

NEET diagnosis:

Why disadvantaged teenagers aren't accessing the services they need.

Covered by neither adults' nor childrens' services, disadvantaged 16-19 year-olds need better health support to avoid STIs, unwanted pregnancies and drug abuse.

Annie Darby developed the Asgard project – to build NEET's health aspirations with support projects and employment opportunities.

In North East Lincolnshire we have about 652 young people at risk of social exclusion, health inequalities, teenage pregnancy, substance misuse, disrupted families, low aspiration and low self esteem. These 'NEETS' (young people Not in Education, Employment or Training) often show inability or unwillingness to use either universal or specialist health provision or social care provision. They often misuse services like A&E and come from second and third generation workless families.

The Asgard project – so named because, in Norse mythology, Asgard is where the Gods and warriors go to be

safe – was started to promote health inclusion and boost aspirations among NEETS in the area.

How did the project begin?

In July 2008, the NHS Institute for Innovation and Improvement wanted to help disadvantaged 16-19 year olds in the area access health services. As a specialist health visitor for North East Lincolnshire Care Trust Plus, I was invited to lead the project.

The key aims of the Asgard project were to:

- Encourage personal responsibility for health and well being
- Increase resilience by creating a proactive relationship with universal health and social care services
- Promote teenager's economic independence

A project co-ordinator was recruited and we spent several weeks researching what these young people needed and wanted.

A range of qualitative research methods were used to understand the target 16-19 age group. We held focus groups in locations popular with the young people. One proactive teenager helped by interviewing ten of his peers.

This research began to illuminate what type of behavior was resulting in A&E admissions, why these young people were engaged in risky behaviour and what could be done to persuade them to change. We saw that there were barriers to accessing health services. An extensive service mapping exercise was carried out with key agencies and stakeholders to gain their perceptions of the problems.

We needed to find out what influences young people to work, and what keeps them there. We realised that meeting our target audience 'on their own turf' – geographically and emotionally – was essential.

What we learned from the research

It quickly became clear that 16-19 year olds were 'falling between the gaps' because of the lack of targeted health support for this age group. Under-15s are catered for by Children's Services, and the 19+ age group is covered by Adult Services. These 16-19 year olds were not being supported in the same way – and, crucially, this demographic was being seen in A&E departments on a regular basis.

In addition, our research showed that many of the young people admitted to hospitals came from deprived and challenging backgrounds, often with little or no family support.

Another problem was the low aspirations of young people in the local area. The focus groups and research interviews highlighted a direct correlation between 16-19 year olds neglecting their health (either through risky behaviour like drug taking or missing medical appointments) and a lack of concern for their long-term futures and what they could achieve in their lives.

Two key project elements began to emerge. One strand – 'the Asgard emergency care project' – would target the young people ending up in A&E. The young people we interviewed asked for an 'outreach service' and support workers. These support workers would act as professional 'friends' and would help them access tailored support on a range of health issues.

The other strand – 'the Asgard young people's employment project' – would offer work placements to nine young trainees with the Care Trust Plus. North East Lincolnshire Care Trust Plus is the only organization of its kind that has combined a Primary Care Trust with the Local Authority Social Care Provision to integrate health and social care in the area. We hoped that broadening the young people's horizons with work like this would counteract long term worklessness.

The Asgard emergency care project

The same teenagers were repeatedly using the Emergency Care Centre, A&E, Ambulance Service, GP out of hours service and Mental Health Crisis teams at Diana Princess of Wales Hospital, Grimsby.

A mean average of 20 teens a day were attending to deal with substance misuse and related injuries, self harm, unsafe sexual practices and undiagnosed and poorly managed chronic illnesses.

Significantly, 75% - 82% of this group had other vulnerability factors – homelessness, lack of family support, mental health problems and involvement in crime. About 35% of this group were 'frequent flyers' – they accessed emergency care more than twice every 30 days.

Some 63% of these incidents were related to alcohol and drugs. There was a trend of the same young people being admitted repeatedly with the same health issues because they were unable to break the cycle of 'risky' behavior.

Two dedicated support workers were recruited by the project to visit patients following their discharge from A&E in February this year.

They liaise with emergency care staff to find those identified as vulnerable the following day. Literature is given to young people who attend by the emergency care staff, which informs them that they will be contacted – but that it is not compulsory and it is confidential.

A recent statement from the Royal College of General Practitioners complained about young people being "lost in the health care system". That's exactly what we found in the cases of Jake, Patrick and Sally.



■ Emergency care case study: Jake

Jake was 17. He was paraplegic and had Autistic Spectrum disorders. He self harmed and used alcohol and amphetamines.

Because of his challenging behavior, his family had kicked him out. He had been sleeping under a hedge.

One of our Asgard project workers met him at A&E. A Frequent Flyer, Jake was challenging. But the worker took him to the hospital canteen and used a non-confrontational, gentle approach. He settled down and began to talk, agreeing to cooperate with the Asgard team.

The worker realised that he was concerned about hygiene. She took him to the Children's Hospice and let him use the bath with a bath lift. She bought him some new clothes and funded bed & breakfast accommodation for him while getting him housed.

He is now accommodated by the YMCA, attends a specialist Autistic Disorder service and has a supportive GP.



■ Emergency care case study: Patrick

Patrick had cut his finger very badly. It was sutured and needed close observation. But he failed to attend any follow up appointments with his GP. The finger became infected and he re-attended emergency care. Patrick's case was followed up by an Asgard worker.

She discovered that Patrick had borderline Learning Difficulties and couldn't remember who his GP was. She found out for him and arranged to take him and support him during his appointment.

She also made sure he attended his subsequent appointments and got his vaccinations. Most of all, she acted as a bridge between Patrick and the practice nurse, helping her to understand Patrick's needs and helping him build relationships at his Primary Care provider. Patrick now works as a volunteer at the new Primary Care centre, helping the other young people who come there.

■ Emergency care case study: Sally

Sally was living in the YMCA. She had unstable asthma, mainly due to poor inhaler technique, and sought emergency treatment four or five times a week.

Sally didn't like her GP. She said he "talked down to her". As a result, she was also poor at attending for contraception appointments, and had had two or three pregnancy scares.

One of the Asgard workers followed Sally's case after an asthma appointment. The worker helped Sally engage with the practice nurse and the GP and showed everyone how to work together. Sally now sees her practice nurse regularly and is no longer seen in A&E.

Sally was also successfully treated for Chlamydia. She now manages her contraception better - with support from the Asgard worker.

The Asgard young people's employment project

The second strand of the Asgard project fought worklessness - particularly in Grimsby's East Marsh Ward, which is in the top 1% of deprivation in the UK with a high rate of teenage pregnancy.

North East Lincolnshire Care Trust Plus worked with Havelock academy to give vulnerable 16-19 year olds career opportunities in health and social care. We are just finishing the first year of this pilot scheme, where nine 16-17 year olds were placed in roles in the finance and IT department and the Trust's Mental Health service.

We needed to find a practical way to tackle the unemployment that has blighted North East Lincolnshire for the past thirty years. We also needed to address the poverty of aspiration and motivation that has held the area's young people in a poverty trap.

This project has another benefit - North East Lincolnshire Care Trust Plus will face a major staff shortage in the next fifteen to twenty years. Due to its isolated geography, attracting employees into the area is difficult, even in the recession. To provide the care our population requires, we must have a workforce fit for purpose. Most of all, we need a workforce that is attached to the locality - many of our staff who move away and don't return.

We accept that the work placement of nine young people is a small number. But the "ripple effect" is notable. If one young person is successful and becomes motivated and positive, this can spread to their peers, family and friends.

All the trainees were given industry-standard training in a range of basic skills - including answering phones, how to dress for work, the interview process and completing medical paperwork.

The underlying objective was to inspire these people and show them the opportunities of making positive life and health choices. We rewarded good work with a timescale of pay rises.

Some trainees were arranged accommodation. As many of our trainees have difficult home lives, we used a home liaison officer to ensure to make sure they were happy outside the workplace. The trainees' health and well being issues were addressed with counseling and self esteem building activities throughout their placement.

In many ways, the Care Trust Plus has undertaken a 'Corporate Parenting' role with the trainees. We saw that difficult family relationships were acting as a barrier to behaviour change for some young people. We employed a support worker to assist the young people unable to gain a place on the project or who could not complete it.

Early difficulties

There was an exceptionally high incidence of short term sickness absence among the trainees. It appeared that they all got the same conditions together – they were often off at the same time. The average sick rate in the NHS is 8 days a year. These young people were accruing that per month in the early stages of the project.

Absenteeism among groups can be extremely well organized, albeit in an informal manner – these trainees made skiving a fine art, often claiming swine flu symptoms.

There was a high incidence of lateness. But individuals weren't late - three or more young people would come in late together.

This collective behaviour extended to their financial behavior, too. All the young people followed the same pattern of taking all their money out the bank on the day they were paid and spending it within three days.

Again, measures were used to challenge this behavior. We tried to encourage the young people to start accounts at the Credit Union and held budget management classes. But these trainees were highly resistant to change. To challenge this in the future, there needs to be more flexibility in the payroll department.

■ Employment case studies: Ellie

Ellie came from a single parent family. Neither her mother nor grandparents had ever worked. They lived in the middle of an area of multiple deprivations. Ellie frequently skipped school, and was excluded several times. She had a reputation for being confrontational with staff. She left with no qualifications.

She was given a post in the Care Trust Plus in the Learning Disabilities day centre.

The project co-ordinator helped her with clothing, transport and accommodation – because her relationship with her mother and her mother's partner was volatile.

Initially Ellie found the routine of work difficult, and was often late. The project co-ordinator talked to her about timekeeping and early morning routines, and she improved.

Since then, Ellie has flourished. Her team thinks highly of her, and she has gained a permanent job. She is starting additional training.

She assisted on a recruitment day at her old school, and her previous teachers could not believe how polite and responsible she had become.

■ Employment case studies: Pete

Pete was bright, but he suffered from low threshold mental health issues. He was homeless - often 'couch surfing' - because of a complicated home situation.

Pete was given a work placement in the Rehabilitation service. Like Ellie, he flourished. He is now starting a foundation degree in rehabilitation.

Pete now has healthy self esteem and engages in out of work activities. He has returned home, following family mediation from the project co-ordinator.

Evaluation

Due to service demand, the Asgard emergency care project has recruited a third support worker. We have already helped 234 vulnerable young people.

We have seen an 11% reduction in the Frequent Flyers attending emergency care and attendance and engagement with three of our services have risen by 13%.

The Asgard workers have identified nine 'hidden homeless' young people and have engaged them with housing support. They have helped 15 young women under 17, who were having unsafe sex, to access contraceptive services.

The service is now 'going mobile'. This means Asgard can now deal with referrals from other agencies - like GPs, the Direct Access Centre and out patients. Now, we can identify and support vulnerable 16-19 years before they end up in A&E.

The Asgard young people's work project has had more varied results. Of the nine trainees, two young people have secured mainstream jobs in the Community Trust Plus. Three have gained employment elsewhere and two are returning to full time study.

This year, we are offering 13 work placements. Other directorates have seen that although employing these young people is time consuming, they stay working in health and social care. A GP practice and the Acute Foundation Trust are helping us provide new opportunities within the scheme.

The diffusion effect we hoped for seems to be taking place. There's been a 47% increase in applications for the scheme this year. Sustainable, secure employment is clearly the most successful way to challenge poverty and the associated health and social care inequalities.

Annie Darby has been the specialist health visitor for the Public Health Directorate at North East Lincolnshire Care Trust Plus since June 2008. Annie developed the Asgard Project over the past year – a third strand is in the consultation phase. She was awarded the OBE for services to the NHS in June 2004.