



Youth Navigator: An Exploration of how youth work can enhance the services provided to young people in the Emergency Department

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Introduction

The WHO defines adolescence as the period between ages 10 - 19 years, during which individuals transition from child to adulthood ⁽¹⁾. Evidence shows that risky or harmful lifestyle behaviours initiated during adolescence are likely to be carried on into adulthood, as such this is a critical period in development ⁽²⁾. The brain continues developing until age 25, during this period of maturation inhibitions are reduced and individuals are more prone to risk taking behaviours. When it comes to risk-taking behaviours, adolescents are victims to the physiology of their maturing brain. With immature frontal lobes and undeveloped myelin, adolescents have a decreased ability to suppress inappropriate thoughts and actions. Additionally, the reward centre becomes more sensitive to potential rewards, hence putting emphasis on short term satisfactions over long term goals ⁽³⁾.

The susceptibility of young people to risk taking behaviour is illustrated by data showing that after infancy, adolescence is the age range in childhood with the second highest mortality rate with majority of adolescent deaths being due to “accidents” ⁽⁴⁾. Scotland suffers from the highest rate of adolescent mortality across the UK, with current rates estimated to be 24.6 per 10,000, compared to 20.0 across NI and 17.0 across England and Wales ⁽⁷⁾. This issue is further compounded the fact that despite progress having been made to reduce adolescent mortality across Scotland over the past two decades, it is again on the rise. Similarly, reports show that since 2010 there has been a 10% increase in the number of young people attending emergency departments (ED) ⁽⁸⁾.

Adolescence is also a key time for the emergence of issues relating to mental health; 50% of mental health problems are established by age 14, and 75% by the age of 24⁽⁵⁾. Furthermore, data suggests that 70% of young people with mental health problems have not benefitted from intervention at an appropriate age. This highlights the need for a service that can provide support to young people during these times. The prevalence of mental health problems during adolescence has been further exacerbated by the COVID-19 pandemic. With the inception of lockdowns and social distancing, individuals were further isolated from friends, family and other normal sources of support. Between 2017 and 2022, the prevalence of mental disorders among young people has risen from 1 in 9, to 1 in 6. During this time, 53% of adolescents also reported a deterioration in their mental health, further highlighting the growing issue of poor child mental health⁽⁶⁾.

As more people attend the ED, staff face more time constraints when treating and admitting or discharging patients. Inevitably, this impacts on their ability to provide holistic care, and emphasis is placed on treating patients presenting complaints rather than addressing the underlying reasons that may have contributed to their attendance. The time pressures faced by ED's are highlighted by the most recent data published by NHS Scotland, showing that only 3 of 14 Scottish Health boards are meeting the 4-hour waiting time target, with a national average performance of 70.1%⁽⁹⁾. A survey conducted across several ED's within Scotland, showed over 53% of emergency care facilities can identify recurring attendances from both children and adolescents⁽¹⁰⁾. This suggests that without appropriate community follow-up, young people are at an increased risk of entering a cycle of risk-taking behaviours resulting in repeated ED attendances, impacting their long-term health and wellbeing. This issue is further compounded with the UK's high prevalence of

risk-taking behaviours among young people. Evidence published by UNICEF showed the prevalence of these behaviours to be much higher in the UK than 20 countries of similar economic development ⁽¹¹⁾.

In effort to help address this mounting issue, an Emergency Department based youth intervention programme, “Youth Navigator”, has been implemented in three hospitals across Scotland. The service employs youth workers to support adolescents attending ED’s with a background of complex psychosocial needs. The role of Youth Navigators is to support young people both within the ED and the community with the aim of helping them to address the wider problems within their lives and supporting them to reduce the risk-taking behaviours that may have resulted in their attendance at hospital.

This project is an early evaluation of Youth Navigator Service within Glasgow’s Royal Hospital for Children. Qualitative interviews with clinical staff, explored the role youth work can play in supporting young person attending Emergency Departments with a background of complex psychosocial needs. Further questions explored any perceived benefits or barriers relating to the Youth Navigator service specifically.

Methods

Subject/Participant Recruitment:

This study uses qualitative methodology to explore the opinions of NHS staff on the impact and effectiveness of the Youth Navigator Service within Glasgow's Royal Hospital for Children (RHC). The perceived benefits and limitations described by staff can be effectively evaluated using qualitative analysis as it allows the collation and analysis of non-numerical data, whilst providing contextual information necessary for an in-depth understanding of the service.

Study participants included Nurses and Doctors based in the RHC Emergency Department (ED). Purposeful sampling was used to recruit participants, thereby ensuring all staff involved in the study had the necessary experience of working with the Youth Navigator Service. The study was promoted through posters placed in staff coffee areas, as well as emails from Department and Clinical leads inviting staff to take part.

Data was gathered via telephone interviews during March/April 2022. Interviews were conducted until the point of data saturation, ensuring all possible emergent themes could be identified.

The use of telephone interviews allowed staff to partake in the study from a place of their choosing and at a time that suited them best. This was designed to reduce any potential barriers for staff engaging with the study, whilst also allowing participants to interview from the privacy of their homes which aimed to facilitate more open and honest responses.

Measurement & Analysis

Data was gathered using semi-structured interviews aided by a topic guide. Where possible, open-ended questions were asked to allow full and comprehensive answers. The flexibility of the semi-structured interview technique allowed the researcher to follow up on any other relevant ideas raised by participants, ensuring all emergent themes were fully discussed.

The interviews, lasting approximately 20-25 minutes, were recorded and transcribed verbatim by a professional transcription service. Transcripts were anonymised to maintain confidentiality and analysed using Thematic Analysis to identify emerging themes ⁽¹²⁾. Thematic Analysis involves the coding and collation of data into separate themes, allowing connections to be made between different individuals experiences. The chosen themes were independently reviewed by MM and CG to produce a final list that was an accurate representation of the data. All identified themes were defined, and quotes chosen to illustrate each one.

Additionally, routinely collected anonymised data was analysed using descriptive statistics to illustrate the patient profile and common presentations of the service users.

Ethics Statement:

Ethical approval was obtained from the University of Glasgow MVLS College Ethics Committee. NHS ethical approval was not required for the participation of NHS staff in this study.

Findings

Routinely Collected Anonymised Data

Within the first 6 months 89 patients were referred to the Youth Navigator Service, the average age of which was 14 years old. Of these patients, 21% were already connected with CYPMHS, or else on the waiting list. Most patient were females, accounting for 67% of referrals.

Cumulatively, 180 primary issues were presented to Youth Navigators with the most common being mental health (30%), suicidal intent/self-harm (23%), intoxication (11%), and overdoses (11%). After engagement with the service, YN's identified a further 165 issues, with the starkest difference being the increase in reported ACE's and relationship issues, accounting for 13% and 11% respectively.

Of the 89 patients referred, 61 accepted support and an additional 21 were waiting to be engaged; 7 patients declined. 28 patients received specific immediate interventions, this included alcohol intervention, food banks, housing, harm reduction service and social work contact.

Qualitative Information

Interviews lasted between 15-25 minutes and included 7 staff members based within Glasgow's Royal Hospital for Children's Emergency Department.

Main Themes

Five overarching themes were identified (table 1). Each theme was divided into further sub-themes to provide more information.

Existing System Failings

“Lost Tribe”

Staff described the difficulty associated with the categorisation of adolescents and highlighted the lack of effective specialised support services available to them.

“that cohort of patients that have never really had any other follow-up or any other service that are often forgotten about” (6)

“it's a huge problem when they come to A&E, because it's like a cry for help, because it's the one place you can get access to. But it's one place that I can't do anything for them” (2)

“think that they're almost being kind of less than abandoned by CAMHS, because they're not getting the help that they need quickly enough” (4)

“I think CAMHS in A&E, it's not always the most helpful thing, because it very much is a crisis” (1)

“having any ongoing interaction with CAMHS, to go to community CAMHS young people seem to have to wait for ages for that service” (3)

Barriers

Participants frequently described the lack of privacy offered within the ED settings and the time constraints faced by staff as being challenges to supporting young people attending.

“not a whole lot of privacy in the triage area, because it's in the middle of a waiting area, and a lot of them don't like to open up to you” (4)

“it’s just the practical time and place, time more than anything else, to actually spend trying to find out about what their issues are” (3)

“our interactions are quite brief with these patients and often it’s difficult to get a real relationship going with them in such a brief space of time. So, often you can’t get much” (5)

“I suppose A&E only gives you a snapshot. So, I think it’s a challenge to recognise issues that are affecting the young person” (1)

The “Typical” Patient

Interview extracts align with the routinely collected data in illustrating intoxication, substance use, mental health and relationship issues as being cause for a referral to Youth Navigator.

Risk Taking Behaviours

A common reason for staff referring patients to the YN service was attendances related to risk taking behaviours (RTB). RTB’S include intoxication, drug use and violence. Particularly, staff felt re-attending patients require further support offered by the YN service.

“the types of presentations that they’re most helpful with are the patients that come in who have had maybe alcohol or violence related attendances” (5)

“first time violence, being involved in violent attacks or been stabbed, trauma or assaults” (6)

“people that I’ve referred so far have generally all been people with risk-taking behaviours so it’s coming in with alcohol intoxication or getting in trouble with the police or taking drugs or injuring themselves” (3)

Mental Health

Most staff also agreed patients presenting with mental health issues would benefit from a YN intervention.

“suicide attempt, anything like that, or just poor mental health” (4)

“if it was a patient that was self-harming that had other complex issues maybe who seemed like they needed a bit of support from a wider social point of view” (5)

“your barn door ones are your struggling mental health type patients that are presenting” (6)

“I think the repeat offenders that come in that take overdoses, or they self-harm, or the ones that have come in because of alcohol or drugs, multiple times” (2)

Social Relationships

Staff repeated that that they would refer patients with suspected poor relationships with any of their parents/carers or school friends.

“if you're not getting the vibe that they've got a very good relationship with whoever they're with, be that a parent” (4)

“that group where they’re very quiet, they’re not quite sure what’s going on and you just think, are they getting bullied, is there something else going on”
(6)

“I’ve referred patients who maybe have complex social backgrounds and having difficulties at school, at home” (1)

Impacting Lifestyle

The Reachable Moment

Several participants spoke of the positive impact associated with the immediate contact and close follow-up offered by YN’s

“it is good that they’re right there, and you don’t need to always refer to them, and it’s not a kind of waiting game” (4)

“somebody within the department that can speak to them within twenty-four to forty-eight hours or when they’re in the department, is such a big positive impact on them and can be life-changing” (6)

Prevention

A few staff described the effect YN can have on breaking cycle of behaviours, therefore reducing re-attendance.

“these kids often have a pattern where they start to come regularly” (3)

“they just say, it’s made such a big difference in our life, in terms of being able to get out of that horrible cycle that is just continuously getting worse” (6)

“I think it could have a huge impact in terms of reducing repeat occurrences with alcohol related admissions, violence related admissions and self-harm related admissions” (5)

Necessities of Living

Anecdotal stories from staff illustrated the simple but powerful ways YN immediately help patients outside the hospital.

“Like they actually got this boy a bed. He was just sleeping on the floor at his dad’s house” (5)

“it was stuff like they got shopping” (3)

“the things that they can acquire in terms of social network, in terms of providing beds, food.” (6)

Service Benefits

Active Engagement

A common advantage described was the pro-active approach of YN’s to engage patients and follow them up within the community. In comparison, other support services rely on patients taking responsibility to seek help.

“it’s kind of reaching out to them, rather than trying to get them to reach out to somebody else” (4)

“there’s not really very much that’s accessible that involves that somebody actually will follow them up because you don’t know if you signpost them to self-referral things that they can do on apps and online whether they’re actually going to do it or not” (3)

Allies

Participants highlighted the advantage of YN's being separate from clinical staff, which many felt allowed patients to open up.

"young people don't like to open up to you, because they know that you're a professional" (4)

"they're seen as non-confrontational and non-institutional so they're somebody who's perhaps on their side whereas doctors and nursing staff are probably perceived as establishment authority figures" (3)

Trusted Adult Relationship

Several staff agreed YN's offer the presence of a supportive adult figure in a young person's life.

"They seem to provide a real role model I think or a support network" (5)

"They're open, approachable and it's a great thing to have, having a patient in the department, the first intervention is a relationship and that's what they provide" (6)

Promote Probing

One participant stated the presence of YN's has raised their awareness of the effect of social issues and has encouraged them to probe deeper into patients' social wellbeing.

"hearing that feedback really made me think about the types of patients we're dealing with, the wider aspects of some issues that can be seemingly quite small but actually if you dig a bit deeper can have a much wider effect" (5)

Service Improvements

Staff Education

Staff spoke of misconceptions over types of support YN's can offer outside of the hospital. Educating staff to the roles of YN can play would improve the service uptake.

"I think that they (staff) are maybe reluctant to, because they don't really know exactly what they do" (4)

"It educates you in terms of the type of help that they can give, because sometimes you maybe don't necessarily know how they're going to help these young people" (5)

Staff Feedback

Many proposed that a regular review of YN's progress with young people would help boost morale and motivate staff to continue utilising the service.

"I think a lot of the staff would like to kind of find out about, a bit of follow-up, and how the patient was getting on" (4)

"when I've heard feedback about how much the particular service did for that patient it's made a huge difference in my own about how helpful that service was. And it would make me consider using the service again for other patients" (5)

"you need that feedback in some way to encourage you to refer again" (3)

“it’s just good for morale, just seeing what they’ve done and what has happened to the patients” (6)

Improved Resources

Participants repeatedly suggested the service would benefit from more staff. They described increasing the YN presence in the ED and recognised more staff would allow YN’s respite from the emotionally draining role they play.

“I think we’re sort of limiting our referrals, because we know how busy they are, and kind of...they’ve said a few times how busy they are” (1)

“there’s only two of them and I feel really bad for them because it’s a pretty hard ruling and they’re so enthusiastic with it but I think they probably need two more to help them” (6)

“a more physical presence in the A&E department as well. I think that would be a visual prompt for the staff also.” (5)

Discussion

This study uses staff experiences to explore the role youth work can play in supporting young people presenting to the emergency department with complex psychosocial needs. Additionally, this provides an early evaluation of the novel Youth Navigator Service within Glasgow's RHC. "Comprehensive Care" has been identified as essential aspect of maximising overall quality of care for individuals ⁽¹³⁾. Despite this, adolescents have the poorest level of Universal Health Coverage across all age ranges and continue to be overlooked across healthcare globally ⁽¹⁴⁾. As highlighted by participants in this study, insufficient services exist to adequately support adolescents. This is echoed by a systemic review describing current adolescent services as "poorly coordinated, fragmented" and with uneven equity of access ⁽¹⁵⁾.

In absence of services such as Youth Navigator, staff said they'd refer patients to CYPMHS (Children and young people's mental health services) for support. Current national guidelines aim to have 90% patients seen within 18 weeks. As of March 2022, NHS Scotland was failing to meet this target, with only 70.3% patients seen within 18 weeks and leaving some patients waiting over a year ⁽¹⁶⁾. Previous studies have found long waiting times to be a barrier for young people accessing care and are associated with poorer outcomes and reduced engagement ^(17,18). This acts as a tangible example of how current services are failing the adolescent population specifically within Scotland, emphasising the need for more specialist services.

Emergency department attendance was described as a prime opportunity to engage young people with care. This capitalises on "Reachable Moments";

windows of opportunity when individuals are most open to receiving support. A key aim of the Youth Navigator service is ensuring these opportunities are not missed. This highlights the importance of services such as YN which can connect with young people within the hospital and follow up in the community. Contrastingly, this study also illustrates the challenges posed when attempting to engage patients presenting to ED. Lack of privacy was repeatedly identified as a barrier, especially in the context of personal social issues. Existing evidence shows young people place a higher value on privacy and confidentiality than other age groups and are less likely to disclose issues relating to substance use, mental health, and sexual behaviour ^(19,20,21). Similarly, a systematic review conducted by Ambresin et al (2012) found that adolescents are more open to engagement when in an environment they feel has been designed to ensure privacy and confidentiality ⁽²²⁾, which is not offered within ED's.

Time constraints was recognised as another barrier to supporting young people within ED's. Participants felt the pressure to achieve the national 4 hour waiting time target results in staff not being afforded the time to appropriately address wider social issues that may be attributing to a patient's presentation. The importance of time investment when approaching and discussing sensitive issues with young people has been described in previous studies. Evidence shows patients are more forthcoming with information when initial conversations are informal and focus on "breaking the ice" rather than approaching sensitive subjects ^(23,24,25). Clearly, this form of interaction requires longer periods of engagement and contrasts the efficiency-based communication methods clinical staff employ. The benefit of time investment

was again reflected within the descriptive statistics of this study. Once engaged with Youth Navigators patients revealed a further 165 issues; only after YN intervention patients felt comfortable sharing ACE's and relationship issues.

Participants agreed that patient's perceptions of healthcare professionals also act as a barrier to communication and, conversely, Youth Navigators being separate from clinical staff is beneficial when engaging patients in support. "White-coat silence" is a well-documented phenomenon, describing patients' reluctance to open up to clinical staff due to a myriad of anxiety, vulnerability, and mistrust ⁽²⁶⁾. Compounding this, adolescents are often inexperienced in healthcare settings so don't appreciate the confidentiality that exists with professionals, acting as a further barrier to meaningful communication ⁽²⁷⁾. These factors likely contribute to the difficulty staff face when approaching sensitive topics with patients.

Despite participants feeling patient perceptions was a key barrier, perhaps blame lies on staff also. As one participant mentioned, they lacked understanding of wider social issues. Staff can be blinded by gaps in knowledge which may reflect why more participants didn't discuss this during interview. Evidence published by the WHO highlighted healthcare providers lack confidence when approaching adolescents about sensitive issues such as abuse, violence, and relationship issues ⁽²⁸⁾. The reality of cases slipping through the net is then more likely to be a combination of both patient and staff factors.

Youth work interventions, such as Youth Navigator, seem to offer an effective solution. Youth workers can dedicate the necessary time to develop relationships with individuals, encouraging them to speak openly about sensitive personal issues. Additionally, community follow up allows engagement with individuals on “mutual” grounds, ensuring the privacy required for adolescents to open up. Benefits of youth work have been further described in previous studies highlighting adolescence as an optimal time for interventions to improve long term health and wellbeing ⁽²⁹⁾. Moreover, youth workers have the unique skills and experiences to effectively bridge the gap to adolescent and are not subjected to the stigma against professionals.

Results from this study highlighted the supportive role YN's offer individuals. In this context YN's form Trusted Adult Relationships; an adult who can provide support and guidance. The presence of trusted adults within young people's lives has well document benefits. Studies have shown these relationships are associated with improved adolescent health, better school attendance and encourage engagement with adolescent health programmes ^(30, 31). In contrast, the absence of trusted adult relationships is associated with poor outcomes and youth offending. A key aspect of a high-quality relationships is the adult being chosen by the young person ⁽³⁰⁾. Since voluntary participation is the cornerstone for youth work, services such as Youth Navigator provide an optimum platform for these relationships.

As part of the evaluation, it was clear that uncertainty existed amongst staff over the exact roles YN's offer within the community. Feedback has been shown to be a key tool for education and motivation, especially when implementing new interventions within healthcare settings. As such, semi-

regular reviews of the service detailing patient stories and overall engagement would likely be beneficial in promoting the services' benefits to young people and consequently improving staff interaction.

Limitations

This study was not immune to limitations, with the primary weakness being the small sample size. Significant challenges were faced when contacting and recruiting staff, resulting in fewer participants than had been anticipated. Despite this, data saturation was still achieved, therefore suggesting the sample size didn't grossly effect results. Additionally, all participants were supportive of the Youth Navigator Service. It is conceivable that staff members who do not believe in the effectiveness of the Youth Navigator Service declined to engage with the study. If this were the case, a potentially powerful cohort of opinions have been missed, meaning the evaluation of the service is broadly positively skewed.

Future Work

With continued focus on improving adolescent health services globally, ongoing evaluation of Youth Navigator is necessary to describe the degree of impact this has on individual's lives. Further research detailing a quantitative analysis of service users' outcomes is required to provide an evidence base for implementation at other sites.

Conclusion

In conclusion, this study provides further evidence that youth work offers to be an effective tool for supporting young people presenting to Emergency Departments with complex psychosocial needs. The results highlight the unique skillset youth workers offer to help overcome challenges associated with patient engagement, and emphasise their ability to succeed where clinical staff fail. The perceived importance Youth Navigator was well illustrated by participants, however this study also succeeded in identifying current barriers therefore allowing continued improvements to the service.

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Main Themes	Sub-themes
Existing System Failings	Lost Tribe Barriers
The Typical Patient	Risk-Taking Behaviours Mental Health Social Relationships
Impacting Lifestyle	The Reachable Moment Prevention Necessities of Living
Service Benefits	Active Engagement Allies Trusted Adult Relationships Promote Probing
Service Improvements	Staff Feedback Staff Education Improved Resources

Table 1. Main themes and sub-themes identified after analysis