

Middlesex University

Final Report: Evaluation of Guy's & St. Thomas' Youth Violence Intervention project.

Executive Summary

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Executive summary

This is the final report of an evaluation of the Oasis Youth Support service, a medical charity-funded programme based in a hospital Emergency Department (ED) comprising of a youth work intervention for young people who have experienced violence. The period of the intervention and its evaluation was 3 years with mixed methods used to collect baseline and follow-up data from young people (YP) attending, staff, stakeholders. This report provides the evaluation of the service by a research team at the Centre for Abuse and Trauma Studies, Middlesex University.

The YP were all attendees at EDs due to an injury from a violent assault. Most (60%) described themselves as victims, but a proportion were involved in fighting (12%) and may have instigated the violence and a proportion (25%) self-injured due to poor emotion regulation. The YP were encouraged to join the intervention either while attending the ED by staff available or through later contact after identified on the hospital database. Approximately a quarter entered the intervention of those eligible, with an additional 5% referred on to specialist services and 14% already in support services. On entry to the service the YP were assessed using a lifestyle and symptom questionnaire. Data was available on 103 who entered the service with data on follow-up available for 31 completers. The majority of participants were male (75%) and the average age was 15. The length and intensity of intervention was dependent upon initial risk categorisation, of whom around a third were considered high risk, and rather more medium than low risk of the remainder. High risk participants received more one-to-one sessions (4-12) before referral to local youth activity projects. More girls were in the high risk group. For medium risk the sessions were 2-4 and for low risk 1-3 weeks long. All were referred onto further youth activities. The average length of intervention was 11 weeks with longer intervention for those with higher risk, evident. The demographic profile of the YP matched the areas of London they came from with high ethnic diversity and high rates of single parent households.

Findings showed the YP had high levels of psychological disorder (46% with disorder) and lifestyle risk at baseline, with significant correlations between these two measures. Following intervention there was significant reduction in both lifestyle risk and psychological disorder. Highest reduction was for 'family' (items include having a secure place to live, how much they see of mum and dad, seeing family members fight) and 'thinking and feeling' (includes rushing into things without thinking, often getting angry and losing temper, commit crime because friends do it) as well as overall lifestyle score (percentage reduction of 13%). There was some limited evidence also for improvement in health (deliberately hurt self, problems eating or sleeping, good at coping with problems). Significant reduction in disorder was found for conduct disorder (items include 'I get angry and lose my temper'; 'I fight a lot and make other people do what I want'; 'I am often accused

of lying or cheating') with statistically significant change and percentage change of 23% for any case/subclinical case disorder. Exit questionnaires confirmed endorsement of the service and its effectiveness. Interviews with the YP confirmed satisfaction with the service and reflection on positive change. There was evidence of modest reduction in numbers re-attending ED for youth violence after the intervention (from 16% to 11%).

Overall the results would suggest that the intervention is related to an improvement in YPs ability to manage their behaviour more effectively in terms of engaging in confrontational and violent situations. YP also appear to be relating better to their families, which acts as a protective factor. Hyperactive disorder and peer relationships were not shown to be affected by the intervention. Other lifestyle and psychosocial risk factors require further study as this evaluation had mixed findings. However, it is likely that the rate of readmission to the ED will be affected by the intervention due to changes in conduct disorder and some lifestyle risk markers.

Staff and stakeholder surveys and interviews were also carried out. There was substantial positive change in awareness of the service and experience of referring to it and there was perceived high need for it. Comments were supportive. In terms of stakeholder views on challenges to the services and issues of sustainability and suggestions made for improvements.

Limitations of the evaluation include its lack of a comparison group, relatively small numbers for the follow-up comparison, a proportion of participants for whom no systematic assessments were made and a variable follow-up length. Challenges to the service itself include a limited take-up rate and a drop-out rate of a fifth. Other aspects include issues around identification of cases and referrals and unsystematic data on the ED attendees. The attendees themselves are of mixed psycho-social risk requiring different levels of intervention with some categories (e.g. around self-injury) not specifically tackled. Strengths include the evidence of positive change on the standardised assessments utilised, the satisfaction of the YP with the service and relating well to the combination of mentoring, support and youth activities. The service itself is small in staff terms, with only a full-time paid Youth Support Manager (YSM) and part-time administrator staff, the remainder of youth workers (YW) being volunteers and student placements working with the Oasis Charitable Trust. It is therefore likely to be a cost-effective service relative to the benefits achieved.

It is recommended that the intervention continues in its present form with a view to becoming mainstreamed in the hospital context, and extended to other hospital settings.