

Youth Connector Project

Elizabeth Rankin, QE Hospital,
Birmingham

William Lilley, Bromford (a social
enterprise)

With thanks to Richard Haynes & Becky Elliot
(Bromford), Chris Baldwin (QE)



Bromford and the QE Hospital Birmingham



Delivering the **best** in care

AYPH 25 Feb 2016 Youth Connector Project
E Rankin and W Lilley

University Hospitals 
Birmingham
NHS Foundation Trust

Background to the project

- Birmingham has the youngest population in Europe
- Services within the QE Hospital weren't 'fair' for young people
- How could we support all our young patients (age 16-25)?
- This was going to involve money and expertise
- Lottery Bid – unsuccessful! (more evidence)
- Partner organisations i.e. Bromford, Princes Trust



The Youth Connector Project (1)

- We wanted to
 - Reduce readmission rates of young people
 - Give young people the opportunity to address non-medical issues with an experienced youth worker
 - Give advice on housing and welfare
 - Offered support/signposted patients to other agencies e.g housing, mental health
 - Support medical and nursing staff who look after young people



Youth Connector Project (2)

- May 2014 to May 2015
- One full time youth worker with a part time colleague for support
- Employed by Bromford and supported by their management team
- Youth worker able to work late some days of the week and at weekends
- Working in the Emergency Department and the Clinical Decision Unit



Youth Connector Service

Bromford and University Hospital Birmingham are running a youth connector pilot project which will be based in the ED and CDU departments of the QE Hospital.

The types of support that the Bromford Youth Connector can offer are:-

- Maximising income, including accessing benefits
- Housing related issues
- Accessing grants and charities
- Support with accessing employment and training
- Signposting to specialist support agencies
- Budgeting and debt advice
- Accessing specialist counselling services
- Support with life skills and wellbeing
- Support with accessing statutory, voluntary and local community organisations
- This list is not exhaustive so please ask the Youth Connector if you feel you have an issue that you think they may be able to help you with.

Please contact the Youth Connector, Becky if you would like more information on the service,



Becky Elliot
Youth Connector



What did the youth worker do?

- Listened to the young patients
- Identified needs
- Offered support
- Kept records
- Phoned them ~ 3 mths later for follow up
- Filled in a database



What happened along the way?

- **Good**

- ‘adopted’ by RAID
- **Rapid Access Interface and Discharge**
- 24 hour point of contact for people with mental health problems presenting to ED

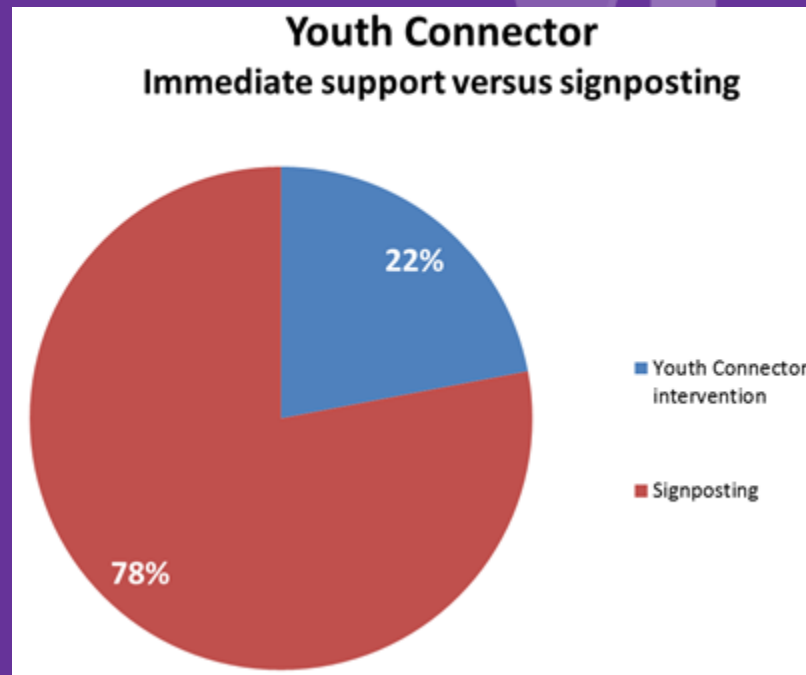
- **Not so good**

- Bromford lost some contracts with Birmingham City Council 6 months into the project

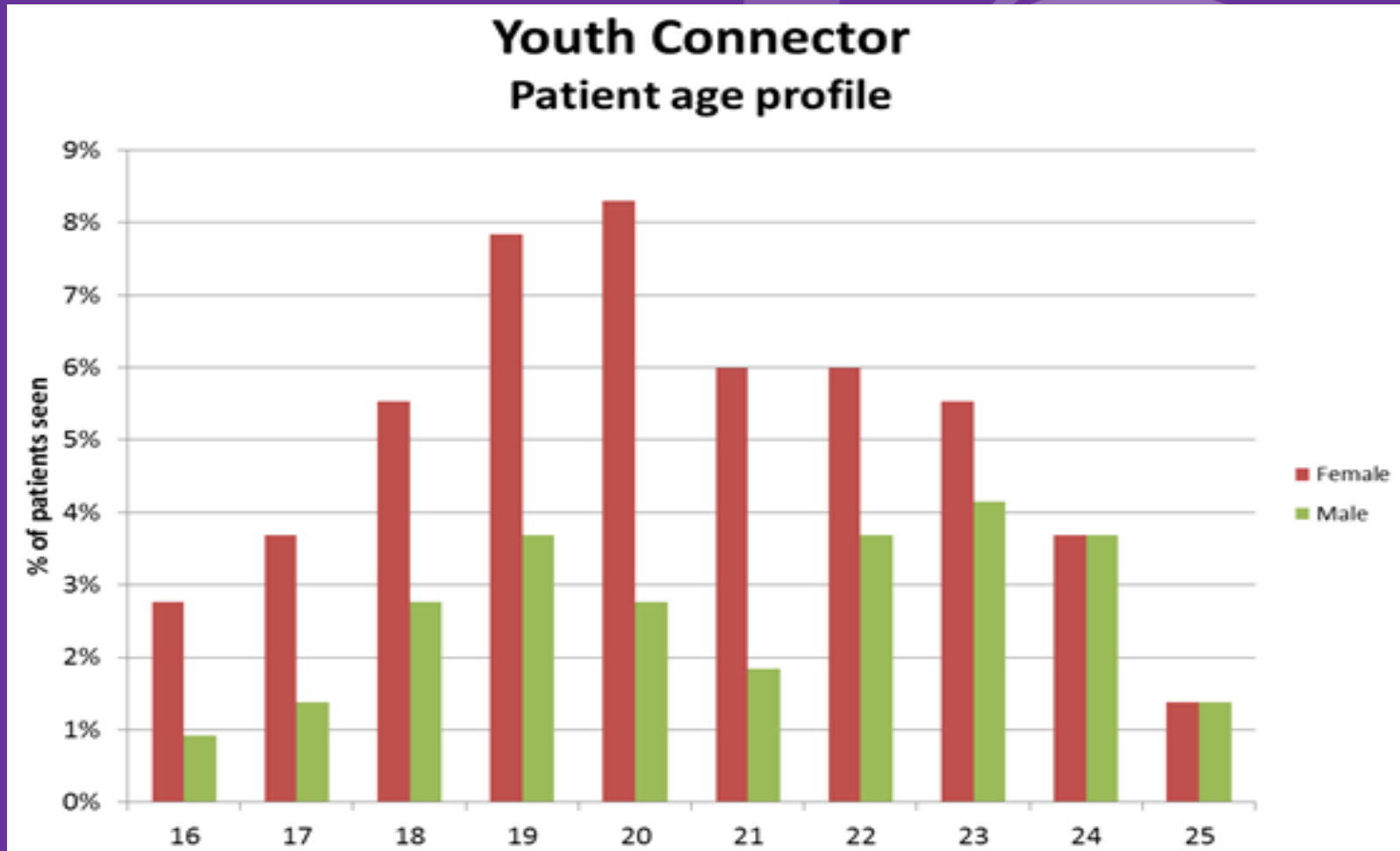


The Data (1)

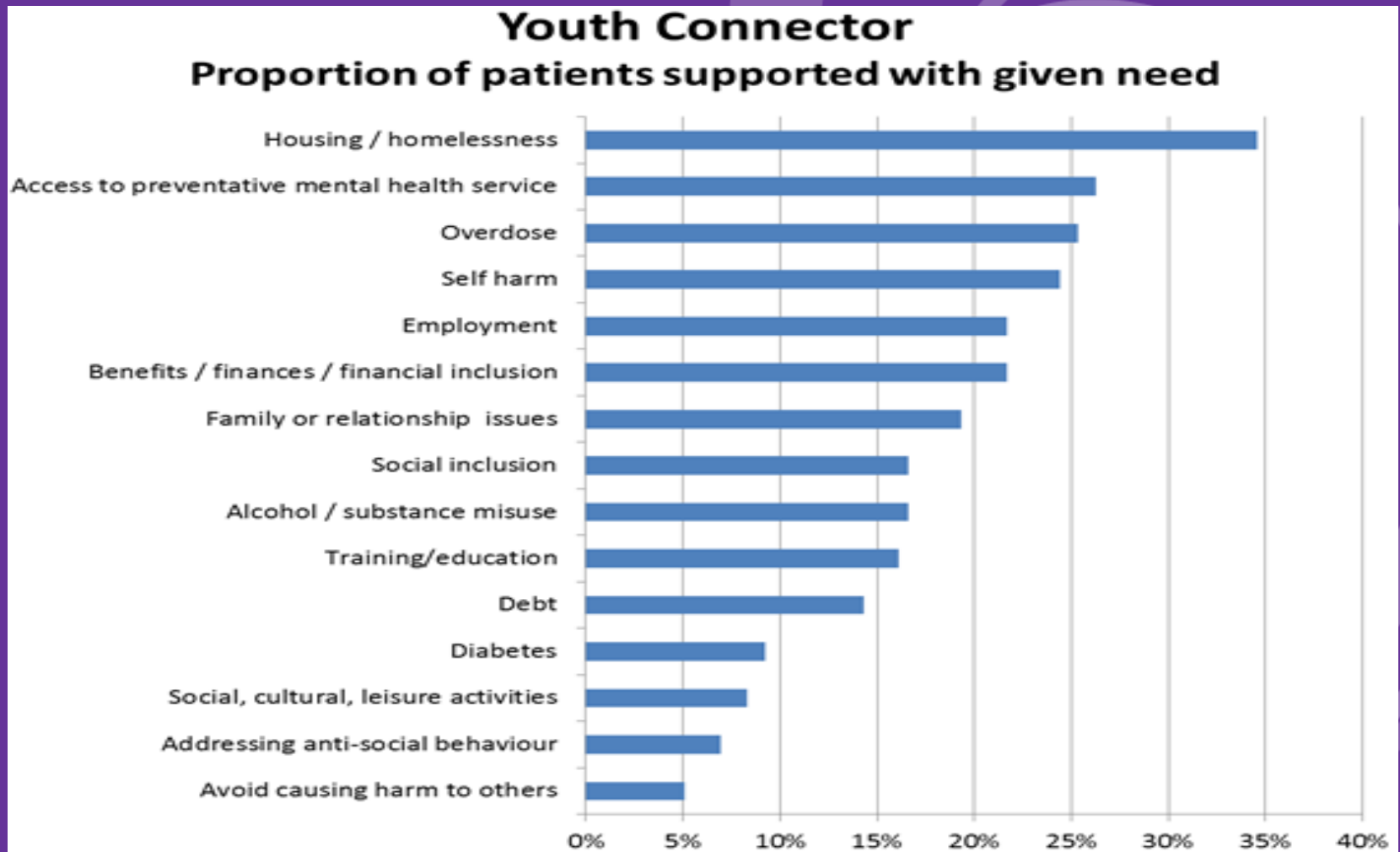
- We looked at Emergency Department attendance and admissions for the young people 90 days before and 90 days after youth worker intervention (206 patients – 126 female)



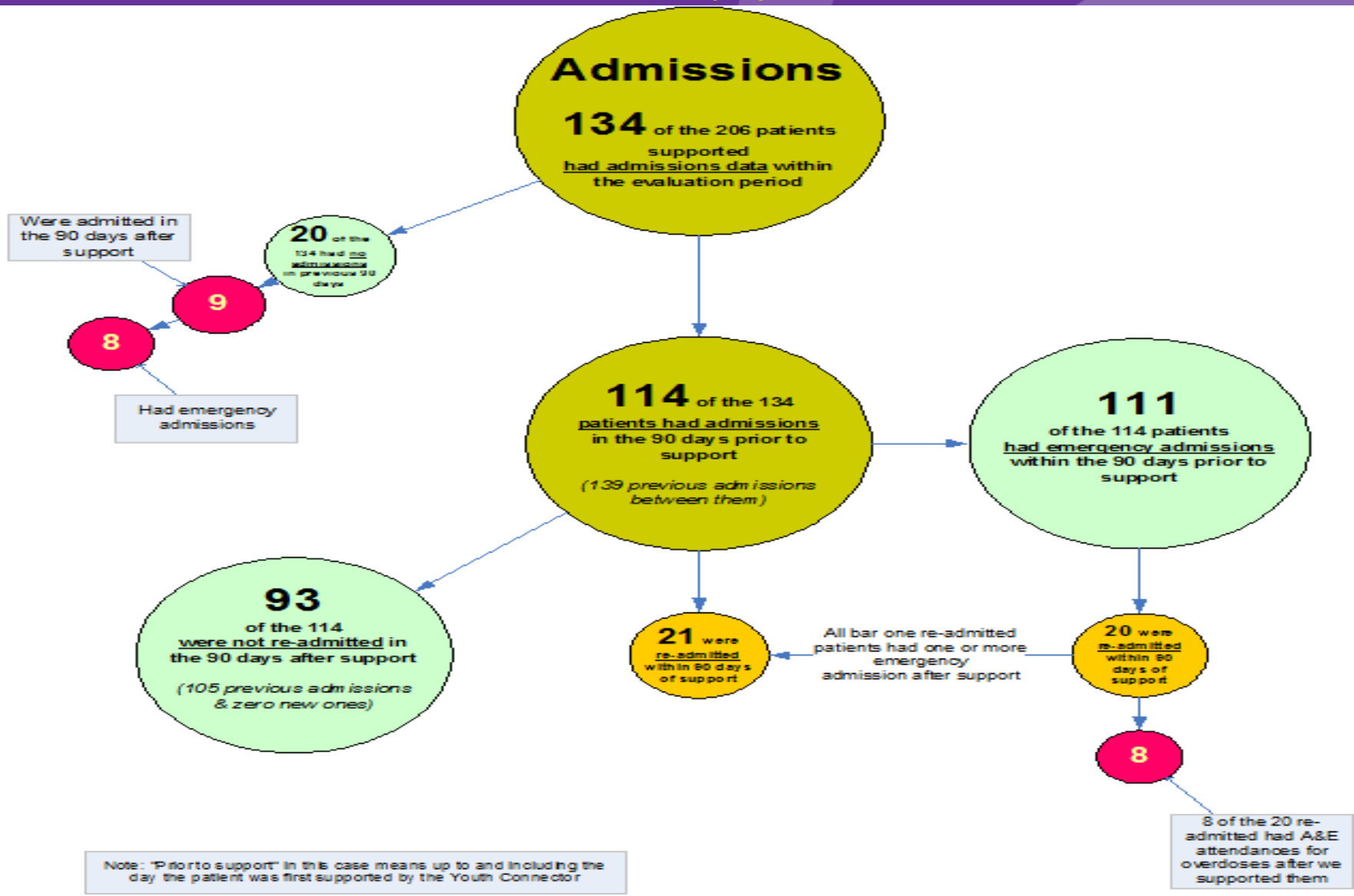
Data (2)



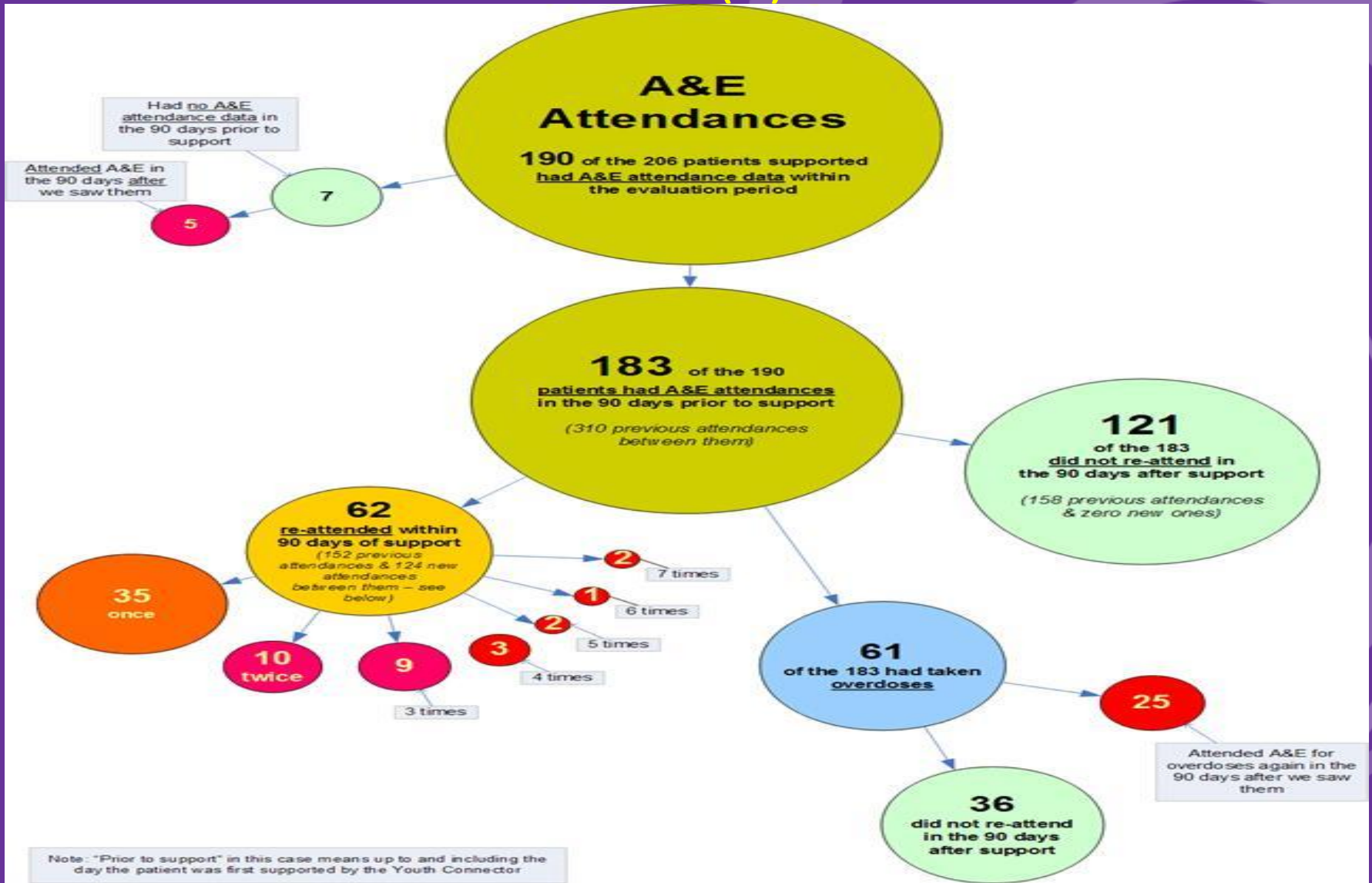
Data (3)



Data (4)



Data (5)



Case Study:

- Young women- first attempted suicide (Overdose)
- Family breakdown
- Not engaged into employment, education or volunteering
- Homeless

- Supported to access a hostel same day of admission
- Supported to gain further education and training opportunities
- Mother has unmet physical health needs and was supported to access relevant agencies



What were the problems we encountered?

- Sense of belonging for the youth worker in a new setting
- Large turnover of shifts and staff in the ED and CDU
- Need for relentless publicity of the service
- ED targets
- Data protection
- Line management
- Changing medical and nursing behaviour



Conclusions:

- Youth worker intervention appeared to be associated with a reduction in readmission and re-attendance in our Emergency Department and Clinical Decision Unit
- Provided greater insight into the non-physical wellbeing needs of young people accessing ED/CDU
- Demonstrated that troubled family and unsettled housing were major issues
- High levels of mental health problems and associated substance misuse
- High prevalence of financial and employment/training needs faced by patients



Caution...

- There are no control data
- This was a pilot project and a service evaluation
- 3 month follow up data are incomplete
- We don't know what happened after 90 days



New ways of working

- Youth worker or mental health support to target frequent attenders?
- Should we target those who are coming in with overdoses as they are more likely to re-attend?
- Should we liaise with primary care?
- The importance of working with partner organisations with expertise in different areas
- Potential for education of medical and nursing staff
- Impact of housing benefit and welfare reform



The next steps...

- More research
- We are using this evidence to put in further bid(s) for a hospital youth service

- Any questions?

