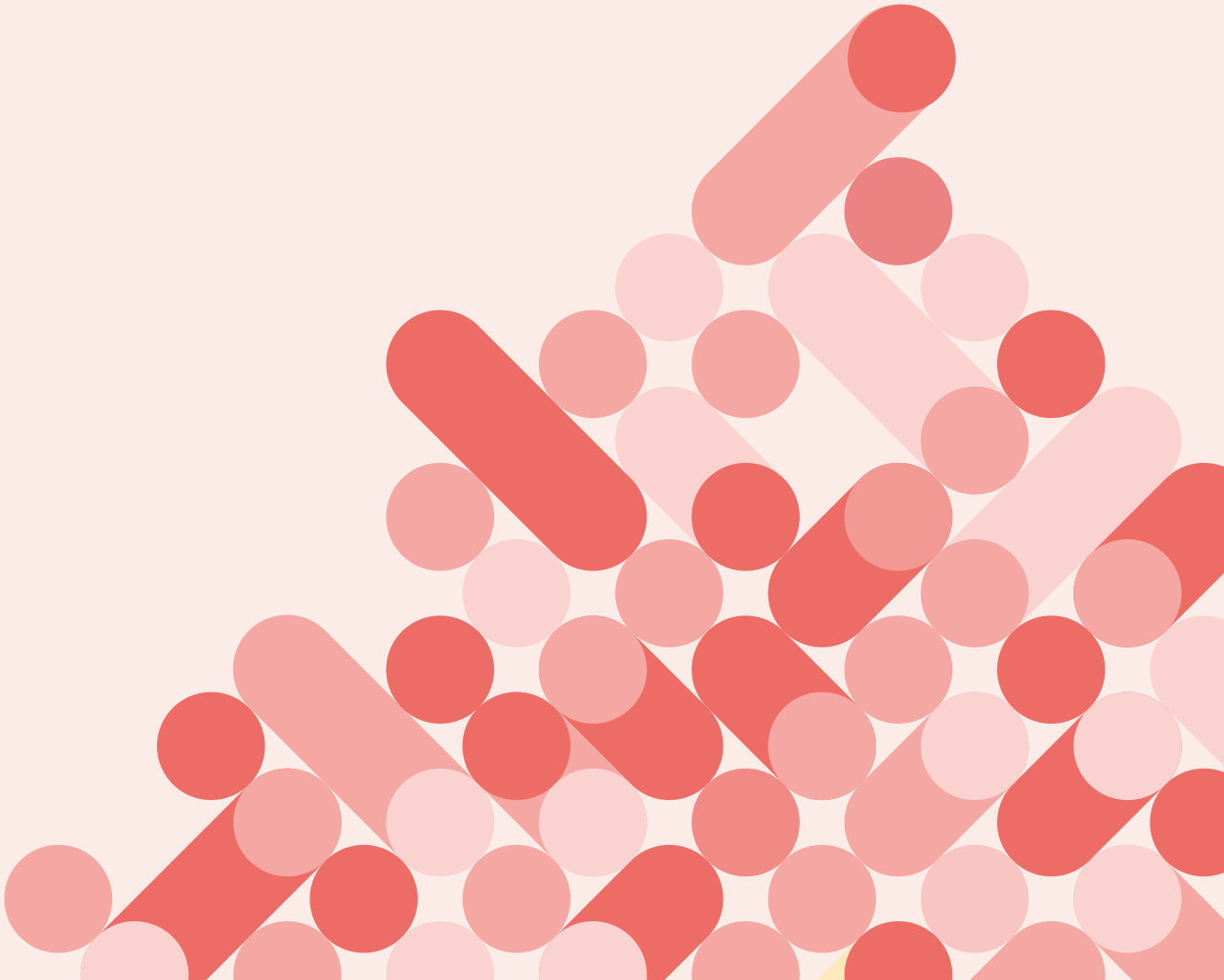
YOUTH ENDOWMENT FUND

Implementation Resource

A & E Navigators Programmes



A & E Navigators Programmes

This resource is based on evidence in the YEF Toolkit, a recent systematic review of hospital-based violence intervention programmes, a high-level review of eight evaluations of A&E navigator programmes in England and Wales, and a VRU roundtable discussion. The roundtable discussion was attended by all 20 VRUs and included insights from the London and South Wales Violence Reduction Units and Partnerships.

This resource is designed to inform thinking on how to commission and implement a quality A&E navigator programme. It provides:

1. Commissioners' checklist
2. Guidance resources
3. Practice examples with evaluations
4. Monitoring and evaluation
5. Theory of Change examples

1. Commissioners Checklist

Maximise the impact of your A&E Navigator Programme by addressing the following checklist:

Suitability

- ✓ Only place navigators in hospitals with high numbers of children attending A&E with violence-related injuries. Assess the likely impact and value for money of this programme using existing insights about the number of children and young people that may be reached through this context, and the likely number that may follow through with the support provided.
- ✓ Consider the average length of time that children spend in the hospital. When children are discharged from hospital quickly, there may not be time for navigators to contact them, or for rapport with the navigator to develop. Major Trauma Centres may be particularly suitable settings as children generally remain there for several days due to the severity of their injuries.
- ✓ Produce a protocol that lays out the time points or service delivery milestones at which the service will be reviewed. Put in place protocols for decisions and actions if the number of children accessing support through this programme does not meet the minimum threshold to demonstrate value for money.

Partnerships

- ✓ Secure both strategic and frontline support from relevant NHS and A&E stakeholders and staff. To achieve this, seek to have a dedicated programme lead from a health board, such as the Integrated Care Board.
- ✓ Identify the governance structures and setups across NHS partners, which vary from area to area.
- ✓ Agree at the start which partner is responsible for producing and sharing monitoring reports, and who is responsible for receiving them and acting upon the findings.
- ✓ Provide clear and regular explanations of the service to all relevant health staff to maximise their support for the programme and their referrals of children. For example, the programme could be embedded into standard operating procedures, policy documents, and new-starter induction documents.
- ✓ Establish partnerships with local organisations offering street outreach and violence interruption who may be able to help prevent episodes of retaliatory violence after a child is discharged from hospital. Create written agreements outlining respective responsibilities, including how information will be shared.

Funding

- ✓ Identify the scale and timeframe of funding available for this programme and plan accordingly (most programmes are fully funded by VRU/Ps and this is not a sustainable arrangement). Explore options for joint funding arrangements across partners, or for the health sector to own programme delivery.

Programme Design

- ✓ The programmes you commission should:
  - Equip navigators to conduct a holistic assessment of a child's needs and design a tailored plan to support them.
  - Where relevant, ensure children receive evidence-based interventions to support behaviour change, such as cognitive behavioural therapy and social skills training. This could be through prompt referrals to external services, or offered through the programme itself which reduces waiting times and the number of transitions between services that children experience.
  - Offer vulnerable children at least 6 months of intensive follow-up support. For example, involving weekly meetings with navigators or sustained multi-agency collaboration.
  - Put procedures in place to assess the risk of further violence (for example, in relation to the person who caused the violent injury) and ensure that children have a safe place to stay once discharged. Establish rapid referral routes to agencies that can respond to ongoing threats to a child's safety.
  - Ensure navigators are on site at times when children are most likely to attend hospital with violence-related injuries so that they can establish contact before children are discharged.
  - Station navigators' offices in A&E departments to increase awareness of the programme and improve communication between navigators and other staff.
  - Provide confidential spaces for navigators to hold private discussions with children.

Delivery organisations

- ✓ The delivery organisations you fund should:
  - Recruit relatable navigators who can build trusting relationships with children who have been injured by violence. For example, this may be adults with relevant lived experience or with experience of working with children who are vulnerable to violence.

- Put in place a recruitment and retention plan for navigator staff. Provide longer-term contracts where possible (using short-term contracts may minimise applications and may reduce commitment to the role).
- Deliver periodic training updates and bulletins for navigator staff to provide reminders about referrals to relevant support services.
- Embed key practices for youth workers in hospitals as outlined in the national NHS guidance. Hold delivery organisations to account on these practices through monitoring and evaluation processes.
- Put in place protocols for engaging children on all the various treatment pathways that may take place after presenting in A&E, in line with admission and triage protocols and bed availability.

Data

- ✓ Agree and plan data collection and data sharing between health and the A&E Navigator Programme before the programme starts. For example, data collection should include:
  - attendance rates, including analysis of trends related to time of arrival and days of the week
  - length of stay in hospital, and length of children's engagement in the programme
  - trends in types of injuries, including extra-familial harm, self-harm, intoxication, mental ill health or psychological assessment
  - demographics of the children assessed and supported, including age, ethnicity, gender, and their resident locations
  - referrals made and followed up (including those that were declined)
  - interventions and support delivered, including capturing every conversation or phone call
  - A&E re-attendance rates
- ✓ Agree and plan who will undertake data analysis, and when and where the results of the data analyses will be reported and shared.
- ✓ Put in place a data sharing information agreement.
- ✓ Put in place data collection templates, processes and storage.
- ✓ Deliver a training session for relevant staff to identify, collect, and share the right data.

Eligibility criteria

- ✓ Set eligibility criteria based on understanding local needs and profiles of children and young people involved in violence. Take decisions and provide clear rationales for these criteria, explicitly linking the programme resource available to the likely cohort of children and young people that may receive support. Beyond knife-related injuries, take decisions about the inclusion of all violence-related injuries (including domestic violence), substance misuse, mental health issues, and self-harm.
- ✓ As part of the protocol for reviewing the service, identify the points when decisions will be taken about the narrowing or widening of eligibility criteria. Amend processes and data collection tools in line with any changes made to the criteria.

Monitoring and evaluation

- ✓ Use programme management meetings to review progress and quality:
  - Review KPIs, outcomes, outputs and whether delivery is line with the Theory of Change (see next section)
  - Review and mitigate risk
  - Use learnings to adapt where appropriate
- ✓ Design and deliver an evaluation of the programme. Evaluations should collect and report all available baseline and outcome data on children eligible for the service, regardless of their engagement with the programme.

2. Guidance Resources

Here we provide links to existing external documents that may provide helpful guidance on how to design, set up, deliver, and monitor A&E navigator programmes.

Violence Reduction Programme London – In-Hospital Violence Reduction Services: A Guide to Effective Implementation

The Royal College of Nursing produced this implementation guide to support the development and sustainability of in-hospital Violence Reduction (VR) services. This guide is intended for health care professionals working in partnership with local authority and third sector organisations to set up and deliver in hospital VR services. This guide is of particular relevance to medical and nursing professionals, those working in an emergency care or trauma settings, and those working with vulnerable and at-risk young people.

Navigator Scheme Implementation Framework: An 8-stage guide to planning and delivery

Oxford Brookes developed this implementation framework based on the hospital navigator scheme run by the Thames Valley Prevention Partnership.

3. Practice Examples

This section collates practice examples and evaluations from across the UK that informed the above checklist for commissioners. Two specific examples are provided to highlight that A&E navigator programmes can be led by hospital staff or youth workers. Links to evaluations to learn about their implementation are provided.

Led by nurses

South Wales: Implementation and Process Evaluation of South Wales Hospital Based Violence Intervention Programmes.

The Welsh Violence Prevention Teams (VPTs) are unique in the UK; they are led and delivered by nurses whereas other HVIPs are typically volunteer-led and delivered by youth workers. The VPTs identify and support young people aged between 11 and 25 years who attend emergency departments with injuries associated with violence. Operating in Cardiff and Swansea, each team comprises two nurses and a community-based worker. The role of the VPT is to deliver advice, support and guidance to patients who have experienced violence, with the aim of engaging with those injured whilst they are in hospital (at the point of crisis), and to promote movement away from violence by encouraging engagement with support, intervention and wider services.

The evaluation aimed to understand the functioning of the existing Violence Prevention Team models through examining their implementation, mechanisms, and context using qualitative methods, document analysis and the secondary analysis of routine data. Understanding the adaptation of the intervention from Cardiff to Swansea was further informed by guidance for adapting interventions to new contexts.

Led by youth workers

London and Birmingham: Pilot trial report of Redthread Youth Violence Intervention Programme (YVIP)

Redthread's multidisciplinary youth work teams are embedded within 10 Major Trauma Centres and Local Trauma Units within hospitals across London and Birmingham.

The Youth Violence Intervention Programme (YVIP) begins when a child or young person aged 11-25 enters the emergency department and clinical staff identify or suspect that they have been impacted by, or is at risk of, violence or exploitation. The child or young person is referred to Redthread by one of the healthcare professionals or youth workers.

Each child or young person is provided with an 'Individual Support Plan' based on their individual situation and circumstances. For those who do not have an effective support network or who are facing extremely high levels of complex risk or harm, YVIP offers a longer-term intervention (approximately 12 weeks). Those who already have the support of multiple existing agencies and/or a key professional, the YVIP intervention can be utilised over a shorter-term intervention, in a more "supported" role and involves "scaffolding" the teachable moment back into that child or young person's professional network.

At the end of the intervention, YVIP ensure the safety needs of the young person are met and that they are connected to the appropriate ongoing support from a specialist agency(ies) and an end assessment process is completed, with a clear co-produced action plan in place. Contact is then made with the young person six months following the intervention, or when deemed appropriate by the youth worker, as part of their follow up process.

The pilot evaluation of YVIP focused on 10–17-year-olds, and faced significant challenges. It was extremely difficult to obtain children's consent to participate in the research, which meant that the study was unable to go ahead as planned. Although the evaluators proceeded with an alternative study design, they were unable to access the high-quality hospital data needed to support the new approach. As a result, the quantitative findings are severely limited.

Other practice examples with published evaluations:

Thames Valley: The YEF's multi-site trial of A&E navigator programmes, January 2023

The YEF has funded the Thames Valley Violence Reduction Unit, The Behavioural Insights Team and University of Hull to run a trial of A&E Navigator programmes across five hospitals.

Thames Valley Hospital Navigator Scheme: Phase II Evaluation Report, July 2024 update

This is a report of the evaluation of the post-implementation phase of the Thames Valley Hospital Navigator Scheme. The report illustrates how the Navigator model provides a valuable early intervention pathway for young people presenting in the ED with a range of challenging issues.

West Yorkshire: A&E Navigator and Community Links Evaluation, March 2023

The West Yorkshire Violence Reduction Unit commissioned Wavehill to undertake an impact evaluation of the A&E Navigator programmes established within Leeds Teaching Hospital NHS Trust and Bradford Teaching Hospital NHS Foundation Trust and the work of the Community Links provision.

London: An Evaluation of Hospital Based Youth Workers, March 2023

MOPAC's Evidence & Insight team carried a mid-line performance and process evaluation looking at delivery from April 2020 to March 2022. The report draws upon a mixture of quantitative data analysis and qualitative feedback from service providers.

Sussex: Royal Alexandra Children's Hospital Youth Work Programme, June 2024

The National Children's Bureau was commissioned by the Sussex Violence Reduction Partnership (VRP) to undertake a process and impact evaluation of a new model of the Royal Alexandra Children's Hospital (RACH) Hospital Youth Work (HYW) Programme.

Glasgow: Navigator: A Tale of Two Cities

An evaluation of the Youth Navigator service in the Glasgow Royal Hospital for Children, assessing the reduction of Emergency Department attendances for young people (aged 12-16) experiencing adversity related injury or adverse social circumstances.

4. Monitoring And Evaluation Framework

All violence prevention programmes should be supported by a monitoring and evaluation framework. This Violence Prevention Evaluation Toolkit provides guidance on:

- what evaluation is, why it's important and the different types of evaluations;
- key steps to consider when developing an evaluation plan, collecting and analysing data, and reporting evaluation findings (including an accompanying checklist); and,
- examples of outcome indicators, measurements that can tell us whether an intervention is achieving its aimed outcomes.

5. Theory Of Change Examples

This section provides three examples of theories of change for A&E navigator programmes, to get you started on designing or reviewing the theory of change that underpins your programme. The theory of change should illustrate how and why this programme will lead to reductions in children and young people involved in violence.

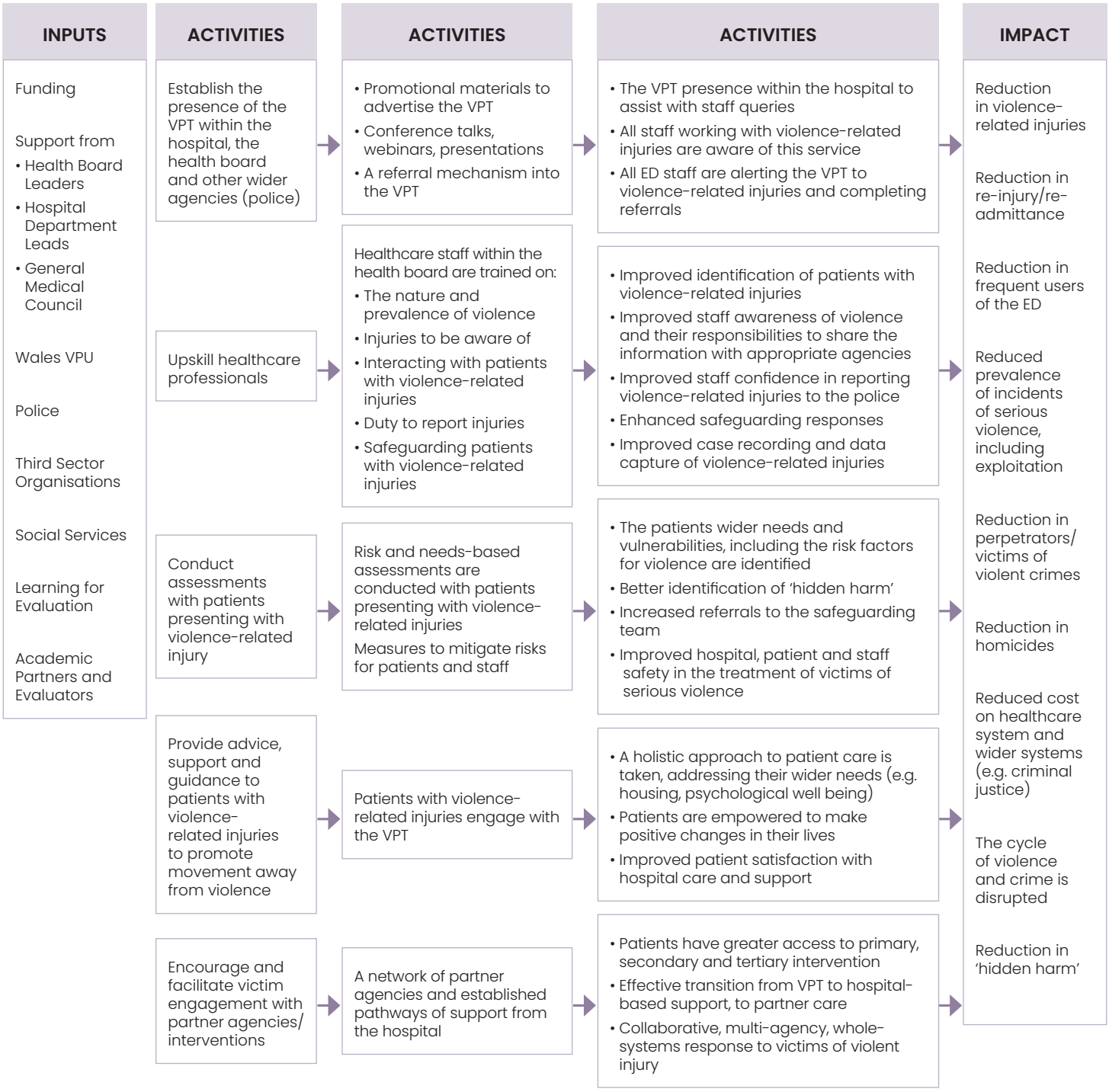
REDTHREAD YOUTH VIOLENCE INTERVENTION PROGRAMME (YVIP) THEORY OF CHANGE FOR THE YEF PILOT PROGRAMME		
WHY	***Problem Observation***	Children and Young People (CYP) are presenting to hospital (Major Trauma Centres, MTC and Local Trauma Units, LTU) having experienced or been impacted by: violence, assault or a risk of violence, whether weapon or non-weapon related, domestic or sexual violence, sexual or criminal exploitation. Violence has a negative impact on the health and social wellbeing of children as they become adults. CYP need to be recognised as victims who should be supported. Where support exists this often treats the symptoms (e.g. injury) rather than the root causes of violence (e.g. situation that caused the injury) and their holistic needs
	Need	A number of these CYP are frequently experiencing high risk and may have experienced violence and /or exploitation.
WHO	***Target Population***	10 – 17 year olds who present at hospital having experienced or been impacted by: violence, assault or a risk of violence, whether weapon or non-weapon related or criminal exploitation. Referrals made by (1) hospital staff member or (2) Redthread identifying an eligible CYP when reviewing the hospital systems **Eligibility criteria:** 1. Weapon-related injury (with the intention to do serious harm) 2. Concerns that incidents or individuals may be gang affiliated / have been exposed to or experienced violence/abuse 3. Concerns that an individual is at risk of further harm or abuse 4. A victim or perpetrator of a serious assault (with the intention to do serious harm) 5. Concerns or disclosures of (Child) Sexual Exploitation or (Child) Criminal Exploitation. Planned Scale: approximately 350 CYP referred through 2022 with around 150 engaged in a longer term programme across three locations, Queen Elizabeth Hospital MTC (Birmingham), Birmingham Children's Hospital MTC, Queen Elizabeth hospital LTU (Woolwich, London) and St Mary's hospital MTC (Paddington, London).

REDTHREAD YOUTH VIOLENCE INTERVENTION PROGRAMME (YVIP) THEORY OF CHANGE FOR THE YEF PILOT PROGRAMME		
HOW	***Intervention Activities***	Hospital initiated Violence Intervention Programme delivered by Redthread workers, using a trauma-informed approach, that aims to contact CYP at a "reachable" moment Following a referral Redthread workers will approach the CYP to seek consent to work with them and for their data to be stored and shared. Short term crisis support - can include safety planning, emotional support, help with understanding medical treatment, attending relevant medical appointments, friends and family liaison, advocacy and signposting to statutory and community agencies, obtaining food vouchers/ clothing/ phone credit, safe travel after discharge, emergency accommodation. Longer term (full programme of work) engagement - risk and needs assessment and joint action plan agreed. Plan can include: making safeguarding referrals as necessary, support navigating statutory systems (including CJS, welfare), casework around healthy relationships/ managing difficult emotions, support to (re)engage in education, securing alternative accommodation, accessing mental health or substance misuse support, accessing financial support and welfare benefits, referrals to community or statutory partners or diversionary activities, support CYP to advocate for themselves in multi-agency meetings, goal setting and aspirational exercises. Typically support lasts for up to 12 weeks, with a 6 month follow up with YP and/or keyworker. **Engagement in full programme of work includes these stages (post referral):** ◆ Engagement – face to face, phone, in the community or school ◆ Joint needs assessment – drawn up with the YP, relevant services are engaged ◆ Planning and Actioning – priorities jointly set, Redthread attend meetings with YP ◆ Positive disengagement
WHAT	***Short Term Outcomes***	◆ CYP understands their diagnosis/health plan ◆ CYP feel safer ◆ CYP offered appropriate safeguarding support ◆ CYP better able to attend appointments, negotiate services and access support ◆ CYP makes own appointments/plans for specialist ongoing support ◆ CYP experiences successful engagement with specialist services themselves ◆ CYP has onward plan for appropriate services
	Medium Term Outcomes	◆ CYP gains greater independence (e.g. makes own plans, appointments) ◆ Improved wellbeing, sense of self, and confidence
	Long Term Outcomes	◆ No readmission to hospital for violence-related incidents for 12 months ◆ Reduced risk of future harm to self and others

Thames Valley: The YEF's multi-site trial of A&E navigator programmes

Pages 71 to 76 of this feasibility study report provide the theory of change for the trial, and one for each of the five sites.

South Wales Hospital Based Violence Intervention Programmes: Theory of Change



YOUTH ENDOWMENT FUND

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