



# Navigator: A Tale of Two Cities

Christine Goodall Jessica Jameson David J Lowe

12 months of Navigator in Glasgow Royal Infirmary:  
6 months of Navigator in Royal Infirmary Edinburgh

# Navigator: A Tale of Two Cities

Foreward by Michael Matheson,  
MSP, Cabinet Secretary for Justice

---



I am proud to say I live and work in Scotland. It is a successful country where for the most part people lead safe and secure lives. I am proud of the innovative and positive programmes that the Scottish Government fund, including the work that the Violence Reduction Unit and Medics Against Violence have developed and expanded on over the last decade, testing new and innovative programmes and helping make Scotland a safer place to live and grow up in.

Navigator is a relatively new Violence Reduction Unit support service that aims to support people away from violence and to help build a fairer Scotland where everyone feels included in our communities and where we support our most vulnerable people.

The service has been operating in the Emergency Department of Glasgow Royal Infirmary since December 2015. It expanded in November 2016 when the Navigators started working with patients in the Emergency Department at the Royal Infirmary of Edinburgh. Their interventions are tailored to individuals and their connection is on a very human level. Continued Scottish Government funding was made available to the Violence Reduction Unit for this expansion starting in 2016 and continuing into 2018.

Over the last decade, we have invested in, and worked closely with, the Violence Reduction Unit and organisations like Medics Against Violence as well as partners across Police Scotland, Education, Schools, Prisons, Health and many voluntary organisations working within communities to reduce violence. While

recorded crime is currently at a 42 year low we acknowledge that we must do more and continue to work on tackling the underlying causes of violence by using a combination of better prevention and improved deterrence to make Scotland safer.

The Scottish Government in collaboration with the Violence Reduction Unit and Medics Against Violence have developed and tested the Navigator programme which contributes to our aim of further reducing violence and promoting a healthier, more caring Scotland and supports people with opportunities to make more positive choices.

We know that only about 30% of patients presenting to Emergency Departments with injuries related to violence have reported this to the police. There are still a significant number of people for whom getting themselves out of a chronically violent lifestyle will require significant support and for many of those people not even knowing where to get that support is a real barrier. This is where the Navigators can help to make a difference.

I had the privilege of visiting the Navigators in Glasgow and Edinburgh giving me a real insight into the impact the Navigators have, not only on the individuals they come into contact with and support, but also the staff that they work alongside and I would like to express my gratitude to the Navigators for their sustained and continued hard work, working in such a high pressure and often confrontational environment, where I have seen for myself their continued professionalism and the way they can deflect and defuse often volatile situations. The interventions by the Navigator staff in Edinburgh and Glasgow are helping and supporting people who wish to change their, often chaotic, lifestyles. It's exactly this type of work that engages people and Navigators reach out a helping hand to those who are ready for change and need support to do this.

Michael Matheson MSP

Cabinet Secretary for Justice

July 2017

# Introduction

**Navigator** is an Emergency Department (ED) based service that aims to support people to move away from violent or chaotic lifestyles. Patients who access the service often present after a recent episode of violence but even if their reason for attending the ED seems at first unrelated to violence, for many, violence is somewhere in the background. These patients are often frequent attenders at the ED, either as a result of repeated violence (interpersonal or self-directed) or substance misuse or with a range of non-specific medical symptoms that may reflect their chaotic lifestyles.

**Four Navigators**, two male and two female, work between Emergency Departments in Scotland's two largest cities, Glasgow and Edinburgh, and the surrounding communities. All of the Navigators have lived experience of some of the issues the patients they support face.

**The Navigator intervention** starts in the hospital and continues in the community and may involve one or more of community partner organisations. The intervention centres on the principles of 'kindness', 'humanity' and 'choice'. The Navigators are guided by the individuals they support and provide the opportunity for a range of options for change; it is up to those individuals to decide if and when they are ready to change and what feels right for them. As a result each intervention they provide is bespoke and coproduced with that individual.

**Navigator is innovative** and different. We know that in Scotland in recent years the average age of those involved in violence has increased, we also know that issues like domestic abuse affect people of all ages. The only other hospital-based violence intervention programmes in the UK operate in the London area and deal only with young people. Navigator supports people across the adult lifespan and seeks to address a broader range of social issues.

**When Navigator started at the end of 2015** there was no comparable service in Scotland but there was a perceived need. Recorded crime figures and hospital data does not paint the full picture with regard to

violence. Injury surveillance figures would suggest that 5 to 6 times the level of violence currently recorded in these datasets presents to the ED. Emergency Medicine staff recognise that patients often present with complex social issues and that these can lead to repeat attendance, they would like to be able to address this but they struggle to find the time. ED attendance represents a nadir in these peoples' lives and provides a unique opportunity to identify but crucially to offer real change. Other current violence prevention initiatives in Scotland were not targeting these individuals. The Navigator service is therefore an example of innovation in response to need.

**The Navigators themselves** had considerable involvement in the development and design of the service as it evolved as well as responsibility for its implementation. Over time they have developed an enhanced understanding of the patients for whom the intervention will be most impactful. They work overnight at weekends in the ED alongside the medical and nursing staff and have become an integral part of the ED teams. During the week they undertake community outreach, meeting individuals with whom they have made a connection. Two female Navigators joined the team during 2016 and their arrival has, we would speculate, improved the likelihood that female patients, particularly those affected by men's violence, will engage with the service.

**There is good evidence** from the USA and emerging evidence from London on the effectiveness of ED based interventions for violence but all of this evidence relates to young people. We hope, over the coming months to expand this body of evidence through our formal evaluation of the Navigator programme. This report, although separate from the formal evaluation, presents information from both Glasgow Royal Infirmary (GRI) and the Royal Infirmary of Edinburgh (RIE).

**Navigator is funded** by the Scottish Government and managed by the Violence Reduction Unit in partnership with Medics against Violence, NHS GGC and NHS Lothian.

Thanks are due to all of those who support this programme on an ongoing basis.

# Navigator: Numbers

## Patients referred to the Navigator Service

### Glasgow Royal Infirmary

The figures included in this section represent patients offered support and supported during the first 12 months of Navigator operation in GRI (referred to as months 0-12) but with a focus on the second 6-month period in that location (referred to as months 7-12). Figures from the first 6 months were reported in our first report 'Navigator 0-6'. Figures for the full 12-month period are represented in the accompanying info graphic.

### Royal Infirmary Edinburgh

We've also included figures from the first 6 months of Navigator in RIE covering the period from December 2016 to May 2017 (months 0-6). For the first two months at RIE one Navigator was working single-handed. Initially a considerable amount of time was spent making connections with organisations in the local community alongside meeting patients in the hospital. A second Navigator joined him at the end of January 2017.

What is not apparent from the figures alone is the complexity of the caseload the Navigators manage. Some patients meet the Navigators on one occasion in the hospital and do not need their support on an ongoing basis, others are quickly connected with support organisations in the community, but some are supported directly by Navigator for several months. We should therefore be cautious about placing too much emphasis on numbers alone.



Navigator has offered support to 439 patients during their first 12 months at GRI and their first 6 months at RIE.

341 (77.7%) patients have accepted Navigator's offer of support. Many of those patients have been referred on to other services within the community but some continue to work directly with the Navigators.



# Glasgow Royal Infirmary

270 patients were referred to the Navigator in GRI in months 0-12.

The total number of referred to Navigator over the first 12-month period in GRI was 270, 187 males (69%) and 83 females. (31%) The total number supported by Navigator and for whom complete information is available was 199, 133 males and 66 females. The overall engagement rate for this 12-month period at GRI was 74%, 71% for males and 80% for females.

In months 7-12 148 patients were offered support in GRI.

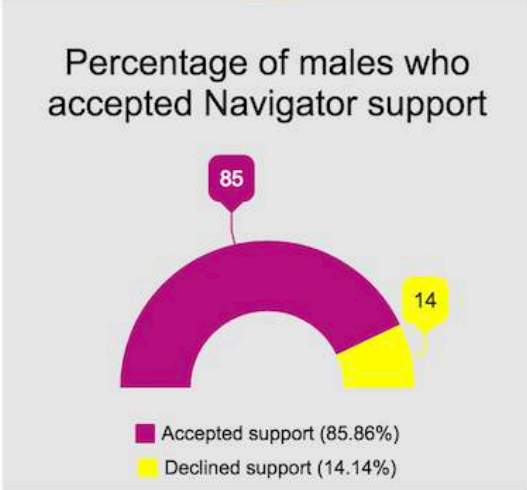
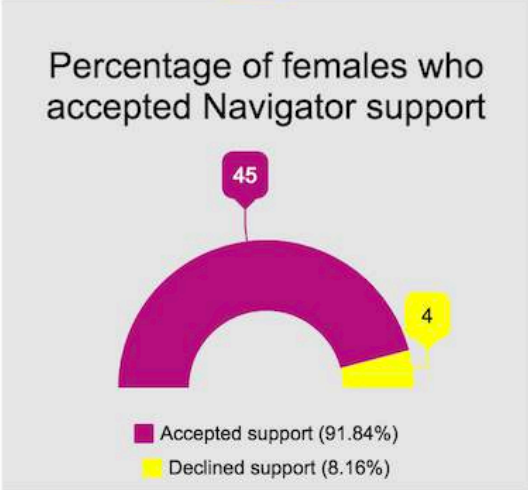
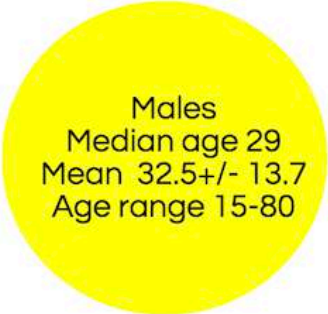
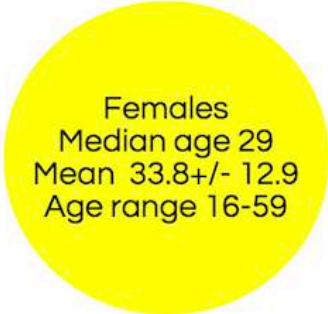
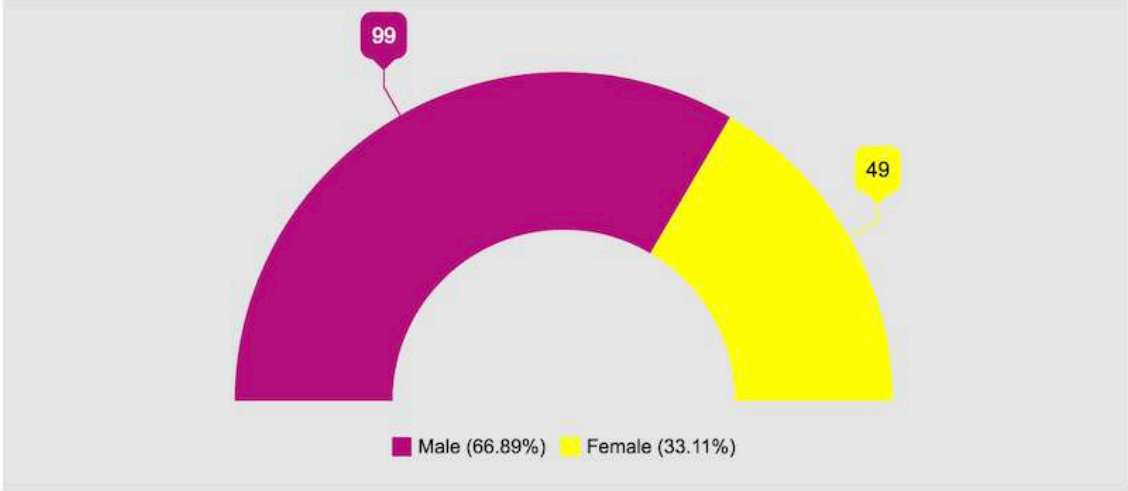
Ninety-nine were male (67%) and 49 female (33%). 85 male patients and 45 female patients accepted the offer of support. This represents an overall engagement rate of over 88%: 85% for males and 92% for females

Navigator provides support across the adult lifespan.

Patients supported in months 7-12 in GRI ranged in age from 15-80 years, 15-80 for males and 16-61 for females. The mean age of both male and female patients remained very similar in this 6-month period compared with the previous one at 32.5 years for males and 33.8 years for females



### Patients referred to GRI Navigator months 7-12



## Royal Infirmary Edinburgh

Navigator has offered support to 169 patients in RIE since on months 0-6.

The Navigators have offered support to a total of 169 patients, 102 males (60%) and 67 (40%) females. 142 patients took up the offer of support, 83 males and 59 females. The engagement rate in RIE is 84%: 81% for males and 88% for females

The mean age for male and female patients in RIE was between 31 and 32 years.

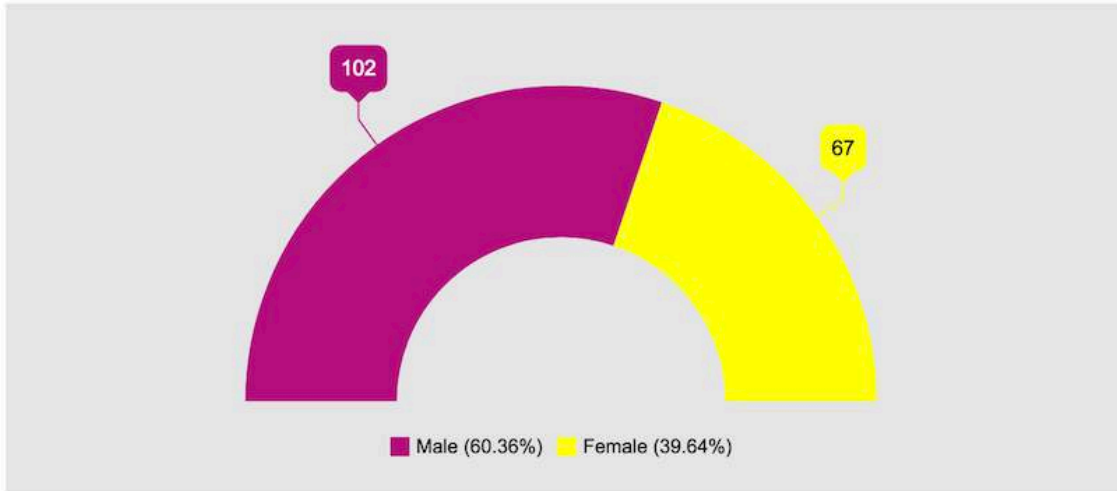
Patients supported by Navigator in RIE ranged in age from 14-74 years: 16-65 for males and 14-74 for females. Navigator also aims to work across the full adult lifespan in RIE. The mean age for both males and females was between 31 and 32 years.

## Levels of Engagement

There has been a distinct change in the level of engagement since the Navigator service started.

In the first 6 months of the service in GRI the overall engagement rate for the service was 56%: 54% for males and 62% for females. In the subsequent 6 months this increased significantly to over 88%: 85% for males and 92% for females. A similarly high rate of engagement has been mirrored in the first 6 months in RIE. This increase may be due in part to better reporting mechanisms but there is also undoubtedly an increase in recognition by the Navigators of who will benefit the most from their support at that reachable moment.

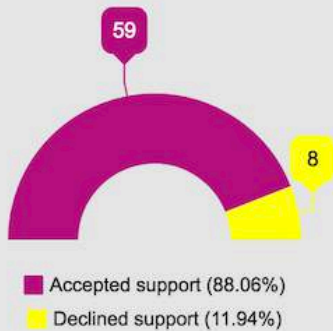
## Patients referred to RIE Navigator months 0-6



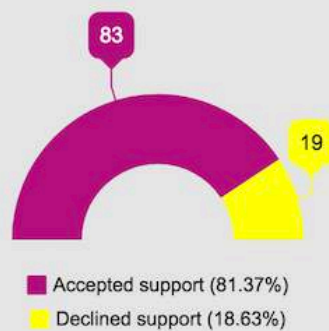
Females  
Median age 28  
Mean 31.9+/-13.8  
Age range 14-74

Males  
Median age 29.5  
Mean 31.6+/-11.6  
Age range 16-65

### Percentage of females who accepted Navigator support



### Percentage of males who accepted Navigator support



## The Navigators' views on engagement.

As part of a wider qualitative evaluation we asked the Navigators for their opinions on whether there were certain groups of individuals who might consistently refuse their support. Tam put forward the view even if patients refused the offer of support just the fact that it was offered may encourage people to consider their situation and take action at another time. This is a view that is well evidenced in the research literature in relation to domestic abuse and alcohol. Sam took that one stage further by expressing the view that spending time with people and building a relationship often led to engagement even if patients were resistant at first. Alan spoke about the challenge of engaging with people involved in serious and organised crime and it is almost inevitable that this level of criminality and the likelihood of a criminal charge would quickly take some of these patients out of the reach of the Navigator service.

'Are there any people that consistently refuse your help?'

"It does happen. And at the end of the day we can only help people who want help. Can't force anybody to do anything they don't want to do. But there are people we'll have a chat with and they'll say, "No, no, I'm okay just now." Or "that's not for me." But that's still quite a powerful moment of engagement because we've planted a seed there' TAM

'Is there a pattern to any of the people who don't want to engage?'

'Initially you could probably get that you're meeting somebody in their twenties that are like "you know what, everything's cool, everything's fine." But because they're in the hospital they've got nothing else to do, they're quite happy to talk to us for ten, fifteen minutes, and then it tends to be that you're talking to them for a wee bit longer and

'Are there any groups you feel are particularly difficult to engage?'

Before you know it you've built up a relationship and they're like "you know, actually I could do with a wee bit of a hand." And that's the beauty of Navigator, that even if they're telling you "no, we don't want support" they're in a hospital bed; they know they're not going anywhere. They're looking for things to distract them. So we've got that time to just sit. And it's not necessarily that we're talking about why they're in, we can distract the conversation and it always comes back to "right, you're in hospital, what's going on for you?" and by that point they're usually receptive to working with us. So it does work really well' SAM

"There is definitely one stands out, and it's people whose lifestyles are ingrained in violence. And it would be gangland mentality. We've had a few people in here, I mean, it's generational. They're often known. If you read The Digger. That kind of person is almost impossible to penetrate, that exterior and to also suggest that they might engage with some of the stuff that we have to offer, because it's just so in them. So that's the most challenging people. There was a shotgun incident, it was all over the radio, we spoke to the person in here, and he told us not a single thing. ..and yet would be amazing to actually hear somebody "you know that guy that was involved in that lifestyle and that family? Doesn't do that anymore." That would be an amazing feeling to know that we'd played a tiny wee part in that somewhere. But it's just so difficult. They're just like "who are you? What? No, I'm fine, mate." That kind of attitude. It's quite difficult." ALAN

## Social issues

Patients referred to Navigator over 12 months in GRI and 6 months in RIE had a wide range of social issues.

Three issues stood out

Alcohol

Drugs

Violence

We took a look at the social issues underlying the presentation at the ED. These were sometimes different from the presenting medical issues and were generally the issues for which Navigator offered support.

'Chaos' and the desire to escape from it was a pervasive theme. Reflecting this, a large percentage of patients who engaged with Navigator (35% of patients in Glasgow and 70% of patients in Edinburgh) presented with more than one social issue.

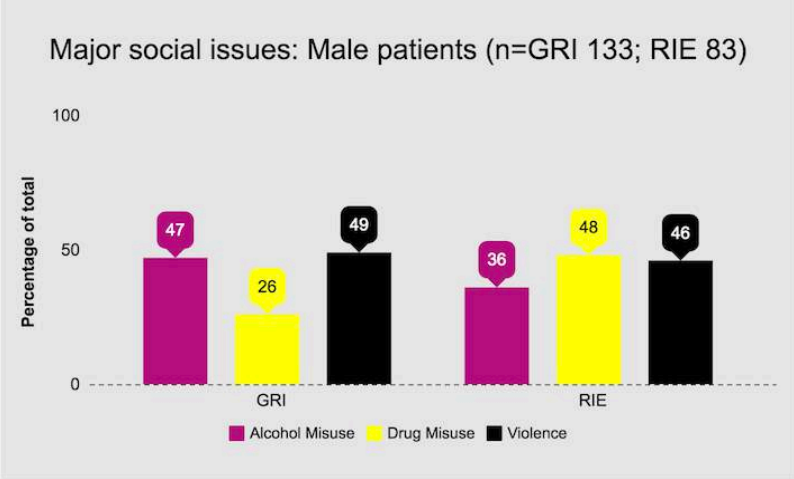
Three social issues stood out across both hospitals as being more prevalent among patients who were supported by Navigator.

- Alcohol misuse,
- Drug misuse (including NPS)
- Violence (including interpersonal violence, self-directed violence, sexual assault, childhood abuse and domestic abuse).

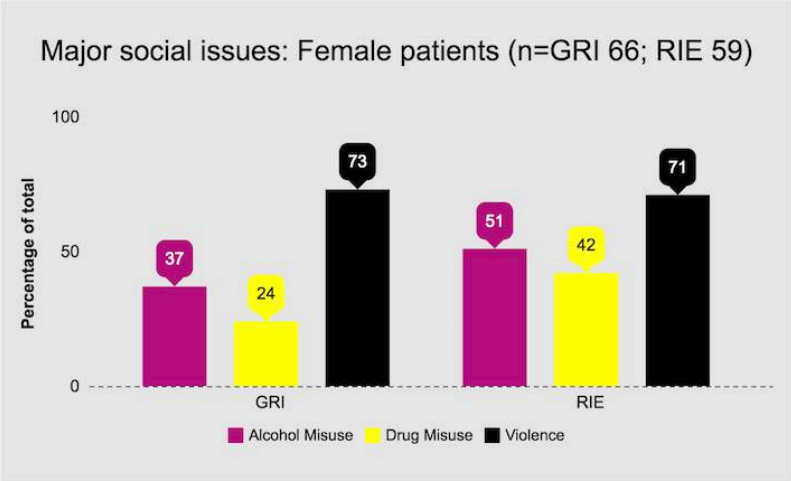
Clearly there is the potential for overlap between some of these issues and mental health problem



In percentage terms issues related to alcohol misuse were more prevalent among male patients in Glasgow and issues related to violence marginally so. Drug misuse was more common along males in Edinburgh.



For females issues related to alcohol and drug misuse were more prevalent in Edinburgh and violence was equally prevalent in both areas.

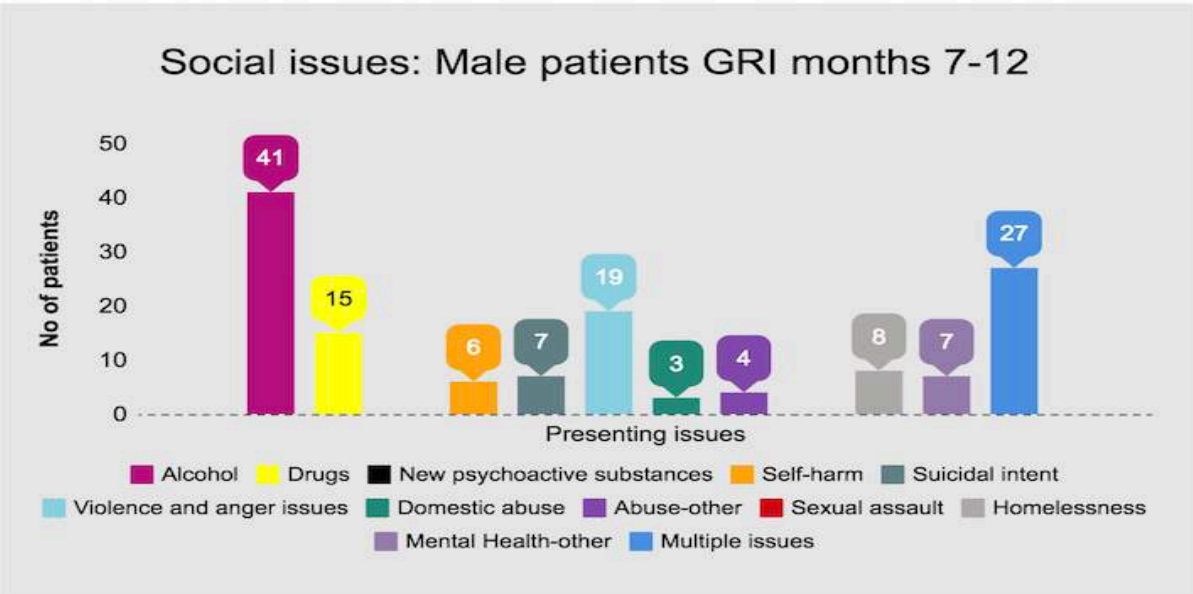


Violence affected over 70% of the female patients who engaged with Navigator in both Edinburgh and Glasgow and this was partly due to domestic abuse, which affected females more than males.

# A closer look at social issues affecting male patients at GRI (Months 7-12)

Navigator offered ninety-nine male patients support. Alcohol misuse, violence and drug misuse were major issues.

Between months 7-12, the 99 male patients who were offered support at GRI presented with wide range of social issues. The most frequent presenting issue to Navigator over this time period was alcohol misuse (41 patients), which accounted for 41.4% of presentations. The other two major issues for male patients were violence and anger issues (19 patients: 19.1%) and drug misuse (15 patients: 15.1%), although notably not New Psychoactive Substances which became illegal in Scotland in May 2016.



Violence was the primary medical reason for GRI ED attendance for 41 male patients.

In addition to the social issues described above that led patients to seek support from Navigator, we noted that interpersonal violence or assault was the primary reason for seeking medical attention at the ED in 41 cases (41%). Twenty involved sharp force injury, either stabbing or laceration with a bladed weapon. Seven involved blunt force injury and the majority of those were head injuries. There were a further 14 patients for whom the mechanism of injury was not clear.



# A closer look at social issues affecting female patients at GRI (Months 7-12)

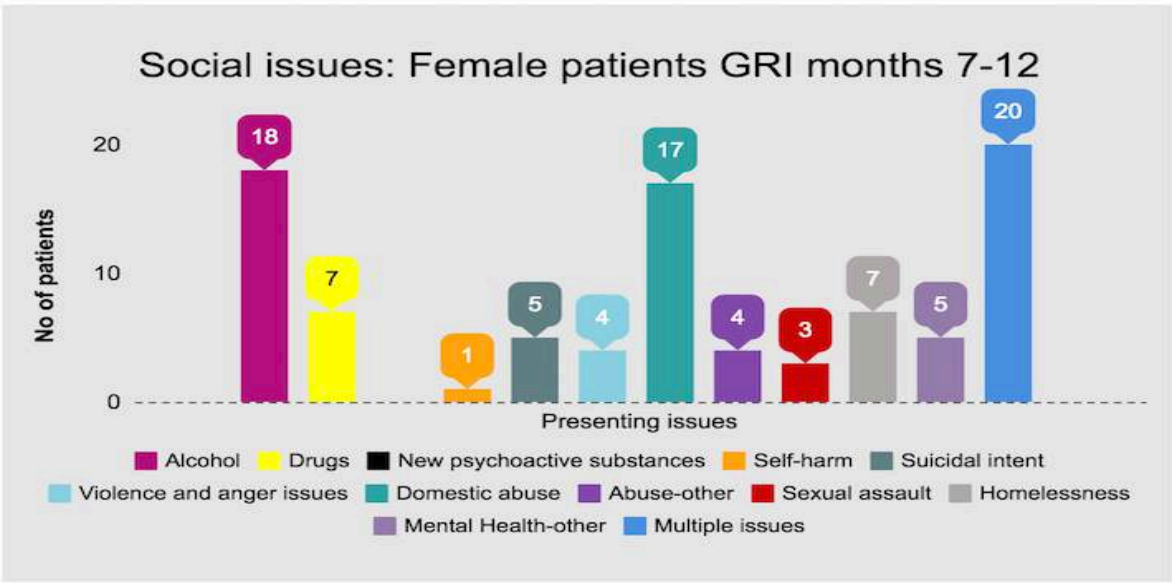
Alcohol misuse and domestic abuse were the main social issues affecting female patients.

15 female patients attended the ED with injuries due to violence.

The main social issues faced by female patients were alcohol misuse (18 patients (38%)) and domestic abuse (17 patients (35%)).

Rape and sexual assault affected 3 patients (6%) in this group, this was not an issue seen in the male GRI group.

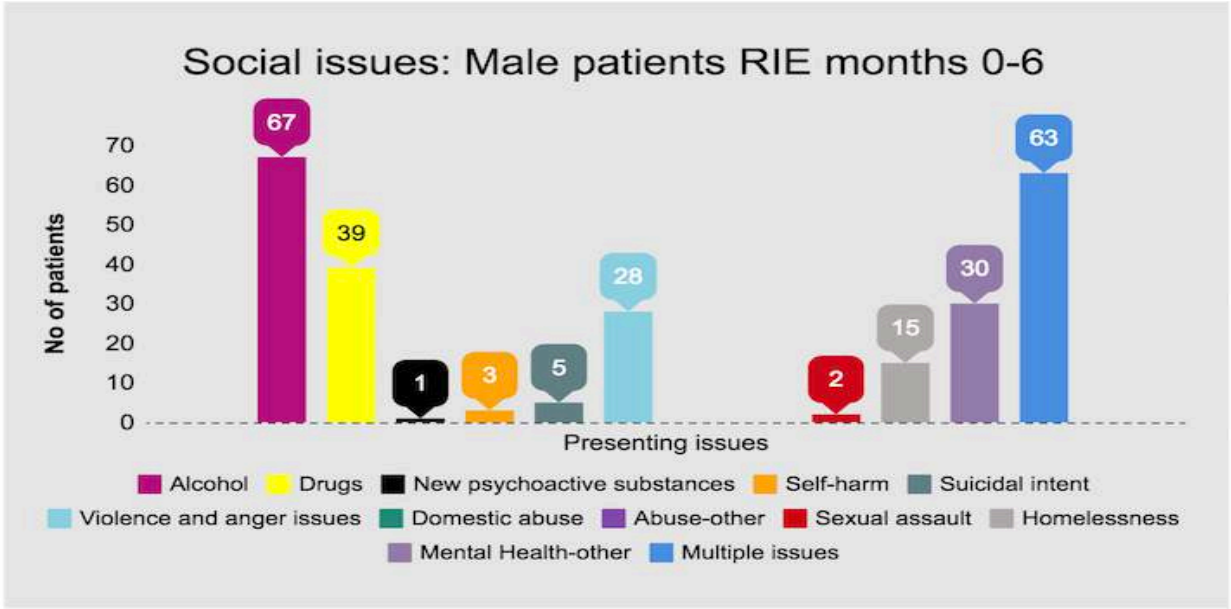
In contrast to the previous 6 months, homelessness was an issue for the female patients in the 6-12 month cohort. Proportionately, it was more of an issue within the female group than the male group. Fourteen percent of female patients in this cohort were homeless compared with 8% of male patients.



# A closer look at social issues affecting male patients at RIE (Months 0-6)

Alcohol misuse, drug misuse, violence and mental health problems were the big issues for male patients in Edinburgh.

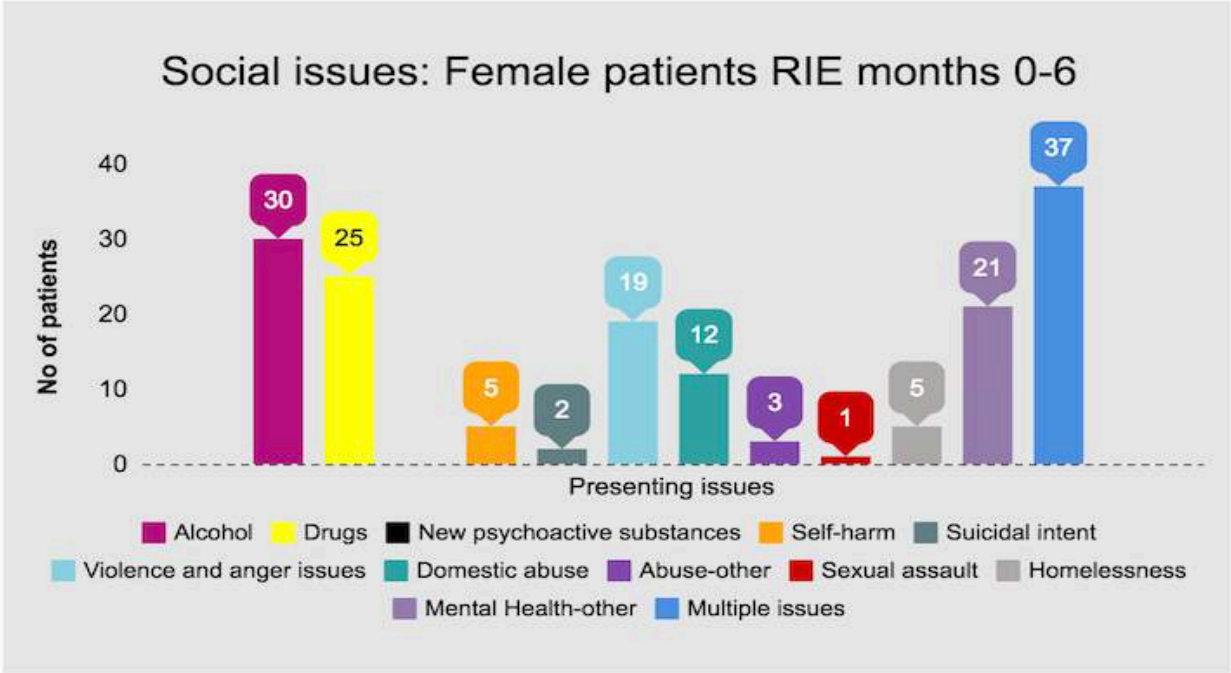
In Edinburgh, like Glasgow, alcohol misuse and dependence was the main social issue that patients requested support for. This affected 81% of those who engaged with Navigator and was the single biggest presenting issue for this group. Other significant issues were drug misuse, violence and mental health issues. Mental health issues seemed to be a more significant problem for male patients in Edinburgh than Glasgow and many patients of these patients presented with very chaotic lifestyles often involving multiple social issues.



# A closer look at social issues affecting female patients at RIE (Months 0-6)

In Edinburgh the big issues for male and female patients were the same: alcohol and drug misuse, violence and mental health issues

Among female patients in Edinburgh, like Glasgow alcohol misuse was the most prevalent problem. However, unlike Glasgow the other big issues for female patients in Edinburgh were drugs, mental health and violence. There were a smaller number and percentage of cases (12 patients (20%)) related to domestic abuse, this may reflect a reduced incidence or it may reflect differences in domestic abuse service provision regionally





# Navigator: Stories of Change

Some of these stories demonstrate transformational change

Some of the most powerful pieces of evidence we have for the effectiveness of the Navigator approach are the stories of the service users. Some of these stories demonstrate transformational change. Others demonstrate how Navigator has helped to support patients to address some of their difficulties such as housing or benefits, removing some of the chaos so that patients feel they can start to address underlying issues that need long-term support such as alcohol or drug misuse or addiction.

We have chosen two stories to report in detail: personal information has been changed to protect those involved. Both are patients from GRI ED.

**Mairhead's story**, the story of a woman fleeing a long-term abusive relationship, is an example of someone the Navigators have supported throughout her journey. They have had over 40 contacts with Mairhead and helped her with some very complex legal and social problems; they continue to support her today although she is gradually becoming more independent.

**Andy's story** is one of a young man with significant involvement in gang related violence and a serious alcohol issue. His story illustrates how Navigator works with community partners to find an intervention that will work where others have failed. While Navigator remains in contact with Andy, his main support is a community-based organisation.

# Mairhead: 'Taking the first step is hard. Fear holds you back'

'Mairhead disclosed a history of controlling behavior involving psychological and financial abuse spanning many years'

Mairhead is 52; she attended GRI ED in December 2016. Her husband assaulted her two days prior to her attendance; he punched her repeatedly around the head and she was still feeling unwell. Mairhead has a number of complex health needs and chronic health problems.

Her husband was charged with assaulting her but the court dismissed the case due to a lack of evidence. Mairhead's husband came with her to the ED but she insisted that he remained in the waiting room while she was examined.

She met Sam in the treatment room while waiting for a CT scan. In addition to being a Navigator, Sam is also an Independent Domestic Abuse Advocate. This is Sam's account of their meeting.

'We got talking and Mairhead disclosed a history of controlling behavior involving psychological and financial abuse spanning many years. This included withholding funds and she had consequently recently been unable to buy products she needed to help manage one of her health issues.

In the summer of 2016 Mairhead was re-assessed for her Personal Independence Payments and during that time the payments were withdrawn. It was then that the abuse became physically violent. She had disclosed this to one of her doctors at a routine appointment but this hadn't been

‘When I left her in the hospital she said ‘Sam when I meet with you next I want to talk about leaving’

taken further. The initial hospital intervention was mostly just listening to her story, I advised her of her rights; she believed she had none. We explored emergency accommodation, remaining at home and the role of her housing association, bank accounts, benefit sanctions, risk reduction, safety planning, the police and MARAC. I suggested storm marking her address. She agreed to work with me in the community.

I met her the following week and she told me she had opened her own bank account and been to see a housing officer.

With her support I submitted an adult protection referral to social work. I contacted the Domestic Abuse unit at Police Scotland and they placed a storm marker onto her address and advised they would move this to any new address. She agreed to be referred to MARAC.

Mairhead didn't initially want to seek emergency accommodation due to the complexities of her health needs but things came to a head when I met with her again the following week and she disclosed that she felt at risk. She was worried that her husband would get violent again over the weekend and she made the decision to flee before anything else happened. We managed to get her emergency accommodation. She also decided to report the historical abuse she had suffered to the police'

'Mairhead's strength of character and determination to be safe is humbling. She is simply amazing. I asked her what her main goal was and she said quite simply

'I'm scared and I don't want to be scared anymore.'

,

In February she got the keys to her new home and was eventually able to move in, Navigator painted it for her. The process of obtaining funding to allow Mairhead to furnish her flat has been a long and challenging process but one with a successful outcome. The Scottish Welfare fund has provided some fixtures, fittings and furnishings for her house but people who have been moved by her story have also donated things. She is now financially independent of her husband and is making plans to visit her sister, something she is really looking forward to.

Now she has moved, we continue to support her with finding community groups to join. She is socially isolated because her family live outside Glasgow and she was unable to have friends of her own in her abusive relationship. She has become good at budgeting and has been able to buy herself a cinema pass which allows her to do something she loves and which she was never previously able to do'

These are Mairhead's thoughts on Navigator.

Mairhead felt that she had really connected with Navigator on a very human level. She spoke about Sam being someone who was easy to talk to. She was almost surprised that she felt like this because she acknowledged that she was someone who didn't talk easily to strangers and tended to keep her troubles to herself.

Mairhead was overwhelmingly positive about the support she had received from Navigator. She acknowledged that she probably wouldn't have

'I had nobody to speak to .... I usually do my crying in private but there was something about her I felt I could talk to her'

'In the middle of constant change it's great to have human contact...I'm still all over the place but I'm slowly getting there.. without Sam I'd be nowhere'

done anything without their help even in the face of escalating violence and despite the fact that she did not feel safe. She didn't have the knowledge and information she needed to help her make a choice. Navigator helped her to do that.

She was also very clear that Navigator was in the right place at the right time.

'I probably wouldn't have reached out for help on my own, she was just there in the right place at the right time... I needed a push'

Mairhead's situation has changed markedly; she has moved into her new home, leaving her abusive husband and is making plans for her future. Choosing paint colours might seem like a small thing but it's the sort of very ordinary thing she can now do now that she is safe. Although beset by significant health problems, she remains optimistic. Her life is more stable and more predictable. She spoke a lot about how she would really like to connect community groups to make friends, she talks about seeing her sister, she is determined to make up for lost time.



## Andy: 'A real wake-up call'

I've got a lot of enemies all over Glasgow'

'My alcohol problem was spiraling out of control'

'The hole in my kidney was a real wake up call, I didn't want to live that life any more'

Andy is 26 years old. He has history of involvement in gang related violence and as a result has 'a lot of enemies all over Glasgow'. He has been the victim of 28 assaults, many of them serious, resulting in 17 visits to the GRI ED over a ten-year period. All but one of these previous attendances was the result of a knife related injury. His lifestyle has also brought him into contact with the criminal justice system and he has been 'in and out' of prison since he was 16 years old. He has been on remand 10 times and convicted a further 6 times. He also has a significant alcohol problem that he describes as 'spiraling out of control'.

One night in January 2017 he was assaulted again sustaining 9 stab wounds, one to his kidney. Andy met the Navigators in the ED. He was surprised when they appeared on the ward the following day because, although his memory of his time in the ED is poor, he recalls not being particularly nice to them.

Once his medical issues were improving, Navigator asked Andy what priorities he needed support with.

Andy feels Navigator offered him an opportunity to turn his back on his former life at a time when he felt ready to change. The 15mm hole in his kidney was 'a real wake up call', he describes how something within him changed, he knew he didn't want to live that life any more he just didn't know how to break the cycle of violence.



'I did it this time because I wanted to, I got hope from hearing someone else's story'

'They were there from the start of the journey, in the trenches with you'

Andy didn't feel safe in his home because of the fear of revenge attacks so Navigator helped Andy and his family to relocate to another neighbourhood. However, he quickly encountered an adversary there too and decided to go back to live with his parents while he continued to look for alternative housing.

Andy's other big issue was his alcohol problem. He had previously sought help from various alcohol services and had been in rehab but nothing had worked for him. One of the Navigators had their own experience of the same issues and Andy talks about how meeting someone who was now in recovery gave him hope that change was possible. He was told about Alcoholics Anonymous and about what it could offer him, but importantly how it had worked for someone else in the same situation.

One of the Navigators accompanied Andy to his first AA meeting and for the first time what he was told 'made sense', he describes how hearing the stories of other people who were in recovery gave him hope and that he then embarked on recovery himself 'because he wanted to'. He is clear that meeting someone with real life experience rather than someone who had learned about alcohol problems at university or college made a huge difference to him. The other really key thing for Andy was that someone went with him to his first meeting. Andy has now been sober for 4 months

Andy is clear that Navigator's presence on the front line in the hospital is essential. He also valued the fact that he had someone to speak to outside

‘My girlfriend and kids they were leaving me that night, they’d had enough’

‘They were two people who believed in me, I take my hat off to them, they deal with a lot of crackpots, I was one of them and they didn't judge me’

his circle of family and friends. It was important to him that they weren't doctors or the police. Their pink t-shirts helped to reassure him that they weren't police officers.

When asked what might have happened had he not met Navigator Andy says that he would probably be dead or in prison because he would have sought revenge against the people who stabbed him. He was also sure his partner would have left with his children.

Since meeting Navigator in the GRI ED Andy has been sober for 4 months, he has not been back in hospital; he has not been in trouble with the police and has turned his back on violence. He is now working for a social enterprise that is providing him with mentoring and support as well as employment. He continues to attend AA meetings regularly. He is with his family and feels good that he is able to provide for them.

When asked about his hopes for the future Andy says he intends to take one day at a time, go to work every day and stay sober. If he allows himself to think further ahead than that it is to say that he hopes to be able to help others in a similar situation in the future. He just wants ‘to be a Dad’.

Andy says ‘he owes his life to Navigator’ his Dad calls them ‘two angels in pink t-shirts’ he describes the change in his life as ‘360 degrees and it started that night in hospital they have changed my life and my family's’

# The stories we can't tell

There are many other stories that we can't yet tell as those involved are early in their journey towards recovery. Some of these illustrate the transformational impact that Navigator's support can have on peoples' lives particularly those impacted by chaos and violence.

We can however, share some comments on the Navigator service from two of those stories. One involved sexual assault and the other serious drug misuse and exploitation, in both cases the patients attended the ED, as a result of substance misuse. In one case the comments are from the patient and in the other from the patient's parents in the form of a letter.

'A friendly approach, not asking hundreds of questions, I went from not really helping myself to wanting to help'

'They used some of their own experiences which made it seem more personal; it was more like a friendship. I thought if they can do this and come out the other side I can too'

'I always had a choice, they would say 'remember the rule, if it's not beneficial then we'll stop''

'There was an element of surprise meeting in the hospital, if I'd been dragged to a meeting I might not have been so willing to talk'

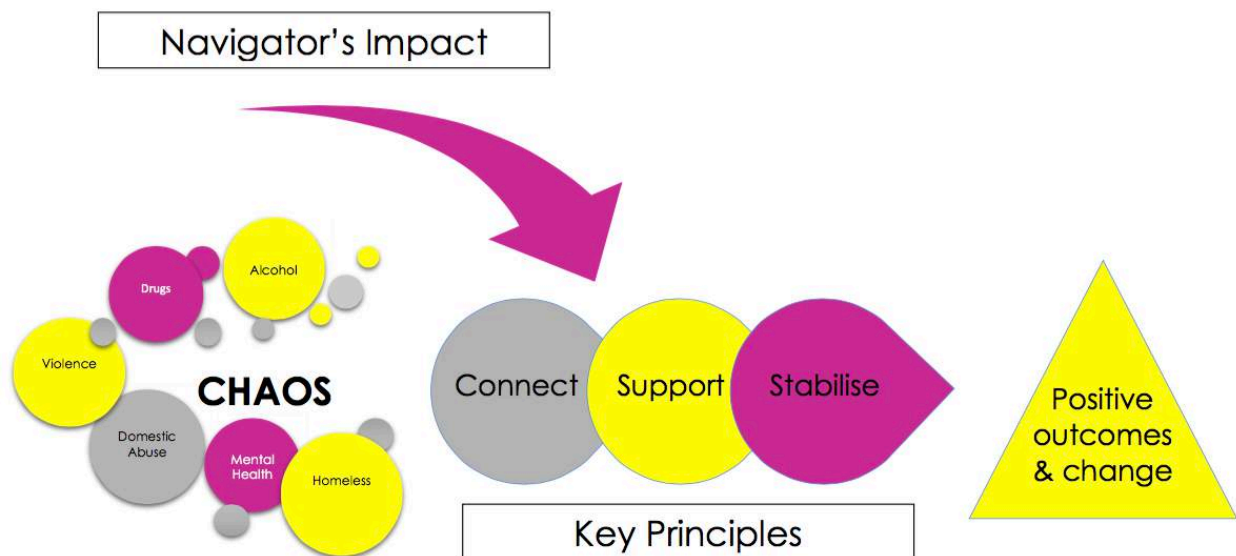
'I'm really grateful to have met them. They turned my life around and changed my mental state and how I view the future. I went back to how I was before'

'From the first moment we spoke to them we knew that we were dealing with professionals and that we could trust what they were saying to us. The situation we, as parents, were going through was completely alien to us and without their offered support I don't know what we would have done.'

'As parents we don't know what we would have done without their help. They have been there every step of the way. We aren't there yet but thank you for helping to give us our son back.'

# Navigator: ED Staff Views

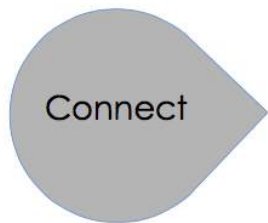
As part of the wider evaluation, a range of clinical staff in GRI ED were asked about their views on the Navigator service. Following interviews with a range of ED staff a model was created that incorporates their views on the key elements of the Navigator service that they feel result in positive outcomes for patients.



17 staff members (7 doctors and 10 nurses) were interviewed about challenges posed to staff by ED patients with complex social issues, their perceptions of the role Navigator played within the ED, which patient groups they referred to Navigator, why they referred those patients, their views on the impact of Navigator on the patients they worked with and on the ED as a whole and their suggestions for improvement of the service.

Three major themes, the ability of the Navigators to connect with this group of patients; to provide support to them and to foster stability in their lives have been incorporated into the model that describes the mechanisms Navigator uses to support the patient journey from 'chaos' to positive outcomes and change.

## Connection Lived Experience

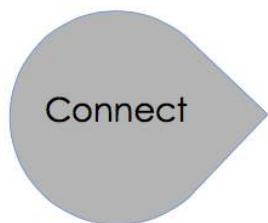


Many staff emphasised the ease with which the Navigators were able to build rapport with a group of patients who are traditionally difficult to engage. It was felt that the Navigators were particularly successful because of their own lived experiences which gave them credibility and enabled them to relate to some patients.

“I think certainly to have previous experience, life experience, that allows them to speak at a level to people that they understand”

“They have got personal experience, and they can relate to the patients and that makes a big difference.”

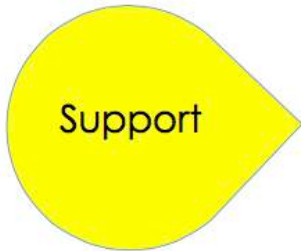
## Connection Time



Most staff felt that the fact that Navigators had dedicated time to explore the social factors underpinning the ED admission was pivotal to the program. Both doctors and nurses stated that they would like to spend time exploring the issues underlying recurrent attendance, however, lack of time and competing priorities often prevented them from doing so.

“So it’s quite nice seeing them dealing with some of our regulars and actually getting them the support that they need that maybe we in the A&E don’t have the time to really facilitate all that together”

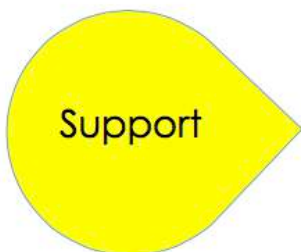
Support  
The Reachable  
Moment



Most staff felt that Navigators should work alongside clinical staff in the department so that they were available to engage with and support patients at the right time. Staff recognised that the 'reachable' moment often arises soon after an incident of violence when patients are at their lowest ebb and have had time to reflect on the events which necessitated ED attendance. One staff member felt that the acutely intoxicated state of some of the patients undermined the concept of the reachable moment.

"I think they provide them with an opportunity to appraise themselves..."

Support  
Community  
Follow up

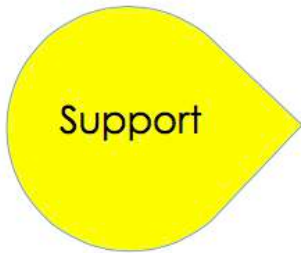


Staff recognised the value of community outreach. They acknowledged that complex, often long-standing problems require more concerted intervention than can be offered in the ED alone.

"It's not just seeing them in the department, they follow it up, they see them in the community... I think it gives the person more support..."



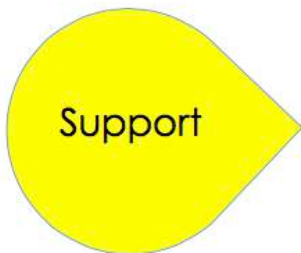
Support  
Referral to  
services



Several staff highlighted that a vital element of the program was the Navigators' knowledge of and connection to appropriate community based support and statutory services. A further benefit was that they could facilitate a patient's initial contact with these agencies and could advocate on their behalf if needed.

"They obviously know how the system works as well, who they can put people in touch with to help them. So they're really useful that way."

Support for Staff  
De-escalation

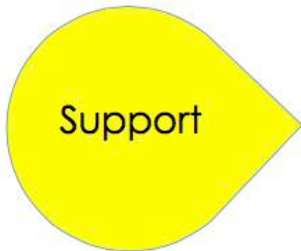


There were unforeseen benefits of the Navigator program to the ED staff. All staff shared experiences where patients had become abusive or agitated towards them and Navigators had stepped in to de-escalate the situation. In some situations, this facilitated medical assessment or investigation.

'We had a patient a couple of weeks ago who wouldn't let anybody near her....and one of the Navigators went in and had a chat with her and she calmed down ....It was helpful because it meant the nurses could then go in and take bloods and do different things.'

## Support for Staff

### Recurrent attendances



Many staff recognised the role of Navigator in decreasing recurrent attendances. Several staff also discussed the negative impact that recurrent attendances have on the morale of staff in the department, and the positive impact of Navigator in trying to address this issue.

“You get the same people in and involved again and again... from the patient's point of view that's brilliant if you can get lifted out of that life and maybe into a different kind of life altogether. But also that means we're getting less admissions, seeing hopefully less violence-based admissions and less addiction-based admissions. So that's good for us as well.”

“I think I'm very grateful to the Navigator program for offering some hope that we might be able to break this cycle of hopelessness.”

### Stability



Many staff felt that the Navigator program offered patients a holistic approach increasing the likelihood of long-term positive change.

“It seems to be quite a holistic approach.. looking at all the different things. So if someone's got an addiction they help with that but also looking at getting folk into work ... is it's easy to get someone detoxed but if you've no connection, if you've no meaningful work there's not much to keep you sober’

Staff were also asked for their views on how Navigator could be improved.

Staff felt that extending the time that Navigators were present in the ED would benefit both patients and the department.

Several also discussed the possibility of extending the coverage to the other Glasgow hospitals, noting that these problems were not unique to the catchment area of the GRI.

Most staff felt that the Navigator program could be improved if better feedback was provided to staff about the outcomes of patients they had seen with Navigator.

“The problem is that we can’t offer that the whole time because their time here is quite limited. And quite often one finds oneself on a shift going “that would have been a perfect case for the Navigators.”

“I think they should be getting dotted about all the other hospitals, start bringing it in to all the other ones”

“I feel I could probably do with getting a lot more feedback...you’ll hear people talking saying “oh, did you hear that chap...” that kind of thing. So there isn’t any kind of formal feedback.” This issue has been addressed to an extent by the Huddle.

## Navigators: In their own words:

“I’m still here, I’m still here. I said I was going to be here, I am here.”

During a series of interviews with the Navigators we asked them about what they think makes Navigator work as a service.

What do Navigators do and how do you do it?

The Navigators spoke about their role in breaking the cycle of violence and chaos, about their person-centred and human approach in tackling the issues that matter to the patient and about their role in carrying on that support in the community.

‘As a Navigator first and foremost we’re here to try and identify people that are affected by violence, or come in with injuries maybe consistent with violent or chaotic lifestyles. So that could be as a victim or a perpetrator. We look to interrupt the cycle of violence.’

‘.. it’s all person-led. It’s all about that person, where they want to go, and we try and deliver a service to that person by going the extra mile’

‘We have a very human approach. We don’t diagnose anybody with tick-boxes, pens and papers, we don’t dictate or tell anybody how to live their lifestyles, we give them the options and choice of what they want change to look like and how we can help them achieve a common goal of getting somebody supported and back on the straight and narrow or to a safer positive future.’

‘When we meet them in the community it’s a good opportunity for us to look at maybe stabilising their life a little bit with them. And the services that we look to link in with are services that we would use ourselves if we needed to’

## What qualities do you need to be a Navigator?

Although the Navigators all mentioned that having some lived experience was helpful, they didn't feel that was essential for their job. More important to them was the ability to deal with people in a non-judgemental caring way and having a real desire to want to help others.

'I think you have to be empathetic, really caring, understanding, patient. You don't necessarily have to have lived experience, but just having some experience can be beneficial. Understanding the social challenges that people face. Coming without prejudice. Because you do encounter a lot of people that have done some pretty grim things. But being able to oversee that and being able to say "this is what's happened, draw a line in the sand, let's move you on from that." And having that ability to do so is critical in this job because you do encounter everything and anything relating to violence, whether it's victim or perpetrator. So being able to just look at the situation without bringing judgement and stuff is really important.'

I think the fact that we all have this one goal that we want to help people, I think that's what all of us bring to the table, that we just have this innate, in-built need to help people.

## How does your role benefit your service users?

All of the Navigators see their role as complementary to the medical care patients received in the ED. They all acknowledge that meeting patients in the ED allows them to take advantage of the 'reachable moment' when patients might be thinking about making a change to their life. They recognise that the service is very flexible in allowing patients to work with them for as long as needed and to return to the service at any time.

'We can complement the patient care plan and enhance it by giving them social options. So people who are meeting our criteria of violent chaotic lifestyle and have been admitted to hospital due to that lifestyle have the opportunity to really make a change and difference to their life just by being admitted to the A&E, and it allows us to identify them and present opportunities to change.'

We meet people at a moment of crisis in a hospital, there's a real tangible contemplative state that people can be in when they're sitting in an accident and emergency. And at that moment to have someone approach them and say "can we help you?" It's hard to be that guy in a hospital with a slashing, a stabbing, or something like that. So we're often fortunate enough to be there at that moment where they might let their guard down that wee bit to say "no, I'm not alright." And then we can take that and run with it with them as long as they're wanting to.

It's very individually tailored so it's very dependent on what the needs of the individual are. And that's why we don't put a time limit on how long we work for them, although if we can, and where it's appropriate, we try to do things as quickly as possible because we're always back in A&E and finding new people to work with. So if we can get people linked in with the relevant services that are going to do them good. And the other thing is we don't ever cut off contact with them. So even although they're linked in to other services they can always get in contact with us at a later date if they feel that they've maybe encountered a problem down the line, or they just in general want to have a chat. Then we always keep that avenue of contact open so they don't feel as if they're ever completely isolated. So that seems to work really well as well.

Do you think being based in the hospital is important?

The Navigators felt that being in the ED was very important because of the chance they had to capitalise on 'the reachable moment'

Very important. It's probably the most important factor of Navigator. In the environment people are reflective, at their lowest ebb, thinking about their actions that's brought them in here. Now, we're meeting people who are thinking like this that are also starting to think "this can't happen again, how can I help myself so I don't end up in the hospital again?" And you've got Navigators based in the hospital who are actively encouraging and supporting change for people who are in with whatever lifestyle related injury, or if it's a one-off trauma case that requires support and help we're there at the moment in time when they're lying in a hospital bed and emotions are high and feelings and thoughts are heightened by the environment. So it's the most important tool we've got is a hospital environment.

Navigator: A Tale of Two Cities

How does your role benefit the ED?

The main benefits the Navigators feel they bring to the ED are that they have the time to take on social issues which the medical and nursing staff do not. They see the role in this respect providing the medical staff with some reassurance that these additional issues were being addressed and that this might, in the longer term, prevent patients from re-attending. They are also aware that on occasion they help to de-escalate potentially violent situations, thereby allowing staff to get on with providing treatment. They do see themselves as part of the ED team.

We always came to A&E to complement the care they already get. That's the whole idea. It's not to say "you aren't doing this, it needs to be done." It's more about "you are doing everything." So the doctors and nurses I believe do exactly what they should do. I don't think there's anything missing there necessarily, or there's even capacity for more. We've got the time, we can sit and listen to them. And really allow that conversation to flow without the demands of having to go to the next patient that's waiting to come in. So we don't have these sort of pressures that doctors and nurses have

Well, something I hadn't actually thought about initially but has been mentioned by a consultant in the A&E here, who said that he sleeps better knowing that the guys are getting looked after once they leave. I've only been here a year but already I'm seeing some similar faces now and again. But they've been working here for a lot longer and they see the same faces coming in. So they've got that revolving door type realisation that people are coming back all the time. And to actually know that there's more getting done for him now than papering the cracks, there's a more prolonged and sustained approach to care for that person. There's an added strand of care happening with that person to try and reduce them coming back in. So they feel better about that.

So I think together working, Navigator and medical staff, we do an amazing job of trying to give somebody the best possible support, medically and social.

I think that the medical staff now know that they've got somewhere that they can refer people that are in with violent or chaotic lifestyle injuries to a service

Navigator: A Tale of Two Cities



that's within the hospital and they don't have to go and locate numbers, they don't have to figure out what's best for the patient. We're here and we can take that pressure off them. So it works really well

I know that they've said in the past that even during quite volatile situations we've been there and we've added value to de-escalation. We've managed to keep people calm.

What does success look like to you?

The Navigators acknowledge that success does not need to be completely life changing and their view is that even seemingly small changes should be seen as a measure of success for some patients.

For me getting a woman to open her mail when it was all stuck in a drawer for months on end was a positive outcome because it meant she was tackling what she was finding a problem. It's just very satisfying when you see somebody taking control of their own life in whatever way that takes. So them being able to just make positive changes to their own life because they've been given that little bit of support and that opportunity to breathe, essentially.

So that's really satisfying to see them when they've come in at their lowest point and they're leaving the service or you're meeting them out in the community and they're starting to smile

I feel like it's a success if people are saying to me they're happy, they're feeling a bit better, things are starting to work out for them, "I really enjoyed meeting with that organisation, I found that really helpful." It could look like anything.

## Future Plans



Navigator will continue to support patients in their two locations over the coming months. The programme has been through a period implementation and the team now enters a phase of consolidation.

Alongside their daily work the team have spent time spreading the word about Navigator and also assisting others with training, for example on domestic abuse. They have spent time gaining additional skills to better support patients.

The evaluation team plan to move forward with trying to understand how Navigator works and for who so that in the future we can target our resources better. We want to look at the economics of Navigator as well as the outcomes and we plan a mixed methods approach to capture quantitative as well as qualitative data. Once we know how Navigator works we will be in a better position to suggest a plan for further expansion.



We would like to thank all those who agreed interviewed for this report including the patients and the busy team at GRI ED. Thanks also go to Alastair Ireland (GRI) and Sara Robinson (RIE) and their teams for their unwavering support of the programme, the community organisations who work with Navigator, the Navigators themselves Alan, Geraldine, Sam and Tam and Keith Jack from the VRU who not only supplied the photos for the report but whose enthusiasm has driven this project forward and made it a reality.

We would also like to thank the Scottish Government for their support of the programme.

For further information on this report please contact  
[christine.goodall@glasgow.ac.uk](mailto:christine.goodall@glasgow.ac.uk)