

Hospital Based Youth Work

Report

Hospital sign for accident and emergency reception

Key information

Publication type: General

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The programme

London's Violence Reduction Unit (VRU) hospital-based youth work programme sees clinically embedded youth workers engage with young people, aged 11-25, who have been impacted by violence or exploitation and present at Major Trauma Centres (MTCs) and Accident and Emergency Departments (A&E).

The youth workers engage with the young person in the hospital immediately after the incident, which research has shown to be a unique 'reachable moment'.

The Mayor's Office for Policing and Crime (MOPAC) and the Mayor's Young Londoners Fund (YLF) have previously contributed to programme funding.

Evaluation overview

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.

Key findings

The evaluation encountered several challenges that have limited conclusions and examination of impact including poor quality data, differences in recording practices and data sharing barriers.

Qualitative insights showed positivity towards the programme across service providers, stakeholders; partners; young people and their families.

The evaluation found significant improvements across perception measures including reduced risk, risk of harm and safety. For example:

- for individuals assessed at the start and end of intervention, the level of risk reduced from 34 per cent being high-risk to 7 per cent high risk at the end of assessment
- services appear to be helping young people to feel safe – for those completing the service (n141), there were improvements across self-reported feelings of safety, support network and wellbeing scores
- the service encountered several implementation difficulties, some of which were exacerbated by the impact of COVID-19. Though there were improvements to engagement over the course of the period evaluated, withdrawal remained a challenge.

Emerging best practice

- The youth workers adopted a flexible approach, personalised to the individual and their needs.
- Access to hospital IT systems, data sharing, dedicated spaces to work and a greater physical presence reinforced support for the service amongst clinicians and improved engagement amongst young people.

Challenges and lessons learned

- Persistent delivery challenges included A&E staff turnover, youth worker staff shortages, referrals and engagement for those over 18 and continued need for training.
- The evaluation recommended that delivery partners consider a dedicated resource to enable awareness of the service.

Recommendations and next steps

Considerable learning has been generated that can inform future decision making.

These can be grouped into:

- **Ensuring implementation:** implementation matured over the course of the programme, any future rollout should anticipate and make contingency plans to address these routine issues.

- **Addressing the withdrawal challenge:** commissioners and service providers should consider options to explore the retention of individuals. The ability to do this is grounded in better data collection and quality, as well as new research on attrition.
- **The need for robust assessment of impact:** future delivery and/or roll out should focus on data capture, access and quality, as well as striving to achieve a robust impact assessment to enable an understanding of which aspects of the service are working and for who to benefit the wider evidence base.

These recommendations have been taken on board for future iterations of the programme. The VRU has commissioned Social Finance as a Learning Partner to support delivery partners to support delivery partners with continuous learning.

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[Read the evaluation FAQs](#)

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