

A GROUNDBREAKING project in Grimsby, North East Lincolnshire, is being extended after showing that it can successfully engage with 16 to 19 year-olds to address a range of health issues before they reach crisis point.

The initiative, known as Asgard, involves new community intervention workers tackling issues ranging from substance misuse, self-harm and unsafe sexual practice to undiagnosed or poorly managed chronic illness.

The use of 'social marketing' – a combination of traditional marketing techniques and practical interventions – has helped stimulate a shift in behaviour throughout the Grimsby area.

The word *asgard* comes from Norse mythology and means 'place of safety'. The project aims to help move young people from exclusion, poor health and low aspiration to a place of optimum health, social wellbeing and economic security.

Research findings

The initiative grew out of concerns that young people were repeatedly attending emergency departments. Research by ICE, a social marketing company, and the project head showed that around 80 per cent of the 16 to 19 year-olds identified as needing support had problems in other areas of their lives. These included homelessness, lack of family support networks, mental health problems and involvement in criminal activity.

Around one third (35 per cent) were 'frequent flyers' attending hospital more than twice a month. More than 60 per cent of these incidents



A new approach to helping teenagers manage their health

Social marketing is raising aspirations and addressing health inequalities in young people, reports Annie Darby

were linked to alcohol and drug misuse, and there was a trend of the same young people being repeatedly admitted with the same health issues because they were unable to break the cycle of 'risky' health behaviour.

These issues led members of the Asgard project to team up

with ICE to consult with young people, key service providers and stakeholders directly. The aim was to understand why young people were behaving in certain ways, what it would take to change this behaviour and what the potential barriers were to change.

As well as fostering strong

links with a wide range of stakeholders such as the YMCA, the teenage pregnancy advisory service Connexions and the youth offending service, Asgard conducted focus groups and one-to-one interviews with young people at community venues, including a community cafe, a school and a youth centre.

Lack of support

I also shadowed a busy overnight shift at the local emergency department. This work highlighted the lack of targeted health support for this particular age group. Many young people were falling between the gaps in service provision.

The research also showed that many of the 16 to 19 year-olds admitted to hospital came from deprived and challenging backgrounds, often with little or no family support. For example, one youth was repeatedly admitted with asthma attacks, mainly because he only had a limited support network to help him to manage the condition.

Closely aligned to this were the low aspirations of young people in the local area. There was a direct correlation between young people neglecting their health – either through risky behaviour such as drug taking or missing medical appointments – and a lack of concern for their long-term futures.

Asgard identified the need for community intervention workers who could act as professional friends and guides, evaluate the service provision available and help young people access tailored support on a wide range of health issues.

Initially, two community intervention workers were

recruited by Asgard to follow up patients directly after their discharge from A&E; we have since recruited a third team member. They liaise with hospital staff and follow up those young people who have been identified as vulnerable. Hospital staff give our literature to young people and let them know they will be contacted, but emphasise that the service is confidential and not compulsory.

In practice

During the first five months, there was an 11 per cent reduction in 'frequent flyers' attending the A&E unit, while the number of young people engaging with related support services rose 13 per cent. Asgard workers have played a vital role in helping them access local services such as housing support and contraception, which is essential if they are to break the cycle of risky health behaviour.

For example, one young man had cut his finger and required hepatitis B injections. His family was unwilling to transport him to suitable appointments, but the Asgard team took him to a local medical centre.

Another example was a 17 year-old who was living at the YMCA and attending an emergency department every night due to poor management of his asthma. The Asgard worker identified that there was no GP involvement and helped him re-establish contact with his doctor, educating the young person and the GP practice about working together. He now sees his practice nurse regularly and there has been no need for further emergency hospital admission.

Asgard is being complemented by an initiative

to raise young people's aspirations by offering them the opportunity of paid work with Care Trust Plus, thus broadening their horizons and offering alternative prospects for the future.

Placements for 16 to 17 year-olds have been found in finance, information technology departments and the mental health service. All the participants have been given training to industry standards in a range of basic skills, including answering phones, how to dress for work, the interview process and form-filling. The underlying objective is to inspire them for the future and show them how they can make positive life choices.

Reward scheme

As part of a social marketing approach, we sought to reward good work and to discourage bad practice by linking the quality of work with pay increases. We recognised that complex and sometimes difficult family relationships were a barrier to behaviour change and arranged for home liaison alongside counselling and self-esteem building activities.

These developments open up even more opportunities to identify and support vulnerable young people. We set out to enhance personal responsibility in health and wellbeing and to create meaningful relationships with local health and social care services. We have made a great start and see no reason why our success should not be replicated up and down the country.

Annie Darby is Asgard programme lead, North East Lincolnshire Care Trust Plus

Strategy sets out to reduce harmful effects of alcohol

Colin Parish reports on a call for measures to tackle alcohol abuse

A POWERFUL committee of MPs has called for all health trusts to appoint specialist alcohol nurses in a bid to stop the rise in alcoholism and provide appropriate treatment.

In a hard-hitting report, the commons health committee condemned the government's alcohol strategy for being too closely influenced by the drinks industry and the big supermarkets. It said alcohol consumption has increased to the stage where half of its sales are to 'hazardous drinkers' and that the NHS would save millions if the costs of treating people with alcohol-related health problems were reduced.

'The fact that alcohol has been enjoyed by humans since the dawn of civilization has tended to obscure the fact that it is also a toxic, dependence-inducing teratogenic and carcinogenic drug to which more than one

million people in the UK are addicted,' the report said.

The report also called on the government to introduce minimum pricing per unit of alcohol as this would have the greatest effect on people who drink cheap alcohol, particularly young binge drinkers and heavy drinkers on low incomes who suffer most from liver disease.

Public health minister Gillian Merron said the government is 'constantly seeking better ways to tackle the harm caused by alcohol'.

She said that new campaigns, launched in January, will raise public awareness on the link between drinking too much and poor health, and on the harm alcohol can do to children.

The Portman Group, which represents the drinks industry, said alcohol harm reduction measures should be aimed solely at 'the irresponsible minority', rather than the responsible drinking majority.

Colin Parish is editor of *Mental Health Practice*

