1 Executive Summary

In recent years many cities in the UK have seen increases in violence and exploitation affecting young people. Poor social circumstances and previous adverse and abusive experiences place many young people at risk of repeated injury and of causing injury to others. After such crisis events, many young people will visit an Emergency Department (ED). This visit becomes an opportunity for staff to recognise the wider needs of the young person and try to intervene to help reduce the risk of future harm but many EDs lack the skills and resources to take this opportunity fully.

Some EDs have begun to use teams of specialist youth workers to take referrals from clinical staff and provide additional services to such young people. The "Navigator" ED youth service in Scotland was developed by the first UK Violence Reduction Unit (VRU)[1]. The VRU implemented a youth service in emergency care as an early priority[2] and embedded it within a wider network of community-based services[3,4].

Redthread, a youth charity, takes a similar approach. They have developed a Youth Violence Intervention Programme (YVIP) which works with young people in NHS Emergency Departments (ED) and Major Trauma Centres (MTC) in England. The broad aims of the intervention are shown in box 1.

Box 1 The Aims of the Youth Violence Intervention Programme

Provide support to Emergency Department teams to ensure a holistic approach is taken to tackling youth violence and exploitation, and its implications

Present pathways out of violence and exploitation for young people wanting to make positive changes in their lives

Promote and nurture partnership working across the system to join up the way in which local areas respond to youth violence and exploitation

Young people aged 11-24 are identified and supported as soon as possible after arrival in ED. Youth workers with specialist training conduct structured risk assessments and deliver individualised, practical and psychosocial support alongside the clinical care provided by NHS staff. The programme is based on a "theory of change" setting out how the intervention achieves positive outcomes. The intervention capitalises on the "teachable moment": the crisis and immediate aftermath is often the culmination of many circumstances and experiences but provides a valuable chance for change to begin. Youth workers help young people reflect on their vulnerability, to increase their self-esteem and to find ways to reduce their risk of future trauma. If the young person agrees, this support continues, following the young person through admission if needed, and back out into the community. The programme aims to meet the immediate, often complex needs of young people and helps to engage them with other service in ways that NHS EDs currently cannot.

The Redthread YVIP is already working in 12 hospital sites of varying sizes. This report summarises a qualitative evaluation project conducted whilst the YVIP was funded to expand into sites in Birmingham and Nottingham funded by The Health Foundation. We used interviews, documents and participant observation to collect our primary data. We rapidly searched and reviewed the available academic, 'grey' and policy literature. Our aim was to understand the evidence that NHS staff and policy-makers at all levels were using to help them consider and support adoption of the intervention.

1 Glasgow's Community Initiative to Reduce Violence: Second Year Report. (Undated) Violence Reduction Unity, Strathclyde, Scotland. http://actiononviolence.org/sites/default/files/CIRV_2nd_year_report.pdf last accessed 29/11/2019
2 Goodall C, Jameson J and Lowe D. Navigator: A tale of two cities. (undated) University of Glasgow, Scotland. http://actiononviolence.org/sites/default/files/Navigator%2012%20month%20report%20%282%29_0.pdf last accessed 29/11/2019
3 Mentors in Violence Prevention Scotland. Progress Report 2017-18. http://actiononviolence.org/sites/default/files/Education%20Scotland%20Mentors%20in%20Violence%20Prevention%20%20Annual%20Report%202017%20to....pdf Last Accessed 29/11/2019
4 Scottish Violence Reduction Unit: 10 Year Strategic Plan. SVRU (undated) http://actiononviolence.org/sites/default/files/10%20YEAR%20PLAN_0.PDF last accessed 29/11/2019

The two report authors have clinical Emergency Department backgrounds and were members of the ED research team (DREEAM) in the primary site in Nottingham throughout the project. Our analysis describes how the YVIP embeds and works within the NHS and the wider social care system. We focus on the multiple contextual factors which have enabled the recent expansion of the YVIP, its continuing adaptation to fit within new EDs and what this evidence can tell us about how to spread YVIPs further to support young people.

We found that the need for a dedicated YVIP service is well understood and appreciated within the EDs currently hosting the service but is not yet universally accepted across the NHS. The success of existing sites represents an opportunity for the NHS to play a larger role in tackling cyclical youth violence but both the learning gained and the benefits achieved need to be better captured and communicated. Our key, high level findings are shown in box 2.

Box 2 High level findings

Great willingness from NHS clinical staff and organisations in local areas to engage with and support the work of the YVIPs

Clear acknowledgement that NHS Emergency and MTC services are unable to offer equivalent identification, assessment and "wraparound" support to young people experiencing violence and exploitation

Consensus that youth violence has complex roots within communities and that hospital-based interventions can only make a significant contribution where they are firmly linked to a strong network of community provision and longer-term support

Close cooperation across NHS, Local Authority and Criminal Justice services is needed to provide a firm foundation for the continued development of YVIPs

The opportunities to define shared goals across health and social care systems have been enhanced by the creation of Violence Reduction Units and restructuring of the NHS to deliver integrated "place-based" care

Despite this agreement that youth violence requires a 'joined-up' public health response and multi-agency collaboration, current expansion plans remain fragmentary. Our findings also indicate the existence of factors which could undermine further spread of the service. These are set out in box 3.

Box 3 Potential threats and barriers for further spread of YVIPs

Long-standing weaknesses in the way that the NHS approaches the development, embedding, spread and sustainability of innovative services, especially where provided by an external provider

The need for more detailed and local analysis of the impact of YVIPs to justify sustained funding

Lack of comparative studies from the UK demonstrating the effect of the service compared to standard ED care

The need to measure impacts beyond the hospital episode to support cross-system funding

Lack of agreement amongst service leaders as to what 'counts' as evidence and how much evidence is sufficient to justify further or sustained investment

A broad context of contractions in resources across acute health, public health, social care and criminal justice services: agreeing what to do could mean agreeing what to stop

A failure to value and integrate routine data to describe how YVIPs are supporting the work of NHS and other staff, ensuring safety after discharge and securing engagement with community-based services

There is a significant amount of information available from published evaluations and academic research on how YVIPs function, how elements of the intervention work and how wider impacts can be demonstrated. We found that the value of this evidence was often contested: which outcomes should be measured; which study designs were appropriate; how generalisable were findings. We heard that better evaluation evidence such as routine data and case studies from existing NHS sites could show what had worked and how well and could help drive adoption.

We sometimes found a reliance on highly motivated individuals to promote adoption by giving access to NHS organisations, leveraging personal and professional networks and internal lobbying. The advent of 'population health' approaches and greater integration of care across larger areas could help build on the work of these 'entrepreneurs' but found that the profile of youth violence prevention at these levels within the NHS was not yet sufficiently high to support widespread collaborative commissioning of YVIPs.

The academic evidence from the US shows that YVIPs exert at least some of their effect by helping young people access or re-engage with, existing longer-term support such as education and mental health care. This could be better demonstrated by UK sites using follow-up data from young people and linking data across collaborating organisations to measure improvements in outcomes of interest to the many agencies involved listed in box 4.

Box 4 Other outcomes of the YVIP which demonstrate wider impacts and cost benefits more clearly

Reductions in involvement in violent crime, exploitation and weapon carrying

Greater uptake of services and re-engagement with education, social care, housing, employment and mental health services

Reductions in re-injury rates, severity of injury and evidence of improved mental health and wellbeing

Contributions to population-level public health indicators such as community safety after implementation in new area

Improvements in the confidence and ability of NHS emergency and urgent care staff to work with vulnerable young people

Our interviewees were mainly drawn from the NHS, public health and local government. Their experiences and views illustrated for us the need to situate YVIPs firmly within existing networks of services, working closely with the communities in which vulnerable young people live and to which they return. We found that the day-to-day operation of the YVIPs had achieved this aim through well-established cooperation and referral processes. There was a considerable burden on Redthread to build multiple, effective relationships simultaneously, especially at new sites. Perhaps inevitably, some relevant organisations that we spoke to felt less consulted or engaged than they would like. We saw that the new VRUs were a potentially key response to these challenges. They were able to foster formal and informal networks, share knowledge and experience and coordinate the multi-agency responses required.

We also felt that the VRUs could help encourage closer involvement of the NHS at a number of levels. The NHS adopts innovative models of care more readily when "there [are] established forums for bringing together commissioners and providers across the region and sharing [of] learning"[66].

This is even more important in the area of youth violence and exploitation where many key organisations are outside of the health sector altogether. Documentary and observational evidence showed us that the VRUs are driving adoption of YVIPs by bringing acute and public health, social services and the police and criminal justice systems together with the community and voluntary sector in new ways. This will help to identify the core shared goals needed to align policy and operational responses.

Within the NHS itself we saw how multi-disciplinary steering groups and operational groups formed the main connections with both the wider system and NHS clinical staff and systems internally. Consistent engagement with all stakeholders, particularly busy clinical and managerial staff was sometimes difficult to

maintain. Nonetheless maintaining these groups is essential for long-term viability and represents the ideal of 'communities of practice' in each local area but which can also feed upwards into national policymaking circles.

Our findings suggest that a valuable window of opportunity now exists to widen access to YVIPs to all young people who could benefit. Three important factors were often referred to in our evidence gathering (box 5).

Box 5 Key factors for spread of YVIPs

Continuing rises in youth violence and exploitation whilst looking beyond 'knife crime' headlines and public alarm

The creation of a policy environment which seeks to foster alternative approaches to violence reduction

Widespread cross-disciplinary recognition that community violence is a public health issue requiring a proactive, preventative response

It was also clear that universal provision of YVIP in all EDs with young people in need is unlikely to be delivered rapidly or sustainably by any single agency or organisation whatever the policy backdrop. Most of those we spoke to (and many readers of this report) individually felt they had little or no direct control over many of the real world factors we highlight in more detail in the main report. Many described important and stubborn contextual, practical and organisational barriers to further implementation and sustainability.

The main body of this report describes a number of these findings and makes recommendations which could help increase the spread and adoption of YVIPs. Some of the positive opportunities we found are described in box 6.

Box 6 Positive opportunities to increase spread and sustainability

The development of new delivery and dissemination models to accelerate spread of directly-provided youth violence prevention services and enhanced capabilities of NHS staff in smaller EDs through training and satellite support

Using the learning gained from existing YVIPs as to how new sites can maintain fidelity to the 'theory of change' and quality of the specialist youth work offered by Redthread

Exploiting the 'natural experiment' of phased implementations to generate high quality comparative evaluations of the service to demonstrate impact compared to standard care

Developing cross-system, place-based funding agreements with an explicit commitment to share data to support evaluation of outcomes within and beyond the NHS

Maximising the role of Violence Reduction Units to provide expertise, support collaborations and coordinate new implementations of the YVIP within existing systems in each integrated care system footprint

Ensuring NHS clinical and managerial staff are resourced to work closely with YVIP teams to maintain referral levels and maximise access to the service in each area

During our evaluation we found that 'best practice' in assessment, practical and psychosocial support and safe discharge for young people after violence and exploitation, cannot currently be offered by the NHS consistently without the support of specialist services such as the Redthread YVIP. In contrast, we found limited evidence that addressing youth violence is a key priority for the acute NHS given current competing demands. We were told that in many places a coordinated, multi-agency response which closely involves the NHS, is lacking. These findings help explain the ad hoc spread of YVIPs since their introduction but also point to how the situation could change. Redthread already provide a successful YVIP for young people in some EDs but more work is needed to demonstrate its full impact and benefits, both for young people and the 'system'.

The NHS has put prevention of illness and reduction of health inequalities at the heart of its future development[5]. It already devotes considerable resource to avoiding the unsafe discharge of vulnerable people back into the environment that contributed to their illness or injury[6]. We found an emerging consensus that YVIPs could enable NHS emergency departments to identify and support vulnerable young people affected by violence and exploitation more effectively and for similar reasons: because it is the right and cost-effective thing to do. Widespread implementation of YVIPs linked to strong, onward community care, would ensure that many more young people in need when leaving the NHS emergency and urgent care system could be helped to a better future.

5 https://www.longtermplan.nhs.uk/online-version/
6 NICE Guideline NG27 December 2015 available at https://www.nice.org.uk/guidance/ng27