

Navigator Scotland



6 months on

@NavigatorsScot

This report



Navigator

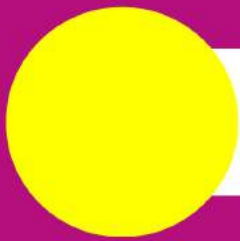
Supporting people away from violence

Navigator has been operating in Emergency Department (ED) of Glasgow Royal Infirmary (GRI) since December 2015.

The Navigators work a 35 hour week, much of this on overnight shifts, and they are in the ED 3 weekends out of 4. Their shifts cover the busiest times in the ED and these tend to be the times when most people involved in violence attend the department. They took the view that if the NHS staff had to work overnight then they should too. During the week they meet up with service users in the community and offer support which often involves connecting them with organisations who can offer further, and often more specialised, support. Before the programme went live in the ED the Navigators spent some time meeting with these support organisations in the local community so that once the service started they would have links with these partners and could connect service users with them quickly.

This report takes a look back at the first 6 months of the Navigator Service in the GRI ED. It's not an academic report so we haven't filled it with references, instead we have chosen to ask the people who work with and use the service what they think of it. We've gathered information from as many sources as we can without getting in the way of the services provided and without intruding on the lives of those Navigator has helped. Despite this, the information given to us does demonstrate the considerable impact the service has already made.

**If you would like to follow Navigator's journey
they are on twitter @NavigatorsScot
or on Facebook Navigator Scotland**



What is a Navigator?

**'To help someone navigate a difficult challenging life, takes resilience and a deep connection with people.
That's a Navigator.'**

'Our partnership with Emergency Departments in Scotland goes back around 11 years. The Medical and Nursing staff understood better than anyone, the toxic effects of violence.

Over the last decade we have worked with friends in Health, our partners and communities across Scotland to reduce violence, and their efforts have been outstanding. It has taken us to a 42-year low for violence. But there is more to do.

We realised that many of the people that we encounter and help, live their lives in the shadows, outside the radar of agencies. Frequently victimised, sometimes involved in criminality themselves, they were the forgotten and unaccounted for. To further reduce violence in Scotland we had to adapt our own services to meet people at their point of need, and navigate them to a better place, whatever that may look like.

To be with someone when they are injured, scared or angry, and to be able to reach out a helping hand and make a difference – that requires extraordinary skill and personal qualities.

To work in the wee small hours of the weekends, because that's when people need us – that requires dedication.

To help someone navigate a difficult challenging life, takes resilience and a deep connection with people. That's a Navigator.'

Karyn McCluskey, Director, Scottish Violence Reduction Unit

**'Violent injury represents a 'reachable moment'.
A time when individuals from isolated violent communities are
brought into contact with hospitals-institutions where a
variety of resources are concentrated'
Holdsworth 2012**

A Teachable Moment

'Violent injury often causes people to re-evaluate their circumstances. The teachable moment is a time when individuals are particularly responsive to behaviour change interventions.'
Cunningham et al 2009

Hospital Violence Interventions

Hospital violence interventions capture both the reachable and teachable moments, they harness the desire to change that often accompanies violent injury or drug and alcohol presentations and turn that into something concrete. Interventionists are skilled at connecting patients with a wide range of services in the community and at providing social support to facilitate that connection.

Evidence

It's important that interventions are based on good evidence. There is evidence that hospital based intervention programmes work. Navigator is unique because it deals with violence and its associated social issues across the lifespan, some of these problems represent deeply ingrained patterns of behaviour which are complex and complicated and hence difficult to change. Navigator is the subject of an ongoing mixed methods evaluation to ensure it provides the best evidence based practice.

Further Reading

A short overview of the evidence for Hospital Violence Intervention Programmes is provided in Purtle J, Corbin T, Rich LJ and Rich JA (2014) Hospitals as a locus for violence prevention in The Oxford Textbook of Violence Epidemiology, Evidence and Policy. Eds Donnelly PD and Ward CL. Chapter 32 pp 231-235. Oxford Press.

Navigator and the Reachable Moment

“They offer time and a listening ear. Giving someone your time is a most precious gift which we are not afforded very often..”

Nurse GRI ED

Navigator is a support programme, it identifies people of all ages and genders with a wide range of complex social and health needs within the Emergency Department (ED) or ward and provides support at the point and time of need, the Reachable Moment.

People sometimes need to reach this point of lowest ebb before they will accept help.

Violence is either their reason for coming to the hospital, or, it is there in the background.

Navigators are skilled at seeing a path through chaos.
They can also provide the one thing that the ED staff can't-time

‘ED staff do not have time to explore issues which NEED to be explored’

Doctor GRI ED

Interventions are tailored to the needs of the individual but follow a similar pattern. Engagement and empathy within the ED are followed up by reliable and regular contact and pragmatic and practical support.

Key to that support is ‘presence’ ie being with the service users when they need it, for example, the Navigators often accompany people to meetings which both ensures that they engage but can also, through their advocacy, positively affect the outcome.

The service is flexible and although not part of the NHS, it aligns with the ethos of the NHS Scotland 2020 Vision focusing on partnership working, prevention and supported self-management.

The Navigators wear pink. This helps NHS staff to find them but also marks them out to patients as being something different. Pink also helps to diffuse difficult situations occasionally.

The Navigators: 'There is no violent o'clock'



In their own words

The original two Navigators, Tam and Alan, come from very different backgrounds. Tam was in the army while Alan has a background in Community Work. Our new Navigator, Sam, has wide experience of community work with both the homeless and families affected by domestic abuse.

The things they all have in common are a tremendous ability to connect with people, a will to go the extra mile and the compassion to support people in very difficult circumstances to navigate a path through chaos.

The Navigators realise that sometimes people aren't ready to change and many of the people they meet have connected with other services in the past.

Alan sometimes asks patients what it was they liked about services they previously connected with and the answer is always 'the people'

'It's mental wages you get from this job, the actual wages are a bonus'



Navigator Scotland



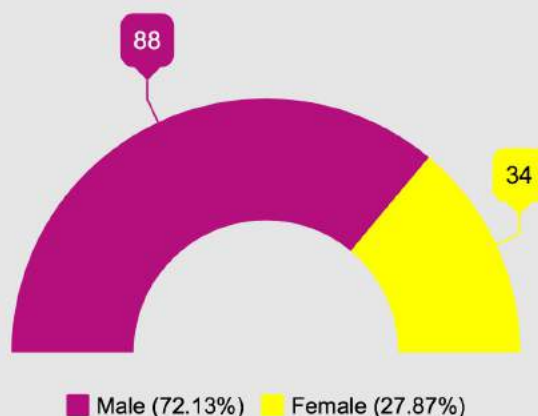
The Service Users

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Service Users

In their first 6 months the Navigator service offered support to 122 patients, 34 women and 88 men, over half of those were keen to change following their attendance at the ED and accepted the offer. They continue to work and support many of these people on an ongoing basis in the community

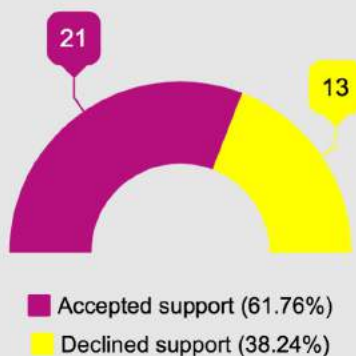
Patients referred to Navigator December 2015-May 2016



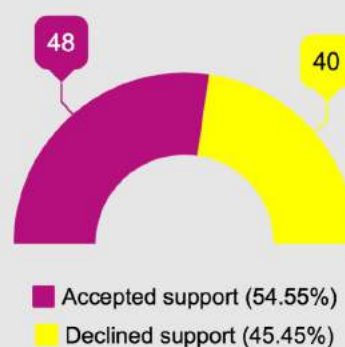
Females
Median age 30
Mean 32.0+/- 11.9
Age range 16-61

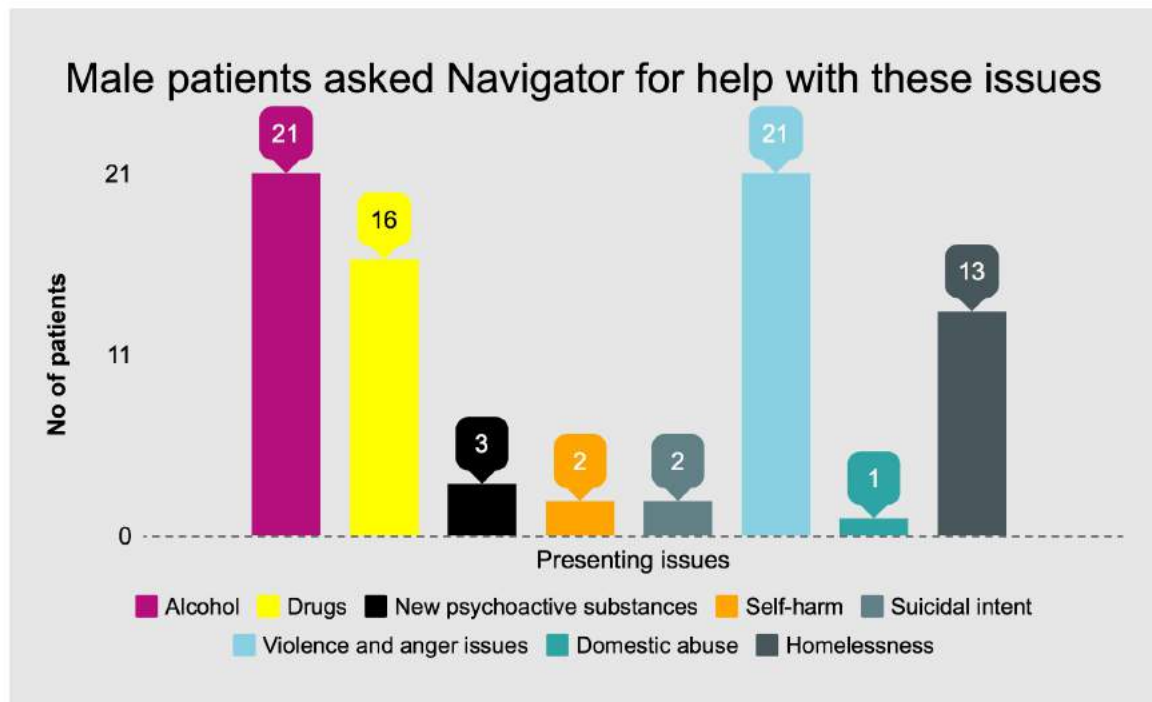
Males
Median age 29
Mean 31.4+/- 10.7
Age range 16-56

Female patients who accepted Navigator support



Male patients who accepted Navigator support





The 48 male service users who accepted support from Navigator presented with a wide range of issues. These can be broadly grouped into three categories.

1. Substance abuse and mental health issues (alcohol, drugs, NPAS, self harm and suicidal intent).
2. Issues directly related to violence (involvement in violence or anger management issues and perpetration of domestic abuse)
3. Homelessness.

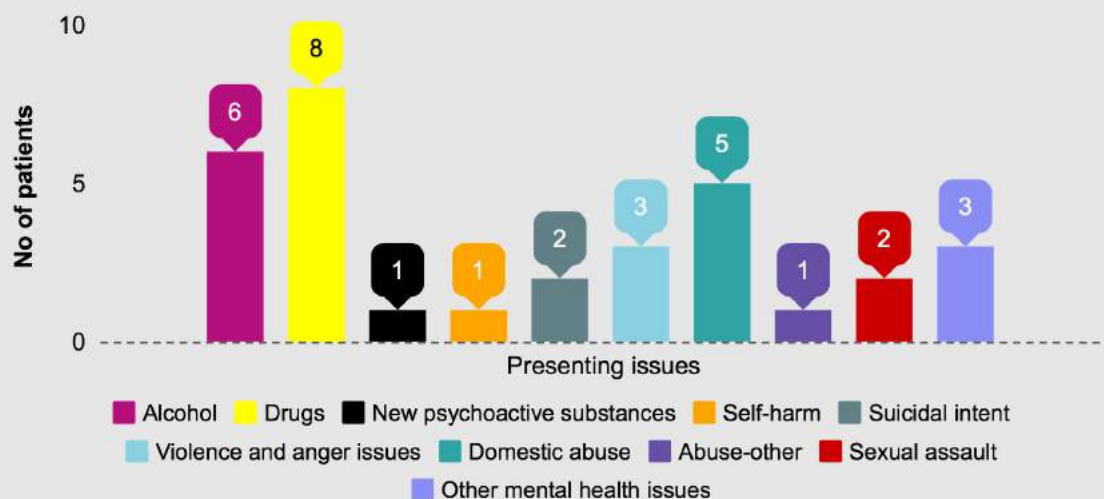
23 male patients who accepted support from Navigator presented with a combination of alcohol or drug issues, violence and homelessness

22 male patients spoke about a desire to change their circumstances.

A similar number spoke about chaos in relation to their lives

Male patients referred to Navigator attended the ED on every day of the week but there were more referrals on weekend nights, between 2-4 per weekend night compared with 1-2 on weekday nights

Female patients asked Navigator for help with these issues



The 21 female patients who accepted support from Navigator also presented with a wide range of issues. These can be broadly grouped into two categories.

1. Substance abuse and mental health issues (alcohol, drugs, NPAS, self-harm and suicidal intent).

2. Issues directly related to violence (involvement in violence or anger management issues) and for female patients this also included violence against women (domestic abuse, sexual assault and other forms of abuse)

Issues with alcohol, drugs and domestic abuse were seen most frequently in this group but there was no typical combination of issues.

Homelessness, one of the biggest issues for the male group, did not seem to affect the female group.

Female patients much more commonly attended the ED on Friday and Saturday nights.

Navigator Scotland



Tam my man thanx im feelin
alot beter. Yes i would like
to get involved. Try and do
something positive with my
life



The Service Users Stories

Energise: Engage: Establish: Empower: Employ: Empathise



The following pages outline the stories of some of the people that Navigator has supported. Names have been changed.

The 6Es come out in these stories as being key principles of the Navigator service with Empowerment and Empathy being themes that run through all of the stories.

Some individuals were living with such a level of chaos that they couldn't see a way out and their lives were spiralling out of control: for some of them coming to the ED may in fact have saved their life. Others were living with problems that they had never sought help for in the past, sexual assault, rape, or exploitation at the hands of the people who should have been keeping them safe.

The Navigators have provided tangible support to many of these people and for those not quite ready they will be there when they are.

For some of these individuals support just meant a chat in the ED, for others one or two meetings in the community or support at meetings with partner organisations helped them get the right support to get things back on track, others have been supported by Navigator for several months.

This wasn't Andy's first visit to the emergency department he'd been in hospital several times due to his relationship with alcohol.

Andy was injured in a fight, he had head and facial injuries. He told the Navigators he'd been in hospital several times due to his relationship with alcohol; he's a binge drinker and frequent cannabis user.

He made a clear connection between drinking and his violent behaviour.

He told the Navigators about significant involvement in violence and criminal activity; he'd been both the victim and the assailant in acts of violence in the past and was waiting to appear in court in relation to two of these incidents.

Andy had never had a job but he does have a good relationship with his girlfriend. Importantly he told the Navigators he wanted to change.

The Navigators had 4 contacts with Andy over a 2-month period. Throughout that time he spoke about a desire to change, to break away from his current associates and to get a job.

The Navigators spoke to him about two organizations that they work with, Venture Scotland and Braveheart. Andy agreed to attend an interview at Braveheart but didn't show up on the day of the interview and the Navigators didn't hear from him again for a few weeks

Then, out of the blue, Andy phoned to say he had found a job. He also asked if he could continue to meet up with the Navigators as they helped him 'get on with his life'.

Navigator helped him 'get on with his life'. He told the Navigators he wanted to change

Comments

Andy was at rock bottom. He'd reached that point where he couldn't carry on with his current lifestyle. That was Andy's teachable moment. Being able to talk to someone who would actively listen and empathise may have helped to motivate him to take the next step himself. Although Navigator offered him options, Andy chose one of his own. Empowerment allows people to take control of their own lives and make their own path, while this won't be something all of Navigator's clients can do, it was the right thing for Andy. The fact that he wants to stay in touch shows that their involvement was something that Andy valued.

John had a difficult childhood and experienced both physical and sexual assault. He is prone to acts of violence.

John attended the Emergency Department because he had overdosed on valium. John was a regular user of valium and cocaine and is prone to acts of violence. He had a difficult childhood and has experienced both physical and sexual abuse.

John met the Navigators in the Emergency Department in December 2015, he was one of their first clients. At the time he was living with his sister, the rest of his family lived in England.

The Navigators had 9 interactions with John over a 6-week period. At first it seemed that drugs and violence were John's main problems but over the course of three meetings John revealed that he also had issues with money, housing and a lack of direction with regard to his life goals. By this stage he had moved into homeless accommodation for young people. The Navigators thought that Venture Scotland might be a good fit for him and talked to him about this option. He was admitted to hospital again a few weeks later following a suicide attempt and the Navigators intervened again at that point.

They connected him with Venture Scotland and went along with him to the first meeting to support him. John joined the 12-month programme and stated that he felt 'more in control of his life'.

A short time later John phoned Navigator to ask for advice. His brother, who lived in England, had offered him a job that would give him a chance reconnect with his family and he wasn't sure what to do. After speaking to Navigator he decided to move to England and accept the job offer. He is now in employment.

He felt 'more in control of his life'

John phoned Navigator to ask for advice

Comments

John's situation was very complex, he had multiple issues to deal with, both current and historic, and very little positive family support. The result was isolation and chaos. It was likely that he was using drugs to self medicate to avoid facing up to some of his demons (he probably had PTSD). The Navigators commented that John's suicide attempt seemed like a cry for help. Navigator's involvement seems to have helped John find a way through some of the chaos to an organisation that could help give him skills and opportunities. Although John eventually chose to reconnect with his family, importantly he chose to do that when he was offered a job bringing added stability and order to his life. Hopefully this will give John's life some structure. The fact that he asked Navigator for advice in making his decision may indicate that he valued their support as well as the opportunity and help that they offered him.

Jenny was suicidal, she'd experienced physical abuse for most of her life and was currently in an abusive relationship

Jenny was brought into the ED following a suicide attempt, she'd taken an overdose of paracetamol. Jenny was a victim of domestic abuse and had suffered physical abuse for most of her life. As a child she was abused by her mother's partner and her own last two relationships had involved domestic abuse. She'd been in relationship with her current partner for three years and he was also violent.

The Navigators met her on the ward and spoke about counselling but at that point she was very wary. The Navigators had contact with Jenny on eight occasions. After some discussion Jenny agreed to a meeting with Rape Crisis Scotland.

The Navigators supported Jenny by going with her to her meeting at Rape Crisis where she was introduced to one of their young person's workers.

A short time later the Navigators had a text from Jenny's sister to say that Jenny's partner, who was also her abuser, had ended the relationship and that Jenny was very agitated and upset. Her sister was concerned about her.

The Navigators met with Jenny again and supported her on a further visit to Rape Crisis where she enrolled on their 10-week counselling programme. Jenny continues to do well.

Kirsten disclosed that she'd been sexually assaulted a year ago-she'd been having nightmares about it.

Kirsten was assaulted on a night out and had a broken nose, she came into the ED with her Mum. Her Mum was the one who suggested she speak to the Navigators.

In the course of her conversation with Navigator she disclosed that she had been sexually assaulted a year ago and that she'd been having nightmares about it.

The Navigators kept in contact with Kirsten and her Mum and arranged to meet her when she got out of hospital.

When they met up with Kirsten again she told them that she was upset with herself about the sexual assault. The Navigators spoke to Kirsten about Rape Crisis Scotland and the services they provide. Over the course of 5 further conversations Kirsten felt able to speak to her GP about the assault and he suggested counselling. With help from the Navigators she connected with Rape Crisis Scotland and she has enrolled in their 10-week counselling programme.

Stories

HOMELESSNESS

Dougie was a victim of serious violence, he felt unsafe in Glasgow

Dougie was admitted to hospital with multiple stab wounds. He had a history of heroin abuse and felt unsafe living in Glasgow.

The Navigators met Dougie on the ward and discussed helping him move to an area where he would feel safer. They liaised with the Hamish Allan Centre on his behalf to start the process of finding him somewhere else to live and drafted him a letter of support.

Over the course of 8 meetings with Dougie, his sister, a caseworker and with advice from Shelter, the Navigators helped Dougie to put his case forward for relocation.

In a short time frame he was taken on as a priority and was offered a house in an area where he feels safe.

He is now receiving ongoing support from the Community Addictions Team to help him deal with this drug addiction.

Stories

EXPLOITATION

David's mother had been keeping his benefits for a number of years

David was admitted to hospital after being assaulted with a hammer during a fight with his step father, he had head injuries.

David experienced chronic ill health and was unemployed. His benefits were paid to his mother who acted as his agent but who kept the money, leaving David with nothing. David was living in a B&B.

The Navigators helped David gain control of his finances by liaising with the DWP to prevent his mother and subsequently his uncle, who was also exploiting David, from gaining access to his benefits. They helped him to set up a bank account.

They went with him to his mother's house to collect his possessions. They accompanied him to appointments with his doctor and housing and generally helped him take back some control over his life.

The Navigators continue to meet with David regularly and to go along to appointments with him, although recently David has started to go to some meetings on his own and has signed up for a DJ course. So far they have had 15 encounters with David over a 3 month period.

'I can't praise the Navigator system enough it was there when I really wouldn't have known who to turn to...'

Mother of male service user

The Navigators often get text messages from patients and their families to thank them for their help, sometimes the family member is their contact point for the person they are supporting. This is what some of them had to say about the Navigator service.

'That's my plan. Get my life back on track do Venture Scotland and train up for Tough Mudder'

Male service user

'You were a great help and very supportive and would recommend you to anyone, you have helped me a lot thanks easy to talk to as well nice guys'

Female service user

'A found that the help that u have given me is terrific and have went out your way to help X getting him involved in a great group'

Female partner of male service user

'Tam many thanks for your continued support of X she now has an appointment with Lauren which she fully intends to attend. Would it be possible for you to advise where I can leave positive feedback about Navigator?'

Mother of female service user

'Aye a can't thank you guys enough what you do is amazing it seems to be working for him anyway so thanks'

Brother of male service user

'Hi Tam glad to say I stopped drinking last week and am feeling good again..thanks so much for yours and Alan's help'

Female service user

'We fully appreciate the help you provided in the hospital and thereafter. What a difference your presence had on the AE situation with X, the calmness you brought to the situation...'

Mother of female service user

'Thank you both for taking the time to speak with us. X seemed much more positive about what Alan had said to him when speaking to the doctor. Fingers crossed he takes up your help and support.'

Thank you so much'

Sister of male service user

'Yes that's fine mate because I really want and need the help'

Male service user

The Navigators also get text messages from patients or staff requesting further help. The patients are often people they have already met but on some occasions can be people who have been given their number by the hospital staff. Sometimes these show people in a real state of distress. This demonstrates both the confidence the staff have in the service but also a level of previously unmet need.

'Hi Tam I was in the royal on sunday morning after getting a kicking off my bf and they gave me your number to get in touch with you about it to see what way you can help me'

Female service user

'I've been drinking a lot and I stayed out last night and made a really stupid mistake as I took drugs but I came home and told my mum and we've had a chat but I just feel like I'm on the edge of breaking down'

Female service user

'Hi Tam I need your help, when can we meet my ex has been back up at mine the police are looking for him. He keeps contacting me. I just really need to go somewhere I feel safe before something else happens to me even worse I really need help'

Female service user

'Hi guys, it's X. I have some details of a patient that may be good for you.....she came in last night and didn't have a phone so I gave her a leaflet.....she's a young female XX who has quite a few issues with drugs and alcohol and is also known to the police. She also has a 6 month baby-social work are involved...'

Female doctor



I don't think you will remember me but I was a patient in the Royal hospital back in February

Navigator Scotland



Community Partners

@NavigatorsScot

'Fantastic service to try and catch people at that vulnerable stage..'

Venture Scotland



One of the key features of the Navigator service is that it doesn't end in the hospital. The Navigators work with service users after their discharge from hospital to connect them with trusted community partners. They often accompany them to meetings and advocate on their behalf.

Who they connect with very much depends on the needs of the individual, no two interventions are the same.

The Navigators have spent time in the community meeting other services and organisations so that they know what they do and who they are connecting people with.

Navigators community partners include

Alcoholics Anonymous: Drug and Alcohol partnerships: Venture Scotland: Rape Crisis Scotland: ASSIST: Shelter: Braveheart Industries: Scottish Women's Aid: DWP: Wise Women: Community Addiction teams: Narcotics Anonymous: Victim Support Scotland

Community partners

We spoke to two organisations that Navigator has connected with regularly, Rape Crisis, Glasgow and Venture Scotland.

'These are people who might otherwise not have got help'

Wendy from Rape Crisis told us she found the Navigator service very easy to work with, she spoke of a great rapport and a natural handover of service users from Navigator to her service. She felt Navigator filled an existing gap in service provision and that the Navigators had connected women with her service who might otherwise not have got help.



She also said that it was important for some of her service users to meet decent young men who were willing to stand up and tell them that what happened to them isn't acceptable and in that respect she felt they were great role models. She also noted that they dealt with the difficult situations they were faced with a great awareness of their boundaries and of gender based violence and never asked the women they met the detail of their attacks, leaving that instead to the experts at Rape Crisis. She acknowledged that some women in that situation would prefer to speak to another woman but because of the way Tam and Alan dealt with the situations she felt that it hadn't been an issue.

'It's about giving people options and being positive role models'



Rob from Venture Scotland, an organisation dealing with 16-30 year olds, told us he thought Navigator was a 'fantastic service to try and catch people at that vulnerable stage'

He said the team were a dream to work with and were passionate and totally committed to their work. He felt that they were positive role models for young adults.

He told us that Navigator had spent time with their service getting to know what they had to offer before referring clients and that both organisations had learned over the past 6 months about the right time to hand individuals on to VS and that had to be at a time when they were committed to change. He had seen the positive impact of the Navigator service on young adults.

Rob thought that there should be Navigators in more hospitals as any possibility of stopping negative outcomes in a young person's life should be capitalised on.

Navigator Scotland



The NHS Staff

@NavigatorsScot

'This is possibly the most valuable non-medical change in the management of A&E in the whole course of my career.'

**'I think for inner-city hospitals, this should be a standard means of engaging with the homeless and disenfranchised people that we have coming to our departments,'
'The reason I say this is because the current mechanisms are failing or the people are not engaging with them, whereas here we're getting the Navigators catching people at a time when they're amenable to some intervention.'**

Donogh McGuire, Senior ED Consultant

Navigator has been operating in the Emergency Department (ED) and receiving wards of the Glasgow Royal Infirmary (GRI) since December 2015. The GRI is one of Glasgow's largest teaching hospitals and the ED deals with between 200 and 300 patients per day.

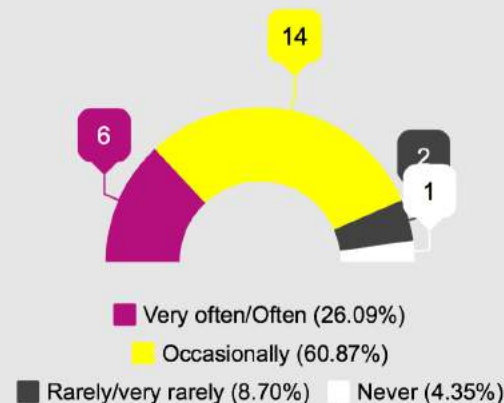
The ED, which has recently absorbed both patients and staff from the old Western Infirmary ED, receives patients from a wide catchment area taking in the City centre and the North and East of the city, serving many of the most deprived areas of Glasgow.

The Navigator pilot service model and logistics were agreed with input from Alastair Ireland, Clinical Director for Emergency Medicine, and the NHS ED managers. While they acknowledged that violence in Glasgow had reduced, they felt there was still a role for workers within the ED who sat outside the NHS or other statutory services to provide additional support for patients in challenging circumstances.

6 months on we went back to the NHS staff to ask for their views on the Navigator service.

The NHS staff survey

How often have you referred patients to Navigator?

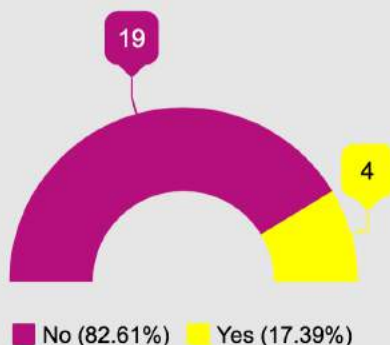


We heard from 23 ED or ward staff, 8 male and 15 female including 12 doctors, 10 nurses and 1 member of health records staff. The vast majority of ED or ward staff who responded had referred patients to the Navigator service; we would not have expected the health records staff to refer patients. Reasons for referral ranged from involvement in violence, including gang related violence; drug and alcohol issues; patients with chaotic lifestyles; 'distress'; domestic abuse and those who had been victims of violence but who might not want to speak to the police.

'if in triage I like to highlight patients I think would benefit from Navigator service'

Nurse GRI ED

Are there any barriers that would prevent referral?



One staff member felt that having an all male workforce may be a barrier to disclosure from some female patients. While there have been disclosures from female patients, we don't know how many more women may have disclosed to a female Navigator. A female Navigator will be in post from July 2016.

Other reasons for not using the service were the Navigators not being there at the time needed and patients who seemed unlikely to engage.

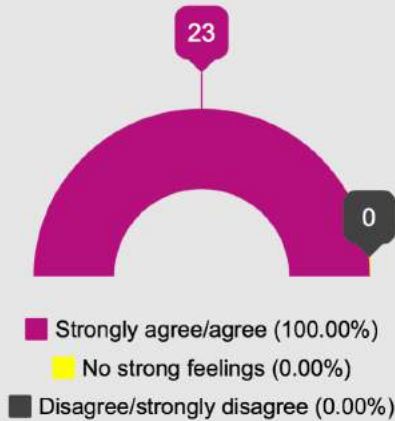
'Previously all male, females at risk may not engage. But now we have a female on board this will change.'

Doctor GRI ED

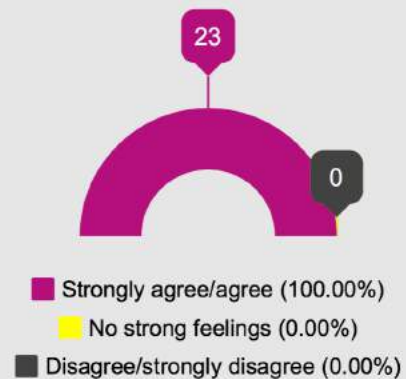
**The ED and
Ward Staff
survey**

Most staff were aware of the service, knew how to use it and felt it integrated well with their departments.
The majority of staff felt that the Navigators were there at the right times but staff would like them to be in the ED/ward even more often.

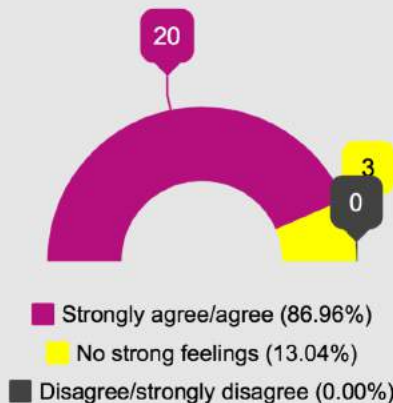
I'm aware of the purpose of Navigator



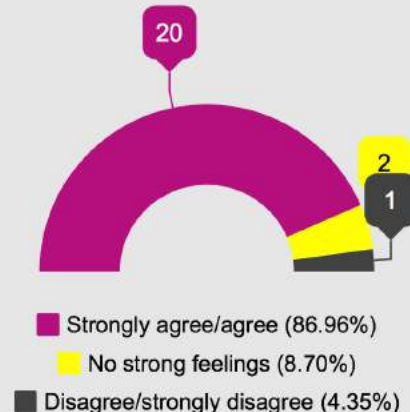
I have enough information to make effective use of the service



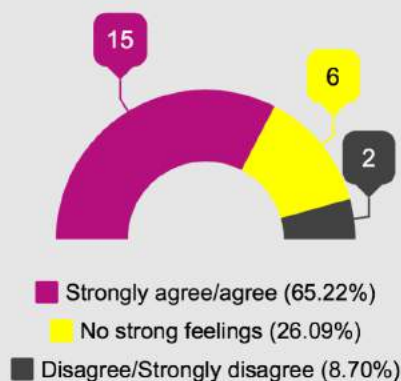
The Navigators have fitted well into the ED



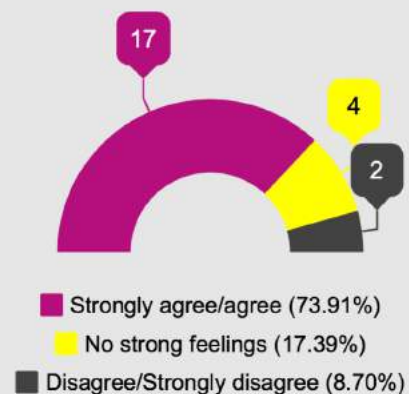
I know how to contact Navigator



Navigator is available at the right times



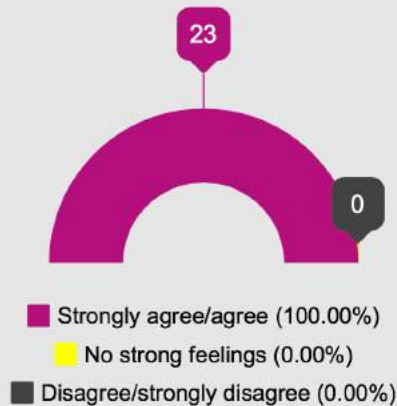
Navigator should be in the ED/ward more often



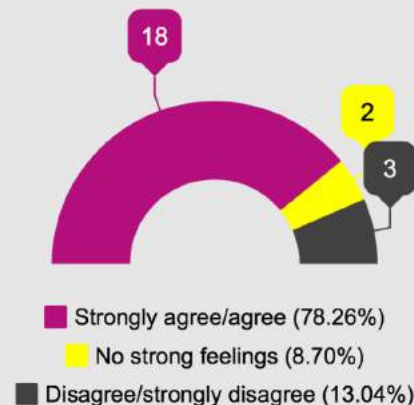
The ED and Ward Staff survey

The majority of NHS staff sought Navigator involvement for certain patients, there was a strong feeling that the service had impacted positively on the patient experience and improved the services available to patients. Over 50% of the staff surveyed had seen a positive outcome for a patient after Navigator involvement

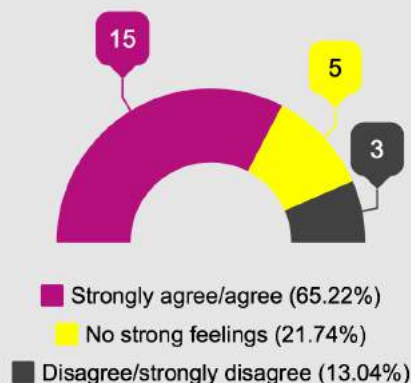
The Navigators are approachable



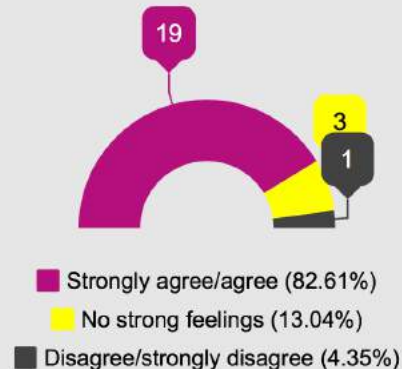
I proactively seek Navigator involvement with patients



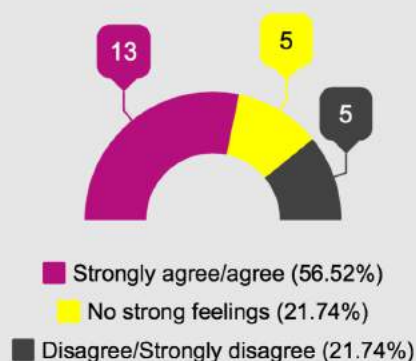
Navigator has improved staff morale



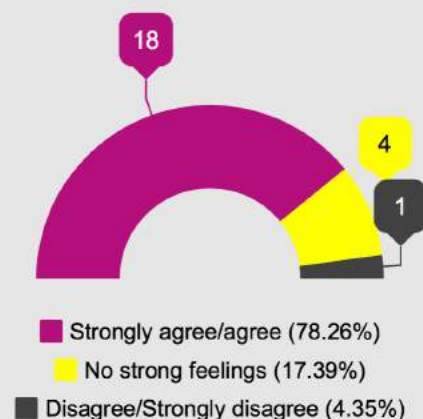
Navigator has a positive impact on the patient experience



I've been involved in a case where Navigator has made positive change to a patient's outcome



Navigator has improved the service we provide to patients

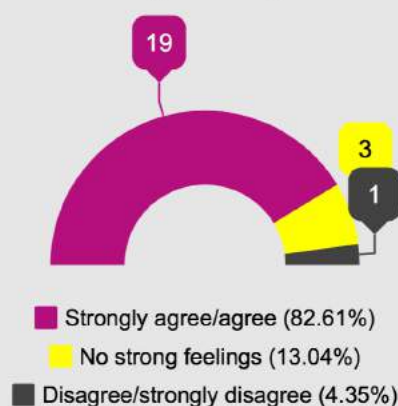


The ED and Ward Staff survey

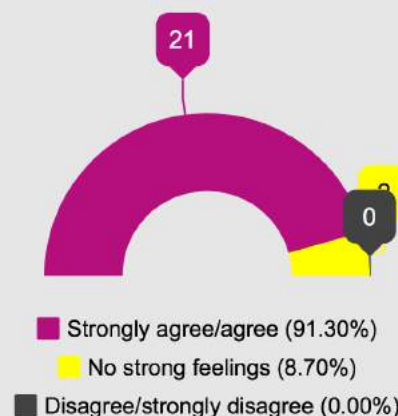
Even after only 6 months the majority of staff said that they would miss the Navigator service if it was no longer there and over 85% felt that other hospitals would benefit from a similar service.

Staff felt that patients with a wide range of issues benefited from Navigator but in particular they felt that males involved in violence, with complex social issues or those with issues relating to substance misuse derived most benefit. Domestic abuse was also something the majority of staff felt Navigator could help with. The majority felt that some patients missed out by not seeing Navigator.

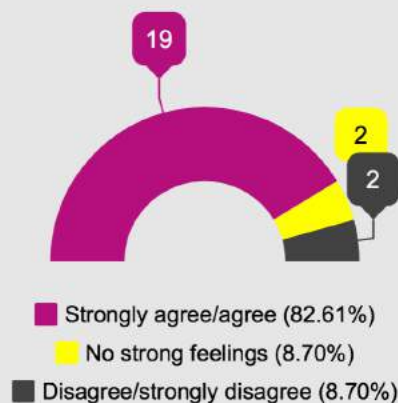
Some patients miss out by not seeing Navigator



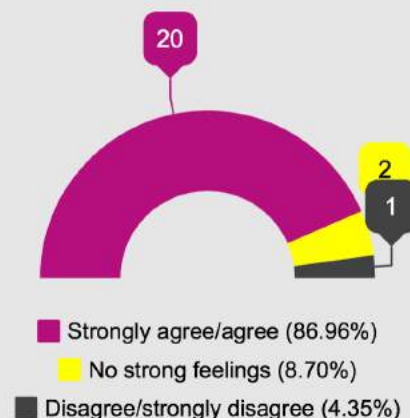
The Navigator service is easy to work with



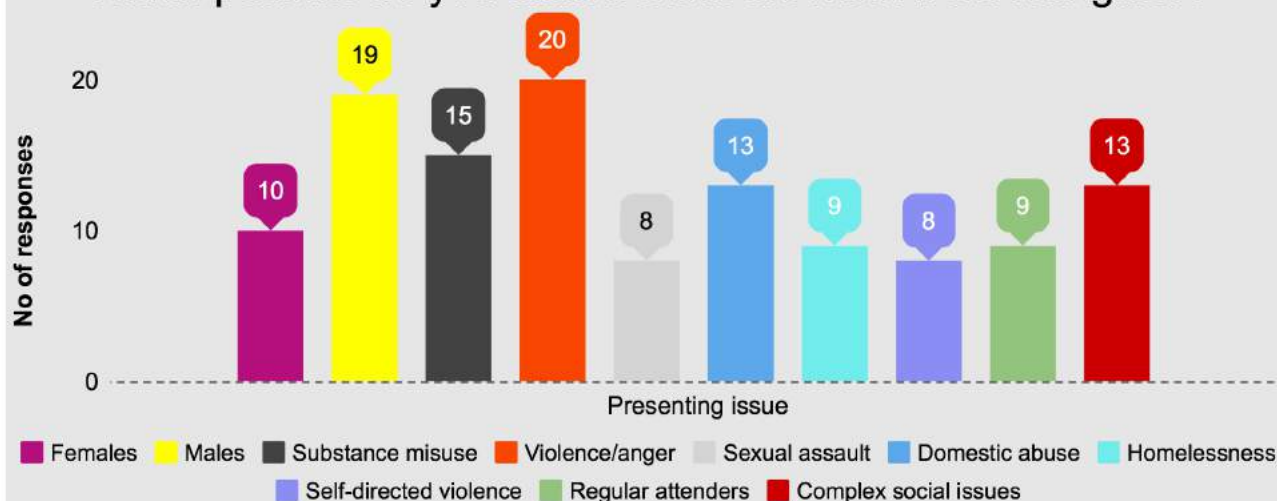
Navigator would be missed if not there



Other hospitals would benefit from having Navigator



Which patients do you think benefit the most from Navigator?



'They offer time and a listening ear. Giving someone your time is a most precious gift which we are not afforded very often.'

The majority of NHS staff who responded to the survey agreed that the Navigators were approachable and easy to refer to. They also thought that the Navigator service had a positive impact for patients presenting in challenging social circumstances.

Here's what they had to say about the key benefits of Navigator for their patients. The benefit of taking time with patients was one of several recurring themes

Time

'Being able to take time with people' 'Being able to spend time with patients!!!'

'ED staff do not have time to explore issues which NEED to be explored'

'I would love to spend more time with my patients but working in the NHS that isn't ever going to happen!! The navigator guys have the time to talk to people and really get into the bigger issues of their life and can offer real alternatives!'

'These patients are often discharged without any input on social factors. The Navigators play a key role in changing their social circumstances and have contact with resources we just don't have or have time to implement.'

Engagement

'A less formal friendly face that patients will engage with more than could be achieved by some medical staff.'

'Allows them to seek support from those they feel can relate more to their life and problems.'

'De-escalation of behaviour. Well placed to support patients at the most reflective/low points in their lives'

Follow-up and access to services

'Some people were never good at directing their own management post discharge. Navigators ensure they are kept on the right track not just pointed towards it.'

'Follow up of difficult social circumstances. Ease of access and approachability.'

'They also help with housing, financial problems, pointing patients in the right direction for alcohol addictions services etc, as well as dealing with violence. All positive impact'

'Positive future options for people'

Positive Outcomes

'Previously there was no service to refer these patients to despite intentions to offer some kind of follow up on leaving the ED'

'Helps patients realise there is still help out there and once discharged from hospital it isn't the end of the road for them'

'I have seen at first hand a dramatic change in patients demeanor/behaviour in dept after their intervention.'

'Hopefully reducing re-attendance with violence, but also other re-attendance through alcohol, homelessness, desperation etc'

'Very helpful to a group of patients often overlooked'

'They can be a very good early intervention'



Some staff also commented on some positive collateral effects of the service on the patients and the NHS staff.

'Increased staff awareness of issues beyond ED and possibilities to make more of a positive impact as a result of ED attendance'

'Patients tend to engage well and respect the Navigators, on occasion defusing aggressive behaviour which would otherwise be directed towards ED staff.'

'Patients after speaking to navigators are more likely to stay and receive treatment, before there seemed to be more patients taking irregular discharge.'

We also asked the NHS staff how we could improve the service and the two recurring themes were more Navigators on more shifts in the ED and requests to feedback to the ED staff on progress on a service-wide basis but also to provide individual feedback on specific patients to the referring practitioner.

We'd like to thank all the staff who took time out of their busy days and nights to take part in the survey.

Navigator Scotland



Looking forwards

@NavigatorsScot

Where
now?

So where does Navigator go from here?



They are committed to reducing violence in Scotland

One way to work towards that would be to have a Navigator service in all the major trauma centres in Scotland. It is clear from the views of the NHS staff that this is a vision that they share.

Hospital Violence Intervention programmes work. Navigators complement the great work going on in the Emergency Departments and wards by offering patients their time and support and the opportunity to connect with organisations outside the hospital who can help them to continue their journey towards a different lifestyle. They tackle a wide range of social issues but violence is always there somewhere. The service user and partner feedback demonstrates the impact of the programme on very vulnerable individuals.

There will soon be three Navigators but in reality more are needed. Other hospitals in Scotland are already looking at the service they provide in the Glasgow Royal Infirmary and asking 'Why can't we have Navigators here?'
That's a very good question.....

**If you would like follow their journey
they are on twitter @NavigatorsScot
or on Facebook Navigator Scotland**

Twitter & News

what are people saying

Navigator has 389 twitter followers, in the past 3 months their tweets have earned 54700 impressions-that is people who saw the tweets.
That amounts to 691 people watching per day.
These are some of their comments

@drcolinbell

Excellent support from @NavigatorsScot during a busy Saturday night shift at Glasgow Royal Infirmary ED. Really valuable members of our team

Victim Support Scotland

VSS are pleased to work with @NavigatorsScot Important work in A&E in Glasgow @MAVscotland

@ALISSCameron

Now hearing from @NavigatorsScot about link working in an A & E setting. Sounds like a great project. #makeslinks

Paul Gray

@PAG1962 Paul Gray Retweeted Navigator Scotland
#FF @NavigatorsScot - great work in violence reduction and redirection

Scot Health Council

@SHC_org

Great initiative: @NavigatorsScot helps reduce effects of violence through listening & mentoring in Glasgow A&E dept

Jason Peter @Jason_Peter_NA

"We've had a revolving door...now we've got something that can help people" A+E Consultant on @NavigatorsScot work.

Gina Wilson @Gina_Wilson_

@MAVscotland listening, caring, time to support & guide - intuitively just sounds right. Great work #Thanks @NavigatorsScot

ERGO @GRIED_ucation

There's more to ED treatment of victims of violence than IV lines and sutures. Brilliant work by @NavigatorsScot

Caroline Baird @CarolineB0609

@MAVscotland @karynmcccluskey @NavigatorsScot "NO VIOLENT O'CLOCK" well done!!

West Coast Response

@west_response

Another cracking idea from @vruscotland & @MAVscotland working with @NHSGGC. Lets hope it roles out wider.



Navigator Scotland



With thanks

This report was produced by Christine Goodall and David Lowe
University of Glasgow and NHSGGC

We would like to thank Karyn McCluskey, Mr Alastair Ireland, Inspector Keith Jack, Tam, Alan and Sam (the Navigators), The staff in GRI ED and receiving wards, Rob from Venture Scotland, Wendy from Rape Crisis, The Navigator service users, The Scottish Violence Reduction Unit, The Scottish Government

Photographs in the report by Inspector Keith Jack

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