Co-location goes beyond Navigator presence in the ED, to include presence on wards, ongoing liaison with ED and specialist staff, ad-hoc liaison with other services such as social care or Child and Adolescent Mental Health Services (CAMHS), and timely out of hours or on-call referrals.

Out of hours and 'on call' referral pathways in addition to direct Navigator presence in the ED lead to a consistent offer for young people attending the ED regardless of the time they attend.

Some Navigator Co-ordinators align with specialist workers in the hospital, such as the High Intensity User Practitioner or Safeguarding Practitioner. This helps to ensure all young people's attendances in the ED are reviewed, and those who might benefit from the scheme identified.

'We meet with the Navigators regularly and look at figures and discuss what they are doing...It's great to work onsite with the Navigators and have those conversations about young people who might be coming in and you're worried about.'
(ED staff)



2. Working with young people in the hospital

The 'reachable' moment

Making contact with a young person in the ED is a reachable moment.

'The feedback we've had consistently, was having that someone there to talk to in the hospital changed everything for them.' (Co-ordinator)

This is both for those in crisis, and for reasons not typically associated with vulnerability.

'Being in the ED enables us to meet young people who aren't on the radar. For example, one young person who broke his leg, on the surface everything's fine... We had a general, relational conversation, a cup of tea, and identified a need for support at an early intervention stage...'
(Co-ordinator)

Making contact with the young person at a moment of crisis lays a positive foundation for follow-up.

'I see them in the ED, it might not be the right time, but at least we're getting in with the young person so they understand about the service and then catch up with them later to fully engage. I don't think there's always engagement in the ED, but that's probably the nature of everything that's going on, but eventually they get the engagement a week down the line...that works.'
(Navigator)



3. The added value of Navigator presence in the ED

Emotional support

Clinicians value the emotional support that Navigators offer vulnerable young people during a personal crisis, and in what can be a challenging ED experience.

‘Sitting down with a frightened young person, and gaining their trust is really valuable. Even if they don’t want a referral into the scheme it doesn’t matter because they’ve sat there with them, which benefits the young person.’

(ED staff)

Navigators are not clinicians, not in uniform, and have time to be with the young people. As a result, young people tend to open up to them.

‘What is invaluable is their presence in the ED. Someone to go in and talk to the patient. Not be a nurse, doctor, social worker, whoever. And the information they get, the ability to calm them down a bit... For example, there was one young person who was completely shut off, not talking. The Navigators went in, spent half an hour, had a cup of tea, a few sweets, a bit of banter, different story.’

(Co-ordinator)



De-escalation

Navigators are also able to calm potentially fraught situations, by spending time with the young person, explaining events, or accompanying them in investigative procedures.

‘The Navigators are great at supporting the nurses and medical team. If there’s somebody that has high needs for example...having someone to take that patient out for five minutes, can alleviate their anxiety, keep them calm, which then allows the nurse, consultant, doctor to move on to another patient, or come back to that patient who is calmer as they’ve had some fresh air... that’s been really useful.’
(Co-ordinator)

The value of Navigator presence in the ED as a non-clinician to offer emotional support and time to vulnerable young people is greatly valued by the ED staff.

‘Navigators are an intrinsic part of the team, really valued.’
(Hospital Manager)



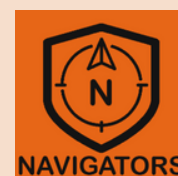
A Navigator Coordinator

'There's so much that's valuable about the scheme.

We are totally led by the young person, they control their journey with us. This is important, to get the best out of someone. The support we offer is varied. Not having that ring-fence around the type of support we can offer is unique.

That first interaction in the ED shouldn't be high pressure. I say to the volunteers I want the young person to be talking 70-80% of the time and us to be listening 20-30% of the time because that's how you get the most out of that first interaction, and an understanding of what is being asked of or expected of you. It can be that we signpost while on shift and that could be the end of it - they just need a bit of extra information. Then there is supporting them in the community.

It's an opportunity for the charity sector to work in partnership with the NHS and the police. There's real opportunity in that collaboration. I think the potential for this is absolutely huge, it's something really dynamic, engaging and revolutionary - taking some of that pressure off the NHS, social services and the police. It's got to be funded.'



6. A Volunteer Model



6. A Volunteer Model

Using a volunteer model is another unique aspect of the Hospital Navigator Scheme. There are challenges in this model, yet also significant benefits. This section presents evaluation findings in the following themes:

1. **Building** the volunteer team
2. **Maintaining** the volunteer team
3. **The benefits** of a volunteer run scheme

'I've been in your shoes, I've been down that pathway, I've used drugs, I've used alcohol, I know where you've come from. Having those conversations with young people has been really positive. I've been able to tell them about my experience, and the positive outcome they can now see because I'm in front of them talking about it. Breaking down those barriers is really positive.'
(Volunteer)



1. Building the volunteer team

Skills and characteristics

It is important to recruit Navigator volunteers with relevant skills for working with vulnerable young people. Good therapeutic and communication skills are key. Volunteers with lived experience are also helpful for empathy, as well as being role models for positive pathways.

‘One volunteer struggled with mental health in the past, she’s so good with the young girls who are there in mental health crisis.’

(Co-ordinator)

Some volunteers prefer to work in the ED, others in the community. Where one volunteer makes a connection with a young person in the ED, the young person is ‘matched’ with a community volunteer.

‘Gain that referral...I can pass that to someone who has got time to support them in the community... it seems to work well and that’s more respectful of the volunteer time and skill.’

(Co-ordinator)

The recruitment process

It is important for acute trusts to commit to the recruitment process for volunteers with lived experience. Safeguarding policy can make this challenging.

‘Recruiting volunteers with lived experience is in line with policy, but it’s more complicated in reality.’

(Commissioner)



2. Maintaining the volunteer team

Recruitment and training

The post Covid landscape and cost of living crisis challenges are barriers to volunteer recruitment. The scheme can only work according to the time volunteers can offer. Navigator Co-ordinators oversee an ongoing recruitment process.

Navigator Co-ordinators also have a significant role in supporting volunteers i.e. ensuring recruitment policies and processes are in place, delivering scheme specific training, regular supervision.

Risk management

Navigator Coordinators equip volunteers with the knowledge and skills to support vulnerable young people. Coordinators have a high level of responsibility to support a 'non-professional' workforce to support vulnerable young people and to deal with challenging issues.

'We are working with the most vulnerable and potentially dangerous young people – as we should be on this scheme. Safety is important for an individual...the safety of the young person – to ensure they are being supported by someone who's fully qualified with the right training, and the safety of the volunteer, who is well trained to deal with challenge.' (Co-ordinator)



3. The benefits of a volunteer delivered scheme

A different sense of trust

The fact that the Navigators are volunteers, giving up their time for no payment, increases their credibility with the young people. They can be more open to advice and support offered this way.

‘Knowing they are a volunteer is really powerful.’

(Co-ordinator)

Having volunteers with rich, relevant lived experience, engenders trust through the appreciation that they have lived through similar experiences. Not being associated with a professional group is also helpful.

Through this trust volunteer navigators were able to provide an in-person bridge between acute and community services.

‘We pick up where medical care stops.’

(Volunteer)

Giving time back to the clinical staff

Volunteer Navigators are able to spend time with the young person which the busy ED staff are often unable to do.

‘The Navigators are seen as an additional resource, we make use of them. It has opened the eyes of the clinicians. You don’t necessarily need to be a professional to listen. There are different ways of doing it. There have been some really good outcomes for young people.’

(ED staff)



Personal reward

There are a range of benefits to volunteering with the Hospital Navigator Scheme: when a connection with a young person is made: being considered an important part of the ED team; a desire to give back to the local community, or the specific hospital where the scheme is running; a stepping stone to future professional roles.

*‘You meet that one young person you click with and you realise there’s something we can offer them and it’s like OK this is why we’re doing it.’
(Volunteer)*

‘As much as you’re a volunteer and you don’t have the qualifications as like a nurse or doctor, you still feel like you are part of the process, like a cog...’



A Volunteer

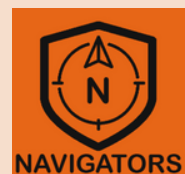
'I was studying public services. It required volunteering work. The scheme coordinator came in and talked to us about the opportunity. At that stage I wasn't sure about what emergency services I wanted to be in, I had an idea I wanted to be in the police, but I wasn't 100% sure.

I volunteered nearly every weekend. You can choose the hours that you do. It was really diverse. You could be dealing with mental health in one hour, then in the other hour you might be dealing with a drug addiction, and in another, alcohol. Most of them link together, so you have an extra layer of complexity.

Young people go to A&E and are given these leaflets and they say you can just call this, but young people don't want to do that. But if someone's actively engaging with them, and they feel like they're being listened to and care for... that's what the Navigators are doing. If there's a young person we'll ask do you need help with this or that, and they might just say yes. And if they say yes then the engagement's already there...our job now is to pursue it.

We don't deal with the physical stuff we deal with the stuff the doctors and nurses don't deal with. We support beyond the ED, help to engage with other services. We step in to help that process. You can get support for as long as you need, there's no set discharge, as long as you are engaging we provide support, no other service does that.

It got me into the police so it worked! Literal proof.'



7. Key Messages



7. Key Messages

- The ED is a valuable location for Navigators to begin to work with vulnerable young people.
- The reachable moment extends beyond the ED attendance and includes timely contact after discharge.
- Young adults (over the age of 18 years) engage most with the Hospital Navigator Scheme.
- The Hospital Navigator Scheme predominantly supports young adults with a range of vulnerabilities and complex challenges.
- Whilst some young people benefit from ongoing mentorship and support, most achieve a positive pathway through one-off or short term contact.
- Navigators provide versatile support. For example, facilitating the young person's access to specialist support in the community.
- There are effective pathways into the scheme via in-person and out-of-hours referrals. An on-call approach is notable for delivery timeliness and focus.
- An open-door approach, trust, consistency, and being young-person led, are key aspects of successfully engaging young people.
- Co-location extends beyond the ED, to include wards and/or attendance review alongside specialist practitioners.
- The value of Navigator presence in the ED as a non-clinician to offer emotional support and time to vulnerable young people is greatly valued by the ED staff.
- Navigator volunteers with relevant skills and characteristics are vital when working with vulnerable young people.
- Maintaining an effective team of Navigator volunteers is challenging – with significant training and support needs to ensure the safety of both the young people and volunteers.
- The Hospital Navigator Scheme evidences the vital role of the VCSO in supporting vulnerable young people.



8. Potential Cost Benefits



8. Potential Cost Benefits

The Thames Valley Violence Reduction Unit (TVVRU) funded the establishment, embedding and evaluation of a Hospital-based Navigator Scheme; partnering with 5 Hospital Trusts and 5 local Voluntary and Community Sector Organisations in the Thames Valley.

The aim of the scheme is to interrupt cycles of violence and vulnerability through engaging with young people and offering flexible support to re-direct them onto positive pathways in the community.

592 young people consented to HNS support during the evaluation period. This suggests that the hospital location and the Navigator model is acceptable to young people.

Indicators of the potential effectiveness and benefits of the scheme, to young people, communities, and health and social care services, are broad, and go beyond the metrics captured by this initial evaluation. Next stage cohort metrics might include re-attendance in the ED, as well as involvement in crime and youth justice services, and engagement with education or work.

In addition, there are potential community indicators such as reduced demand on community mental health services and/or drug and alcohol services; and societal indicators that include improved quality of life, and longitudinal economic impacts on individuals and families.

For credible cost benefit calculations, clear and specific cohort comparative metrics, data collected at specified time points, and longitudinal follow up, is required.

Similar schemes, such as other ED-based and violence reduction public health interventions, have conducted cost-benefit analyses which can provide an indication of the potential financial benefit of the HNS at a **hospital, community** and **societal** level:



Hospital

The cost of treatment in the ED as a result of physical harm and violence has been calculated at £1,254 per patient.¹

Re-attendance in the ED

During the 21-month evaluation period of the Hospital Navigator Scheme there were 178 referrals for Navigator support specifically for violence. Of these 77% did not re-attend the ED during the follow-up time period. Of those who did re-attend the ED, only 4% (7 individuals) re-attended for violence reasons.

It is not possible with the current scheme data to ascertain if re-attendances were in any way (frequency or reason) influenced as a direct result of engagement with the scheme. Nevertheless, these figures indicate the potential for considerable cost savings for the acute sector if the Hospital Navigator Scheme leads to a reduction ED re-attendance for violence-related reasons.

Community

Similar ED-based violence reduction schemes to the Hospital Navigator Scheme, have estimated the cost-benefit saving to be £4.90 per £1 spent.² Here the financial benefits are estimated to be distributed across several public organisations and agencies.

The table below shows the calculated unit cost of violence, with and without injury, in relation to physical and emotional health, alongside wider costs to the health services, police and the criminal justice system.³

| | Violence with injury | Violence without injury |
|-------------------------|----------------------|-------------------------|
| Physical health | £180 | £0 |
| Emotional health | £8,060 | £2,810 |
| Health services | £920 | £270 |
| Police | £1,130 | £810 |
| Criminal justice system | £1,370 | £1,250 |
| Total | £11,660 | £10,280 |

¹ Jones, L., Bigland, C., & Quigg, Z. (2020). Costs of violence to the healthcare system in Wales. Liverpool: Public Health Institute, 30621-8. <https://www.violencepreventionwales.co.uk/cms-assets/research/Costs-of-violence-to-the-healthcare-system-in-Wales.pdf>

² Outcomes UK (2020). Redthread's Youth Violence Intervention Programme: A Cost Benefit Analysis and case for scaling across hospital Emergency Department locations. <https://www.redthread.org.uk/wp-content/uploads/2023/01/YVIP-CBA-report.pdf>

³ Heeks, M., Reed, S., Tafsiri, M., & Prince, S. (2018). The economic and social costs of crime Second edition. Home Office. <https://assets.publishing.service.gov.uk/media/5b684f22e5274a14f45342c9/the-economic-and-social-costs-of-crime-horr99.pdf>



Mental health support

27% of young people were referred into the HNS for **mental health reasons**, and young people and care-givers reported positive outcomes in mental well-being as a result of engaging with the Hospital Navigator Scheme.

The rates of young people in England aged 17-19 years with a probable mental disorder rose from 1 in 10 in 2017 to 1 in 4 in 2022.¹ In addition, waiting lists are at an all time high for children with mental health issues to receive consultant-led support, with a large proportion of these waiting over a year to be seen.²

The long-term impact of poor childhood mental health is believed to be costing the UK a total of £550 billion in lost earnings in later life, and mental health problems are estimated to cost the UK economy at least £118 billion a year.³ A review of workplace interventions found savings of £5 for every £1 invested in supporting mental health.⁴

The Hospital Navigator Scheme demonstrates a model that responds early and rapidly to young people experiencing mental health challenges. The scheme holds and supports young people struggling with their mental health. This suggests that the scheme is playing an important role in a landscape of escalating mental health issues and increased waiting lists for specialist support for young people.

Society

Considering the wider societal impact of an initiative aimed at reducing and preventing violence-related injury, cost benefit has been estimated at £82 for every £1 spent.⁵

Projects such as the Hospital Navigator Scheme may mitigate the need for longer term health support due to issues associated with injury and/or trauma such as anxiety and depression, harmful alcohol use, illicit drug use; the negative economic impact on productivity through sickness, or absence or loss of engagement with education; or reduced quality of life for the individual and their family.

¹ NHS England. 2022. Mental Health of Children and Young People in England 2022. <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2022-follow-up-to-the-2017-survey>

² RCPH. 2023. Record High: over 400,000 children waiting for treatment amidst child health crisis. <https://www.rcph.ac.uk/news-events/news/record-high-over-400000-children-waiting-treatment-amidst-child-health-crisis>

³ Centre for longitudinal studies. 2015. Counting the true cost of childhood psychological problems in adult life. <https://cls.ucl.ac.uk/counting-the-true-cost-of-childhood-psychological-problems-in-adult-life/>

⁴ LSE & Political Science. 2022. Mental health problems cost UK economy at least £118 billion a year - new research <https://www.lse.ac.uk/News/Latest-news-from-LSE/2022/c-Mar-22/Mental-health-problems-cost-UK-economy-at-least-118-billion-a-year-new-research>

⁵ Florence, C., Shepherd, J., Brennan, I., & Simon, T. R. (2014). An economic evaluation of anonymised information sharing in a partnership between health services, police and local government for preventing violence-related injury. *Injury Prevention*, 20(2), 108–114. <https://doi.org/10.1136/injuryprev-2012-040622>



In order to estimate the cost savings of these potential impacts more comprehensive and longitudinal data is needed.

Concluding thoughts

Cost benefit savings are a priority for commissioners for publicly funded health interventions.

What is clear is that ED-based violence reduction schemes, such as

the Thames Valley Hospital Navigator Scheme, that divert young people away from involvement in violence have the potential to offer cost savings across existing hospital, community and societal provision.

The last words go to one of the commissioners of the Hospital Navigator Scheme who provided a striking insight into the broader costs of homicide, one of the most extreme forms of violence:

‘One homicide costs the system £3.8 million.

I would say it’s probably double that, when you think of the knock-on effect... When you think about the horrific murder of Ollie Stevens in Reading¹, I think the trauma that went to his immediate network, school friends, all of that other stuff you can’t actually even quantify it...

So even if you just built a relationship with one young person in a year who’d come, say had been stabbed (and we know that once a kids been stabbed they’re more likely to be stabbed and die), if then they’re put on a better path – actually you’ve just probably saved about £4 million.’

¹ Spring, M. 2023. A social media murder: Olly's story. <https://www.bbc.co.uk/news/uk-61813959>

**Dr Sarah Bekaert
Dr Georgia Cook
Oxford Institute of Applied Health
Research
Oxford Brookes University**



Contact

sbekaert@brookes.ac.uk 

**THAMES VALLEY
HOSPITAL NAVIGATOR SCHEME**

PHASE II EVALUATION, 2022-24