Independent Social Research

May 2018

Empathy Project

Final report

YC HERTFORDSHIRE

Forward

We are extremely fortunate that young people attending adult A&E or the Children's Emergency Departments (CED) in Hertfordshire are physically well looked after, however, it can be difficult for busy medical staff to find the time to support patients' emotional and or social wellbeing needs while they are waiting to be treated.

Empathy Project Volunteers alongside YC Hertfordshire Youth Workers support young people coming through CED or A&E, whether they present with a sprained ankle or low mood because they are being bullied. More importantly, volunteers are trained to know that this might be one and the same patient. Medical staff will do a tremendous job sorting out the ankle but on a busy shift, they may struggle to find the time to chat and learn more about their patient. In such a scenario the patient's sprained ankle will be fixed but they will go home with their social and emotional needs still broken….until they present again, this time needing to see the Crisis Assessment Treatment Team (C-CATT).

For young patients and their families waiting on The Rapid, Assessment, Interface and Discharge (RAID) or CCATT Team, A&E (if 16 and over) CED (if under 16) can be an incredibly stressful and challenging place. A friendly chat with someone their own age can make all the difference to their experience in hospital and to their immediate outcomes and we have seen that parents also highly value the additional support and comfort both they and their child are offered through this peer to peer support project.

YC Hertfordshire have been privileged to work with our dynamic and forward thinking medical staff who from day one recognised the value of this programme and embraced its potential. They have allowed us and more importantly, some incredible youth volunteers, into their world to work along-side their medical teams to support young people, thus opening the doors to a new type of provision for young people.

The Empathy Project Team

YC Hertfordshire

Executive Summary

YC Hertfordshire's Empathy Project is a timely and innovative peer-to-peer befriending and social prescription scheme that has been piloted in the children's emergency department (CED) on three nights of the week at Watford General Hospital and the Lister Hospital in Stevenage since October 2017. It is funded by Health Education England.

Volunteers between the ages of 17 and 21 provided social support to children and young people (CYP) aged 11-15 who attended CED and young people aged 16-18 who came into A&E, and let them know them about local services, community projects and guidance they may find helpful.

The aims of the project are to improve the patient experience for children and young people (CYP); encourage them to seek out a wider range of support beyond the NHS; build a community based resource of volunteers and former volunteers; and develop a combined hospital staff and volunteer workforce to provide better services to young people including those with mental health issues.

Peer volunteers, carefully selected and trained to offer age and situationally appropriate conversation and support to young patients and other young people in the target age group, work alongside Youth Workers who safeguard and support them.

During the evaluation period, volunteers spent time with nearly half of the 697 patients and families they approached in CED. They provided refreshments and phone chargers, and talked to patients about their wider life and interests and about the Empathy Project itself.

Qualitative research evidence suggests they have significantly improved the hospital experience for many patients/ families, and in some cases patients have opened up to talk about key issues affecting their wellbeing and treatment. Families have also benefited from being able to talk to volunteers and/or Youth Workers. Through social prescription the volunteers have built awareness of what is on offer locally beyond the NHS among both patients/families and hospital staff.

Empathy workers have relieved pressure on hospital staff, boosted the commitment of staff to prioritise mental health and emotional wellbeing, bridged gaps between A&E and specialist mental health teams and made themselves useful in the CED/A&E with practical tasks such as helping to resource the teenage corridor at the Lister Hospital.

The volunteers have enjoyed and been committed to the project, gained useful work experience, developed confidence and acquired skills (especially in supporting others) that will be transferable to many settings.

The success of the project to date has been underpinned by the contribution of Youth Workers who have specialist skills and experience in developing young people, and extensive knowledge of local services. Strong leadership and co-production (with hospital staff and volunteers) of key aspects of design and implementation have helped to build a strong sense of shared ownership.

Hospital staff believe the Empathy Project has much more still to give. During the pilot period it has been extended to adult A&E, where older teenagers are directed and into paediatric wards. Staff would like volunteers to be on hand for more of the time.

Evaluation of the next stage of implementation should include quantitative data about the experiences of patients and families and their take up of any services 'prescribed' for them by the Empathy Team; and qualitative evaluation of the impact on front-line staff and specialist mental health services such as C-CATT.

1. Introduction

YC Hertfordshire's Empathy Project[1] is a peer-to-peer befriending and social prescription scheme. The pilot phase has been taking place in the children's accident and emergency departments (CEDs) of the area's two main hospitals. The project launched at Watford General Hospital at the end of September 2017 and at the Lister Hospital in Stevenage in mid-October 2017.

This the report of evaluation of the pilot phase. It covers the operating period to the end of March 2018.

2. The Empathy Project and its aims

The Empathy Project is based on research evidence about the effectiveness of peer support in addressing emotional wellbeing and mental health. It deploys volunteers between the ages of 17 and 21 to befriend children and young people (CYP) aged 11-17 who present in CED and inform them about local services, community projects and guidance they may find helpful.

Its key aims are to:

- Improve the overall patient experience for CYP;
- Encourage CYP to seek out a wider range of sources of support (beyond the NHS);
- Develop an expanding network of community-based individuals (volunteers and former volunteers) who can help others in stressful situations and disseminate targeted information about local services;
- Develop a combined hospital staff and volunteer workforce operating effectively to meet the support needs of young people, including those with mental health issues.

3. Need for the Empathy Project

Large numbers of children and young people attend the accident and emergency (A&E) departments of hospitals on a daily basis. The Kennedy report (2010) observed that A&E is often the first port of call for CYP needing medical care:

'… recourse to A&E departments is because they are an accessible and high-profile service and provide guaranteed care around the clock. When combined with a parent's

[1] The Project is being delivered by YC Hertfordshire with funding from Health Education England (HEE) and support from East and North Hertfordshire CCG, Herts Valleys CCG, East and North Herts NHS Trust, West Hertfordshire Hospitals NHS Trust and Hertfordshire Partnership NHS Trust.

or carer's concern about a child, uncertainty about their condition and desire for problems to be addressed quickly, A&E is the default option.' [2]

On average, eighty CYP present at Watford General and the Lister every day. They attend for a mix of reasons of varying degrees of urgency ranging from minor injuries to acute mental health crises. Most are seen in CED, but older teenagers are directed to adult A&E[3].

Neither area is felt by staff at these hospitals to cater well for adolescents, nor is this situation uncommon. A training day in March 2018, organised by the Royal College of Emergency Medicine, focused on the treatment of adolescents and was entitled *The Forgotten Tribe*. In a qualitative study of adolescents' experiences of the hospital environment, A&E was singled out for specific comment:

When we went to … A&E…it isn't like a happy medium… They kind of focused trying to (make) young (patients), not really adolescents feel comfortable, or adults feel comfortable…. The adult one you would find it intimidating, so there is no bit in the middle (quoted in McKenzie et al (2009)).

Interactions with staff are important in shaping individual patients' experiences of hospital (Cornwell, 2009)[4]. However the capacity for staff in CED/A&E to deal with CYP in situation and age appropriate ways is limited:

We know what it is like in our children's ED which is a small area often full of very young patients and their families and all their kit. Quiet teenagers who aren't doing much can be ignored for several hours and we don't have the resources or mental capacity to think, 'I wonder what is going on with that young person, could we make things better or more comfortable for them?' (Staff, Watford General) [5][6]

[2] In 2017 Quality Watch reported that emergency care across the NHS in England is under great pressure with numbers attending A&E departments at an all-time high and waiting time targets missed each year since 2013. It also reported that children and young people (under the age of 25) are more frequent users of A&E than adults. In 2015/16, there were 425 A&E attendances for every 1,000 children and young people compared with 345 A&E attendances for every 1,000 adults aged 25 and over.

[3] Aged 16 and over at the Lister and aged 17 and over at Watford.

[4] Cornwell J (2009), Exploring how to improve patients' experiences in hospital at both national and local levels, Nursing Times, 9 July 2009.

[5] Moreover, staff may not always be sensitive to patients feelings (Cornwell, *ibid*). For example they may 'create ways of delivering care' that protect them personally from the emotional and psychological disturbance of being exposed to patient distress and human suffering. They may be inured to processes that for staff are a matter of everyday routine but that for patients are 'unique, profoundly personal and significant'. They may also be reluctant to engage fully with patients because they fear it will consume too much time or because they anticipate questions (for example about waiting times) that they won't be able to answer

[6] Older children and teenagers may feel out of place and not really welcomed, for example one participant in the study by McKenzie (2009), cited earlier, commented: *I think staff are more welcoming to the younger person than they are to teenagers… Their preference (is) adults and younger children.*

Young people with acute mental health issues are often directed to A&E as a first port of call. Young people presenting for another reason may also have underlying mental health issues or be affected by circumstances detrimental to their emotional wellbeing (such as bullying at school). But an in-depth review in 2017 by the National Confidential Enquiry into Patient Outcome and Death (NCEPOD) noted that staff in A&E are often ill-equipped to deal with these situations, and lack confidence to do so. Only 95 of the 208 hospitals involved in the study had mandatory training for staff on managing such patients:

The systems don't exist to train hospital staff appropriately in the care of patients who also happen to have a mental health condition, so immediately there is an issue with having the confidence to care for this group of patients. Once someone is admitted to hospital it is likely to expose any underlying issue such as a mental health problem, and staff need to have the confidence to deal with this, and have access to and know how to refer to mental health services. (NCEPOD, 2017).

The Kennedy Report (2010)[7] noted that the needs and interests of CYP are more likely to be advanced through a 'holistic approach to their overall welfare' and that at a local level all relevant agencies and professionals involved in commissioning and providing services should share a 'vision for the healthcare, health and wellbeing of children and young people, and collaborate in achieving it'.

In Hertfordshire, a substantial network of statutory (including local authority run), voluntary and charitable organisations exist to support the health, quality of life and prospects of young people in Hertfordshire.[8]

Social prescribing (or community referral) is one way of disseminating information about these services and encouraging their use. According to the King's Fund[9] social prescribing can lead to improvements in 'quality of life and emotional wellbeing, mental and general wellbeing, and levels of depression and anxiety', and may lead to a reduction in the use of NHS services. A study in Rotherham cited by the King's Fund found that 80 percent of patients referred to a social prescribing service who were

[7] Getting it right for children and young people: overcoming cultural barriers in the NHS so as to meet their needs, review by Professor Sir Ian Kennedy, September 2010

[8] A few examples include Kooth.com (on-line counselling and emotional support), Health 4 Teens (topical health messages and advice), Samaritans (emotional support for anyone in distress), C-Card (sexual health scheme), Papyrus (prevention of young suicide), Sunflower (supporting people who have been abused or people who know someone who has been abused), B-Eat (support for people who have or are worried they have an eating disorder), A-Dash (confidential advice, support and specialist assessment and treatment for young people who have drug and alcohol problems), HPFT (mental health and social care services and adolescents and specialist learning disabilities services), PHASE (promoting wellbeing and resilience), Local (social groups and activities run by Hertfordshire County Council), WNW (LGBTQ groups for young people), NCS (national citizens service).

[9] https://www.kingsfund.org.uk/publications/social-prescribing?gclid=EAIaIQobChMIkomqyLWl2gIVT7ftCh1O5QriEAAYASAAEgKvGPD_BwE

followed up three to four months later reported reductions in A&E attendance, outpatient appointments and inpatient admissions. A Bristol-based study also cited by the King's Fund showed reductions in general practice attendance rates for most people who had received the social prescription.[10]

4. How the Empathy Project works

The Empathy Project was conceived and developed by YC Hertfordshire in collaboration with key staff at the participating hospitals and the volunteer workforce.

Peer volunteers, carefully selected and trained to offer age and situationally appropriate conversation and support to young patients and other young people[11] in the target age group, are based in the CED waiting rooms of Watford General and the Lister Hospital.

They are supervised closely by Youth Workers with the training and experience to safeguard and provide 'on the job' support both to the volunteers and – as necessary – to the patients they befriend, and their families.

Volunteers work in three hour shifts organised around their availability and the days/times when young people are most likely to come into A&E. At the start of the pilot, members of the Empathy Team worked on two evenings a week, later extended to three, giving a total of 9 hours a week in each hospital[12].

Volunteers approach patients/families in the waiting areas. Where CYP in the target age range have been triaged, hospital staff may alert volunteers and those patients will be approached as a priority. Otherwise, volunteers approach those they think may be in the age range or, failing that, younger patients and families. Their basic 'offer' is friendly conversation and practical help (e.g. fetching a sandwich or a drink, lending a phone charger). Where relevant, and based on the conversations they have with patients, they provide information about local services and activities that might be of interest, dispensing curated social prescription packs of leaflets and/or contact details.

Youth workers and volunteers get together formally at the end of each shift to talk about how the evening has gone and any worries or concerns that have been raised. They

[10] Social prescribing has been adopted recently by a GP practice based in St Albans to provide support for patients whose symptoms suggest non-medical treatment would be a good alternative (or adjunct) to services on offer at the surgery. http://www.hertsad.co.uk/news/the-maltings-surgery-offering-social-prescriptions-to-ease-nhs-overstretching-1-5466888

[11] For example adolescents who come to A&E with another member of their family who needs medical help.

[12] Shifts take place on Monday, Thursday and Friday evenings, 6-9pm at the Lister and at other times at Watford General as follows: 5.30-8.30pm on Monday, 7-10pm on Thursday and 6.30-9.30pm on Friday.

document interactions with each patient they have spent time with, 'flagging' any that need to be followed up.

Figure 1 - A typical shift on the Empathy Project

After meeting up with the Youth Worker and organising my information packs, I ask the duty nurses if there is anyone who I should go and talk to first; for example a C-CATT[13] patient. Otherwise I look in the waiting room and other areas, first for patients in the target age range and then younger patients/families.

I explain what the project is about and ask the patient about themselves and about school, sports, hobbies and friends. My aim is to get a feel for what the patient likes and is interested in, how they are feeling and to help them pass the time and take their mind off being in CED.

I see my main role as comforting the patient and providing them with someone they can talk to. The nurses are often too busy to have a chat and check in to see how they are doing. So I see my role as being someone patients can have a conversation with to let out any stresses or worries or just to pass the time while they are in CED.

If someone is 'chatty' I may spend up to half an hour with them. Otherwise, I will make an initial contact and then maybe come back to them later. If relevant, I will give them information and leaflets about local services.

A debrief with the Youth Worker ends the shift and a discussion about the evening's case-load, issues that have arisen, how I am feeling and any follow up.

5. The Volunteers

The first cohort of volunteers were mainly high achievers interested in careers in medicine and allied professions, many with considerable previous experience of volunteering including in a range of other care settings.

They responded to notices disseminated in a range of ways, such as: school assemblies and notice boards; other YC Hertfordshire projects and workers, including Young Commissioners; the volunteer officer at Watford General; and the ambulance cadet service. Young people who had completed the RSPH Youth Health Champions course delivered by YC Hertfordshire were also told about the Project.

[13] CAMHS Crisis Assessment and Treatment Team

Volunteers were selected by YC Hertfordshire, in partnership with senior CED staff at Watford General and the Lister, on the basis of personal qualities such as enthusiasm and motivation, desire to benefit other young people, relevant experience, ability to verbalise, self-awareness, sense of responsibility, team-playing, and coping skills - including sense of humour and knowing when to ask for help.

Figure 2 – A typical volunteer

A is17 years old and in year 13 at school. She wants to be a paramedic and would like to develop her ability to communicate with people in stressful medical situations. She already has relevant volunteering experience 'under her belt', for example shadowing doctors at a local hospital and working with St John's ambulance, and was looking for another volunteering project that would involve talking to members of the public when she saw an advertisement for the Empathy Project on the school notice board. She thought it was a 'unique opportunity':

I have never come across anything where you can go into a hospital and have conversations with patients you don't know. The Empathy Project is a rare opportunity to talk to complete strangers. You meet all sorts of different people. There was always a Youth Worker there to support me but often I had a lot of freedom and independence to get on with things myself.

Seventy young people completed an application form during the study reference period and 40 were interviewed and offered the opportunity to work on the project[14]. Thirty four of these completed the mandatory training and were successfully DBS checked. They ranged in age from 16 to 18 and were split between Watford General (18) and the Lister (16). Volunteers worked between 1 and 17 shifts over the evaluation period (see also Table 1).

Table 1: Empathy volunteers

Applied to the Empathy Project	70
Interviewed	40
DBS checked and completed mandatory induction training	34
Deployed mainly at Watford General	18
Deployed mainly at the Lister	16
Number of shifts (range) over the evaluation period	1-17

[14] The project was very successful in attracting applicants; however some subsequently withdrew for practical reasons including difficulties getting to and from hospital in the evening, or fitting shifts into their existing timetables.

6. Volunteer training

Training was designed to give volunteers the confidence to provide empathic support to their peers waiting in CED/ A&E, including those in need of a C-CATT or RAID[15] assessment, and to signpost them to community projects and guidance of possible interest.

It consisted of an induction session delivered by YC Hertfordshire covering basic procedures and practicalities and preparing volunteers for complex or sensitive situations they might encounter. Volunteers were required to pass all nine units of an on-line NHS safeguarding course and were DBS checked before starting work.

Optional specialist courses available to volunteers included Mental Health First Aid, Safe Talk – suicide awareness and the RSPH Emotional Wellbeing unit. These were offered to enhance volunteers' ability to help patients struggling with mental health issues and circumstances detrimental to their emotional wellbeing and safety.

For social prescription, basic training involved getting to know key local services and some national organisations such as the Samaritans[16]. At work in CED / A&E, volunteers familiarised themselves with the literature available to hand out to patients and drew on Youth Workers' knowledge and experience of YC Hertfordshire projects, and other groups, organisations and services. The Project newsletter provided volunteers with regular updates about services.

More recently, the project secured funds to train volunteers to execute simple magic tricks in order to broaden their repertoire for engaging patients and families.

[15] The Rapid Assessment Interface and Discharge team (RAID) is a specialist mental health service based in Watford General and Lister Hospitals. It offers assessment, diagnosis and treatment for emotional and psychiatric ill health or problems with memory for anyone who attends the Accident and Emergency Department (A&E), or who is admitted as an inpatient at Lister or Watford Hospital.

[16] Key services that volunteers learned about include those offered by YC Hertfordshire and collectively by Hertfordshire County Council, as well as by some other organisations. Examples are ***Kooth.com*** (on-line counselling and emotional support), ***Health 4 Teens*** (topical health messages and advice), ***Samaritans*** (emotional support for anyone in distress), ***C-Card*** (sexual health scheme), ***Papyrus*** (prevention of young suicide), ***Sunflower*** (supporting people who have been abused or people who know someone who has been abused), ***B-Eat*** (support for people who have or are worried they have an eating disorder), ***A-Dash*** (confidential advice, support and specialist assessment and treatment for young people who have drug and alcohol problems), ***HPFT*** (mental health and social care services and adolescents and specialist learning disabilities services), ***PHASE*** (promoting wellbeing and resilience), ***Local*** (social groups and activities run by Hertfordshire County Council), ***WNW*** (LGBTQ groups for young people), ***NCS*** (national citizens service).

7. Evaluation method

The findings in this report are based on information recorded by volunteers about interactions with CYP and their families and on qualitative interviews with volunteers, Youth Workers, senior hospital staff in CED and a small number of patients/families supported by the Empathy workforce. Other information used for the evaluation includes routine project data collected by YC Hertfordshire (for example about the volunteer workforce and its deployment) and selected correspondence from families and professionals who have come into contact with the team.

8. Activity

This section summarises project activity during the pilot phase of the project. For more detailed analysis, including a breakdown by hospital, see Appendix A.

Between the start of the Empathy Project and the end of March 2018, Empathy volunteers, identifiable by their logo-marked khaki t-shirts, were present in CED waiting rooms for more than 105 shifts across the two participating hospitals.

During these sessions they approached more than 697 patients and families, explaining the purpose of the Empathy Project and their role and offering practical help and conversation; and 'spent time' with 329. This means that they engaged in a meaningful way with nearly half (47 percent) of the patients/families they approached. The majority of these were male (58 percent versus 42 percent female) and, across the two hospitals, nearly two-thirds were in the target age range (64 percent).

Nearly half of interactions with patients took less than 20 minutes (46 percent). A third lasted between 20 and 30 minutes (32 percent) and about a quarter more than half an hour (22 percent). On average, volunteers spent 23 minutes with patients/families.

The available data show that in most of the interactions (45 percent) the main focus of conversations with patients and their families involved offers of practical help (e.g. refreshments, phone chargers, looking after young children). Volunteers also talked to patients about their wider life and interests (21 percent) and about the Empathy Project itself (19 percent). In a small minority of cases (6 percent) patients told workers about their reasons for being in A&E.

Figure 3 - Examples of interactions with patients/families in CED

A. *"Talked to the patient's (teenage) brother while the younger one was waiting to see the nurse. Offered drinks to the family. Talked to the brother about school life, transition from GCSE to A Level, what to do in the summer, university, career paths and volunteering opportunities."*

B. *"Offered a drink to the patient. Mother refused in case of nil by mouth. Changed DVD which had been playing on a loop (to Jungle Book). Stayed with patient while Mum sorted out parking ticket. Child hurt arm at Scouts. Is in year 6 and does Irish dancing"*

C. *"Gave a sandwich and a drink and a charger. Patient was grateful. He hadn't eaten in a while. Gave him a Watford leaflet. He was quite shy and appreciated the support offered. He showed interest in taking the Safetalk and RSPH training"*

D. *"Patient in for head injury. Mum mentioned support around drugs and alcohol but did not say that this was for her son. Said he was a 'rascal'. Gave social prescription (A-Dash). Spoke (with both) about lack of sexual health information in schools and healthy relationships."*

E. *"Patient was sitting in waiting room by himself while his Mum went to get food. Approached and introduced ourselves and asked if we could have a chat. We talked to him about school. He was in year 7 and said he was struggling with the transition and the amount of homework he was getting but that he didn't feel like he could talk to his teachers. We then talked about the new friends he had made that he preferred to his old friends, the sports he enjoys and what he wants to do in the future. By the end of the conversation he seemed more relaxed. Gave mother Families First leaflet she said she was happy to be referred. Also gave social prescription pack"*

F. *"Introduced to parents by nurse who had previously told us that daughter had taken an overdose. Young person took tablets and parents found journal and suicide note. She had been seen by C-CATT. Went to see patient and parents said she wanted to speak to me on her own. Talked about the overdose and also what was going on at school, friendship issues. Recently been punished at school for smoking. Friends blaming her and some not speaking to her. Talked to her about positive solutions and asked permission for Youth Worker to follow up in a week."*

In around a quarter (23 percent) of contacts where the information was recorded, volunteers gave out information and leaflets about local services and activities including YC Hertfordshire, Kooth.com, Health 4 Teens, Number U Need, Local, NCS, Samaritans, Smoking, A-Dash, 1SS and others unspecified.

In one in seven cases (14%) where the information was recorded, the volunteer noted that mental health was an issue for the patient or was the reason for them coming to CED / A&E. Otherwise, the volunteer stated that mental health was not an issue or that they did not know if it was.

9. Key Outcomes

9.1. Improving the patient experience for children and young people

Approaches from volunteers have been very well received by patients and their families in CED. Their presence is felt to lighten the atmosphere of the waiting areas, benefiting everyone:

It is lovely to see young people … giving up their time to help. It is very positive. And it spreads positive energy (in CED). (Parent)

They have made a difference to patients and families by being friendly, chatting and offering practical help such as fetching sandwiches and drinks and charging phones. With younger children, they have played games, changed DVDs and 'babysat' giving parents a chance to feed parking meters, make phone calls or go to the toilet. By these means they have kept people company, distracted them from worry or waiting, provided physical comfort and enabled patients to stay in touch with the wider world outside A&E:

It is a fact of life now that batteries going on your phone can be the biggest worry in the world and little things like that (the volunteers) could help out with. I also remember if you needed a drink or anything like that they seemed to have it covered. It is those kinds of little things that are always at the back of your mind (when you are waiting). They are small things but the trouble is that (in combination with the situation you are in) any of those things going wrong can make it a very stressful time.(Parent)

Hospital staff have appreciated the general support provided to patients and their families by the Empathy workers:

The volunteers go round and make themselves useful which may be practical or conversational support and that makes patients/families feel valued and that they are listened to. (Staff, Lister)

If all people have done is get a cup of tea from the volunteers, you have improved that person's experience of being in the hospital. It is the difference between someone being ignored and being made to feel welcome. We had an email the other day from someone who had spent 4 hours in another hospital with the same medical condition and had been ignored the whole time. And they were hugely appreciative of the cup of tea and the chat they got. Absolutely that is a success. We know from what we hear that these little things make a huge difference to the patient's experience and to the family's experience. (Staff, Watford General)

Empathy volunteers have also provided in-depth support to some patients with complex needs including emotional and mental health needs. Examples are given in the four case studies below. They include:

- A patient with an ankle injury who revealed to an Empathy volunteer that they were being bullied at school and the injury was a result of having been deliberately tripped up (Figure 4);
- A patient with suicidal thoughts who felt better at the end of a conversation with a volunteer about ordinary topics (Figure 5);
- A patient who had tried to take her own life who opened up to an Empathy volunteer at a time when she was very withdrawn and did not want to talk to anyone else (Figure 6);
- A patient with ADHD who was fixated on killing himself and whose conversation with two Empathy volunteers not only helped him through the immediate crisis but has also helped to sustain him since (Figure 7),

Figure 4 – Case study – uncovering bullying

There was this one boy who came in with his Mum and his younger sister, and I approached him. He was very quiet and dismissive and didn't really want to talk that much but he told me he was being bullied at school and that he was there because he had been tripped up by a bully and had done something to his ankle. The mother was nice but was very dismissive of the bullying part. Like, 'Oh it is just a normal part of growing up. You will get used to it.' She didn't really understand that bullying isn't a normal thing that you should just put up with. This boy didn't seem to enjoy school at all or have any friends, and he was just uncomfortable in his own skin. So, I talked to him and told him about Kooth and he was very interested and actually googled Kooth while I was sitting with him. His mother seemed to think that as he only had a couple of years of school left to go he should be able to stick it out, but I don't think you can just stick out bullying for two years. So we gave him some additional support. And I think he really appreciated talking to someone his own age because I understood more what he was going through. He was there to get his ankle looked at. He wasn't there for a mental health issue. The nurses and doctors are very busy and would probably just have dealt with his ankle, especially as his mother was so dismissive of the bullying

Figure 5 – Case study – restoring a sense of normality

It was a C-CATT patient, a boy who was in because he had had suicidal thoughts. His Dad had said he couldn't stay with him and the boy didn't want to stay with his Mum. Neither of them was there and he was going to stay in overnight. He had already talked to C-CATT and the nurses and I talked to him a bit about his situation and his relationship with his parents, but also I had just a normal conversation because I felt he had probably already talked a lot that day about how he was feeling. I thought he probably found it overwhelming talking to all these people and retelling his story over and over again. So I didn't want to focus too much on that. I just wanted to have a normal conversation. So we talked about school, his favourite programmes, films he liked and films he wanted to see. He said he had a job in a restaurant and was going to be offered an apprenticeship after sixth form and he was excited about that. We talked about cooking, Netflix, just normal stuff I suppose.

The volunteer went on her 'gut feeling':

I thought it would be nice for him not to have to tell me his life story. He did open up about his story but I sort of left that choice to him.

At the end the volunteer gave him information about websites he could visit. But he was being followed up by CCAT and was already in a process, '*so we were just lightening it up'*. At the end he said *'it was nice to talk to you'.*

At first he was not that open and was a bit down and worried because of everything that had happened. But he did brighten up as we talked and he was smiling at the end.

Figure 6 – Case study – talking to another young person

A family arrived at the Lister because their teenage daughter had been 'experiencing some difficulties and problems and had subsequently taken an overdose and had some mental health issues'. They were directed straight to paediatric A&E, which wasn't 'overly busy', and were seen quickly by a triage nurse. After that people 'checked up' on them occasionally during the four hours they waited before C-CATT told them about the Empathy Project and their daughter was able to speak to one of the volunteers:

When my daughter was told about Empathy she didn't really respond at first, but once the team arrived and she realised they were close to her in age it helped her be more receptive to it because she didn't see them as authoritative figures who were going to come in and start dissecting why she was there which everyone was doing at the time. I overheard a little bit. They were talking about general stuff like hobbies and school. It was nice for her because it was people who were a bit more her age group; which was a relief for her. Although everyone had treated her very well – all the doctors and nurses – they were very nice to her – they were all adults who had been asking her lots of probing questions. It was very intrusive on her and outside of her comfort zone. So to meet the Empathy team, girls her own age, was a light relief within a traumatic time. It also helped us immensely because we saw her slightly relax in a highly charged situation. And she got some respite for a good twenty minutes that took her mind away from what was going on. They talked about school and hockey and why they were involved in the project. And it was good for my daughter to hear that at that time. And while she was staying in hospital my daughter did ask if it would be possible to see someone from the team again. For us, this was so positive that she was willing to talk to someone and open up during a time when she was very closed off and not willing to deal with anybody.

Subsequently the daughter told her mother that she 'really liked' the girls she met and enjoyed speaking with them. The Empathy team also made a big difference to the parents' experience:

It is such an alien situation you never expect to find yourself in and you are waiting for people to come along and give you some magic answer. I think for me the Empathy

project helped because it gave a little bit of life back to her. We had seen her all closed up and staring down at the floor and not talking to people and I don't know what it was they said to her but whatever it was it brought her back to us a little bit at a time we felt we were losing her. It was at a very difficult time when you feel you are losing your child and in a really negative dark place and you really need that relief. It really helped her and it helped us.

Figure 7 – Case study – talking to another young person

It was on a Tuesday when my son tried to hang himself. He had told our GP (on a previous occasion) that he wanted to die and she was concerned about how clinical he was and how many methods he had thought about, that he was prepared to do. He had multiple options outlined - plenty of approaches.

The family waited in CED most of the day for psychiatric assessment. It was late evening when they saw the Empathy team: a Youth Worker (who addressed herself to the mother) and two young volunteers (who spoke to the son).

He really opened up to them when all we had had before when we spoke to him as parents was 'I don't know'. Whereas he was telling them why he felt bad, why he wanted to end his life, why he hated being in A&E and that it was making things worse. (He has ADHD so he hates being cooped up anywhere.) It was getting really busy and he was getting tired. And the girls were really calm with him; one sat in front of him and one sat beside him so he didn't feel crowded and the Youth Worker spoke to me and I told her everything which was a relief because I had sat there for all that time and no-one had spoken to me. And the longer you sit there thinking about it the more wound up you get. And I cried and she hugged me and it was so comforting to have someone listen to me.

Sometimes you just need someone to talk to. Nobody understands you when you are sitting there. Everyone else is in there with their own problems and the nurses, bless them, are so lovely but they just don't have the time. And when you are there for mental health reasons, not because of a broken arm or something like that, but because inside your child is broken – especially if they have special needs – to know there is somebody there who cares and wants to listen was really lovely.

The girls were so calm they were really caring and it was nice that he could talk to someone like that. He really wanted to end his life at that point. He wasn't thinking about how he might feel in a couple of weeks' time. But the way they spoke to him they were forcing him to think about the future and to look past his feelings in that moment.

I think it came very naturally to them. They behaved very naturally. They leaned in towards him, but they didn't touch him or crowd him. He doesn't like that because he is very sensory. They leant down to him and made eye contact which is very important because if you don't he just disappears on you. So somehow they knew they had to make eye contact and if he turned away they leaned in the same direction as him. I don't think they had been taught to do it; it came naturally because they are really caring people.

The reason we were there (in hospital) is because he hates living his life. It wasn't a case that he wanted to get attention. He did it to end his life so he wouldn't have to live it anymore. He felt people hated him so much that it wasn't worth it. So to have someone come and be kind to him and genuinely show affection - but not overly so but just a little bit - and say 'hang on don't worry it is going to be OK and people do care and there are people here', it was brilliant for him. And it was brilliant for me too to see him talk to someone and not just completely clam up. The fact that he was able to open up and tell them things and not just clam up, so you have to pry things out of him with a crowbar, that was really nice.

The volunteers told him things would get better and talked about school where he has been having a hard time with some of the teachers, imparting/sharing their own experiences and telling him that things do go up and down and everyone has hard times sometimes, but that you can get over them. It helped that they were his age – just a bit older.

It is different when it comes from someone in your peer group. He thinks I am old and things were different when I was his age. But the girls are there now and doing it now and going through the same things as him and they are coping. So he was able to see, 'yes it is difficult but I can do this because other people are doing it'. And they were giving him helpful tips like 'when we have problems we go and speak to a teacher'.

Kids like my son do struggle socially. He has only got one proper friend at school and has done for years. He has problems with bullies as well. So having the girls come and share with him and try and connect with him on a social level, that meant a lot to him. And because it was one-on-one (well, two-on-one), it was a small focused meeting he wasn't distracted and didn't feel overwhelmed and was really nice.

When the family emerged from seeing the psychiatrist, the Empathy team were still there …

… This was so nice, especially for our son. We had been told that he had to stay in hospital and he was very unhappy and I was panicking because I didn't know what to do next. I found it comforting and reassuring that there were people around who were there 'just to talk to you'.

The next day an Empathy Youth Worker visited the ward to check on the family's progress. At the time he was under close supervision.

I wasn't allowed to leave him on his own for any reason including going to the lavatory and getting dressed. And she talked to him really normally. To have someone be normal with him was lovely for him. She really tried to engage with him and spoke to him about what he liked and tried to take his mind off how he was feeling about himself. And she asked us both how we were doing. And it was really lovely. To know people cared.

And you know when you are stuck there (on the ward) and you don't sleep well and the nurses are watching you all the time, I was thinking 'I am the worst mother in the world'

and he was probably thinking 'I am the one person in the world who hates their life so much', for someone (the Youth Worker) to come and check up on you and say 'you are important to us. We want to check that you are OK.' Was really nice and made a big difference.

Since the incident described above mother and son have discussed the Empathy team.

He said 'they were really nice girls Mum it is a pity we don't have girls like that at our school'. They were able to show him that some people are nice and do care and that has altered his perception of his situation a little bit.

She believes that this has been a significant and enduring change of outlook. Whenever he has a bad day she reminds him about what the volunteers said to him.

I say 'remember what those girls said', and I have been able just to be with him instead of it being a lot worse than it could have been. So he has held on to that really well. I honestly think sometimes all (people like my son) need is someone separate from outside to show that they care.

The Empathy Project is a peer intervention and this is important to its success:

I thought it was quite helpful having someone my age to talk to. (The volunteer) was just saying how she had just finished her A Levels and we talked a bit about my GCSEs. I didn't really speak to anyone else while I was there so it made me feel a bit more comfortable in a way. I think it made the experience about 50% better than it would otherwise have been. (Patient)

Youth Workers feel volunteers have 'resonated' with patients in ways they would not have been able to, despite their specialist training and years of experience:

It is the kind of situation when peer on peer intervention really works. (Youth Worker)

A member of hospital staff said:

No one can understand what it is like to be a young person as well as another young person. And some of the challenges that kids have these days can only be experienced by people in a similar age group. I have been a children's nurse for 20 years but it doesn't mean I get it. So I (feel) that younger person's insight (is) … more valuable even than having volunteers in their early 20s. I think young people … prefer to talk to someone their own age particularly if they have got some additional skills to make that a bit easier. (Staff)

9.2 Social prescription

Trying to go around on Google to find these things out is hard and sometimes you just need someone to point you in the right direction (Parent).

A social prescription pack, comprising an A5 plastic wallet containing leaflets for specific local, national and online resources that would benefit the patient, formed the main

component of this part of the project, but some patients and families were also given contact details for services that do not provide literature or business cards. Later in the pilot phase, arrangements were introduced for the Empathy Project to refer patients directly to Families First[17], which is for families with CYP with anxiety, low mood and challenging behaviour who are not receiving any other mental health or behavioural support.

Four cases drawn from interviews and volunteer records illustrate how Empathy workers have worked alongside medical teams to signpost patients and families to local organisations and activities providing help with:

- Mental health (Figure 8);
- Education and training, housing and emotional wellbeing (Figure 9);
- Making friends and with mental health (Figure 10);
- LGBT support and self-harming (Figure 11).

Figure 8: help for a family member with bipolar disorder

There was a girl there one day from 6.30 to the end of my shift and I kept popping in. She just had a stomach ache or something like that, but by going in a few times we were able to establish a relationship with her and her family and to help both. Her sister has recently been diagnosed with bipolar and her parents were really struggling. They had no-one to turn to and the doctors weren't very good at signposting them to the right place to get some help. So we were able to signpost them. The parents said we had really helped them out because they felt so lost and like no-one was there to help them, especially the doctors. We were able to find them somewhere they could go and we were also able to point the parents to an organisation that helps parents whose children have mental health problems. Without us telling them that, they wouldn't have known. And they didn't really know anyone, so they didn't have people who could give that sort of advice to them. (Volunteer, Lister)

Figure 9: help with education and training, housing and emotional wellbeing

An 18 year old male came to A&E with his sister. His relationship with his parents was poor; he was neither in work nor education and was having suicidal thoughts. Following a RAID team assessment the Empathy team (a Youth Worker together with a volunteer) talked to the patient and was able to signpost him to YC Hertfordshire Young People's Centre for support in finding education and training. He was also given a social prescription pack containing leaflets and cards for local and national support including

[17] Part of the Children's and Wellbeing Team

Kooth.com, Herts Young Homeless and the Samaritans. Volunteers and Youth Workers worked in tandem with the RAID team, looking at social and wellbeing support while the clinicians addressed medical and psychiatric problems. The patient thanked the volunteer and youth worker for just listening, remarking he had not spoken about his problems for two years.

Figure 10: help with making friends and mental health and emotional wellbeing

About ten to eight, a 15 year old came in with her mother. I introduced the project and gave them a leaflet. Later, the mother called me over because she had seen signposting on the flyer and it turned out the girl had bad mental health problems. She had been a young carer, and the person she cared for had died. She had been bullied and had no real friends, according to her mother. I sat down with them for about 30 minutes, working together to create a social prescription pack. The girl told me she had no friends because she had missed a lot of year 7 so I included a YC Hertfordshire leaflet in the pack, as a route of perhaps making friends out of school. She had been referred to CAMHS by her GP but the waiting list is so long they were told to get interim support too. I advised them to take a look at Health For Teens and spoke about Kooth and ChildLine. I also gave them a copy of numbers U need.

Figure 11: help with LGBT support and emotional wellbeing

A 14 year old transgender male with a history of self-harm came to the CED with his mother and grandmother. He was brought to the attention of the Empathy team by a nurse who thought the volunteers might be able to help. A social prescription pack with resources for Kooth.com and local LGBT groups was discussed with the patient's family and the volunteer also talked to the patient for a brief period explaining the various services included in the pack. Staff later mentioned that the patient had not felt comfortable speaking to medical staff and hadn't communicated with anyone before speaking to the volunteer. This case shows how the Empathy Project was able to establish rapport with a patient with complex needs and complement the work of the medical team to improve outcomes for the patient.

Empathy has continued to signpost some patients and families since their discharge from hospital. For example, one mother keen to find out what support was available for parents whose children who have tried to kill themselves said she received 'a massive list' in an email of organisations they could turn to:

Once you get home (from hospital) that is it, you are on your own. It is a minefield and every time he gets upset and feels low he will talk to me - sometimes until three in the morning - saying how much he hates his life. From a parental point of view you don't get (the help you need). (Parent)

One family that mislaid their prescription pack said the simple process of being advised about other resources in the local area encouraged them to see what they could find for themselves. In this case the interest was in a youth group to help mentor the teenage patient through a difficult period.

9.3 Volunteer outcomes

The aims of the Empathy Project in respect of volunteers have been well met. Over the course of the pilot all the volunteers have acquired knowledge, learned skills, and developed understanding that has enriched their ability to support other young people in stressful situations in A&E and CED. Through practice, they have built up confidence in this ability and become more relaxed and assured on the job. They have learned about local services and how to signpost patients to the most appropriate resources.

The confidence of the volunteers … has grown over the months. They are taking more ownership of the sessions and conversations with us have changed. (Youth Worker)

Volunteers feel that the initial training prepared them well and that they have continued to learn throughout the pilot. They value the support they have received from Youth Workers and from the project lead who regularly attends shifts and keeps in touch with them by email, via the project newsletter and face-to-face. They have enjoyed working with people their own age and their families and appreciate the autonomy that the Empathy Project has offered them:

There was always a Youth Worker there to support me but (generally) I... had a lot of freedom and independence to get on with things myself. (Volunteer, Lister)

Through the project volunteers were given the chance to meet people from all walks of life and to make a difference to them. This has helped to broaden their outlook and give them perspective on their own lives. Working with young people with mental health issues has shown them that many are simply struggling with every day cares that can affect anyone. They are proud of the support they have been able to give hospital staff. They have made a positive input into their local community:

It is right and a good thing that we have got young people who live locally contributing here; doing something for their local community. (Staff, Watford)

Overall, volunteers have become more confident individuals. (*I feel like I have improved as a person. I feel so much better about myself.*) They feel they have acquired useful transferable (especially ‘soft’) skills that they can take back into school and into other aspects of their life now and in the future. Those planning careers in medicine and related fields believe that they are now better prepared for some of the challenges ahead. Some who have attended interviews for university places say that selection boards have shown great interest in the experience they have acquired on the Empathy Project.

9.4 Hospital outcomes

A good beginning has been made towards developing a combined hospital staff and volunteer workforce operating effectively to meet the support needs of young people, including those with mental health issues.

Senior CED staff at both hospitals have welcomed the Empathy Project as an opportunity to address the gap in hospitals services for young people through peer support:

I feel passionately about the mental health and wellbeing of young people who come into hospital and loved the idea of peer support backed by a Youth Worker with their knowledge and experience. (Staff, Lister Hospital)

I feel passionately about young people and teenagers and want to make sure the hospital is treating them appropriately. I want to make their experience and their patient journey better. (Staff, Watford General)

The element of social prescribing is seen as innovative and exciting in terms of potential rewards.

This is the only project I know of that is also trying to direct patients to other agencies … none focus in this way on (issues) that might be picked up on while patients are in A&E and CED. (Staff, Watford General)

The Empathy workforce is increasingly viewed by staff as an additional resource in producing better outcomes for patients and an improved hospital experience:

It is useful to have extra people in the team that can do some of the nice stuff just sitting down and taking time to listen to young people and signpost them to community services or if there is something serious and immediate going on flagging it up to staff so we can address it there and then. (Staff, Lister Hospital)

The team has helped bridge delays between mental health patients being admitted to CED / A&E and being seen by C-CATT. It has lent social support to C-CATT patients waiting to see a consultant. Recently it has been able to work with ward staff to support adolescent mental health patients admitted to hospital. And it has provided support to families after they have been discharged home:

… advice and support like that is a massive help to C-CATT. We are incredibly busy at the moment … so phone calls and support in the hospital is really beneficial to both the families and us. (Staff, C-CATT)

Other positive impacts in participating hospitals include:

- At the Lister Hospital, renewed focus on mental health and emotional wellbeing:

We feel quite strongly that we need to emphasise mental health and emotional wellbeing, but we don't always prioritise it over physical trauma and risk and the Empathy Project has brought that back to light again. Our paediatric proforma now incorporates a mental health assessment for every child and Empathy has inspired that, has had an impact on that. (Staff, Lister Hospital)

- Also at the Lister Hospital, volunteers have helped to create a 'teenage corridor' - an area (including a toilet) set aside for adolescents with age appropriate information and resources on health issues and services:

We were getting a lot of feedback about the need for a more teenage specific zone, so we have created a teenage environment where they have their own space to take some time out from the screaming babies and toddlers. And they can get information there that is appropriate to their age group and they look up things discreetly and quietly. If you are not told that it isn't normal to feel sad all the time and feel angry, you may not find out. Empathy has really helped flesh out this corridor, especially with community based services that staff in hospital know nothing about. You don't know what you don't know until someone tells you! (Staff, Lister Hospital)

- At Watford General, there is greater awareness among staff of the issues and challenges for patients in the target age range:

…even if only because it has been talked about more. (Staff, Watford General)

It has been a good opportunity for staff to spend time with young volunteers who understand the world in a different way. (Staff, Watford General)

- At both hospitals there is better awareness and knowledge among staff about other local services available to support young people and their families.

When we hear 'self-harming', we think we will get C-CATT and CAMHS involved and probably admit them to hospital while we get their assessment sorted out. And those young people get sent on their way along the CAMHS pathway. But the Empathy volunteers will think about social support and community and peer support, which is really helpful. We don't think about that. (Staff, Watford General)

Staff are keen for the Empathy Project to continue to develop and work even more closely with them:

We have only just scratched the surface of what the team has to offer and can bring to my department. It is very much needed for me to develop my service and I hope they continue to get funding. (Staff, Lister Hospital)

They recognise that embedding the service fully will take time:

It doesn't take 5 minutes, six months or even a year. We have to remember that Empathy is a long term project. On (an adult volunteer project in Watford General) project it took at least a year for volunteers to 'feel useful' most of the time. Now the

volunteers are always busy supporting families and it is happening because they know what questions to ask and staff know which patients to point them at.(Staff, Watford)

9.5 Other outcomes

The Empathy Project has attracted widespread interest. In April 2018, a team including some volunteers was invited to participate in a study day organised by the Royal College for Emergency Medicine on *The Forgotten Tribe: Adolescents in the Emergency Department.* Their presentation was well received with 80 percent of delegates rating it 'Good' or 'Excellent' for content, usefulness and speakers.

Figure 12: comments from RCEM delegates

- *Exceptionally forward thinking project and excellently presented, it was wonderful to hear from some very eloquent young aspiring clinicians and I would like to see a similar service where I work! I hope to visit them for the day to see them undertake their work.*
- *Really interesting project. Combined with RedThread input makes a strong case for having some form of advocacy available in department - Youth Worker or peer volunteer.*
- *Don't have access to Youth Workers where we are but left with some ideas around voluntary schemes. A very worthwhile project*
- *Great project - how did social care manage to fund it?*
- *This should be replicated everywhere.*
- *A fabulous idea and amazing speakers for their age. Clear benefits for both the patients and the youth advocates.*

A senior clinical psychologist at CCATT emailed the project lead to say:

I was really impressed with the project and how it functions as an adjunct to the mental health care provided by CCATT and can help to support young people who might sometimes feel that they are in a no man's land or be at risk of leaving the hospital.

YC Hertfordshire is now in discussion with a number of other areas of the country interested in replicating the Empathy Project.

10 Review of implementation

10.1 Need and vision

The Empathy Project has been developed in response to a need for better services for CYP that is clear and well-documented in hospitals across the UK. Social prescription offers a way forward in terms of a more holistic approach that may also help relieve pressure on acute services.

Staff in CED and A&E departments in Hertfordshire hospitals were open to a peer support project aimed at adolescents. Concerns about safety and confidentiality that were raised initially have been allayed because of the involvement of experienced Youth Workers to chaperone and promote the interests of young volunteers and patients. Youth Workers' knowledge of local organisations outside the health service has helped to make a success of the social prescription element of the Empathy Project.

10.2 Co-production and leadership

The Empathy Project has been developed by YC Hertfordshire in collaboration with senior staff in CED and with volunteers. Co-production has been important in establishing trust and shared ownership. Hospital staff value the involvement they have had in the details of design and implementation such as working out the best days of the week/times to run shifts and interviewing volunteers. Regular meetings and communications between stakeholders have been important for maintaining engagement and discussions about how the project needs to evolve.

During the pilot phase, considerable input has been needed from the YC Hertfordshire project lead in terms of energy and commitment, liaison with stakeholders, direction of the project and time. Hospital staff recognise and appreciate the importance of this contribution:

(The project lead) has been a massive asset because she gets things done and that has been very well received. (Staff, Watford General)

They have shown a real commitment to developing and improving their service to dovetail more closely with the clinical offer. (Staff, Lister Hospital)

10.3 Selection and training of volunteers

The first cohort of Empathy volunteers was loyal to the project and there were very few drop-outs. However, public exams and other commitments at their stage of life mean that young volunteers will often not be able to commit to more than a few months and a rolling programme of recruitment and training is therefore necessary to maintain volunteer numbers.

The project continues to be publicised widely and aims to be inclusive, extending opportunity to all young people in Hertfordshire who are able to meet the requirements of the job. In future, training will take place more in hospital settings with new recruits being given the chance to shadow and then work alongside people who are more experienced. In response to feedback from volunteers, there will be more focus on learning about the local services on offer and making sure that trainees know what these are.

Training in magic offered to volunteers in April 2018 proved very successful in children's A&E. Watford staff reported a marked improvement in the atmosphere of the CED and said it made everyone feel better. They are considering investing in further training to ensure that someone who can do magic tricks is present most of the time.

10.4 Getting to the target group

Patients under five make up the greatest number of attendances in CED at both Watford General and the Lister Hospital. On some shifts during the pilot phase volunteers saw few patients or other family members in the target age range. Analysis to identify days/times when they are most likely to attend resulted in some changes to shifts, but it was recognised that *'it will always be a bit hit and miss because people don't have an appointment to come here' (Staff, Watford General)*.

Empathy has been extended to adult A&E in both hospitals in order to pick up older teenagers. Efforts are ongoing now to build relationships with staff there and to address any new issues arising from working in larger and more challenging environments.

More generally, attention continues to be paid to developing relationships between staff and the Empathy Project in CED and adult A&E so that opportunities to support adolescents are not missed, for example because duty staff have forgotten about the project or volunteers have not been proactive enough in checking whether there are any patients in the target range. In future, six foot laminated posters advertising the project will be put up in A&E on days when the volunteers are present, which will also let patients and families know about the service and what it is able to offer.

10.5 In-patient service

During the pilot phase the Empathy Project has gradually been extended to the children's ward in both hospitals. This has happened partly in response to requests from patients. For example two cases have already been described where the Empathy team provided valuable follow-up support to C-CATT in-patients first seen in A&E. It is still early days, but staff have welcomed the development and Youth Workers and volunteers feel they will have more opportunity to have in-depth conversations on the wards where it will be quieter and where the young people are likely to be on their own for longer.

10.6 Supporting hospital staff

In the next phase of the project attention will be paid to helping hospital staff to further develop the knowledge and skills to deal more effectively with young patients with mental health issues or problems with emotional wellbeing. A main obstacle so far has been staff taking time off work to go on a course. Ways are now being sought of making courses such as MHFA more accessible to staff by delivering them in short units over a longer time period.

Attention will also be paid to developing a simple signposting manual for staff describing local services that they can direct patients to.

10.7 Supporting parents

The Empathy Project has highlighted the lack of support available to parents of young people with mental health issues, especially those who self-harm and attempt to take their own lives. A pack will be developed that can be given to parents of suicidal patients when they are discharged from hospital that will help fill this gap.

11. Key points and observations

11.1. An innovative intervention meeting urgent need

- Empathy is an innovative project based on robust research evidence about the value of peer-to-peer support for emotional wellbeing and mental health.
- It targets an important gap in the provision of age-appropriate social support for people aged 11 to 17 attending CED / A&E and goes to the heart of widespread concerns about this.
- It shows a way of increasing the use of local services and community-based activities through social prescription so as to promote a more holistic approach to the health of young people and relieve pressure on an over-burdened NHS.

11.2 A timely intervention

- The time is right for the Empathy Project - information about it disseminated during the pilot phase has attracted much interest from professionals facing similar problems elsewhere in the country.

11.3 Positive impact on large numbers of CYP and their families

- The Empathy Project connects opportunistically with the range of young people and their families that come into CED / A&E and is therefore fully inclusive.
- Working for just a few hours per week, Empathy volunteers have been able to talk to large numbers of patients/families in children’s accident and emergency.
- Qualitative research evidence suggests they have significantly improved the hospital experience for many patients/ families they have come into contact with.
- Patients have benefited by being able to talk to people their own age about things that interest them, and in some cases have ‘opened up’ to talk about matters key to their wellbeing and treatment.
- Families have benefited by seeing patients happier and more relaxed in the hospital environment in which they find themselves, but have also benefited themselves from being able to talk to volunteers and/or Youth Workers.

11.4 Joining the dots between local services

- The Empathy Team has promoted the wealth of local services and activities available to the target age group (and their families) and has built awareness of what else is on offer locally to support health and enrich lives.
- They have also brought this awareness to hospital staff who often know little about local services.

11.5 Effective partnership with hospitals and acute mental health services

- Empathy workers have relieved pressure on hospital staff and eased the atmosphere in CED / A&E by offering pastoral care that duty hospital staff are too busy to provide.
- They have boosted the commitment of staff within CED to give greater priority to mental health and emotional wellbeing.
- They have helped to bridge gaps between CED / A&E and mental health teams like C-CATT.
- In addition to working with patients, volunteers have helped out in CED /A&E with practical tasks such as organising leaflets and information available aimed at adolescents.

11.6 Building a community-based resource

- Volunteers – many of whom have a lot of experience of volunteering – regard the Empathy Project as a unique project that gives them a lot of freedom and autonomy to support people in need of medical help.
- They have developed confidence, wider understanding of the lives of other people, good knowledge of the local services and activities available to support young people and their families, and have enjoyed career-relevant work-experience they feel is important and worthwhile.
- What they have learned on the project will enable them to support people in other stressful situations, helping to build a healthier community.

11.7 Effective leadership

- The Empathy Project is backed by strong vision and is being effectively led, a fact that has contributed to its successes to date.

11.8 Vital role of Youth Workers

- Youth Workers are making a vital contribution by helping to keep volunteers and young patients safe.
- They are bringing to bear specialist skills and a wealth of experience in developing young people, together with extensive knowledge of local services.
- They have helped to support and follow up more difficult cases.

11.9 More potential to be realised

- Staff believe that the Empathy Project has much more to give and that its potential has only just begun to be realised:

We have only just scratched the service of what the team has to offer and can bring to my department. (Hospital staff)

- Its full integration into A&E departments is recognised by hospital staff as a process that needs more time, but will bring enhanced rewards.
- Staff in both hospitals would like volunteers to be on hand more of the time and welcome the extension of the project to adult A&E and to paediatric inpatient wards.

11.10 Shared ownership and looking forward

- A shared sense of purpose and momentum surrounds the Project:

It is the sort of thing that a year or two down the line will feel like the norm and we will wonder why on earth it took us so long. (Hospital staff)

- Co-production of key elements of the project has ensured the engagement and sense of ownership among hospital staff and volunteers.
- Hospitals and volunteers have felt sufficient ownership to be proactive in developing a numbers of aspects of the Project.
- Stakeholders are keen to progress to the next phase, to continue to address any remaining ‘teething problems’ and to begin to realise fully the benefits of which they are already persuaded.

11.11 Evaluating the next stage

- There is a need for more systematic quantitative data about the experiences of patients and families and their take up of any services ‘prescribed’ for them by the Empathy team.
- The majority of patients/families who were asked (70 percent) said they would be happy to be contacted to take part in research so this seems feasible.
- Future qualitative evaluation of the impact of the Empathy Project should extend to front-line staff in areas where volunteers are deployed and services such as C-CATT.

APPENDIX A – Activity data

This annex provides details of volunteer activity during the reference period and is based on details recorded by Empathy volunteers during each shift. For each shift summary forms[18] capture both the number of patients/families approached and the number with whom meaningful contact was made, while individual contact forms record what happened. Figures referred to below are derived from shift summary forms and individual contact forms received up to 16 April 2018.

Shifts

YC Hertfordshire management records show that 56 shifts took place at Watford General and 49 at the Lister Hospital – a total of 105.

Summary forms were completed for 59 of these shifts: 39 at Watford General and 20 at the Lister. According to these, the number of approaches made by volunteers at Watford General ranged from 0 to 17, and the number of meaningful contacts from 0 to 15. At the Lister Hospital, the number of approaches ranged from 1 to 11, and the number of meaningful contacts from 1 to 6.

The average number of approaches and meaningful contacts is shown in Table 2.

Table 2: Summary of approaches and contact

Hospital	Average number of approaches made per shift	Average number of meaningful contacts per shift
Watford	8.03	2.87
Lister	5.05	3.25
Total	**7.02**	**3.11**

Completed summary forms have been used to estimate number of approaches and meaningful contacts for shifts where paperwork is missing. Taking the average figures in Table 2 and applying them to shifts where no summary forms are available, the following total numbers for the project have been estimated (Table 3):

[18] Shift summary forms were introduced six weeks after the start of the project so do not exist for shifts conducted in the early period. Some shift summary data are also missing from the later period for a variety of reasons.

Table 3: Approaches and meaningful contacts: estimated totals[19]

Hospital	Number of shifts	Total number of approaches	Total number of meaningful contacts
Watford	56	449	170
Lister	49	247	159
Total	**105**	**697**	**329**

‘Meaningful contact’ with patients/families

Information about ‘meaningful contact’ between volunteers and patients/families is based on a total of 166 completed contact forms, 97 from Watford General and 69 from the Lister. These give some indication of the different types of support that volunteers provided.

Table 4 shows that 6% of contacts included discussion of why the patient had presented at A&E, 19% involved explanations about the Empathy Project or the services on offer. In 21% of cases, a wider conversation took place with the patient/family about their life or circumstances (e.g. school life). Most of the remaining cases (45%) mainly involved practical help (e.g. refreshments, phone chargers, looking after young children).

Table 4: Nature of Contact (summary)

	Watford		Lister		Total	
	Number	*%*	Number	*%*	Number	*%*
Detailed discussion about patient’s condition	3	*3*	7	*10*	10	*6*
Discussion of project/services	11	*11*	21	*30*	32	*19*
Discussion about patient/family situation	6	*6*	29	*42*	35	*21*
Practical support (e.g. refreshments)	64	*66*	11	*16*	75	*45*
No detail given	13	*13*	1	*1*	14	*8*

In the typical scenario (covering 60% of contacts) volunteers spoke to one CYP (the patient) accompanied by one adult. Other groups comprised one adult with two or more children (12%), or two or more adults with one or more children (25%). In a small number of cases (3%), the contact was with the CYP on their own.

[19] It should be noted that these numbers are based on details recorded by volunteers; a process involving a degree of subjectivity in terms of what constitutes an “approach” or “spending time with” a patient or family.

In most cases (where the information was recorded), first contact was made by the volunteer approaching the patient/family (69%), while in other cases it was the Youth Worker (26%) and/or medical staff (10%). In 2% of cases, the patient/family approached the Empathy Team.

Social prescription

In around a quarter (23%) of contacts (where this information was recorded), the volunteer provided the patient and/or family with a social prescription pack (see Table 5). Patients/families attending the Lister were more likely to receive a social prescription than those attending Watford General.

Table 5: Social prescriptions

	Watford	Lister	Total
(Base)	(45)	(63)	(108)
	%	%	%
Yes	11	32	23
No	89	68	77

Items included in packs were: YC (13 cases), Kooth.com (13), Health 4 Teens (12), Number U Need (8), Local (5), NCS (2), Samaritans (1), Smoking (1), A-Dash (1), 1SS(1), Other (10).

Patient details

Gender and age details for patients which whom meaningful contact was made are shown in Tables 6 and 7. In total, 58% of patients supported by the volunteers were male and 42% female. A higher percentage of meaningful contacts at the Lister were with patients in the target age range, compared with Watford General.

Table 6: Gender of patient

	Watford	Lister	Total
(Base)	(95)	(68)	(163)
	%	%	%
Gender			
Male	60	54	58
Female	40	46	42

Table 7: Age of patient

	Watford	Lister	Total
(Base)	(84)	(61)	(145)
	%	%	%
Age			
Under 5	26	16	22
5-9	19	7	14
10-12	14	13	14
13-14	24	38	30
15-16	13	23	17
Over 16	4	3	3

Mental health

In one in seven cases (14%) where the information was recorded, the volunteer noted that mental health was an issue for the patient or was the reason for them coming to the CED/ A&E. Otherwise, the volunteer stated that mental health was not an issue or that they were not sure.

Table 8: Was mental health an issue for the patient?

	Watford	Lister	Total
(Base)	(44)	(64)	(108)
	%	%	%
Yes	9	17	14
No	77	83	81
Not sure	14	0	6

Time spent with patients/families

Where the details were recorded (in 87 contacts), just under half of contacts (46%) lasted less than 20 minutes, while a third (32%) lasted between 20 and 30 minutes and 22% more than 30 minutes. On average, volunteers spent 23 minutes with patients/families.

Permission to be re-contacted

Volunteers told the patient/family about the follow-up research in 81% of contacts (where the information was recorded). Of these, a large percentage gave their signed permission to be re-contacted for research purposes (70% of cases).

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YC HERTFORDSHIRE