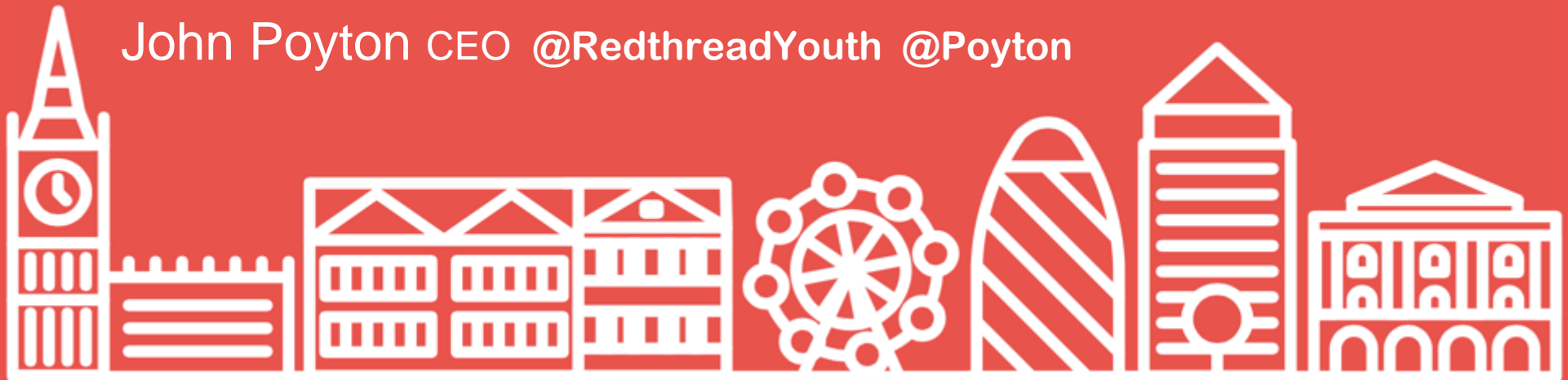


Redthread

Teachable Moments

John Poyton CEO @RedthreadYouth @Poyton



Our interventions are:

In the **community**, supporting young people to be healthy, safe, and happy



Well centre A Youth Health Centre

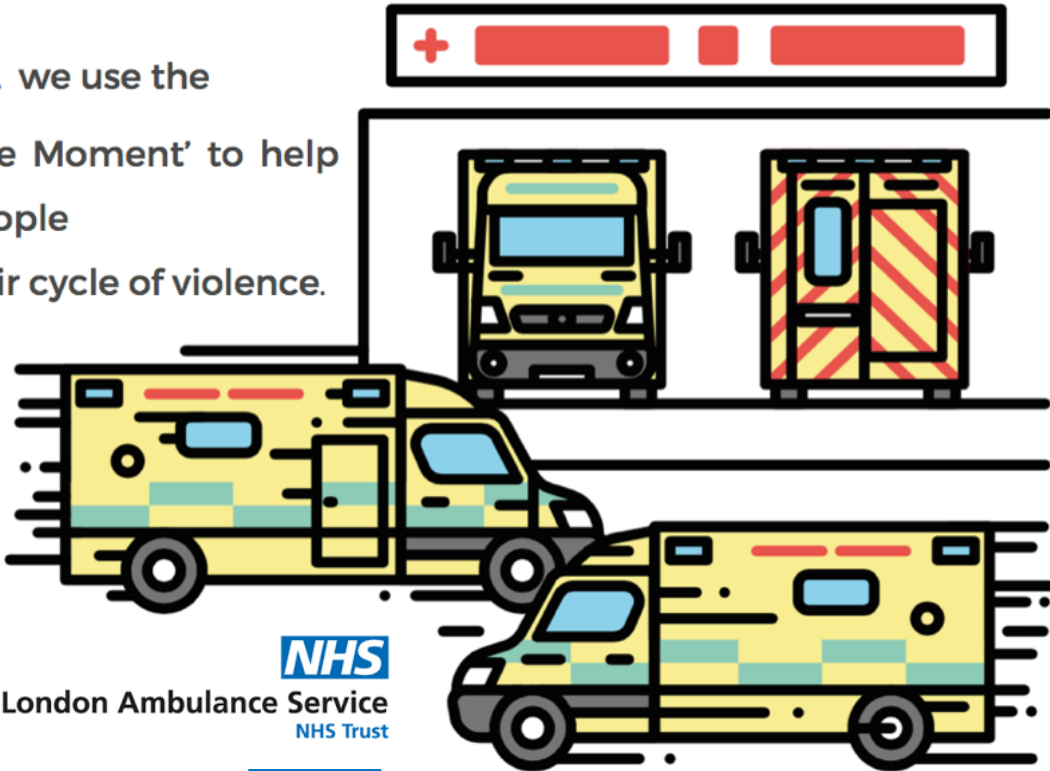
HERNE HILL GROUP PRACTICE



King's College Hospital **NHS**
NHS Foundation Trust

Working with People not Partners

In **A&E**, we use the 'Teachable Moment' to help young people break their cycle of violence.



NHS
London Ambulance Service
NHS Trust

NHS
University Hospitals Birmingham
NHS Foundation Trust

St George's Healthcare **NHS**
NHS Trust

NHS
Homerton University Hospital
NHS Foundation Trust

NHS
Imperial College Healthcare
NHS Trust

NHS
Nottingham University Hospitals
NHS Trust



The need for both Earlier and Crisis Interventions



School's

Drop in's &
Educational
Interventions



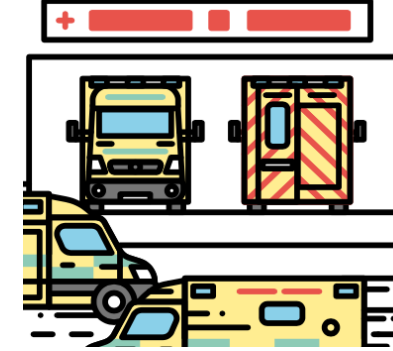
GP's

The Well Centre
health drop in and one stop
shop.
Mental Health, Sexual Health,
Post injury,
Anger management,
Acne, Sports Injury, Substance
Misuse etc



Local A&E

Walk in crisis -
Includes Bullying,
Mental Health, Sexual
Health and Exploitation



Major Trauma Unit

Weapons related
Violence and Serious
Youth Violence

Upstream



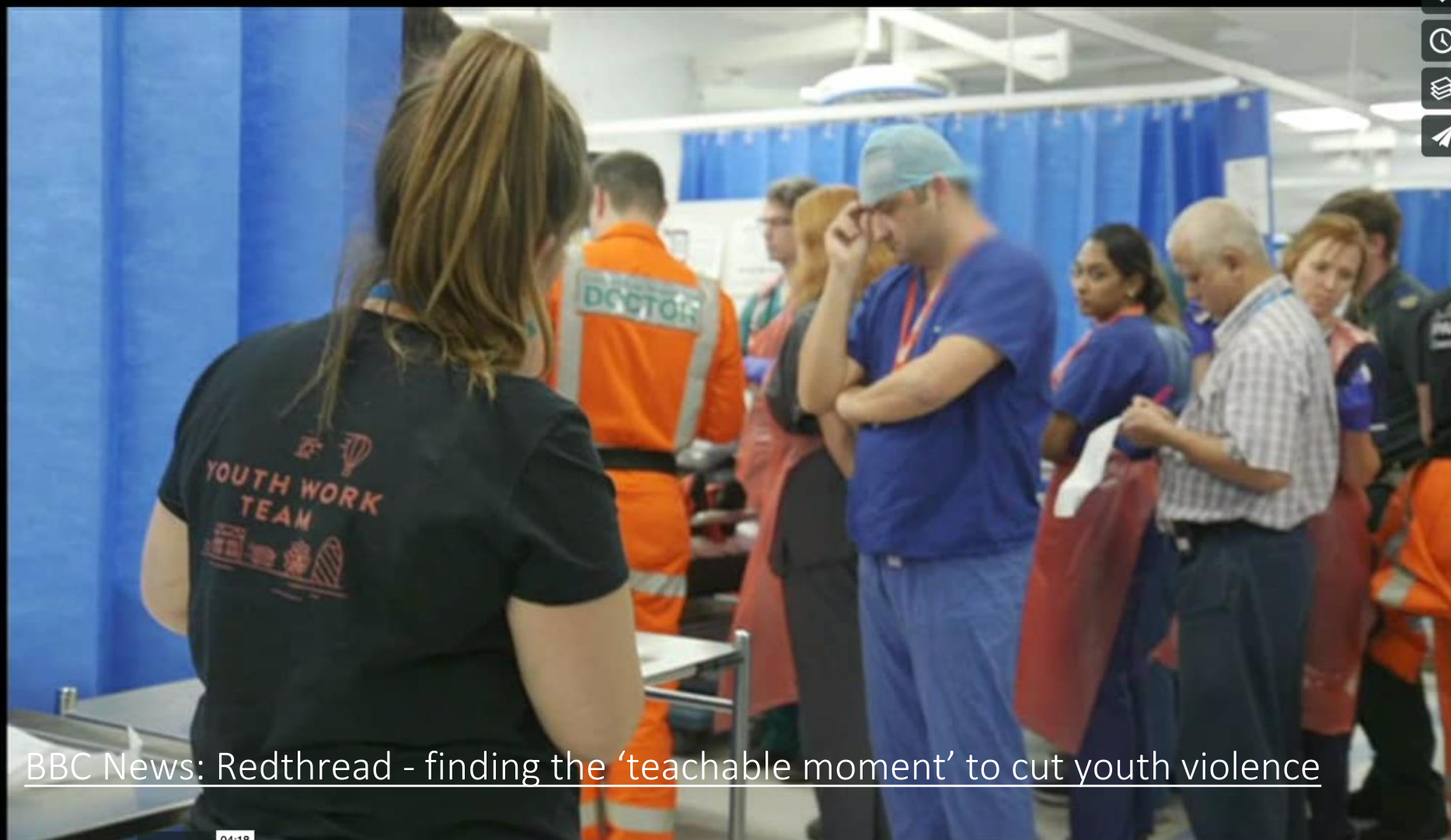
Primary

Secondary

Downstream

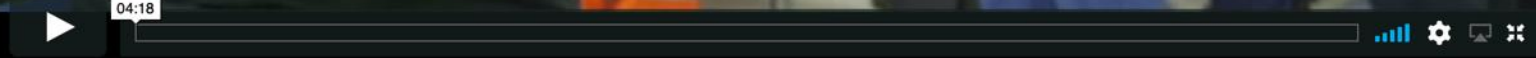
It's not too late





BBC News: Redthread - finding the 'teachable moment' to cut youth violence

04:18





HM Government

Serious Violence Strategy

April 2018



MAYOR OF LONDON

The London Knife Crime Strategy

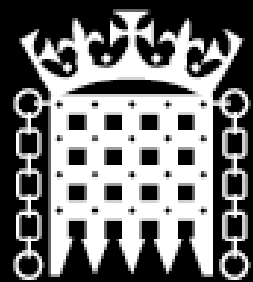
JUNE 2017



Beyond the blade

The radical lessons of a year reporting on knife crime

Party Parliamentary Group on Knife Crime



Serious Violence Taskforce



Sajid Javid 🇬🇧 @sajidjavid · Oct 22

Another important meeting of Serious Violence Taskforce on ongoing efforts to tackle violent crime. Updated cross-party colleagues & partners on our new £200m endowment fund, proposals for a statutory public health duty & independent



12. **We will invest in additional support for the most vulnerable children and young people in, or at risk of being in, contact with the youth justice system.** The development of a high-harm, high risk, high vulnerability trauma-informed service will provide consultation, advice, assessment, treatment and transition into integrated services. This will provide support to, and help to address the complex and challenging needs of vulnerable children and young people.



Health and the justice system

The NHS Long Term Plan

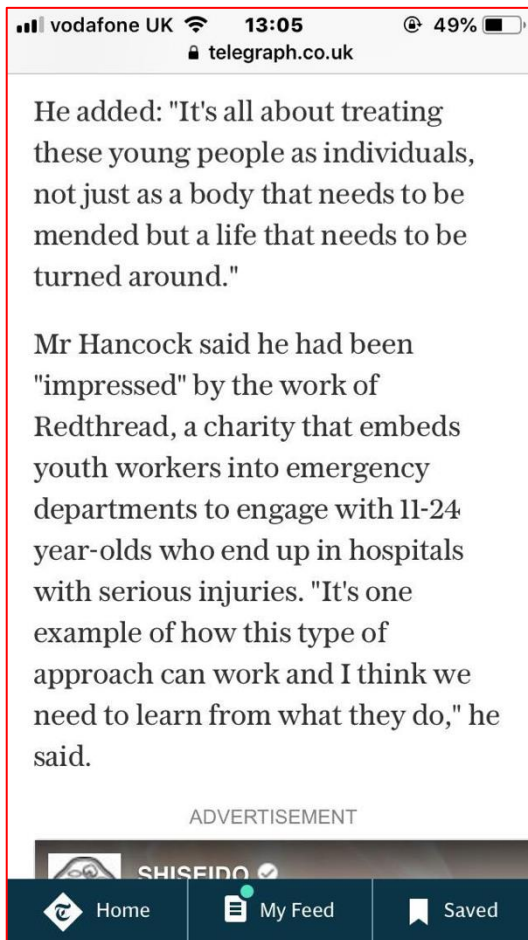


3.29. In selected areas, we will also develop new services for children who have complex needs that are not currently being met, including a number of children who have been subject to sexual assault but who are not reaching the attention of Sexual Assault Referral Services. For 6,000 highly vulnerable children with complex trauma, this will provide consultation, advice, assessment, treatment and transition into integrated services.

Knife crime: Ministers criticised for conflicting messages over 'senseless' violence

Labour say it is "shocking" that Health Secretary Matthew Hancock appears to be at odds with Home Secretary Sajid Javid.

By Greg Heffer, political reporter



BMJ Open Violence, self-harm and drug or alcohol misuse in adolescents admitted to hospitals in England for injury: a retrospective cohort study

Annie Herbert, Ruth Gilbert, Arturo González-Izquierdo, Leah Li

To cite: Herbert A, Gilbert R, González-Izquierdo A, et al. Violence, self-harm and drug or alcohol misuse in adolescents admitted to hospitals in England for injury: a retrospective cohort study. *BMJ Open* 2015;5:e006079. doi:10.1136/bmjopen-2014-006079

► Prepublication history and additional material is available. To view please visit the journal (<http://dx.doi.org/10.1136/bmjopen-2014-006079>).

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ABSTRACT

Objectives: Of adolescents in the general population in England, we aimed to determine (1) the proportion that has an emergency admission to hospital for injury related to adversity (violence, self-harm or drug or alcohol misuse) and (2) the risk of recurrent emergency admissions for injury in adolescents admitted with adversity-related injury compared with those admitted with accident-related injury only.

Design: We used longitudinally linked administrative hospital data (Hospital Episode Statistics) to identify participants aged 10–19 years with emergency admissions for injury (including day cases lasting more than 4 h) in England in 1998–2011. We used the Office for National Statistics mid-year estimates for population denominators.

Results: Approximately 4.3% (n=141 248) of adolescents in the general population (n=3 254 046) had one or more emergency admissions for adversity-related injury (girls 4.6%, boys 4.1%), accounting for 50% of all emergency admissions for injury in girls and 29.1% in boys. Admissions for self-harm or drug or alcohol misuse commonly occurred in the same girls and boys. Recurrent emergency admissions for injury were more common in adolescents with adversity-related injury (girls 17.3%, boys 16.5%) than in those with accident-related injury only (girls 4.7%, boys 7.4%), particularly for adolescents with adversity-related injury related to multiple types of adversity (girls 21.1%, boys 24.2%).

Conclusions: Hospital-based interventions should be developed to reduce the risk of future injury in adolescents admitted for adversity-related injury.

INTRODUCTION

Many adolescents exposed to adversity such as violence, self-harm or drug or alcohol misuse use secondary health services,^{1,2} often repetitively.^{3,4} For example, in a self-report survey of participants aged 15–16 years in England, 12.6% of those who had self-harmed had presented to hospital.² It is also estimated that approximately one-third of patients attending

Strengths and limitations of this study

- Hospital Episode Statistics (HES) captured data on all admissions to National Health Service hospitals in England at 10–19 years of age in this study's cohort.
- The longitudinal link between admissions for each individual in HES data allowed us to study the burden of multiple emergency admissions for injury over time.
- However, violence, self-harm and drug or alcohol misuse are not always recognised at an admission, or consistently recorded, and therefore this study's estimates of prevalence of adversity are likely to be underestimates.

a hospital in England for self-harm re-attend for self-harm in the following year.⁴ Improved management of adolescents exposed to adversity could reduce risk of repetition as well as the burden on secondary care.^{5–7}

An admission to hospital provides the 'teachable moment'.⁸ That is, both adolescents and their families may be more likely to engage with an intervention than if they had received it elsewhere. Hospital-based interventions to reduce the risk of future harm could benefit these adolescents by reducing episodes of injury, and may reduce recurrent emergency (ie, acute or unplanned) admissions for injury.

To date, there is a lack of evidence on how different types of adversity-related injury occur in the same adolescents over time. In addition, policymakers and service providers need to know how many adolescents have an emergency admission to hospital for adversity-related injury, their characteristics and their specific rates of readmission if they are to be feasibly targeted for intervention.

In this study, we used administrative hospital data and the Office for National Statistics (ONS) mid-year population estimates to estimate the number of adolescents in the general

Recurrent emergency admissions for injury were more common in adolescents with adversity-related injury (girls 17.3%, boys 16.5%) than in those with accident-related injury only (girls 4.7%, boys 7.4%), particularly for adolescents with adversity-related injury related to multiple types of adversity (girls 21.1%, boys 24.2%).

Hospital-based interventions should be developed to reduce the risk of future injury in adolescents admitted for adversity-related injury.

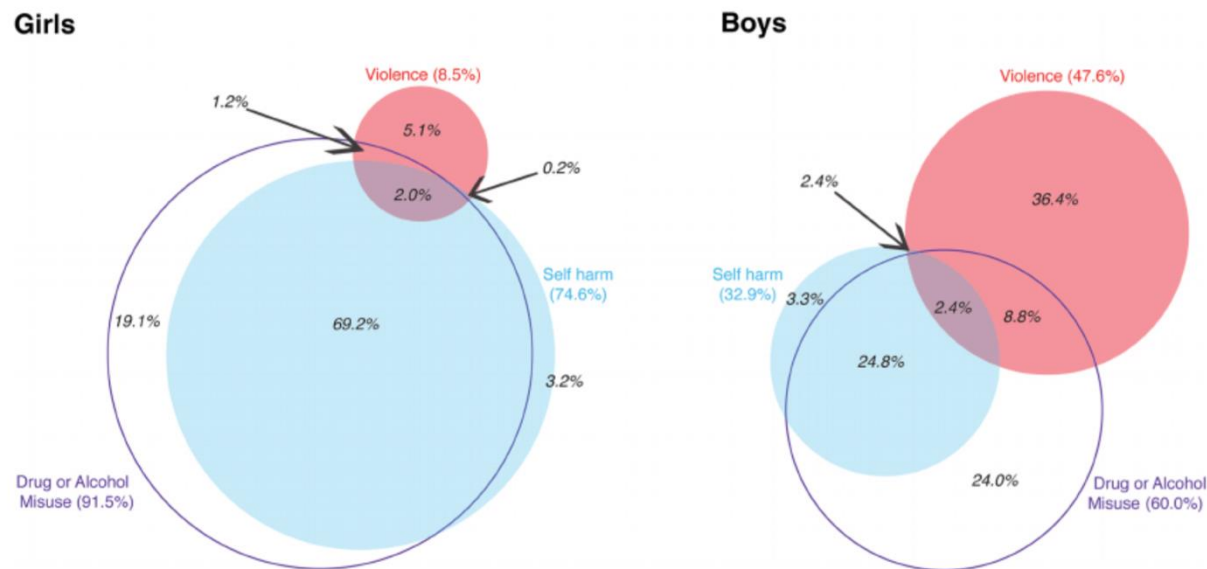



Figure 1 Number (%) of adolescents with adversity-related injury, by types of adversity between 10 and 19 years of age and sex. Each adolescent classified by all adversity recorded at any emergency admission(s) for injury between 10 and 19 years of age.

HEALTH SYSTEM to PREVENT VIOLENCE

www.violenceepidemic.org

Violence is among the most significant health problems in the United States not only because of death and injury, but also because of the harm, fear, and trauma caused to families and communities. It leads to a broad range of mental and physical health problems that disproportionately impact children, youth, and communities of color. This visual representation of a health system to prevent violence is derived from the Framework created by the Violence as a Health Issue Collaborative, which is led by David Satcher, MD, MPH; Al Sommer, MD, MHS; and Gary Slutkin, MD and includes representatives from over 40 cities, 40 national organizations, and over 400 health and community practitioners. It depicts a city-wide strategy for addressing violence of all forms as the health issue that it is with contributions from every sector. This framework is designed to guide local community organizations and agencies that can be supported by federal and state partners. Coordinated implementation of these strategies with an equity lens will work to address detrimental inequities to improve outcomes for all communities.

 = Outreach workers, violence interrupters, hospital responders, and community health workers

ENSURING AN EQUITY LENS

Ensuring greater benefit and less burden for marginalized communities by:

- Changing perceptions
- Increasing accountability
- Aligning resources in partnership with communities



SCHOOLS

Creating Safe and Healthy Learning Environments



MENTAL HEALTH

Promote Accessibility for Greater Well-Being



ACADEMIC MEDICAL CENTERS

Advancing Research on Violence Prevention



FAITH-BASED INSTITUTIONS

Educating and Healing Communities



SCHOOLS OF PUBLIC HEALTH & UNIVERSITIES

Preparing Movement Leaders with Curricula and Research



PUBLIC HEALTH DEPARTMENTS IN PARTNERSHIP WITH ELECTED OFFICIALS

Coordinating and Developing Interventions



HOSPITALS AS ANCHOR INSTITUTIONS

Ensuring Quality Care, Outreach and Follow Up



COMMUNITY ORGANIZATIONS

Holding Systems Accountable and Providing Comprehensive Interventions



COMMUNITY RESIDENTS

Leading the Local Movement



SOCIAL SERVICE PROVIDERS

Utilizing Community-Centered Practices to Address Violence



LAW ENFORCEMENT AND THE JUSTICE SYSTEM

Supporting Public Health Contributions and Ensuring Accountability Towards a Healthy/Equitable System

EMERGENCY DEPARTMENTS AND ACUTE CARE FACILITIES

Identifying and Supporting Individuals and Families at Risk



HEALTH CARE SYSTEM

Incorporating Violence Prevention in Economics and Policy

BEHAVIORAL HEALTH CARE

Providing Trauma-Informed Services for Improved Outcomes



EARLY CHILDHOOD DEVELOPMENT CENTERS & THE CHILD WELFARE SYSTEM

Addressing Trauma to Start Off Strong



PRIMARY CARE

Establishing a Safe Environment and Making Connections



MEDIA

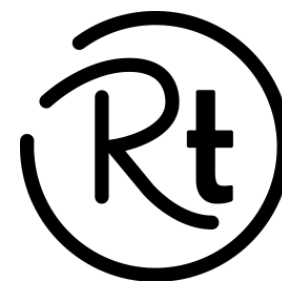
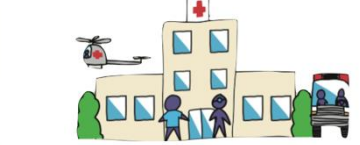
Changing to a Health Narrative

#Publichealth

We can't arrest our way out of this

What would it look like for each sector to take responsibility to tackle violence in society?

Redthread Jigsaw Pieces



Violence is a Health Issue



definition of Health

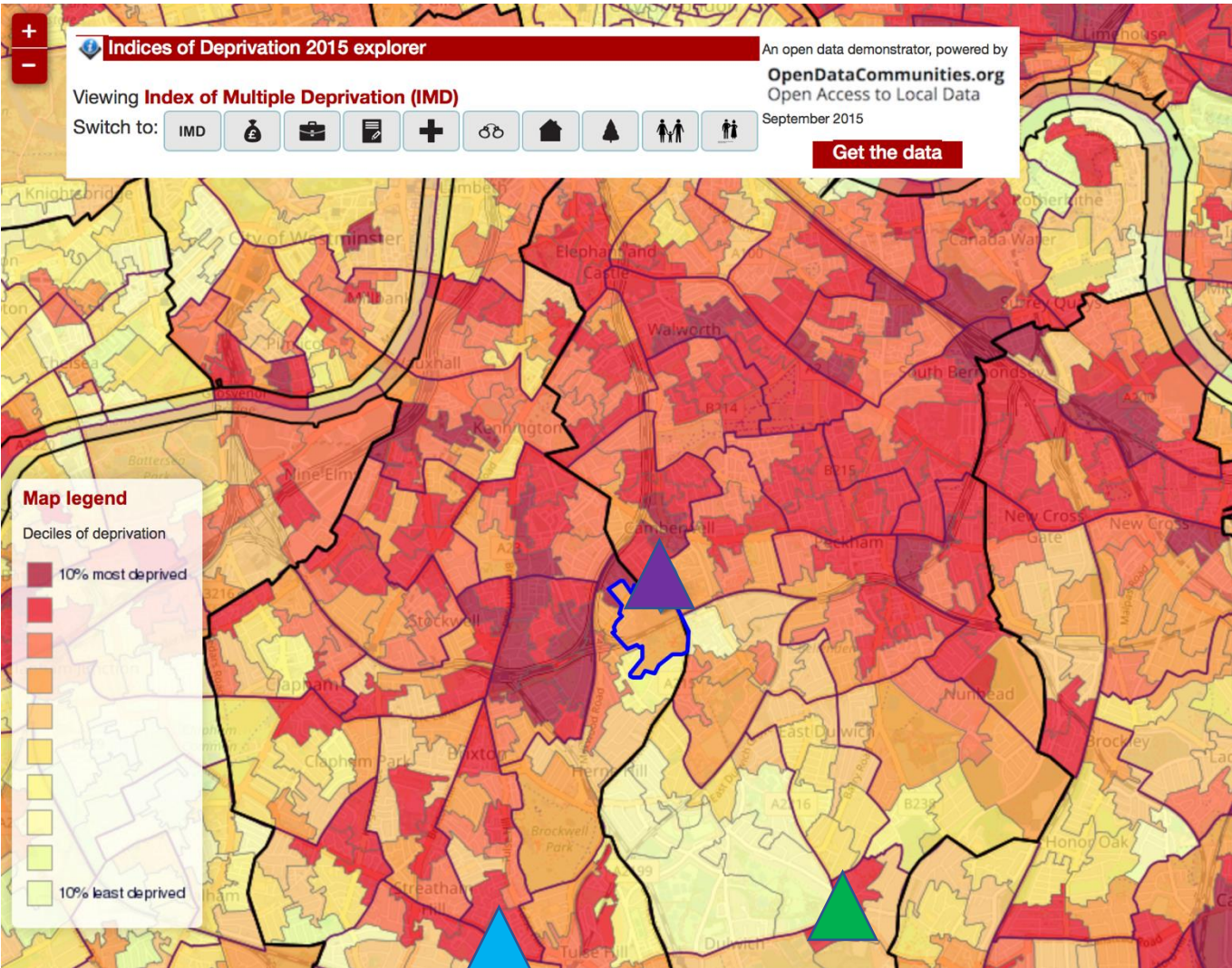
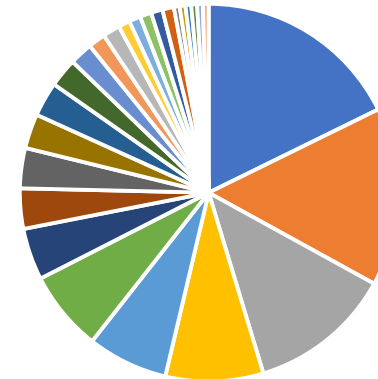
“a complete state of physical, mental and social well-being, and not merely the absence of disease or infirmity.”

1948

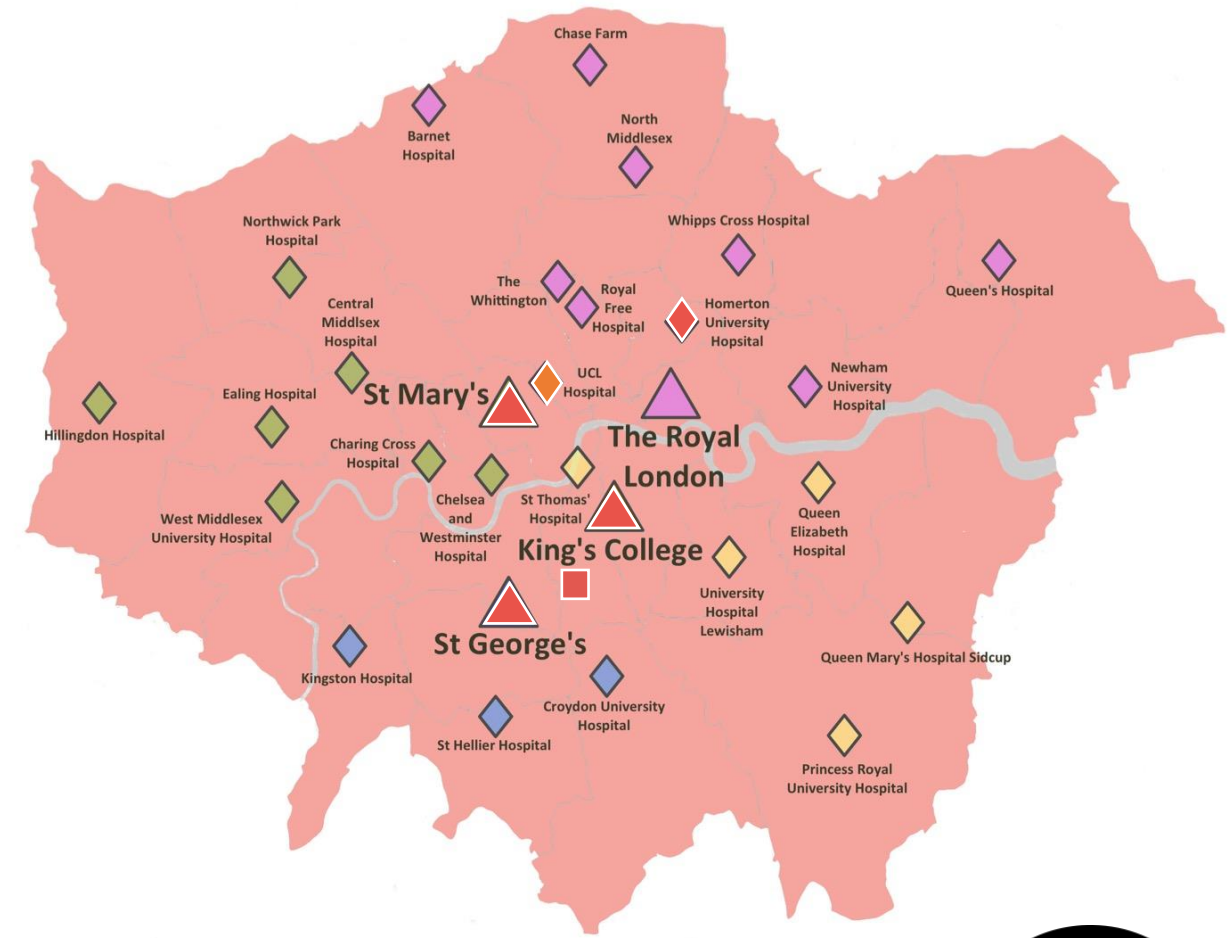
St Mary's Engaging Young People
By Borough - 2015-16

- Brent
- Westminster
- Ealing
- Kensington and Chelsea
- Barnet
- Camden
- Harrow
- Hillingdon
- Islington
- Hounslow
- Rest of UK
- Not Known
- Enfield
- Haringey
- Tower Hamlets
- Barking and Dagenham
- Hammermish and Fulham
- Newham
- Southwark
- Wandsworth
- Bexley
- Havering
- Lambeth
- Lewisham
- Richmond upon Thames
- Surrey

Why an embedded hospital team?



Where does Redthread work

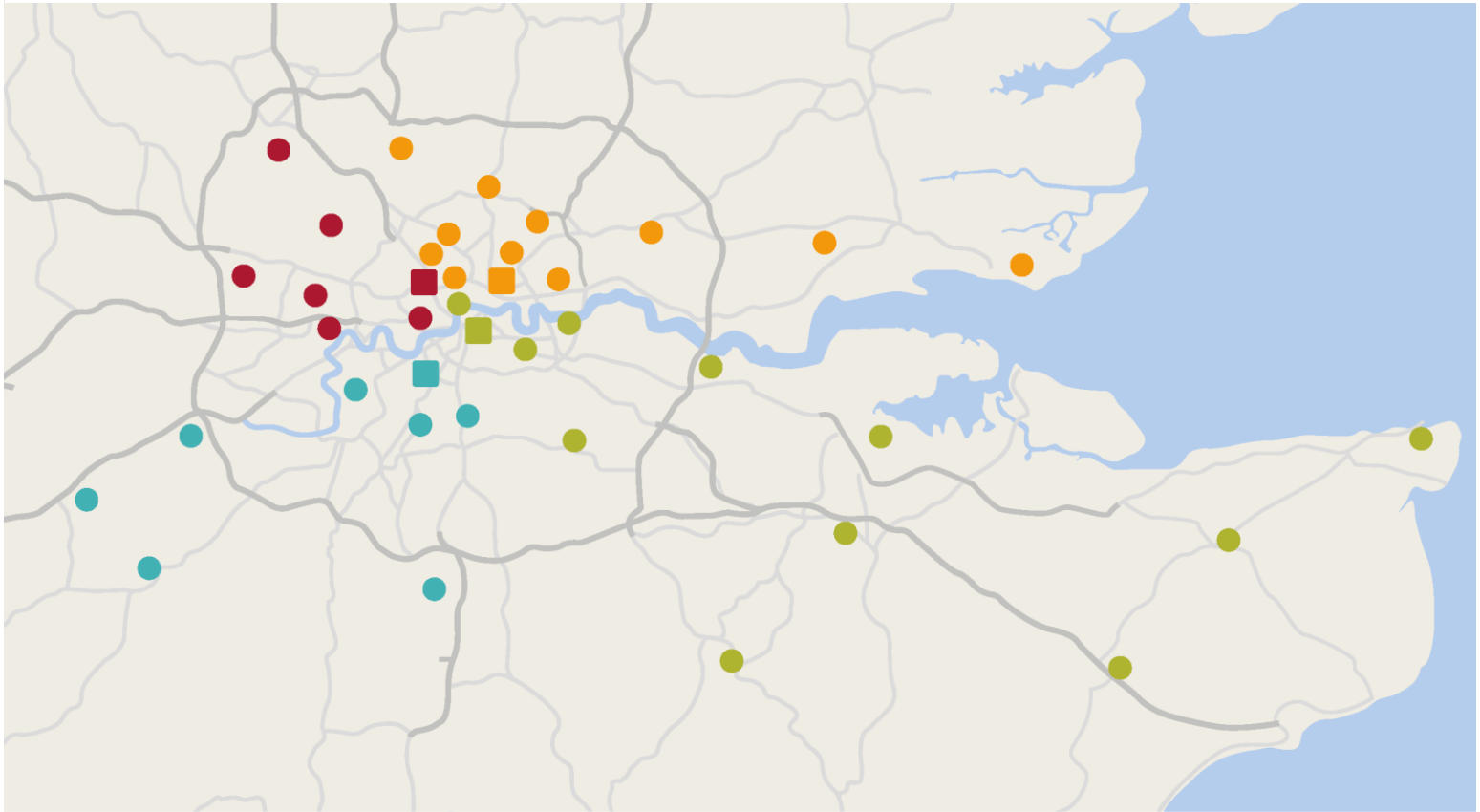


On average 50 YP are referred per Hospital each month

There are 27 Major Trauma Centre's and 105 Local Trauma Units/ ED's across England and Wales



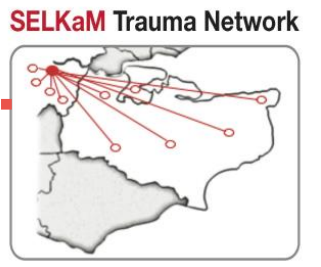
Opportunities & Existing Networks to build on...



- North East London and Essex Trauma Network
- South East London, Kent, and Medway Network
- South West London and Surrey Trauma Network
- North West London Trauma Network
- MTC (Major Trauma Centre)
- Trauma Unit



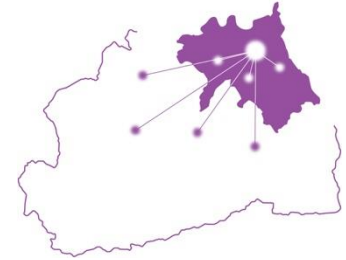
- The NHS working with Charities
- Social Interventions alongside data sharing
- All London MTC's have an HVIP
- How do we support the local trauma units to intervene earlier?



Roadside to rehabilitation



ST GEORGE'S MAJOR TRAUMA CENTRE



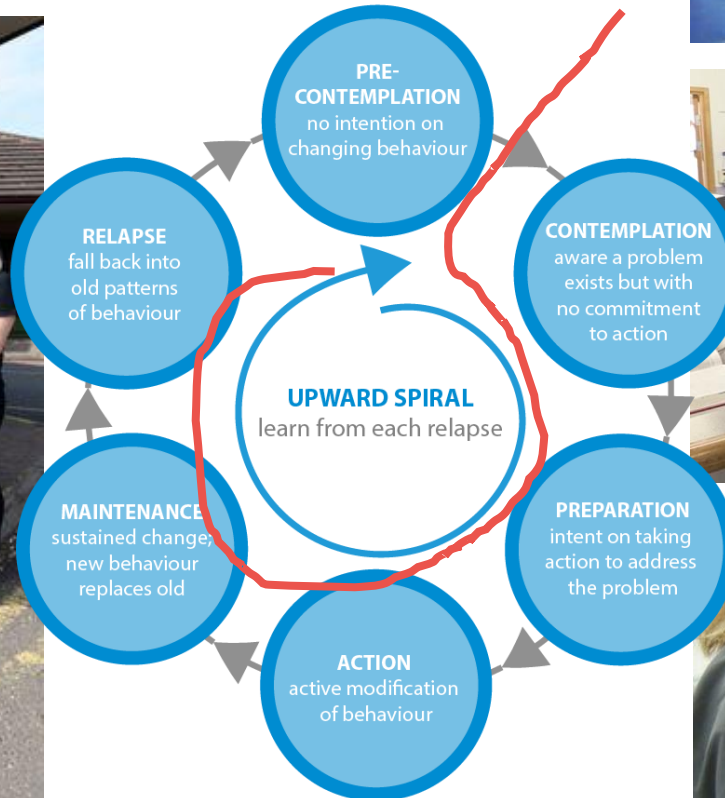
NORTH EAST LONDON & ESSEX TRAUMA NETWORK



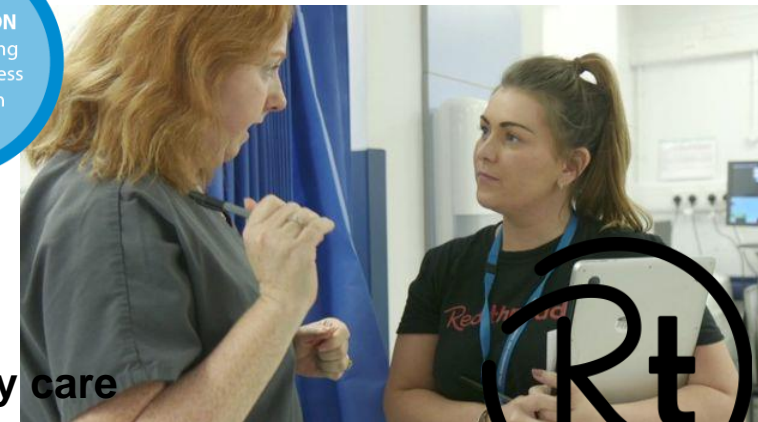
The Intervention:

Reachable Opportunities for young people in Health

Teachable Moments for both YP & Professionals



Stages of Change: Prochaska and DiClemente



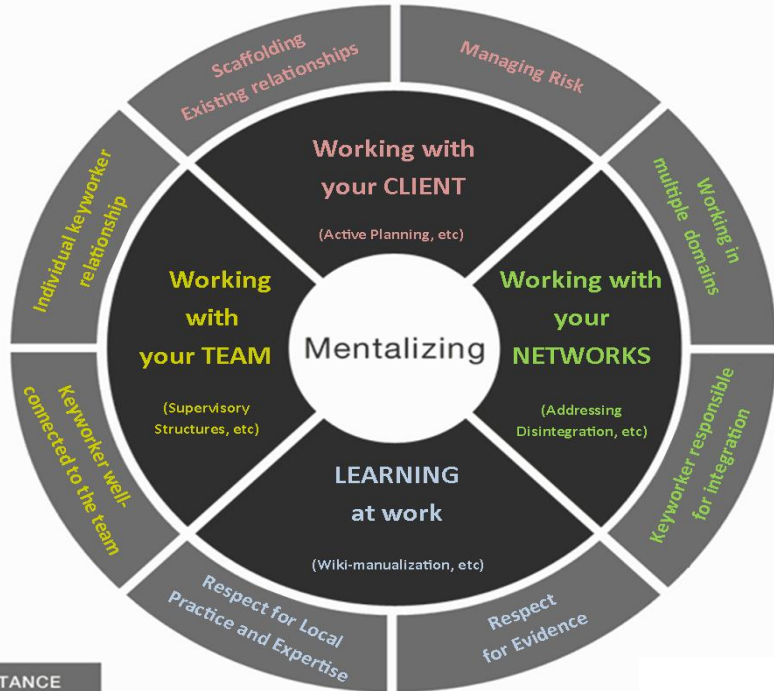
Redthread Embeds Trauma & Health Informed Youth Workers into Hospitals & Primary care



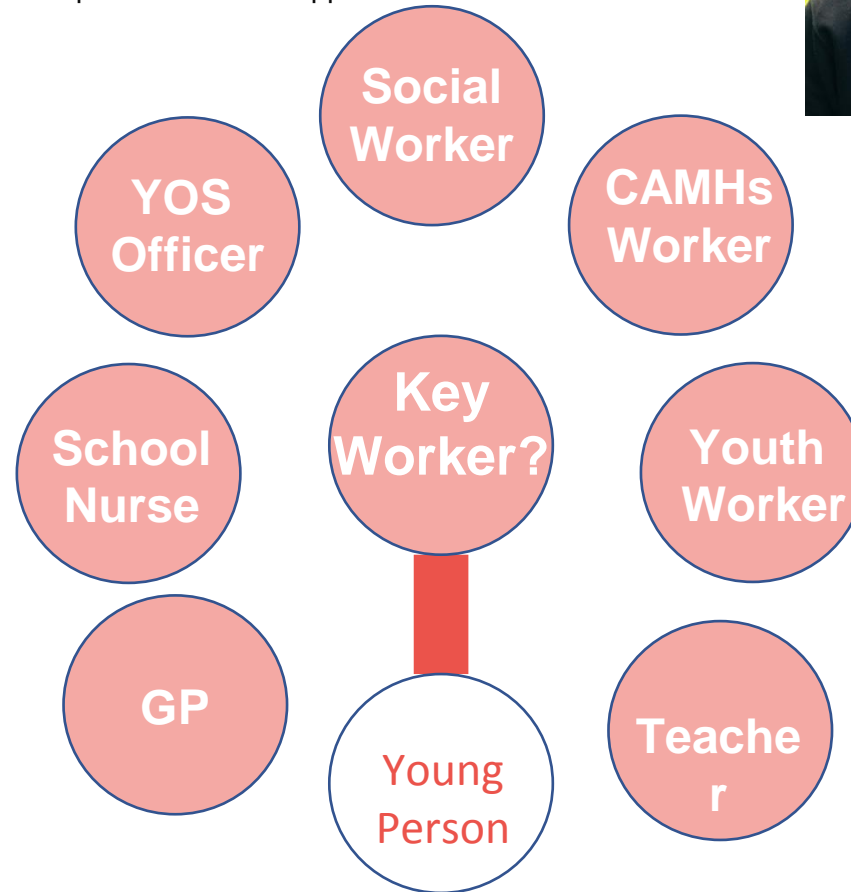
Hard to Reach Systems & Services Not Hard to Reach Young People

Ambit ©Bevington & Fuggle
Anna Freud Centre.

A Shift of Emphasis: Who does the young person identify as their Trusted professional? How the network of professional all support them?



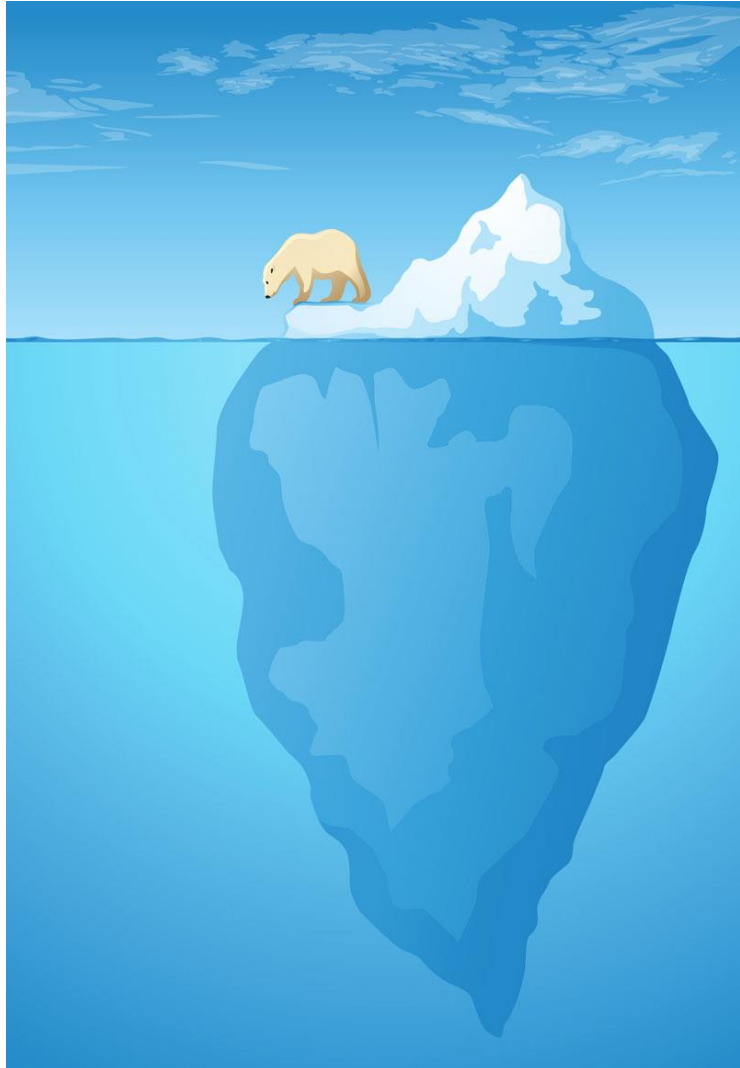
STANCE & BASIC PRACTICE © Bevington & Fuggle



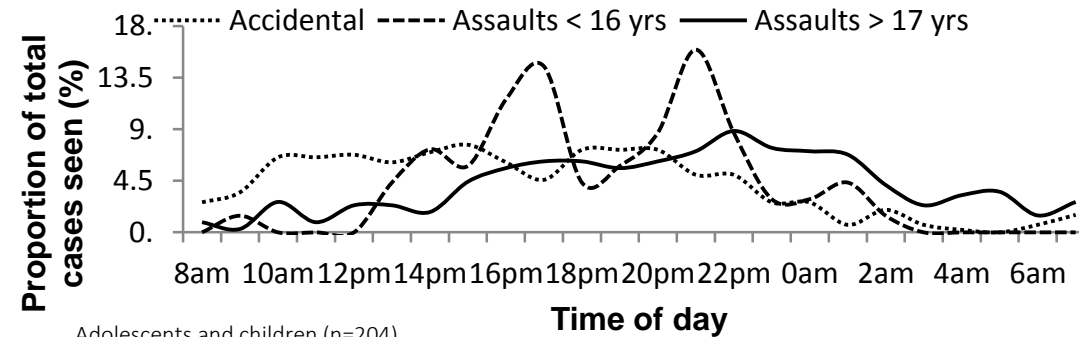
Evidence Based Framework and Trauma Informed Practice

Redthread Youth Ltd. A charitable company limited by guarantee. Registered in England and Wales. Company No 3131121. Charity No 1051260. Main Office: 18 Buckingham Palace Road, London, SW1W 0QP. 020 3744 6888. www.redthread.org.uk.

Reducing Injury Recidivism versus...



Time of Presentation of knife injuries to the ED (KCH 2011)



Adolescents and children (n=204)

A cross-sectional study of knife injuries at a London major trauma centre

[JR Pallett](#), [E Sutherland](#), [E Glucksman](#), [M Tunnicliff](#), and [JW Keep](#) - [Ann R Coll Surg Engl](#). 2014 Jan

In a baseline audit:

- Violence related major trauma patients aged 11-25 (N=298) had previously attended that ED 4-5 times for previous violent injury.

In the first year of the SMH service:

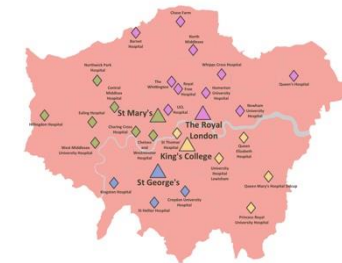
- 1 in 7 YP reported that they had attended ED on at least one other previous occasion in the last 5 years as a result of an assault.

At a local trauma unit Hospital last quarter

38% unknown to services

46% known to services but not engaging

16% Engaged by services



Over the 3 years evaluation

- 1 in 3 had no contact with agencies they felt could benefit them



Case Study 1

Eddie...



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Case Study 2

Alexa...

- Presented at A&E with OD
- Concerns around young child
- Living in hostel
- Substance use
- History of CSE since aged 13
- No link to community support
- Child's Social worker struggling to engage
- Low trust in professionals



'At-risk' young people are supported by Redthread to access appropriate supporting services in a planned way

- Of these YP with action plans, 1 in 3 had no contact with agencies that could benefit them
- Follow-up risk assessments showed that take-up of 'health services' and 'other agencies' improved by 31% and 46% respectively from baseline
- Feedback from agencies highlighted the role that Redthread played in strengthening YPs' resolve in dealing with support agencies
- This outcome depends upon the availability of effective local services - enhanced by Redthread's intervention at the teachable moment.



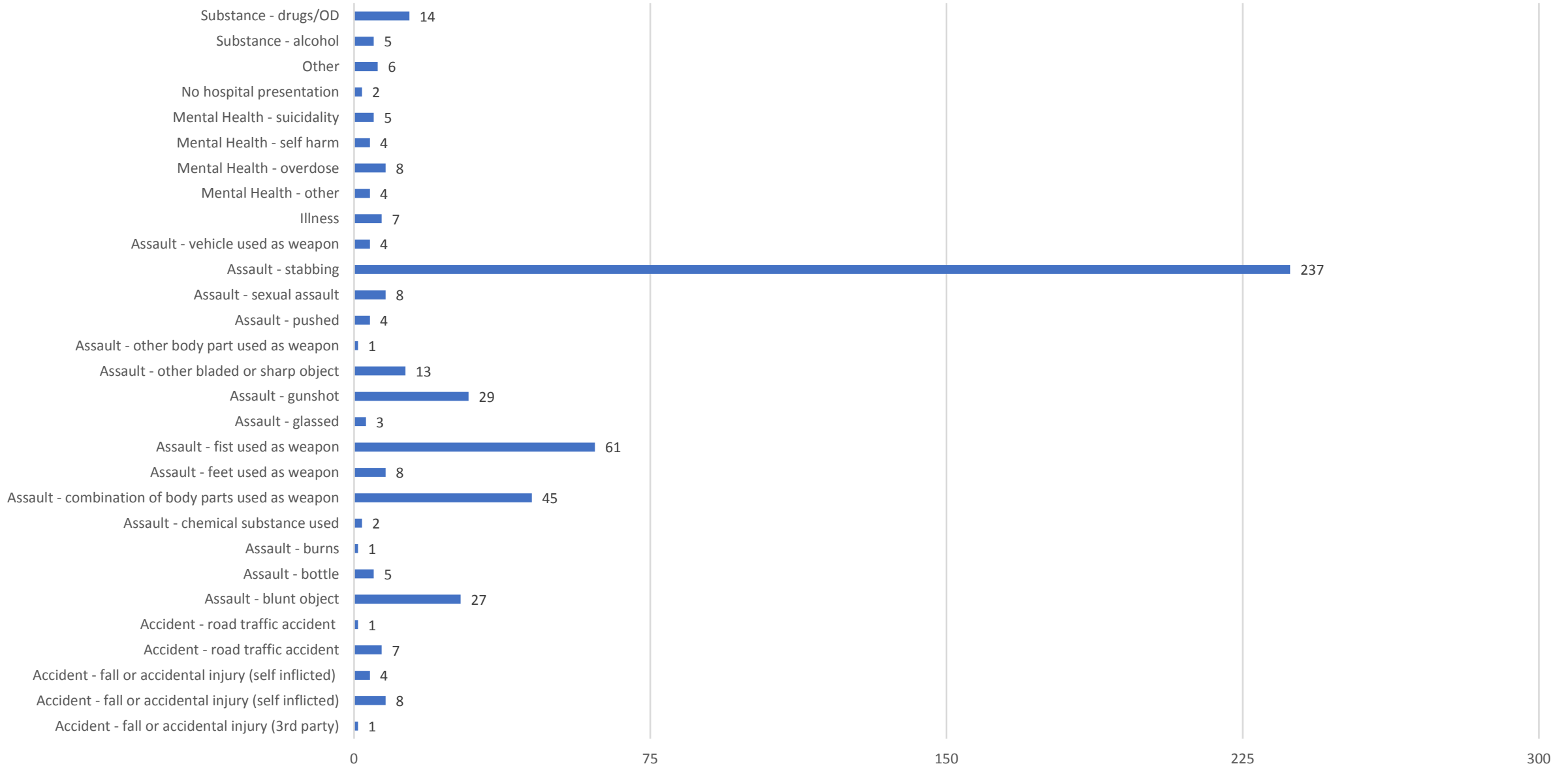
The Youth Violence Intervention Programme (Apr 2018-Jan 2019)

New teams launched Apr 2018 (x1), July 2019 (x2), Oct 2019 (x1)

- Contacted and engaged with **891** young people (Q1 to Q3).
- Of these **288** had previously attended hospital in the last 5 years as a result of violence
- Worked intensively on a longer term basis with **524** young people (426 male, 98 female)
- Of these **237** presented with a stab injury, **29** presented as a result of a gunshot wound
- **128** of the young people we worked intensively with had previously attended hospital as a result of violence
- **437** young people received referrals to external support services
- **167** of the young people were not engaged with education, training or employment at the start of engagement
- Within 12 months, only **4%** of young people who had engaged with Redthread reattended hospital as victims of violence (SMH baseline 2017).
- **34** young people were homeless at the start of engagement
- Redthread teams completed risk assessment for **99%** of young people
- Redthread teams completed safety plans with **90%** of young people
- Redthread teams nationally have worked with young people whose ethnicity recorded as **37%** White British/White Other, **41%** Black British/Black Other, **10%** British Asian/Asian Other, **12%** Mixed/Other
- Less than **1%** of all young people working with Redthread teams self-discharged against medical advice

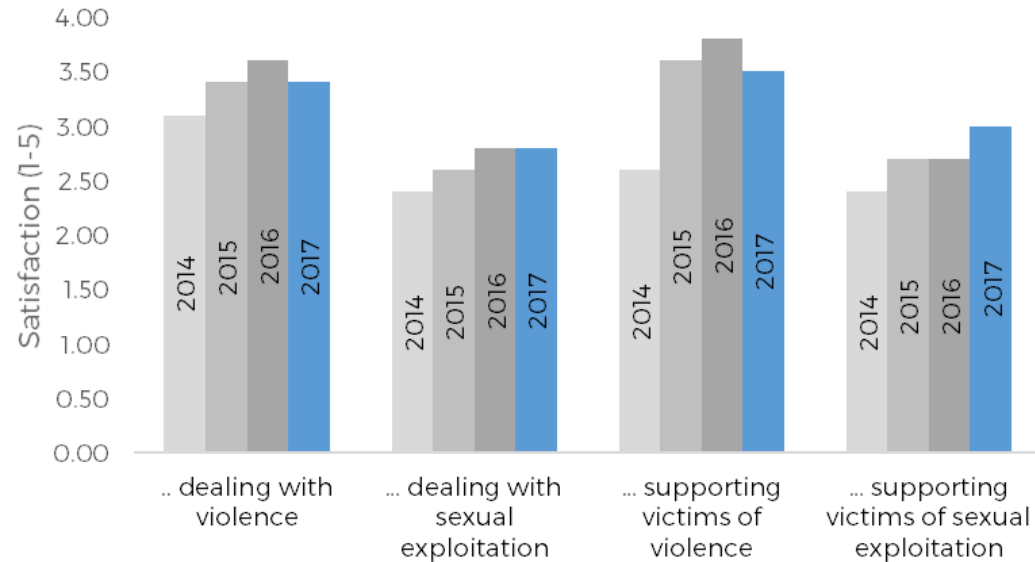


Number of young people Q1-Q3



ED staff increase awareness of, and engagement with young people with violence-related injuries

Staff survey - feeling confident and equipped



- In 2017, 85% of referrals made by hospital staff - up from 58% in 2014 - demonstrates a confidence and trust in the service
- Overwhelmingly positive feedback about the approach, contribution and value of the Youth Workers
- Case follow-ups to medical staff provide closure
- Redthread's intervention facilitates the biopsychosocial approach, fortifying the biomedical model delivered by clinicians

“... [I] feel secure that we are not just discharging straight back into the big bad world that brought them in here. There is only so much we can do regarding their social circumstances, before Redthread we would have discharged to GP or Social Services, [which are] not that secure, now we know someone is keeping an eye on them ...”

ED Consultant 2016

- Inspectors saw several areas of outstanding practice, including:

“..... emergency department had an established youth worker drop in scheme operated by a London-based organisation, which was effective in supporting vulnerable young people that attended the hospital. Staff could refer young people to the service, and those that engaged with the scheme were able to access specialist services...”

- CQC 2015 outstanding practice



Building on the existing international HVIP evidence base

Evaluations

- St Mary's Hospital – NP Chapman Associates
 - A three-year longitudinal study of the YVIP at St Mary's Hospital; the research explored changes in young peoples' involvement in violence and hospital reattendance. Interviews with clinical staff highlighted their improved confidence and self-efficacy in dealing with young victims of trauma
- MOPAC evaluation of Pan London MTC programme
- The Midlands MTCs – Nottingham research
 - Adoption & Spread Evaluation funded by the Health Foundation (QMC MTC ED Research Units)
 - Audit of Major Trauma Centre attendance data (QMC MTC ED Research Units)
 - Application to the Economic and Social Research Council for a sociologically-focused study into the biographical journeys of young people (University of Nottingham)
 - Analysis of Nottinghamshire Healthcare's CRIS data with a focus on the mental health histories of young people (QMC MTC ED Research Units)
- King's College Hospital
 - A two-year study by KCL IoP into the influence of Redthread's manualized programme in reducing young peoples' reattendance at KCH.





Hospital-based Interrupting Violence Exchange.

The UK HVIP network, set up by Redthread, for **existing** (14) and **emerging** hospital-based violence intervention programmes to support, advise and share ideas and insights and encourage the development new of HVIPs.

Coordinates and
Chairs



THE NATIONAL NETWORK OF HOSPITAL-BASED
VIOLENCE INTERVENTION PROGRAMS

MISSION: Strengthen existing hospital-based violence intervention programs and help develop similar programs in communities across the country[/Internationally].

MB Marla Becker
Scholarship
Winner 2014

Member



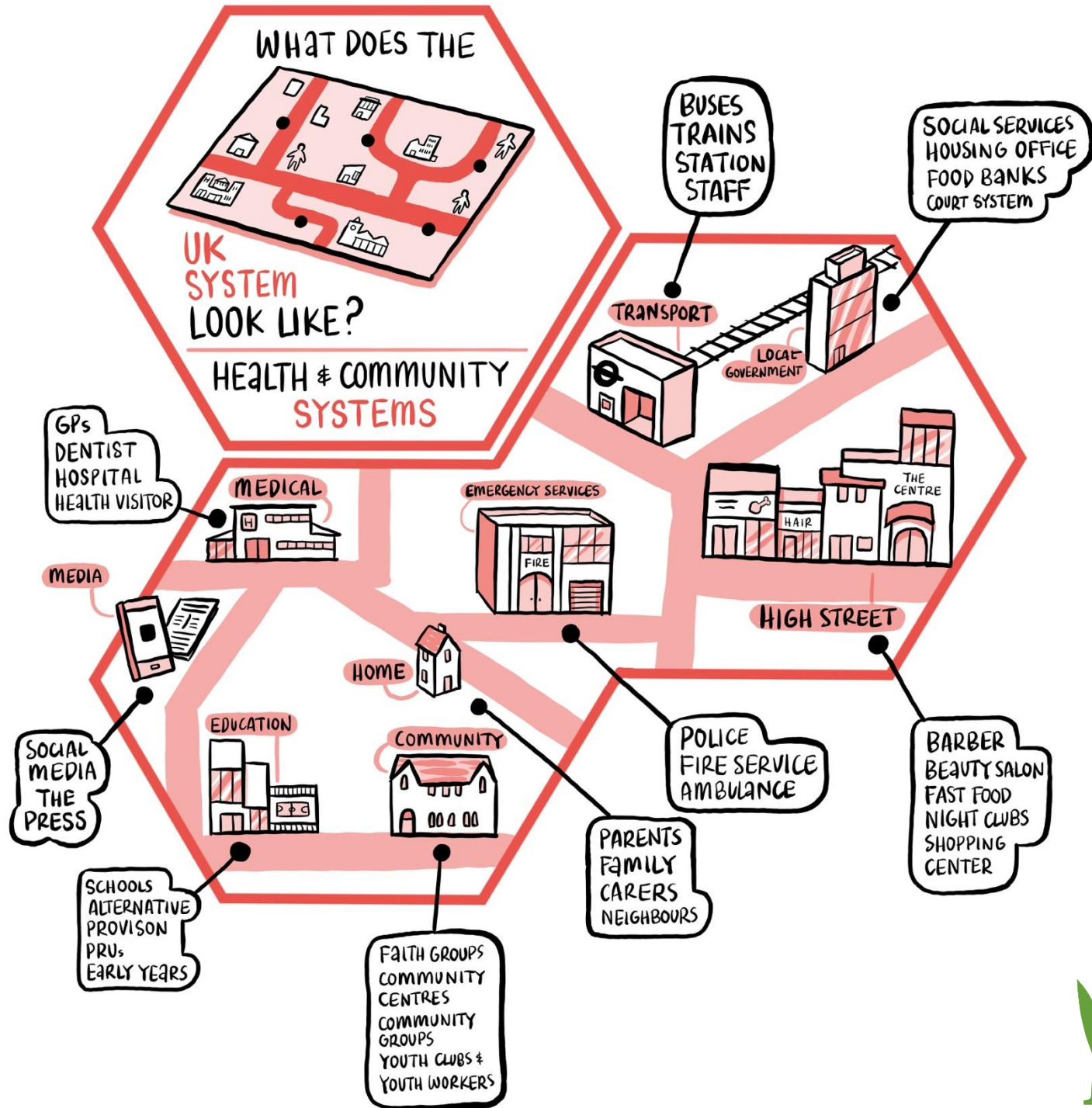
GLOBAL CAMPAIGN FOR VIOLENCE PREVENTION
CAMPAGNE MONDIALE POUR LA PREVENTION DE LA VIOLENCE
VIOLENCE PREVENTION ALLIANCE / ALLIANCE POUR LA PREVENTION DE LA VIOLENCE

The Violence Prevention Alliance (VPA) is a network of WHO Member States, international agencies and civil society organizations working to prevent violence. VPA participants share an evidence-based public health approach that targets the risk factors leading to violence and promotes multi-sectoral cooperation.



Member

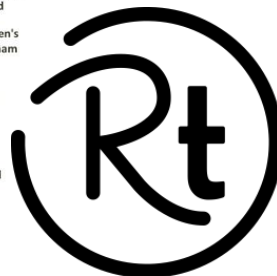




- Creates a responsibility across all sectors to reduce violence in communities.



- Developing a new workforce of Health & Trauma Informed specialist youth practitioners
- Enables the NHS workforce to be Reachable and Curious to maximise the Teachable Moments with vulnerable & high risk YP



Redthread

Teachable Moments

John Poyton CEO @RedthreadYouth @Poyton

