

A system approach to supporting young people impacted by violence from A&E/Hospital to Community; service for young people aged 11-25 years old who are at risk of or involved in serious youth violence

West Yorkshire and Harrogate (WYH), Health & Care Partnership (HCP) and West Yorkshire (WY) Violence Reduction Unit (VRU) have been working collaboratively from Oct 2019 to embed a Public Health approach and contribute to a reduction in serious violent crime (Knife Crime, Youth Violent Crime, Non Domestic Homicides, and Domestic Violence). One of the main areas of partnership working has been focused on the development of the A&E Navigator Programme across West Yorkshire.

In 2005 Scotland declared knife crime a public health issue and began looking at different ways of addressing it. The so-called 'Glasgow model' was born. The A&E Navigator project is an initiative run by Medics against Violence and the SVRU helping to navigate individuals attending Emergency Departments across Scotland away from chaotic lifestyles. They are able to help with housing issues, benefit claims and support people to other partners who can provide expert help to address addiction, domestic abuse, sexual assault, violence and many more of those complex social issues that often bring people to the ED.

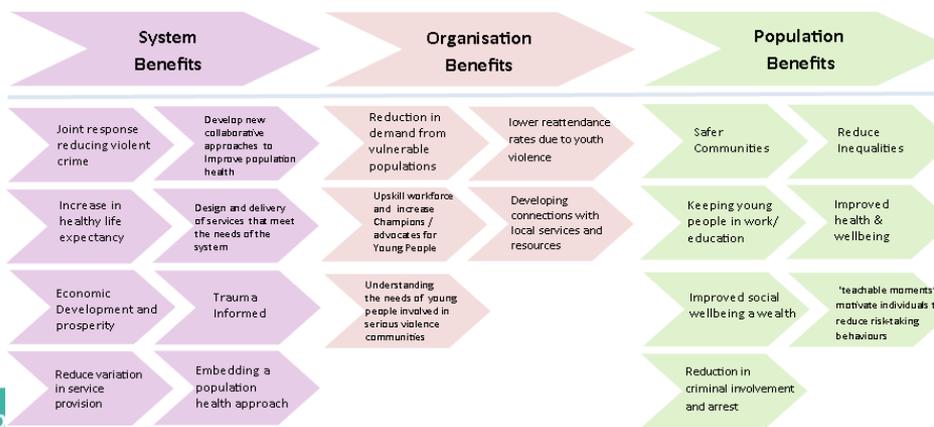
A 12-month evaluation of the initiative showed that 77.7% of patients have accepted navigator's offer of support. Some patients meet the Navigators on one occasion in the hospital and do not need their support on an ongoing basis, others are quickly connected with support organisations in the community, and some are supported directly by the Navigator for several months. In looking to find evidence for the West Yorkshire model it has become clear that some of the most powerful pieces of evidence produced from Scotland of the Navigator approach are the stories of the service users. These success stories display the potential impact a service such as this one can have in transforming lives (1)(2)

There is also emerging evidence from similar models in both Sheffield and London that will be looked at to inform planning decisions about how best to proceed with the West Yorkshire model. We already know there is clear evidence to show that the risk factors that make individuals or communities vulnerable to violence are changeable. Violence shows one of the strongest inequalities gradients with the poorest being most affected. Risk factors include exposure to adverse experiences in childhood and subsequently the environments in which individuals live and work into adulthood and older age (3). The annual report looking at the Navigator initiative in Scotland describes the top three social issues encountered by the Navigators as being, alcohol misuse, drug misuse and violence- including interpersonal violence, self-directed violence, sexual assault, childhood abuse and domestic abuse. The Model contributes towards the reduction of serious violence by ensuring the referrals received are those for which A&E attendance has been identified as been as a result of an act of violence.

The targeted and bespoke nature of the interventions will ensure that we see maximum engagement by young people, reduced hospital admissions and Ensure young people receive ongoing accessible support that is right for them. The A&E Hospital Navigator Model Pilot in West Yorkshire based on the evidence from the 'Navigator' Programmes in Scotland, Sheffield and London.

Our Navigators complement the work of medical staff by engaging with patients who have been affected by violence. Using a wide range of contacts with services outside the emergency room the Navigators offer support to help patients change their lives. The aim is to break the cycle of violence for the individual and ease the pressure that violence places on the NHS.

Using the Public Health Approach: Planning and Evaluation- Framework the VRU and WY&H Improving Population Health Programme are proposing to roll out the pilot Navigator Model in initially in one hospital in West Yorkshire, whilst developing a phased approach to roll out the programme to all hospitals in West Yorkshire. Taking the learning from the pilot as it progresses, begin to work with the remaining trusts to develop implementation and roll out for phase 2.



[Watch the video: Leeds Navigator Project & Safe Talk Leeds](#)

All young people will have their individual needs identified through a structured assessment, interventions will be personalised through a joint plan of action between the young person the A&E navigators and parents and carer where relevant.

The journey through Navigator to Community links will be seamless building on existing information gathered as not to over assess young people and take into account diverse needs of those in the population of Leeds. In addition, take into account people unique needs when planning them in look term support.

The project team has good links into local community resources and into the bespoke services commissioned locally through the VRU

The pioneering Breaking The Cycle project sees skilled and experienced youth work practitioners to work with those who are involved in, or at risk of being involved with, serious organised crime, urban street gangs, county lines, exploited or are exploiting others, or in receipt of higher than yellow levels of anti-social behaviour sanctions.

Many of these young people are hidden victims who fell prey to those looking to exploit their vulnerabilities. It is not unusual to find that many youngsters are battling with mental health struggles, a difficult home life or drug and alcohol misuse.



This week we have welcomed a new project in ED- breaking the cycle project! joint working with our fab youth workers and ED staff to help with violence reduction and all things youth related welcome to the team guys ❤️ @Mel_Pickup @karendawber @edcornick

