

**January
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**Service evaluation of the Merseyside Navigator
Programme
Final Summary Report (2022-2024)
Jane Harris, Chloe Smith, Jennifer Germain, Zara Quigg**

MERSEYSIDE



NAVIGATORS



Helping young people
to live in Merseyside.
Not in fear.



Service evaluation of the Merseyside Navigator Programme (Final Summary Report 2022-2024)

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About this report

Merseyside was one of several areas allocated funding in 2019, and each year thereafter by the UK Government, to establish a Violence Reduction Unit. To inform the continued development of the Merseyside Violence Reduction Partnership (MVRP), since November 2019 Liverpool John Moores University (LJMU) were commissioned to evaluate MVRP both as a whole (Quigg et al., 2020; 2021; 2022), and some selected work programmes. This report forms one of a suite of outputs from this evaluation work programme, and specifically presents a service evaluation of the Merseyside Navigator programme.

Evaluation outputs are available on the MVRP website: www.merseysidevrp.com/what-we-do/

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Executive Summary

In Merseyside, an A&E Navigator programme operates in 3 hospital sites (Alder Hey, Royal Liverpool, Aintree) across Alder Hey Children's NHS Foundation Trust (AHFT) and Liverpool University Foundation Hospital Trust (LUFHT) to prevent youth violence. Navigators are embedded within each acute hospital trust to offer support to young people (10-24 years) who have been affected by violence or identified as at risk of violence. Attendance at acute healthcare settings is viewed as a 'teachable moment' when young people may be more likely to consider their life circumstances and engage with support. The programme has three core components (crisis and safety support; stabilisation support; maintenance support) and uses a personalised approach to provide support to young people and refer them into wider support in the community). In July 2021, the MVRP commissioned LJMU to conduct a service evaluation of the Merseyside Navigator programme (Quigg et al., 2022) with further yearly evaluations published in year two (Harris et al., 2023) and year three (Smith et al., 2024) of implementation. This final summary report draws on data from the three annual reports (with additional data collected between July and October 2024) to summarise learning from the implementation of the Merseyside Navigator programme and assess perceptions and potential impacts.

Service evaluation objectives:

- 1) To monitor and describe the early development and implementation of the programme.
- 2) To assess the perceptions and potential impacts of the Navigator programme.

Methods:

- Analysis of quantitative monitoring data on 625 young people referred to the programme between September 2021 and October 2024. Incidence data on the number of assault attendances among young people at each hospital trust A&E department over the same time period was provided by the Trauma and Injury Intelligence Group (TIIG). Outcome data was measured using a distance travelled tool (baseline n=81, baseline and follow-up n=24).
- Qualitative data from 18 young people accessing the programme (interviews=11, questionnaires=4, case studies presented by Navigators=9), interviews with parents (n=3) and interviews with key stakeholders (n=16).
- Analysis of programme documentation and observation of key activities (e.g. steering group meetings).

Findings:

- There were 625 referrals made to the Navigator programme between September 2021 and October 2024, with referrals gradually increasing year on year.
- Programme data (available for n=613) reports that 71.3% of young people were discharged from the Navigator programme before reaching the 'Stabilisation and Outcome Support' stage, where young people complete an initial assessment, receive one-to-one support, and set their support goals. The Navigator programme supported 161 young people (26.3% of referrals) beyond the crisis and safety support stage.
- The Navigators have maintained fidelity to their original three phase model at all three hospital sites. Delays and changes to staffing were the largest barriers to programme fidelity with all four Navigator posts not being filled until year three of the evaluation. Minor adaptations were also made as the programme was delivered including testing different shift times and locations within

hospitals, taking a more flexible approach to 3-month follow up review and shortening and adapting their referral form.

- The development of trusted therapeutic relationships with young people, a youth worker led model, supportive NHS leadership, sustained engagement work to raise awareness of the programme among hospital staff, and formal safeguarding support were facilitators of the programme.
- During the three-year evaluation period, the Navigator team encountered several barriers to implementation including maintaining engagement with young people following discharge from hospital, adapting and creating boundaries for new brief intervention ways of working, sustaining awareness and referrals, staff retention, and pressures on NHS services.
- Participating young people reported high acceptability of the Navigator programme and highlighted several positive outcomes including increased access to support, improved physical and mental wellbeing, engagement in education and employment, increased future aspiration, and improved family relationships.
- Both stakeholders and participating young people felt it was important that the Navigator programme continues. Stakeholders viewed the Navigator programme as sustainable. It was felt that the model of delivery is working well and is embedded within the three hospitals, particularly now that all four Navigators are in post.
- However, stakeholders acknowledged that Merseyside VRP funding would no longer be available to support the programme after 2025 and discussed the uncertainty of the programme going forward. Stakeholders recommended several funding pathways that should be considered to ensure the programme is sustained.

Recommendations

Strategic

- The Navigator team and Merseyside Youth Association (MYA) strategic leadership team should develop a strategy for identifying and securing long-term funding for the Navigator Programme. This should include consultation with LUFHT and AHFT hospital trusts to understand if there is scope for the programme to be included within their existing provision.
- The Navigators should continue to consistently implement the distance travelled measure with young people at baseline and case closure, and work to improve data quality and completeness. This, along with continued case studies, will help the Navigator programme to demonstrate positive impacts and outcomes of the programme locally and contribute the national evidence base.
- Merseyside Youth Association (MYA) strategic leadership team should liaise with other Hospital Trusts within Merseyside to scope the demand and need for Navigators within their hospital sites.

Programme implementation

- Sustain a consistent follow-up procedure for young people who do not engage when face-to-face contact is made whilst in hospital. Qualitative evidence from young people suggests that some find the hospital environment overwhelming and stressful and only felt able to make an informed decision to engage upon leaving the hospital highlighting the importance of consistent contact during the discharge process.
- Use support from the Navigators' network within each hospital trust to continue to build on the existing engagement work within each hospital site to ensure eligible young people are being referred to the programme, including options for more physical presence in A&E at the Royal and

ensuring the Navigator Programme is sufficiently prioritised and promoted to both new and existing staff.

Programme Monitoring and evaluation.

- Routinely implement the distance travelled tool at baseline and follow-up and routinely collate and review service engagement data collected via IAPTUS, to ensure the processes of implementation, outcomes, and impacts continue to be captured and identify potential areas for programme improvement.
- Ensure the client journey captures the 'light touch' pre-engagement work that Navigators implement for some patients prior to initial assessment (considering also that some may not go on to engage in the initial assessment). This pre-engagement work should be considered in programme monitoring to ensure the impacts of this work are captured.

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1. Introduction

Across the United Kingdom (UK), hospital-based violence prevention programmes (also referred to as Navigator programmes) have been implemented in various locations, as part of a broader suite of interventions developed in answer to a national focus on preventing and responding to youth violence (following a public health approach [Brice et al., 2020; Butler et al., 2022; Goodall et al., 2017; Newbury et al., 2022; The Health Foundation, 2020]). The Youth Endowment Fund Toolkit, which aims to collate evidence on approaches to preventing violence, suggests that such programmes may be effective in preventing violent crime, however the evidence on effectiveness is currently of low quality (YEF, 2022; Sutherland et al., 2023). In 2019, Merseyside Violence Reduction Partnership (MVRP) funded piloting of a Navigator Service at Alder Hey Children's NHS Foundation Trust (AHFT). Following review and learning from this pilot, a new Merseyside Navigator programme was funded in 2021/22, covering AHFT and Liverpool University Hospital Foundation Trust (LUHFT, including Aintree and Royal Liverpool hospital sites). Whilst evidence on the development, implementation, and impacts of such programmes is starting to emerge, measuring the impact of these programmes on young people is challenging and further evaluation is needed (Brice et al., 2020; YEF, 2022, Sutherland et al., 2023). In July 2021, the MVRP commissioned LJMU to conduct a service evaluation of the Merseyside Navigator programme (Quigg et al., 2022) with further yearly evaluations published in year two (Harris et al., 2023) and year three (Smith et al., 2024) of implementation. This final summary report draws on data from the three annual reports (with additional data collected between July and October 2024) to summarise learning from the implementation of the Merseyside Navigator programme and assess perceptions and potential impacts.

Overview of the Merseyside Navigator programme

The Merseyside Navigator programme has been developed and implemented by a third sector organisation (Merseyside Youth Association), with management and safeguarding support provided by AHFT and wider support from LUHFT, MVRP, and other partners. The programme consists of a core 'Navigator' team (with specialism in youth work) embedded within three acute hospital settings (AHFT and Aintree and Royal Liverpool hospitals, LUHFT). Navigators offer support to children and young people aged 10-24 years (and their parents/guardians) who have been affected by or are identified as at-risk of violence. The programme is based on the premise that healthcare settings offer a 'teachable moment' to engage with children and young people affected by, or at risk of violence. During a 'teachable moment' children and young people may be more likely to consider their life circumstances and, if relevant, engage in support to enhance their life chances. The programme consists of three core components: crisis and safety support; stabilisation support; and maintenance support (provided by wider community partners). Throughout all stages, Navigators take a personalised approach to engaging and supporting children and young people. Critically, the role of the Navigator is to identify eligible children and young people, assess their needs, refer them for wider support in the community where relevant, and follow-up with children and young people 3-months post-initial assessment to assess progression and identify any wider support needs.

"When you're lost, you can turn to them, and they can help you navigate your way back to freedom yourself" (YP5).

Pre-programme context

In December 2019 the MVRP and AHFT commenced a four-month trial of a Navigator Service for children and young people (aged 10-24 years) who had experienced violence or were at risk of violence and/or related issues (e.g. substance use, exploitation). One full-time Navigator worked at the hospital during the peak times for violence related attendances. During this time, a scoping exercise was undertaken of existing evidence, and consultation work was done with young people via the Liverpool Safeguarding Children's Partnership and AHFT Young Persons Advisory Group. A brief case study evaluation was undertaken (Quigg et al., 2020). The pilot continued during 2020/21 during the Covid-19 pandemic.



Programme implementation

YEAR 1



In May 2021 Merseyside Youth Association (MYA) were commissioned by MVRP to implement the Merseyside Navigator Programme with four Navigators (one with a project management role). AHFT were also commissioned to provide NHS leadership, programme management and safeguarding support. Following an assessment of local need, the programme was expanded to also include LUHFT (Aintree and Royal Liverpool Hospitals). A steering group was established which meets every six weeks.

During the first 7 months, three Navigators were recruited to cover the three hospital sites, Monday to Friday. Navigators established a base at A&E within AHFT and Royal Liverpool, and the safeguarding team at Aintree. The Navigators undertook work to raise awareness of the service and increase referrals through attendance at staff meetings, hospital events and promotional materials.



YEAR 2



In March 2022, MYA were re-commissioned to continue delivery of the Navigator programme across the two NHS Trusts. Additional shifts were added to cover evenings and weekend nights. Staffing changes meant the team did not recruit all four posts concurrently and a waiting list was introduced. Adaptions based on the first year of implementation included: a more flexible follow-up period (rather than fixed 3-months), reducing referral form length and replacing the Strength and Difficulties Questionnaire (SDQ) with a bespoke distance travelled tool to measure outcomes.



YEAR 3



MYA were recommissioned to continue delivery for a third year. A fourth Navigator was recruited. A fully staffed programme prevented waiting lists and allowed the Navigators to be more visible in A&E. In January 2024, one Navigator was assigned exclusively to AHFT due to the high number of referrals seen at this site.

Evaluation objectives

The service evaluation had two core objectives:

- 1) To monitor and describe the early development and implementation of the programme.
 - To describe the implementation of the programme.
 - To explore the uptake of the programme among the target population.
 - To elicit the facilitators and/or barriers to development and implementation.
 - To identify areas for development and sustainability.
- 2) To assess the perceptions and potential impacts of the Navigator programme.
 - To explore key stakeholder views on the programme.
 - To identify the intended (and initial) outcomes and impacts of the programme.

2. Methods

Ethical approval for the evaluation was provided by LJMU (ref: 21/PHI/018) and Clinical Audit Approval granted by AHFT (ref: 6445) and LUHFT (ref: 11972). A mixed methods approach was used to gather evidence, with findings triangulated to inform the service evaluation including:



Analysis of programme monitoring data on young people accessing the Merseyside Navigator Programme including referrals (n=625) and outcomes using a distance travelled tool (n=81).

Data was provided by the Trauma and Injury Intelligence Group (TIIG) monitoring system on the number of assault attendances among 10–24-year-olds at the three hospital sites, which was used to calculate a referral rate from September 2021 - October 2024.



Qualitative data from 18 young people who had completed the programme through semi structured interviews (n=11), qualitative questionnaires (n=4) and case studies presented by Navigators (n=9).

Semi-structured interviews with parents of young people involved in the programme (n=3)

Semi-structured interviews (n=16) with Navigators and key stakeholders focusing on adaptations to the programme, outcomes, and sustainability.



Desk based review of programme documentation and observation of programme activities (e.g., steering group meetings) to add context to the evaluation.

3. Findings

Who is accessing Navigators? (Reach)

Referral pathway: Any member of staff within AHFT or LUFHT hospital trusts can refer a young person to the programme whilst on site or via an online referral form on the hospital IT system. Navigators are also able to proactively identify referrals through patient records (through access to hospital IT systems at AHFT and daily trauma ward handover emails at Aintree Hospital) and through direct engagement with young people, patients, and staff whilst at the hospital sites. To be eligible for the programme young people must be:

- Aged between 10-24 years.
- Vulnerable to exposure to violence, exploitation, or other criminal activity.

Hospital Trust staff are encouraged to refer even if they are unsure if the person fully meets the criteria. Several examples were given by interviewees of children who had attended with non-violence related issues, but upon further assessment these young people reported experience of bullying or violence and were subsequently referred to the programme.

Local context: Assault related attendances at LUFHT and AHFT, September 2021 – October 2024

Data collected by the Trauma and Injury Intelligence Group (TIIG) reports that there were 1,962 assault related attendances to AHFT and LUFHT among 10–24-year-olds between September 2021 and October 2024 (Alder Hey n=486, Royal Liverpool n=790, Aintree n=686). Young people aged 10-24 years accounted for 31.6% of all assault attendances at the two trusts. Overall, 73.4% of attendances were male (Alder Hey = 68.9%, Royal Liverpool = 73.0%, Aintree = 71.7%). Where recorded (n=1,887) 'fist' was the weapon of assault for 33.2% of attendances (n=627) and 2.2% recorded a knife or sharp object (bottle, glass, bladed or sharp object, n=42). Just over half of assaults (50.2%, n=985) were discharged from hospital, 11.1% (n=217) were admitted to hospital, and 16.9% (n=332) left hospital before being seen for treatment or refused treatment.

Number of referrals to the Navigator Programme (July 2023-June 2024)

Between September 2021 and October 2024, the Navigator programme received 625 referrals (Alder Hey n=367, Aintree n=125, Royal Liverpool n=133). Comparisons across the three full years of data available showed a gradual increase in the number of referrals per year (September-August 2021/22 n=149, September -August 2022/23 n=202, September-August 2023/4 n=240¹). Figure 2 presents the number of eligible referrals by hospital site between September 2021 and October 2024. More than half of referrals (n=367, 58.7%) were from Alder Hey with 21.3% from the Royal (n=133) and 20% (n=125) from Aintree.

The majority (89.6%, n=560) of referrals were made online via MYA's online system (IAPTUS), with the remaining referrals received on-site in A&E or on the ward (n=65, 11.6%). The primary sources of referral were A&E (n=255, 41.7%) and Safeguarding (n=203, 33.2%), with the remaining referrals coming from the Trauma team (n=89, 14.6%), CAMHS (n=42, 6.9%), and other sources (n=22, 3.6%).²

¹ An additional 2 months of referral data was collected during the evaluation period: September-October 2024 n=34

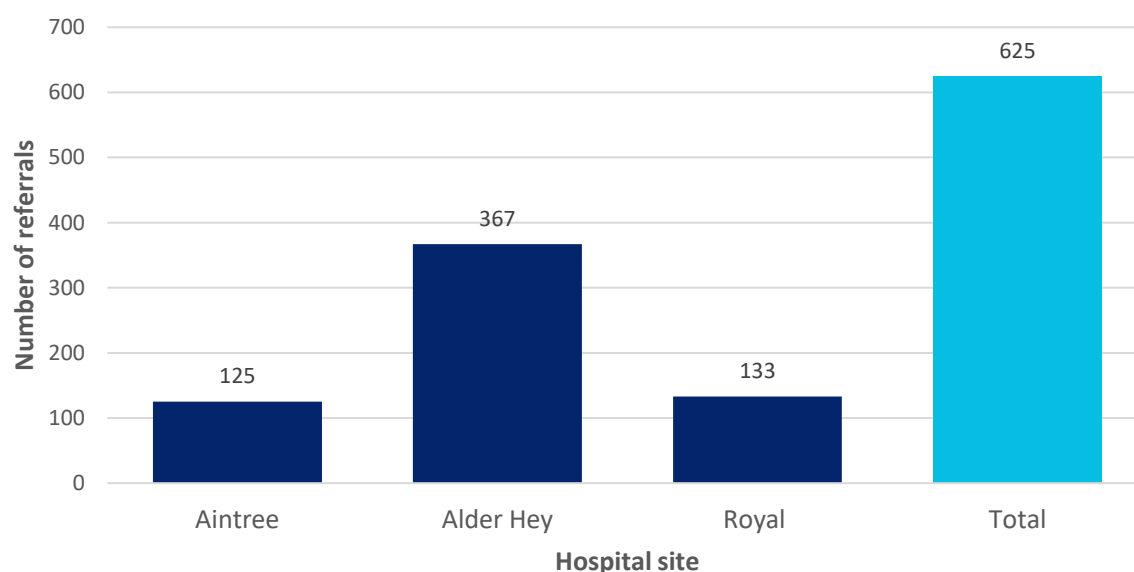
² Source of referral data was not available for 14 young people.

The primary reasons for referrals (figure 3) recorded were 'serious youth violence' (n=216, 34.7%), 'actuated physical injury' (n=196, 31.5%), and 'bullying' (n=88, 14.1%). The remaining referrals with reason recorded³ were due to 'child criminal exploitation' (CCE, n=36, 5.8%), 'domestic violence' (n=25, 4.0%), 'child sexual exploitation' (CSE, n=15, 2.4%), and 'self-harm' (n=12, 1.9%).

Over the course of the evaluation, interviewed stakeholders discussed a range of varying and complex needs among young people referred to the programme. These included poor mental health, issues with substance use, risk of homelessness, gaps in education and employment, and low self-confidence. The Navigators also highlighted a substantial proportion of young people with disabilities or who are neurodiverse.

Referral data from the Navigator programme was compared with TIIG data on assault attendances for 10–24-year-olds from the same period to estimate a referral rate for each hospital site (figure 4). The referral rate was highest at Alder Hey where the number of referrals to the Navigators programme represented 93% of assault related attendances, followed by 21.2% at Aintree, and 18.7% at Royal Liverpool. This represents a considerable increase in referral rate at Alder Hey where 67.1% of eligible young people were referred the previous year. The referral rate at both Aintree and Royal Liverpool have seen slight decreases from the previous year (Aintree 23.9%, Royal Liverpool 19.1%). The reasons for these varied referral rates are discussed in the facilitators and barriers section below.

Figure 2: Number of referrals by hospital site (September 2021 – October 2024)



³ Reason for referral data was not available for 3 young people, unknown for 6 young people and recorded as other for 28 young people.

Figure 3: Reason for referral (September 2021 to October 2024)

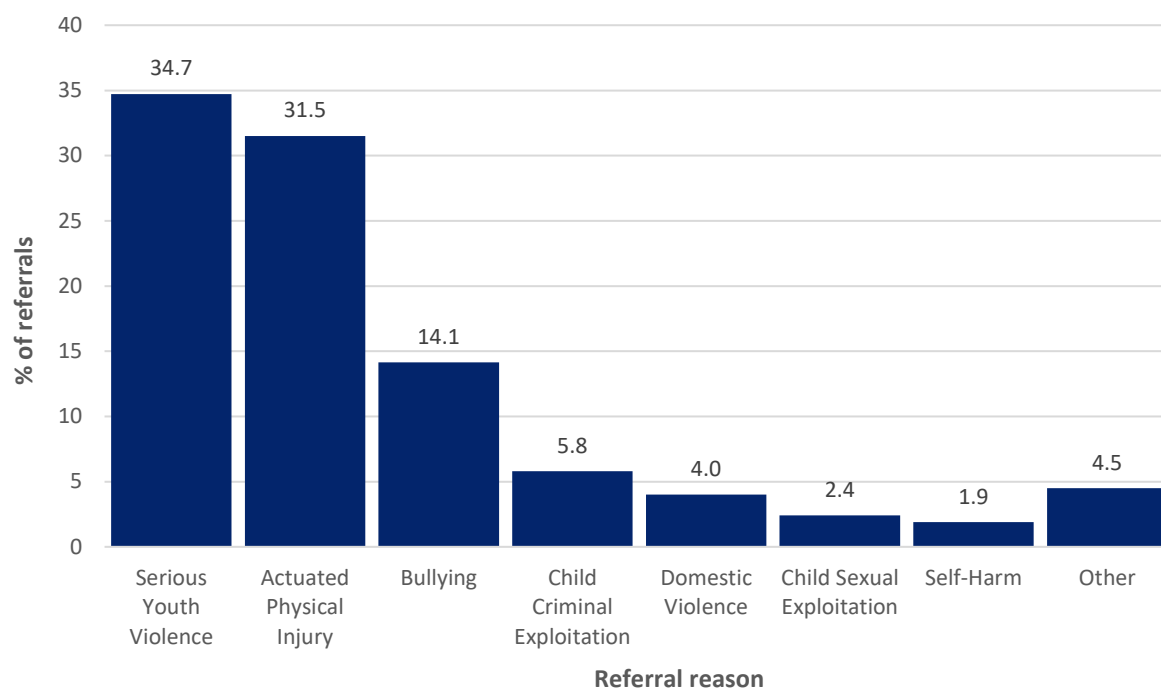
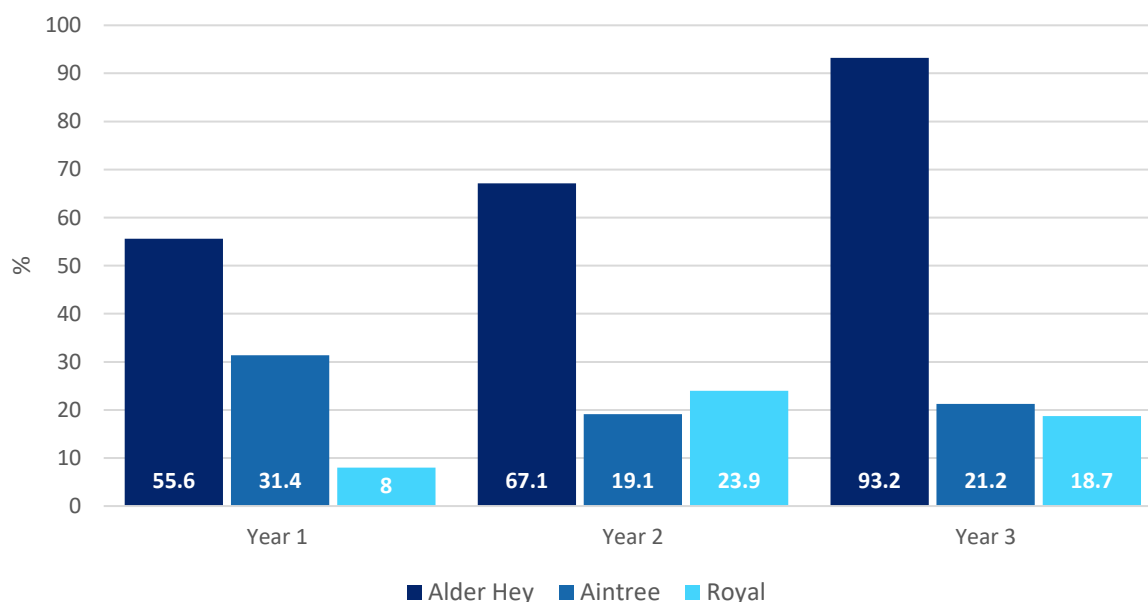


Figure 4: Estimated referral rate by hospital site comparing year 1 (full fidelity period only Feb 2022- May 2022), year 2 (July 2022 – June 2023) and year 3 (July 2023-June 2024)



Level of engagement

Engagement data was available for 613 of the 625 referrals made from September 2021 to October 2024 of which 530 had been closed and 83 were still in progress. Just under three quarters (71.3%, n=437) of referrals (where data was available, n=613) were closed due to the young person declining support (n=138, 22.5%), no contact (n=180, 29.4%), non-engagement (n=87, 14.2%), or being ineligible (n=32). Across the September 2021 to October 2024 evaluation period, 26.3% (n=161) of young people referred (for whom data was available, n=613) engaged with the Navigator programme beyond the

crisis and safety support stage. Across the evaluation, 15.2% of young people had their referral closed because they had successfully completed (n=28, 4.6%) or been signposted to support services (n=65, 10.6%).

Navigator programmes are built on the premise of engaging young people face-to-face in the hospital environment during what is termed a *“reachable, teachable moment”* (S13). Interviewed stakeholders felt this was an opportunity to build trust with the young person and facilitate their engagement. As one stakeholder explained, *“being able to see someone face-to-face and explain who you are and what it [the Navigator programme] is, it's much more positive towards in terms of positive engagement”* (S14).

However, stakeholders noted a substantial proportion of young people who accepted a referral to the Navigators during this ‘teachable moment’ subsequently declined support or failed to respond to further communication from the Navigator. Similarly, interviewed stakeholders reported that young people who engaged with the programme and were successfully referred by the Navigator to further support did not always re-engage with Navigators at the 3-month follow-up stage. As quoted below, stakeholders did not necessarily view this as a failure of the programme but, rather, that the Navigator programme had achieved its objective of engaging young people at a teachable moment and successfully connected them with the support they required. Interviewed stakeholders also stated that they believed the teachable moment itself had positive value for young people by increasing feelings of safety, reducing isolation during their recovery, increasing their knowledge of how to protect themselves from harm and making them aware that support was available should they need it in the future.

“They've met us, we've referred them out, they're getting the support they need, so for them they're not really interested in having a three-month review with us because we've kind of given them what they've wanted and then they've left then” (S1).

“There's a multitude of factors that surround the criminal exploitation of children...gang and knife crime...county lines...young people feel very scared. It's really difficult to trust somebody...what the Navigators are really skilled at is continuing to try and say...at some point, you might just want to give me a call. When you do, I'll pick up the phone and I guarantee I'll have a conversation with you” (S8).

Navigator programme content and delivery (dose)

The Merseyside Navigator programme consists of three stages of support personalised to the needs of each young person: 1) crisis and safety support, 2) stabilisation support, and 3) maintenance support. This is summarised in more detail in Figure 5.

Crisis and safety support: The Navigator approaches young people or their parent/guardian at the hospital (if they are in a stable position), or via telephone/email/letter following discharge from hospital. If they are unable to make post-hospital contact, the Navigator will follow-up using various methods for a period of four weeks, at which point no further contact is attempted. This initial contact aims to build trust, develop a relationship with the young person, and assess immediate risks, safety, support networks, and the support the Navigator programme can offer.

Stabilisation support: A short (~3 week) phase of intensive personalised support is provided in community settings, including assessment of existing statutory service involvement, one-to-one support, needs assessment, goal setting, and development of a co-designed action plan to enable referral to wider community partners. Stakeholders recognised that in some cases intensive stabilisation support needed to exceed three weeks. For example immediate engagement with young people with complex injuries was not always possible, and a light-touch period of building a relationship and maintaining contact was required instead. Navigators take a flexible approach, meeting young people at a time and location that suits them.

Maintenance support: Young people are referred to community partners to enable a bespoke menu of interventions. Examples include mental health support, youth services and interventions, education or employment support and opportunities, and sports clubs. The Navigator tracks and assesses the distance travelled by the young person and any wider support needs at a follow-up meeting. In year one this was fixed at three months post referral, but was later amended to be a time period most suited to the young person due to high levels of attrition. In year one of the evaluation, the Navigators assessed distance travelled using the Strengths and Difficulties Questionnaire (SDQ). However, following Navigator and young people's feedback on the length and accessibility of the tool, this was replaced in year two of the evaluation with a bespoke distance travelled tool developed by the Navigator team. The Navigators maintain a comms log on the IAPTUS data system which documents all activities with the young person from initial contact to final review meeting, which assisted them in reviewing young people's progress.

"A couple months go by, and you want to get back in touch, rather than me kind of be going oh I've not worked with him for ages, I don't know what's going on, I can then go and find that comms log and it makes life easier for me in terms of keeping track of where he was when I first met him where he was when I left them. And now what we're going to do that now that he's come back" (S12).

Table 1 provides a summary of young people referred to the Navigator Programme between July 2023 to June 2024, for whom data was available (n=613). As previously discussed, the majority of young people (n=437, 71.3%) had exited the programme at the crisis and safety support stage either due to being ineligible, declining support, or non-contact. The case studies below illustrate the journey of two young people through the Navigator programme. As the case studies highlight, Navigators tailor their provision to each young person, and work collaboratively with existing services (such as schools, universities, CAMHS, social services, substance use services) to gain a full picture of each young person's support needs and develop a programme of support. In some cases, as illustrated in the quote below, this may lead to the Navigator withdrawing support if they believe the young person's needs are already being met through existing avenues of support. Navigators often accompany young people attending services for the first time to encourage their engagement - *"I'll take them...introduce them to the staff there... it gives them the opportunity to just settle and then over time, I'll gradually reduce how much I'm there and just keep checking in"* (S1).

"His mental health kind of got worse, he stopped going to school. So, between myself and another CAMHS worker, we kind of discussed how it was best to proceed. The CAMHS worker has kind of got a, like a programme that's seeming to work... And that need's being met. So, it's not worth me duplicating" (S1).

Figure 5: Overview of children and young people's journey through the Merseyside Navigator programme

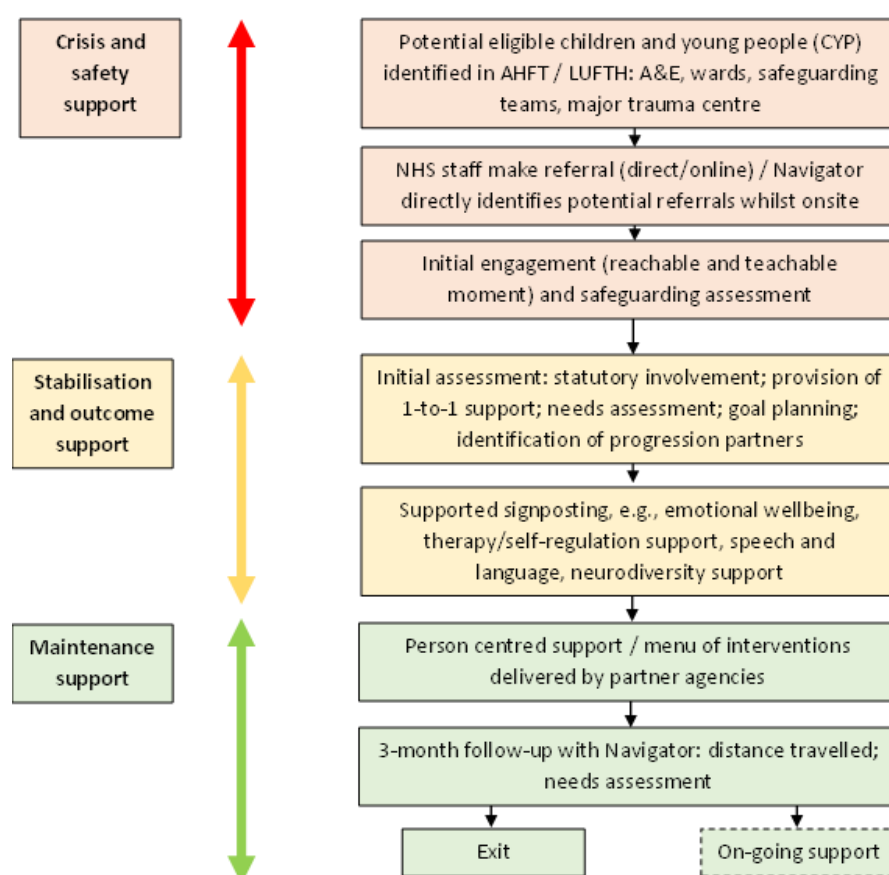


Table 1: Last stage of Navigator support recorded (October 2024) for young people referred into the programme September 2021 – October 2024

	Navigator Programme Stage	Number of YP	%
Crisis and safety support	Referral Closed - Declined Support	138	22.5
	Referral Closed - No Contact	180	29.4
	Referral Closed - Non-Engagement	87	14.2
	Referral Closed - Not Eligible	32	5.2
	Decide eligibility or more information required	15	2.4
	Enter Navigators	22	3.6
Stabilisation and outcome support	Navigator Needs Assessment	7	1.1
	Navigator Hopes and Fears	4	0.7
	Family/ Social Life	3	0.5
	Fill out Questionnaires and goals	8	1.3
Maintenance support	Enter Primary Intervention	4	0.7
	Enter Secondary Intervention	2	0.3
	Navigator Referral Education Training or Employment	4	0.7
	Navigator Referral Mental Health	4	0.7
	Navigator Referral Social Support: Clubs	3	0.5
	Navigator 3 Month Review	7	1.1
	Referral Closed - Signposted to Support Services	65	10.6
	Referral Closed - Successful Completion	28	4.6
Total		613	

Case study 1 (Interview)



Young person 2 (YP2) was referred to the Navigator programme following a suicide attempt. He had a cocaine addiction and had been expelled from university due to being deemed not fit to study. YP2's mother passed away when he was 10 years old, and he did not have a good relationship with his dad or strong family relationship. As a result of being expelled from university, YP2 was no longer allowed to stay at his accommodation, and he became homeless. At the time he was referred, YP2 was not in receipt of any other support, and was initially hesitant to accept support from the Navigators as he felt he was not emotionally or mentally ready to consider the offer. Once he was discharged from hospital, the Navigators followed up on their offer of support via phone, which YP2 accepted.

The Navigator took an advocacy role for YP2. The Navigator met with YP2's university to appeal the expulsion with the University agreeing to a suspension on the condition that YP2 complied with the referrals the Navigator put in place. YP2 and the Navigator noted that although the university knew YP2's circumstances, they did not provide any support or guidance for YP2 - *"He did not have anybody to turn to. I'm glad we were there" (S2)*. The Navigators also worked to reduce the risk of YP2 sleeping rough by referring him to Whitechapel, Property Pool Plus, and Powerhouse and attending meetings with these organisations to ensure YP2 was appropriately supported. The Navigator discussed the difficulties people sleeping rough can experience getting in touch with the appropriate services, with up to a two hour wait to speak to a professional who can support them to find accommodation for the night, and often not enough accommodation available to house everyone. Due to these challenges, on one occasion the Navigators paid for YP2 to spend the night in a hotel to avoid them sleeping rough. YP2 also had a night in a hotel from Careline and has self-funded several nights themselves. More recently, Whitechapel have accommodated YP2 in a hotel until a hostel is available. YP2 highlighted that without the Navigators, he would not have known where to go - *"I wouldn't have known what to do if I didn't have Navigators" (YP2)*. The Navigator also referred YP2 to counselling and We Are With You drug and alcohol support service. YP2 initially felt shame about accessing support and wanted to address his drug use himself; but with support and encouragement from the Navigators he engaged with this support.

YP2 has a part-time job, which was affected by his change in circumstances. YP2 was not allowed to have his phone with him during shifts, which made it difficult for YP2 to find accommodation for the night as he needed to ring accommodation services and could be on hold for long periods. The Navigator advocated for YP2 by ringing their employer to explain the situation. Following this, YP2 was granted a period of leave by his employer. Following support from the Navigators, YP2 described feeling more stable in his circumstances and has since been able to return to work and increase the number of shifts.

Once this programme of support was established, the Navigators took a step back to give YP2 independence to manage this support himself. The Navigators remained in contact with YP2 at least every other day via phone and had weekly face-to-face meetings. The Navigators also kept YP2's case open over the summer period so they could accompany him on his first few days of university, to ease the transition back into education and allow the Navigators to update teaching staff on YP2's situation. YP2 acknowledged that he felt positive about returning to university. He recognised that the Navigator programme had prevented him from being expelled from university and had significantly improved his life - *"[Without the Navigators], I don't even want to think about it... my life would have been a lot worse" (YP2)*.

Case study 2 (Navigator case study)



Young person 7 (YP7) was referred to the Navigators by ED staff following an assault. Due to capacity in the Navigator team, he was initially placed on the waiting list, and the Navigator made contact after he was discharged from hospital. An initial meeting was set up between the Navigator and YP7 where they did an assessment of basic needs. Through this, they identified that YP7 needed mental health support and wanted to improve his physical health. Through further conversations with YP7's mother, it became apparent that YP7 has autism and was in the process of getting an Education Health Care Plan (EHCP).

To support YP7's mental health needs, the Navigator made a referral to CAMHS and, following a period of time on the CAMHS waiting list, YP7 was assigned a CAMHS worker who began to work with him and provide support. To improve YP7's physical health, the Navigators signposted him to a series of recreational activities, including a local boxing gym, football, and a youth club. YP7 decided to engage with the local boxing gym. YP7 also wanted to learn how to ride a bike and he was signposted to BikeRight cycle training, which he began engaging in.

The Navigator also took on an advocacy role for YP7's mother, who had concerns about the progression of YP7's EHCP and the impact that YP7's behaviour was having on the family. The Navigator recognised that by supporting YP7's mother, they were also able to provide better support for YP7. The Navigator attended meetings with the school, the CAMHS worker, and the educational welfare officer to assist in the development of YP7's EHCP which involves a reduced timetable and additional support through a teaching assistant. YP7's mother also felt that YP7 was exerting too much control over the family, and so the Navigator organised for a CAMHS worker to deliver nonviolent resistance training to YP7's mother to allow her to effectively respond to this behaviour.

Although YP7 was engaging in support, his mental health began to deteriorate, and he stopped going to school. The Navigator worked with the CAMHS worker to decide how to best proceed in support of YP7. It was acknowledged that mental health support was now the primary need for YP7 and that the CAMHS worker had a programme that appeared to be working well. The Navigator discussed this with YP7's mother, and a decision was made that YP7 should continue to receive support from the CAMHS worker, and that the Navigator should step back to avoid duplication of support. Although YP7 had also stopped engaging with the boxing gym, he was keen to reengage in the future.

Fidelity

Over the three years of evaluation, the Navigator programme kept fidelity to their proposed model in terms of eligibility criteria, delivery sites and the three-phase model of support (crisis and safety support, stabilisation and outcomes support, maintenance support). Delays and changes in staffing were the largest barrier to programme fidelity (discussed below). Several minor programme adaptations were also implemented over the three-year period which are outlined below.

Staffing: The Navigator Programme was designed to employ four Navigators (one holding a project management role). However, recruitment delays and changes in staffing meant that all four Navigator posts were not concurrently filled until year 3 of the evaluation. Stakeholder participants identified several factors which contributed to staffing issues. Firstly, the short-term (12 monthly) nature of the Navigator Programme funding meant the posts were not as appealing as longer term positions. This also impacted upon staff retention as staff left posts to pursue more stable or permanent positions. Secondly, working at the hospital sites required Navigators to have honorary NHS contracts in place (including the completion of necessary training). This process took several months, meaning the Navigators could not begin engaging with young people until September of year one (six months into implementation). By this point two of the three Navigators had left their post, and stakeholders suggested a lack of job satisfaction (not being able to engage with the young people they wished to help) may have contributed to this. Due to staffing issues, a waiting list had to be implemented for referrals in year two.

“So not knowing if you're going to be having a job next month or in six months' time. Getting personal satisfaction out of the job as well. If you're not getting any referrals and you're not getting any followers, it must seem like a bit of a rubbish job and you know you get demoralised, your heart's not in it, you get attrition, people resign and will resign” (Delivery partner 2).

All four Navigators posts were not filled until year three of the evaluation. Stakeholders explained that as a result, hospital staff have become more familiar with the Navigator programme within AHFT, thus *“referrals have increased and definitely the waiting time has gone down. Things are being picked up almost immediately and followed up” (S14)*. A full cohort of Navigators also enabled one Navigator to be exclusively based at AHFT as *“a presence who could offer support to medical teams to provide assistance to the young person or their family members” (S15)*.

Navigator presence at hospital sites: Navigators were originally employed to work 9-5pm, Monday to Friday. During year one, stakeholders recognised: 1) the importance of face-to-face contact with a young person at a ‘teachable moment’, and 2) the impact of different hospital contexts on delivery. They therefore adapted their standard 9am-5pm Monday to Friday working hours, and piloted different shifts to align with peak times for violence-related attendances (including evenings and weekends). Navigators also trialled different locations within each hospital trust to determine where they could best identify eligible children and young people and maximise visibility. In AHFT, Navigators moved to an office space within A&E, enabling them to collaborate with staff across hospital wards to identify and support children and young people. In Aintree, due to space constraints and limited eligible referrals from A&E, Navigators moved to the safeguarding team office and visited A&E and trauma wards. At Royal Liverpool, space limitations and safety concerns led Navigators to establish a base behind the A&E reception, where they could observe incoming patients and collaborate with the safeguarding team to identify eligible young people on wards.

Follow up reviews: During year one of the evaluation, follow-up reviews with young people took place at a fixed three-month period. During year two, Navigators began taking a more flexible approach to scheduling follow-up reviews with young people (rather than a fixed three-month period) to maximise engagement. Navigators felt it was beneficial to have follow-up reviews occurring closer to the young person’s last engagement with their Navigator because it was easier for the young person to recall and give feedback and was more personal for the young person *“especially as you spent all*

that time building up a relationship with them” (S8). During year two of the evaluation, a new process for capturing outcome data for young people (at initial contact and follow-up review) was agreed following discussion with the evaluation team. Feedback from Navigators suggested the Strength and Difficulties Questionnaire (used in year one) was too long, placed too much of a paperwork burden on young people, and some questions were considered intrusive. This was therefore replaced with a programme-specific distance travelled tool which is detailed in the outcomes section below.

Referral process: During the first year of implementation, amendments were made to the Navigator referral process to ensure more efficient monitoring of the programme. For example, the referral drop down was amended to capture recruitment through direct Navigator engagement at the hospital. In addition, the drop-down option for case closure was amended to include non-engagement or disengagement to allow monitoring of children and young people who accepted a referral but did not answer any communication from the Navigator or started to disengage. During year two, the online referral form was reduced to only include key information after feedback from hospital staff stated the referral form was *“quite lengthy” (S9).*

Facilitators

Building a trusting relationship with young people

Across all three years of the evaluation, building a trusting relationship with young people was consistently described as a key facilitator of the programme. Participants described how their Navigator *“made us feel safe” (YP5)*, was *“friendly” (YP3)*, listened to how they were feeling (quoted below), was *“down to earth” (P2)* understood their experiences, *“make you feel comfortable...and who understands you” (YP2)*, and were *“actually willing to help” (YP7)*. These qualities fostered a stronger therapeutic relationship between the Navigator and the young person, allowing them to share their experiences more openly *“because if like I didn’t understand [Navigator]...didn’t feel comfortable by him, I wouldn’t tell him like as much...wouldn’t really like get as close to him” (YP2)*. Three aspects of programme delivery were described as building trust: being youth worker-led in nature; taking a flexible approach to delivery; and building positive relationships with parents/carers.

“He’s just really, like, talkative...he’s very nice and kind and...like he makes you feel very like, comfortable and stuff” (YP14).

“[Navigator] was very helpful and influencing. I got on well with him and he’s good at his job. He knows the score” (YP15).

Youth worker led: Participating stakeholders noted *“there’s such a distrust with young people of professionals in general” (S12)*, and several young people favourably compared the relationship with their Navigator to relationships with other professionals in the past *“they’re someone who actually cares and stuff” (YP7)*. These young people felt that the Navigators were *“not like most others” (YP10)* and that they were *“easier to speak to than most people” (YP13)*. Stakeholders described how youth workers were experienced delivering *“in a very casual way” (S12)* which allows young people to feel at ease in their interactions and overcome any initial distrust (*“It’s good that it’s kind of youth work... I think we do a really good job of being professional but differentiating from professionals”, S12*). In contrast to a clinician led model, Navigators described being able to be *“on the ground...to get that engagement from that young person” (S8)*, felt well-equipped to support young people in crisis, and well positioned to refer them to a range of suitable services.

"If you don't feel like the person is understanding you or you don't feel comfortable then you can't really talk about nothing and nothing changes" (YP9).

Flexible approach to delivery: Young people and stakeholders also described a flexible and responsive programme which tailored support based on young people's needs and wants. For example, one participating young person who had experienced bullying, did not want their school to be contacted by the Navigator so that they had *"like a safe space away from school"* (P2). Similarly, the quote below from a Navigator describes how they listened to a young person's preferences when identifying a suitable counselling service. Navigators also tried to meet with young people in the environment that they felt most comfortable (for example MYA offices, school, home). As illustrated in the second quote below, Navigators felt that being flexible and responsive to young people's needs supported them to talk more openly and work towards positive changes.

"A big part of it, it's making sure that the young people feel safe enough to say yes or no and there were some things we talked about that he just wasn't comfortable with like there was... [at] the women's organisation but it was like male counselling, but I think because women's organisation name is all over it as well, it can seem like a little bit like would that be for me as like a young male? So, we went down other avenues for the counselling support" (S9).

"...he wasn't in a very good place in the first instance. So, it was quite difficult. But certainly, from my perspective, I immediately liked him and the reason why I like him is because he's dead open, and he's dead honest like and he wanted things to get better...he wanted to move forward in a positive way...immediately I was like, well here's a young man that I can really work with that can make a positive impact on, do you know what I mean?" (S8).

Building positive relationships with parents/carers: During the third year of the evaluation, stakeholders highlighted how building relationships and getting buy-in from parents/carers could facilitate young people's engagement. As the quote below demonstrates, for many young people being supported by their parent/carer to attend their initial meeting improved the Navigator relationship and helped break down potential barriers to engagement. For example, one young person discussed being supported by their dad to attend her first session led her to recognise that the Navigator programme was not like other support that she had accessed. Once the young people experienced the relaxed nature of the programme, she described feeling ready and willing to engage.

"The young person might sit there and go ugh, but the parent will bring them here...I always see it as I'll have like an hour with them. Because the parent's chosen to give me that hour. And that's my chance to build the relationship so that the young person wants to see me" (S12).

NHS leadership

Designated senior leaders within NHS trusts with responsibility for supporting the development, implementation, and embedding of the programme was viewed by participants as a key facilitator, particularly in the first year of the evaluation. NHS leads enabled Navigators to understand and operate within the NHS culture and system. Examples included obtaining honorary contracts, facilitating training, setting up referral processes, and supporting promotion of the programme across hospital sites. NHS leads also supported Navigators to establish key single points of contact across hospital sites, which increased their visibility and integrated them into the relevant teams.

“...really valuable because [NHS lead] being able to link us in with who we've needed...because as you can imagine, the hospital is so big that for me to just have gone in, I wouldn't know where to really start. I'd go with A&E, but having links with all the other departments, I wouldn't have known about that. So having someone as a point of contact who can link you up and invite me to speak on like the 'grand rounds' and speak to the CAMHS team so it just spreads awareness then across the whole hospital about the project” (S1).

Regular and sustained engagement with staff via meetings, informal discussions, and promotional material

Over the three years of evaluation, Navigators and NHS partners implemented a range of activities to raise awareness of the programme among senior leaders and frontline practitioners at each hospital site. This included at relevant meetings, hospital events, and the development of promotional materials for when Navigators were not on site. Interviewed stakeholders felt this engagement work had helped to embed the Navigators within the hospital systems and increase relevant referrals *“our referral rates gone right up...that is a product of the hard work we've put in as a team to promote and educate within the hospital environment” (S8)*. As illustrated in the quote below, stakeholders observed that once clinicians made a first referral and saw it was accessible and successful, they were more likely to continue to make referrals. In the first two years of the evaluation, Navigators described some challenges in increasing awareness of the programme at the Royal, however, having a full cohort of Navigators in the third year of the evaluation had increased capacity to raise awareness of the programme across all three the delivery sites *“I think they [the Navigators] are more recognised in Alder Hey and in Aintree and it's improving in the Royal” (S16)*.

“A lot of it is all based upon relationships, very often when we're talking to medics about doing a referral...Once they know that they can access that project, they will tend to carry on referring to them. So, if they know that a navigator is in a hospital and that they're going to help them, then that's the easiest way of continuing and building upon that work, the relationships that they have” (S15).

Programme delivery by specialist third sector organisation

Being delivered by a third sector organisation (MYA) was viewed as a key facilitator. Participating stakeholders described how MYA (as a well-established county-wide organisation) have an established programme of interventions and activities across the region that young people and parents/carers can be referred into, and a number of offices where Navigators can engage children and young people and parents/guardians in a location convenient to them. Participants also felt that as a youth worker led team, they brought particular experience of engaging young people who were less likely to access traditional health, social care, or educational services. From an NHS perspective, having a skilled, flexible, and responsive external third sector organisation deliver the programme was seen as beneficial particularly due to the resource pressures the NHS are under.

“So, I think they've been excellent... you know there's a real usefulness of third sector organisations in providing these services because they have a bit of, we'll just get on and do it type attitude that the NHS can be hamstrung by” (S1).

"A youth worker has the ability to be able to engage with the young person that nobody else does, because of the use of informal education. A young person will engage with the youth worker when he won't engage with a policeman, they won't engage with a doctor or a nurse. They won't engage with the teacher. They won't engage with the social worker. But they will engage with the youth worker" (S2).

Formal Safeguarding support

Several stakeholders highlighted the critical need for supervision of Navigators, using reflective case management to ensure Navigators can effectively identify and address the safeguarding needs of children and young people. As one stakeholder described *"it's making the Navigator feel safe and secure and supported. It's making sure that anything that they're worried about the child is acted upon and also it puts that additional ring of safety around the whole programme" (S4)*. Safeguarding was also considered important for staff wellbeing, with interviewed stakeholders describing this supervision as a dedicated place to debrief, consider and address their own safeguarding and wellbeing needs.

"We kind of it's just to bring it back from a safeguarding perspective to make sure I'm not missing anything and doing everything and it's good just to have that discussion as well regularly to go over cases that they've seen. So we can just put ideas of things that we could do differently or if they're having any problem communicating with families" (S14).

"On two or three occasions now...that concept of serious life changing injury that's been a bit of a challenge. I went to see a young man who's...in critical...He was in such a bad, way, shot through the neck. And he's...like in a really bad way. And that was just heart breaking. They're just really difficult...another young lady been so severely bullied that she's...got an eating disorder as a result...and she's now being fed through tube...so the emotional impact of that...well, wasn't nice" (S2).

Barriers

Maintaining engagement with young people and families

As previously discussed, engagement in the Navigator Programme is voluntary, and over the three-year evaluation period 66.1% of young people declined Navigator support immediately or disengaged before successful completion of their support. In some cases, this was due to geographical barriers such as a family choosing to relocate following a violent incident *"relocation is one of the most effective ways of breaking that cycle" (S8)*. However, Navigators also noted that young people and parents/carers sometimes experienced a change in mindset once they were discharged from hospital and returned to their normal lives, which could lead to them disengaging from support. Navigators felt this was heightened when they had only had telephone contact with the young person and parent/carers, rather than an in-person meeting at a 'teachable moment' in hospital. Participants felt that without this opportunity to build trust with the young person, they *"might be a little bit more inclined to just say, Oh, no, it's okay... we don't need this, or we don't want that" (S13)*. Stakeholders noted that in cases where there is gang involvement, *"there's that snitch mentality and a, like reluctance to share, or to grass someone up in some senses" (S12)*, which can create a further barrier to engagement.

“When you’ve been quite badly injured as a result of violence...on the ward, you’re in a bubble, life outside...it fades away...Some become really scared...and depressed...others get really angry...when it’s fresh, you want help...but once you’re home and it starts to pale into history...your mindset changes” (S8).

“You’ll kind of ring them, they don’t know you, so they’re less likely to engage just because they don’t know who you are and there’s trauma there. And there’s often distrust in services...if they’ve met you, they’re a lot more likely to kind of answer the phone and go ‘oh, its [navigator name], we met him in ED, he was alright” (S12).

Maintaining the boundaries of the Navigator role

Navigators reflected on how their youth work background and the complex needs of young people presenting to the programme, could make it difficult to maintain the boundaries of the Navigator role. As youth workers, Navigators were used to ongoing casework and acknowledged it took some time for them to adapt to briefer intervention and securing referrals for young people *“it’s getting used to we’re not ongoing caseworkers...We’ve referred them out. They might still be struggling, but the places we’ve referred them to are the ones that are gonna help with that...it’s been a learning curve” (S1).* As discussed in the quote below, Navigators also described ensuring they set clear expectations with young people and families about what support they could personally provide and where the family needed to draw on the services the Navigator had facilitated access to. However, Navigators acknowledged this needed to be balanced with ensuring they had sufficient time to build trust with young people and give them consistency of support when they left hospital. For example, in the second quote below a Navigator describes keeping a case open with a young person to support them with a key life transition as they returned to university.

“There was a case where it was a significant issue around bullying and there’d been violence involved...Navigators have supported, explored it with the family, spoken to school. But then that parent started using that Navigator as a confidant. So it was like okay... almost pull back a little bit because they were getting pulled into something that wasn’t necessarily appropriate for the service” (S4).

“I’ve spoke to [manager] about just, if we can like keep [young person] open over the summer period. And then maybe go with him, you know, the first couple of days of Uni, just to transition him back in so that we can obviously explain the situation and where he’s at and stuff like that. And you know that that’s good for us, as well as [young person] himself. It’s good for us to see that we’ve completed the whole cycle” (S13).

Raising awareness of the programme and encouraging referrals

Stakeholders acknowledged that creating awareness of the programme and encouraging referrals presented some challenges, particularly in the first two years of the evaluation. During year one, the gap in delivery between the previous Navigator service ending at AHFT and the new programme being implemented led to a loss of momentum. To try and mitigate this, the Navigator referral process had been kept open by the safeguarding team at AHFT during this transition period. However, engagement with hospital staff in the first year of the evaluation still identified uncertainty among staff about the aim and eligibility criteria for the ‘new’ Navigator programme. Whilst the programme was more embedded in year two and three, stakeholders still expressed concerns that some eligible young people were *“falling between the gaps” (Navigator 1, interview)*, particularly those with more minor injuries who could be suitable for early intervention work. For example, in year two the Navigators did not have a dedicated desk within the Royal A&E and were therefore dependent on clinician and

safeguarding team referrals. In year three, stakeholders also highlighted the impact of high staff turnover within the ED, where new members of staff are not aware of the programme *“you're always getting new cohorts of doctors coming in”* (S14). Stakeholders discussed strategies they were putting in place to increase awareness of the programme, for example attending daily huddles and distributing leaflets (discussed in greater detail under facilitators) but still acknowledged that sustained and significant work was required across the three years to embed the Navigator programme successfully across the three hospital sites.

Maintaining staffing levels on fixed term funding

As previously discussed in the fidelity section, the Navigator team faced significant challenges in recruiting a full cohort of staff during the first two years of the evaluation. Whilst three (of the planned four) Navigators were recruited to the programme in July 2021, there were issues in maintaining and establishing the programme across the first two years. Processes for obtaining NHS honorary contracts (including training completion) meant that the Navigators did not commence engagement with children and young people until September 2021. Within the first three months of delivery, two Navigators had left their posts with only one Navigator implementing the programme between September and December 2021. Similarly, in January 2021 a team of three Navigators was re-established but by June 2023 only two remained in post, leaving the programme at half the intended staffing level. It was not until the third year of evaluation that all four Navigators were in post. Short-term programme funding was identified as a significant contributor to the lack of ability to maintain and recruit Navigators. The Navigators reported that short-term contracts and a perceived lack of job security had negatively affected staff recruitment, retention, and overall wellbeing. Stakeholders noted several challenges associated with staffing including: reduced time to dedicate to young people on their caseload, having to implement a waiting list in year two of the evaluation and staff turnover reducing their ability to maintain established relationships at hospital sites and with young people *“I think it's that consistency...it is about relationships, this type of work and particularly from A&E perspective”* (S10).

“The two main challenges of being staff recruitment and retaining staff when you're on a short-term contract, people do naturally look elsewhere if they're only on a short contract and if they get offered a full-time position, you can see why they would take that. And then also get access in the hospitals and get in those honorary contracts in place have been the two main challenges” (S1).

Pressures on NHS services

NHS staff capacity was noted as a barrier to fully embedding the Navigator programme, due to growing financial and resource pressures within the NHS. Stakeholders felt that hospital staff sometimes lacked the capacity to refer young people to the Navigators *“they're so busy, so stretched that, you know, sometimes they're making their clinical decisions. It's easy to bypass things”* (S15). Participants also noted that a lack of capacity within external NHS and partner services was also acting as a barrier to obtaining appropriate maintenance stage support for some young people. For example, long wait lists for mental health services such as CAMHS and YPAS prevented the Navigators from putting together a package of maintenance support that met young people's needs.

“CAMHS or YPAS or other organisations, there are waiting lists within each one of them. Which can be frustrating, you know, if you're setting up a little bit of a package and you're trying to refer in...but I think it's just, again, it's how things are at the moment” (S13).

Acceptability

Across the three-year evaluation, participating young people reported high acceptability of the Navigator programme. Young people described mixed feelings when they were first approached by the Navigator service ranging from a desire for help *"I was really keen...I just thought it would help me"* (YP4), feeling overwhelmed in their current situation *"I was really tired and stuff, because I had an IV in my arm...I looked into it when I'd like, went back to my accommodation...and then he rang me a few days later ... I was a bit overwhelmed at the time"* (YP7) or initial reluctance due to unfamiliarity and negative past experiences of support services *"I got the chance to ask more questions, and then understand more"* (YP10). Young people often found being in hospital a stressful and overwhelming situation and did not always feel they were able to make an informed decision at that time regarding their participation in the programme. Navigators similarly acknowledged that for young people with severe injuries or trauma, the time of their admission to hospital wasn't always the most appropriate 'teachable moment' *"I don't like to enter when stress is very high, I quite like to go in on a bit of a...even playing field in the sense, so they're happy and they're comfortable as much as they can be given the circumstances"* (S12).

"Young people they're just so poorly...they're not physically able to engage within the service but you know, we want to support them, and we want to get them the best support that we can, whether that's engaging with them in the hospital while they're recovering or whether that's out in the community after they've been discharged" (S2).

All young people participating spoke positively of the support they received. Young people felt the sessions were an appropriate length and easily accessible *"I am very happy with the services as I have received a great amount of support"* (YP4). Young people also described a positive relationship with their Navigator which made them feel able to share their experiences openly *"because if like I didn't understand [Navigator name] ...didn't feel comfortable by him, I wouldn't tell him like as much...wouldn't really like get as close to him"* (YP1). Young people valued that the support provided was flexible and tailored to their choices and preferences.

"As long as it would help me... But like, I'm glad that I was a part of it do you know what I mean? Because it's made me feel better in myself" (YP2).

"It's been helpful with me in basically every category. There's not much I've really needed help with that they couldn't help" (YP10).

"I am very happy with the services as I have received a great amount of support" (YP5).

Outcomes

Increased access to support

A key aim of the Navigator programme was to support and guide young people and their parents/carers to access wider support services. This was particularly beneficial for young people who were not in receipt of any other support *"a lot of the time like they [the Navigators] do get engagement from a lot of young people who aren't really engaging with other services. So yeah, that's definitely a benefit"* (S14). Interviewed young people spoke about how Navigators encouraged them to engage in services they had been unaware of or had not wished to engage due to feelings of shame associated with asking for help *"I didn't want to ask for help. It was the shame of it as well, you know"* (YP7). Navigators also helped young people to navigate complex systems, for example, young person 7 was supported to access emergency accommodation to prevent homelessness and rough sleeping *"I was*

like looking at flats and I had no idea what to do...So I wouldn't have known what to do if I didn't have Navigators" (YP7).

"Our ability to be able to engage and then refer. People don't know what's around them. They don't understand, they don't know that they might be an amazing boxing gym just up the road, so because they have special needs they can access free. They don't know that, but we do, so our ability to be able to give that offer that little bit of sunshine and that little ray of sunshine, you know what I mean? In what is a pretty dark time, it's so important" (S2).

Young people discussed the various activities their Navigators had supported them to engage in, including boxing, drama and music programmes, youth clubs, youth cabinet, a pony sanctuary, counselling, bullying support services, housing support, drug and alcohol services, career events, and a further education college course. Young people valued that their Navigator not only signposted them to services but also provided them with consistent support (including often attending first sessions with them), listened to them, and advocated on their behalf. Several young people gave examples of the Navigators supporting them to acquire funding (for example the Knowsley Magic Fund) to allow them to access activities or continue engagement with existing services. For example, when the prices of a young person's aerial gymnastics club increased, the Navigators funded her attendance to allow her to sustain engagement and the friendship network she had developed *"since a lot of the teachers have left aerial, the prices have went up quite a lot. So they [Navigators] sort of like pay for it and I get to go to more sessions now" (YP14)*. She noted that this financial support to continue attending the group has been *"really good, because I've got a lot of friends there, and they're all quite like, supportive there" (YP14)*. For some young people, having the Navigator to advocate for them was a unique experience, with brought increased feelings of safety *"knowing a place is out there available keeps me at ease" (YP5)*. As one young person described *"it's nice to know we've got someone in your corner...I'm not used to feeling like that (YP7)"*.

Improved physical and mental wellbeing

Participants also reported improved physical and mental wellbeing as a result of both support from the Navigators and from the activities and services they had been referred to. Positive impacts from engaging with the Navigators included feeling *"healthier and happier" (YP2)*, less stressed *"less stressed and, you know, I have someone to talk to" (YP4)*, less anxious *"it helped like get my mind off things" (YP3)* and more open to sharing their emotions. One young person explained how engaging with the Navigators has allowed her to feel less angry and more relaxed *"I was like angry and that at first...how zen I've been over the past couple of days is unreal" (YP9)*. Several young people had been referred to sports activities (such as boxing) which improved their fitness, *"physical strength and discipline" (YP13)* and reduced their stress as *"a chance to blow off steam" (YP6)*. Young people also described how being involved in sports, arts and youth clubs made them feel safer, allowed them to express their feelings and encouraged them to socialise and make new friends.

"I've always like, I've loved drama, and music, and musical theatre. And I think doing this kind of pushed me out of my comfort zone so I'm doing more things with new people, and it gives me something to do instead of just sitting there and not knowing what to do" (YP3).

"Well now, I'm more fitter. I go boxing because he got me into boxing. I feel more confident in myself like I feel like more energetic and like I feel better in myself, do you know what I mean?... it [boxing] just makes me happy when I do it...it just takes everything off my mind, or if I'm stressed..."

I was nervous like shy at first but then like a week or two, I just got into it. I just got my head down and started doing it" (YP2).

Several young people spoke about how the Navigator programme *"boosts your confidence"* (YP8). As illustrated in the quotes below, this increased confidence brought young people an increased sense of independence *"they have helped me to stand on my feet"* (YP2), reduced their isolation, and increased their motivation. Young people also demonstrated this increased confidence during interviews, with several young people stating they would not have had the confidence to participate in the discussion without the support they had received from the Navigators *"basically helping me build up the courage to speak to other people and stuff"* (YP13).

"Through [Navigator name] and then her referring me to [service name] has brought out like more confidence and like I don't know...a lot different... [before Navigators] I wouldn't like, speak to new people, I'd just like stay with people that I know and then I wouldn't go out as much. I'd just like stay in the house like stay in, whatnot" (YP3).

"[Navigator] helped me to get into the gym and get my head together. He was dead helpful to work with and really made me more confident and motivated to work hard" (YP15).

Education and employment

Some young people shared that the support from the Navigators led to improved school attendance *"I'm back in school now, which is good"* (YP6). Prior to engaging with the Navigators, several young people were out of education and employment. The Navigators supported them to reengage in education through a number of mechanisms including appealing an expulsion, working with schools to make the environment safer, or providing children with access to a school mentor. Support from the Navigators also helped young people to develop strategies for handling challenges at school, making it a more positive and supportive environment *"basically helping me, like, think of what to do if I've ever got problems or anything in school"* (YP13). Navigators also supported parents/guardians to help them understand their own and statutory agencies' (e.g. schools) responsibilities to ensure children can attend education settings, and what support they may need to facilitate their child's engagement in education.

"I've been able to move schools faster, and I've been able to meet new people and be out often and have an excuse to actually be outside" (YP10).

"So what I find is I will engage with school if a parent guardian wants me to do that, I will do that. I can do that, but I would rather support parent guardian to do that. Because it's so much more powerful. It's good that school knows that I'm involved...because it's an extra agency. And the more agencies that, families can have in their corner, the better, it gives it more weight" (S2).

Navigators also supported young people to increase their vocational aspirations and increase access to employment. Examples included supporting young people to enrol in a vocational engineering course at college, attend an army recruitment centre, and speaking to an NHS professional about a career in nursing. For one young person, the Navigators advocated for them by contacting their current employer to explain the young person's situation and why they may feel demotivated with work or miss shifts. Following this, the young person was granted a leave of absence from their

workplace and has since been supported to stabilise aspects of their life so that they were able to return to work.

Increased future aspiration

Many young people expressed having a greater sense of hope for the future following engagement with the Navigator programme. Participants described this as giving *“support in the right direction”* (YP3) and *“lead [sic] you a path in life and, like, get you further”* (YP2). As illustrated in the quotes below, participants described how they had felt isolated and lacked energy and direction when they first engaged with the Navigator programme, but that they now felt more motivated to think towards the future and aspire to positive longer-term outcomes. Three participants shared their aspirations for a positive future which included reengaging with university, securing employment, and potentially owning their own homes. As one parent summarised *“something horrible happened, but some positives come out of that horribleness. That’s what I said to you wasn’t it? And she said that’s one way of looking at it”* (P2).

“Just to live a happy life, isn’t it? Like have a nice job, have a nice house” (YP1).

“thinking about like, what I want to do next... to get a job. And then eventually, like, get my own place” (YP3).

Improved family relationships

Participants felt support from the Navigators had brought positive impacts for their families who were described as happier *“I think they’re more like more happy really, that I’m building up more and more confidence”* (YP3), less stressed *“It’s probably made her less stressed and all that”* (YP4), and closer in their relationships *“just like closer...do more stuff together”* (YP2). One young person explained how the support from the Navigators has helped her relationship with her dad by reducing anger and arguments *“I was like flipping out all the time, he’d get like stressed over me punching things, so he’d start like moaning at me and cos I’d be angry...it would just cause an argument between us. But now that I’m not doing any of that... like these past couple of weeks I’ve proper been getting on with him”* (YP9). Parents explained that they felt relieved knowing that their child was safe and socialising outside of the family home under the supervision of the Navigator, who was seen as a trusted adult *“it was also a break for me because...he was out and he was with someone that was you know, responsible, grown up, he was safe, and I didn’t have to worry about where he was or what he was doing”* (P3).

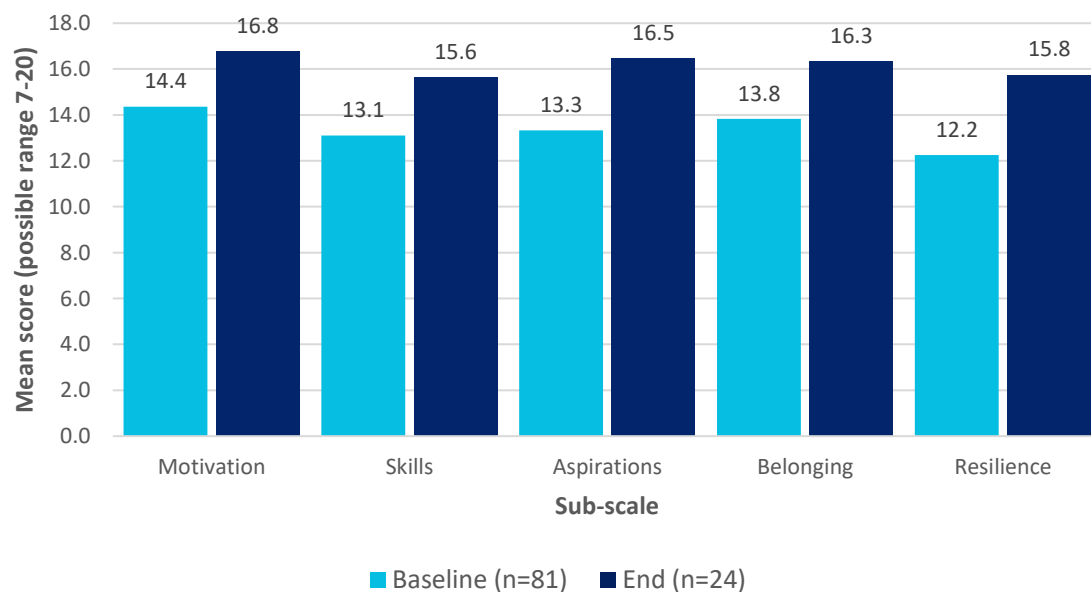
Outcome data

Baseline distance travelled tool data was available for 81 young people (from September 2021 to October 2024) with measures taken at both baseline and case closures available for 24 young people. The distance travelled tool is a bespoke tool developed by the Navigator team and consists of five scales measuring motivation, skills, aspirations, belonging, and resilience. Each scale is made up of two statements which young people score on a scale of 1 (low) – 10 (high) (see Figure 5). Means and higher levels of need for each subscale at baseline (n=81) and end point (n=24) are provided in Table 2 and on Figure 6. Mean scores had increased on all sub-scales from baseline to end point (Figure 6) with the greatest differences in resilience (12.2 vs 15.8) and aspiration (13.3 vs 16.5). Young people scoring between 1 and 6 on a distance travelled tool statement can be considered to have higher levels of need in that particular area.

Table 2: Distance travelled tool data at baseline (n=81)

Scale	Statement	Mean at baseline (n=81)	Higher level of need (score <7)	Mean at end (n=24)	Higher level of need (score <7)
Motivation	<i>I take full advantage of opportunities that arise in my life</i>	6.7	43.2%	7.9	25.0%
	<i>I am motivated to make positive change</i>	6.4	45.7%	7.7	29.2%
	Scale total	14.4		16.8	
Skills	<i>I know what my skills are</i>	5.8	55.6%	8.0	16.7%
	<i>I develop my skills with confidence</i>	7.5	29.6%	8.5	12.5%
	Scale total	13.1		15.6	
Aspirations	<i>I have a clear vision of my future</i>	7.2	30.9%	8.5	16.7%
	<i>I am hopeful that I can achieve my goals</i>	6.7	42.0%	7.8	20.8%
	Scale total	13.3		16.5	
Belonging	<i>I regularly do things with people I care about</i>	6.4	45.7%	8.0	16.7%
	<i>I feel that I belong and I am part of my community</i>	5.8	59.3%	7.8	29.2%
	Scale total	13.8		16.3	
Resilience	<i>I can bounce back, recover or keep going when things are difficult</i>	6.9	43.2%	8.4	4.2%
	<i>I feel good about myself and the world around me</i>	7.5	32.1%	8.4	12.5%
	Scale total	12.2		15.8	

Figure 6: Mean distance travelled tool statement scores at baseline (n=81) and closure (n=24)



4. Summary and recommendations

This report summarises the evidence from a three-year evaluation (September 2021- October 2024) of the Merseyside Navigator Programme. This mixed methods evaluation used 1) interviews with stakeholders to monitor the implementation of the programme (including feasibility, fidelity, and sustainability), 2) quantitative monitoring data and interviews with young people and parents to gain perspectives programme reach and acceptability, and 3) distance travelled tool data and interviews and case studies from young people to evidence programme impacts and outcomes. Annual reports for each year of the evaluation are available on the MVRP website (Quigg et al., 2022, Harris et al., 2023; Smith et al., 2024).

Our three-year evaluation demonstrates that it is feasible to implement a youth-worker led Navigator programme at three hospital sites (across two NHS Trusts) in Merseyside. The Youth Endowment Fund (YEF) recommend Navigator programmes are implemented only in A&Es that receive a high number of violence related injuries (YEF, 2022). TIIG data reported 1,962 assault related A&E attendances among 10–24-year-olds at the three hospital sites between September 2021 and October 2024, demonstrating the local level of need. During this period, the programme received 625 referrals with the majority coming from A&E or Safeguarding Teams (74.9%). More than half of referrals came from Alder Hey (58.7%) where the programme had the longest time to embed. Data on referral reason shows good application of the Navigator programme eligibility criteria, with 84.3% of referrals due to serious youth violence, actuated physical injury, domestic violence, and bullying, and 8.2% due to exploitation. Over the evaluation period, the Navigator team had also kept good fidelity of the three-phased model of support and delivery location. Delays and changes to staffing were the largest barriers to programme fidelity with all four Navigator posts not being filled until year three of the evaluation. Minor adaptations were also made as the programme was delivered including testing different shift times and locations within hospitals, taking more flexible approach to 3 month follow up review and shortening and adapting their referral form to facilitate referrer completion and ensure key monitoring measures were captured.

Hospital Navigator Programmes have been widely adopted across the UK (Goodall et al., 2017; Castro-Bilbrough et al., 2021; Butler et al., 2022; Wavehill, 2022; Newbury, 2022; Gaffney et al., 2021; Sutherland et al., 2023) and are identified by the Youth Endowment Fund toolkit as having a high estimated impact on violent crime (YEF, 2022). However, YEF and existing evaluations recognise that evidence on the impact of Navigator programmes on violence and crime reduction comes entirely from randomised control trials conducted in the US and Canada (Brice and Boyle, 2020). Evaluations of UK-based Navigator programmes tend to be implemented in naturalistic settings and produce smaller samples and qualitative outcome data (Goodall et al., 2017; Castro-Bilbrough et al., 2021; Butler et al., 2022; Wavehill, 2022; Newbury, 2022). YEF recommend more UK-based evaluations to increase the quality of the evidence (YEF, 2022). Our evaluation of the Merseyside Navigator programme therefore provides useful insights into the implementation of a Navigator programme across a three-year period within both adult and paediatric hospital settings. The key evidence from the YEF toolkit has been used in table 3 below, to highlight what our evaluation confirms and adds to the existing evidence base on Navigator programmes in the UK.

Table 3: How this evaluation of the Merseyside Navigator Programme contributes to the existing evidence (YEF Toolkit)

Evidence in YEF Toolkit (YEF, 2022)	What this evaluation of the Merseyside Navigator programme confirms/adds
What is a Navigator programme? Navigator Programmes support young people through a series of steps that can include: 1. A holistic assessment of the victim's needs, including a safety and risk assessment to safeguard them against immediate harm. 2. Making an offer of support. 3. Designing a tailored service plan to connect the child to services such as counselling, family support, mentoring or help with conflict resolution, employment, or substance misuse. 4. Following up with the child and their family to continue support after the child has been discharged. Navigator programmes vary in length (from short 35-minute interventions in A&E to longer, intensive case management after the child is discharged). Evidence suggests support plans which include more than one service could be more effective than a single intervention.	
Existing evidence reports Navigators come from a range of backgrounds including youth work, social work, nursing, probation, and medicine. Key to their role is building a trusting relationship with injured children, informal mentoring, and access to services. Children may trust Navigators more than other agencies and so be more open to engaging with services.	The Merseyside Navigator programme demonstrates that a longer intervention with intensive case management and support from external agencies is feasible and acceptable. Our evaluation shows the feasibility of a three-stage programme of: 1. Crisis and safety support (initial contact to develop trusting relationship and assess immediate risks). 2. Stabilisation support (3-week intensive personalised support in community settings to assess needs, goals and support plan). 3. Maintenance support (referred to community partners, final review meeting (approx. 3 months). Navigators noted it took time to adapt to a briefer intervention and focus on outward referrals when they were previously used to ongoing casework. Navigators described re-evaluating their practices to balance sufficient time to build trust, with setting clear boundaries and expectations for young people and families. Our evaluation qualitatively demonstrated that delivery by youth workers from an established county-wide third sector organisation brought benefit as they already had a programme of interventions and activities across the region, were linked with partner organisations, and had established offices where young people could meet. NHS staff also valued having a skilled, flexible external organisation who could deliver the programme and alleviate the resource pressures within NHS services.

Is it effective?	
The available evidence suggests that A&E Navigator interventions could have a high impact, however, there have only been two studies which measure the impact of A&E Navigator programmes in preventing further violence. Studies that look at the impact on violent offending are both from the US and are of low-moderate quality with no robust evidence on the impact on future A&E attendances or violent offending.	Our evaluation did not directly measure the impact of the Merseyside Navigator programme on future violence prevention, A&E attendance, or violent offending. However, the evaluation did demonstrate short-term and intermediate outcomes. Young people participating in qualitative interviews spoke positively about the support received and discussed a range of positive outcomes including better service access and engagement, increased physical and mental wellbeing, improved engagement with education and employment, increased future aspiration, and improved family relationships. During the evaluation period the Merseyside Navigators implemented a distance travelled tool. The small number of tools completed (13% of referrals received completed at baseline, n=81) highlights the challenges of implementing quantitative measures in 'teachable moment' interventions. However, for young people where baseline and endpoint data was available (n=24), there were increased mean scores on all domains of the distance travelled tool (motivation, skills, aspirations, belonging, resilience) with the greatest improvements seen in resilience and aspiration.
How can you implement it well?	
Forming a connection with the young person: previous evaluations emphasise the importance of navigators developing strong relationships with young people. Existing evaluation found one third of children referred did not participate potentially due to distrust, fear of police involvement or reluctance to disclose the cause of their injury. YEF suggest recruiting relatable Navigators who can built trusting relationships with young people and the rapport developed in longer term interventions may help overcome this barrier.	Forming a connection with the young person: our evaluation confirms building trusting relationships with young people was a key facilitator of the programme. Young people described how their Navigator made them feel safe, comfortable, and understood, which made them more willing to accept help. Stakeholder interviews highlighted that being youth worker led aided trusting relationships because they had a casual delivery style, experience working with young people who did not engage in statutory services, and greater flexibility to meet and work with young people in the community (compared with clinician colleagues). A positive relationship with parents/carers was also important in breaking down barriers to engagement. Young people made favourable comparisons between their relationship with the Navigators and previous relationships with professionals, suggesting some prior distrust of services.
Combine immediate intervention with continuing support after discharge: previous evaluations argue violence injury could produce a	Combine immediate intervention with continuing support after discharge: participating Navigators recognised that meeting young people face-to-face in hospital was a teachable moment which could increase

‘teachable moment’ – when a young person is especially receptive to support, which might pass if intervention does not start until the young person has left hospital. However, evaluations also emphasise the importance of aftercare support once a young person is discharged from hospital (both direct support and helping them access services).	young people’s feelings of safety, reduce isolation during recovery and increase awareness of how to protect themselves from harm and the support available. They noted telephone contact was less likely to lead to successful engagement. However, participating stakeholders noted a significant number of young people who accepted a referral during this teachable moment subsequently declined/disengaged from further support. This was confirmed by engagement data where 66.1% of referrals declined or were closed due to non-engagement. Qualitative interviews with navigators suggested some young people disengaged because they had a change of mindset once they were discharged from hospital and returned to their normal lives. Interviewed young people often found being in hospital a stressful and overwhelming environment and did not always feel able to make an informed decision about participation when first approached by the Navigator.
Locating Navigators in the A&E department: existing evidence suggests locating Navigators outside of A&E reduces medical staff awareness of the programme. YEF recommend placing navigators in A&E departments that receive a high number of children with violence-related injuries.	Locating Navigators in the A&E department: our evaluation found that even when Navigators are located in A&E departments with high numbers of violence-related injuries, active support from dedicated leaders within NHS organisations is still required to raise awareness and integrate Navigators into hospital cultures and systems (e.g. honorary contracts, training, setting up referral pathways). Sustained engagement with staff through meetings, departmental huddles, hospital events, and promotional materials was required to create awareness and ensure appropriate referrals, particularly in departments with high staff turnover such as A&E. Formal safeguarding support and supervision was also valuable to ensure Navigators are effectively meeting the needs of young people and being supported with their own wellbeing needs.
How much does it cost?	
YEF conclude that, on average, the cost of A&E Navigators is likely to be moderate. Costs are likely to include the salary of full-time Navigators stationed in hospitals and additional time and resources spent coordinating services.	Stakeholders participating in our three-year evaluation noted that staffing the Merseyside Navigator programme on fixed-term, annual staff contracts was a barrier to programme fidelity, with lower job security leading to negative impacts on staff recruitment, retention, and wellbeing. In a youth worker led model, this was exacerbated by the time taken to secure honorary NHS contracts and growing financial pressures in NHS services which impacted on NHS staff capacity to refer into the programme and receive referrals (for example CAMHS).

Overall, findings from the year three evaluation of the Navigator programme suggest continuing positive progress in implementing the Navigator programme in LUFHT and AHFT. A full cohort of Navigators are in post for the first time since implementation in 2020, leading to stronger awareness of the programme and reduced waitlists. Young people continue to report high acceptability of the programme and positive qualitative outcomes. Securing adequate funding for the programme to continue following the cessation of VRP funding in March 2025 remains the most significant risk to sustaining the programme, particularly now it has reached full fidelity.

Recommendations

Strategic

- The Navigator team and Merseyside Youth Association (MYA) strategic leadership team should develop a strategy for identifying and securing long-term funding for the Navigator Programme. This should include consultation with LUFHT and AHFT hospital trusts to understand if there is scope for the programme to be included within their existing provision.
- The Navigators should continue to consistently implement the distance travelled measure with young people at baseline and case closure, and work to improve data quality and completeness. This, along with continued case studies, will help the Navigator programme to demonstrate positive impacts and outcomes of the programme locally and contribute the national evidence base.
- Merseyside Youth Association (MYA) strategic leadership team should liaise with other Hospital Trusts within Merseyside to scope the demand and need for Navigators within their hospital sites.

Programme implementation

- Sustain a consistent follow-up procedure for young people who do not engage when face-to-face contact is made whilst in hospital. Qualitative evidence from young people suggests that some find the hospital environment overwhelming and stressful and only felt able to make an informed decision to engage upon leaving the hospital highlighting the importance of consistent contact during the discharge process.
- Use support from the Navigators' network within each hospital trust to continue to build on the existing engagement work within each hospital site to ensure eligible young people are being referred to the programme, including options for more physical presence in A&E at the Royal and ensuring the Navigator Programme is sufficiently prioritised and promoted to both new and existing staff.

Programme Monitoring and evaluation.

- Routinely implement the distance travelled tool at baseline and follow-up and routinely collate and review service engagement data collected via IAPTUS, to ensure the processes of implementation, outcomes, and impacts continue to be captured and identify potential areas for programme improvement.
- Ensure the client journey captures the 'light touch' pre-engagement work that Navigators implement for some patients prior to initial assessment (considering also that some may not go on to engage in the initial assessment). This pre-engagement work should be considered in programme monitoring to ensure the impacts of this work are captured.

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